

**International Disaster and Emergency Aid with Long term Support**  
**Accounts for the Year Ended 31<sup>st</sup> March 2013**  
**Trustees' Annual Report.**

**REFERENCE AND ADMINISTRATION DETAILS**

<b>Other Names Charity is known by</b>	IDEALS
<b>Registered Charity No.</b>	1080144
<b>Address</b>	36 Priestfields Rochester Kent, ME1 3AG
<b>Trustees</b>	Mr John Beavis MB, FRCS, DMCC (Chairman) Mr Simon Oliver Mr Robert Marshall Andrews QC Dr Eamon McCoy MD, FRCA Sir Terence English KBE, PPRCS (Eng) Mr Graeme Groom MA FRCS Ms Sarah Phillips BSc MB FRCS
<b>Medical Adviser</b>	Dr Andrew Ferguson MRCGP MFPHM MPH DTMH
<b>Bankers</b>	NatWest 40 High Street Rochester Kent, ME1 1LR
<b>Accountants</b>	Barnes Roffe LLP, Chartered Accountants Charles Lake House Claire Causeway, Crossways Business Park Dartford, Kent DA2 6QA

**Governing  
Document**

IDEALS is a Charitable Trust created by a Declaration of Trust dated 1 February 2000

**STRUCTURE GOVERNANCE AND MANAGEMENT**

**Trustee Selection**

The Trust requires a minimum of three trustees and every trustee shall be appointed for a term of five years by a resolution at a special meeting. Trustees are selected for their ability to make an effective contribution to the charity in terms of skill and experience. The target number of Trustees is not fixed and additional trustees may be appointed after identifying attributes that complement those of the existing board.

**Management**

IDEALS has no paid employees and is run by the Trustees under the guidance of the Chairman, John Beavis, with the help of the Medical Adviser, Dr Andrew Ferguson. The charity is reliant upon the time, skill and resources donated by its Trustees and other supporters, for which it is extremely grateful. The Trustees receive no remuneration or other benefits. The volunteers and Trustees contribute a very large amount of time to this work and it cannot be financially quantified. Suffice to say that if remuneration was necessary then IDEALS would not be able to function with the minimal costs of which it is so proud.

**Relationship with Other Parties**

IDEALS continues to work with the Primary Trauma Care Foundation in promoting the Foundation's method of Primary Trauma Care training in Pakistan and Gaza. IDEALS has also established a working relationship with Community Appraisal and Motivation Programme (a registered Charity (CAMP) in Pakistan, who have been responsible for delivering medical and humanitarian aid projects on behalf of IDEALS). In addition we have now developed excellent cooperation with the organisation Medical Aid for Palestinians (MAP). This was vital for the PTC activities in Gaza but, as we extend our work in the area, it has been of great importance to work with MAP to obtain advice, for logistic support and financial support for our activities. We have been fortunate to develop a relationship with Interpal a charity devoted to assisting Palestinians and have received a grant for work in Gaza during this year.

**OBJECTS AND ACTIVITIES**

**Objects**

To relieve poverty, distress and suffering in any part of the world (including starvation, sickness or any physical disability or affliction) primarily arising from public calamity (including famine, earthquake, pestilence, war and civil disturbance) in particular by the provision of, or assistance in the provision of humanitarian long term rehabilitation and recovery programmes.

**Summary of Main Activities in Relation to these Objects**

In planning activities, the Trustees have kept in mind the Charity Commission's guidance on public benefit. IDEALS main activities include the provision of medical resources and the training and encouragement of local medical professionals to provide the benefit of a more effective response to the consequences of disasters and emergencies, especially in remote, rural and disadvantaged areas; ultimately with the aim to improve the chances of survival and recovery, for any member of the local communities. The activities include specific medical, economic or humanitarian projects to assist individuals and/or communities to rebuild their lives after major catastrophe. In addition we have been extensively involved in educational activities both overseas and by sponsoring individuals to work in the UK. This has largely been possible because of the willingness of the Trustees of IDEALS, massively, giving their time and expertise.

