

Title	What is the evidence for the clinical and cost effectiveness of major trauma centres as the core component of a trauma service, compared with standard care for adults with major trauma?
Agency	HIS; Healthcare Improvement Scotland Delta House, 50 West Nile Street, Glasgow G1 2NP, Scotland Tel: +44 141 225 6998; e-mail: Doreen.Pedlar@nhs.net; website: http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg.aspx
Reference	Technologies scoping report 17; ISBN 1-84404-950-7; http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_scoping_reports/technologies_scoping_report_17.aspx

Aim

This work was undertaken in response to an enquiry from the National Planning Forum. It is intended to provide an overview of the evidence base, including gaps and uncertainties, and inform decisions on the feasibility of producing an evidence review product on the topic.

Conclusions and results

The scoping search identified limited published secondary evidence in relation to major trauma centre care compared with usual care. Most of the primary studies included in the existing systematic reviews, identified by the scoping search and/or cited in key reports, originate from the USA, and marked variation is evident in the trauma centres and systems, comparators and selected patient populations evaluated. Consequently, much of the published literature may not be generalisable to a UK healthcare setting.

The secondary sources identified did not report sufficient detail to allow exploration of the relevance of the evidence to the Scottish setting with respect to geographic demography, transport and access factors, or levels of technology (such as telehealth and diagnostics). The scoping search did not identify relevant cost-effectiveness evidence generalisable to the UK.

Recommendations

Technologies scoping reports do not make recommendations for NHSScotland. See SHTG Advice Statement [008/13](#)

Methods

A systematic search of the secondary literature was carried out between 20–26 February 2013 and

26/02/2013 to identify systematic reviews, health technology assessments and other evidence-based reports. Medline, Medline in process, Embase, Cinahl and Web of Science were searched for systematic reviews. Results were limited to English language. No date limit was applied.

Key websites were searched for guidelines, policy documents, clinical summaries, and economic studies. Websites of organisations related to this topic, eg Scottish

Audit Trauma Group, American College of Surgeons Committee on Trauma, were also searched.

An enquiry was circulated to all INAHTA ListServ members to identify relevant completed or ongoing assessments not identified by the literature search.

Further research/reviews required

Initial scoping suggested there is unlikely to be sufficient published secondary evidence on clinical and cost effectiveness to produce an evidence note on this topic.

Written by

Doreen Pedlar, Project Co-ordinator, HIS, Scotland.