

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 17 July 2018

Subject: Single Hospital Service progress report

Report of: Ed Dyson – Executive Director of Planning and Operations
Manchester Health and Care Commissioning

Summary

This report describes progress with the Single Hospital Service programme. This is a key priority of the Manchester Locality Plan for health, social care and public health 'A Healthier Manchester'.

The report sets out the benefits relating to the establishment of Manchester University NHS Foundation Trust (MFT). It updates the committee on the progress toward stage two of the SHS programme which will see the transfer of North Manchester General Hospital (NMGH) into MFT. This will incorporate the wider strategy for North Manchester.

Recommendations

This report is for information and discussion.

Wards Affected:

The SHS vision affects all the wards within Manchester, all GM boroughs farther afield due to the range of services provided.

The populations of North Manchester, Bury, Oldham, Rochdale and Salford are the greatest users of NMGH. Some services, particularly specialist such as infectious diseases, serve a far wider population catchment.

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	MFT is the largest employer in the City. North Manchester General Hospital is the largest employer in its local area. Both have significant supply chain which brings opportunity. MFT already has links to local schools and business which adds added value to local communities.

A highly skilled city: world class and home grown talent sustaining the city's economic success	MFT and NMGH both have roles in education of health professionals as well as significant research portfolios.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The single hospital service and the wider strategy regarding North Manchester will improve the health of the population and create greater benefits in the surrounding communities.
A liveable and low carbon city: a destination of choice to live, visit, work	High quality healthcare provision can support Manchester being an attractive place to live. Modernisation of estate and digital can have a significant impact upon the carbon footprint of the City.
A connected city: world class infrastructure and connectivity to drive growth	The strong research and educational status have a global reputation for the City. Research has great potential for further economic growth.

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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.

Manchester Locality Plan 2015 – ‘A Healthier Manchester’

Manchester Locality Plan (refresh) 2018 ‘Our Healthier Manchester’

Sir Jonathan Michael Single hospital service reviews

Taking Charge – Greater Manchester Health and Social Care Partnership

SHS progress report July 2018 – Manchester Health and Wellbeing Board

1.0 Introduction

1.1 This report describes progress with the Single Hospital Service programme. This is a key priority of the Manchester Locality Plan for health, social care and public health 'A Healthier Manchester'. The report sets out benefits derived from the establishment of Manchester University Hospital NHS Foundation Trust (MFT). It also describes progress with transfer of North Manchester General Hospital NHS Trust (NMGH) into MFT and the associated strategy.

2.0 Strategic context

2.1 'A Healthier Manchester'(2015 and refreshed in 2018) sets out a vision for health, social care and public health. Also referred to as the Locality Plan it was developed within Manchester following devolution of health functions to Greater Manchester and the establishment of the Health and Social Care Partnership.

2.2 The 2015 strategy focussed upon the organisational changes required to enable the transformation of health and care in the City. This included establishment of a single commissioning function (Manchester Health and Care Commissioning established April 1st 2017); a Local Care Organisation for out of hospital care (Manchester LCO established April 1st 2018); and a single hospital service (Manchester University Hospitals NHS Foundation Trust established October 1st 2017 – not yet including North Manchester General Hospital).

2.3 The 2018 refreshed strategy didn't create a significant change in direction for the strategy, however, it signalled a shift in focus as follows:-

- A shift of focus from organisational change to transformation of services due to progress made. This acknowledging the requirement to complete the organisational changes as set out in the 2015 plan.
- Establishing clear strategic aims for the Locality plan
- A broadening of the scope of the plan to strengthen public health and incorporation of the wider determinants of health.
- Incorporation of the new City strategy, Our Manchester

2.4 The strategic aims agreed in the 2018 plan are as follows:-

- To improve the health and wellbeing of the people of Manchester
- Strengthen the social determinants of health and promote healthy lifestyles
- Ensure services are safe, effective and of a high standard with less variation
- Enable people and communities to be active partners in their health and wellbeing
- Achieve a sustainable system

