1. Q: What are trauma and orthopaedic services?
A: Trauma and orthopaedics is an area of medical care concerned with injuries and conditions that affect the musculoskeletal system (bones, joints, ligaments, tendons, muscles and nerves). The majority of emergency conditions in this category are managed by primary care out of hours or the medical and nursing staff in Emergency Departments (ED) who have skills in managing quite complex injuries. Specialist consultant trauma & orthopaedic consultants are required to take over the complex care in the smaller number of patients who require an operation following an injury.

2. Q: What are the arrangements in Lanarkshire?
A: Trauma services are currently provided from Lanarkshire’s three district general hospitals – Hairmyres Hospital, Monklands Hospital and Wishaw General Hospital with orthopaedic services provided on an outpatient, day case surgery and inpatient basis from the same hospitals. In addition, a proportion of elective (patients who are referred) inpatient services are provided at the Golden Jubilee National Hospital (GJNH).

3. Q: What is changing?
A: NHS Lanarkshire is proposing a two phased restructuring of its trauma and orthopaedics service to improve patient safety and quality of care. The long term aim is to move to a single trauma site in Lanarkshire and a single site for elective (where you are referred) orthopaedic procedures. This would see a specialist trauma unit at Wishaw General Hospital, as part of a Lanarkshire emergency care service based on three emergency departments (EDs) and a West of Scotland major trauma network, and a specialist inpatient/elective orthopaedic site at either Hairmyres Hospital or Monklands Hospital. However, this long term vision is not achievable now due to the current constraints within NHS Lanarkshire but an interim step – a phase one – is required to secure the sustainability of the service for patients in Lanarkshire.

4. Q: What will this mean for patients attending Monklands ED/A&E?
A: For patients who currently access emergency services at Monklands Hospital – over 98 per cent – there will be no change. If Monklands Hospital is your local Emergency Department (ED-A&E), you should continue to go for exactly the same conditions as you would at the moment. Similarly, 95 per cent of trauma patients attending Monklands Hospital will continue to do so. Any changes to orthopaedic services will not impact on the provision of A&E services at any of the hospitals in Lanarkshire. The Monklands ED team will continue to treat the majority of fractures, and refer patients to the fracture clinic as at present. It will retain the current pathway for short stay care of patients and observation of those with minor head injuries and will retain close links with trauma and orthopaedic surgeons with ready access to clinical opinions as required. The total reduction in activity at Monklands ED will be around three per cent – three or four people a day – and therefore will not affect the sustainability of the department.
5. Q: Some say this will downgrade Monklands ED to a minor injuries unit (MIU)?
A: The facts show this is simply not the case.
   - Monklands ED does and will continue to offer access 24 hours a day, 365 days a year and will continue to have staff which will include all existing consultants, ED nurses, paramedics, diagnostic radiographers, ED reception staff, porters, healthcare assistants and medical and supporting staff. Its medical staff are highly trained in all aspects of emergency medicine.
   - A MIU is very different and the average MIU is only open from 9am to 9pm. It is staffed by experienced nurse practitioners who generally treat cuts, minor burns, sprains and simple fractures. They will not deal with the complex cases that will continue to be delivered by the ED team at Monklands.

6. Q: But, isn’t Monklands Hospital losing out in some way?
A: On the contrary. This move will provide an opportunity to improve the quality of other surgical services at Monklands, particularly through better access to inpatient urology and ENT services, which are already concentrated centres of excellence based at Monklands Hospital.
   The changes will also enable NHS Lanarkshire to invest £1.5 million in a new consultant led Rapid Assessment Team at Monklands Hospital’s ED which will see a senior clinical decision maker at the start of the initial patient assessment process, which will improve patient flow and patient safety within the ED.
   NHS Lanarkshire is also continuing with on-going plans for a major new hospital development to replace the existing Monklands Hospital which will have 450-500 beds.

7. Q: What benefits will these changes bring to patients?
A: Changes to the service will help to:
   - deliver improved and more consistent outcomes for patients
   - reduce the time patients spend in hospital after surgery
   - improve waiting times
   - help with recruitment and provide a sustainable, specialist workforce.
   The changes will focus on improved care for orthopaedic patients and support a reduction in the time people currently wait for elective procedures such as knee and hip replacements as well as allowing new pathways of care to be implemented.
   The most significant change within these proposals will be the enhancement of elderly care for patients who have undergone surgery for fractures or elective arthroplasty (for example, hip or knee replacement).
   It will also bring consistency of care as the current service model has led to variations in practice across the three acute sites.

