
REPORT OF THE DIRECTOR OF COMMISSIONING,
NHS SALFORD CLINICAL COMMISSIONING GROUP

TO HEALTH & SOCIAL CARE SCRUTINY PANEL

ON 6 NOVEMBER 2019

TITLE: UPDATE ON GREATER MANCHESTER IMPROVING SPECIALISED
CARE PROGRAMME

RECOMMENDATIONS:

The Panel is asked to consider an update on the Greater Manchester Improving Specialised Care Programme, with particular note for the potential impact upon Salford residents.

EXECUTIVE SUMMARY:

The purpose of this report is to provide the panel with an update on the Greater Manchester Improving Specialised Care Programme, which is reviewing the configuration of eight specialist hospital services. A case for change and a model of care have previously been developed and approved for each of the eight hospital services. Feedback from the programme's Patient and Public Reference Group was extensively supportive of the new models of care.

The report provides an update on the work for these services. Proposals for the site configuration for five of these services were considered by the Greater Manchester Health & Care Joint Commissioning Board in September, when it was agreed to develop a pre-consultation business case. For four of these services there is a single preferred option for site configuration across GM. The work for breast services is more complex, involving four options of configuration across Greater Manchester hospital sites.

Discussion is now taking place with NHS England/Improvement to undertake a strategic sense check on these possible changes, in line with national NHS guidance.

For the services which have reached this stage in the process, there is currently no proposed reduction in access at Salford Royal Foundation Trust (SRFT) for any service. Whilst SRFT is not a provider of breast services, it is anticipated that there may be some impact for Salford residents on the range of providers from which they have a choice for breast services. However, a choice will still be available and this

choice will include Wythenshawe Hospital, which is the current most preferred provider for Salford residents. There would be a greater impact upon the Salford population of not having a Bolton hospital service in the future, than of not having a North Manchester hospital service.

The Health and Social Care Scrutiny Panel is asked to:

- Consider and comment on the update on the GM Improving Specialised Care Programme, and
- Consider the impact of the potential service reconfigurations upon Salford residents.

BACKGROUND DOCUMENTS:

Greater Manchester Health & Care Joint Commissioning Board, 17 September 2019. A complete set of the papers are available via the following link:

<https://democracy.greatermanchester-ca.gov.uk/ieListDocuments.aspx?CId=140&MId=2656&Ver=4>

KEY DECISION: NO

DETAILS:

KEY COUNCIL POLICIES:

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

ASSESSMENT OF RISK:

LEGAL IMPLICATIONS Supplied by: The ISC Programme Team have engaged with legal advisors throughout the process

FINANCIAL IMPLICATIONS Supplied by:

PROCUREMENT IMPLICATIONS Supplied by:

HR IMPLICATIONS Supplied by:

OTHER DIRECTORATES CONSULTED: N/A

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WARDS TO WHICH REPORT RELATES: Not known at this stage

GREATER MANCHESTER IMPROVING SPECIALISED CARE PROGRAMME

1.0 Purpose of Report

- 1.1 The purpose of this report is to provide the Health & Social Care Scrutiny Panel with an update on the Greater Manchester Improving Specialised Care Programme, including recent decisions made by the Greater Manchester Health & Care Joint Commissioning Committee (JCB). The report also highlights the potential implications of the proposed service reconfigurations upon the Salford population.

2.0 Background

- 2.1 The Greater Manchester Improving Specialised Care (ISC) Programme is reviewing the configuration of eight specialist hospital services. This is part of the Greater Manchester Health and Social Care Partnership's vision to bring about the greatest and fastest improvement to the health of local people, improving care and making these services more sustainable.

- 2.2 The changes to the eight services are being proposed because:

- These services, as they are now, are increasingly under pressure because of difficulties recruiting and retaining the highly trained clinicians who provide the services
- There are differences in the quality and outcomes of some of these services, as they are delivered now. That means patients with the same severity of condition receive a different type, quality or experience of service, depending on where they receive it
- These services need to adapt to meet the needs of the increasing numbers of people who are living longer, have long term conditions or are frail
- The hospital buildings these services are provided from are of variable quality, so we want to make the best use of the facilities we have

- 2.3 This review does not affect any core hospital services, such as accident and emergency and maternity. All hospitals will generally retain a broad range of services and Greater Manchester is committed to keeping, at least, a local general hospital in all towns and cities.