- 2.5 In 2016 the Manchester Health and Wellbeing Board commissioned an independent review into hospital services provided within Manchester. In its first report the review set out a series of benefits which could be derived from the three Manchester hospitals working more closely together. The second report recommended the most suitable governance to achieve these benefits, this being the establishment of a single hospital Trust for the City. Proposed benefits are set out below:-
- Quality of care
 - Patient experience
 - Workforce
 - Financial and operational efficiency
 - Research and innovation
 - Education and training

- 2.6 The first stage of establishing the City Trust was the establishment of Manchester University Hospitals NHS Foundation Trust (MFT). This was created from the merger of University Hospitals South Manchester FT and Central Manchester University Hospitals Foundation Trust. MFT was established on the 1st of October 2017. Progress with this is described in section 3.0. The second stage is the transfer of North Manchester General Hospital (NMGH) into the new City Trust. Progress with this is described in section 4.0. This is supported by a strategy for the NMGH site which extends beyond its acute services. This is outlined in section 5.0.

3.0 Benefits since the establishment of MFT

- 3.1 The benefits of the establishment of MFT will be derived over a number of years and as part of the Trust's ongoing improvement programme. The initial focus of the Trust following the merger was to ensure safe, effective and reliable care continued to be provided from all hospital sites. This has been achieved with some examples of benefits of the integration e.g. mutual support between the A&E departments at Manchester Royal and Wythenshawe. There have also been financial efficiency gains achieved in the early months.
- 3.2 In addition completion of the new governance and leadership structure was put in place as well as introduction a single operating model and an Accountability Oversight Framework. These are designed to allow the hospitals to be run effectively individually and as a group.
- 3.3 The improvement to clinical services forms part of a comprehensive plan. This is shown in appendix one. These projects vary in complexity and implementation timeframe. Examples of work to date are.
- **Urology** teams from Wythenshawe and MRI Hospitals have been continuing to work on improving services for patients with kidney stone through increased utilisation of the Lithotripter at Wythenshawe Hospital. The objective is to ensure that this service is available to MRI and Wythenshawe patients throughout the week, and that no patient waits more than a maximum of four weeks. The teams have also been identifying how capacity for routine

patients can be optimised across all MFT sites through the “pooled” (i.e. joint) day case project. The change in service provision has had a positive impact on patient choice.

- **Orthopaedic** services are now running joint Multidisciplinary Teams (MDTs) across all MFT sites for key clinical groups including hip/knee, shoulder/elbow, foot/ankle and hand patients. This work is being developed further for shoulder/elbow and foot/ankle patients, where pooled waiting lists are operating across MFT. The MDTs help to ensure that best clinical practice is applied consistently across the Trust. The pooled waiting lists optimise waiting times and already more than 20 patients have had earlier operations than would otherwise have been the case. Work is also proceeding on identifying a single supplier for surgical implants in respect of shoulder/elbow surgery, and this can be expected to improve the quality of service and achieve the best value for money.
- The merger continues to facilitate the implementation of Healthier Together plans and associated surgical services. Four Consultant General Surgeons have been appointed to strengthen the provision of emergency general surgery. There is also an important focus on developing ambulatory care (avoiding unnecessary admission to a surgical ward) and a clinical lead has been appointed to take this work forward, including the provision of “hot clinics” seven days/week at MRI. A joint Multi-Disciplinary Team is being established for high risk colorectal cancer patients. These initiatives are improving the quality and consistency of surgical service provision across MFT and this rate of progress would not have been possible without the merger.
- In respect of **Acute Coronary Syndrome**, a new shared pathway has been piloted and is now being implemented across MFT. This will involve seven-day provision for the cardiac physiology service through a joint rota between staff at Wythenshawe and MRI. A single access point is also due to be piloted from June 2018. These improvements are expected to facilitate a reduction in the access time for angiography (the key clinical intervention) to 24 hours.
- An improved **rehabilitation pathway** has been established for Trafford residents who have a hip fracture. Following surgical treatment at Wythenshawe Hospital, it is now possible for these patients to transfer to Trafford General Hospital for rehabilitation. This provides care closer to home (facilitating contact with family and friends) and also reduces workload pressure on the Wythenshawe wards (facilitating admissions through A&E). This pathway was an early product of the merger changes and has now been in place for six months.
- The newly established **Managed Clinical Services** (maternity, paediatric eye and clinical support services) have a primary focus on integration notably across the Oxford Road Campus, Wythenshawe and Trafford sites. The new cross-site management structures which are being implemented in these areas have been designed to enhance the pace of delivery of integration benefits across women’s services, children’s services and clinical support functions. For example, the pharmacy teams based at the Oxford Road

campus and Wythenshawe Hospital are making good progress towards establishing a single team with one process for medicines governance.

