

Public opinion on the proposal of the Norfolk and Norwich University Hospital becoming a Major Trauma Centre

October 2023

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Healthwatch Norfolk was commissioned by NHS England to conduct some public engagement to gauge public opinion around the proposal for the Norfolk and Norwich University Hospital (NNUH) becoming a Major Trauma Centre and find out whether the public think anything else needs to be considered.

A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries (Major Trauma Group, 2023). The closest Major Trauma Centre to Norfolk by land ambulance is currently Addenbrookes in Cambridge. With increasing demands and delays in transferring patients, it has been suggested that the proposal for the NNUH to become a Major Trauma Centre should be carefully considered (NHS, England, 2023).

We gathered feedback through a variety of methods including a survey, asking an 'add on' survey question as part of our engagement at the NNUH, running a focus group with the NNUH volunteers and conducting interviews with people with lived experience of Major Trauma Centres. From these we were able to see whether people agreed or disagreed with the proposal and identify themes around why they feel this way, any concerns they may have and what else they think needs to be considered if the NNUH is developed as a Major Trauma Centre.

Once we had identified the usable responses (those that met the criteria), we received 1304 responses to the survey and 167 responses to the 'add on' question. We also spoke with a focus group of eight volunteers and interviewed four people.

Most respondents agreed with the proposal as long as it was properly resourced, funded, had the infrastructure in place and if it doesn't impact

existing services. The majority of survey respondents also told us they think the proposal will have a positive impact on both themselves and the hospital. Most survey respondents told us they think something else needs to be considered if the NNUH is developed as a Major Trauma Centre, with the largest theme in responses being around the location, parking and infrastructure of the Major Trauma Centre. This suggests that NHS England should consider these concerns in the potential development of the NNUH as a Major Trauma Centre and ensure that how these concerns will be addressed is communicated to the public.

From the interviews with people with lived experience of Major Trauma Centres we found that both patients and visitors think they would have had a better experience if themselves or loved ones could have been treated more locally. The interviews also highlighted the need for more support for the loved ones of people admitted to Major Trauma Centres. This support could include accommodation, free parking and help in reducing financial costs.

Overall, the findings of this report suggest that most people agree with the proposal, but there are many factors that need to be taken into consideration if the NNUH is developed as a Major Trauma Centre.

From the findings of this piece of work, the following recommendations can be made:

- 1. Development of the NNUH as a Major Trauma Centre**– The NNUH should be developed as a Major Trauma Centre.
- 2. Ensure that steps are taken to mitigate any negative impacts**– The NNUH should take full account of the public’s concerns outlined in this report (including location, impact on existing services, funding, resources etc), and ensure that the development does not negatively impact existing services, particularly staffing.

3. Communicate with the public– Communicate with the public and address their concerns about the impact of the NNUH becoming a Major Trauma Centre and how these will be addressed, including what this means for Addenbrookes.

4. More support for loved ones of people being treated for major trauma– If the NNUH is developed as a Major Trauma Centre, explore ways that people can be better supported if their loved one is being treated for major trauma.

Please note the recommendations at the end of the report are provided in a more detailed form.

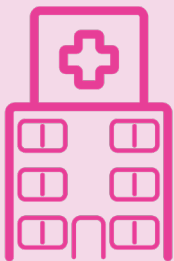
Why we looked at this

NHS England are looking to commission another Major Trauma Centre in the East of England and are exploring the Norfolk and Norwich University Hospital (NNUH) as a possible site. A photograph of the NNUH is shown in Figure 1 below.



Figure 1. A photograph showing the outside of the NNUH

NHS England commissioned Healthwatch Norfolk to engage with Norfolk residents to find out what they think of the proposal of the NNUH becoming a Major Trauma Centre. The purpose of the project is to give NHS England a better understanding of what Norfolk residents think of the proposal and find out if there are any factors that haven't already been taken into consideration in the potential development of the NNUH as a Major Trauma Centre.



A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries (Major Trauma Group, 2023). Examples of major trauma care includes patients who have had traumatic amputation of one or more limbs, patients with a serious head injury and patients who have suffered multiple injuries (NHS England, 2014).

Whereas Trauma Units are hospitals that provide care for patients with injuries that do not require the expertise of a Major Trauma Centre. Trauma Units also receive patients with major trauma who need to be stabilised before being transferred to a Major Trauma Centre (NHS England, 2014).

There are currently 27 Major Trauma Centres in England. However, the demand for their services continues to increase, with the number of cases more than doubling since 2010 with over 19,000 people being admitted to Major Trauma Centres each year (Major Trauma Group, 2023).

Across England and Wales, it is estimated that 16,000 people die after injury every year (The Health Foundation, 2022), with trauma being the leading cause of death in children and adults under the age of 44 in England (Das and Hettiaratchy, 2023). It is estimated that there were approximately 900 Major Trauma related deaths in the East of England between July 2020 and June 2022 (NHS England, 2023).

The closest Major Trauma Centre by ambulance to Norfolk is Addenbrookes in Cambridge. Whilst it is 'widely accepted' that access and travel times by ambulance to a Major Trauma Centre should be within 45 minutes (unless the patient is too unstable), residents in Norfolk are more than 45 minutes away from their nearest Major Trauma Centre (NHS England, 2014). This means that unless patients in Norfolk are transferred to the Major Trauma Centre by air, they will otherwise be transported to the closest trauma unit for immediate treatment and stabilisation before being transferred to the Major Trauma Centre.

The NNUH is already a Trauma Unit (NNUH, 2023) and have lots of the specialties to enable them to become a Major Trauma Centre, including trauma and orthopaedics and 24/7 emergency theatres. The NNUH has also been running an 'enhanced trauma service' over the last two years, where they have cared for patients with significant and life-threatening injuries (Eastern Daily Press, 2023).

Each year, the NNUH cares for around 850 trauma patients and around one in every twenty trauma patients at the NNUH are transferred to Addenbrookes. Whereas, one in ten trauma patients are transferred to Addenbrookes from the James Paget University Hospital (JPUH) in Gorleston and the Queen Elizabeth Hospital Kings Lynn (QEH). Therefore, having a Major Trauma Centre at the NNUH would mean that there are shorter transfer times for patients from the JPUH and QEH (Eastern Daily Press, 2023).

This could also help to ease the pressure on Addenbrookes, as the Covid 19 pandemic further highlighted capacity issues, with an increasing number of people being diverted because of 'capacity constraints' at Addenbrookes (NHS England, 2023).

It has been suggested that in order to meet increasing demands, improve mortality outcomes and address delays in transferring patients, the proposal of a Major Trauma Centre based at the NNUH should be carefully considered (NHS, England, 2023). Therefore, it is important to hear what the public think of the proposal and any other factors the public think needs to be taken into consideration if the NNUH is developed as a Major Trauma Centre.

How we did this

Methodology

The project aimed to collect feedback on what the public think of the proposal for the NNUH to become a Major Trauma Centre and understand anything else that may need to be taken into consideration. We designed a public survey which was created using SmartSurvey, ran a focus group with some of the NNUH hospital volunteers and interviewed people with lived experience of being treated or supported by a Major Trauma Centre. The target audience of the project are Norfolk residents.

We wanted to know:

- Whether the public agree or disagree with the proposal of the NNUH becoming a Major Trauma Centre.
- What impact the public think the NNUH becoming a Major Trauma Centre will have on themselves and the hospital.
- Any factors that need to be taken into consideration in the development of the NNUH as a Major Trauma Centre.
- If people or their loved ones have been treated at a Major Trauma Centre- what was their experience like? (e.g., the patient journey from pre-hospital to rehabilitation and what they think this would have been like if the NNUH was a Major Trauma Centre).

Members of the public

Survey

Healthwatch Norfolk worked with NHS England to create a public survey with a series of questions to meet the aims and objectives of the project. To reach as many people as possible, an online and print survey was used. There was also an option to call Healthwatch Norfolk and complete the survey over the telephone.

The survey ran from 17th July 2023 to 11th September 2023 and all responses (n=1319) were collected during this time frame. Once we had identified the usable responses (those that met the criteria), there were 1304 responses in

total. We also received two surveys after the closing date, which are not included in the analysis.

In addition to this, we also asked an 'add on' question about the Major Trauma Centre, when the Healthwatch team took part in a week's engagement work at the NNUH between 17th July and 21st July 2023 (as displayed in Figure 2). This involved us asking patients whether they agree or disagree with the proposal of the NNUH becoming a Major Trauma Centre. We received a total of 167 responses to this question and when this was combined with the survey responses, we received a total of 1,471 responses.



Figure 2. A photograph of the Healthwatch Norfolk team at the NNUH

Interviews with people with lived experience

We conducted interviews with people who have been admitted to a Major Trauma Centre or a loved one of someone who has, to gain more of an insight into their experiences.

We conducted four interviews in total which were done using either telephone or Microsoft Teams. The interviews were transcribed and then turned into case studies to show:

- People’s experiences of being treated at a Major Trauma Centre out of county.
- The patient journey from pre-hospital to rehabilitation.
- What they think their experience would have been like if there had been a Trauma Centre at the NNUH.

A copy of the interview questions can be found in Appendix 1.

Participant Involvement and Consent

We developed a range of promotional materials to encourage people to take part in the survey, with a goal of reaching as many individuals and groups as possible, including seldom reached communities.

Healthwatch Norfolk promoted the survey through social media posts, local press, on the Healthwatch Norfolk website and in the Healthwatch Norfolk newsletter. We also contacted a range of local stakeholders (including hospital volunteers and organisations such as Carers Voice) to promote engagement with the survey amongst their networks. We also promoted participation in the interviews via posters on social media and within the survey itself. Examples of the posters used in this project are displayed in Figure 4 and Figure 3.



Figure 4. An example of a poster used to promote the survey.



Figure 3. An example of a poster used to promote the interviews.

To try and widen participation and offer opportunities for those who may be digitally excluded, the Healthwatch team attended a range of locations including GP practices, the NNUH and a library to promote engagement in both the survey and interviews. The team also attended community events such as Norwich Pride, Kings Lynn Pride and 'Two Wheel Tuesday' which is a motorcycle meet-up event.

Two Wheel Tuesday: Hearing from motorcyclists

Two Wheel Tuesday is a bike meet-up which takes place in Old Buckenham, Norfolk. We chose to attend this event as out of all vehicle users, motorcyclists have the highest accident and injury rates per mile (Minster Law, 2023). Therefore, it was important to hear their views on the proposal.

We went to this event on Tuesday 5th September, where around 1,177 bikes attended. In total, 42 people completed the survey at the event (3%).



Figure 5. A photograph of the bikes at Two Wheel Tuesday (left). A photograph of the Healthwatch Team and gazebo at Two Wheel Tuesday (right).

As mentioned, interview participants were also recruited through a question in the survey asking people whether they would like to share more about their experiences of themselves or loved one being treated at a Major Trauma Centre and take part in an interview.

The sample size for the public survey and interviews was not set as both were entirely voluntary and members of the public chose whether to provide feedback.

All survey and interview participants had to give their consent for their answers and feedback to be shared in this report anonymously.

Survey data analysis

The survey included a range of question types, including open-ended, closed-ended, and multiple-choice questions. A range of analysis methods were used to reflect this. The results and comments are reported on in the 'What we found out' section.

Answers that were closed-ended or multiple choice were exported from SmartSurvey and analysed in Excel. Percentages in this report are rounded to the nearest whole number. Answers where participants could write their own comments, were analysed using thematic analysis using NVivo. This enabled comments to be coded to establish themes, which are explored further in the 'What we found out' section of this report. Any comments used as direct quotes in this report have been left unchanged, this is to ensure originality. Any major grammatical or spelling errors will be marked with "[sic]".

We also collected demographic data to gain a better understanding of the reach of the survey (and 'add on' question), to help make sure we engage with people from different backgrounds and so that we can understand what needs different groups in our community have.

A copy of the survey questions can be found in Appendix 2.

A summary of this demographic data can be found in Appendix 3.

Focus group with NNUH hospital volunteers

We ran an in-person focus group with hospital volunteers at the NNUH to gather their feedback as they already have knowledge and experiences of the hospital. This allowed hospital volunteers to share their insight of being both a volunteer and a member of the public. We followed best practice guidelines and limited participants to a maximum of eight people. The focus group consisted of eight volunteers from a variety of areas, including an Emergency Department volunteer, end of life volunteer and a patient experience volunteer.

Focus group participant involvement and consent

We worked closely with the voluntary services manager at the NNUH to arrange the focus group with hospital volunteers. Participation in the focus group was entirely voluntary and participants were asked to give their consent for their answers and views to be shared in this report anonymously.

Focus group data analysis

The focus group was recorded and the data sent off for transcription. The focus group transcript was then analysed using thematic analysis in NVivo. The themes are reported on in the 'What we found out' section of this report. A copy of the questions can be found in Appendix 4.

Other engagement

Throughout the project, we also used 'counter boxes', where people could put a green counter into an 'agree' box or a red counter into a 'disagree' box to express whether they agreed or disagreed with the proposal of the NNUH becoming a Major Trauma Centre. An example of the counter boxes used is shown in Figure 6 below.



Figure 6. An example of the counter boxes used at Kings Lynn Pride (left) and Two Wheel Tuesday (right).

The feedback we received for this project helped us to gain an insight into public perception of the proposal for the NNUH becoming a Major Trauma Centre and identify anything else that the public think needs to be considered.

Limitations

As the Norfolk population covers a range of demographics and has a population of around 916,120 people (Norfolk insight, 2021), we cannot say that the sample size¹ (n=1,471) of this work is representative of the entire Norfolk population. However, it does provide a snapshot of people's views of the proposal for the NNUH to become a Major Trauma Centre.

Similarly, we cannot say that our responses are representative of the entire Norfolk population, although we received responses from most of Norfolk (based on the first part of the postcode), most responses we received were from people in and around Norwich and in Kings Lynn and we did not receive any responses from people living in NR23 (e.g. Wells-Next-to-Sea, Holkham etc) or PE35 (e.g., Sandringham).

In total, we received 77 paper copies of the survey and 167 paper copies of the 'add on' question, resulting in a total of 244 paper responses to the project (17%). Whilst we tried to reach people who are digitally excluded, due to the small sample size we received, we cannot say that the responses are representative of this population.

¹ The sample size of the survey and 'add on' question combined.

Also, we may not have fully captured certain groups of people's views, for example we only received a small number of responses from people aged 16-25 (1%, 20), people aged 86 and over (1%,9) and people who said they have never been to the NNUH before (6%, 74). These groups of people may have had different views on the proposal and experiences with Major Trauma Centres, therefore we cannot say we have fully captured their views in this research.

We interviewed four people about their experiences of themselves or a loved one, being admitted to a Major Trauma Centre. Whilst this is only a small number of participants, we found that there were several barriers to participation. For example, some people may not feel ready to revisit such a traumatic time, so decide not to take part. Also, although some survey respondents expressed an interest in taking part in an interview, unfortunately many of these experiences did not fall under the definition of 'Major Physical Trauma' or happened many years ago so were not interviewed as their experiences may reflect older treatment and services, which may have improved since the time of the individuals experience.

