Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 22 February 2023

Subject: Accessing NHS Services

Report of: Manchester Health and Care System Partner Organisations

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Summary

The Manchester Health Scrutiny Committee requested an extraordinary meeting to discuss the issues experienced by Manchester residents in accessing health and care services over the winter period (2022/23).

This report focusses on setting out the challenging operating environment this winter, including high demand across all sectors, increased covid, Flu and strep A infections, industrial action and high staff sickness rates. It will then set out the work undertaken, as part of wider winter planning, to ensure people continue to have access to the services they need when they need them and it will cover those areas requested by the committee, namely:

- A&E waiting times
- Ambulance waiting times
- Patient discharge from acute hospital settings
- Waiting times for those patients' requiring elective and cancer treatment
- Access to vaccination

Recommendations

The Committee is asked to:

(1) Note the report; and

(2) Highlight areas for further discussion in dialogue with the representatives from the organisations who contributed to this report and who will be attending the Committee.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Net Zero Reduction Programmes are now well established across all NHS organisations in Manchester and the North West

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
Consideration has been given to how delays in access services could impact on different protected or disadvantaged groups. Examples of this work are contained in this report.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS/Contribution to the Strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Access to NHS services form an essential part of the City's wellbeing, underpinning people's ability to receive support to have the best health outcomes, which in turn supports people to achieve their full potential
A highly skilled city: world class and home-grown talent sustaining the city's economic success	NHS organisations operating in Manchester employ a significant number of Manchester residents and the city has some of the best life science and research facilities in the country
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	All partner organisations have endorsed the Making Manchester Fairer Action Plan and have identified areas of work that will contribute to the delivery of the plan
A liveable and low carbon city: a destination of choice to live, visit, work	Net zero plans are well established in all NHS partner organisations
A connected city: world class infrastructure and connectivity to drive growth	NHS organisations and their university partners have global connections relating to their areas of expertise

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Not applicable

Financial Consequences – Capital

Not applicable

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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.

Report to Health Scrutiny Committee, 8th February 2023 - An overview on the provision of general practice services across Manchester

Access to General Practice.pdf (manchester.gov.uk)

1.0 Introduction

1.1 The Manchester Health Scrutiny Committee requested an extraordinary meeting to discuss the issues experienced by Manchester residents in accessing health and care services over the winter period (2022/23).

1.2 This report focusses on setting out the challenging operating environment this winter, including high demand across all sectors, increased Covid, Flu and Strep A infections, industrial action and high staff sickness rates. It will then set out the work undertaken, as part of wider winter planning, to ensure people continue to have access to the services they need when they need them and it will cover those areas requested by the committee, namely:

- A&E waiting times
- Ambulance waiting times
- Patient discharge from acute hospital settings
- Waiting times for those patients' requiring elective and cancer treatment
- Access to vaccination

1.3 There is a time lag in reporting some of the data described in this report, however, a verbal update relating to all the key metrics specific to partner organisations will be provided to the Committee at the meeting.

2.0 Background

2.1 The Greater Manchester (GM) System Operational Response Taskforce (SORT) was established on 1st August 2022 under the new NHS Greater Manchester Integrated Care System arrangements. During the pandemic a Hospital Gold Cell and Community Co-ordination Cell had operated under the previous GM arrangements and the two cells were brought together to facilitate whole system approaches and actions in both planning for and responding to winter pressures.

2.2 All of the Manchester partners, Manchester University NHS Foundation Trust (MFT), Manchester Local Care Organisation (MLCO), Greater Manchester Mental Health NHS Foundation Trust (GMMH), North West Ambulance Service (NWAS), Manchester City Council (MCC) and the Manchester Deputy Place Based Lead have attended the SORT meetings which were initially three days a week but were then scaled up to five days a week in advance of the Christmas holidays. The purpose of the SORT meetings is to share operational intelligence across all sectors and agree immediate actions required to provide mutual aid across Greater Manchester.

3.0 Current System Operating Environment

3.1 In addition to the well document annual winter pressures, Manchester's health and care system continues to contend with additional stresses including excessive levels of flu, covid and strep A infections, industrial action and high staff sickness levels.

3.2 This is all set in the context of the ongoing impact of the pandemic on the people of Greater Manchester and its health system. Greater Manchester, and people in Manchester particularly, were disproportionately affected by the pandemic, with mortality rates more than 25% higher than the national average. Black British people, those of South Asian descent and those living in more deprived areas were amongst the worst affected.

Manchester University NHS Foundation Trust (MFT)

3.3 Throughout the course of the pandemic, MFT had more people with Covid in its hospitals than other parts of the country. The peaks were higher and took longer to reduce. Between April 2020 and February 2022 MFT had an average of 11% of its occupied beds taken by Covid patients versus a national average of 7%. This is equivalent to having 64 fewer beds than had MFT tracked at the national average.

3.4 It should be noted that, whilst the impact of Covid on wider society may have reduced since the initial peaks, the impact in hospitals is still high. At the peak in January 2021, MFT had over 450 patients in its hospitals with Covid. The recent surge in January of this year saw the number of people in MFT hospitals with Covid reach 433. Due to pressures on the system as a whole, there are also high numbers of patients in hospital who are clinically ready to go home or move to a community facility. The most recent figures show that this equates to approximately 12% of patients which is equivalent to roughly 12 wards across MFT.

3.5 Similarly, and whilst a huge amount has been done to look after the health and wellbeing of staff throughout the pandemic, Covid continues to impact colleagues working in our hospitals. In November 2019 before the pandemic the absence rate at MFT was 5.7%. This peaked in April 2022 when it reached approximately 15% and in November 2022 the figure was still 7.3%. That represents an additional 450 staff absent from work across MFT compared to pre-pandemic.

3.6 Whilst this data relates to hospital and community services across MFT, a similar impact will have been felt by colleagues in other parts of the system. To illustrate the ongoing nature of these pressures, the table below summarises the planning assumptions set by NHS England at the start of the financial year and the current operating environment for MFT. It shows a significantly more challenging operating environment than was anticipated in planning guidance.

	Planning Assumptions	Current Operating Environment
General hospital bed occupancy – Of which Covid patients	<90% <5%	92% (Jan 23) 18.9% (Jan 23)
Critical care bed occupancy	<75%	88% (Jan 23)
Patients in hospital with 'no reason to reside'	Maximum 240	302 (w/c 31 Jan 2023)
Staffing absence	6% (from Q2)	7.3% (Nov 23)
Emergency care demand	100% of 2019/20 levels	104% (Year To Date Dec 2022)
Cancer referrals	115% of 2019/20 levels	123% of 2019/20 levels

North West Ambulance Service

3.7 In December 2022, calls for ambulance services exceeded the same period in the previous two years. Response rates for category one and two calls in Manchester are slightly better than those recorded across Greater Manchester and Glossop but not within national targets. Response rates are affected by turnaround times at hospital EDs (Emergency Department) with NWAS reporting 8,313 ambulance hours lost to delays between April 22 and January 23.