4.0 Progress with transfer of NMGH into MFT

- 4.1 When the Health and Wellbeing Board agreed the creation of a single City Trust it was envisaged that NMGH would transfer into MFT 12-18 months later. Therefore, this would complete by April 2019. NMGH is part of Pennine Acute NHS Trust (PAT) which also runs Fairfield, Rochdale and Royal Oldham hospitals.
- 4.2 In August 2016 PAT received an 'inadequate' rating from the Care Quality Commission (CQC). Following this Salford Royal Foundation Trust (SRFT) has run the Trust through a management agreement. This collaboration operates as Northern Care Alliance (NCA). During this period areas such as A&E and maternity had been directly supported by MFT. Following a re-inspection CQC reported significant improvement and issued an improvement in the overall rating to 'Requires improvement' in February 2018. A number of areas such as A&E; maternity; and services for children and young people showing significant improvement. All areas have shown improvement with 71% of services now rated 'Good' and none are rated 'inadequate'. This represents a significant achievement over a short period of time. North Manchester's community services were rated 'Good' at both inspections. PAT has a significant financial deficit which has persisted for a number of years. SRFT remain accountable for quality and financial performance at PAT.
- 4.3 For the reasons set out above NHS Improvement (NHSI), the regulator of hospital services, decided that PAT should be dissolved as an organisation. North Manchester General Hospital is proposed to transfer to MFT. Fairfield, Rochdale and Royal Oldham hospitals are proposed to transfer to Salford Royal.
- 4.4 NHSI indicated that these 'transactions' need to be coherent i.e. the plans submitted by Salford and Manchester need to reconcile to the scope and scale of service provided by PAT. NHSI also indicated that the transactions would be simultaneous i.e. they would complete on the same day. Due to the added complexity, alongside other factors, the timeline for these transactions is scheduled to complete between October '19 and April '20.
- 4.5 This is possibly one of the most complex transactions undertaken due to the number of organisations involved, the size of the trust, the sequencing of two transactions and the disaggregation of NMGH from the other hospital sites. Progress has gathered pace and key work programmes are being developed. Timescales remain challenging although the target date is still considered achievable.
- 4.6 The two Trusts strategic plans need to be 'coherent' in the context of the range of services currently provided by PAT and overall sustainability. Commissioners in Manchester, Bury, Oldham and Rochdale are working together to describe the future vision for each site. This partnership approach

is of significance when planning for NMGH due to the high usage of the site by populations of Bury, Oldham and Rochdale as well as Manchester. The vision for the site will, therefore, be agreed in the context of the population it serves.

5.0 North Manchester Strategy

- 5.1 MHCC considers the transaction an opportunity to generate a positive step forward for the hospital and its services. It is also an opportunity to generate a wider benefit for the area in terms of health, care and population health but also impacts upon employment and the local economy. MHCC, as a partnership between the NHS and MCC, allows us to make stronger connections in these broader policy areas.
- 5.2 MHCC doesn't envisage putting forward proposals which fundamentally change the nature of the hospital and the range of services it provides. It is important to note that the acute services transformation programme within the Greater Manchester Health and Social Care Partnership is developing proposals for acute services across Greater Manchester which will affect all hospitals.
- 5.3 It is already agreed that emergency, maternity and paediatric care will be maintained at the site as well as a range of other hospital services. We are not planning to make any changes to the provision of mental health services, provided by Greater Manchester Mental Health, delivered from NMGH.
- 5.4 It is important to note that the plans for NMGH, and the other PAT sites, will need to close the current financial deficit as well as continue the good progress with quality improvement.
- 5.5 A key strength of NMGH is its strong integration with community services, particularly urgent care pathways. Linking the developments regarding NMGH to the newly established Manchester Local Care Organisation can build on this as well as linking to the Manchester population health plan. This has and will reduce the need for access to acute hospital services. North Manchester's community services transferred to the Manchester LCO in July '18 to operate alongside those for central and south Manchester. This was a significant undertaking requiring commitment from partners.
- 5.6 A project is underway to look at developing a centre of excellence for education, training and skills. This will have dual purpose of acting as a centre to attract and train the workforce of the hospital but also to develop career paths for people from the local area to move into employment at the hospital. It is envisaged that this centre could also develop as a centre for research.
- 5.7 NMGH is hindered by the quality and configuration of its estate. A core objective of the strategy should be to develop higher quality estate to enable the best possible care. We have commissioned a master planning exercise to develop options for how the site might work better in the future. This year saw the opening of the state of the art Intermediate Care facility on the site.

