

Greater Manchester Joint Health Scrutiny Committee

Date: 11 November 2025.

Subject: NHS Greater Manchester – Major Trauma Patient Engagement

Report of: Claire Connor, Director of Communications and Engagement and Katherine Sheerin, Chief Commissioning Officer, NHS Greater Manchester

Purpose of Report

To update the Joint Health Scrutiny Committee on the public involvement carried out as part of Greater Manchester's Major Trauma Centre site selection process.

Recommendation:

The Greater Manchester Joint Health Scrutiny Committee is requested to review the report and highlight if further information is required about the proposed changes to the current Major Trauma Centre site delivery model.

Contact Officers

Katherine Sheerin, Chief Commissioning Officer, NHS Greater Manchester
katherine.sheerin@nhs.net.

Equalities Impact, Carbon and Sustainability Assessment: Not applicable

Risk Management

This report is to support the risk management of site selection process in relation to the provision of adult major trauma in Greater Manchester, ensuring that JHOSC has opportunities to review and comment on the process being undertaken .

Legal Considerations

NHS Greater Manchester and providers will meet the statutory duties relating to involvement on service redesigns.

Financial Consequences – Revenue Not applicable.

Financial Consequences – Capital Not applicable.

Number of attachments to the report: 1 – Major Trauma Engagement Report.

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 Not applicable.

1. Introduction/Background

Greater Manchester Health and Care Partnership confirmed its support in 2020 for the establishment of the Major Trauma Principle Receiving Site (PRS) as a priority for Greater Manchester (GM) and gave commissioner support to Salford Royal NHS Foundation Trust's, now known as the Northern Care Alliance (NCA) Major Trauma Full Business Case and the development of the Greater Manchester Major Trauma Hospital (GMMTH).

GM currently has two Major Trauma Centres, the Greater Manchester Major Trauma Hub (GMMTH) within the NCA and Manchester Royal Infirmary on the Oxford Road Campus of Manchester Foundation NHS Foundation Trust (MFT), neither site currently delivers a compliant Major Trauma provision.

NHS GM is committed to ensuring compliance against the national specification. In moving to deliver a compliant model we need to ensure that we deliver system efficiencies, removing duplicate costs (where any exist) in order to develop and implement a model of care that not only improves quality and outcomes, but will also ensure we have a financially viable and sustainable Major Trauma service across the conurbation.

2. Service review

There have been four successive peer reviews which have found GM to be non-compliant (2014, 2015, 2020 & 2024). Following the most recent peer review of the provision of Major Trauma Services within GM which was undertaken in September 2024, NHS Greater Manchester (the commissioner) is committed to ensuring that we have a Major Trauma provision that delivers the best outcomes for our population, makes the best use of the assets we have available, including estates, workforce and funding and that we are compliant against the national service specification for Major Trauma in which we are assessed against.

A commissioner led options appraisal process has commenced to select a site to deliver a compliant Major Trauma provision, with the patient experience insight contained within this engagement report being considered, as part of the site selection process.

3. Public involvement and the process

In August 2025, a targeted engagement exercise took place with some of those patients who have been treated at one of our Major Trauma Centres, as well as family members and carers, to learn about the level of care and treatment they received.

During this engagement we specifically wanted to hear about the inpatient experience and the impact on patient's families, the discharge process, transfer to further treatment and ongoing rehabilitation services.

During the engagement period, we heard the views of 84 people. The main themes which were shared were:

- Overall, people were very satisfied with the emergency care they received.
- People's experiences whilst on wards and interactions with clinicians following emergency care was varied, with some concerns voiced about staff shortages.
- Some cited poor communication and lack of information shared between clinical staff, as well as with patients, which was a concern for many.
- The discharge process was often described as "problematic".
- The aftercare and rehabilitation received varied feedback, with some sharing experiences of excellent care, whilst others reported long waits, lack of aftercare and issues with the onward support offer.
- The negative impact on families was viewed as significant both emotionally and practically, with stress, travel difficulties and disruption to daily life all raised as issues. Many people did say that they appreciated the flexibility of making some arrangements more practical and the support provided by staff.
- The distance from home whilst receiving care was a mentioned as a difficulty for both patients and their families.

The detailed engagement report can be found in Appendix 1.

4. Next steps

The finding of this report will be used to influence the next steps of the change process. This includes the following:

- Notifying Greater Manchester Joint Health Scrutiny Committee (this report) of the intention to make changes the current Major Trauma Centre site delivery model.
 - Through the Major Trauma network, we plan to take forward the following proposed actions, highlighted below.
- **Strengthen Communication and Coordination**
 - Ensure clear communication protocols for patients, families, and staff.
 - Enhance digital information systems to ensure seamless handover and continuity of care.
 - **Improve Discharge and Aftercare Pathways**
 - Standardise the discharge process with clear plans and contact points for ongoing care.
 - Strengthen links between acute, community, and rehabilitation services to ensure smooth transitions.
 - **Embed Continuous Patient and Public Involvement**
 - Use patient experience feedback as a core metric in performance monitoring and future reviews.
 - **Inform Site Selection and Compliance**
 - Use patient and family feedback as a key factor in the site selection process.
 - Ensure the chosen model meets national Major Trauma Service Specification requirements while improving quality and accessibility.

5. Recommendation

The Joint Health Scrutiny Committee is requested to review the report and highlight if further information is required about the proposed changes to the current Major Trauma Centre site delivery model.