3.8 The service is reporting a staff vacancy rate of 4% (largely due to an uplift in the baseline) and is confident this will be closed in 2023. In addition, staffing levels were reduced due to industrial action but overall, the service coped well on strike days.

Social Care

3.9 Adult Social Care (ASC) in Manchester is deployed into the MLCO through the partnership arrangements between MCC and MFT codified through a section 75 agreement. The ASC budget for 2022/23 is gross £258.615m and net budget £191.198m, with approximately1,500 staff employed directly by the city council. A significant proportion of the budget is spent on commissioned long-term care services. The Manchester Health Scrutiny Committee are routinely appraised of priorities in ASC including the delivery of improvement and transformation programmes over the last four years.

3.10 Within ASC, since the onset of the pandemic the Hospital Discharge to Assess Service has been restructured in response to the introduction of the Discharge to Assess pathways. The service provides a social work focus across all the pathways and has increased capacity by 20% to support the flow from hospital. This has included additional management capacity to provide the professional guidance to staff.

3.11 ASC has maintained a presence within each of the three hospitals, overseeing the Single Point of Contact which acts as a central point for the Greater

Manchester Supported Discharge form to be sent to. These forms are directed to the Manchester Control Room for Manchester residents, and the relevant Transfer of Care Hubs for people who are out of the Manchester area.

3.12 The social work presence within each site provides advice and guidance to hospital staff using a strengths based approach to support complex discharge work and to support appropriate decision making with a Home First approach.

3.13 It is vital that people leave hospital when they are well to do so, and discharge is done safely and to the right place for them and with the right support. Increasingly people are requiring more support when they leave hospital, for example, the percentage of people leaving hospital in January 2023 increased 8% compared to September 2022. This equates to a growth in demand for Manchester City Council and Manchester Local Care Organisation's services.

3.14 Routinely there are in excess of 300 people across MFT's footprint that are fit to leave hospital, minimising this number is a key objective and will relieve pressure at the front door improving waiting times to be seen in ED and, if necessary, moved to a ward.

General Practice

3.15 Demand has been steadily increasing over the year with the total number of GP practice appointments continuing to exceed pre-pandemic levels. The Health Scrutiny Committee received a comprehensive report in relation to provision and access to General Practice on 8 February 2023. This included information on winter / surge planning and additional services in place to provide additional capacity and access so this area is not a significant feature of this report.

3.16 However, it is worth noting that a combination of local, NHS Greater Manchester and National funding, in line with the agreed NHS GM Winter Surge Planning Framework, is providing the following across Manchester:

- **Additional clinical and non-clinical capacity** - to GP practices over the winter 2023/24 period with a significant portion being allocated based on list size and with a proportion of funding supporting the GP practices that support populations disproportionately impacted by the cost-of-living crisis.
- **Manchester Acute Respiratory Infections Service (MARIS)** – through a phased approach, capacity will scale up to deliver 2,600 additional appointments per week (between January – March 2023) to provide same day GP access to adults and children reporting respiratory or Covid 19 symptoms.
- **Surge Resilience Hubs** – An additional 3,170 appointments for the month of January 2023 through GP-Federation led surge resilience hubs. This approach is currently being evaluated to inform future planning and further action as necessary.

4.0 Covid rates, other communicable diseases and excess deaths

Covid infections and admissions

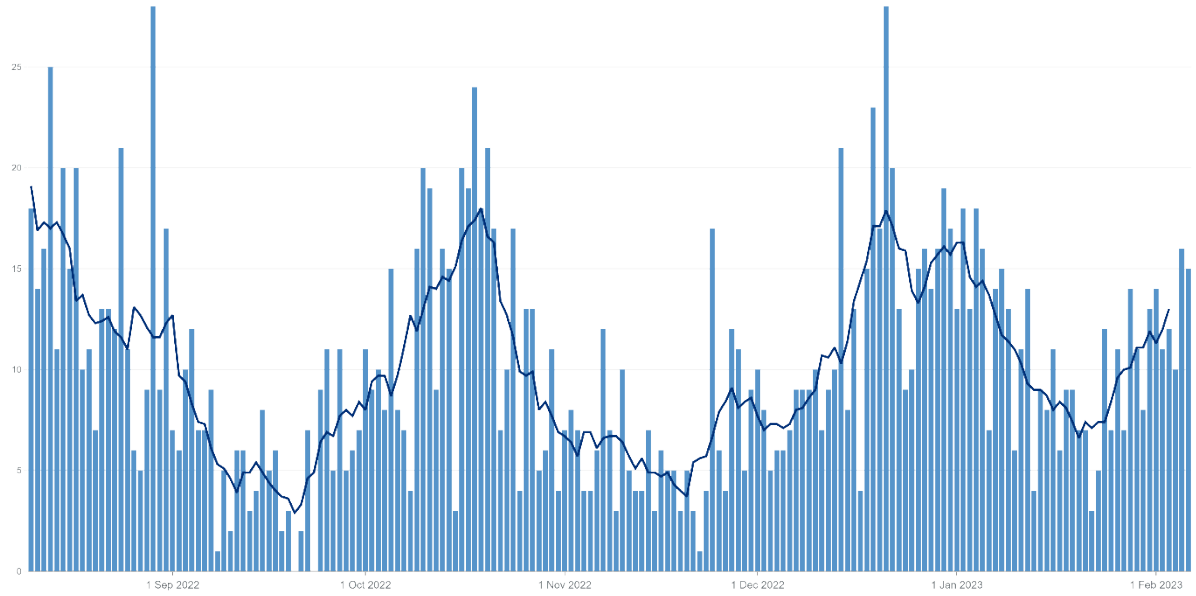
4.1 The ending of the national COVID-19 testing programme in April 2022 means that there is now a sparsity of data to indicate changes in the scale and pattern of covid infections in the local population in a reliable way.

4.2 Nationally, the ONS COVID-19 Infection Survey (CIS) is considered the best marker of the number and proportion of people testing positive for covid. The latest data for the week ending 31 January 2023 shows that the percentage of people testing positive for covid increased in England. In the latest week, it is estimated that 1.56% of the population (or around 1 in 65 people) tested positive for covid - an increase from 1.42% in the previous week. This equates to an estimated 874,700 people across England as a whole. The percentage of people testing positive for covid increased in London, the South East and Yorkshire and The Humber. The trend in the North West region in the most recent week was uncertain. The infection rate in England increased for those in school Year 7 to school Year 11, school Year 12 to aged 24 years, those aged 25 to 34 years and those aged 50 to 69 years.

