

Service Change Proposals for Clinical Haematology and Fetal Medicine

Manchester City Council
Health Scrutiny Committee
20 July 2022

Introduction

Purpose

- Provide an overview of the strategic change in the North East sector
- Overview of the process for “PAHT complex services”
- Summary of the Clinical Haematology change proposal
- Summary of the Fetal Medicine change proposals

Strategic Context:

In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital Trust for Manchester. **The findings of the report were endorsed by all of the participating organisations.**

At the same time, the Pennine Acute Hospital Trust (PAHT) was facing significant challenges. Following many years of financial difficulties, a CQC inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the **preferred option was for North Manchester General Hospital (NMGH) to be acquired by MFT, and for the other PAHT sites to be acquired by SRFT.** MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).

MFT and the NCA developed business cases to support the acquisitions, and these recognised the **potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively.** However, both business cases also identified the significant legacy challenges in the former-PAHT services, particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

In its 15 years of independent operation there was some significant integration of services across the PAHT sites. This included Clinical Haematology, Pathology and Fetal Medicine, which were centralised at Royal Oldham Hospital (ROH).

MFT and the NCA have strong post-transaction joint working arrangements and are continuing to work through these structures to agree the most appropriate timing for disaggregation of the more complex services.

NCA and MFT are progressing their plans for investment in the former-PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT is on schedule to roll out its new electronic patient record (EPR) across the Trust (including NMGH) by September 2022. Similarly, the NCA has a programme to implement its SPR patient record system across all sites by the middle of 2023.

Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

Overview of Complex Services

Priority Services and New IT Investment

IT investments are critical but have implications for disaggregation of the complex services. In particular, the timescale for the new electronic patient record (EPR) system at NMGH has required decisions to be made about which services should be disaggregated prior to EPR implementation, and which should be disaggregated afterwards.

It is important to note that whilst NMGH is owned and operated by MFT, it currently runs entirely on old PAHT information systems (supported by the NCA Digital Team), and this has facilitated the continued operation of some of the legacy service structures under current service level agreement (SLA) arrangements. For example, NMGH currently gets all of its Pathology services from an integrated Laboratory service with a hub at ROH and a spoke lab at NMGH. The existing information systems allow ordering of tests and reporting of results to and from NMGH, but this will no longer be possible when the new EPR system has been implemented at NMGH.

The time available prior to the new EPR implementation is limited, so MFT and NCA have agreed to focus on delivering the priority service changes. Changes are being implemented to clinical support services such as Pathology, Pharmacy and Theatres/Pre-op, and these will generally be invisible to patients. However, there are a number of “front-line” clinical specialties where there are good reasons to deliver disaggregation prior to EPR implementation.

Disaggregation of complex services

The processes of disaggregating services from the legacy PAHT footprint has benefitted from excellent working relationships between MFT and NCA. Whilst good progress has been made, there is a residual set of services that present the most complex challenges in respect of service disaggregation.

These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities to ensure a unified approach to developing service change proposals.

A structured approach has been agreed to develop service change proposals with agreement to focus on priority services in the first phase linked to the planned changes to the EPR system from September 2022. These include:

- Clinical Haematology
- Fetal Medicine

The integration of these services in to MFT and NCA single services respectively, maximises the opportunity to realise the benefits originally envisaged in the organisational restructuring as determined by NHS Improvement.

Clinical Haematology

Service Model

Many communities in the North East of GM suffer high levels of deprivation, and have higher than usual levels of health care need: this effect applies to Haematological illnesses as much as any other. There are also challenges with accessibility, with car-ownership being low and public transport not always being a viable alternative. Any unnecessary barriers to accessing services are likely to result in delays in people presenting for care and treatment.

The Clinical Haematology service on the former-PAHT footprint operates with a hub function at ROH (providing specialist inpatient and day case care), and outreaches to provide outpatient clinics and a limited day case service at NMGH and other sites.

This model of service has been successful in achieving a balance between maintaining local accessibility and developing centralised specialist services. However, it does still require patients to travel from North Manchester to access some clinical haematology services at ROH, and this can also have implications for visiting family and friends.

A comparable model of care currently exists within MFT and works well, with the specialist hub at MRI outreaching to provide Haematological services to the spoke function at Trafford General Hospital.

