

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 18 December 2014

Subject: Health and Wellbeing update – Part 2

Report of: Nick Gomm – Head of Corporate Services – North, Central and South Manchester Clinical Commissioning Groups

Summary

This report provides Members of the Committee with an overview of developments in the local NHS.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Introduction

1.1 This is a health update paper produced by North, Central and South Manchester Clinical Commissioning Groups (CCGs) for the Health and Wellbeing Overview and Scrutiny Committee. It provides a brief summary of issues or news items that may be of interest to the Committee.

1.2 If Committee members of the Committee have any specific questions about the contents of this paper, please email them to n.gomm@nhs.net.

2. Care Quality Commission (CQC) GP 'Intelligent Monitoring'

2.1 Last month, the CQC published the results of their GP Intelligent Monitoring process. This has been developed to give CQC a clearer understanding of each GP practice, informing their inspectors where they should inspect, and what to focus on during an inspection. The exercise draws on existing and established national data sources, and includes indicators covering a range of activity in GP practices and the experiences of patients. The indicators relate to what the CQC see as the five key questions to be asked of services: are they safe, effective, caring, responsive, and well-led? The CQC then uses the indicators to create 6 priority bandings which help inform where they prioritise their inspections. Practices in Bands 1 and 2 will be visited first; those in 5 and 6 will be seen later in the process.

2.2 The publication of the results initiated considerable 'noise' in national and local media with the data being interpreted as a judgement on the quality of a practice as opposed to a way of prioritising practices to be visited. The CQC has underlined the fact that this data should not be interpreted in that way. Since the publication, they have also identified that the data was incorrect in 60 cases.

2.3 All practices in Manchester will be visited over the next 18 months and reports will be available on the CQC website as they are published.

3. Renal Dialysis update

3.1 In March 2014, the Committee received details of a proposed change in the way Renal Dialysis services are to be delivered in South Manchester. A copy of that report is in Appendix A.

3.2. The 80 or so patients currently dialysing at Wythenshawe have now been assessed by the Renal team who have found that all bar five of them should be suitable to be managed in the Dialysis Unit in the new Altrincham Hospital building. I understand that a further two have expressed a view that dialysing in Altrincham would not be convenient for them. Due to these comparatively small numbers, the team are confident that they will be able to accommodate the clinical needs and personal preferences of all the patients currently dialysing at Wythenshawe.

3.3 The development of the new Altrincham facility is progressing as planned. CMFT will have use of the building from early in March 2015, and expect to transfer the Wythenshawe dialysis patients over from Monday 1 March 2015.

4. Friends and Family test

4.1 The Friends and Family Test (FFT) is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

4.2 It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

4.3 Launched in April 2013, the FFT question has been asked in all NHS inpatient and A&E departments across England and, since October 2013, all providers of NHS funded maternity services. Since it began, the FFT has produced more than 4 million pieces of feedback.

4.4 The FFT is now being rolled out to additional areas of NHS care making the opportunity to leave feedback possible in almost all NHS services. The FFT has just gone live in 8000 GP practices across England. From January 2015 it will roll out to mental health and community health services and from 1 April 2015, it will be expanded to NHS dental practices, ambulance services, patient transport services, acute hospitals outpatients and day cases.

4. A & E survey

4.1 Results of a national Accident and Emergency survey carried out by the Care Quality Commission have been published on-line. Results from each of the Manchester Trusts are available on their website at <http://www.cqc.org.uk/content/accident-and-emergency-survey-2014>

5. Recommendations

5.1 The Committee is asked to note the contents of this report.

Appendix A:

OSC briefing on renal dialysis proposal: March 2014

2.1 Background

Central Manchester FT (CMFT) together with Salford Royal FT (SRFT) provides the specialist renal dialysis services for the Greater Manchester (GM) area. The GM clinical strategy, which mirrors the national one, is to increase dialysis provided at home and in non-acute community settings. The opportunity to provide dialysis in the Altrincham Community Hospital fits with the geographical gap in services and follows the strategic plan to enhance the region's local services, the most recent development being the new non-acute unit built in the Stockport Town Centre in 2013. In addition, at the time of planning this service change, the shift of this service from an acute hospital base at Wythenshawe facilitated the early outline plans in 2012 to develop the Emergency Department facilities these plans have been developed and funded more recently in 2013 by the Department of Health. The existing dialysis service is next to the Emergency Department on the Wythenshawe Hospital site of the University of South Manchester Hospital Foundation Trust (UHSM).

2.2 Renal Dialysis

Dialysis is the process of filtering the blood, the way kidneys normally do, using a machine. It is used to treat advanced kidney disease where the kidneys have lost most or all of their function. It can be used on a short-term basis, for example while waiting for a kidney transplant, or on a longer term basis where transplantation might not be appropriate.