4.3 The Coronavirus (COVID-19) in the UK dashboard, most recently updated on Thursday 9 February 2023, shows that there were 91 covid patients admitted to Manchester University NHS Foundation Trust (MFT) in the 7 days up to Monday 6 February. This includes people admitted to hospital who tested positive for covid, either in the 14 days before their admission or during their stay in hospital. This is an increase of 21 covid patients (or 30%) compared with the previous 7-day period. As of Wednesday 8 February, there were a total of 394 covid patients currently occupying a bed in MFT.

4.4 The chart below shows that the daily number of admissions fell rapidly in August and early September before climbing in October. This is consistent with the seasonal nature of respiratory infections. Following a second peak in in early to mid-December, the daily number of covid patients admitted to MFT has fallen steadily but shows some sign of increase in the period since 20 January 2023

Chart 1: Daily and total numbers of covid patients admitted to MFT in last 6-months (10 August 2022 – 6 February 2023).



Influenza (Flu)

4.5 The most recent national flu surveillance report published by UK Health Security Agency (UKHSA) on 26 January 2023 shows that the percentage of people who test positive for flu (based on swabs tested at sentinel 'spotter' laboratories) has decreased from 6.5% in the second week of 2023 to 2.8% in the latest week (week 3). The highest positivity (4.5%) is seen in those aged 5 to 14 and 15 to 44 years.

4.6 Primary care surveillance systems indicate that consultations for influenza-like-illnesses have decreased nationally in the most recent reporting period. Nationally, hospital admission rates for flu have also decreased in the last week and levels of activity are currently low. Hospital admissions have decreased across all ages, most notably in adults aged 85 and over and in those aged 75 to 84 years. Hospitalisations among children under the age of 5 years are currently the highest among age groups but have decreased from 6.0 per 100,000 in the previous week to 5.4 per 100,000 in the latest week. The rates of admission to intensive care units (ICU) and high dependency units (HDU) have also decreased and have approached the baseline range of activity levels. However, emergency department attendances for influenza-like illness increased slightly in the latest week.

Group A streptococcal disease

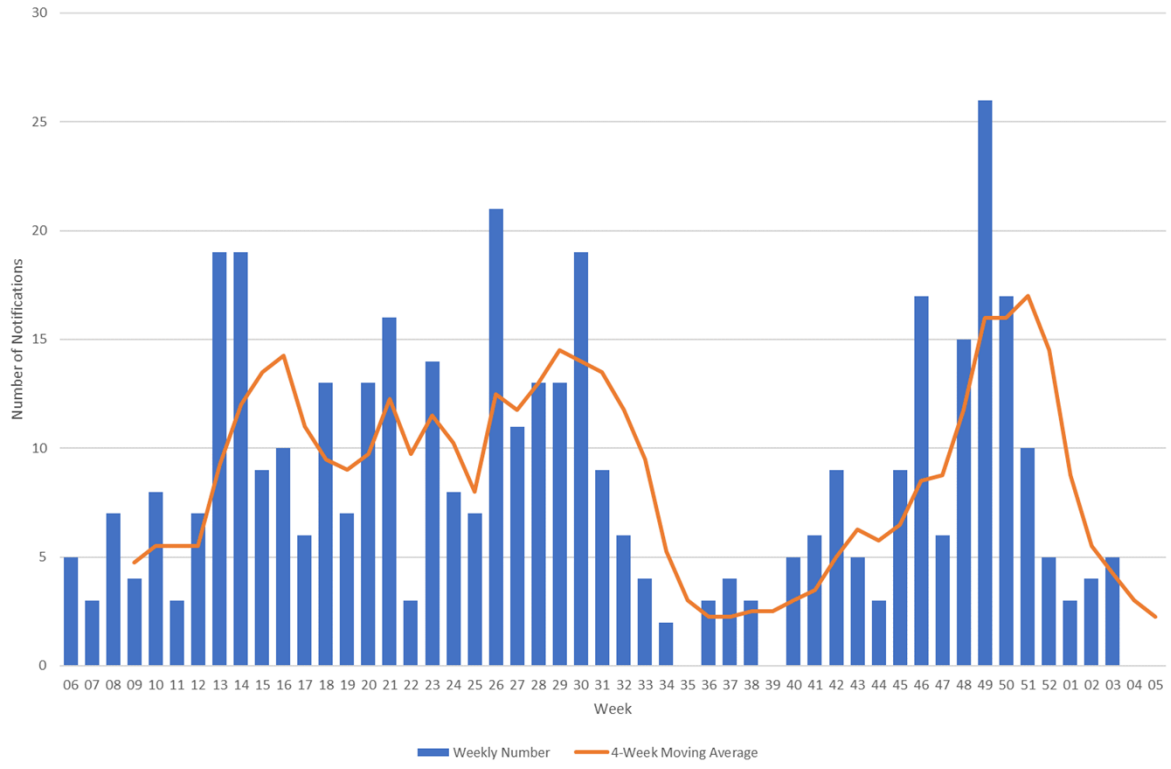
4.7 Group A streptococcus (GAS) is a bacterium which can colonise the throat, skin and anogenital tract. The bacterium can cause a diverse range of skin, soft tissue, and respiratory tract infections, including tonsillitis, pharyngitis, scarlet fever, impetigo, erysipelas, cellulitis and pneumonia. Invasive GAS

(iGAS) is another infection caused by GAS, that is much rarer than scarlet fever. It occurs when GAS is isolated from a normally sterile body site, such as the blood. Both iGAS and scarlet fever are notifiable diseases and health professionals must inform local health protection teams (HPTs) of suspected cases.

4.8 The most recently published data on notifications of infectious diseases (NOIDs) shows that there have been 434 notifications of scarlet fever relating to Manchester residents in the last 52 weeks up to week 5 of 2023. (Note: Some of these notifications will be returned with a negative result following testing).

4.9 The number of notifications peaked between weeks 26 to 30 in 2022 as shown in the chart below. The largest number of notifications was in week 26, when there were 21 notifications of suspected scarlet fever. The number of notifications has declined significantly towards the end of 2022.

Chart 2: Notifications of scarlet fever in last 52 weeks (up to week 5 of 2023)



4.10 Nationally, there have been 405 notifications of iGAS, of which 5 notifications concerned a Manchester resident. These notifications were spread out between week 27 and week 51 2022 and there was no more than one notification made in an individual week.