- 2.4 Since the Improving Specialist Care Programme began clinicians and NHS commissioners have been considering how these eight services could be provided better, taking into account the views of patients, carers, voluntary and community sector representatives. Local Healthwatch organisations have also been involved in reviewing the proposals.

- 2.5 Since November 2018, the Greater Manchester Joint Health Scrutiny Committee has worked in partnership with the ISC programme team. In order to support committee members understanding of the breadth of the ISC Programme, the ISC team ran an education workshop for them in March 2019. The workshop is being repeated for newly elected members to this GM Committee.

- 2.6 An animation that explains the programme can be viewed via the following YouTube link:

<https://www.youtube.com/watch?v=xfexbwdD4c>

3.0 GM ISC Programme Update, as at September 2019

- 3.1 A case for change and a model of care, summarised in the Greater Manchester Joint Commissioning Board (JCB) paper (see link below), have previously been developed and approved for each of the eight hospital services. The models of care were produced by expert clinical groups, assured by external clinical advisory panels, supported by Greater Manchester stakeholders and approved by the Greater Manchester JCB. Each model of care was developed without specifying hospital sites.
- 3.2 Feedback from the programme's Patient and Public Reference Group (PRG), representing each of the GM CCGs and GM Healthwatch organisations, was extensively supportive of the new models of care. Support for services moving sites to some degree was supported by more than 80% of the group. Only 4% of the group were not supportive of services moving.
- 3.3 Pre-consultation Equality Analysis relating to each service has also been completed, which provides essential information to direct targeted engagement at future stages of any proposals.
- 3.4 Proposals for the site configuration of five of the specialist hospital services were considered by the JCB on 17 September 2019. A complete set of the papers are available via the following link:
- <https://democracy.greatermanchester-ca.gov.uk/ieListDocuments.aspx?CId=140&MIId=2656&Ver=4>
- 3.5 The Joint Commissioning Board is made up of the chief officers and clinical leaders of Greater Manchester's 10 Clinical Commissioning Groups, plus nominated political leaders of the 10 GM councils.
- 3.6 The proposals presented to the JCB were determined by the ISC Programme Board's consideration of a series of options. These options included one of retaining the hospital-based specialist services on all of the sites where they are currently delivered (the 'counterfactual' option).
- 3.7 A comprehensive set of evaluation criteria was used to consider the configuration options, under the headings of:
- Quality of care for all
 - Access to care for all
 - Workforce
 - Research, innovation and education
 - Social value
 - Deliverability and sustainability
 - Affordability and value for money
- 3.8 At the JCB's September meeting, it was agreed to develop a pre-consultation business case for these five services over the coming months. This means detailed work will be carried out to develop specific proposals for each of the services. It is not a final decision on the five services, but it is an important milestone.

- 3.9 A full business case has already been approved for one service, while “pre-consultation business cases” for two other services will be developed at a later date, once further preparatory work has taken place.
- 3.10 Each of the eight services are proposed to be reorganised into a series of Greater Manchester-wide “single, shared services”. This means the resources needed to run services will be pooled together, for example by sharing limited staff and expertise and delivered from the most appropriate sites across GM. This is different from the way these services are provided now. It will mean that people, irrespective of where they live or access these specialist services, will be able to receive the highest possible quality treatment as standard, under the right clinical team, in the right place.
- 3.11 The single, shared service arrangement is a similar approach to the way major trauma and stroke services have already been reorganised in GM. Under this arrangement people who have suffered a major trauma are now taken directly to the hospitals that specialise in this, whilst people who have had a stroke now go to one of three specialist centres. The changes to these two services save around 220 lives every year in Greater Manchester.
- 3.12 The eight services part of the ISC Programme, and the stage each has reached, are:
1. Neuro-rehabilitation (treating injury or disease of the nervous system)