Patients with end stage kidney failure have frequent contact with the renal (kidney) service over a period of many years. Patients are normally required to dialyse three times each week and treatment becomes part of their daily life. Many patients are medically stable and can dialyse without needing immediate access to any other hospital services. It is therefore appropriate to offer this service in a community facility. In doing so this avoids the problems associated with visiting acute hospital sites such as exposure to infections and transport and parking problems. It also releases space in the acute hospital for those services that can only be provided in an acute hospital.

The patient's choice of the place of dialysis is subject to clinical and social influences. The analysis of the patients using the dialysis units in the East Sector demonstrates a less than perfect alignment of the home address of the patient with the place of dialysis. The first contact with the service, whether an emergency or a planned contact, can influence the patient's choice of place of dialysis. Patient choice is related to clinical need, place of work and home address. Some patients when offered the choice of a new unit closer to home will choose to stay with the staff familiar to them and their therapy. Medically stable patients can choose to undertake dialysis at home. This is supported by commissioners, is correlated with early transplant success. At present approximately 120 patients are supported in this way.

2.3 Summary of the proposal

The dialysis unit serving South Manchester and South Trafford is currently located on the ground floor of the acute unit at the Wythenshawe Hospital site of the UHSM. This is next to the Emergency Department.

It is the intention of the renal network to ensure that dialysis is as accessible as possible to the most patients. Much progress has been made from the historic starting point of centralised services. This proposal seeks to utilise a number of recent developments in line with the policy to expand services in community settings have presented the opportunity to look at options for a new community based dialysis unit. They are:

- The dialysis plan continued with a new dialysis unit opened in Stockport in April 2013. This primarily serves the Stockport population and shifts the remaining catchment area of the Wythenshawe unit to the west to cover the South Manchester and South Trafford populations. – see diagram
- UHSM had indicated in 2012 that they wanted to use this core clinical space at Wythenshawe Hospital for the development of services which are required to be in an acute hospital.
- CMFT committed to the re-provision and development of Altrincham Community Hospital

The following were identified as options for the location of a new unit to serve the reduced geographical catchment of South Manchester and Trafford:

1. To remain at Wythenshawe Hospital
2. Relocate to the Trafford General Hospital
3. Relocate to the New Altrincham Community Hospital
4. Develop a new facility in the South Trafford area

Each option was appraised against the following criteria:

- Clinical quality
- Patient experience
- Capacity
- Ease of implementation

From the option appraisal, the preferred option was found to be to relocate the dialysis unit to a purpose built facility within the new Altrincham Community Hospital in March 2015. The new Altrincham Community Hospital is a large town centre/high street ambulatory care centre the function of which is to promote health as well as deliver diagnostic and outpatient services. There are no inpatient facilities.

2.4 Benefits:

- It provides high quality state of the art clinical dialysis service in a new purpose built facility specifically designed for this group of patients
- It is located with other community facilities in Altrincham town centre
- It is accessible for the South Manchester/South Trafford population with good local transport infrastructure
- It provides capacity to double the home dialysis training unit, from 4 patient stations to 8, and the expectations that this will improve the uptake rates for patients for home therapies.
- It frees up capacity required for acute services at the Wythenshawe Hospital site

2.5 Initial impact assessment

In order to be able to assess the potential impact on users and protected groups, a cohort of patients were taken as at September 2013 and the potential impact on their travel arrangements assessed. In summary these are:

- Of the 77 patients attending the dialysis unit 69% (53) are transported by ambulance. The remaining patients arrive by car with 4 patients utilising public transport.
- Over half the total patients (45) will travel 1 mile or more to the new facility. Of these, 11 live in the Stockport boundary.
- There are 30 patients from Manchester who will travel more than 1 mile and up to 4.5Miles approx. 20 of these will access the service via ambulance.
- A small (2) group of patients from Trafford will travel between 1 and 3 miles further

The service recognises that it should take every reasonable step to mitigate the impact of further or more complicated travel arrangements. The users are more likely to be over 65 and we recognise the impact of the expense of travelling further for people on a low income. There are no specific gender differences.

There is no reason to suggest that this sample of patients will be different from the characteristics of present patients other than the expectation that there will be a reduction in the proportion living in Stockport

On balance we believe that this proposal continues to improve wider access to world class services and will seek to engage with the public, patients and carers.

2.6 Proposed next steps

Patients and Carers attending the Wythenshawe Unit - April 14

We will work with patients and carers who use the Wythenshawe dialysis unit, utilising our previous experience of patient engagement, when establishing the new Stockport community facility. In particular the travel needs of individual patients will be considered and every reasonable step will be taken to mitigate the impact of a change of venue on the health of the patient. Due to the nature of the disease there is significant change in patients over a period of time.

USMFT Health Partners

We will work with UHSM to ensure that the proposed timing of the move is not detrimental to the development of the new Emergency Department or other interconnected services.

Staff – April 14

We will consult with staff according to the NHS rules and spirit.

Healthwatch

We will seek the views of both Manchester and Trafford Healthwatch.

Specialist Commissioners

Confirm with the specialist commissioners their initial positive view of the proposal.

Overview and Scrutiny Members – Manchester and Trafford

We propose to bring a paper to the June meeting of the OSCs.