Excess Deaths

4.11 Excess deaths represent the number of deaths registered each year compared with the expected number of deaths registered in a ‘normal’ period

(in this case the average number of deaths in the 5-year period 2015-2019). The figure includes people who have died as a direct result of covid as well as those who have died from other causes but whose death might in some way be associated with the pandemic. For that reason, excess mortality (death) is seen as the best measure of the total mortality impact of the pandemic.

4.12 In 2022, there were a total of 195 excess deaths as set out in the table below. This means that the number of deaths registered in the calendar year were 6% higher than expected (an excess deaths ratio of 1.06). In comparison, there were 736 excess deaths in 2020 (Year 1 of the pandemic) and 331 excess deaths in 2021 (Year 2 of the pandemic). In 2022, deaths in hospital were almost exactly in line with what we would expect to see. Deaths in care homes were 30% lower than expected. This might be the result of mortality displacement, whereby people living in care homes (who tend to be older and sicker than the general population) unfortunately died earlier than expected during the pandemic.

Table 1: Excess deaths by place of death (deaths registered in 2022)

Place of death	Registered deaths	Expected deaths	Ratio registered / expected	Excess Deaths	% Diff registered / expected
Hospital	1,880	1,862	1.01	18	1%
Care Homes	355	505	0.70	-150	-30%
Elsewhere	1,453	1,127	1.29	326	29%
Total deaths	**3,688**	**3,493**	**1.06**	**195**	**6%**

5.0 Maintaining Access to Key Services (MFT)

5.1 Despite the operational pressures, the system has remained focussed on ensuring people have access to urgent care when needed, supporting people on discharge from hospital, maintaining the elective and cancer care recovery programmes and promoting access to vaccination services.

Access to Urgent Care: Accident and Waiting Times

5.2 MFT sees on average 1,400 patients through their A&E departments per day, inclusive of adults and paediatrics, of which around 34% (470) patients are subsequently admitted. Performance against the A&E 4-hour standard remained largely stable through April to August 2022 at 62.7%. However, this dipped to 53% in September as a result of the migration to the new electronic patient record (EPR) system and remained static throughout October to December. Whilst this is in part a result of staff familiarising themselves with the new EPR system, the main challenges have been emergency pressures experienced across Greater Manchester throughout this time.

5.3 During the week commencing 19 December 2022, MFT alongside all other Trusts in GM declared an OPEL Level 4, which is the highest level of

escalation as a result of emergency and urgent care pressures. This coincided with the week of the ambulance industrial action on Wednesday 21 December. MFT enacted a command-and-control structure and utilised 'Business Continuity Incident' principles to support and coordinate activities for de-escalation of the situation.

5.4 Patients presenting through our A&E departments are sicker and therefore staying longer in our hospitals and there has been an increase in the number of patients needing on-going care either through nursing homes, intermediate care or back in their own homes once discharged. Specific challenges have also been felt across paediatrics with the Royal Manchester Children's Hospital A&E Department seeing record numbers of attendances due to the wave of respiratory viral diseases and Strep A in November and December as described above. This unusual seasonal peak in Strep A infections coincided with national pressures across paediatric intensive care beds. In addition, and partly as a consequence of the pandemic, hospitals have also seen an increase in mental health attendances, which are often very complex resulting in patients spending considerable amounts of time in the A&E department.

5.5 Ambulance handover times have remained challenging and have been impacted by reduced flow across hospitals which means that MFT have had an increase in patients spending more than 12 hours total time in the A&E departments.

5.6 These pressures continued throughout January, although they have eased slightly over the latter half of the month. This has been helped by additional winter beds that were fully opened across the adult hospitals in MFT in January and other winter funded schemes in the community, along with a reduction in attendances. As a result we have seen an improvement in the number of patients being seen, treated and discharged within 4 hours and subsequently quicker ambulance handover times.

5.7 The focus on safety remains paramount and is maintained by several factors including delivery of the safety standards within A&Es, undertaking safety audits alongside root cause analysis for long wait patients. A major piece of work is underway to review this data and understand the delays to treatment and the impact on harm.

5.8 There continues to be a programme of improvement activities across the emergency care pathway to improve wait times and flow across hospitals as follows:

<u>Transfer & Discharge Unit</u>

5.8.1 The Manchester Royal Infirmary (MRI) have recently implemented a Transfer & Discharge Unit as part of their winter funded initiative. This runs across the 7 days to facilitate patients awaiting admission or transport home from an outpatient clinic or ambulatory care setting and patients being discharged from ward areas. This has reduced delays for patients waiting to step down

from a critical care bed which in turn has improved access for patients most critically ill.

Same Day Emergency Care (SDEC)

5.8.2 Same day emergency care is one of the many ways the NHS is working to provide the right care, in the right place, at the right time for patients and provides specialist care for patients without the need for hospital admissions. All hospitals have SDECs in place across 7 days, although opening times are variable. Clinicians are working to increase the number of pathways that would benefit from this service and standardise these across all hospitals. The ambition is to have the services in place with a minimum opening of 12 hours per day and take direct ambulance attendances.

Ambulance Handover

5.8.3 MFT have an on-going improvement programme working with NWAS. Work to date has involved developing a pathway for ambulances to take patients straight to SDEC services and therefore bypass A&E along with developing and implementing a rapid Ambulance Handover Safety Checklist. Further information is provided in section 5.9 of the report.

Virtual Wards

5.8.4 Another key development is the establishment of virtual wards. Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. MFT clinical teams are working with MLCO and other community colleagues to create a multidisciplinary team to support the safe management of suitable patients attending A&E back home with the right wrap around care needed to avoid admission. During November, 98 patients were managed through this virtual ward model. Further details on this are described in section 7 of the report.

Resilient Discharge Programme

5.8.5 Led by Manchester Local Care Organisation, there is an improvement programme in place to improve discharges out of hospital. As part of this programme, a ‘back to basics’ pilot has been undertaken on one ward at the MRI which has resulted in a reduction in length of stay of 1.5 days, and a 25% reduction in the number of patients needing nursing home care. Plans are now being put into place to roll out to all wards across MFT with the aim to have 19 wards completed by end of June 2023.

Admission Avoidance

5.8.6 There are a number of pilot schemes underway with Primary Care and A&E clinical teams working together to reduce demand. Across the MRI, GPs are supporting the triage processes to help signpost patients to the right care, first time. Wythenshawe are developing a Same Day Emergency Care pathway for patients presenting to A&E with a respiratory disorder and North Manchester

General Hospital have GPs working alongside the Acute Medical team in their same day care unit

Royal Manchester Children's Hospital (RMCH)

5.9 At the GM SORT meetings there has been a designated slot for the RMCH and paediatric units across Greater Manchester to report on children's hospital pressures. Over the course of the winter, covid, flu and strep A (see section 4) have all impacted significantly on RMCH and GM paediatric units, both general beds and critical care beds. In addition, Respiratory Syncytial Virus (RSV) has been particularly prevalent affecting 0-5 year olds.