#### **Grant Making Policy**

Identification of beneficiaries or projects will depend on direct information from fieldwork by the medical trustees, Sir Terence English, Mr John Beavis, Mr Graeme Groom, Dr Eamon McCoy and Sarah Phillips or the Medical Adviser, Dr Andrew Ferguson but the views of all trustees and other reputable informants will lead to a formal assessment of candidates or projects for aid.

### **ACTIVITIES**

#### **GAZA and OCCUPIED WEST BANK**

##### **General Comments**

The year began with a disappointment when in March 2012 a team from IDEALS and three surgeons from Oxford were unable to enter Gaza because of significant hostile activity.

As stated in the previous report unexpected delays and cancellations are the order of the day in this area and all work must be planned to take this into account. The delay, although frustrating, proved to have certain advantages with a change of course from longer time spent planning our future activities. As a result we the charity embarked on a programme of examining the care of Trauma patients in the Gaza strip and initiating a major training programme in this field. The Oxford training scheme was eventually accomplished and supervision of our work with rehabilitation was also completed as well as assistance with developing the management of acute pain in the post-operative period. The latter was in cooperation with University College Hospital London Departments of Anaesthesia and Neurology.

Our reliance on Medical Aid for Palestinians has been as great as ever and it has been of great value that two of the IDEALS Trustees are now Trustees of MAP. This is measure of the close relationship and excellent work, which has been undertaken since our association, began in 2009. We remain indebted to the MAP staff in the Middle East for logistical support and local intelligence, which can only be described as becoming ever better as time goes by. In particular the work of the local Gaza Staff headed by Mrs Fikr Shaloot has been superlative. We have been particularly indebted to Mr Mark McGuinness in Ramallah for his assistance in obtaining visas and helping with transport. In fact the support from the Ramallah and Gaza MAP Offices has given us great confidence to continue with our work. Again we are happy to repeat the statement from last year's report: *"our work in GAZA has been possible because of our continued association with MAP"*.

It was again noted that the interest in academic research and clinical excellence is of the highest order. IDEALS was again greatly assisted by the Department of Human Resources and Development, (DHRD), based at Shifa hospital Gaza City. DHRD is responsible for post graduate training for the whole of Gaza. The Director of DHRD, Dr Nasser Abu-Shaban FRCSI, has proved to be a loyal friend and great supporter of our work in PTC and IDEALS involvement in development of Trauma Services.

We also commend the Deputy of DHRD, Sami Jabr, whose background is Intensive Care Nursing and Education who has demonstrated a stalwart friendship in all our activity.

We have also been fortunate enough to have the support of Professor Mofeed Mokhallalati, Professor of Surgery and previous Dean at the Islamic Medical School who has enthusiastically showed his support in our activities and offered us great friendship. He continues to contribute to the detailed discussions of Trauma Services in Gaza.

### **Primary Trauma Care (PTC)**

PTC has been invigorated by the enthusiasm of the staff of the Department of Human Resources and Development at Shifa Hospital as well as the continued support from MAP. From June 2012 onwards-regular training sessions were undertaken and the IDEALS Chairman frequently supervised these events. The standards of the training of candidates ranging from final year medical students to senior post graduates was very high with the work entirely carried out by local Trainers. It was heartening to see that the Trainers were senior clinicians, paramedics and nurses. This cross section of trainers satisfied one of the original, egalitarian, concepts when PTC was introduced by IDEALS in 2009.

### **DEVELOPMENT OF ASSISTANCE WITH TRAUMA IN ADDITION TO PTC**

An inevitable consequence of obeying the imperative of IDEALS to ensure “Long Term Support” is the appearance of new projects often derived from the success of previous ones. The examination of the detailed care of Trauma cases in Gaza showed a very high standard of initial care but the more complex long term care of injuries such as those to the limbs, were difficult to deal with because of a lack of equipment and training.

#### **Provision of Equipment and Training in Complex Airway Management**

Dr Eamon McCoy made several trips to Gaza undertaking courses lasting two day in Difficult Airway Management he was also engaged in a dialogue with practising anaesthetists on the complex cases that they face both in peace and war.

Dr McCoy undertook instructions in the use of fibre optic laryngoscope and it was requested that a log book was kept to demonstrate its use in the Operating Theatre Complex at Shifa Hospital. This addition to the anaesthetic techniques and training has been greatly welcomed both by the anaesthetists and by all who are engaged in the acute care of severely injured patients where difficult airways are encountered.

