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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 9 March 2021
Time: 2.00 pm
Venue: Virtual Meeting - Webcast at - https://vimeo.com/514225697

This is a **Third Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Advice to the Public

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Third Supplementary Agenda

7. MFT COVID-19 Related Service Changes 5 - 10

Report of the Director of Strategy, Manchester University NHS Foundation Trust (MFT)

The purpose of this paper is to describe the changes to services that have been necessary to mitigate the impact of the pandemic on patients accessing services at MFT.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Friday, 5 March 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 9 March 2021

Subject: MFT COVID-19 Related Service Changes

Report of: Director of Strategy, Manchester University NHS Foundation Trust (MFT)

Summary

The purpose of this paper is to describe the changes to services that have been necessary to mitigate the impact of the pandemic on patients accessing services at MFT.

In particular, this includes detail regarding changes to women's services and our early plans for addressing the backlog in elective care that has developed over the past 12 months.

Recommendations

The Health Scrutiny Committee is asked to note:

- The changes to hospital services necessitated by the COVID pandemic;
- Arrangements regarding the creation of COVID-secure environments and measures to mitigate the impact on patients;
- Details regarding the changes made to women's services across MFT hospital sites.

Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

Not applicable

1. Introduction

1.1 The COVID-19 pandemic has been categorised as the highest level of major incident and, unlike most incidents of this scale, has been sustained over a long period of time. As a result, it has placed significant pressure on services across Manchester University NHS Foundation Trust (MFT) as well as health and care more widely. Treating patients with COVID-19 as well as continuing, as far as possible, to treat patients with non-COVID-19 conditions has necessitated changes to the way in which services are delivered across the Trust, and across Greater Manchester (GM). The response to the pandemic has been managed collaboratively across the hospitals in Greater Manchester through the GM Hospital Cell.

2. Background

2.1 The aim of the changes that have been made has been to provide safe services for all patients accessing care. This includes the provision of surge capacity to deal with those patients who have contracted COVID-19 and require acute and intensive support.

2.2 The rationale for service changes can be categorised under three broad headings:

- To create capacity to treat patients with COVID-19
- To optimise patient safety by containing and reducing transmission of the virus
- To maximise available capacity to continue to treat as many elective patients as possible through the clinically appropriate pathways

2.3 Creating capacity for COVID-19

2.3.1 In order to meet the demand for treating patients with COVID-19, the Trust created additional capacity in those areas in which demand was particularly high. This included expanding acute inpatient and critical care beds. As a direct result it was necessary to stand some services down, and deliver others differently, as staff were redeployed across the Group's hospitals in order to care for the sickest patients.

2.3.2 The Manchester Royal Infirmary (MRI), Wythenshawe Hospital and North Manchester General Hospital (NMGH) are the Group's 3 acute hospitals and were the most appropriate facilities in which to treat patients with COVID-19. In order to create capacity on these sites, both for patients with COVID-19 as well as those with non-COVID-19 conditions, services were transferred to other sites in the Hospital Group, and in some cases to the independent sector, where clinically appropriate.

2.3.3 Creating this capacity on the acute hospital sites also had a significant impact on some of the Trust's specialist hospitals. For example, wards in the Royal Manchester Children's Hospital were temporarily used to treat adults and the

Manchester Royal Eye Hospital was used to create additional critical care capacity.

2.3.4 Capacity was also created by working closely with Manchester Local Care Organisation to facilitate safe and prompt discharge of patients who were medically fit for discharge.

2.4 Reducing the spread of the virus

2.4.1 Changes were made to the way in which services were delivered in order to reduce the spread of the virus and comply with Infection Prevention and Control (IPC) guidance. This included, for example, reducing the number of outpatient clinics and beds on wards to increase the physical distance between patients and staff.

2.4.2 Clinical pathways were developed to reduce the likelihood of transmission of the virus between patients and staff. This was particularly important to support those patients who were extremely clinically vulnerable. The Trust created clinical areas to receive and treat non-COVID patients adhering closely to national, regional and local IPC guidance from PHE and NHSE/I.

2.5 Maximising available capacity

2.5.1 Implementing strict IPC measures and adhering to national guidance to keep patients safe has ultimately reduced the overall capacity to treat elective patients across inpatient, outpatient and diagnostic services. In addition to this, the redeployment of staff as outlined above, as well as COVID-related staff absence (e.g. sickness, isolation, shielding), further reduced the available capacity.

2.5.2 In order to make best use of the available staff and physical resources, services were rationalised across sites where it was considered that this would maximise the number of patients that the Trust could continue to see.

2.5.3 The Trust also successfully introduced ‘virtual’ outpatient clinics to maintain services and to protect patients from exposure to the virus. These are multi-professional consultations held via telephone or on a secure internet platform to avoid the need for patients to visit a hospital site where clinically appropriate. Not all appointments can be carried out in this way, and some patients were able to attend hospital appointments where this was considered necessary.