A supplementary note that summarises the experiences of the RMCH will be circulated in advance of the scrutiny meeting.

6.0 Maintaining Access to Key Services (NWAS)

Access to Urgent Care: Ambulance Response Times

6.1 The North West Ambulance Service NHS Trust provides 999, 111 and Patient Transport Services to Lancashire, Merseyside, Cheshire, Cumbria, Glossop and Greater Manchester. The Trust has 26 ambulance stations covering the Greater Manchester and Glossop Area. Providing a base for 189 emergency ambulances, 19 rapid response vehicles, 19 Hazard Area Response Team (HART) response and incident response vehicles.

6.2 There is an Emergency Operations Centre (EOC) based in Manchester, which is one of three EOCs in the North West. The Manchester EOC supports the dispatch of emergency ambulances to incidents in Greater Manchester, answers 999 calls from across the North West, provides clinical hub services to patients requiring telephone clinical support and provides the regional operations command centre function. There is also a large 111 call-centre in Bolton, providing 111 services to the North West.

6.3 The paramedic emergency service covering Greater Manchester has a workforce of approximately 1400, including 105 Senior/Advanced Paramedics, 658 Paramedics, 498 Student Paramedics/Emergency Medical Technicians/Urgent Care Staff.

6.4 Unless stipulated otherwise, the data in the Activity and Demand section of the report below shows the position from 1 April 2022 until 31 January 2023.

Activity & Demand

6.4.1 This graph below demonstrates the 999-call activity for Greater Manchester for the Greater Manchester and Glossop area, with comparable data from the last 3 years. (This graph is January to December reporting).

Greater Manchester has taken 568,777 999 calls between 1 April 2022 and 31 January 2023, resulting in 361152 emergency incidents. Manchester accounts for approximately 21% of that activity, with 122,090 999 calls made, generating 75,063 incidents.

6.4.2 The table below relates to NHS 111 activity: Greater Manchester triaged calls (January 2023):

Number of calls triaged over the time period	130,786
Triaged calls referred to a clinical advisor	16,960
Number of calls where a person was offered a call back	16,827
Number of calls where call back was achieved in under 10 minutes Call back %	1,701 10%
Total recommended to A & E A & E as a percentage of all triaged calls	14,388 11%
Total recommended to attend primary and community care Primary and community care as a percentage of triaged calls	76,650 59%
Total recommended to attend other service Recommended to attend other service as a percent of triaged calls	2,144 3%
Total not recommended to attend other services Not recommended to attend other services as a percent of triaged calls	23,208 18%
Total number of calls directed to 999 for ambulance dispatch Ambulance dispatch as a percentage of triaged calls	14,396 11%

Response categories and performance

6.5 Calls to 999 are categorised in to four basic categories. These categories are assigned following a system called NHS Pathways, which our call assessors use to clinically determine the needs of the patients. The categories are:

C1: Category one is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes

C2: Category two is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes

C3: Category three is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.

C4: Category four is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.

6.6 The response time performance in Greater Manchester and Glossop is:

By Category				
43,891	195,244	74,191	2,786	29,163
C1	C2	C3	C4	C5
Mean Response Time				
00:07:41	00:39:25	03:41:01	04:57:06	04:35:30
C1 (7m)	C2 (18m)	C3	C4	C5
90th Percentile Response Time				
00:12:38	01:28:02	08:55:07	11:52:28	11:33:23
C1 (15m)	C2 (40m)	C3 (1h 20m)	C4 (3h)	C5

6.7 The response time specific to Manchester is:

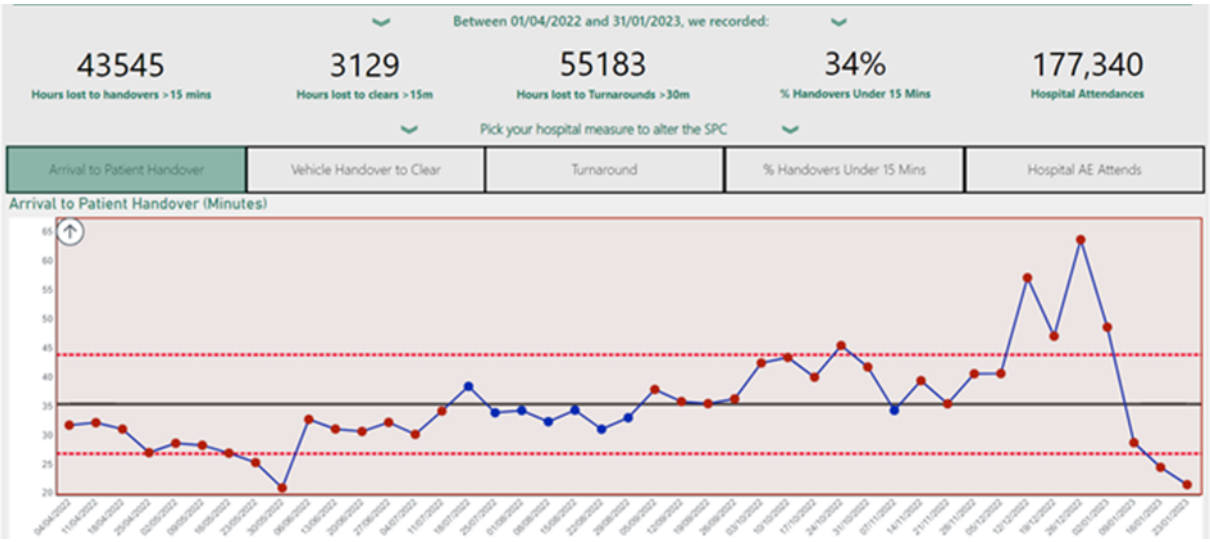
By Category				
9,828	40,650	14,694	413	6,642
C1	C2	C3	C4	C5
Mean Response Time				
00:07:09	00:35:53	03:45:03	04:56:03	04:42:00
C1 (7m)	C2 (18m)	C3	C4	C5
90th Percentile Response Time				
00:11:39	01:22:45	09:28:21	12:00:20	12:05:50
C1 (15m)	C2 (40m)	C3 (1h 20m)	C4 (3h)	C5

6.7.1 The resourcing position in Manchester is healthy, with over 100% of commissioned 999 ambulance resourcing being deployed daily. This is achieved through a combination of effective resource management and increasing resources through private provider and voluntary aid society provision. The area has a workforce plan in place to fulfil the current vacancy which stands at -51 WTE (Whole Time Equivalent), (4%). Those vacancies exist across all clinical grades and whilst attrition contributes, an uplift in our baseline has created the majority of the vacancy, which we are confident we will be able to close during 2023.