In all trauma care methods Airway, Breathing and Circulation are imperative priority management areas. The establishment of an airway can reasonably be said to come before all other matters because patients will die from this – effectively asphyxiation - in a very short time and those who survive will often have severe brain damage. This brief description of the problem also emphatically states the enormous value of Dr McCoy’s work.

In addition it is Dr McCoy’s intention to add to the anaesthetic techniques in Gaza by undertaking training in Regional Anaesthesia, (whole limb anaesthetics), using ultrasound for guiding the insertion of the local anaesthetic.

#### **Assistance with The Organisation of Trauma In Gaza**

As stated in a previous annual report, the Chairman, John Beavis, had become aware during his frequent visits to Gaza of the problem of long term management of severe limb injuries. Even as the number of war cases decreased problems of injured young people from motorcycle accidents maintained the level of these casualties.

In all societies without specialist centres there is a real problem in the management of these cases and also, (because of the lack of data collection), in determining the incidence of occurrence and final results within the injured population. IDEALS Trustees became aware of these problems during their frequent visits and developed a dialogue with local clinicians.

It became obvious that the management of trauma was excellent for specific patients, had great difficulties with regard to organisation such as determining the best sites of Major Trauma Care and the maintenance of a good Data Bank for Trauma.

### **The Evolution of a Formal Course in Trauma into Assisting with Development of Trauma Care in Gaza.**

Discussions with Senior Clinicians demonstrated an interest in reviewing the Trauma Services in Gaza and a major conference took place in Gaza in January 2013 paid for by MAP. **(This conference and the results are fully reported in the attached appendix)**. IDEALS Trustees and representatives undertook a daylong series of lectures followed by workshops considering each aspect of the management of trauma. The day was chaired by Dr Nasser Shaban, Consultant General Surgeon with a Special Interest in Minimally Invasive Techniques and Director of the Department of Human Resources and Development. We were very pleased that Professor Mofeed Mokhallalati, also attended for part of the meeting. The result was the production of an advisory paper based largely on the views of the attending Gaza doctors. A detailed account of the conference and recommendations is attached as an appendix to this report. Essentially it was decided that the service would benefit from the establishment of specific Trauma Centres strategically located and properly staffed with each supported by designated trauma teams as well as the development of a full Data Base of injured patients and. It was recognised that integration with the first responders' ambulance centres was also essential.

### **Fellowships For Gaza Surgeons in Limb reconstruction surgery at Kings college Hospital**

For the previous two years the idea of training Fellowships in Limb Reconstruction has been slowly developing. IDEALS has been fortunate in being joined by two Senior Consultant Orthopaedic and Trauma Surgeons at King's College Hospital; Miss Sarah Phillips FRCS and Mr Graeme Groom FRCS who are the leading clinicians in the Limb Reconstruction Unit at Kings. The Kings Unit has an extensive experience in the management of complex limb injuries and treats both civilian and military casualties.

It was decided at an early stage that the Fellows should be sufficiently senior to benefit from this advanced training and also be young enough to have many years of donating the fruits of this study to the care of Gaza patients. It was also considered that the successful candidates should be fluent enough in English language to benefit from the training with ease. In addition it was essential that the full range of training would be offered and this would take an estimated seven months with experience gained from being in this designated Major Trauma Centre.

Quite obviously this was going to be an expensive project for a small charity like IDEALS but with paring down of costs a submission was made to the UK Government funded charity "Tropical Education Health and Training", (THET). The successful grant had much to do with the highly professional document produced by Dr Andy Ferguson and the recognised high level of expertise which the King's Consultants had shown over many years.

During the January 2013 visit several candidates for the Fellowships were interviewed and three were chosen with the intention of starting in March. The first Fellow Dr Adnan Bursh arrived in London in late March and was given accommodation in an apartment owned by King's College Hospital. The cooperation of King's College has been vital for the success of this project, which has developed considerably since it began and will be a major part of next years report.

