HELIPAD APPEAL - FAQs

FREQUENTLY ASKED QUESTIONS

1. Why do we need a helipad?

When someone suffers a major trauma which involves multiple or serious injury that could result in death or serious disability, the speed with which they can get specialist medical help can be the difference between life and death or between recovering and recovering well. For this reason, major trauma patients need to be transferred to a Major Trauma Centre. In some situations, the quickest or most appropriate way to get a patient to their nearest Major Trauma Centre is by helicopter. If you or someone you loved were involved in a serious accident, you would give anything for the best medical attention available. CMFT is a Major Trauma Centre for both adults and children but does not currently have a primary helipad. It needs to be understood that all trauma other than neurosciences at Salford Royal Hospitals will be referred to CMFT.

2. What is a Major Trauma Centre?

A Major Trauma Centre is a hospital where there are trauma specialists, including orthopaedic, neurosurgery and radiology teams within one setting. Care at Major Trauma Centres is available 24 hours a day. CMFT was designated a Major Trauma Centre site in 2012 and serves a population of around one million people.

3. Will CMFT hospitals treat all types of major trauma in adults and children?

CMFT central site is one of only a few sites in the country where the breadth of our portfolio of services can treat patients from newborn to adulthood. The only exception will be adult neurosurgery. Adult major trauma patients requiring neurosurgery will be transferred to Salford Royal Hospital.

4. What is the difference between trauma and major trauma?

Major trauma describes serious and often multiple injuries where there is a strong possibility of death or disability. Injuries are generally classified by either severity, the location of damage, or a combination of both. It is also classified by the type of force applied to the body, such as blunt or penetrating trauma. Major Trauma is used to

describe patients with an Injury Severity Score of >9, with the lower the score the higher the severity. The Injury Severity Score is an anatomical score that measures the overall severity of injured patients.

5. What is the Golden Hour?

In emergency medicine, the 'Golden Hour' is the term given to the first 60 minutes after a traumatic injury or medical emergency. During this time there is the highest likelihood that prompt medical treatment will prevent death or improve outcomes. In reality, the term refers to the principle of the importance of rapid intervention in such cases rather than the exact number of minutes elapsed. A primary site helipad will ensure more patients have access to specialist major trauma centre care within the Golden Hour.

6. What is wrong with the current provision?

The current landing location for patients transferred to CMFT by air ambulance is within a public park approximately 1.2 miles away from the nearest hospital's entrance. This is known as a secondary landing site. There are a number of issues that impact its effectiveness. The main ones are its distance from the Accident & Emergency Department, which means that patients must be transferred to a road ambulance for secondary transfer to either Manchester Royal Infirmary or Royal Manchester Children's Hospital. The park has no lighting so cannot be used at night and because of its public nature, it is often occupied by events and activities which prohibits an air ambulance landing at all at that time.

7. What is the difference between primary and secondary landing sites?

A primary landing site is the best possible option for trauma and emergency patients since it is located very close (within 500 metres) to its associated Major Trauma Centre, meaning that patients can be transferred from a helicopter to the Major Trauma Centre very quickly and without the need for a secondary transfer by road ambulance. A secondary landing site, as is currently available at CMFT, is further away and requires a secondary transfer by land ambulance to reach the Major Trauma Centre. The planned helipad would be just 225mtrs from our adult Major Trauma Centre and 485m from our children's Major Trauma Centre.

8. Where will the new Helipad be located?

The helipad will be located on the roof of the multi storey car park which is on Grafton Street. The Trust commissioned the Civil Aviation Authority (CAA) to identify potential helipad locations. The CAAi report identified 15 potential locations of which six were deemed suitable for further development. The Grafton Street car park rooftop location was considered the best location due to lower capital cost, potential to reduce the overall build time and similar transfer distances when compared to the other options.

9. What will the primary Helipad cost?

The full cost of the helipad is £3.9m. The Charity has already received £2.1m in pledged and realised funds therefore there is a requirement for a further £1.8m to be secured through charitable donations. The helipad is required to be in service by the end of 2017, therefore this money needs to be raised by the end of 2016/17. The building of the helipad is entirely reliant on charitable donations.

10. Why doesn't the NHS Pay for the Helipad?

The NHS finances are very tight and this is a major capital project competing with many other needs across the Trusts family of eight hospitals. Central Manchester University Hospitals NHS Foundation Trust Charity is the official NHS charity for CMFT Hospitals and exists to enhance that which the NHS currently provides, specifically supporting excellence in the treatment and care of patients in our hospitals. We see building a primary helipad as an important project which will deliver an improved service for everyone across the region and beyond. It is important to stress that nationally other helipads (Nottingham, Sheffield and Alder Hey) have been funded through charitable funds.