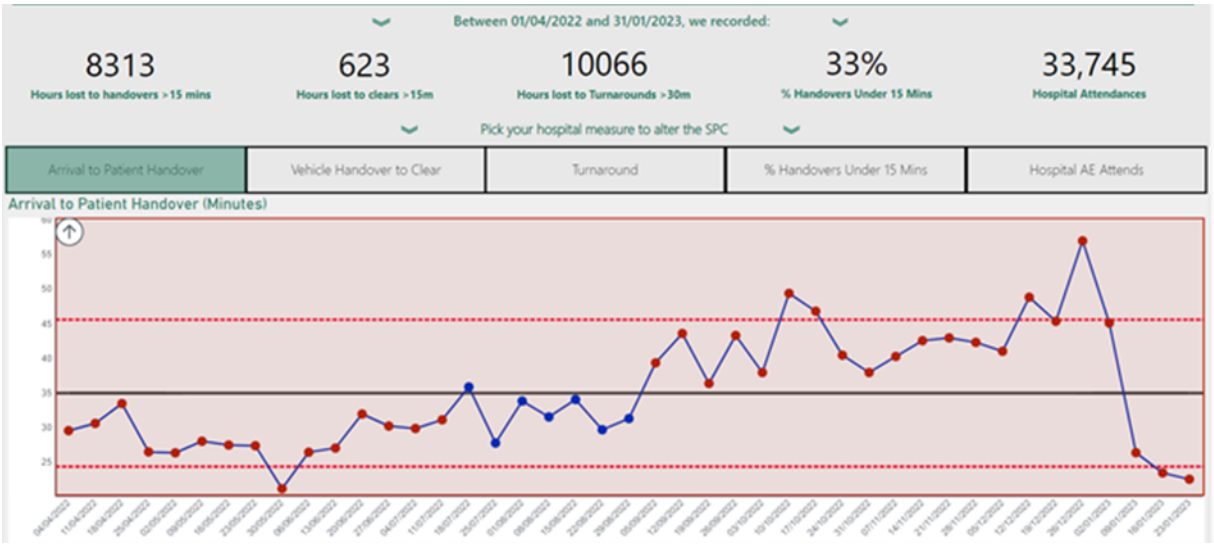
6.8 Hospital turnaround is the period of time it takes to hand over a patient from the care of NWAS to the care of receiving clinicians at hospitals. There are two stages, each stage should not take more than 15 minutes, the two stages are;

- Hospital Handover – the time from arrival of the patient at hospital and the acceptance of that patient by hospital clinicians.
- Handover to Clear – the time ambulance clinicians take to ready themselves and their vehicle for the next patient.

6.9 The two stages should take no more than 30 minutes in total. The current performance of **hospital handover** in Greater Manchester is shown below:



6.10 The position for the Manchester area is:



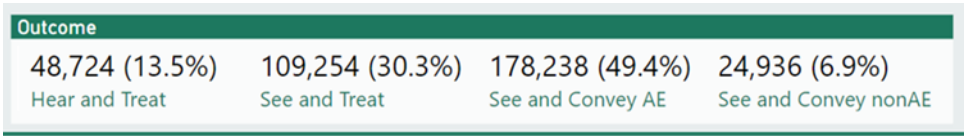
6.10.1 NWAS has lost 8,313 ambulance hours to delays at Emergency Departments (ED) in Manchester during this reporting period. 'Delayed admissions' is the term used for occurrences when patients must wait on ambulances outside departments, due to their being no room inside the hospital. In Greater Manchester this has occurred 6688 times in the reporting period. Manchester hospitals had 1,313 occurrences across the reporting period, with 246 at MRI, 33 at Wythenshawe and 1,034 at North Manchester.

6.11 NWAS works extremely closely with the emergency departments and the wider Health and Social Care system to reduce these delays. Whilst the numbers are stark and represent poor patient experiences, they are also an indication of significant pressure on both the ambulance service and our partner organisations, the answer is extremely complex.

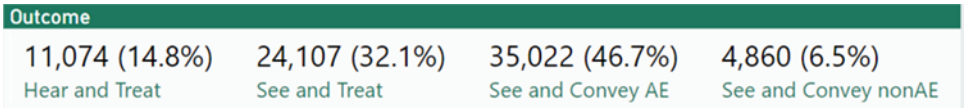
6.12 NWAS has worked with partners to instigate several initiatives to mitigate the risk of response delays.

- Estimated time of arrival (ETA) scripts to callers - NWAS provides an estimated response time to callers, to enable them to make personal decisions about what to do next.
- Safety whilst waiting - NWAS has introduced several systems for reviewing patients who are waiting for a 999 response, to ensure they are as safe as possible whilst they are waiting and offer advice or, where required, upgrade the response category.
- Mental Health 'Huddles' – working with Mental Health organisations, daily huddles were conducted where mental health services would review waiting 999 calls and where possible, signpost the patient to other services. This was so successful that it has been expanded, and NWAS now works with GMMH (Greater Manchester Mental Health) and Pennine Care to manage patients without needing to dispatch an ambulance. This improves the experience of the mental health patient and allows ambulance resources to be directed towards other patients. The full service commenced on 15 Nov 2022 and data collected up until 8 Jan 2023 demonstrated that the service had reviewed 1004 incidents and managed 62% of cases without the need for an ambulance attendance.
- Batch Diverting – NWAS and the Chief Operating Officer from Acute Trusts have devised a diverting system, which can be enacted quickly and allows NWAS to divert three ambulances to a less pressured department.
- A collaborative approach to reducing handover delays is underway in Greater Manchester, where systems and departments are working together to reduce waits. The main objective is the reduction of the extreme waits, where a patient waits over 60 minutes for handover. The number of patients waiting over 60 minutes for arrival to handover in Greater Manchester in the reporting period was 16819. Manchester specifically accounted for 5413 (32%) of those occurrences (MRI 2183, North 1159, Wythenshawe 2056).
- Delayed handover escalation – NWAS has developed procedures that NWAS clinicians follow, which supports them to care for patients whilst they are waiting at emergency departments. These action cards assist the clinicians in managing the risks associated with these delays.
- Alternatives to the Emergency Department – NWAS and the GM NHS System has developed several pathways to deflect patients away from the emergency department, this is both via the telephone at the point of call and by attending crews when they arrive at the incident address.
- NWAS and the GM ICB have commenced an initiative to support patients who have fallen in the Greater Manchester area. All 10 localities within GM provide a pickup service 8am to 8pm 7 days a week for patients who are uninjured.
- NWAS continue to work with the GM system to progress access to more appropriate care once crews are on scene and assessed patients. The developing services providing an alternative to A&E includes service such as SDEC and urgent community response.