Key Drivers for Change

The proposed change is strongly driven by the following:

- It was determined some time ago that the best long-term solution for NMGH was for it to operate as part of MFT, and this has now been implemented.
- MFT needs to invest in an improved electronic patient record, both for NMGH and across the Trust as a whole.
- Putting NMGH on a different EPR from the rest of the former-PAHT sites requires the disaggregation of some essential clinical support functions, notably Pathology.
- Clinical Haematology is very closely associated with Laboratory Haematology, and it would not be safe or practicable to run a clinical service that was operating on a different patient record from the laboratory service.
- The MFT service portfolio includes a specialist Haematology function at MRI which can serve the same role as the hub at ROH does at present.
- Clinical Haematology is predominantly an Outpatient based service, and this makes reprovision of capacity easier to manage than for a specialty with a big inpatient service.

Clinical Haematology

Options

A range of options generated through discussion with clinical teams and other key stakeholders were considered and appraised against the following criteria:

Criteria 1	Quality (including clinical effectiveness and patient safety)
Criteria 2	Health inequalities
Criteria 3	Patient experience
Criteria 4	Efficiency (including recovery, finance)
Criteria 5	Deliverability (including workforce)
Criteria 6	Strategic fit

The process included review of a long list of options, and appraisal of shortlisted options, with clinical consensus on the preferred way forward.

Key Planning Assumption

Clinical Haematology patient pathways run between primary and secondary care and are often initiated through GP generated blood tests which are picked up by the hospital service. From September 2022, the GP generated Pathology work for North Manchester will be delivered through MFT laboratories on the new EPR system.

Based on this, the agreed planning assumption is that the NMGH service should provide care for patients from the northern part of Manchester only (i.e. patients registered with GPs in the Manchester CCG patch).

Preferred Way Forward

The preferred way forward for the provision of Clinical Haematology services at NMGH is to discontinue the current provision on an outreach basis from the hub at Royal Oldham Hospital, and replace this with an equivalent service outreaching from Manchester Royal Infirmary for North Manchester residents, as part of the MFT suite of clinical services.

Clinical Haematology is largely outpatient based, and the outpatient offer would be completely unaffected by these changes (remain local at NMGH). However, inpatient and day case care that North Manchester residents currently access at ROH would be re-provided at MRI.

There would be no change to the range of service available on the ROH site, with daycase and inpatient Clinical Haematology care still being offered. Similarly, the service offer at other NCA sites would be unaffected.

Estimated Impact:

It is estimated that c. <300 patients per year could potentially be affected by the proposal. These are North Manchester residents who typically have their outpatient care at NMGH and day case/inpatient care at ROH, who in the future will be offered their day case and inpatient care at MRI.

It is important to note that some of these patients will have repeat/multiple visits for their day case care.

Clinical Haematology

Engagement

- The proposals were presented to the Patient and Public Advisory Committee (PPAC) of Manchester Health and Care Commissioning on 21 June 2022. In a wide-ranging discussion, the group did not raise any specific concerns about the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were considered.
- Direct discussion with service users in the outpatient setting including structured questionnaire has been undertaken with 67 responses.
- Patient choice is a key component of any change proposal process. The clinical working group is currently reviewing proposals to offer patient choice to existing patients. This will mean patients that currently access the service at ROH will have the choice of opting to continuing their care at the ROH site under their current consultant, or have their day case and inpatient needs cared for at the MRI

Further plans for engagement includes:

- Public survey by Healthwatch Manchester
- Online SurveyMonkey
- NMGH VCSE Assurance Group presentation and discussion
- Letter to patients to communicate any changes and offer choice
- Continued development of an EQIA
- Analysis of demographics by MHCC to support developing insights in terms of service users to ensure plans/mitigations in place

Travel Analysis

Initial travel analysis (based on 21/22 activity) has been undertaken to provide objective information about the travel effects of the proposed changes. The analysis showed a reduced travel time (to MRI instead of ROH) for c. 92% of patients using public transport and c. 56% by car for service users potentially affected.

Following feedback, an initial assessment of the number of buses required for North Manchester residents was undertaken. The results show Moston and Miles Platting residents may require two buses (instead of one at present) but Harurhey, Cheetham and Deansgate residents may require one bus (instead of two at present). Other wards remain the same number of buses in both scenarios.

Supplementary analysis undertaken by MHCC showed that c. 64% of patients are closer in terms of geographic proximity to MRI than ROH. The sample also showed that c. 88% of ethnic minority groups and c. 58% of people aged 65+ are closer to MRI.

Patient engagement through a structured survey in the outpatient department at NMGH showed 56.7% travelled by car, 13.4% by public transport and other patients via a variety of modes including taxi, ambulance, walking and cycling.

Respondents were asked about their perceptions about travelling to MRI and ROH. 52.2% said they thought it would be easy or very easy for them to travel to ROH, whereas 37.3% thought it would be easy or very easy to travel to MRI.