Whilst the 'counter box' activity we used at various events helped people to share their views, it should be noted the number of counters may not be accurate as some people may have put multiple counters in. However, this activity still allows us to visually display what people generally think about the proposal and helped to engage them in the project.

What we found out

Survey results

Please note that none of the questions were compulsory so the number of responses will vary by question.

Who we received responses from

The survey received responses from 1,319 people. Once we had identified the usable responses (those that met the criteria), there were 1,304 responses. As mentioned, we also asked people whether they agree or disagree with the proposal as a single 'add on' survey question to our weeklong engagement at the NNUH. We received 167 responses to this question, which when combined with the survey responses results in 1,471 responses, which makes up the following analysis.

Figure 7 below displays where people who completed our survey live based on the first half of their postcode. As the map shows, we heard from people across the county with more responses received around Norwich and Kings Lynn.

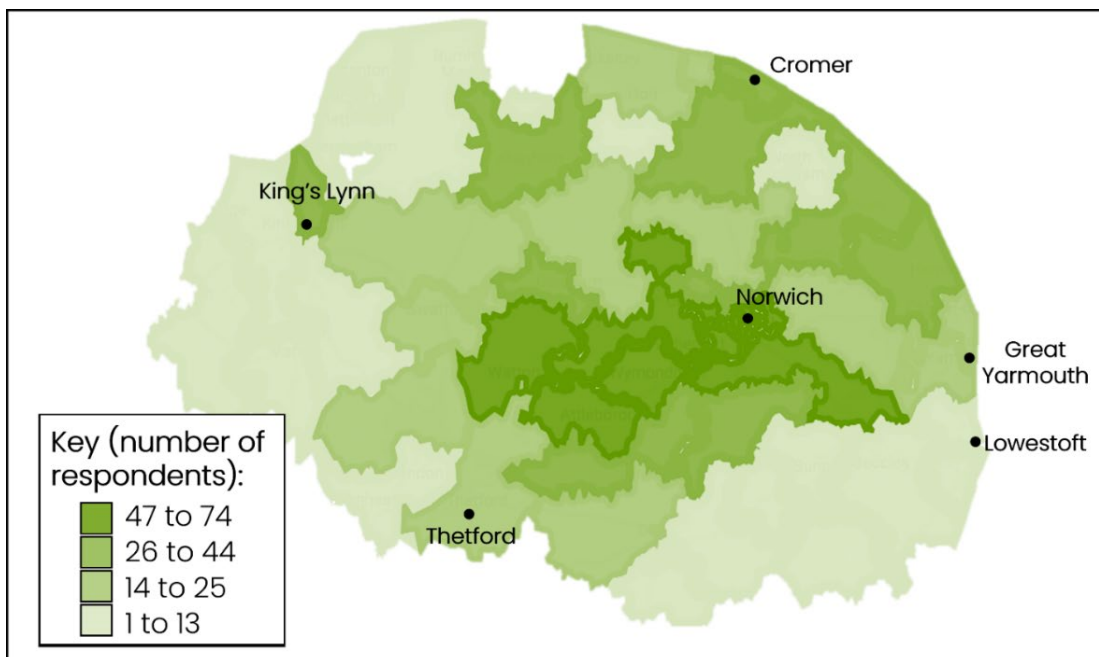


Figure 7. A map of Norfolk showing where survey respondents live based on the first half of their postcode (e.g. NR18). The darker areas on the map show where the highest number of responses came from.

Most respondents told us they:

- Were female (64%, 889)
- Were White British/ English/ Northern Irish (94%, 1296)
- Have been to the NNUH before (93%, 1366)

Around a third of respondents were aged 66-75 (31%, 432). Two in five respondents told us they have a long-term condition (41%, 603) and 17% (249) have a disability. The ages of respondents are displayed in Figure 8 below.

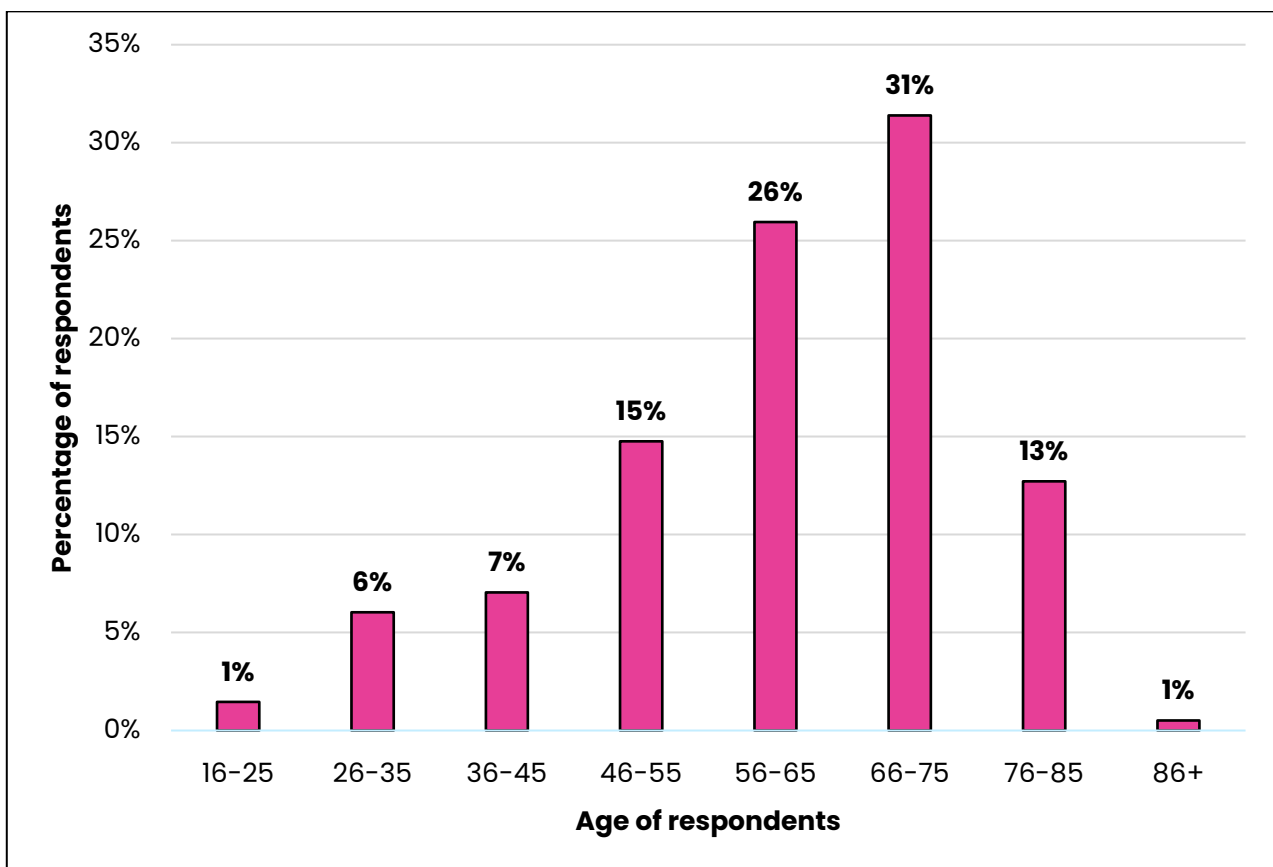



Figure 8. A graph to show the age of respondents.

Do you agree or disagree with the proposal for the NNUH to become a Major Trauma Centre?

People were asked whether they agree or disagree with the proposal for the NNUH to become a Major Trauma Centre.



82% of respondents told us they agree with the proposal for the NNUH to become a Major Trauma Centre

Most respondents told us they agree with the proposal (82%, 1212). Only a minority of people told us they neither agree nor disagree with the proposal (7%, 107) and only 6% (92) disagreed. A few respondents told us they 'don't know' whether they agree or disagree (4%, 60).

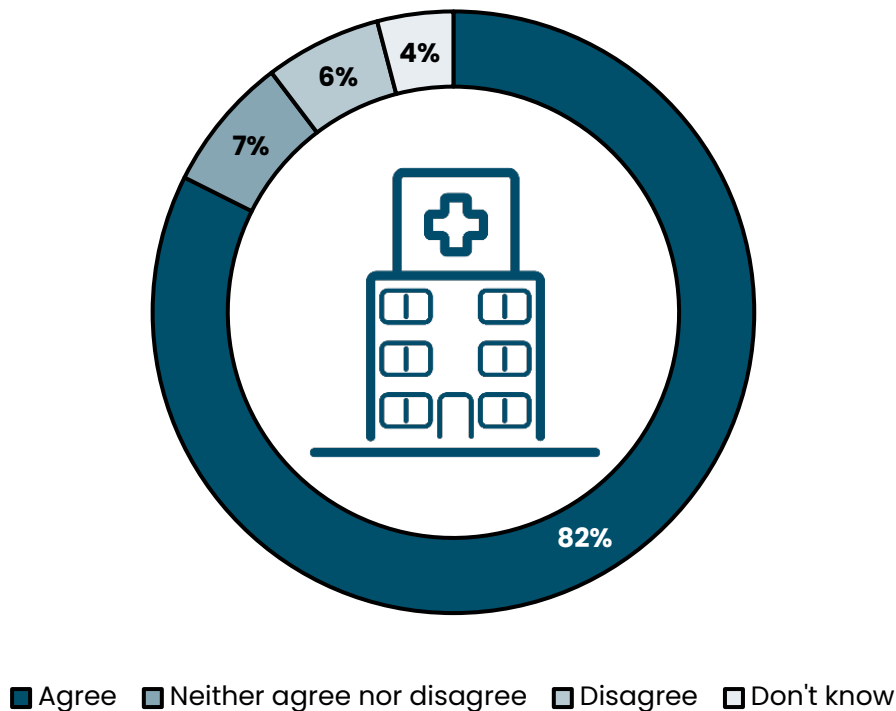
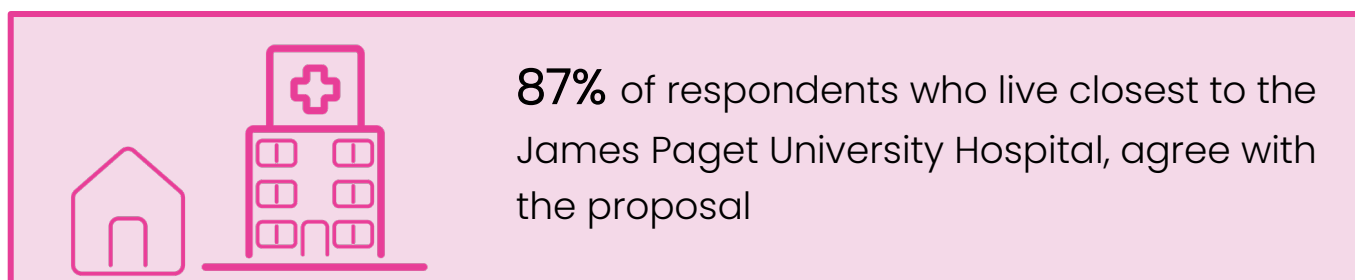


Figure 9. Responses to the question 'Do you agree or disagree with the proposal that the NNUH should become a Major Trauma Centre?'

People who have been to the NNUH before were more likely to agree with the proposal, with 83% (982) agreeing with the proposal, compared to 74% (55) of people who have not been to the NNUH. People who haven't been to the NNUH before were the most likely to say they neither agree nor disagree with the proposal (18%, 13).

Respondents aged 16-25 (15%, 3) and 36-45 (11%, 11) were the most likely to disagree with the proposal. Overall, there was little difference between men and women, with men slightly more likely to agree (86%, 417) than women (80%, 711).

There were some differences in response between areas with those who live closest to the James Paget Hospital (postcodes NR29-NR34) being the most likely to agree with the proposal (87%, 85) compared to 81% (375) of people living near the NNUH (NR1 to NR10) and 80% of those living near the Queen Elizabeth Hospital Kings Lynn 80% (74) (PE14 and PE30 to PE38).



At each location or event we attended with the 'counter box' activity, the majority of counters were green (agree) and placed in the 'agree' box, to show that people generally agreed with the proposal. The number of counters at each event is displayed in the table below.

Table 1

Number of counters in the 'agree' and 'disagree' box at various events

Event	Green Counters (Agree)	Red counters (Disagree)
NNUH	517	47
Kings Lynn Pride	89	0
Two Wheel Tuesday	75	3

When all the counters were combined, there were 731 counters in total with 681 (93%) in the 'agree' box and 50 (7%) in the 'disagree' box. This is illustrated in Figure 10.

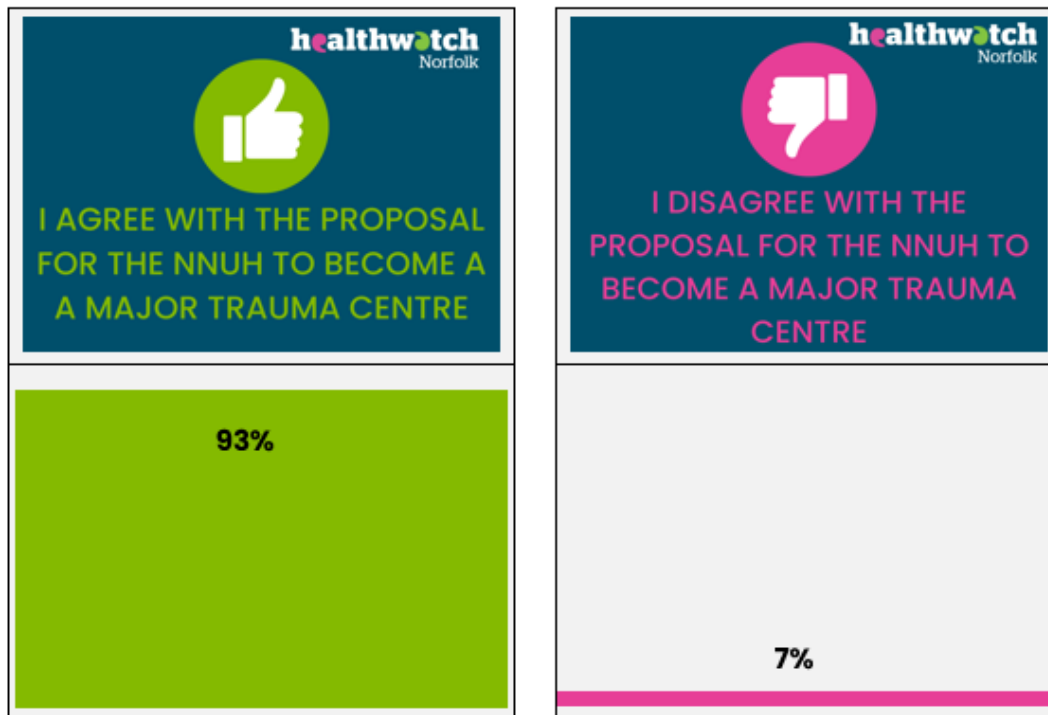


Figure 10. A graphic to show the total percentage of counters in each box

Hospital volunteers


As part of our focus group with the NNUH hospital volunteers, we asked them whether they agree or disagree with the proposal. One of the overarching themes of the NNUH volunteers focus group was that volunteers agree with the proposal, as long as there is the infrastructure, transport, staff and that the project is planned well. For example, one volunteer told us:

"..absolutely brilliant notion, idea, concept. And if it was a reality, it would be very, very positive. And then there comes a caveat. It needs all that funding, all that clear preparation direction."