11. How many people will be brought to the hospitals by Air Ambulance?

Compared to the numbers carried by land ambulances, the number of patients brought in by helicopter is small. The current estimation is that the helipad will benefit a minimum of six patients per week (equating to 312 patients per year) across Royal Manchester Children's Hospital, Manchester Royal Infirmary and Saint Mary's Hospital, however experience from other hospital sites is that the presence of an on-site helipad

will increase its use in both delivering patients, repatriating them and transferring between specialist sites.

12. Are you the same as North West Ambulance?

No, the North West Ambulance Charity is a separate charity that raises money to keep the air ambulance helicopter flying. This is just one of the services that will be using the helipad to bring patients to our hospitals.

13. Does the Appeal include the provision of a helicopter?

No, the Appeal is for the Helipad only. The air transfer service will predominantly be provided by North West Air Ambulance, however patients will also be transferred by Great North Air Ambulance, Wales Air Ambulance, Midlands Air Ambulance, Children's Air Ambulance and search and rescue helicopters.

14. What impact or benefit would a primary site helipad be if there was a 'major incident' in the North West region?

In a major incident, the primary site helipad would allow the air ambulance to deliver the specialist medical teams to provide emergency enhanced care at the scene. The speed of transfer by air means that medical and surgical teams can be flown directly from hospitals outside the initial catchment area of the incident, leaving the closer hospitals fully staffed for the reception of casualties. Rapid transportation of time-critical patients to designated hospitals with a primary site helipad ensures enhanced clinical outcomes for severely injured and critically ill patients, appropriate handover and liaison both before and on arrival at hospital, rapid turnaround times and the ability for the Air Ambulance to rapidly return to the normal working geographical area after transfer to the specialist facility.

15. What is the Return on Investment?

The return on investment should not be viewed in purely financial terms. When an adult or child suffers a major trauma, the speed with which they can get specialist medical help can be the difference between life and death or between recovering and recovering well. Rapid access (within one hour) to specialist treatment is vital to give patients the best chance possible and in many situations the quickest and most

appropriate way to ensure a patient reaches a Major Trauma Centre is transportation by air ambulance. A primary site helipad will ensure that critically injured patients will benefit from faster, direct access to the specialist, life-saving major trauma care that CMFT provides. In context, the combined cost of the helipad, link-bridge and lifts (£3.9m) is less than the estimated cost of life long care (medical, educational and social) for just one child who has suffered permanent neurological damage as a result of a traumatic brain injury. This excludes the human cost of pain, grief and suffering for both the child and family.

The Meningitis Research Foundation's 2011 report *'Counting the cost: a severe case of bacterial meningitis'* provides a detailed analysis of the lifelong medical, educational and social costs involved in caring for and supporting a three year old child who experiences severe neurological damage as a result of meningitis. Although the brain injury detailed in the report is caused by meningitis rather than trauma, the treatment, rehabilitation and long-term needs are comparable to those required for a severe traumatic brain injury.

Category of Cost	**Description**	**Approx lifelong cost**
Medical	Acute care (including PICU and rehabilitation), outpatient appointments, community health services, general health problems, special equipment to aid mobility, communication and day-to-day activities	£268,000
Educational	Additional cost of attending special educational needs (SEN) schools, transport to and from school, SEN statements	£238,000
Direct social costs	Social care assessments, direct payments for a home care worker, grants for home and vehicle adaptations, residential respite breaks, residential care from the age of 40	£1.19 million
Missed employment	Missed employment opportunities for the child and the mother who gives up work to be a full-time carer	£1.73million
Cost to government in lost tax revenue	Lost income tax revenue for one parent and child	£346,000
Cost to government in benefits	Transfer payments including Disability Living Allowance, Carers' Allowance and child tax credits	£1.12million
	Total cost of lifelong care and support	**£4.89million**

16. What is the cost per person in the first year?

The current estimation is that the helipad will benefit a minimum of six patients per week, or 312 patients per year, resulting in a cost of £12,500 per patient in year one. However it is not realistic to measure the cost per person over one year alone as the helipad will benefit patients for many years to come.

17. How many patients have gone elsewhere because we do not have a helipad?

In all cases patients are directed to the best possible hospital which accommodates their specialist trauma needs. If patients have been directed elsewhere, they have subsequently been transferred on to us for the optimum specialist treatment post stabilisation of their immediate needs.

It is currently difficult to assign a number to the volume of secondary transfers which would be avoided as a result of a helipad. This is because only the last admission mode of transport is recorded upon arrival.

It is important to note that when direct transfers are made, improved outcomes are achieved through time savings as part of the impact achieved by the 'golden hour'.

18. Will the overall build be completed in phases?

It is expected that the build will be undertaken in three phases – the helipad itself, the link bridge and the lifts.