In addition to the training in the subject of Limb Reconstruction it was imperative that the Fellows were involved in audit training and the development of a Data Base for Gaza. THET was impressed with the idea that the training in Limb Reconstruction and general trauma

would be translated into the development of Trauma Services in Gaza. This work will be described more fully in next year's report but already the enormous amount of voluntary work of IDEALS Trustees, Miss Sarah Phillips and Mr Graeme Groom, and Dr Andy Ferguson -- in addition to their large NHS work commitments -- has demonstrated that volunteering forms a major and vital part of the charity's resources.

### **Assistance with Pain Control Training in Gaza**

Post operatively patients often suffer considerable pain and control of this is considered an important part of the modern service offered. The techniques are precise. As well as ensuring the correct drugs at the right dose are administered an appreciation of the possible complications is also vital. The Department of anaesthesia at University College Hospital London in association with Al Quds Foundation organised a system of training both nurses and Doctors in this speciality. The Chairman of IDEALS was involved in selection and interviewing of candidates and subsequently in presenting the result of a local research project to determine the "base line" of the acute pain relief therapy in Shifa hospital Gaza. Successful candidates were trained for periods of two weeks at University College Hospital London. The advantages of the training and the results of the research study proved to be essential in the development of the acute postoperative pain therapy.

### **Disability and Rehabilitation**

Disability and Rehabilitation is a major problem in Gaza. Various NGOs are working, separately, to provide assistance for the disabled but services are patchy and uncoordinated. Investigative visits were carried out by JPB and Dr Andy Ferguson to assess how IDEALS could become involved in a limited manner; initially through small scale, clearly defined projects, but ultimately with the objective of using the expertise of Dr Ferguson to bring together various organisations to improve the quality and scope of disabled services generally through co-operation.

So far IDEALS has worked with 2 disability relief organisations and the introduction to each of these local Gaza projects came via our association with MAP.

### **Al Asdiqaa Association**

This organisation works in Southern Gaza and is responsible for the Occupational Therapy and Physiotherapy for a wide area around and including the town of Rafah. A project was devised working with Al Asdiqaa Association to support an Occupational therapist in developing the Community Based Rehabilitation, (CBR), in the homes of disabled individuals.. As well as undertaking treatment the individual undertook training of family members of disabled individuals and also of volunteers as well as Physiotherapists and volunteers.

The year-long project which ended on 31st August 2012 was funded by Interpal and the report indicated that it was successful in many ways. The project satisfied the criteria for home treatment and training both of family members and the rehabilitation team of Al Asdiqaa. Adaptations to over 100 homes were supervised and 48 workshops were held for CBR training including OT students as well as the CBR workers and AAA staff. The OT stated in his final report: *There was a shift in the mentality of the trainees from thinking as medical practitioner to creatively thinking as an occupational therapist.*

Our own monitoring visits and e-mail correspondence with other agencies have verified many of these outputs. We would therefore describe the project as successful as stated in the reports but there was no way of fully verifying this work with monitoring by the UK based Trustees despite several visits by JPB and Dr Ferguson. Such verification is essential and IDEALS does not and never has considered difficulty in undertaking surveillance of the work to be an excuse for not verifying the activity at first hand. We, therefore, commissioned an

independent evaluation of the project, conducted by the Director of Gaza's only specialist rehabilitation hospital. His report indicated that the work was overall to a standard envisaged when the project began but collection of data was inadequate. This is a problem discovered throughout the medical services in Gaza.

### **Visit of Oxford Surgeons to Gaza for Training Medical Students.**

Three Surgeons from Oxford University accompanied by IDEALS Trustees Sir Terence English and JPB visited Gaza during June 2012 in order to undertake "bedside" teaching of clinical level medical students. The visit was deemed a great success and led to a further much larger multi speciality visit being planned to take place in October 2013. IDEALS financially supported the June 2012 visit.

### **The National Society for Rehabilitation**

IDEALS continued to monitor the use of the equipment purchased in the previous financial year and we were impressed with the efficiency and application of the donation. This year new equipment was purchased. It consisted of a scanning machine to detect problems with electric wheel chairs and a lap top to permit the use of the scanner in such diagnoses. This equipment was essential in to allow full and precise repair. Monitoring of this work showed the extensive use of this equipment and its value to the disabled beneficiaries. The quality of NSR's activity was such that we contemplated developing a programme to offer support for disabled individuals to support themselves and their families with work. This would involve training in skills that would offer them independence. Unfortunately at the end of this reporting period it had not been possible to obtain funding for this project.

