Manchester City Council Report for Information

Report to:	Health Scrutiny Committee – 29 October 2015
Subject:	Health and Wellbeing Update – Part 2
Report of:	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.

Recommendations

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

Wards Affected: All

Contact Officers:

Name:Nick GommPosition:Head of Corporate ServicesTelephone:0161 765 4201E-mail:n.gomm@nhs.net

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.

2. North Manchester General Hospital

2.1 At the last Committee meeting, members noted the recent media activity around the future of the North Manchester General Hospital site and requested an update on the situation. The following has been written by Pennine Acute Trust.

2.2 Wider Context

The Pennine Acute Trust covers a population of around 820,000 people. The Trust is already providing a single service model across its four hospitals following major change programmes successfully implemented in recent years to improve patient care and service sustainability (Healthy Futures and Making it Better which were led by local commissioners and implemented following public consultation). For example:

- Cardiology Services where patients who require cardiac intervention are transferred to the Silver Heart Unit at Fairfield General Hospital, to be treated by a single specialised team.
- Primary Stroke Service are also located at Fairfield General Hospital meaning that any patients who require thrombolysis and the unique expertise of a stroke team are taken to Fairfield General Hospital.
- Vascular surgery elective services, where patients will attend their local hospital for out-patient appointments and have their elective procedure at the Royal Oldham Hospital.
- Urology inpatient services where patients will attend out patients at their local hospital and have their elective procedure at North Manchester General Hospital.

It is important to recognise that North Manchester General Hospital provides services for patients from across the whole of the north-east of Greater Manchester including from Oldham, Rochdale and Bury as well as the immediate local area.

2.3 Service Transformation

The Trust's Transformation Map which sets out our vision for the next five years was developed in the spring of 2014 following 27,000 individual contributions from our staff and also involving our local Clinical Commissioning Groups. The Transformation Map was widely distributed to staff and the public with 15,000 copies produced and

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made available in leaflet and poster format. The Transformation Map was also made publicly available on our website. The Transformation Map was refreshed over the summer of 2015 and similar numbers have been made available to staff and the public and it has also been reproduced in our Members newsletter which was posted to our 12,000 public members in August 2015. The updated Transformation Map is also available on our website.

Our Transformation map clearly sets out that we will finalise our clinical services strategy, finalise service reviews consistent with Healthier Together and roll out new models of care for a range of services. We have committed to actively participate in GM Devolution and in the further integration of health and social care across Greater Manchester.

Despite major service changes over recent years, further change is needed. Our staff recognise the need to develop new models of care so that we can continue to provide high quality services that meet the needs of our patients and that are affordable. Over the past year we have made it clear to our staff and public that in order to become clinically and financially sustainable, the Trust needs to transform the way we provide healthcare services across all of our hospitals and in the communities we serve. Over the last few months we have been discussing a number of possible scenarios for future services with our local councils, NHS commissioners and partner organisations. At the moment these are just proposals and no decisions have been made. At North Manchester General Hospital we have applied for planning permission to build a purpose built intermediate care facility and working with Manchester City Council to integrate health and social care services so that our patients have access to truly joined up services across North Manchester to help them in and out of hospital. We do not have any plans to place housing on the North Manchester General Hospital site.

2.4 Engagement

We have been open, transparent and inclusive from the start of these discussions.

- Over the last twelve months our senior clinical leaders (doctors, nurses and clinical professions) have been discussing a number of possible scenarios for the future shape and location of our hospital and community services.
- These discussions have been overseen by the North East Sector Transformation Group which is a joint meeting between senior Trust and CCG directors and Healthier Together representatives.
- The Trust have held four wider engagement events held between October 2014 and June 2015. We are committed to transparency and ensured that we had wide representation at all of these events. Approximately 80 of our senior clinical staff, senior clinicians and managers from our four CCGs, local council directors and senior managers from other local NHS Trusts and Healthier Together have been present at each event.
- The Trust briefed the Joint Health Overview and Scrutiny Committee (in public) on 27 January 2015 on our discussions and the process we were following.
- A joint presentation by Manchester City Council and the Trust to North Manchester councillors in July 2015 and the Trust plans to hold further briefing meetings for North Manchester councillors.

3. CQC report: Dr Hotchkies' surgery

3.1 At the last meeting, the Committee noted the results of a recent Care Quality Commission assessment of Dr Hotchkies' surgery on Merseybank Avenue, Chorlton. An update was requested for this meeting.

3.2 The Care Quality Commission (CQC) published a report on the 17th September 2015, which rated the overall service delivered at Dr Hotchkies' Practice as 'inadequate'. Where a practice is rated inadequate for one or more of the five key questions (safe, effective, caring, responsive or well-led) or one of the six population groups and the CQC either judge the areas to be significant that patients are at risk, or there is no confidence in a practices ability to improve on its own, those practices will be placed straight away into 'Special Measures'.

3.3 The report identified 7 areas for urgent improvement:

- Clinical Governance
- Complaints Procedures
- Infection Control
- Public Participation Groups
- Practice Leaflets
- Storage of Vaccines
- Training

3.4 In these circumstances, NHS England and South Manchester CCG, under their Joint Commissioning and contracting responsibilities, must ensure that they take the necessary, appropriate and timely contractual action, to ensure ongoing patient safety and access to services. Where NHS England considers that the inadequate rating constitutes a contractual failure which is capable of remedy, NHSE will issue the contractor with a remedial notice under the terms of the GMS contract dated 1st April 2004. As a result, in this case NHS England issued 7 remedial notices in the areas identified by CQC and set in place plans to work with the Practice to remedy the breaches.

3.5 This is a CQC process, and the Practice contract is held with NHS England. However, it is also the responsibility of the contract holder to improve services to patients and ensure that appropriate action is taken to address the findings following a CQC inspection.

3.6 South Manchester CCG is taking an active oversight role in the process that reflects its duty around improving quality within GP practices. On 30th September the CCG held a meeting with the Practice, together with NHS England, in order to consider the areas of concerns highlighted within the CQC report. The remit of the meeting was to understand further the level of support required by the practice in order to develop an improvement plan setting out how they will address the underlying root issues identified.

3.7 At the time of the meeting the Practice had set in place a detailed action plan against areas of concern identified. Medicines management issues were addressed

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immediately after the visit and information shared with CQC. In addition, the following support has been offered to the practice

- Access to a Royal College of General Practitioner (RCGP) toolkit which has been commissioned by the Department of Health and NHS England and is intended to support practices needing to make significant changes to improve their services.
- The CCG has offered to collate and share learning from other practices that have been in special measures and facilitate support from other practice managers and patch members.
- NHS England will to support the Practice as it works through the identified actions.

There will be a follow-up meeting during October, which will address safeguarding issues

3.8 Once a practice is placed into special measures, this will be for a maximum period of 6 months and if improvements are not made, CQC will move to cancel the registration of that provider.