This is a common theme amongst the public and volunteers and is explored in more depth throughout this report.

What sort of impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on you?

The majority of people told us they think the NNUH becoming a Major Trauma Centre will have a positive impact on them (64%, 828). Around one in ten people (11%, 148) told us it would have neither a positive nor negative impact on them and 14% (176) were unsure. A small minority of respondents told us they think it would have a negative impact on them (7%, 89) or no impact (4%, 58). This is displayed in Figure 11 below.



64% of people told us they think the NNUH becoming a Major Trauma Centre will have a positive impact on them

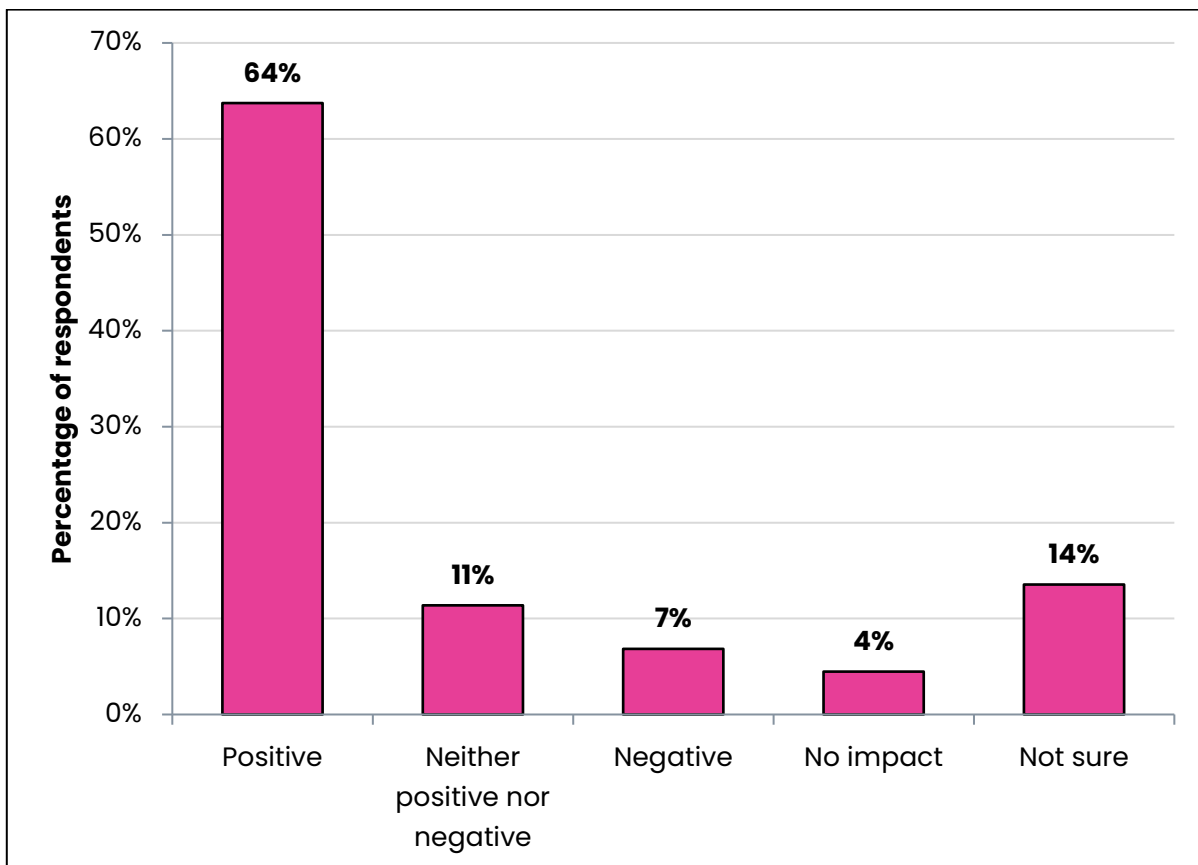


Figure 11. Responses to the question 'What sort of impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on you?'

There is little difference across the age range, although 16–25 year olds (56%, 9) were the least likely to think the proposal would have a positive impact on them, and were the most likely to think the proposal would have neither a positive nor negative impact on them (31%, 5).

People with postcodes close to the James Paget Hospital were the most likely to say the proposal would have a positive impact on them (67%, 60), compared to 63% (261) who live near the NNUH and just over half of people who live near the QEH (52%, 47). Respondents living nearest the QEH were the most likely to say the proposal would have neither a positive or negative impact on them (20%, 18). This is shown in Figure 12.

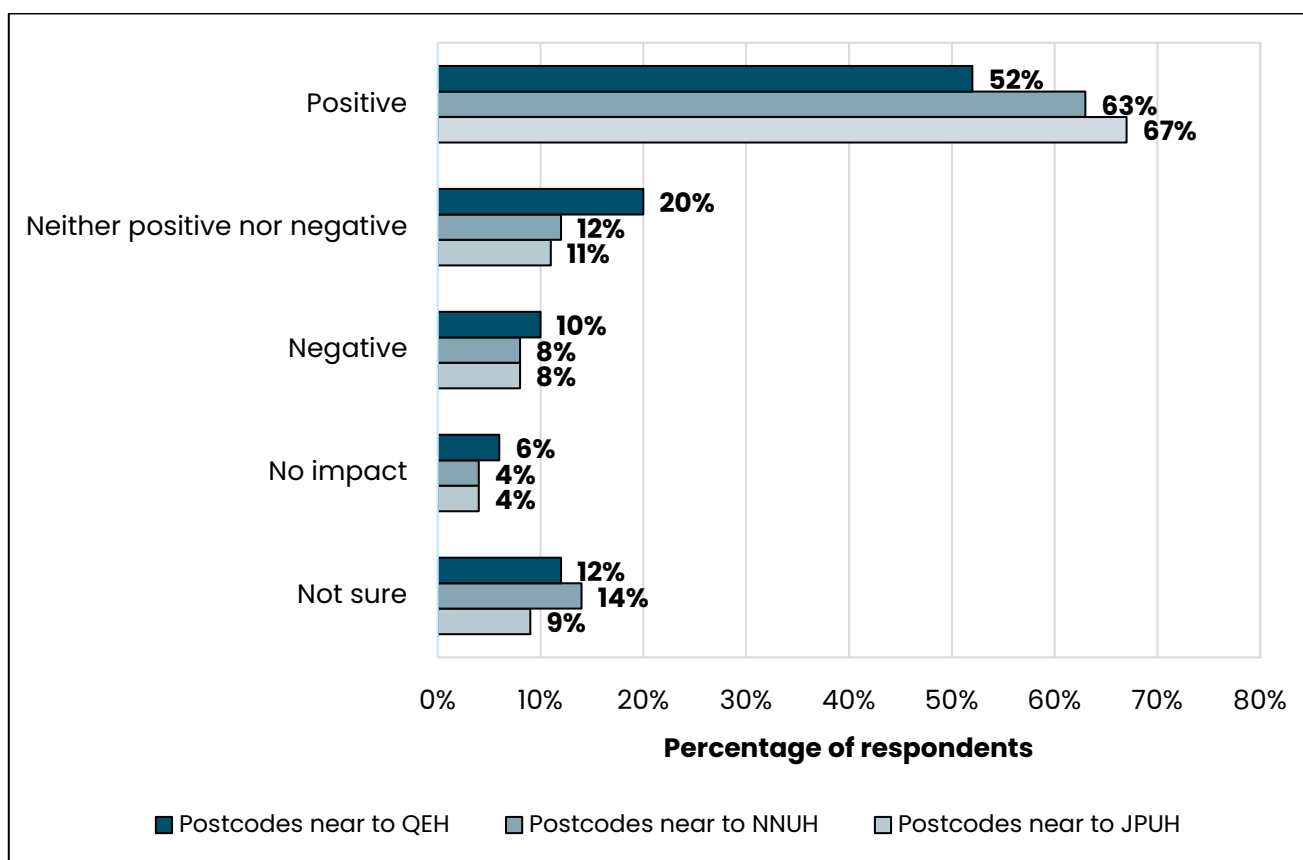


Figure 12. Responses to the question 'What sort of impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on you?'. A comparison between postcodes closest to JPUH, QEH and NNUH.

People who have been to the NNUH before were the most likely to think the proposal would have a positive impact on them. Around two in three people who have been to the NNUH before think the proposal would have a positive impact on them (64%, 766) compared to just over half of respondents who have never been to the NNUH (55%, 40).

People with a disability (15%, 136) and carers (9%, 78) were the least likely to say the proposal would have a positive impact on them.

As part of this question, respondents were asked to share further comments on why they had chosen their answer. The themes in responses to this question are discussed below.

Positive impact on you

Closer and less travelling

Amongst respondents who think that the NNUH becoming a Major Trauma Centre would have a positive impact on them, one of the largest themes was that the trauma centre would be closer and require less travelling.

People discussed how having a Major Trauma Centre at the NNUH could save travel time for both patients and relatives and be more accessible. For example, one respondent told us it would *“avoid long journeys at a stressful time for relatives”*, whilst another said it would provide *“better access for relatives”*.

A few people also mentioned how having a Major Trauma Centre closer would have helped them in the past when themselves or a loved one were taken out of county for treatment. This is illustrated in the comment below.



“When my daughter had a serious head injury we wouldn't have had to travel to Addenbrookes and stay there without family support when she was dying.”



Improved treatment and care

Another common theme was improved treatment. Respondents discussed how the NNUH becoming a Major Trauma Centre could have a positive impact on them as it could result in faster treatment and better outcomes. For example, one person told us

"It will help patients to survive major medical trauma as well as life changing injuries. Patients would get treatment quicker than having to go to Cambridge.", whilst another said:

"Should I or a family member ever need such a service the chances of a better outcome would be significantly better with a local centre."

People also mentioned more specialist care being available, improved facilities and the positive impact this would have. For example: *"It's a no brainer, better equipped, therefore major improvements to general medical emergencies"* and *"Any addition to services can only be a good thing"*.

Reassurance

Similar to the theme above, many people mentioned how having a Major Trauma Centre nearby would reassure them and give them peace of mind, that if themselves or a loved one needed Major Trauma care they could be treated quickly and have better outcomes.

"It would save vital time for people needing treatment for life threatening injuries and make me feel reassured that if I (or a loved one) ever needed this type of care, that I wouldn't have to wait."

The theme of reassurance was also mentioned in the NNUH volunteer focus group, with one volunteer noting that:



"..it's a security that if something happens, you don't think about yourself but something in your family. You want them to be treated as quickly and as well as possible."



Staffing

People discussed how there could be improvements to staffing, including there being more experienced staff at the hospital and more training for existing staff and students, which could benefit patients. This is illustrated in the comments below:

“It will help increase employment and bring a wealth of experience and knowledge whilst helping train new doctors and nurses.”

“It will mean experienced staff and better resources will be at the hospital, which will benefit patients.”

“Quicker access to emergency trauma care should I ever need it, associated upskilling of staff due to dealing with major trauma.”

Better for area and is needed

Another theme was how having a Major Trauma Centre in Norfolk could be good for the area and how people feel that a Major Trauma Centre is needed. For example, one person commented that *“East Anglia needs this”*, whilst another noted *“It’s what the region needs”*. Several people also commented that the Major Trauma Centre would help to support Norfolk’s growing population: *“Essential we have this facility in our area which is expanding rapidly in terms of people numbers.”*

Negative impact on you

Impact on existing services and resources

Amongst people who thought the proposal would have a negative impact on them, the largest was focused on the impact the development could have on existing services and resources. This was also a theme which ran throughout the survey.

People raised concerns about the negative impact the development could have on existing services (such as appointments and non-urgent care) and staffing levels. Some people commented that they thought the development would make it more difficult to get an appointment *“Because it will be even busier with no access to parking, harder to get an appointment and this isn't being done for our benefit it's being done in the search for more money”*, whilst others were concerned the development could impact on waiting times. This is illustrated in the comment below:

“The operating theatres are overstretched now. Waiting times for operations are horrendous already. With added work in the theatres would this mean that people who are there for a procedure could be turned away due to there not being a theatre available on the day?”

People also commented that the hospital is already overworked and not able to deal with the current number of patients. One person told us the hospital needs to *“Get organised first”* before becoming a Major Trauma Centre, whilst another explained that they believe now is not the right time for the NNUH to become a Major Trauma Centre:

“The NNUH is overworked and understaffed to an already borderline dangerous level, it would be irresponsible to become a Major Trauma Centre at this time.”

Infrastructure and parking

Respondents also discussed concerns around the infrastructure of the hospital. Several people commented on the size of the hospital, and how they felt that the hospital is already becoming overcrowded, the site is too small and that it needs to be expanded to cope with new patients. A few people mentioned problems with parking and that there is *“nowhere to park”*. This is illustrated in the comments below:

- *“If the hospital is not being expanded to deal with this new influx of patients, then the impact will most likely be negative.”*
- *“The change will require major infrastructure changes to create enough facilities on a site that is becoming crowded.”*
- *“I’m concerned about access of patients, road traffic, and parking availability because none of these is easy at the moment.”*

Previous experiences of the NNUH

A few people told us that they think the NNUH becoming a Major Trauma Centre would have a negative impact on them as they have previously had a poor experience at the NNUH. For example, one patient told us: *“I would never wish to be a patient in or at the NNUH. Having seen the treatment of close family members and their experiences the facility to me is, at its best, shambolic!”*

Positive impact on you

- Closer and less travelling**


- Improved treatment and care**


- Reassurance**



- Staffing**



- Better for area and needed**



Negative impact on you

- Impact on existing services and resources**


- Infrastructure and parking**


- Previous experiences of the NNUH**




Figure 13. Graphic to show key themes in responses to the question 'What sort of impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on you? Please use this space to tell us why you have chosen this answer.'

What impact (if any) do you think the NNUH becoming a MTC would have on the hospital?

When people were asked what impact (if any) they think the NNUH becoming a Major Trauma Centre would have on the hospital, most participants told us they think it would have a positive impact on the hospital (64%, 826).

Around one in ten respondents told us they think the proposal would have a negative impact on the hospital (11%, 147) and only 6% (76) think the proposal would have neither a positive nor negative impact.

Nearly one in five people (18%, 238) were not sure what type of impact the proposal would have on the hospital (Figure 14).