In March 2019, it was agreed that Salford Royal Foundation Trust would be the single provider of in-patient neuro-rehabilitation services in Greater Manchester, provided across various sites. In June 2019, the business case was approved by the Joint Commissioning Board. An implementation plan is being produced and it is anticipated that the new model of care will go live during 2020.
 2. Benign urology (treating disease of male and female urinary system and male reproductive organs)

Pre-consultation business case to be developed based on the agreed model of care, i.e. a hub and spoke configuration
 3. Respiratory (lungs and structures associated with breathing)

Pre-consultation business case to be developed based on the agreed model of care, i.e. all existing sites
 4. Paediatric surgery (surgery for infants, children, and adolescents)

Pre-consultation business case to be developed based on the agreed model of care, i.e. to be sited as a tiered configuration
 5. Breast services (diagnostic and surgical services, not screening)

Pre-consultation business case to be developed based on the agreed model of care, i.e. as three hub sites, including an options appraisal covering each of the following hospital site configuration options;

i - Wythenshawe, Royal Albert Edward, North Manchester General

ii - Wythenshawe, Royal Albert Edward, Tameside General

iii - Wythenshawe, Bolton, North Manchester General

iv - Wythenshawe, Bolton, Tameside General

6. Vascular (treating conditions of the blood vessels, for example arteries and veins)

Pre-consultation business case to be developed based on the agreed model of care, i.e. a hub and spoke configuration

7. Cardiology (heart)

The review of this service is at an earlier stage and will begin a similar process later this year

8. Musculoskeletal/orthopaedics (treatment of muscles, bones or joints)

The review of this service is at an earlier stage and will begin a similar process later this year

3.13 This is represented in the figure below, including specific sites for each service.

Figure 1: An overview of the options for the Improving Specialist Care Programme

Total of combined Options:	1	2	3	4
Breast 4 options	South: Wythenshawe West: RAE East: NMGH	South: Wythenshawe West: RAE East: TGH	South: Wythenshawe West: Bolton East: NMGH	South: Wythenshawe West: Bolton East: TGH
Benign Urology 1 option	Hubs: MRI, Bolton, Oldham, Salford, Stepping Hill Spokes: Altringham, Fairfield, TGH, Wythenshawe, Leigh Infirmary, NMGH, Rochdale, RAE, Wrightington, The Christie, Trafford, Withington			
Paediatric Surgery 1 option	Tertiary: Royal Manchester Children's Hospital High acuity: Oldham, Stepping Hill, Bolton Low acuity: RAE, Tameside, Fairfield, NMGH, Salford, Wythenshawe			
MSK and Orthopaedics 2 options	For Review			
Cardiology 1 option	For Review			
Respiratory	Status quo activity flows will be modelled as predominantly outpatient specialty			
Vascular 1 option	Arterial hub: MRI Spoke module 2/3: Oldham, Salford, Stepping Hill, Wythenshawe Spoke module 1: Fairfield, NMGH, Rochdale (outpatients only), Bolton, Tameside, Trafford (outpatients only)			
Neuro-rehab 1 option	Hot site: Salford Warm site: Trafford Cold sites: Rochdale, Stepping Hill			

3.14 So, for four of the services, a single option site configuration will be the subject of the pre-consultation business case. The work for breast services will be more complex, involving four options of configuration across Greater Manchester hospital sites. This is because the detailed analysis undertaken to date does not sufficiently differentiate between the options to clearly conclude a single preferred option at this stage. This is despite an enhanced level of analysis for breast services relating to workforce, estates, travel and financial impact.

