

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 25 June 2015

**Subject:** Health and Wellbeing update – Part 2

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

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**Summary**

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

**Recommendations**

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

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**Wards Affected:** All

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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.

## 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.

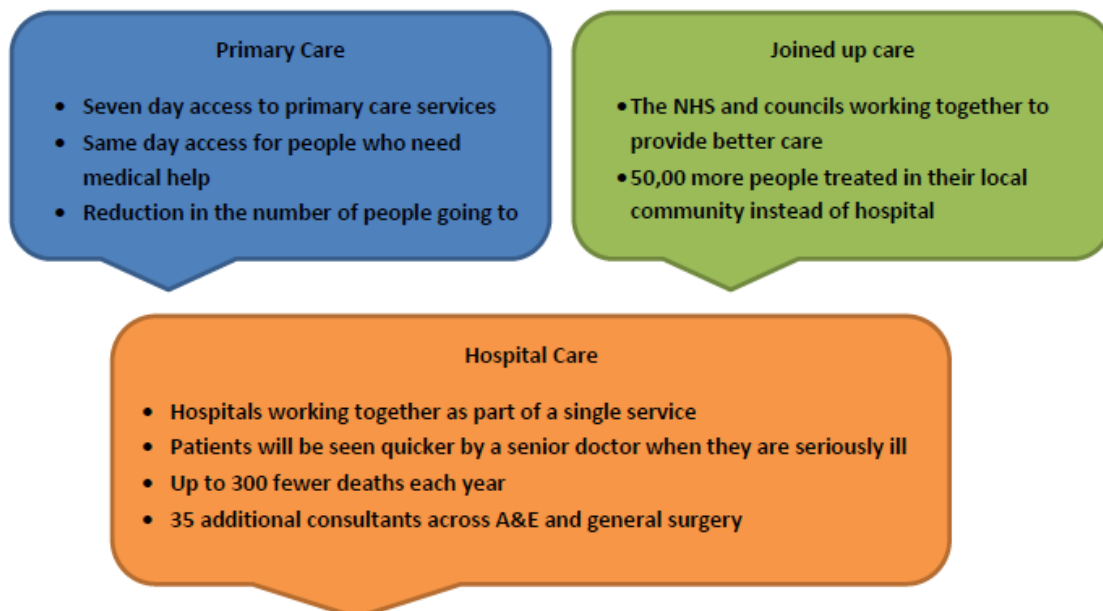
1.2 If Committee members of the Committee have any specific questions about the contents of this paper, please email them to [n.gomm@nhs.net](mailto:n.gomm@nhs.net).

## 2. Healthier Together

2.1 Decisions about the 'Healthier Together' plans to improve health services across Greater Manchester are set to be made at a meeting in public on Wednesday, June 17th and Wednesday 15th July at Manchester Town Hall.

2.2 The Healthier Together programme is a key part of the wider programme for Health and Social Care reform across Greater Manchester. There are three elements to the Healthier Together programme – Integrated Care, Primary Care and Hospital Care. Clinically led, the programme aims to provide the best health and care for Greater Manchester.

2.3 The key expected benefits from the programme are described in the diagram below:



2.4 The Healthier Together decisions are key early priorities for the Greater Manchester devolution programme for health and social care announced in February, involving NHS England, the 12 Greater Manchester CCGs, the 10 local authorities and 15 NHS provider trusts.

2.5 Last summer, residents of Greater Manchester and surrounding areas were given an opportunity to provide feedback on proposed changes to; primary care, integrated care and hospital care. Over 32,000 responses were received; nearly three quarters of people (73%) who responded to the three month consultation agreed that health and care services need to change. There was also widespread support (75% of people) for changes to hospital services in order to meet quality and safety standards.

2.6 Under the Healthier Together hospital proposals, 'single services' will be formed – networks of linked hospitals working in partnership. This means care will be provided by a team of medical staff who will work together across a number of hospital sites within the single service.

2.7 All hospitals specialise in providing certain types of care, for example some hospitals specialise in stroke care, others in cancer care. Similarly, one of the hospitals within each of the single services will specialise in general surgery, for patients with life threatening conditions affecting their stomach.

