

Minding the gap: future challenges from acid attacks to mass casualty events

Armed with an increased government mandate for charities to contribute more substantively to gaps in UK healthcare delivery, The Katie Piper Foundation's overarching ambition to establish tangible rehabilitation for burns and scars outside of the acute hospital setting (and fulfilling as-yet-unrealised criteria of UK burn care standards, which have been in place for a decade) is almost there. A successful pilot of three patients with very different injuries from burns units around the UK, including a survivor of an horrific acid attack and two patients with almost full-body flame burns, created the platform and infrastructure to fundraise towards launching a full and comprehensive service. Spurred on by the success of the pilot, and with a big injection of support from one major donor, we have been busy recruiting staff to consolidate the backbone of the service and investing in the final items of equipment and infrastructure. The huge team effort and hard grind to get to this point as a very small charity cannot be underestimated. Approaching what is both a finishing-line and a starting-line brings with it many challenges, but great rewards.

My involvement in a range of activities including national mass casualty simulation exercises, the national mass casualty burns plan for NHS England and the committee tasked with the next generation of UK burn care standards have been occurring over a backdrop of the aftermath of a series of terror-related incidents, including the Manchester bombing, as well as the Grenfell Tower disaster and an increase in the incidence of reported violence using corrosive substances. It is sobering to think that an event like Grenfell Tower could potentially generate sufficient casualties to overwhelm all burns services in the UK for a year, requiring overflow into Europe. The overwhelming impact of major fire disasters was recently apparent from the Romanian Fire Disaster in 2015 that distributed casualties with catastrophic injuries far and wide in Europe, including many to the UK. What I have concluded is that, whilst we cannot cater for an unlimited supply of acute burns beds in the UK that may

in extreme circumstances require expatriation of casualties, we can and will be able to cater in gradually increasing numbers for rehabilitation of many burns survivors that previously had to travel abroad for this: a small number of patients, including Katie Piper and Catrin Pugh went to France for residential rehabilitation after hospital discharge, and came back with insights and passion to ensure this would not simply remain a luxury, but instead an integral part of care in the UK as it is in France. There is no better example of patient-driven innovation in healthcare, and I hope that the next generation of burn care standards will enshrine patients' perspectives and priorities at their very core.

Following meetings between The Katie Piper Foundation and the Home Secretary in August, where our views were invited and listened to, we have had the opportunity to input into national policy relating to attacks with corrosive substances, including issues such as sentencing of perpetrators and rehabilitation for victims of such attacks.

As this article goes to press, we are actively planning a date for the full launch of the service. What is hopefully a success story for us and our beneficiaries is, I hope, also a success story for the UK charity sector as a whole. This is indeed ample cause for reflection and optimism after stepping down as Chairman of the Foundation to focus on delivering care on the front-line with a remarkable team and for remarkable people.

WUK



Danielle sustained burns to 85% of her face and body in a motorhome fire on New Year's Eve 2015/16

KAYVAN SHOKROLLAHI
Professor; Lead for the Mersey Regional Burns Service, Whiston Hospital, Merseyside; Clinical Lead for the Northern Burn Care Network NHS England; Trustee and Vice-Chair of the Katie Piper Foundation; and Clinical Lead/Director for the Scar & Burns Rehabilitation Centre project.

"During my stay at the rehab my mobility improved drastically. I was able to regain independence by being able to dress myself again and get up off the floor unassisted. Before I went to the rehab I struggled to go anywhere unaccompanied, but during my 3 week stay at the rehab I gained enough confidence to go to cupcake decorating classes on my own. This activity had been a passion of mine before my injury and also helped me to regain more movement in my hands and fingers, which has been important to make it possible for me to drive again. The treatments I received made great progress towards getting my lumpy facial scars flat so that they can be disguised with makeup. My rehab stay was a truly life changing experience."
 Danielle, who was one of the pilot patients