64% of respondents told us they think the proposal would have a positive impact on the hospital.

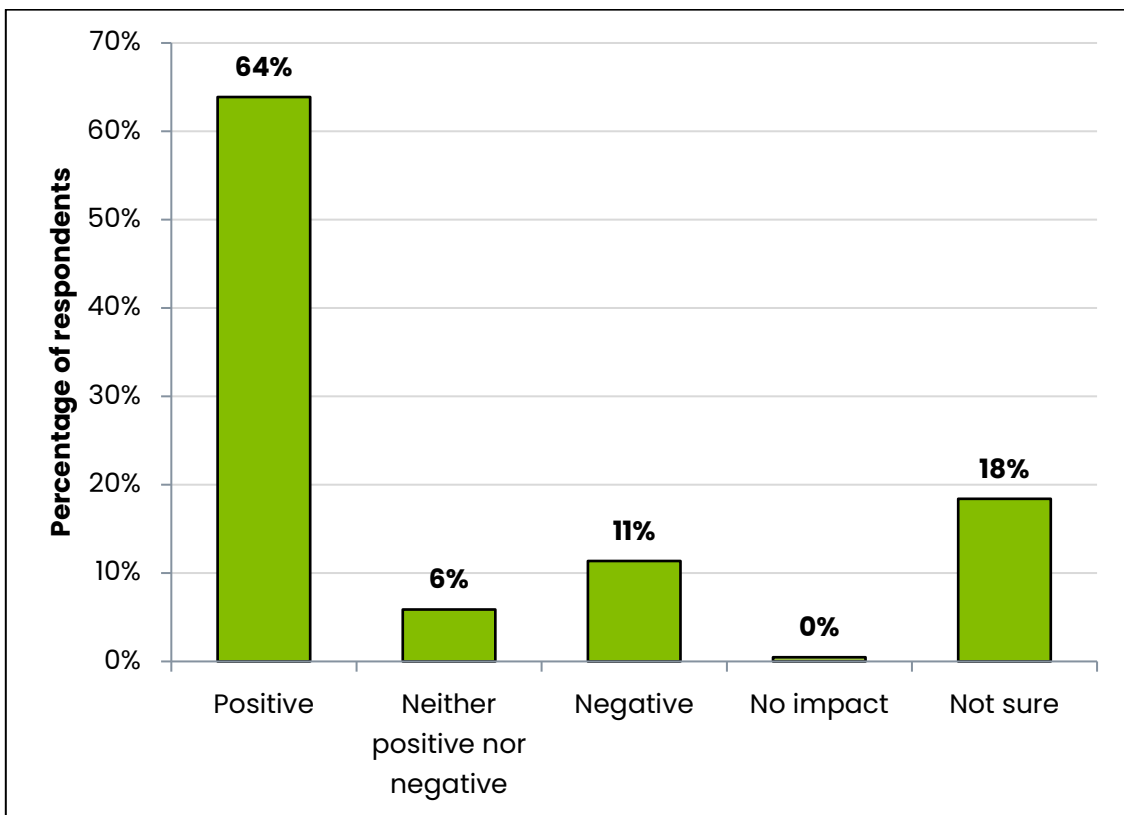


Figure 14. Responses to the question 'What impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on the hospital?'

There are only small differences across the age-range, although respondents aged 16-25 were least likely to say the proposal would have a positive impact on the hospital, with less than half saying this (47%, 8). Just over half of carers (53%, 61) told us they think the proposal would have a positive impact on the hospital.

People living nearest the JPUH were the most likely to think the proposal would have a positive impact on the NNUH, with 75% (67) saying it would have a positive impact, compared to 62% (254) of people who live near the NNUH and 53% (47) who live near the QEH. This is illustrated in Figure 15 below.

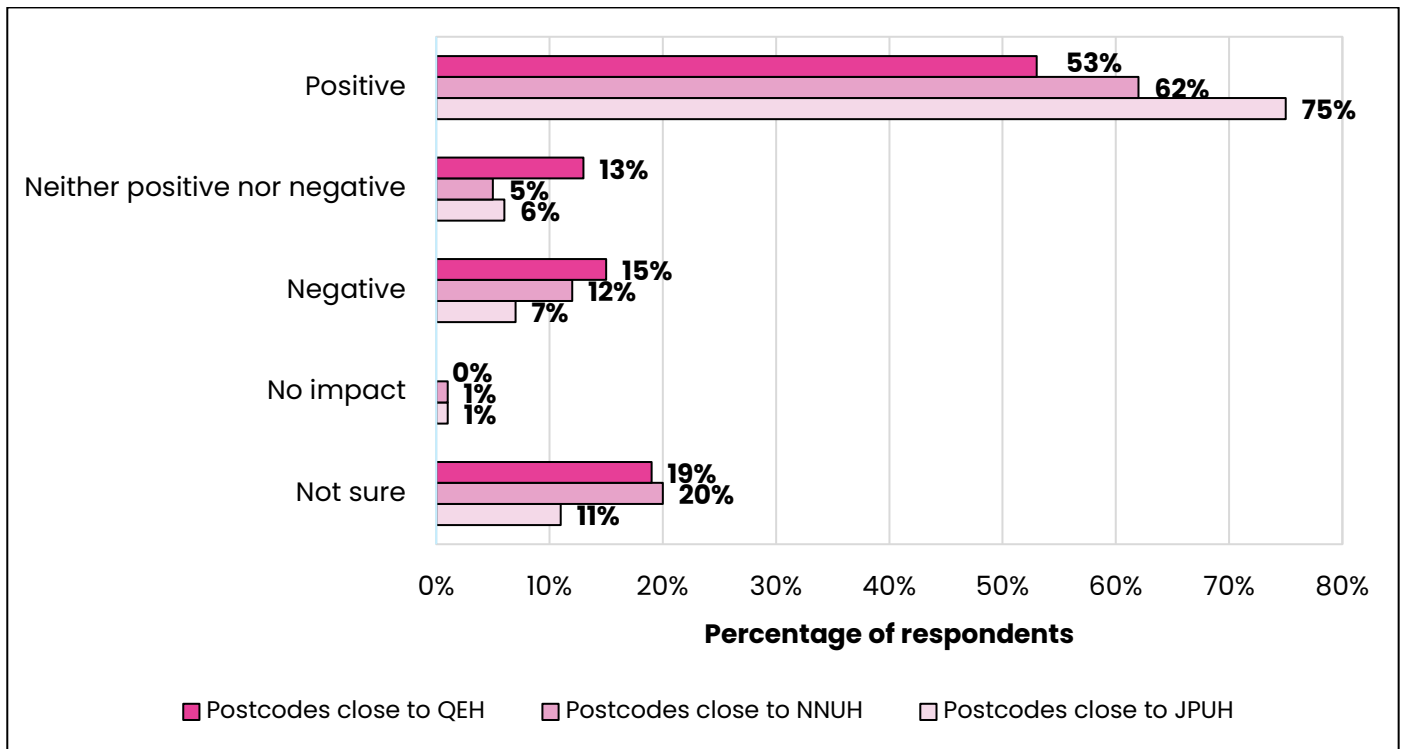


Figure 15. Responses to the question 'What impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on the hospital?'. Comparison between postcodes closest to the QEH, NNUH and JPUH.

Respondents who have been to the NNUH and those that haven't were equally as likely to think the proposal will have a positive impact on the hospital. Although people who have been to the NNUH before (12%, 139) were slightly more likely than those who haven't (7%, 5) to think the proposal will have a negative impact on the hospital.

As part of this question, respondents were asked to share further comments on why they had chosen their answer. The themes from these comments are explored in more depth below.

Positive impact on hospital

Improvement of treatment, care and facilities

The largest theme amongst those who told us they think the proposal will have a positive impact on the hospital, was around the improvement of treatment, care and facilities at the hospital. Respondents commented that by being able to recruit more specialist staff, the hospital will be able to offer more treatment options and deal with more serious injuries. This is illustrated in the comments below:

- *"Will attract more specialists to the area which will increase the availability of specialist treatment."*
- *"I think the hospital will be able to cope better with serious illness and injuries."*

People also commented that the hospital would receive more equipment, resources and facilities, for example one person told us the hospital would have an *"update of equipment"* whilst another said *"It should lead to a boost in staff numbers and diagnostic equipment."*

People also discussed faster treatment for patients and less travelling. For example, *"Because people can be seen quickly so the golden hour is used wisely"* and *"It will also assist in preventing people being taken miles away for treatment."*

Staffing and recruitment

As mentioned in the theme above, people also discussed the recruitment and training of staff. People commented about how the NNUH becoming a Major Trauma Centre will help to attract new staff, including those that are highly skilled and how this could benefit the hospital:

"It will attract more highly skilled medical staff which can only help to raise standards generally."

People also mentioned that existing staff would have more opportunities to learn and receive better training, resulting in better techniques, for example one person told us: *"It will give staff the opportunity to experience a multitude of issues, and learn and improve their techniques."*

A few people mentioned that it would also be easier to retain staff, due to there being

more incentives to work at the NNUH and more career progression: *“Possibly easier to recruit and retain staff looking to progress their careers”.*

Funding

People also discussed how the NNUH becoming a Major Trauma Centre could mean that the hospital receives more funding. Some people commented that extra funding would have a positive impact on the hospital as it could help to *“improve patient facilities”* and outcomes. One person told how they hoped the development would result in more funding for the critical care areas of the hospital:

“I would hope too that this would see an increase in funding for critical care areas including A and E resus [resuscitation] which is often full and would benefit from expansion”.

Prestige and reputation

A smaller theme here was the prestige and reputation of the hospital. People discussed how the NNUH becoming a Major Trauma Centre would increase its reputation and make it seem more prestigious, which could then help to attract more funding and specialised staff. Several respondents also discussed how the NNUH would become a *“centre of excellence”* if it became a Major Trauma Centre. These points are illustrated in the following comments.

- *“This will raise the profile of the hospital, encouraging the best staff and facilities to be available for Norfolk and beyond.”*
- *“I believe it is a great hospital anyway, but this will make it more prestigious.”*
- *“It will move the hospital to a higher status which should ensure that it gets more government funding.”*

In the focus group with NNUH volunteers, one volunteer also mentioned the *“prestige reputation”* they believed the NNUH would have if it became a Major Trauma Centre.

Positive if....

Finally, some respondents told us that the proposal would only have a positive impact on the hospital if it doesn't negatively impact existing services or resources. For example, one person commented: *“It will only be positive if sufficient funding and*

staffing levels are adjusted accordingly” whilst another said:

“I believe that, providing it is resourced in a reasonably stand alone way, that it could actually help ensure that non-major patients could see waiting times improved. I.e. separate treatment paths.”

Negative impact on hospital

Capacity and resources

Amongst respondents who told us the proposal would have a negative impact on the hospital, the largest theme was around the hospital’s capacity and resources. People discussed how the hospital is already at capacity and unable to cope: *“It can barely cope with ambulance waiting times now and I fear it will just get worse”* whilst another said they were concerned about *“Capacity levels and room available as it’s not quite big enough.”*

Others commented on how the proposal will *“stretch inadequate resources even further”* and put *“further strain on resources”*, with some people specifically mentioning that there are not enough beds. For example one person told us: *“There aren’t enough beds if a patient needs to be admitted”*.

A few people mentioned that they think the proposal will have a negative impact on resources or other areas of the hospital, with some people raising concerns that the Major Trauma Centre will become *“the priority over other areas for development”* and will *“drain other resources”*. For example, one person told us that *“It will make current operations have an even longer waiting time - therefore affecting the residents in the catchment area”*.

Staffing

People also told us they felt the hospital is short staffed, cannot cope with any more work and how more staff are needed. A few people also raised concerns that staff will be taken from other places in the hospital to work in the Trauma Centre. This is illustrated in the comments below:

“I think this will impact Norfolk and Norwich itself due to the big demand the NHS is currently suffering with being short staffed etc if norwich (sic) was to become the main centre it will be under extreme pressure which as a nhs (sic) worker myself isn't fair at all”.

“There is not enough staff now and those that are there at present are stretched to their limits without accepting Major Trauma cases.”

“Mortality rates at NNUH are already very high and the kind of overstretch you'll see when they don't have right staff, specialties and facilities to run an effective MTC will likely just make that worse.”

Some of the NNUH volunteers also raised concerns about the negative impact on staffing, if the NNUH was to become a Major Trauma Centre. For example, one volunteer told us *“I mean staffing issue is going to be enormous because this is no, oh we'll just take a member of staff out from the orthopaedic team”*, whilst another said:

 “I volunteer in accident emergency here and I see staff running around like headless chickens. It's bulging at the seams. Everybody doing as much as they possibly can. So I want to know a lot more about the impact on staffing” 

Infrastructure, parking and space

A smaller theme was around the infrastructure, parking and space of the hospital, with people commenting that the hospital is not big enough and *“is already too small”* and *“There is not enough parking”*. For example, one person told us:

“The A&E department would need significant redevelopment to become a Major Trauma Centre. It struggles for room treating the people they see daily now, and finding beds. It would need careful consideration of development and building.”

Funding

A few people mentioned concerns about whether there would be enough funding and how this could negatively impact the hospital. This is illustrated in the comments below:

- *“Without a major overhaul and massive funding the already poor service will suffer”*
- *“Having the proposed, it WILL be fully funded to start but over time may have to fight for funding?”*
- *“..the hospital struggles to cope at the best of times let alone with this added pressure. And like many things in the NHS this will not be properly funded, if it is properly funded then people would have no complaints.”*

Not sure of the impact on the hospital

Concerns

The largest theme amongst respondents who were not sure what impact the development would have on the hospital was around ‘concerns’ about the impact on existing service, staffing, infrastructure and funding. A selection of these concerns are illustrated below.