6.13 This means that during the reporting period, the outcome of 999 incidents in Greater Manchester was:



6.14 In Manchester this was:



NWAS works with partners across the city to provide resources and command functions to several large-scale events throughout the year. NWAS' responsibility at the events varies dependant on the size and event type, but liaises closes with Manchester City Council, GMP and event organisers to ensure the correct plans and contingencies are in place. In Manchester, these events are frequent and NWAS enjoys a good working relationship with planners and organisers across the year.

NWAS Winter Communications Plan

6.15 This winter, NWAS along with health partners across the North West anticipated increased demand and pressures on our services. Our aim, through a strategic communications plan was to reinforce that we at NWAS are here for our communities.

6.16 The aim was to inform and educate the public on the use of our services and how they can best receive the medical care they need through several service routes. Within our winter communications plan, there is sensitivity to the growing national cost of living crisis which can lead to further health inequalities and health concerns both physically and mentally, particularly during the winter months.

6.17 All messaging is tested and developed with our Patient and Public Panel and public facing campaigns include:

- **Every Second Counts** - help a illustrate the importance of our 999 and NHS 111 service, how both centres serve each other and serve our public.
- **We are here for you this Winter** - We also want to demonstrate awareness of the additional strains communities may face this winter. Although ensuring a strong message is received on how to use our service

6.18 In addition, NWAS has been:

- Linking in with local health partners and Integrated Care Board (ICB) to gain intelligence and share winter plans
- Working in partnership with ICB comms leads to produce a leaflet supporting winter health

- Integrating wellbeing and cost of living messages with all our communication channels
- Supporting national and regional NHSE/I winter plans (Help us, help you)
- Informing the public about how to make the right health care choices via several communications methods, including a targeted campaign and social media posts.
- Raising awareness of our role in tackling winter pressures amongst NHS organisations and key stakeholders through the publication of briefing documents such as our Stakeholder News and 'Winter Watch'
- Supporting our staff, our volunteers and the public with health and wellbeing advice into 2023 via our NWAS Community Calendar
- Encouraging the public to help us help them by treating ambulance staff with respect and not abusing them (we are working with our national ambulance service communications colleagues to deliver a separate campaign to support this aim)
- Promoting dedicated awareness day; including alcohol, drugs, mental health, loneliness and other important winter related advice
- Promoting cultural celebrations and use this opportunity to engage and promote health/safety messages
- Engaging with partner agencies/community groups to share our messages to ensure maximum reach
- Ensuring all our publications and messages are inclusive and representative of all the communities we serve
- Using influential staff who have appeared in 'Ambulance' or other promotional activity.
- Working with ICB partners, we developed traditional materials (leaflets, posters) which incorporated the following messages:
    - Stay connected (mental health, isolation, culture, volunteering, culture, digital participation)
    - Stay active (strength and balance, falls prevention, including how to get up from a fall)
    - Look after your home/stay warm (energy efficiency/fire safety/warm spaces)
    - Get 'winter ready' (food and medicines)
    - Get your jabs - winter flu jab and covid jab

Patient & Public Panel

6.19 NWAS has an established a Patient and Public Panel that give members of the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 services.

6.20 In Greater Manchester, there are 80 members, out of an overall 230. Below are some examples of what they have assisted on:

- Supported the 111 first initiative.

- Helped to improve patient communication with the pictorial communications handbook.
- Attend a dedicated focus group discussion run by NHS England to influence and shape the new eligibility criteria for the patient transport service

Community Engagement

6.21 In 2022 NWAS held a community engagement event in Stretford. 55 members of the public, NHS professionals, carers, patients, and healthcare champion came attended and the aim of the day was to:

- Engage and share and discuss with our GM communities how we effectively deliver our 999, NHS111 and PTS Services
- Understand what is important to people in the GM area by sharing views and experiences in a fun and interactive way through our tabletop activities
- Provide an opportunity to ask questions to our frontline staff and senior leaders

6.22 The event was a productive and interactive session supported by the NWAS Deputy Chief Executive, Chairman, operational staff, service leads, positive action officers, communications and the patient engagement team. Attendees included community group leads, patient group representatives and service users, including the Department of Work and Pensions, Manchester BME Network, Healthwatch Trafford, Healthwatch Stockport, Can Survive and many more. Some of the themes from feedback already identified included a lack of awareness of Ambulance services in certain communities, ambulance mental health support and meeting language needs.

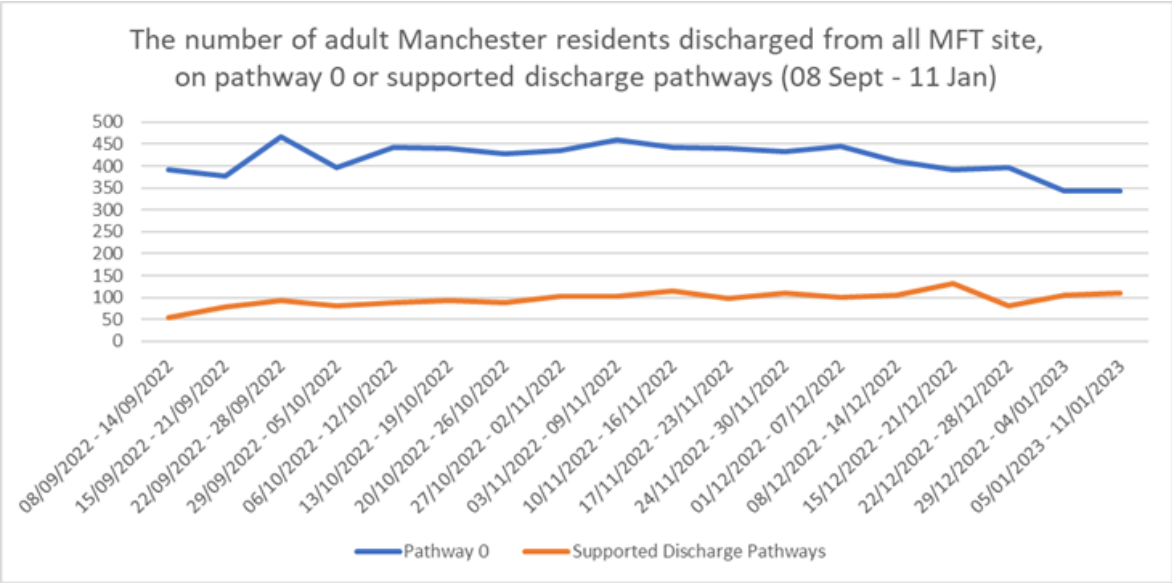
6.23 Further engagement with the GM communities also includes proactive patient surveys both Patient Transport Services and our Paramedic Emergency Services sent digitally via SMS to 1% users of these NWAS services. Similarly, NWAS shares postal surveys with NHS 111 First and NHS 111 users, respectively. Going forward NWAS has provisionally scheduled to attend meeting with the Pakistani Resource Centre and Greater Manchester Older Peoples Network to discuss accessing NWAS services and opportunities to receive basic first aid CPR training.

