

Greater Manchester Joint Health Scrutiny Committee

Date: 18 March 2025

Subject: Greater Manchester Major Trauma Provision

Report of: Rob Bellingham, Programme Director for Major Trauma and
Jennie Gammack, Programme Director for Sustainable Services,
NHS Greater Manchester

Purpose of Report

To describe the progress of the site selection process for the delivery of Major Trauma Services (MTS) within Greater Manchester (GM).

Recommendations:

The Committee is requested to receive the update and agree to receive further updates as the site selection process evaluates the options being explored in order to support future recommendations to ensure that Greater Manchester has a compliant Major Trauma Provision.

Contact Officers

Rob Bellingham – Programme Director – Major Trauma

robbellingham@nhs.net

Jennie Gammack – Programme Director – Sustainable Services

Jennifer.gammack1@nhs.net

Equalities Impact, Carbon and Sustainability Assessment:

A full equalities impact assessment is being developed.

Risk Management

This report is to support the risk management of this proposal, ensuring that JHSC has opportunities to review and comment on the process being undertaken.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue

This proposal seeks to ensure appropriate use of resource in Greater Manchester.

Financial Consequences – Capital

Not applicable

Number of attachments to the report:

Not applicable.

Comments/recommendations from Overview & Scrutiny Committee

Not applicable

Background Papers

Not applicable

Tracking/ Process: Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

GM Transport Committee

Not applicable

Overview and Scrutiny Committee

18th March 2025

1. Introduction/Background

This briefing is to update the Greater Manchester Health Overview and Scrutiny Committee on the progress of the site selection process for the delivery of Major Trauma Services (MTS) within Greater Manchester (GM). The process has been prompted by findings from a recent national peer review process, (September 2024). NHS Greater Manchester (NHS GM), the commissioning body, is committed to delivering a Major Trauma system that ensures the best patient outcomes while making optimal use of available resources.

2. Trauma Service Configuration

In England, trauma is the most common cause of death in those under 40 years, with survivors often suffering long-term disability. Trauma care is organised using a networked, tiered model of care that provides a balance between access to local care (at Trauma Units and Local Emergency Hospitals) and access to highly specialised, centralised services for those with more severe injuries (at Major Trauma Centres). Pre-hospital teams use triage tools to identify patients who may have suffered severe injuries to determine the appropriate hospital for their care. Major Trauma Centres (MTCs) provide immediate treatment to people with the most serious injuries 24 hours a day, seven days a week. They have the equipment, facilities and teams of trauma experts to ensure effective diagnosis and early treatment of seriously injured patients.

3. Greater Manchester Adult Trauma Services

Adult Trauma services in Greater Manchester are currently configured as follows:

- Two adult Major Trauma Centres:
 - Greater Manchester Major Trauma Hospital (GMMTH), based at Salford Royal Hospital, part of the Northern Care Alliance (NCA). The GMMTH, which opened in May 2024, is a purpose-built facility and forms part of the national New Hospital Programme.
 - Manchester Royal Infirmary, part of Manchester Foundation Trust (MFT).

- Three Trauma Units:
 - Stepping Hill Hospital
 - The Royal Oldham Hospital
 - Royal Albert Edward Infirmary (Wigan)

- Six Local Emergency Hospitals:
 - Royal Bolton Hospital
 - Fairfield General Hospital
 - Macclesfield District General Hospital
 - North Manchester General Hospital
 - Tameside General Hospital
 - Wythenshawe Hospital

Network Configuration



About us - MFT ODN (gmccmt.org.uk)

- **Major Trauma Centres (MTC):**
 - Salford Royal Hospital (Northern Care Alliance NHS FT)
 - Manchester Royal Infirmary (Manchester University NHS FT)

- **Trauma Units (TUs):**
 - Stepping Hill Hospital (Stockport NHS FT)
 - Royal Albert Edward Infirmary (Wrightington, Wigan & Leigh Teaching Hospitals NHS FT)
 - The Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust)

- **Local Emergency Hospitals (LEHs):**
 - Royal Bolton Hospital (Bolton NHS FT)
 - Tameside General Hospital (Tameside and Glossop Integrated Care NHS FT)
 - North Manchester General Hospital (Manchester University NHS FT)
 - Fairfield General Hospital (Northern Care Alliance NHS FT)
 - Macclesfield District General Hospital (East Cheshire NHS Trust)
 - Wythenshawe Hospital (Manchester University NHS FT)