- *“Busier and not being able to cope. The hospital has problems coping at the moment and ambulances waiting outside.”*
- *“I worry that existing staffing levels won't cope. And hope it will be organised and financed properly.”*
- *“I do wonder if the space required would be available.”*

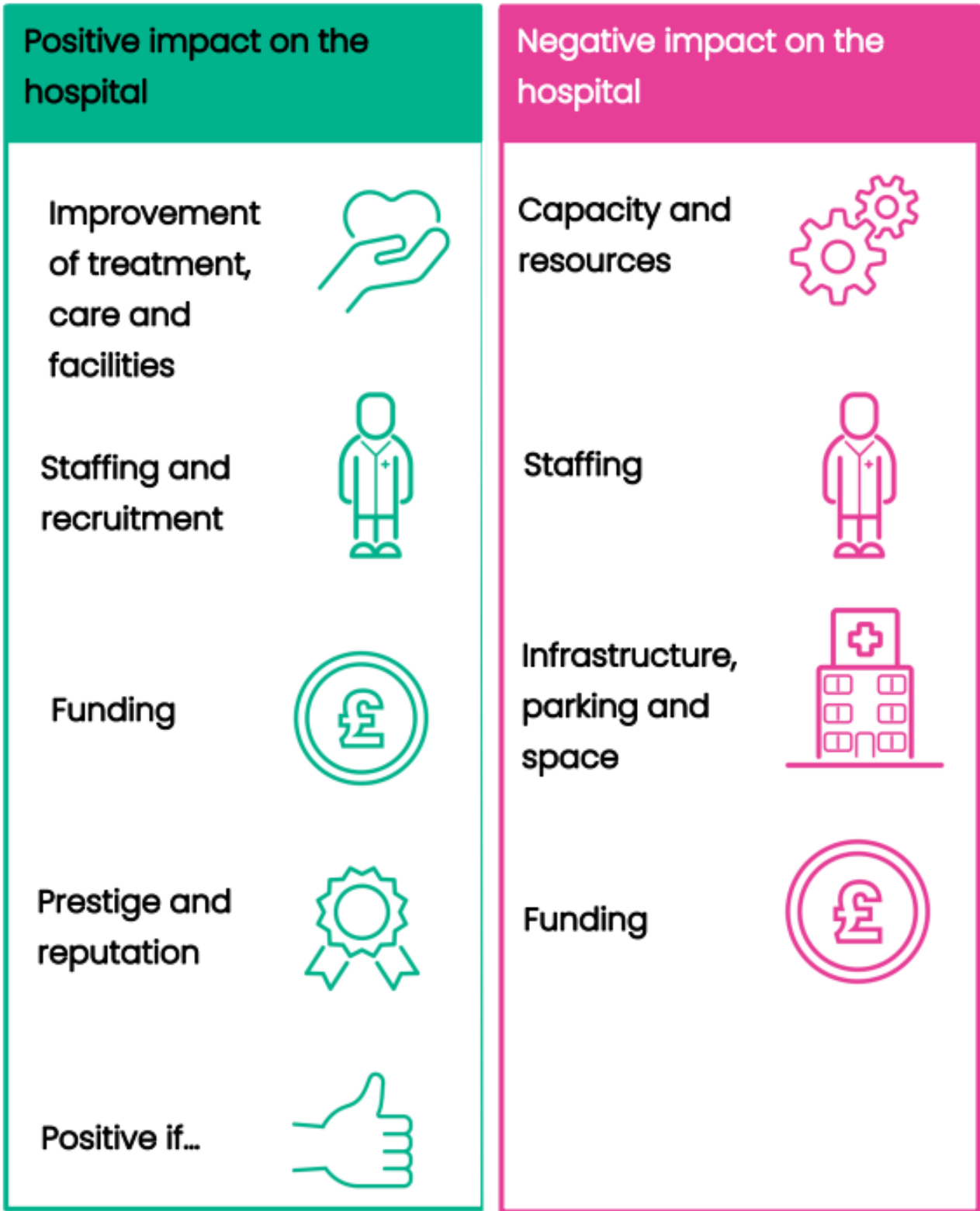


Figure 16. A graphic to show the key themes in responses to the question 'What impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on the hospital? Please use this space to tell us why you have chosen this answer.'

Impact on you and impact on hospital comparison

Overall, the same number of people think that the NNUH becoming a Major Trauma Centre will have a positive impact on themselves as on the hospital. However, people were slightly more likely to think the NNUH becoming a Major Trauma Centre would have a negative impact on the hospital than on themselves. This is displayed in Figure 17.

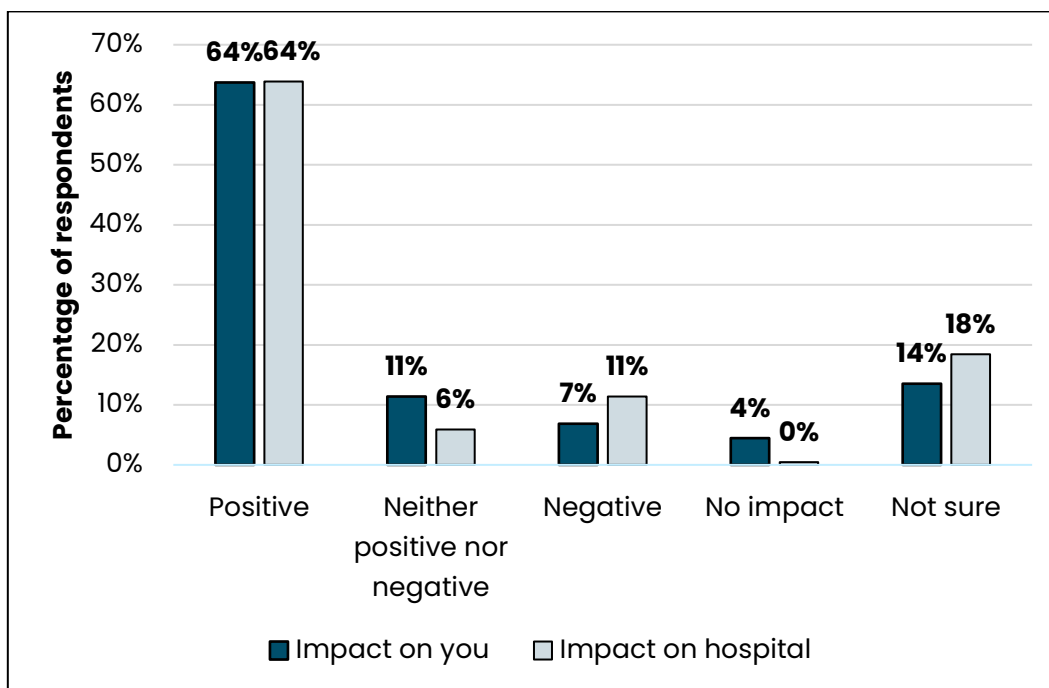


Figure 17. A graph showing the comparison between the impact people think the NNUH becoming a Major Trauma Centre will have on themselves and the hospital.

The closest Major Trauma Centre to the NNUH is currently Addenbrookes (Cambridge).

We asked people 'If you needed major trauma care, the closest Major Trauma Centre to Norfolk is currently Addenbrookes (Cambridge). How do you feel about this?'. The word cloud below in Figure 18 displays some of the most common words used to describe how people feel about this. As shown in the word clouds, common words used include far, long, time, travel and away. Following the word cloud, the themes in responses to this survey question are discussed in more detail.

There were also concerns that the distance was too far for any friends or family to visit, given that travel to Cambridge from Norfolk is not always quick or easy, and could result in patients feeling isolated. This is illustrated in the quotes below:

“I think that Addenbrookes is too far away, which I think can have a detrimental effect on many things such as disruption to support systems and emotional and financial burden to patients and their families.”

“If I was there I don't think I would get visitors as to (sic) far out the way. Also if it's life or death or close to death I think people die alone and no one says goodbye as the driving time impacts this majorly.”

“I'd feel scared and isolated if I had to use it so far from home, not to mention the journey to get there and the increased risk of travelling further for specialist care.”

No difference for those in West Norfolk

Some respondents told us that, as they lived in West Norfolk, there was not much difference for them between travelling to Addenbrookes or NNUH but they understood that it would be too far for others. Some also felt that more centres could be developed at or near the other acutes in Norfolk. *“Would rather go to Norwich, but would rather have the trauma centre at the QE Kings Lynn”* and *“Both Cambridge and Norwich are about the same travel distance from West Norfolk.”*

Better if there was a more local Major Trauma Centre, it would be great for Norfolk

Respondents felt that it would be beneficial having a Major Trauma Centre more local to Norfolk as it would be closer for many in the North and East of the county. However, respondents also felt that there are some other issues to be considered before anything goes ahead to develop the NNUH into a Major Trauma Centre, for example one person told us: *“Services should be more local and geographically spread across the country. Addenbrookes is quite far to go”* whilst another said *“Assuming existing services at NNUH will continue unaltered a Major Trauma Centre will be beneficial.”*

Air Ambulance is vital and relied upon

A number of respondents commented that the distance to Addenbrookes wasn't too far when considering that the air ambulance would be available for major trauma. For example, one person commented that the *"Air ambulance is able to manage this"*, whilst another noted that they were *"Trusting the air ambulance, but very anxious about going by road from Norwich. The journey takes quite a time."*

However, it was also mentioned that that this relies on helicopters to be available which may not always be the case. This is illustrated in the quote below.

"For much of Norfolk this impacts the ability to obtain care from a Major Trauma Centre within 45 minutes of an incident and if this is to happen it often relies on the air ambulance charities to convey major trauma positive patients. The development of NNUH this way would be a reassuring step for both the ambulance service and its service users."

Addenbrookes covers a large area, is under pressure, and the population is only increasing

One of the things that respondents noted was that Addenbrookes currently covers a large area for major trauma and is therefore under a lot of pressure which could impact health outcomes. Some people commented that with an increasing population in Cambridge there was further pressures on the hospital and having an additional trauma centre in Norfolk would help ease this, for example: *"They currently have the expertise to cope. However, I have heard that they are also struggling with capacity."* and *"Difficult to prioritise care in such a big catchment area."*

Prefer Addenbrookes because of the reputation

There were some respondents that felt that, even if there was a Major Trauma Centre at the NNUH, they would still prefer to be taken to Addenbrookes. This was due to the reputation Addenbrookes has as a Major Trauma Centre, and their experiences of NNUH as a hospital, for example, one person told us: *"I would rather go to Addenbrookes as have more faith in staff as they are well prepared in situations."*

Replacement of Addenbrookes

It should be noted that there was also some confusion with a small number of respondents who thought that a Major Trauma Centre at the NNUH would be a replacement for Addenbrookes rather than in addition to. This is illustrated in the following comment *“Addenbrookes is an excellent facility and with enhanced provision of air ambulance transportation would it not be better to stick to this option.”*

Is there anything else that needs to be considered?

When asked ‘If the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?’ most respondents said ‘Yes’ (65%, 822). One in seven respondents said ‘no’ nothing else needs to be considered (14%, 184), and one in five were not sure (21%, 264). This is displayed in Figure 19.

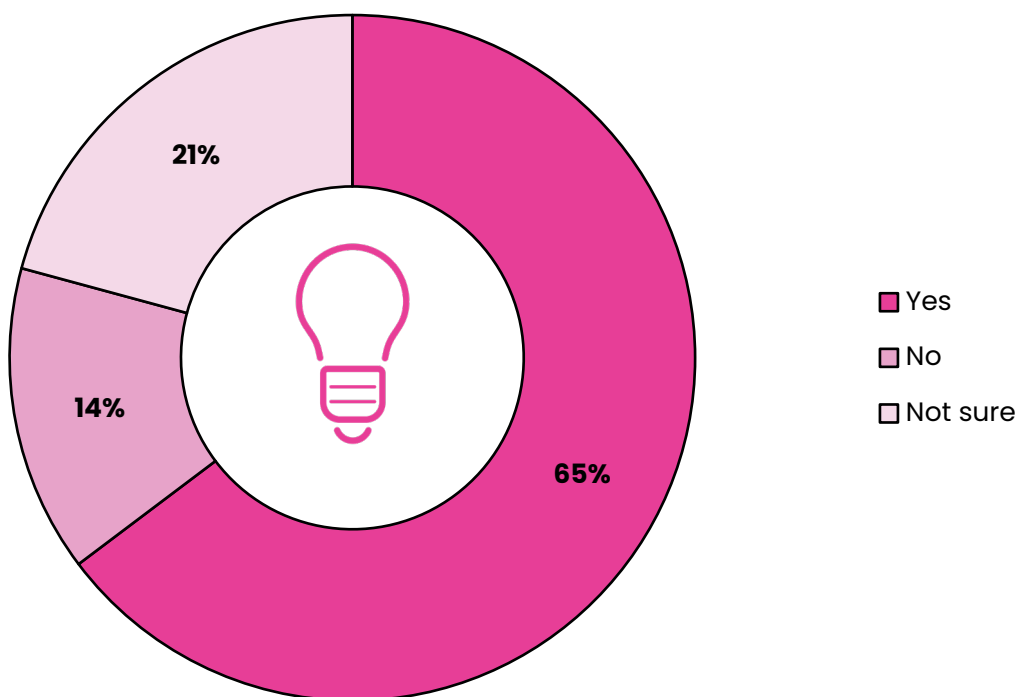


Figure 19. Responses to the question 'If the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?'

People who disagreed with the proposal were the most likely to answer ‘Yes’ (87%, 71), something else needs to be considered if the NNUH is developed as a Major

Trauma Centre, compared to two in three people who agreed with the proposal (62%, 647).

People who live closest to the NNUH were most likely to say that something else needs to be considered (68%, 276) compared to 66% (59) of people who live close to the QEH and 52% (45) who live close to the JPUH. This is displayed in Figure 20 below.

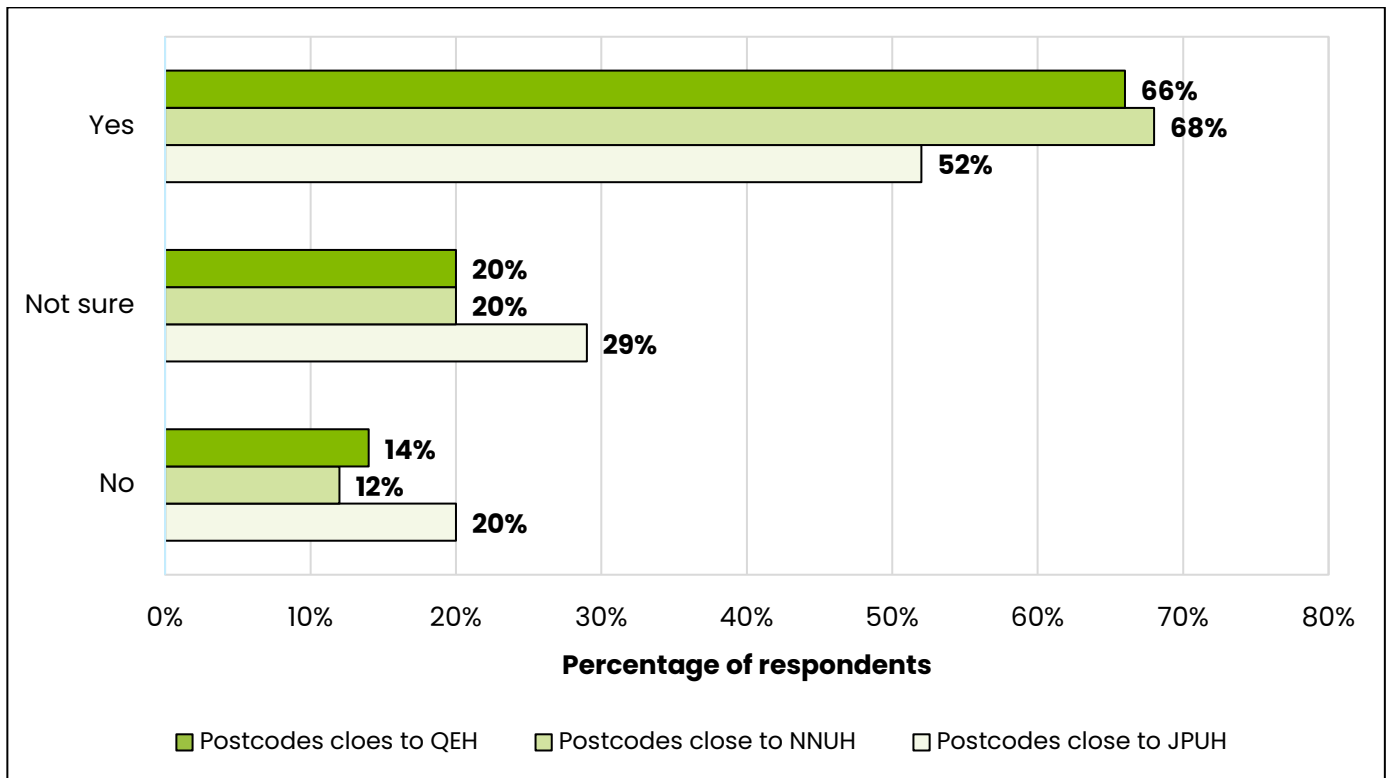


Figure 20. Responses to the question 'If the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?'. A comparison between postcodes closest to the QEH, NNUH and JPUH.