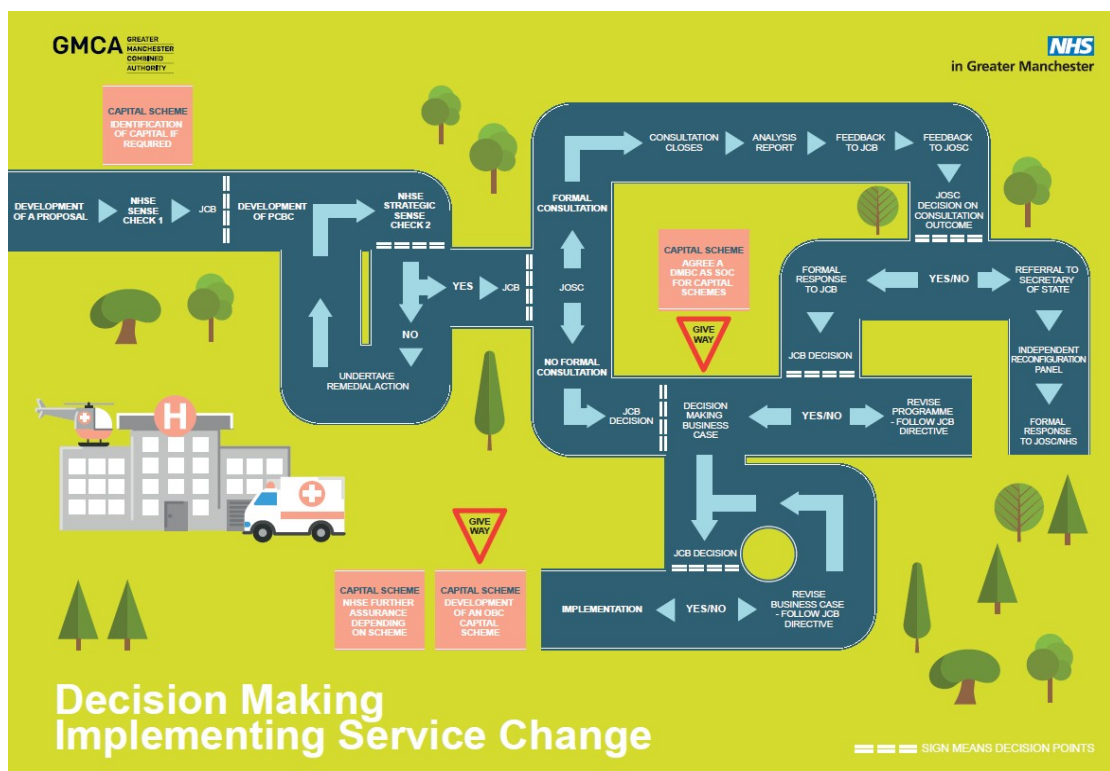
3.15 The breast service review is further complicated by the relationship with breast screening services, which caters for a large volume of patients requiring a tightly-run, call and recall arrangement to ensure all eligible women are offered timely mammography on a three-yearly cycle and for which there is some overlap of staffing, estate and facilities with the breast service delivering diagnosis, assessment and treatment services.

4.0 Next steps for the ISC Programme

4.1 The JCB's decision means detailed work will be carried out to develop specific proposals for each of the five services. Discussion is now taking place with NHS England/Improvement to undertake a strategic sense check, in line with national NHS guidance. Following this, the proposals will be presented to the GM Joint Health Overview Scrutiny Committee to discuss consultation and public scrutiny.

4.2 The Pre-consultation business cases, once prepared, will be reviewed by NHS England and the Greater Manchester Joint Health Scrutiny Committee before being considered by the Joint Commissioning Board. A formal public consultation may then be held on the proposed plans.

4.3 The work will be prioritised as some services are less resilient i.e. breast, urology and vascular services. These resilience issues are being actively managed alongside the ISC Programme.



4.4 Recognising the multi-stage process illustrated in the 'road map' above and the number of proposals for service models under consideration, the future timelines for the ISC Programme are not yet fixed.