8. Q: What will this interim step involve?
A: The interim step being proposed will see the Scottish Ambulance Service (SAS) take cases requiring admission to an inpatient bed to the most
appropriate hospital (Wishaw, Hairmyres, or Glasgow as at present). Patients who self-refer at Monklands and who require immediate surgery will be stabilised, transferred and admitted to either Hairmyres or Wishaw. Orthopaedic outpatient services – for example pain management for arthritis – services will remain at Monklands.

9. **Q: Why is interim step necessary?**
   **A:** Risks within the service which could compromise patient safety and quality of care were recognised following feedback from Healthcare Improvement Scotland (HIS), the Scottish Government Peer Review process Getting It Right First Time (GIRFT), the General Medical Council (GMC) and the NHS Education for Scotland (NES). Their advice led to NHS Lanarkshire carrying out a detailed review of our trauma and orthopaedic services from which these proposals have been developed.

Failure to move to the proposed interim model could also result in the withdrawal of junior doctor training status. This is important because without a sustainable junior medical workforce and trainees we do not have a sustainable trauma and orthopaedic service in Lanarkshire.

In 2015/16 NHS Lanarkshire’s Capacity Plan was also adversely impacted upon as, due to winter pressures, on 10 separate occasions all elective orthopaedic activity had to be cancelled in order to provide safe cover for the patients admitted as emergency trauma cases. Failure to address this could result in similar lost capacity in 2016/17.

10. **Q: Why is Monklands Hospital not one of the two sites for the interim move?**
    **A:** Monklands Hospital does not have sufficient operating theatre capacity to absorb the increase in caseload without triggering the need to relocate other surgical specialities, most likely urology, off of the Monklands site. This is an option that would compromise the quality of service that has been built up as a centre of excellence at Monklands and would also add delay and complexity to implementation.
    Similarly a detailed review of required capacity and available infrastructure indicates that Monklands would be unable to accommodate sufficient theatre capacity to support the proposed interim model. However, the released theatre capacity at Monklands, from moving to Wishaw General and Hairmyres Hospital as inpatient orthopaedic sites, would help improve services in inpatient ear, nose and throat (ENT) and urology services where Monklands is the existing centre of excellence.

11. **Q: Why is a phase two necessary?**
    **A:** The review also concluded that patient care would be improved with the establishment of specialist centres for trauma and orthopaedic services in Lanarkshire. This is in line with a national approach that NHS Scotland should work towards the delivery of a major trauma network with regional major trauma centres supported by local trauma units with enhanced diagnostic and treatment services.
The National Clinical Strategy for Scotland 2016 has also cited evidence that a surgeon doing hip replacement operations should do at least 35 operations per year as at that level the occurrence of complications falls to around the minimum level. It is set out in the GIRFT report that outcomes for patients in Lanarkshire were likely to be variable and that measures to address this should be put in place as soon as possible. The steps we are taking will help achieve this.

The review also recognised that the needs of the population are changing rapidly, and the volume of primary and revision joint replacement operations will continue to grow for the foreseeable future as a consequence of a rapidly ageing population. As a result, NHS Lanarkshire’s trauma and orthopaedics service expects a growth in activity by 12.9 per cent by 2020 with further growth of 11.7 per cent by 2025. However, as referred to above, this long term vision is not achievable just now due to the current constraints within NHS Lanarkshire.

12. Q: What about wards 10 & 11 at Monklands?
A: Any capacity generated by the changes will be utilised within Monklands to develop new services such as an expansion of urology beds as well as initially providing capacity for surges in admissions expected over the winter period. For example, we will use the 24 bedded ward 11 to deliver additional elective capacity for patients to receive urology, ENT and general surgical operations. This will both enable us to test an same day admissions unit model (an exciting capital development planned for the site in 2017) and also provide much needed additional elective capacity. Similarly, we will use the 24 bedded ward 10 for winter surge capacity and ambulatory care over the winter months as part of our winter plan

13. Q: How many patients will be affected by these changes?
A: Monklands Hospital ED sees around 66,000 patients annually. The estimated number of individuals who will be treated at either Hairmyres or Wishaw General as a result of the proposed changes will mean a change in the pathway for treatment for 3 or 4 patient referrals each day. This is the same process which allows patients who present at a site without specialist surgery to be safely managed as at present – for example specialist vascular surgery to be operated at Hairmyres, urology at Monklands, paediatrics at Wishaw.