Respondents who have been to the NNUH before were the most likely to say 'yes' something else needs to be considered (66%, 772) compared to 46% (32) of people who have never been. People with a disability were the most likely to say that something needs to be considered (72%, 158).

Respondents were then asked what else they think needs to be considered. The answers to this question continue to highlight some of the main themes throughout the survey, including location and infrastructure, staffing, and the potential impact on existing services. The answers to this question are explored in more depth below.

Location, parking, and infrastructure

The largest theme in responses to this question was around the general infrastructure and building. This included needing to consider car parking, road infrastructure, and general space and facilities.

Car parking

People discussed car parking needs, including how it was already difficult to park near the hospital, particularly for disabled parking, that a new building could take up more parking spaces, and whether there would be free parking for relatives of trauma centre patients. This is illustrated in the comments below.

“The parking chaos that generally ensues is a worry. Parking spaces are like gold dust at the moment so building more premises on top of the parking will make this problem even worse.”



“Parking. As it's expensive and horrendous now. Patients will need family members with them at such a stressful time and parking and the charges

should not be a concern at such a traumatic and stressful time for anyone, including the patient.”



The need for more car parking was also discussed in the NNUH volunteer focus group, with some volunteers suggesting solutions for the car parking issues, including building an underground car park and running a “*shuttle service specifically for this* [The Major Trauma Centre]”.

Road and transport infrastructure

Concerns were mentioned around the local road network and access to the hospital and the potential impact of the trauma centre. As well as this some respondents mentioned public transport links and emergency access roads. For

example, one person told us they believe there should be a dedicated junction from the A47: *"A dedicated junction from the A47 to the NNUH should be factored in to alleviate delays, excessive mileage, routes through traffic calmed housing estates or single carriageway country lanes."* Whilst another commented that *"transport links ideally should be upgraded"* and Norwich Airport used more.

Road and transport was also a theme in the focus group we ran with the NNUH volunteers. Volunteers commented that better public transport is needed for both visitors and volunteers: *"Getting here as a volunteer, I have to change buses twice to get here"*. One volunteer also mentioned that there could be *"a separate road just for the ambulance. Particularly if it's gonna be major trauma"*.

Is there space?

There were concerns about the size of the hospital building and the wider hospital site for the new trauma centre:

"Is there enough space within the present hospital estate to locate another dedicated service?"

Several people also mentioned the number of wards and beds currently available and suggested that more would be needed. *"Additional beds to deal with additional influx ..maybe a special add-on unit to the current A&E department"*.

Questions were also raised about whether the trauma centre would have its own dedicated site or form part of the current buildings, for example, one respondent asked: *"is more land available to develop the site?"* This was also raised in the NNUH focus group, with one volunteer noting the importance of having the right infrastructure in place before commencing the project:



"you need that infrastructure to support everything that you are achieving or trying to achieve."



Equipment and facilities

A smaller theme here was some mentions of the specialised equipment that might be needed and the additional facilities which may be required, including more space for ambulances and questions about the suitability of the helipad. One participant in the NNUH focus group also mentioned concerns around the suitability of the helipad. A selection of these comments is displayed below:

- *“Possibly an improved helicopter landing facility to allow for larger or more than one helicopter there.”*
- *“Ct scanners, X-ray equipment more required.”*
- *“More Theatres, more CT and MRI facilities. More ICU beds, both adult and paediatric. More room in A&E.”*

Recruitment and retention of staff

A common concern raised by respondents was needing to ensure that the unit would be adequately staffed, that staff would not be taken from other areas of the hospital, that they were sufficiently skilled and training was provided, and that they were fully supported, such as through pay and accommodation. For example, one person told us:

“There needs to be a clear plan for staffing as there is a serious issue with staff recruitment and retention in the NHS. Staff need to feel valued, respected and treated fairly, and staffing needs to be sustainable.”

Whilst another commented:

“It must have the right mix of supporting functions and enough staff to cover 24/7. The change in case mix and skills required by the Emergency and Speciality Departments must be appropriate with clear pathways in place. Additional staff training in the Emergency Department will be needed.”

Impact on existing services

As mentioned above, there were concerns that staff might be removed from other areas of the hospital for the Major Trauma Centre and this would impact on the care patients might receive. Similarly, other respondents were worried about the impact on other areas of the hospital, for example one respondent told us: *“the addition of a Major Trauma Centre needs to not be detrimental to any other areas of the NNUH in any way.”* and another commented *“I would like to make sure this doesn't take anything away from other wards and specialities but instead adds to the hospital.”*

Others expressed concerns about potentially taking staff away from the other hospitals in Norfolk or other trauma centres. It was also discussed whether there would be an impact on other services in the wider integrated care system and in the community, this will be discussed below. Finally, respondents were sometimes reluctant to have a new Major Trauma Centre until existing problems are sorted out first. This is illustrated in the comment below:



“Sorting out the already messed up hospital has to be a priority before this mtc [Major Trauma Centre] could even be considered.”



The wider system

Alongside the impact on the hospital and staff resources, respondents discussed how the wider integrated care system and the local community would need to be adequately resourced and that they think there needs to be enough supporting services available. Such services included having rehabilitation and aftercare services for trauma patients and their families, having support for the families of trauma patients, such as nearby accommodation, the ambulance and air ambulance service being adequately resourced, and other specialisms or expansion of services, such as Cromer Hospital and neurosurgery departments to support them. This is illustrated in the comments below:

“Consideration needs to be given to mental health support for victims of major trauma and their loved ones.”

“What support would be in place for families? Is there a major trauma charity that could help provide support and advice as I know the NHS is stretched and nurses often too busy.”

“Improving the offering at Cromer and other local hospital [sic] to do more procedures. Reopening and contending local cottage hospitals. Take over hotels or failing nursing homes so beds can be unblocked and relatives and friends can aid with patient recovery as easy to visit local cottage hospital.”

“Ensure adequate ambulance staff, any specialist ambulances and adequate dedicated space for urgent transfer of patients.”

One person also emphasised how they feel that community services need to be strengthened to assist the NNUH in *“the post-acute phase of recovery”* and suggested that Norfolk would need a *“fully comprehensive and joined up system of community-based health care delivery.”* and that *“Establishing the Major Trauma Centre without a joined community partner would be like putting a bigger engine in your car, without strengthening the brakes or the suspension – i.e., the system would become unbalanced.”*

Funding and finance

Finally, as touched upon in previous themes, concerns were raised around the funding of this new service and whether the funding would be sufficient and ongoing. Again there were worries about how staff would be funded and if funding would be taken from other services in order to provide the service or if it could be more effectively used for other services. For example, one person told us that: *“All aspects of the service and the various facets which support this new service will need not just to be considered full, but properly funded and staffed.”* Whilst another person commented: *“Wouldn't the money be better spent in the hospital to relieve the constant day to day pressure we see on a day to day basis.”*

Volunteers in the focus group we ran also raised concerns around funding with one stating *“But the money will control everything”* and *“without the funding you’re going nowhere”*.

Project management

NNUH hospital volunteers also discussed how the project would be managed, if the NNUH became a Major Trauma Centre. For example, one volunteer commented *“The greatest concern [...] was the knowledge of how to run a project”* and they went on to say:

“There’s not a single company I can think of, project management company I can think, of in Norfolk that could handle this”.

Questions

Throughout the survey and the focus group, people asked questions about the proposal of the Major Trauma Centre. There were a variety of queries, although many were focused on the impact on existing services, infrastructure and space, funding and staffing. A selection of these questions is displayed below.

"The services that already run here. Will the trauma centre 'take' money away from other areas?"

"Given the NHS lack of staff and funding, where are the new resources coming from?"

"Would Addenbrookes receive less funding?"

"Does the infrastructure exist? Will the airport be utilised? Does the NNUH have space to grow?"

"Will it be added on to existing hospital, or will it be in a purpose built facility with adequate space?"

"Will it slow progress on current expansion to the Hospital?"

"Will MTC detract from other services in the hospital?"

"What will it be, adult only or adult and child?"

"Where would funding come from? Where would staff come from?"

Other comments

We asked survey respondents, if they had anything else they would like to tell us about the proposal of the NNUH becoming a Major Trauma Centre. Most comments covered themes already mentioned, such as it being a good idea, making sure resources are in place and concerns about the impact on other services.

During the focus group with NNUH volunteers, there was also a discussion around what the NNUH could learn from Addenbrookes if it were to become a Major Trauma Centre. This included learning from their procedures, what they have to adapt to and learning from any mistakes they have made. This is illustrated in the comments below:

“What they find frustrating that they could say, well actually if we, if we were starting again, we wouldn’t do that.”

“I think learning from other people’s mistakes [...]. They are willing to say, gosh we got that wrong. And that’s the mitigating strategy we put in place to bring it forward”.

“What they have to adapt to [...]. What they can’t do that a new building or structure would do, would enable them to do”.

Experiences of Major Trauma Centres

We also interviewed four people with lived experiences of themselves or a loved one being admitted to a Major Trauma Centre. This allowed us to gain an insight into people's experiences, the patient journey from pre-hospital to rehabilitation and what they think their experiences would have been like if there had been a Major Trauma Centre at the NNUH. These experiences are presented in the case studies below.

Major Trauma Centre Case Study 1 – Robert's* Story



During the height of the Covid Pandemic in 2021, Robert* was out on his motorbike when he “*came off on a little twisty back road in South Norfolk,*” knocked himself unconscious, punctured a lung and ended up with multiple broken bones. Luckily, nobody else was involved in the accident and Robert was taken by ambulance to the West Suffolk Hospital Accident and Emergency Department in Bury St. Edmunds.

“Once I was in A&E and they'd X-rayed me and done everything else, they weren't able to give me the triage treatment that I required, and the only option was to send me via second ambulance to Addenbrookes.”

As a result, Robert was transferred to the Intensive Care Unit at Addenbrookes for two days, Norfolk's closest Major Trauma Centre. *“They couldn't look after me where I was and there were no other alternatives.”* He spent a further ten days on a ward before he was able to go home. Due to the accident happening during the Covid pandemic, there were very strict visiting policies in place.

“Noone could come and visit. I was allowed to have one visitor a day, but it was too far for my parents to travel, whereas they live much closer to Norwich and that would've been possible at the time.”

Robert's family and friends were keen to visit and offer their support but were expressly told that they weren't allowed to join him because they weren't his designated visitor. This was particularly difficult and

distressing for Robert when he was experiencing a lot of pain and discomfort.

“On one of the days where I had a particularly painful experience, I'd been moved down by bed from the day ward to be put in the CT scanner. They hadn't put the slip mattress or slip mat underneath my mattress. So they have to roll me onto my side with 12 broken ribs, broken shoulder blade, collarbone, arm, the rest of it. And no push of a morphine button is really going to take away the pain from that. On that evening, no one was able to come and see me and that was really upsetting.”

Robert reported that his stay at Addenbrookes was “exemplary” and that he received “excellent levels of treatment, care and attention” from the healthcare professionals who made him feel “comfortable” and carefully monitored and managed his pain levels.

“When I was in intensive care in the trauma unit, the main consultant on deck for the two and a half days there was extremely attentive, caring, knowledgeable and the levels of communication were excellent.”

Being “quite a long way” from home during his stay at Addenbrookes proved difficult for Robert and his family. Despite the visiting restrictions, they still would have found it difficult to have made the journey, compared to if he had been treated at the Norfolk and Norwich University Hospital (NNUH).

“It is quite a long way for them to travel and they don't drive particularly well. They don't like to drive that far, whereas had I been in Norwich, they do that trip all the time. My brother lives in Norwich and they pop up every weekend to see him, which is a journey that they're very used to doing.”

Robert continued to describe the experience he had being transferred from the Intensive Care Unit to a general ward and the difference in the level of care that he received within Addenbrookes as “staggering.”

“Once on the Ward, I didn't really get any kind of rehabilitation at all to the point where when I was discharged, I basically had to find my own way out of the hospital whilst still being on opiates and in a lot of pain,

but able to go home. I then spent three months not being able to do very much at all."

Robert described how he received *"no kind of follow-up from trauma once you've been moved out off the ward"* and acknowledged how it could feel *"scary"* for people who have never been in hospital before. After being discharged from the ward, Robert was given physiotherapy, but he felt that *"nobody really has enough time"* to go through the exercises in great detail. Robert explained that more physiotherapy would be available if he required it, but felt that *"it isn't going to make a lot of difference... so I take myself to the gym."* Nine months after his accident and experience of being an inpatient at Addenbrookes, Robert attended a follow-up appointment, after which he was *"openly discharged."*

Robert spoke about the communication he witnessed between the West Suffolk Hospital and Addenbrookes and between the Trauma Unit and General Ward about his treatment and care. He expressed how he thought it could be improved.

"It's just the level of communication. I admit that I was still on morphine when I came out (of)intensive care, but nobody said "you are not going to see us anymore... these guys are going to look after you, you're going to be on the main ward, they've got all of your notes. This is what's going to happen next.... nobody really tells you anything."

Robert described the notes that came across with him to Addenbrookes from Bury St. Edmunds as *"good"* but highlighted that he has tried to contact the Norfolk and Norwich University Hospital about his treatment. Unfortunately, hospital staff did not have access to his treatment notes and patient record from Addenbrookes. *"I have to go back to Addenbrookes to talk to them about [my treatment] if I need to."* Robert reported that he felt communication between the two hospitals as being *"a little bit disjointed"* and felt that it was his *"issue to resolve"* if he wanted to access more information about his treatment and care or make his doctor aware of the accident. *"I would have to go and physically gather my notes and take them to my local GP."*

Healthwatch Norfolk asked Robert what he thought about the possibility of the Norfolk and Norwich University Hospital becoming a Major Trauma Centre. Robert replied, *"I would've had a very different experience had I*

been closer to home.” He explained that logistically it would have been much easier and quicker for visitors to come and see him and shortened his journey for follow-up appointments. Robert reported that “it’s more expensive for me to get down to Addenbrookes than it would’ve been to go to Norwich,” so he would have saved money on travel to attend any follow up appointments at the NNUH that are potentially “over in a blink of an eye”.