Engagement has highlighted the importance of car parking (cost and access). Whilst ROH is currently marginally less expensive than MRI, in general the costs are comparable and both sites offer discounted arrangements for frequent attenders. The health care travel costs scheme is available to reimburse travel expenses for specific groups.

There will be continued focus on travel impacts and high quality communication with patients to ensure support is put in place.

Clinical Haematology

Substantial Variation Assessment

The service change proposal has been reviewed using the substantial variation assessment tool.

The tool assesses across five domains to help determine whether the change constitutes substantial variation or not.

The five domains for review are:

1. **Patient population affected** e.g. number of patients affected
2. **Access** e.g. travel impacts
3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained
4. **Wider community and other services** e.g. impact on co-dependent services
5. **NHSE four tests and stakeholder views** e.g. strong public and patient engagement

Substantial Variation Recommendation for Discussion

It is recommended that the service change proposals for Clinical Haematology does not constitute substantial variation and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- The scale of change is relatively small and only a partial change in service provision with existing access and service arrangements still in place at the Royal Oldham
- Patient choice is a key feature of the proposal with communications planned to patients to provide them with the offer of opting to remain with their current consultant at the Royal Oldham
- The change proposal has followed a structured approach with full support from commissioners/localities and a process of service user involvement that will continue up to, and beyond implementation of changes.
- Initial travel analysis shows that there is a benefit in terms of public transport for patients accessing the MRI instead of the Royal Oldham, and a marginally positive impact for service users accessing via car.
- Consideration has been given to the NHSE four tests of service reconfiguration throughout the process.

Fetal Medicine

Service Model

Fetal Medicine (FM) services diagnose and provide care to those with complex pregnancies or whose fetus (or fetuses) has a confirmed or suspected disorder. Specifically, the service is for the following circumstances:

- Fetal abnormality suspected / detected during ultrasound screening.
- Pregnancy complicated by a genetic abnormality (suspected recurrence).
- Pregnancy complicated by possible fetal infection.
- Severe fetal growth restriction.
- Twin pregnancy with complications
- Triplet and higher order multiple pregnancy

Approximately 300 residents a year from North Manchester require access to an FM service.

Currently pregnant women accessing the North Manchester Maternity Service who need fetal medicine assessment are referred to the FM service at the Royal Oldham Hospital (ROH).

The ROH offers a secondary care FM service. Approximately 30% who access it require onward referral to a tertiary FM service that can manage the most complex pregnancies. Such a service is offered locally at Saint Mary's Hospital.

Case for Change

Since the acquisition of NMGH by MFT the intention has always been to integrate its clinical services and pathways into those already operated by MFT to ensure equity and standardisation of high-quality care across the MFT footprint.

Pathways that minimise provider to provider handovers have less safety risks given they do not require any complete and accurate transfer of a patient care records between providers. Equally patient experience is higher due to the avoidance of repetition of information gathering when a patient is seen by a new provider.

As such, switching the NMGH maternity service to be clinically integrated with and supported by other MFT based service will improve patient safety, experience, and pathway continuity by eliminating the provider-to-provider patient care handovers in the current pathway.

Since MFT's acquisition of NMGH the links between the maternity clinical teams across the MFT sites have been strengthening to develop a single vision, approach, and standard for the delivery of safe maternity care.

Given the changes to the EPR there is now an opportunity to provide NMGH residents with a fully integrated Fetal Medicine pathway including access to tertiary care required to manage the most complex pathways within MFT.

Fetal Medicine

Options

A range of options generated through discussion with clinical teams and other key stakeholders were considered and appraised against the following criteria:

Criteria 1	Quality (including clinical effectiveness and patient safety)
Criteria 2	Health inequalities
Criteria 3	Patient experience
Criteria 4	Efficiency (including recovery, finance)
Criteria 5	Deliverability (including workforce)
Criteria 6	Strategic fit

The process included review of a long list of options, and appraisal of shortlisted options, with clinical consensus on the preferred way forward.

In identifying the options, the underlying principle was to maintain or simplify the existing pathway and not to introduce any additional providers. The imperative not to create a more complex pathway therefore presented only three realistic options for consideration.

The options developed were also reviewed and endorsed by the Saint Mary's North Manchester Integration Group to ensure they met the brief of pathway simplification and that no other potential options had been missed.

Preferred Way Forward

The options appraisal concluded the preferred way forward is to provide NMGH Fetal Medicine service at St Mary's on the Oxford Road campus.