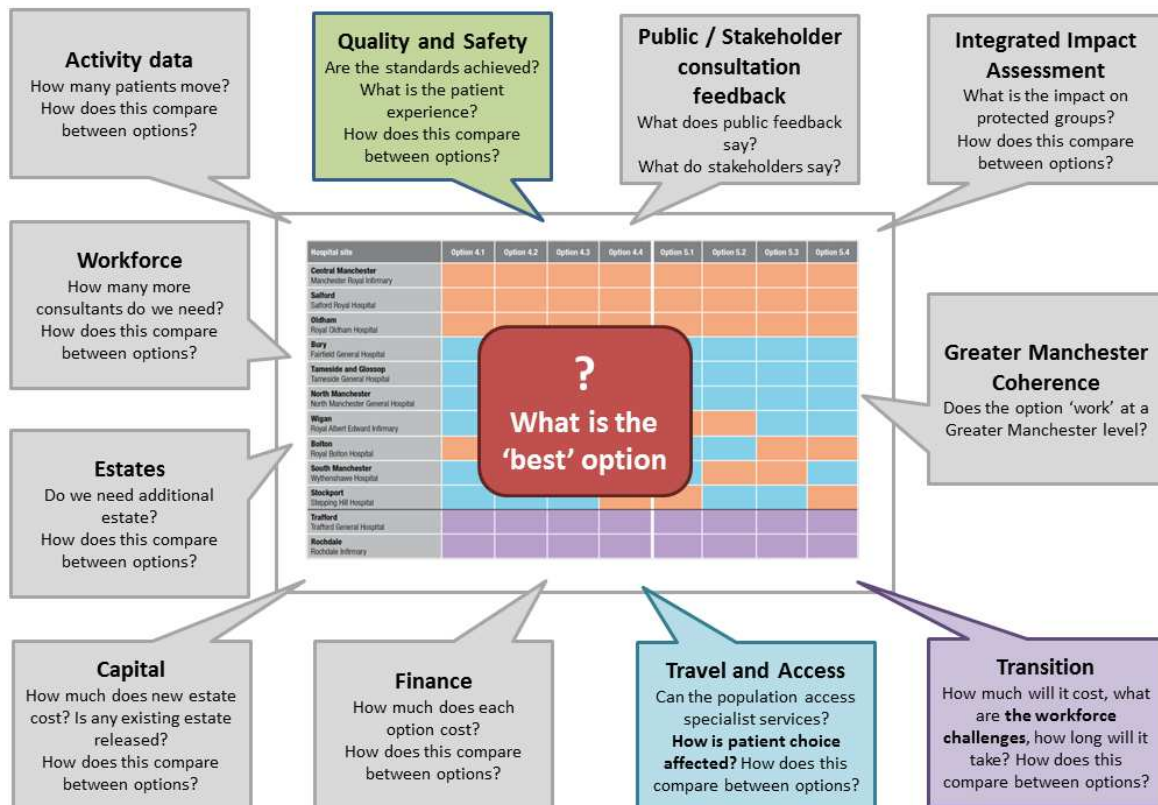
2.8 All hospitals that are part of the single services will improve to ensure they meet the quality and safety standards. All hospitals will keep their existing specialisms and will continue to provide care to their local population as they do now.

2.9 This model and way of working is entirely consistent with NHS England's vision set out in the NHS 'Five Year Forward View', to develop networks of linked hospitals to ensure patients with the most serious needs get to specialist emergency centres.

2.10 On Wednesday 17th June, members of the Committees in Common (CiC), made up of GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, are making a decision about the number of single services there will be across Greater Manchester. A further meeting will then take place next month on Wednesday 15th July for the CiC to decide where the single services should be located.

2.11 To help the CiC reach a decision on the optimum way to organise services in Greater Manchester, they are reviewing the feedback from the consultation along with evidence from an integrated impact assessment, which examined the effect the change may have on vulnerable groups.

2.12 All of this information will be reviewed against the publicised criteria which are summarized in the diagram below



2.13 Updates on delivery of the Healthier Together programme will be brought to future Health Scrutiny Committee meetings.

### 3. Seven day access to primary care

3.1 Plans for seven-day access to primary care for the whole of Greater Manchester were announced earlier this month. The developments mean that by the end of 2015 anyone living in Greater Manchester who needs medical help will have same-day access to primary care services, supported by diagnostic tests, seven days a week.

3.2 Currently 500,000 people in Greater Manchester are already covered by this provision, including Central Manchester residents. Funding from the second wave of the national Prime Minister's Challenge Fund will see this increase to 1.1m people by the end of July - across the whole city of Manchester and in Wigan

3.3 This month's announcement confirmed plans to extend this provision across the whole of Greater Manchester (a further 1.7m people) – which is also part of the commitment made within the Healthier Together consultation process last year (see above).

3.4 In Manchester, a group of 92 GP practices in Manchester will share the Prime Minister's Challenge Fund monies to improve seven day access to GPs and other primary care services to more than half-a-million patients. The service will be provided by Manchester Primary Care Partnership, an alliance of the three Manchester General Practice Provider Organisations (GPPOs), of which every practice in Manchester is a member.

The new programme builds on the work of the pilot scheme in Central Manchester, as well as similar schemes in north and south Manchester, which brought in extended hours as well as a range of other primary care service improvements.

3.5 The Central Manchester pilot scheme tested new ideas for developing primary care – including extending GP availability from 8am to 8pm in the week and for three hours on Saturday and Sundays. The focus of the scheme, which began in late 2013, was to not only improve access to GPs, but also provide specialist care in the community; improve long-term condition management; and ensure vulnerable groups are better cared for. The funding for the project was provided by NHS England and was successfully bid for by Central Manchester CCG.

3.6 The Central Manchester service has covered a population of 220,000 people, supporting patients of 31 GP practices in 11 wards. The extended hours services were based in four 'hub' practices and patients could book into this service through their own practice, which could then reserve a slot online. Patients were asked for their permission to access their medical records, meaning that the details of each visit could be recorded and the patient's own GP would then be able to view the notes at a subsequent meeting. Also where patients come to A&E with issues which can be dealt with in primary care, appointments can be made from the hospital's A&E Department, either in the extended hours slots or directly with the patient's own GP practice.

#### **4. Central Manchester Foundation Trust (CMFT / University Hospital of South Manchester (UHSM) joint working**

4.1 CMFT and UHSM have agreed to work together to improve services and clinical outcomes for their patients, and to facilitate opportunities for the clinical workforce to innovate and create leading clinical models of care.

4.2 The partnership areas that will be initially developed are:

- Research and innovation through MAHSC, Manchester Science Partnerships and MediPark
- Integration of health and social care for the City of Manchester
- Better use of our Altrincham and Withington Hospital sites to bring care closer to home for our patients
- Shared services for General Surgery, Vascular and, in time, Cardiac to improve patient outcomes across Manchester

4.3 A Shared Services Board, advised by a Clinical Standards Board, will be established to govern the partnership.

4.4 CMFT and UHSM believe that, through bringing together their already strong General Surgery can create the best service in Greater Manchester, and potentially England. The partnership will also bring together Vascular Surgery and Interventional Radiology Services which already have established clinical relationships and shared on-call rotas.