5.0 Implications for services provided by Salford Royal Foundation Trust

5.1 For the services which have reached this stage in the process, there is currently no proposed reduction in access at Salford Royal Foundation Trust for:

- Neuro-rehabilitation
- Benign urology
- Respiratory
- Paediatric surgery
- Vascular

5.2 SRFT is not a provider of breast services.

6.0 Breast Services

6.1 For breast services, the ISC programme covers breast assessment, diagnosis and surgery. It does not include the national breast screening programme (provided from mobile units), nor breast cancer chemotherapy or radiotherapy treatment. The vast majority of patients access breast assessment and surgery either via a GP referral when a patient presents with breast symptoms or following initial consideration of a mammogram undertaken as part of the national breast screening programme.

6.2 Hospital access figures are presented below as first outpatient appointments and admissions. First outpatient appointments include initial assessment and diagnostics following a referral. This is often of a 'one-stop' nature for this specialty. Hospital admissions can either be day cases, not requiring an overnight stay, elective inpatients, involving a planned overnight(s) stay or non-elective, an unplanned urgent admission.

6.3 Patients requiring breast surgery do not always have surgery at the same hospital as their initial outpatient assessment. Within Greater Manchester, more complex cases are routinely transferred to Wythenshawe Hospital.

6.4 The current split of breast surgery admissions for the Salford population is 54% daycases, 42% elective inpatient and 4% non elective admissions.

6.5 Salford residents have a choice of providers to be referred to. The majority of Salford residents currently choose Wythenshawe Hospital, followed by Bolton Hospital, then North Manchester Hospital. The table below shows the 2018/19 access figures and proportions for Salford residents.

	1st Outpatients	%	Hospital Admissions	%
Manchester University NHS Foundation Trust – Wythenshawe	2,052	61%	278	79%
Bolton NHS Foundation Trust	824	24%	37	10%
Pennine Acute Hospitals NHS Trust - North Manchester site	444	13%	29	8%
Other Providers	66	2%	10	3%
Total	3,386	100%	354	100%

6.6 The following tables show the distribution of this activity by site and Neighbourhood.

Provider Site	First Outpatients by Neighbourhood												Total Salford	
	Broughton		Eccles and Irlam		Walkden		Claremont		Swinton		(blank)		Total	%
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%		
NORTH MANCHESTER GENERAL HOSPITAL	224	55%	20	2%	13	2%	184	24%	2	0%	1	25%	444	13%
ROYAL BOLTON HOSPITAL	4	1%	185	19%	312	59%	66	8%	256	38%	1	25%	824	24%
WYTHENSHAW HOSPITAL	154	38%	776	78%	203	38%	517	66%	401	60%	1	25%	2052	61%
WIGAN	0	0%	1	0%	5	1%	2	0%	3	0%	0	0%	11	0%
TAMESIDE	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
OTHER	27	7%	11	1%	0	0%	12	2%	4	1%	1	25%	55	2%
Total	409	100.0%	993	100.0%	533	100.0%	781	100.0%	666	100.0%	4	100.0%	3386	100%

Provider Site	Admissions by Neighbourhood											
	Broughton		Eccles and Irlam		Walkden		Claremont		Swinton		Total Salford	
	Number	%	Number	%	Number	%	Number	%	Number	%	Total	%
NORTH MANCHESTER GENERAL HOSPITAL	14	50%	3	2%	1	2%	11	16%	0	0%	29	8%
ROYAL BOLTON HOSPITAL	0	0%	8	5%	21	38%	0	0%	8	17%	37	10%
WYTHENSHAW HOSPITAL	13	46%	142	92%	34	61%	55	80%	34	74%	278	79%
WIGAN	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TAMESIDE	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
OTHER	1	4%	2	1%	0	0%	3	4%	4	9%	10	3%
Total	28	100%	155	100%	56	100%	69	100%	46	100%	354	100%

6.7 Depending on the outcome of the pre-consultation business case and subsequent decisions, there may be some impact for Salford residents on the range of providers from which they have a choice. A choice will still be available and Wythenshawe Hospital is a site in each of the possible four options being considered.