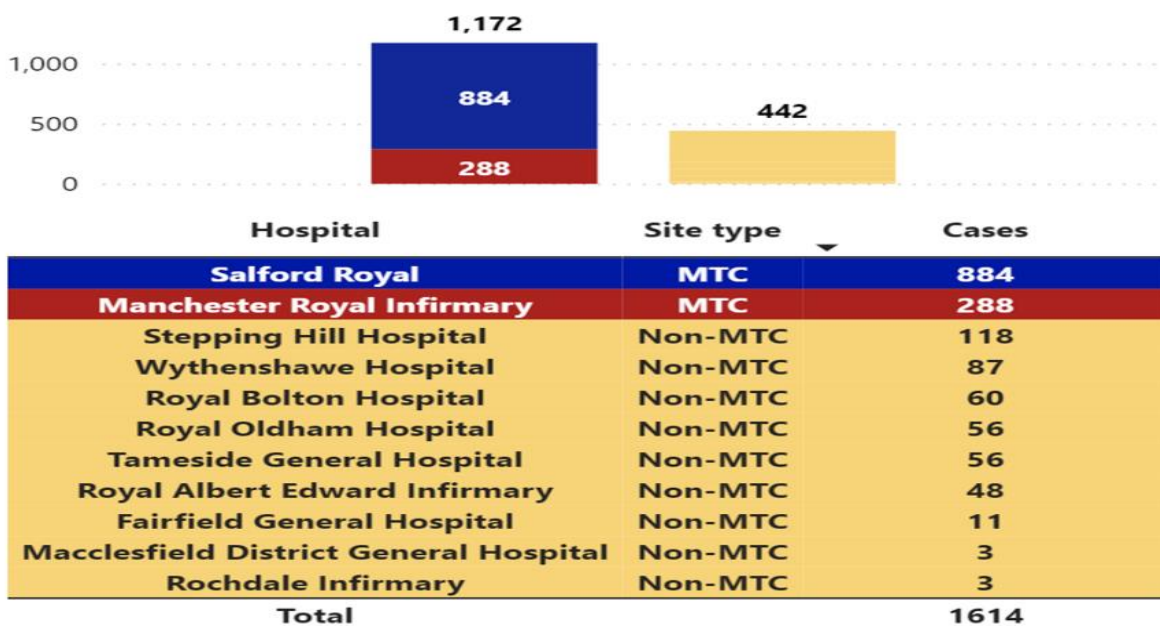
- **Pre-hospital Partners:**
 - North West Ambulance Service NHS Trust (NWAS)
 - North West Air Ambulance Charity (NWAA)
 - East Midlands Ambulance Service NHS Trust (EMAS)

The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. Each injury is assigned an Abbreviated Injury Scale (“AIS”) score and is allocated to one of six body regions (Head, Face, Chest, Abdomen, Extremities (including Pelvis), and External). Only the highest AIS score in each body region is used. The three most severely injured body regions have their score squared and added together to produce the ISS score. The AIS is an anatomically based, consensus-derived, global severity scoring system that classifies each injury in every body region according to its relative importance on a six-point ordinal scale.

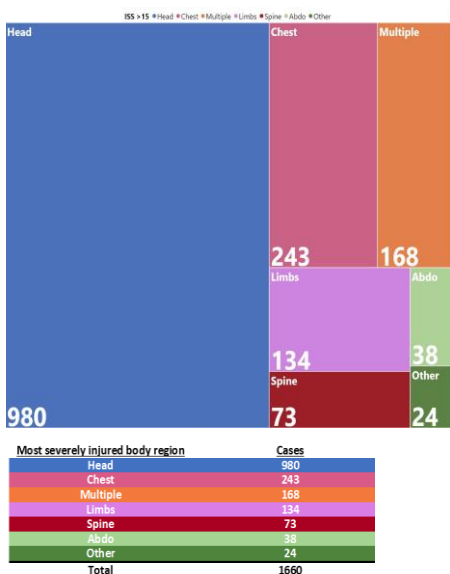
Patients who have an ISS > 15 are defined as having suffered from Major Trauma. In GM, based on this definition, there are circa 1,600 major trauma cases (ISS>15) per year (including Royal Manchester Children’s Hospital (RMCH) which accounts for c. 70 cases per year).

The table below describes, based on the last clinical audit, where Major Trauma patients with an ISS >15 receive their care.

- 55% (n=884) of patients with an ISS>15 receive their definitive care in SRH
- 18% (n=288) of patients with an ISS>15 receive their definitive care in MRI



Most Severely Injured Body Region (ISS > 15)



- Head injury predominates
- This replicates national and international injury patterns

4. NHS GM's Commitment

NHS GM is committed to ensuring that the region's Major Trauma service is aligned with the national specification, ensuring that the GM Major Trauma system is financially viable, sustainable, and effective in delivering high-quality outcomes for patients.

The process to achieve this involves a thorough site options appraisal to assess and select the best setting for Major Trauma provision, addressing key areas including the workforce model, activity levels, and costs. The goal is to optimise the use of resources and to develop a model that maximises patient outcomes while ensuring long-term sustainability.

5. Options for Site Selection

NHS GM is considering several options for the delivery of Major Trauma services. These options will be assessed based on criteria such as clinical outcomes, financial viability, workforce requirements, and implementation timelines.

6. Considerations for Collaboration and Sustainability

All options under consideration will require continued collaboration between the two main providers - NCA and MFT. Ensuring that patients receive timely interventions and the best possible outcomes will depend on strong cooperation between the hospitals, particularly in areas like vascular surgery, neurosurgery and trauma care. It is also critical that these options are financially sustainable, contributing to the efficiency of the overall system and ensuring equitable access to care across Greater Manchester.

7. Next Steps

- NHS GM will continue to work closely with NCA, MFT and other relevant partners to develop detailed plans for the preferred option.
- Further assessment of the financial and activity impacts of each option will be undertaken.
- NHS GM will ensure that stakeholders, including the public, are engaged and that the engagement is proportionate to those impacted by Major Trauma.

The Health Overview and Scrutiny Committee is asked to receive the update and agree to receive further updates as the site selection process evaluates the options being explored in order to support future recommendations to ensure that Greater Manchester has a compliant Major Trauma Provision.