### **PAKISTAN ACTIVITIES**

IDEALS has continued to maintain a presence in Northern Pakistan which has yet to recover from the floods of three years ago and also has been the site of a continuing fierce conflict which has spilled out from the border region to the rest of the country. This work has been via the partner CAMP and consisted of visits from Andy Ferguson our Technical and Medical Advisor who has helped CAMP to develop and monitor projects of a wide variety. An important part of this work was great assistance in preparing project proposals to apply for grants. This assistance was based on knowledge of NW Pakistan and its needs gathered over many years. IDEALS would financially support such activities as well as offering technical advice if our financial resources were even remotely commensurate with our desire to assist.

#### **CAMP/IDEALS Health Programme, Pakistan, 2012-13**

- a) **Federally Administered Tribal Area (FATA) Emergency Health Care Project**
- b) **Health Centres at Jalojai Internally Displaced Persons Camp, Nowshera District, Khyber Pukhtunkhwa Province (KP)**
- c) **Health Recovery Project, Charsadda and Nowshera Districts, KP**
- d) **Acute Respiratory Infection (ARI) Centre, Lower Dir District, KP**
- e) **Repair/refurbishment of Public Health School, Hyatabad, Peshawar District, KP**

## **FINANCIAL REVIEW**

### **Reserves Policy**

The policy of the charity is to keep reserves to a minimum and to ensure that all donations are assigned to beneficiaries as soon as possible.

### **Financial Performance**

Total payments during the year exceeded total income by £4,834, although a significant proportion of this deficit was due to restricted funds raised in previous years by the Nano Challenge and brought forward at 1 April 2012, being spent on various trauma and medical projects in GAZA in the accounting period.

The Charity has continued to focus on direct service delivery and is most grateful to its Trustees and their professional colleagues who have given freely and generously of their time, knowledge and expertise to provide medical training courses and to assist with the development of local medical and rehabilitation services in GAZA. Such voluntary involvement forms a very important part of the work of IDEALS but no attempt can be made to quantify the financial value of it in these accounts, in what has been a particularly active year.

As IDEALS knowledge of, and reputation for, operating within GAZA has grown, so have the opportunities for working in co-operation there with other medical charities or groups, with the consequent sharing of costs. The Charity is particularly grateful to its partner organisation, Medical Aid for Palestine, who paid for the travel and accommodation costs of IDEALS' volunteers for a number of the group visits already described for the purposes of training, monitoring and the development of trauma services. Such support and sharing of projects has allowed IDEALS to be far more active in GAZA and achieve far more this year than otherwise the figures in the accounts might suggest.

The 2011/2012 grant from the UK registered charity, Interpal, allowed us to complete a year of funding an Occupational Health worker, to work with the disabled in GAZA and also to train other social workers in the role of occupational health. The unapplied balance at 31<sup>st</sup> March 2012 was used for the remainder of the project in 2012/13, with a small shortfall and additional monitoring costs coming from general funds.

During the latter part of this accounting period IDEALS secured a grant from the charity Tropical Health and Education Trust to begin our work with training surgeons from Gaza in London at Kings College Hospital. The first instalment of the grant was received before the year end and has been carried forward as a restricted fund. The complete cost of training the Fellows at KCH will not be covered by this grant from THET but the shortfall will be made up by IDEALS contribution.

Voluntary income continues to be received predominantly from the Trustees themselves and from known friends and supporters of the charity. The Trustees continue to be aware of the need to attract more external funding and especially the need to win major grant funding, if major plans to be involved in improving Trauma Services in Gaza -- such as assistance with rehabilitation -- are to go ahead. Currently, further projects for "Livelihood Support" to be delivered by NSR in Gaza are held up because of lack of funds. Similarly, although our past expertise would permit a valuable contribution to medical care of refugees from the Syrian war, we are unable to proceed without further substantial core funding.



The Charity continues to be run on a voluntary basis, with minimal overheads, but the Trustees have renewed the Group Travel policy during the year with particular cover for personal loss due to war or terrorism, in recognition of the dangerous territories in which IDEALS operates and the risks posed to our volunteers.