“The consultants had a look at the x-rays that have been done and basically just kind of says, yeah. Have you got any questions? No, not really. Well, okay, off you go then, for what is an hour and a half each way at least depending on traffic.”

Another benefit of the Norfolk and Norwich University Hospital becoming a Major Trauma Centre is the close proximity of his family and how it may have been less stressful for them to visit or receive updates about his condition.

“I know for a fact that one of them would’ve been able to see me every day that I was in hospital and they would’ve been allowed to had I been in the Norfolk and Norwich, they would’ve worried less, they would’ve had more questions answered and they would’ve felt like they were able to do more.”

Robert explained that having family and friends close by after his accident when “you are already feeling vulnerable, you’re full of drugs, you don’t understand, you’ve been through something relatively traumatic” could have helped relieve and soften his traumatic experience and enabled him to have a “psychologically easier ride.”

“In the event that [the NNUH] does [become a Major Trauma Centre] and that somebody I know, or even myself again needs those services and that level of treatment, I know that it would make things much easier and much nicer for a horrible experience that would lead somebody there in the first place to be able to visit, give care local to home, maybe even to be cared for by people they know, that is worth its weight in gold... the impact would be significant.”



* All identifying information has been removed.

Major Trauma Centre Case Study 2– Alice’s* Story



Around 12 years ago on Alice’s birthday her husband collapsed at work. He was seen by a local doctor and was sent straight to the NNUH, where it was suspected he’d had a brain haemorrhage. The next day, he was transferred by ambulance to Addenbrookes that evening.

“For my husband, that was all obviously, of course very traumatic and worrying and distressing, but he was sort of having to go with it. And for me, I just remember being so confused and upset and distressed and I didn’t know what to do.”

Alice was encouraged to go to Addenbrookes but had to work out how to get there and travel for around three hours, before trying to find somewhere to park and find the ward her husband was on.

“I knew it was Cambridge, but I thought, well, how do I get there? I was struggling to find my car parking ticket. I was trying to work, make my sat nav work, was trying to work out who do I call, where do I go? I’ve never been to Addenbrookes before. So it felt really, well, scary and the journey in the dark by myself when I was really upset was horrible. And then of course I got there and just silly things like trying to find the car park and then the ward and all of that was just, it was like a panic.”

After arriving at the hospital and seeing her husband, Alice wasn’t offered any accommodation and there was nowhere for her to stay. Alice slept in her car as she wanted to be close to her husband in case anything happened.

“I didn’t really know what to do or where to go, obviously. I was quite upset. And it was another sort of two or three hours to drive home. So I ended up sleeping in the car that night. Well, I say sleeping. I didn’t really sleep. It was not comfortable at all. Didn’t feel very safe, but I just couldn’t drive home. I wanted to be near in case anything happened. So yeah, so I stayed overnight in the car park, which was horrible.”

Because Alice's friends and family were also two to three hours away, she didn't feel like she could call on them apart from "just updating them", as they would have had to take time off work to visit and had their own health issues. Alice expressed that this was isolating for both herself and her husband.

"So it was just, for both me and my husband, it was just a very lonely, isolating, distressing experience because mostly, not just obviously the situation was horrible, but it was made a lot worse by where we were, we weren't anywhere local. We weren't at home, we weren't near family and friends, it was unfamiliar."

Alice drove to the hospital every day to spend as much time with her husband as she could but found this tiring and stressful. Alice described how her husband was on the same ward as people passing away and grieving families which was "not a very pleasant experience".

Alice expressed that she didn't feel updated on her husband's condition and felt abandoned. Alice describes the unfamiliar surroundings of Addenbrookes and being away from home as factors that contributed to her feeling unsupported.

"I think for me it was the fact that it was unfamiliar surroundings so far away from home, family, friends that could have supported or brought a cup of tea or given us a break or whatever and that, because we didn't have that, I think it just made any sort of lack of support feel a little bit more obvious, if that makes sense."

The only person who checked if Alice was ok was a volunteer who made her a cup of tea "which made me cry because it was so lovely to give me that sort of gesture."

Once Alice's husband was discharged, Alice felt more supported and informed at the NNUH, "it felt like they were informing us every step of the way". And they also supplied refreshments, kept her updated and checked if she was okay.

Alice noted that having better communication at Addenbrookes would have been helpful as well as a relative's room or somewhere relatives

could go if they wanted to make a coffee or refreshments: *"I think having the practical facilities somewhere to go and sit and just chill out for five minutes and be asked if that's something that I would need."*

If there had been a Major Trauma Centre at the NNUH, Alice believes her husband's experience would have been more positive, supportive, and less stressful.

"I think it would've been much more positive for him in that he would've felt more supported in terms of other friends and family being able to visit. He would've been less worried about me, he was worried about me being upset and travelling, all that sort of stuff. I think being moved in an ambulance and the travel and the change of pace if you like, I think that was quite stressful for him, well, for all of us. But for him and I think because of the journey and because I couldn't be close all the time, I think for him that felt quite isolating. He felt quite alone when I wasn't there with him just because I was a bit further away than obviously I would be. So yeah, definitely would've been a lot easier if it was more local"

In 2019 Alice's mum collapsed with a stroke and was taken by ambulance to the NNUH. The staff talked about giving her an operation to try to reverse or prevent any more damage. This was initially going to be done at Addenbrookes, however they were unable to take Alice's mum, so she was transferred by Air Ambulance to Queen's Hospital Romford.

Alice found this stressful as her mum didn't like flying *"it felt like it was really stressful because just silly things, like mum hates flying. So her being in that environment wasn't ideal."*

Similar to the experience with her husband, Alice found it difficult travelling to a loved-one out of county:

"But of course for me and my brother, we have the journey again from Norwich all the way down to Romford, not knowing where we were going, obviously feeling very upset and worried, we nearly ran out petrol, just all those silly things. [...] We accidentally drove on a bus lane and ended up getting a ticket."

Alice mentioned the cost of both of these experiences, including for petrol, train fares, parking fines, accommodation and food and drink. Whilst Alice was able to afford this, she feels that other people may not be able to.

Alice's mum was later moved to intensive care. Alice noted that the supportiveness and communication at the hospital was really good, with staff finding them a room to stay in initially and helping Alice get her medication.

"So because she was quite unwell, they advised that we didn't go home, that we stayed, that they found us a private room, they got us cup of tea. I'm on normal regular medication, which obviously I didn't have with me. So thinking about blood pressure, which obviously is important, but the doctor went to the hospital pharmacy and got me all the medications that I would normally have at home. He was brilliant. He was really, really supportive. "

Whilst Alice found the staff supportive, she explained that some conversations with family were made more difficult as they were not conversations that could be talked about on the phone.

"We had to have the difficult conversation about organ donation- this wasn't a conversation we felt we could have over the phone with family so me and my brother felt very alone and conflicted in that decision making which was awful [...] Again if we were closer to home, we would have been able to access the support of loved ones."

Unfortunately, Alice's mum sadly passed away. Alice described how this was made more difficult as her mum was treated away from home.

"And of course we wanted to do at that point was go home and we had a good three and a half hour journey. And then obviously the next week we had to come all the way back to the hospital to collect the death certificate, which apart from the journey and the stress obviously was really upsetting and a massive inconvenience when we were grieving at that point, having to think about funerals and things like that. And of course arranged things like getting her body

back to the local funeral director, all those sort of things were made very, very much more difficult with the distance."

Alice explained, that whilst the outcome may have been the same, *"the experience I think would've been a lot less traumatic"* if her loved ones had been treated closer to home.

Alice believes that both of her experiences were made more difficult and stressful by not being treated locally and thinks that having a Major Trauma Centre at the NNUH would be beneficial for everyone.

"But I think both the experiences that I've had as a relative of somebody that's gone through whatever, the trauma would've been a million times less difficult if the N&N had been at sort of a Major Trauma Centre and been able to provide that care at that time. I think that for the patients themselves, they're both my mum and my husband's in their different experiences, it felt negative. It felt more stressful to not be local to home and going in an air ambulance or in a road ambulance. It all feels quite difficult. So I think having a Major Trauma Centre locally, I think for anybody living in Norfolk, Suffolk, wherever is the catchment, it would be beneficial for everybody. I can't see any negatives in my mind."

* All identifying information has been removed.



Major Trauma Centre Case Study 3 – Rosa's* Story



In 2018 Rosa's husband Colin was a Norfolk driver who was involved in a serious accident. Colin was taken by Ambulance to the Norfolk and Norwich University Hospital (NNUH) where he underwent a Computed Tomography (CT) Scan. Staff discovered that he had sustained brain trauma from the crash and a *"smashed up elbow."* Rosa was contacted by the Police and informed about Colin's accident and that he had been admitted to hospital.

"I got there about half past eleven, now they'd done everything that they could do at that point. He was stable. He was (in) an induced coma."

Due to the severity and nature of his injuries, the NNUH couldn't continue to keep treating his injuries and he was transferred to the Major Trauma Centre at Addenbrookes.

Rosa asked if she could travel in the ambulance with Colin but was informed that this was not possible. The distance between Rosa and Colin's home and Addenbrookes became an issue for Rosa who found driving to be scary, particularly at night.

"You're already traumatised anyway, trying to get down there and you don't know the area. It's not like you can say, I'm going to go and sit in that park just for five minutes. You are literally stuck at the hospital."

Rosa requested that staff at Addenbrookes let her know when Colin had arrived at the hospital and despite waiting until the early hours in the morning for a call heard nothing until she reached out the next afternoon, leaving Rosa feeling uninformed and worried.

"Nobody rang me. By one o'clock in the afternoon I'm thinking, surely he's there. I rang them up and they said "oh yeah, he has been here since 10 o'clock." Now at that point, I didn't know if he was going to be alive or dead and they didn't even ring me to tell me he was there. That was the beginning of them not ringing me to tell me a thing."

During Colin's admission at Addenbrookes, Rosa often found it difficult to locate him due to multiple bed and ward changes. *"Apparently they'd moved him into this other ward. So off I trundled to this other ward, and that happened to me... another three or four times."* Rosa mentioned receiving a call from a member of staff who had spoken to Colin; she expressed her concerns at not being contacted and despite this information, *"never heard from her again. I never spoke to a doctor. I never knew what had happened."* Rosa described an incident where nurses were trying to take Colin's blood pressure and despite him having a broken elbow, the staff members decided to do this on the broken arm, which involved moving it into the optimum position to take a reading.

"He had a broken elbow and they operated on his elbow, but they hadn't put any dressing on it. So the nurses were just yanking him about by his left arm to take his blood pressure... and I had to tell them that he had a broken elbow and can they do the blood pressure on the other arm?"

Rosa found the multiple trips to visit Colin expensive due to the high cost of food and parking. This was exacerbated by the fact that Rosa could not access Colin's bank account to help with the level of mounting cost of visits.

"If you are there and you need to eat, the prices, they are astronomical. The parking there is astronomical. I couldn't get to his bank account. He was in a coma and the bank wouldn't let me. So I ran up an enormous amount of debt on petrol just to be able to go and see him."

Rosa believes that staff at the Norfolk and Norwich University "more than likely saved [Colin's] life." Throughout his stay at Addenbrookes Rosa found herself repeatedly reminding staff that Colin had a bad reaction in the past to morphine, but this information was disregarded on several occasions.

"They put him on morphine, and I kept telling him they shouldn't put him on morphine. He was on morphine before and it affected him very, very badly. There were about three times it was put on his record not to give him morphine, and then he'd have morphine again, which he was reacting to."

Once Colin started to show signs of improvement, staff at Addenbrookes advised Rosa that Colin would need to take part in rehabilitation, where she was told they were awaiting a space for him. Despite Rosa being asked where she would like Colin to be admitted for rehabilitation, Addenbrookes informed Rosa that Colin would receive rehab support at the Norfolk and Norwich University hospital.

"And then he's going back to the NNUH. They didn't even tell me. He had to ring me on his mobile phone. This is a guy that could hardly work the thing. He could send texts, and they sent him to the NNUH in a community car."

Rosa described the feeling of Colin's arrival at the NNUH as a "relief" especially as Addenbrookes had not let her know when his transfer might take place. Upon his arrival at the NNUH, Rosa received two phone calls from staff, saying that Colin had arrived and from the Colney Centre to let her know that he had "settled in." Colin only stayed at the Rehabilitation Centre for a couple of days, but Rosa described the staff and treatment he received as "marvellous". Rosa believes that if the NNUH had been a Major Trauma Centre at the time of her husband's accident, she would have been there more frequently due to it being closer to her home, less expensive to reach and more convenient for her family to help take turns with visiting and supporting Colin. Rosa expressed that having the NNUH as a Major Trauma Centre could take away a lot of the stresses that patients and their loved ones face after a traumatic event, especially if they have to spend a lot of time and money attending Addenbrookes as the nearest trauma centre for Norfolk residents.

"I think it's really important that it's there. I think it's really important that people don't have to have all of those worries on top of the worries they've got."



* All identifying information has been removed.

Major Trauma Centre Case Study 4 – Max's* Story



Three years ago, both of Max's* friends were involved in a road traffic collision in Nottingham.

"When I first heard that my loved one was in a serious accident, my first thought was, 'where did they go?' I knew that if they had the accident in Norfolk, they wouldn't have been able to access a Major Trauma Centre. I was relieved when I found out that they had in fact been taken to an MTC, because they were lucky enough to have had their accident within 45 minutes of an MTC, which wouldn't have been possible almost anywhere in Norfolk. I knew this meant my loved one could receive the best possible care."

Max explained that whilst both of his friends were in the same car, one sustained major trauma, whilst the other experienced more minor injuries. Despite this, they were both taken to the same hospital, which Max explains was helpful when visiting them.

“So they both went to the same hospital, which was good in terms of us as friends being able to go and visit them because they both went to the same hospital after their accident, which made things easy to visit them and things like that.”



* All identifying information has been removed.

Whilst each of these case studies highlights a unique and personal experience, there are some common themes running throughout these experiences. For example, people mentioned how being treated out of county made things more difficult for both them and their family, with visitors having the added pressure of finding accommodation, travelling, parking and financial costs. There were also mentions of poor communication whilst at the Major Trauma Centre and more support needed for visitors and relatives.

In the survey, people were also asked to share any experiences they may have of themselves or loved one being admitted to a Major Trauma Centre. A selection of these comments about these experiences are displayed below:

“We had a dear friend who was critically injured in a road accident, he was taken to Addenbrookes by air ambulance. Unfortunately his parents didn’t drive and were unable to get to him before he passed away. This was no one’s fault but it absolutely devastated his family.”