2.5.4 Service changes were made at speed in response to a Level 5 national incident. Changes were taken through the relevant approval processes instituted as part of the major incident response. The Trust worked with clinical commissioning groups to ensure that the changes were communicated to the public, patients and referring clinicians.

2.5.5 The reconfiguration of services to-date has been made on a temporary basis and the Trust’s approach has been guided by local, regional and national

policy. National guidance[1] has encouraged systems to consider where changes made in response to COVID may have improved services, and the ensure that these improvements are maintained. There will therefore be a process to review the changes made to-date and assess their impact. Where it is deemed that the changes have been beneficial and there is a case for them to be maintained on a more permanent basis, the proposals will be developed and taken through the usual engagement and approval processes.

3. Women's Services

3.1 Obstetrics and gynaecology

3.1.1 In order to maintain activity and put the necessary infection prevention and control measures in place, within the current resources, changes have been necessary to the obstetrics and gynaecology services.

3.1.2 All emergency gynaecology activity, including emergency surgery and early pregnancy assessment services, are now being delivered at Wythenshawe Hospital. Previously, these services were available at both the Wythenshawe and the Oxford Road site.

3.1.3 A 'COVID-secure' elective admissions unit has been established at the Oxford Road site at which all elective gynaecology patients from across MFT are treated. Elective services pre-COVID were also provided at the Wythenshawe site.

3.1.4 A single ambulatory diagnostic and treatment service has been created at the Oxford Road site, consolidating services that were previously run from Trafford, Wythenshawe and Oxford Road. In addition, a single outpatient cancer exclusion service, which will see all patients referred to MFT hospitals with suspected cancer, will also run from Saint Mary's Hospital at Oxford Road.

3.1.5 General gynaecology outpatients which previously ran at all MFT sites are now consolidated at Withington Community Hospital.

3.1.6 Community midwifery and antenatal services were re-located from Withington Hospital to Old Moat Sure Start Centre, with antenatal clinics run from Trafford General Hospital.

3.1.7 As part of the transfer of the services an EQIA was completed prior to the service moves. We continue to monitor the feedback from our patients and to ensure that their voices are heard and a further review of the EQIA is planned for Qtr. 4 of 20/21.

3.1.8 Positive feedback on these relocated services models has been received via the CQC.

[1] Letter from Sir Simon Stevens (Chief Executive) and Amanda Pritchard (Chief Operating Officer), NHS England: Third phase of NHS response to COVID-19

3.2 IVF

3.2.1 The Assisted Conception Service in Saint Mary's Hospital was paused during the first wave of COVID-19 and reinstated in the summer 2020. During the third wave in January 21 it was necessary to reduce the service to release the anaesthetists to provide critical care.

3.2.2 Fresh IVF treatment cycles have been paused and arrangements put in place for the care of patients who are clinically suitable to be transferred on a satellite basis to Manchester Fertility (MF). This applies to patients who are offered the choice and are suitable to transfer to MF for egg recovery under local anaesthesia and subsequent embryo transfer/storage at MF. This service will be reinstated in full by 8th March 2021.

3.2.3 Until the 8th March Saint Mary's fertility unit continues to provide other fertility treatments that do not require anaesthetic support, including frozen embryo transfer, intra-uterine insemination and ovulation induction, continuing to see patients in outpatient clinics and the Saint Mary's counselling service and phone lines remain open to all patients.

4. Impact and Recovery

4.1 Responding to the pandemic has meant that there has been a reduction in some areas of activity. Since the initial COVID-19 wave, the Trust has managed to maintain high priority elective care including, for example, urgent cardiac interventions and cancer surgery, but waiting lists and waiting times for routine elective procedures have increased. We expect the total waiting list to increase from c.98,000 pre-pandemic to c.114,000 and the number waiting over 52 weeks to increase from c.370 to c.5,900.

4.2 A comprehensive MFT recovery plan is being developed in relation to elective care. The recovery plan is focussed on maximising the elective capacity across the Trust, the Independent Sector and the wider GM footprint. This will allow the Trust to treat both the most clinically urgent patients as well as long-waiting elective patients.

4.3 Clinical teams have undertaken validation of patients on the elective waiting list to identify the most urgent cases to support the prioritisation of elective capacity. This process has included communication with patients in order to keep them informed and to ensure that their preferences are understood; some patients have expressed a preference to defer their care as a result of the pandemic.

5. Recommendations

5.1 The Health Scrutiny Committee is asked to note:

- The changes to hospital services necessitated by the COVID pandemic;
- Arrangements regarding the creation of COVID-secure environments and measures to mitigate the impact on patients;

- Details regarding the changes made to women’s services across MFT hospital sites.