If the change is implemented, 300 pregnant women from the North Manchester catchment who require investigation at an FM service will be referred to attend the FM service at the Saint Mary's Oxford Road site rather than to the service at the ROH site. This change would take place at the end of August 2022 to coincide with the implementation of the new EPR across MFT.

Benefits:

- Improve continuity of care for all NMGH patients as they will be able to access all levels of FM service provision without having to transfer to another provider.
- It will strengthen service links between the NMGH and Oxford Road based maternity services, in keeping with the strategic vision of full clinical integration of NMGH services into MFT and ensure NMGH population with complex FM needs have direct access to a tertiary care service.
- The change removes a step in the pathway for approximately one third of the patients (100 women a year) who access the FM service at ROH and then require a referral onto the tertiary FM service provided by MFT at the Oxford Road campus.
- The pathway has already been tested when NMGH patients were referred to St Mary's Hospital as part of the mutual aid that was put in place to support ROH during the Major Incident response to recent IT issues on the site.

Fetal Medicine

Engagement

The North Manchester Maternity Voices Partnership was provided with an overview of the change proposal on 27th May 2022. The benefits of the pathway change were recognised and no objections were raised during the session.

The proposals were presented to the Patient and Public Advisory Committee (PPAC) of Manchester Health and Care Commissioning on 21 June 2022. The group recognised the benefits of the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were considered.

Further engagement opportunities are also being reviewed including:

- Public survey by Healthwatch Manchester
- NMGH VCSE Assurance Group presentation and discussion
- Continued development of an EQIA
- Further analysis of demographics to ensure the views from minority groups and protected characteristics are sought with any potential impacts mitigated.

Travel Analysis

Travel analysis was conducted using an agreed approach with partners to provide initial insights. It reviewed and comparing travel times between St Mary's and ROH for patients that were referred to NMGH for their maternity care in 2021/22. This sample has been used to provide an overview of travel impacts for any of the NMGH patients that may require Fetal Medicine as part of their care.

Travel Analysis Continued...

The analysis showed that 70% of service users accessing public transport as a means to attend St Mary's instead of the ROH would benefit from a reduced journey time, 20% would experience a longer travel time and 10% with a neutral impact.

In terms of time taken to travel by car, the analysis showed that 38.5% of patients would experience a reduced travel time by car attending St Mary's instead of Royal Oldham with 60.5% experiencing an increase in travel time.

Overall, there is potentially a small impact for those patients travelling by car to St Mary's (instead of Royal Oldham) but a greater benefit for those accessing the MRI via public transport. If 25% of patients (or more) travelled by public transport, there would be a net reduction in travel times for the group as a whole.

The sample was based on NMGH referrals to maternity services (c. 3864) as a representative sample of patients who may access Fetal Medicine services at Saint Mary's. In practice, only 300 of this total sample would in reality be affected by the proposed change to the service and 1/3 of the 300 are known to require onward referral from ROH to the tertiary FM service provided by Saint Mary's at the Oxford Road campus. The sample includes patients from the wider NMGH catchment which includes some residents from Bury and Heywood, Middleton and Rochdale as well as North Manchester residents.

Based on feedback through the engagement process the importance of travel impacts and access to hospital sites are extremely important to our service users. As such we will continue to deliver more detailed travel impact analysis to ensure strong mitigations to any negative impacts / unintended consequences and continuous, high-quality communication with patients throughout the change process.

Fetal Medicine

Substantial Variation Assessment

The service change proposal has been reviewed using the substantial variation assessment tool.

The tool assess across five domains to help determine whether the change constitutes substantial variation or not.

The five domains for review are:

1. **Patient population affected** e.g. number of patients affected
2. **Access** e.g. travel impacts
3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained
4. **Wider community and other services** e.g. impact on co-dependent services
5. **NHSE four tests and stakeholder views** e.g. strong public and patient engagement

Substantial Variation Recommendation for Discussion

It is recommended that the service change proposals for Fetal Medicine does not constitute substantial variation and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- The scale of change is relatively small and only a partial change in service provision with existing access and service arrangements still in place at the Royal Oldham
- The change will maintain current levels of choice that service users have regarding their maternity care.
- The change proposal has followed a structured approach with full support from commissioners/localities and clear evidence of service user involvement that will continue through to and beyond implementation of changes.
- Initial travel analysis shows that there is a benefit in terms of public transport for patients accessing the Saint Mary's instead of the Royal Oldham although it does identify slightly longer travel times by car for c. 60% of people.
- Consideration has been given to the NHSE four tests of service reconfiguration throughout the process.