6.0 Recommendation

In summary the single hospital vision is starting to realise benefits at the sites run by MFT. There is a significant opportunity to make a positive impact upon NMGH and its local population through completion of the transaction.

Health Scrutiny Committee is asked to note and discuss this report.

Appendix One – SHS Benefits

Work stream	Projects	1-100 days	Yr. 1	Yr. 2
Gynaecology	<ul style="list-style-type: none"> Implement new process for urgent surgery Single service across city Gynaecology ambulatory care in North Manchester and Withington 	Y	Y Y	
Obstetrics	<ul style="list-style-type: none"> Single community midwifery workforce Obstetric rotas reviewed 		Y Y	
Neonates	<ul style="list-style-type: none"> Neonates clinical management by St Mary's 		Y	
General surgery	<ul style="list-style-type: none"> Deliver healthier together proposals around complex elective and high risk emergency surgery 		Y	
Urology	<ul style="list-style-type: none"> Transfer lithotripsy service to UHSM Pooled day case waiting list Reconfigure cancer and benign surgery 	Y Y	Y	
Vascular	<ul style="list-style-type: none"> Single vascular team Consolidate vascular surgery 			Y Y
T&O	<ul style="list-style-type: none"> Elective centre <ul style="list-style-type: none"> Hand Shoulder and elbow Hip and knee Foot and ankle Fractured neck of femur unit 		Y	Y
Head & neck	<ul style="list-style-type: none"> Head and neck / Oral / maxillofacial single service 			Y
Rehabilitation	<ul style="list-style-type: none"> Fragility fracture pathway Neuro rehabilitation pathway Vascular rehabilitation at MRI Access to ICT 	Y Y	Y Y	
Stroke	<ul style="list-style-type: none"> Single point of access 		Y	
Respiratory	<ul style="list-style-type: none"> Single clinical team 		Y	
Cardiac	<ul style="list-style-type: none"> New Acute Cardiac Syndrome pathway 7 day access to heart pacing Acute aortic surgery on call 		Y Y	Y
Paediatrics	<ul style="list-style-type: none"> Single service 		Y	
Medical Engineering	<ul style="list-style-type: none"> Agree service model 		Y	
Medical ambulatory care	<ul style="list-style-type: none"> Optimisation of ambulatory care pathways 	Y		
Frailty	<ul style="list-style-type: none"> Standardised frailty pathway 		Y	

Radiology	<ul style="list-style-type: none"> • Separation of Elective / None elective and non-Interventional Radiology lists • Single on call • Improved reporting • Nuclear medicine consolidation 	<p>Y Y Y</p>	<p>Y</p>	
Pharmacy	<ul style="list-style-type: none"> • Information system • Formulary review • Single operating model 	<p>Y Y</p>	<p>Y</p>	
Pathology	<ul style="list-style-type: none"> • Microbiology consolidation • Mortuary resilience • Managed equipment service 		<p>Y Y Y</p>	
Dental	<ul style="list-style-type: none"> • Dental laboratory consolidation business case 	<p>Y</p>		
Gastroenterology	<ul style="list-style-type: none"> • Gastroenterology single team • Endoscopy capacity 		<p>Y Y</p>	