14. Q: Will this not result in longer journeys for some patients?
A: The National Clinical Strategy for Scotland proposes the establishment of specialist units and regionalised planning for orthopaedics. Inherent in this is the growing acceptance that while EDs/A&Es will remain local, it recognises that to achieve better outcomes, patients will need to travel for specialised treatment where there is a better experience and outcome during and after care. This is our ultimate aim of a two site centre of excellence model with one hospital providing trauma services and the other providing elective orthopaedic services. Already we have care for specialist cancer, ENT and urology services at Monklands, specialist ophthalmology and cardiology at Hairmyres and the specialist neo-natal and paediatric services at Wishaw General.
15. Q: After this change what will happen if a patient has an accident five minutes from Monklands Hospital, why is it safer to go to Wishaw?  
A: The national model for Major Trauma is based on the principal of getting access to specialist services as soon as possible. Good care involves getting the patient to the right place at the right time for the right care. This means:  
- Having the seriousness of the injury identified as early as possible, ideally at the scene of the incident.  
- If this is not possible, investigations such as CT scanning should take place immediately on arrival at the first hospital.  
- If the injury requires specialist care, the patient should be moved to a major trauma centre as quickly as possible.  
- Patients should have access to an appropriate programme of rehabilitation to assist their recovery.  
These are based on agreed principles of care using local models and implementation in each geographical area.

16. Q: Will the change not impact on those who rely on public transport?  
A: All three acute hospitals in Lanarkshire are located in close proximity to train stations and are also well served by bus routes which pass nearby or directly enter the hospital grounds.  
It is estimated that of all the presentations to NHS Lanarkshire sites, around 15 per cent travel by public transport and to improve access to transport for this group we are taking forward a number of initiatives. These include:  
- Engaging with transport providers, through Strathclyde Partnership for Transport, (SPT) to ensure that the routes and timings they offer reflect the requirements of patients, visitors and carers.  
- Significant engagement with SPT and community transport providers to develop alternative options for transport such as evening visitor service and volunteer driver schemes.  
- Improving access to up to date accurate live information on public transport at our sites and via our website.  
Information of how to plan your public transport journey to all NHS Lanarkshire sites is available at: http://www.spt.co.uk/journeyplanner/

17. Q: You say this will improve and provide more consistent outcomes for patients. How exactly?  
A: As referred above, expert bodies have agreed, the concentration of the service onto two sites we will ring fence (protect) elective beds for patients. Concentration onto two inpatient sites will also allow us to ensure adequate volumes of some of the most complex procedures are undertaken by surgeons.

18. Q: You say this will reduce the time a patient/ trauma patient spends in surgery. How?  
A: The redesign of orthopaedic services will increase the availability and access to trauma theatres ensuring that the time patients wait before their procedure is reduced. The new pathways implemented will also ensure a much earlier focus on patient care is provided in the most appropriate
location. For many patients this is at home and we will invest in the services required to support these new models of care.

19. Q: You say this will improve waiting times. How?
A: By increasing our elective theatre capacity we will be able to reduce waiting times. This is achievable by concentrating staff across two inpatient sites rather than three. We are then able to extend the time we run operating theatres each day. This will provide additional theatre capacity within our core working week and will reduce waiting times.

20. Q: Are Wishaw General Hospital and Hairmyres Hospital able to deal with the additional patients?
A: Around three or four additional patients a day will attend/be admitted to either Hairmyres or Wishaw General Hospital. This is a relatively small number and the improved access to an orthopaedic team on those sites will support early assessment and management of those patients.

21. Q: Is there support for these proposals?
A: The majority of NHS Lanarkshire clinicians accept the move to trauma and elective work on separate sites. Staff side (trade union) representatives also support the move as does the Lanarkshire Area Clinical Forum, a body representing a wide range of health professionals. The Academy of Medical Royal Colleges and Faculties in Scotland (AoMRC) during its review also noted that there was consensus on this opinion across Emergency Departments (ED), Trauma & Orthopaedics and Care of the Elderly teams across NHS Lanarkshire (see attached letter on this page). Similarly, two stakeholder events we held as part of the NHS Lanarkshire review process, featured representation from service users, carers, clinical staff and public partnership forums. These events considered the available options and the favoured proposal was for a two site model with a mix of trauma and orthopaedic work at Wishaw General and Hairmyres Hospital as part of phase one.

22. Q: Is this being done simply to save money?
A: As outlined above, the changes are being carried out for patient safety and quality of care. The service changes will be revenue-neutral and any funds released from reducing inpatient lengths of stay will be reinvested in enhanced care pathways.

23. Q: Why is NHS Lanarkshire going ahead now with the interim move instead of consulting the public as part of the Healthcare Strategy?
A: As referred to above, it is imperative to implement immediate change to ensure safe and sustainable services for patients in order to address the concerns on safety and quality of care now and then develop the second phase of reconfiguration taking account of feedback from public consultation. There is also a recognised clinical need to move to an immediate interim position as this will offer an immediate solution to the clinical risks within the service whilst being deliverable within the current constraints. While the interim model will be implemented later this year, the proposed final strategic direction will form part of the overall Healthcare Strategy NHS
Lanarkshire is currently developing. The Healthcare Strategy will be subject to public consultation when it is launched in August.