“I have a friend who needed to be transferred to Addenbrookes a few years ago, and sadly have a friend whose son had to be transferred there last week. Time is really of the essence in major trauma cases, and the sooner the patient can be treated, the better.”

Whilst, the below experience was around 25 years ago, it still highlights the difficulties of being the loved one of someone admitted to a Major Trauma Centre out of county.

Personal Story



“As my daughter had a lot of treatment at Addenbrookes and sadly died there I feel our experience is relevant. Addenbrookes was amazing and we were so grateful for all that they did however the trauma of having to travel, the time and expense were things that I would not wish to repeat for ourselves or for anyone else. To travel behind an ambulance for 90 minutes wondering if your child would be alive was intolerable. Prior to this last experience she [my daughter] had a lot of neurological treatment and I spent a lot of time away from my other children and my home. The cost of the travel was so expensive and if it hadn't been for the generosity of my parents I don't know how we would have managed. At times I felt isolated from friends and family as it was so far away and it was difficult for them to visit.”



What this means

Our analysis and recommendations are based on the survey, focus group and interview responses that we received and whilst the sample size has its limitations, the clear themes have been identified.

There is public approval for the development of the NNUH to become a Major Trauma Centre. People recognise that this could provide quicker and improved treatment and therefore better outcomes for patients, have a positive impact on staffing and make it easier for the families and loved ones of patients. This is particularly the case for those who live closest to the JPUH and therefore are faced with the greatest travelling distance to the current Major Trauma Centre at Addenbrookes.

There is also a sense of the proposed development being a positive thing for the area and the NNUH, attracting more staff, leading to an increase in expertise and resources and that it is something that is needed as the population increases.

However, this public approval is tempered by concerns about the potential negative impacts on infrastructure, existing services, staffing and funding. There is anxiety that the hospital is not currently functioning as well as it could, with concerns about staff being stretched and existing resources already under pressure. This concern about stretched resources also extends to the existing pressures on parking and ward space.

As the current closest Major Trauma Centre, Addenbrookes has a good reputation and there is anxiety that the NNUH becoming a Major Trauma Centre could have a negative impact on Addenbrookes, including anxiety that it could lead to its closure. It was also recognised that Addenbrookes is also under pressure from an increasing population and a large catchment area.

The biggest negative impact those people who have experience of a loved one being treated for major trauma are issues of travel and the financial impact of accommodation, travel and parking. Care being provided a long distance from home can lead to patients and their loved ones feeling isolated and unsupported.

Recommendations

From the findings of this piece of work several recommendations can be made for NHS England.

- 1. Development of the NNUH as a Major Trauma Centre**– The NNUH should be developed as a Major Trauma Centre.
- 2. Ensure that steps are taken to mitigate any negative impacts**– The NNUH should take full account of the public’s concerns outlined in this report (including location, impact on existing services, funding, resources etc), and ensure that the development does not negatively impact existing services, particularly staffing.
- 3. Communicate with the public**– Communicate with the public and address their concerns about the impact of the NNUH becoming a Major Trauma Centre and how these will be addressed, including what this means for Addenbrookes.
- 4. More support for loved ones of people being treated for major trauma**– If the NNUH is developed as a Major Trauma Centre, explore ways that people can be better supported if their loved one is being treated for major trauma. This may include exploring the possibility of having dedicated parking areas or free parking for relatives– especially in the first 24 hours of the incident and signposting to the ward. Ensuring people are updated on their loved one’s care and condition and exploring more options to provide accommodation or have a ‘family room’ for relatives to go.

Formal response

It has been an honour to partner with Healthwatch Norfolk to seek feedback from people on proposals that the Norfolk and Norwich University Hospital becomes a Major Trauma Centre.

Healthwatch Norfolk has worked independently and autonomously, using initiative and varied methods to proactively engage with patients and local people. They have made use of their established local connections with the hospital and the community, and have been clear about the limitations of their research and analysis.

Their output is a coherent, comprehensive report that gives NHS England a clear steer on the views of local people on the way forward, and identifies some issues to be mindful of in developing the proposals.

Commissioners will take on board the findings and recommendations of the report in seeking to improve access to major trauma expertise and outcomes for patients, not only for people living in Norfolk, but also in the wider East of England region.

On behalf of NHS England's East of England region, I would like to thank Healthwatch Norfolk for the work they have done, and the proactive and thorough way they went about it. We simply could not have achieved this level of engagement without them.

Jessamy Kinghorn

Head of Partnerships and Engagement

NHS England – East of England

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Appendix

Appendix 1: Interview Guide



Major Trauma Centre Interview Questions

Interview Questions for Norfolk Residents

Thank you for agreeing to discuss:

- your experience of using a neighbouring Major Trauma Centre (e.g. Addenbrookes).
- your experience as a carer or family member for someone who is currently, or has been treated at a Major Trauma Centre.

This interview will be turned into a case study which will then be used in our report. If you would like to pause the interview at any moment, please let me know. **You have the right to withdraw at any time before or during the interview.**

Anything mentioned within this discussion will be private and confidential unless there is a genuine and urgent concern for your safety or wellbeing. Any feedback from this discussion will be anonymised and any potential identifying information will be removed.

1. Please could you tell me a bit about your experience (or a relative's) of being treated at a neighbouring Major Trauma Centre?
 - The patient journey from pre-hospital to rehabilitation
 - What was good?
 - What could be improved?
 - What support were you offered? / Did you feel supported?

2. What do you think your / your relative's experience would have been like if there had been a Major Trauma Centre at the NNUH?
3. Please could you tell me how you feel about the NNUH becoming a Major Trauma Centre? (e.g. impact on you, impact on the hospital etc).
4. Based on your experience, if the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?
5. Is there anything else you would like to say about your experience or about the NNUH becoming a Major Trauma Centre?

Thank you for your time!

Debrief

Appendix 2: Survey questions

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

Healthwatch Norfolk is collecting feedback about a proposal for the Norfolk and Norwich University Hospital (NNUH) to become a Major Trauma Centre. We are working with NHS England to develop a better understanding of the public perception of this proposal.

A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries. Examples of major trauma care includes patients who have had traumatic amputation of one or more limbs, patients with a serious head injury and patients who have suffered multiple injuries.

We would like to find out:

- What do you think about the NNUH becoming a Major Trauma Centre?
- What impact (if any) do you think this will have on you?
- If the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?
- Have you or a relative been admitted to a Major Trauma Centre (e.g. Addenbrookes) before?

Whether you have used a Major Trauma Centre before or have never even heard of them - your views are important to us. Hearing directly from Norfolk residents will allow NHS England to gain a better understanding of what the public think of the NNUH becoming a Major Trauma Centre and find out if there are any factors that haven't already been taken into consideration within this proposal.

The survey should take approximately 10 minutes to complete.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy here - : www.healthwatchnorfolk.co.uk/about-us/privacy-statement

All responses are anonymous and will be used by Healthwatch Norfolk to make recommendations to NHS England and service providers as part of a project report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk.

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Survey closing date: Monday 11th September

Please note that questions marked with an asterisk (*) require responses.

Please tick to confirm *

I have read and understood the above statement

Healthwatch Norfolk produce a newsletter about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email address here:

What is a Major Trauma Centre?

A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries. Examples of major trauma care includes patients who have had traumatic amputation of one or more limbs, patients with a serious head injury and patients who have suffered multiple injuries.

1. Have you ever been to the Norfolk and Norwich University Hospital (NNUH)?

- Yes
- No
- Not sure

2. Do you agree or disagree with the proposal that the NNUH should become a Major Trauma Centre?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

3. What sort of impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on you?

- Positive
- Neither positive nor negative
- Negative
- No impact
- Not sure

Please use this space to tell us why you have chosen this answer:

4. What impact (if any) do you think the NNUH becoming a Major Trauma Centre will have on the hospital?

- Positive
- Neither positive nor negative
- Negative
- No impact
- Not sure

Please use this space to tell us why you have chosen this answer:

5. If you needed major trauma care, the closest Major Trauma Centre to Norfolk is currently Addenbrookes (Cambridge). How do you feel about this?

6. If the NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?

- Yes
- No
- Not sure

If yes, what else needs to be considered?

A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries. Examples of major trauma care includes patients who have had traumatic amputation of one or more limbs, patients with a serious head injury and patients who have suffered multiple injuries.

7. Please select any of the following, which apply to you: *

- I have been treated for major trauma at a Major Trauma Centre (e.g. Addenbrookes)
- I am a family member/ carer of someone who is currently (or has been) treated for major trauma at a Major Trauma Centre
- None of the above *Please go to question 12*

- Don't know *Please go to question 12*
- Prefer not to say *Please go to question 12*

8. When was this experience? (e.g. in the last week, six months ago, a year ago)

9. Please tell us about your experience of you/ your relative being treated at a Major Trauma Centre out of the county (e.g. what was good, what could be improved?)

10. What do you think your/ your relative's experience would have been like if there had been a Major Trauma Centre at the NNUH?

11. If you have any other comments about your experience, please leave them here.

We would like to interview Norfolk residents (or their relatives/ carers) who have experience of being admitted to a Major Trauma Centre. This could be a one-to-one online or telephone conversation, lasting around 30 minutes to an hour. You will receive a voucher for your time. This information will help us to make anonymised case studies for our final report.

If you would be happy for us to contact you to speak about your experiences in more detail please provide your name and preferred contact information below:

12. Do you have any other comments about the proposed Major Trauma Centre at the NNUH?

5. Demographics

In this next section we will be asking you some questions about yourself and your life. All these questions are optional.

Why we ask these questions

Your answers help us make sure that we hear from people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

13. How old are you?

14. What is the first half of your postcode? (e.g. NR18)

15. What is your gender?

- Male
- Female
- Non-binary
- Genderfluid
- Genderqueer

- Intersex
- Prefer not to say
- Prefer to self-describe:

16. What is your ethnic group?

Arab:

- Arab

Asian / Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian / Asian British background

Black / Black British:

- African
- Caribbean
- Any other Black / Black British background

Mixed / Multiple ethnic groups:

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed / Multiple ethnic groups background

White:

- British / English / Northern Irish / Scottish / Welsh
- Irish
- Gypsy, Traveller or Irish Traveller
- Roma
- Any other White background

Other:

- Any other Ethnic Group
- Prefer not to say

If other, please specify:

17. Please select any of the following that apply to you:

- I have a disability
- I have a long term condition
- I am a carer
- None of the above
- I prefer not to say

18. Where did you hear about this survey?

- GP website
- Healthwatch Norfolk Event
- Healthwatch Norfolk Newsletter
- Healthwatch Norfolk Website
- News (website / radio / local newspaper)
- Podcast
- Search Engine (e.g. Google)
- Social Media (e.g. Facebook / Instagram / Twitter)
- Through a friend or co-worker
- YouTube
- Other (please specify):

Thank you for completing this survey

Appendix 3: Demographics of respondents

Demographic data of survey respondents and 'add on' question respondents.

		Percentage of respondents	Number of respondents
Age	16-25	1%	20
	26-35	6%	83
	36-45	7%	97
	46-55	15%	203
	56-65	26%	357
	66-75	31%	432
	76-85	12%	175
	86+	1%	9
Gender	Female	64%	889
	Male	35%	483
	Non-binary	0%	4
	Genderfluid	0%	2
	Transgender	0%	1
	Prefer not to say	0%	5
Ethnicity	British / English / Northern Irish / Scottish / Welsh	94%	1296
	White: Any other White background	2%	31
	White: Irish	1%	10
	Mixed/ Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	0%	5
	Black/ Black British: African	0%	4
	Asian/ Asian British: Indian	0%	4
	Any other Ethnic Group	0%	4
	Mixed/ Multiple ethnic groups: Asian and White	0%	3
	Black/ Black British: Caribbean	0%	3
	Asian/ Asian British: Chinese	0%	2
	Mixed/ Multiple ethnic groups: Black African and White	0%	1
	Mixed/ Multiple ethnic groups Black Caribbean and White	0%	1
	Prefer not to say	0%	13

Please select any of the following that apply to you	I have a disability	17%	249
	I have a long term condition	41%	603
	I am a carer	9%	136
	None of the above	40%	588
	Prefer not to say	3%	38

Appendix 4: Focus Group Discussion Guide

Project: Major Trauma Centre

Focus Group Date:	Tuesday 15 th August	
Focus Group Time:	1:00pm	
HWN Staff:		
Focus Group Priority Area		
To develop a better understanding of the public perception of the proposal of the Norfolk and Norwich Hospital (NNUH) becoming a Major Trauma Centre		
Question	Notes	Complete
Welcome and start recording	Confirm attendees are happy for session to be recorded for transcription purposes. Recording will be deleted once the write up is complete and any direct quotes will be anonymised.	
Introductions (all attendees)	'Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge. Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more. We also give out information about the health and care services available in Norfolk and direct people to someone who can help.'	
Purpose of focus group	Healthwatch Norfolk is exploring people's views about a proposal for the Norfolk and Norwich University Hospital (NNUH) to become a Major Trauma	

	<p>Centre. We are working with NHS England to develop a better understanding of the public perception of this proposal.</p> <p>A Major Trauma Centre is a designated hospital that can provide 24/7 emergency access to specialist major trauma care and manage all types of severe and complex injuries. Examples of major trauma care includes patients who have had traumatic amputation of one or more limbs, patients with a serious head injury and patients who have suffered multiple injuries.</p> <p>The focus group will last around 1.5 to 2 hours.</p> <p>There are no right or wrong answers at this session, we are just really interested in hearing peoples' personal experiences and opinions.</p> <p>The information we take away from the discussion can be anonymised and will be used in a report to be given to service providers, so they can gauge public perception of NNUH becoming a MTC and anything else that needs to be considered.</p> <p>We ask that attendees share with us what they feel happy and comfortable doing so and respect the privacy of other attendees by treating information confidentially.</p> <p>Thank you for your time today.</p>	
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Any Questions?	If you have any questions about the focus group and the Healthwatch Norfolk Major Trauma Centre work, please let us know. If we can't answer them today, we will look into it and feed the answers back to you.	
Focus Group Discussion		
Focus group questions	How do you feel about the proposal that the Norfolk and Norwich University Hospital (NNUH) should become a Major Trauma Centre? (Do you agree or disagree? Why?) [Is there anything else you need to know to make this decision?]	
	What sort of impact do you think NNUH becoming a Major Trauma Centre will have? (e.g., impact on you, impact on the hospital etc).	
	If you needed Major Trauma Care, the closest Major Trauma Centre to Norfolk is currently Addenbrookes (Cambridge). How do you feel about this?	
	If NNUH is developed as a Major Trauma Centre, is there anything else you think needs to be considered?	
	Is there anything else you would like to say about the NNUH becoming a Major Trauma Centre?	
Focus Group wrap up and conclusion		
Additional Feedback	Do any attendees wish to share anything else you would like to say before the end of the session?	
Summary of themes	Feedback themes to group	
Thank you and gift vouchers	Thank you to attendees and staff that has helped with this focus group today.	



healthwatch

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