6.8 The Greater Manchester agreed model of care for breast services includes having three main sites for breast services geographically spread across Greater Manchester, which is a reduced number than is currently available. There are significant resilience issues associated with the current arrangement, which means that the 'status quo' is not a viable or safe option. We have already seen the unplanned cessation of the Trafford, Salford and more recently Stockport based services. These resilience issues relate, in the main, to the severe national lack of clinicians to support breast services – particularly breast radiologists. Without change, Greater Manchester will face further unplanned service closures, impacting on patients and clinicians and threatening service quality throughout the whole of Greater Manchester. Whilst existing services are operating safely, this is partly dependent upon unsustainable means. The services are under significant pressure to

meet waiting time targets – meaning that in some instances, patients are waiting longer than would be expected to see a clinician.

- 6.9 The future breast service model is intended to alleviate this position for all patients across Greater Manchester and proposes that all future sites will consistently offer ‘one stop’ appointments, including on the day diagnostics and results – which will both reduce journeys (avoiding multiple attendances) and improve waiting times.
- 6.10 The information below shows the estimated impact of each option for the proposed three breast services upon Salford’s population in terms of annual access figures. Comments are also provided in respect of a GM analysis of travel time impact.

Option 1 Wythenshawe, Wigan & North Manchester

824 first outpatient appointments & 37 admissions for Salford patients would need to take place elsewhere. This is 24% (first outpatients) and 10% (admissions) of all Salford CCG annual activity.

Predominately, the impact on Salford patients would be increased travel time for patients who would have attended Bolton to an alternative provider of choice – either Wythenshawe, Wigan or North Manchester.

For Greater Manchester, this option results in overall longer travel times for those patients in the east of Greater Manchester.

Option 2 Wythenshawe, Wigan & Tameside

1,298 first outpatient appointments & 66 admissions for Salford patients would need to take place elsewhere. This is 38% (first outpatients) and 19% (admissions) of all Salford CCG annual activity.

Predominately, the impact on Salford patients would be increased travel time for patients who would have attended Bolton or North Manchester Hospitals to an alternative provider of choice - either Wythenshawe, Wigan or Tameside. We do not foresee many Salford patients travelling to Tameside.

For Greater Manchester, this option results in longer travel times from the north and some parts of the west of the conurbation to Wigan.

Option 3 Wythenshawe, Bolton & North Manchester

Almost zero impact for Salford patients, but with an adverse impact on travel times for patients in the east of Greater Manchester as this configuration is geographically not evenly distributed.

Option 4 Wythenshawe, Bolton & Tameside

485 first outpatient appointments & 29 admissions for Salford patients would need to take place elsewhere. This is 14% (first outpatients) and 8% (admissions) of all Salford CCG annual activity. The impact on Salford patients is small, although there is a cohort of patients who would have travelled to North Manchester for whom there would be additional travel time to Bolton or Wythenshawe. We do not foresee many Salford patients travelling to Tameside.

For Greater Manchester, this option has the fairest distribution of additional travel times (i.e. not impacting adversely on one sector or another).

- 6.11 Looking at the North Manchester site access a little closer shows that almost all Salford patients currently choosing the North Manchester site for breast services come from the Broughton, Ordsall & Claremont practices. This includes 444 first outpatient appointments and 29 admissions over a year – (8 first outpatients per week; 2 admissions per month).
- 6.12 However, not all patients from these neighbourhoods currently choose the North Manchester site. Approximately 50% of Broughton patients and 84% of Ordsall & Claremont patients currently choose alternative services to North Manchester. The rest of the Broughton, Ordsall & Claremont patients mostly choose Wythenshawe Hospital. The data shows that the Salford patients who received care from North Manchester breast services in 2018/19 were mostly in the 20-44 age group.
- 6.13 There would be a greater impact upon the Salford population of not having a Bolton service in the future, than of not having a North Manchester service. This impact would also be across several Salford Neighbourhoods. The impact would be approximately 824 first outpatient appointments and 37 admissions over a year (16 first outpatients per week; 3 admissions per month).

7.0 Recommendation to Health and Care Scrutiny Panel

- 7.1 The Health and Social Care Scrutiny Panel is asked to:
- Consider and comment on the update on the GM Improving Specialised Care Programme, and
 - Consider the impact of the potential service reconfigurations upon Salford residents.