The Trustees are most grateful to Barnes Roffe LLP, Chartered Accountants and Ecce Media Ltd, web site specialists for their continued and most generous professional support. The Trustees also gratefully acknowledge all the voluntary and financial support received throughout the year which has enabled it to continue to bring relief to people whose lives have been affected by natural or man-made calamity.

Once again, after another full year of activities, my personal thanks are extended to my fellow Trustees; our Technical Adviser and volunteers for their loyalty to me. The enthusiasm shown by all my colleagues and their measured, high level of professionalism is the reason that this small charity, with limited resources, is able to accomplish so much yet manages with miniscule overheads.

**I declare, in my capacity as a charity trustee, that**

- **The trustees have approved the report above; and**
- **Have authorised me to sign it on their behalf.**



Signature:

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**Dr John Beavis - Chairman**

**Date**

**7<sup>th</sup>October2013**

## Appendix on Trauma Care Conference January 2013

### The Evolution of a Formal Course in Trauma into Assisting with Development of Trauma Care in Gaza.

At the beginning of this reporting year the idea was strongly circulating that an extensive course in Trauma Surgery should be set up to train surgeons of all disciplines in general trauma covering all aspects of the subject and spread over two years. Discussions with Gazan Senior Clinicians indicated that they believed this project would not be of value commensurate with the extensive investment of time and resources required to complete it. It was stated, for instance, that the problem with major vascular injuries was not a lack of vascular surgeons but their distribution throughout the Gaza Strip. The future plan at a senior level was to reorganise the sites where the surgeons worked in emergencies even during hostilities. The referral of patients to the correct unit and organisations within those hospitals for major trauma care in war and peace was essential.

A major conference supported by MAP took place in Gaza in January 2013.

IDEALS Trustees and representatives undertook a daylong series of lectures followed by workshops considering each aspect of the management of trauma. The day was chaired by Dr Nasser Shaban, Consultant General Surgeon with a Special Interest in Minimally Invasive Techniques and Director of the Department of Human Resources and Development. We were very pleased that the Minister of Health, Professor Mofeed Mokhallalati, also attended for part of the meeting.

The speakers included

**Dr Sarah Phillips, FRCS**, who spoke on the importance of data collection and how it was essential in maintaining high quality work and demonstrating how effectively it could be used for continuing investment in the speciality. Miss Phillips' theme was "Information is power!"

**Dr Eamon McCoy, MD FRCA**, who showed that despite exposure to a massive trauma load in Northern Ireland during 30 years of internal war, the results with poly trauma were not as good when the receiving hospitals had lower levels of experience of Major Trauma. Those units with a great deal of experience had better overall outcomes.

**Dr Alistair Wilson, FRCS**, Consultant Surgeon in charge of the Accident and Emergency Department at the Royal London Hospital and instigator of the London Hospital Helicopter Medical Service gave a detailed account of the long-term problems of developing Trauma Services in the United Kingdom. He showed how many of the problems being faced by Gaza had been experienced by UK Hospitals and it was 80 years from the time of the first detailed presentation on Trauma Services in the 1930s until the very recent establishment of Regional Trauma Units in the United Kingdom.

**Mr Graeme Groom FRCS** gave an account of the establishment on the Management of Major Limb Trauma and the development of a tertiary referral centre for the care of complex limb injuries at King's College Hospital London. Again the relationship between the development of experience and the improvement in results was emphasised.

**Dr Andy Ferguson MRCGP DTM&H MFPH** summarised the presentations and called on the large number of delegates to consider those aspects of trauma as presently practised in Gaza and how they might be improved. He emphasised the principle of IDEALS, which is to assist in such matters, but never to impose our views because we realised the local conditions will often prevent an identical replication of the services that are found in the UK.

Following this conference a summary of the discussions and recommendations was published and distributed from the IDEALS Conference to those who had attended and in particular, senior clinicians in Gaza.

### **SUMMARY OF WORKSHOP GROUP DISCUSSIONS: HOSPITAL TRAUMA MANAGEMENT**

#### **Which hospitals truly have the capacity to manage major trauma here in Gaza?**

- 1) This produced a lively discussion amongst the group and took up most of the allocated time. There was general agreement that the concept of major trauma centres (MTCs) should be implemented. It was agreed that 2 centres should be established.
- 2) It was agreed that the Shifa Hospital had the required facilities and specialties to fulfil this role in the North of Gaza.
- 3) The main area of discussion was over the site of a second MTC in the south. The choice was between the Nasser Hospital and the European Gaza Hospital in Khan Younis. It was evident that disagreement between the participants was probably centred on whether they worked at the respective hospitals.
- 4) The Nasser Hospital is sited within Khan Younis and is apparently the busier hospital because of its urban location. It does not however have the specialties of neurosurgery or vascular surgery.
- 5) The European Gaza Hospital has all the relevant specialties including neurosurgery and vascular surgery. Its position outside of the main urban area may mean that fewer patients are likely to go there. It was also mentioned that at time of incursion the hospital may not be easily accessible by ambulances or patients.
- 6) It was generally agreed that the most appropriate way forward was for the Shifa Hospital to be established as the first MTC and to wait before establishing a second. This would allow the systems required to be put in place and audited prior to establishing a second MTC.

#### **What are the strengths and weaknesses of current trauma care within these hospitals?**

- 1) **Shifa Hospital Gaza City:** Large hospital within the urban environment. All specialties on site.
- 2) **Nasser Hospital Khan Younis:** Busy hospital with a good site for the population but no neurosurgery or vascular surgery specialties available.
- 3) **European Hospital Gaza** All trauma specialties are on site but there was a concern that the Location is a problem.
- 4) At the end of the discussion there was an agreement that the second MTC should probably be at **Nasser Hospital** and that the neurosurgeons and vascular surgeons would have to cover from **European Hospital Gaza**. It was discussed how feasible this was and it was agreed that any problems would have to be resolved before the project began in the south of Gaza.

## What could be done to improve trauma care?

### i) Within the A&E Department?

It was agreed that Trauma Teams for the assessment and management of the injured on arrival in A&E should be established. The leader, and preferably all members of the team, should be PTC trained. The team should comprise of a general surgeon, orthopaedic surgeon, anaesthetist or intensive care specialists and two senior nurses.

### ii) Post A&E Department?

It was agreed that there were probably enough general surgeons and orthopaedic surgeons to run a rota, which did not interfere with other commitments, but there were problems with the number of anaesthetists. It was agreed that Emergency Department Medicine, (ED), with dedicated ED consultants would help this situation.

The implementation of universal trauma management protocols across all hospitals was considered a way to improve the overall care of trauma patients. It was also recognised that documentation was inadequate and that the setting up of a trauma registry (database) was essential.

## RECOMMENDATIONS

### Cost-neutral interventions

- 1) Establishment of Shifa Hospital as the first MTC initially with a second coming on line once the re-organisation has been assessed and data collection commenced.
- 2) Establishment of trauma teams – defined as “*the team that must attend when major injuries arrive*”
- 3) Trauma team to consist of a trauma surgeon (usually general surgeon) anaesthetist/intensive care specialists (airway control), ED consultant if and when available, orthopaedic surgeon, two senior nurses. PTC trained.
- 4) Shift system would be required with a team leader. Senior director of team would be involved 24/7 and therefore required to be close to ED.
- 5) Hospital guidelines for trauma management.
- 6) Collection of data prospectively; trauma audit and benchmarking
- 7) Establishment of audit meetings

### Interventions requiring additional funding:

- 1) Capacity building for hospital staff (trauma management training/establish ED as specialty/extra staff).
- 2) Improvement in documentation/medical records
- 3) Tools for assessment (database)
- 4) Auditing

These concepts have been a vital part of the IDEALS work in assisting with the development of Trauma Services in Gaza.

In February 2013 Dr Alastair Wilson and John Beavis revisited Gaza to discuss the problems of Staffing of A/E Departments and training of Emergency Specialists as well as the front line first responder organisation and training. There were substantial developmental problems described for this speciality. It was therefore, decided that although important IDEALS would

concentrate on the work with the Fellows and assistance with specific tasks related to Trauma Service Development such as the creation of the Trauma Data Base.