7.0 Maintaining Access to Key Services (MFT, MLCO, MCC)

Supporting Patient Discharge from Acute Setting

7.1 While most adult patients (aged 18+) leave hospital with no additional health and social care support (a Pathway 0 discharge), some require additional health and social care to leave hospital safely. The type and amount of support is reflected in a nationally used classification system, with 3 defined supported discharge pathways (Pathway 1, 2 and 3).

7.2 The current data is showing an increase in the number of patients requiring care and support to leave hospital. For example, in September 2022 84% of adult Manchester citizens were discharged from MFT acute sites with no additional care and support requirements (pathway 0), by January 2023 this had decreased to 77%. This means that there was an 8% increase in the number of adult Manchester residents requiring additional health and care support when they left hospital.



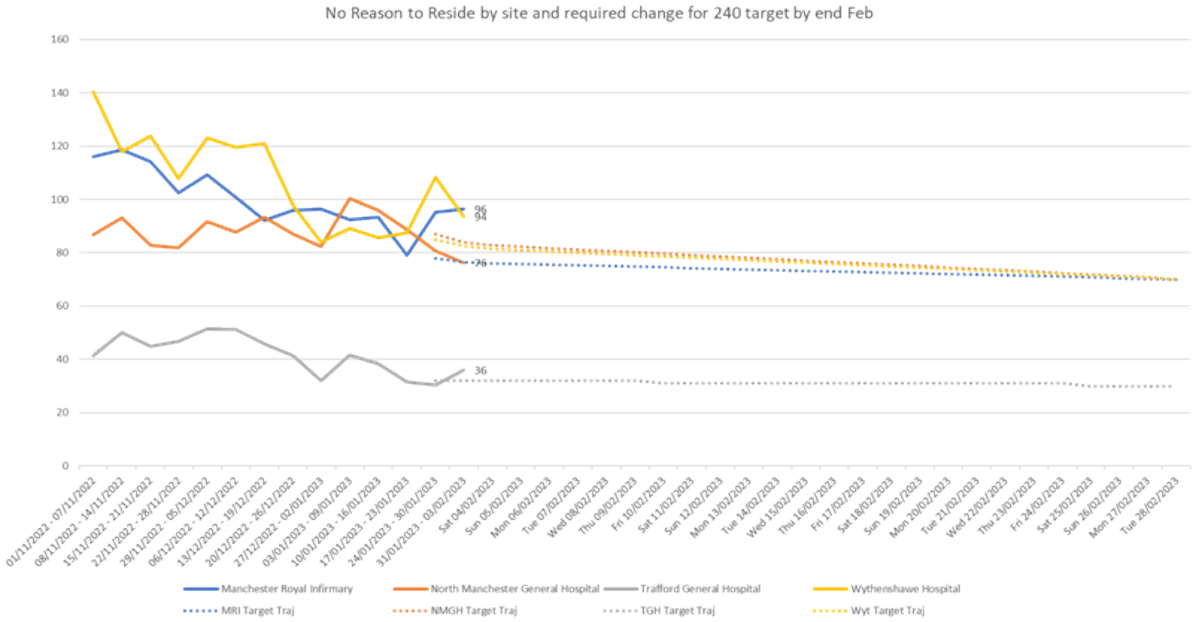
7.3 Most citizens discharged onto supported discharge pathways do return to their own homes with additional support (pathway 1); 66% between September 2022 and January 2023. This is positive in that it means more citizens are supported to retain their independence in their own communities. Between September 2022 and January 2023, the proportion of discharges to pathway one increased by 4%. The proportion of citizens discharged to an assessment for long term nursing or residential care, pathway 3, has also increased but only by 1.8%. The table below shows the ddistribution of discharges, by all discharge pathways, in September 2022 and January 2023

Pathway description		September 2022	January 2023	Change %
Pathway 0	Home with no additional support	86.9%	79.6%	-7.3%
Pathway 1	Home with additional support from health and social care	8.7%	12.7%	+4%
Pathway 2	Short term intermediate care unit	1.6%	3.2%	+1.6%
Pathway 3	Assessment bed for long term nursing or residential placement	2.8%	4.6%	+1.8%

7.4 Increased utilisation of supported discharge pathways means that there is a growth in demand for the services provided by Manchester City Council and the Manchester Local Care Organisation. This creates a risk that more people

will be delayed in leaving hospital whilst awaiting service provision. However, current data shows that in all the main MFT acute sites, the weekly average number of patients in a hospital bed with 'no clinical reason to reside' (i.e. a patient does not meet any of the nationally defined reasons to continue to be in hospitals so should be discharged) has decreased.

7.5 The target for all MFT sites is for a maximum target of 240 patients to be in hospital with no reason to reside (all patients and Manchester citizens specifically), this means 70 delays per acute Manchester hospital site and 30 at Trafford General Hospital. During 2022 the system exceeded this target. However, partners are building on the recent decrease and have set trajectories for each site to achieve their target position.



7.6 Even if system partners meet their target, it is recognised that Manchester citizens do experience delays in being discharged from acute hospitals. This data shows that health and social care partners are working together to manage the increase in demand for supported discharge patients, so that there is not an increase in patients experiencing a delay in accessing the services which they need.

7.7 In Manchester, there is a robust daily process to managing hospital discharge through the PTL (Patient Tracking List) structure. PTLs are daily meetings with each acute site to co-ordinate discharge planning for every patient at the site who has no reason to remain in hospital. The meetings are facilitated by the Local Care Organisation and are attended by all system partners, meaning that the conversation is holistic and multi-disciplinary. The PTLs were originally established to support the system's response to the Omicron covid wave in December 2021. Since then, the PTLs have evolved to become the engine room for hospital discharge.

7.8 System partners recognise that too many citizens are delayed leaving hospital and are ambitious to improve this by transforming how we work. This

commitment led all health and social care system partners (including Manchester City Council, the Local Care Organisation, and Manchester Foundation Trust) to establish the Resilient Discharge Programme in July 2022. The programme is led by a board made up of senior officers from across the system, and the Local Care Organisation Chief Operating Officer is the programme's Senior Responsible Officer. The programme is being deliver in Manchester and in Trafford.

7.9 The objective of the Resilient Discharge Programme is to create a sustainable improvement in the outcomes patients achieve through hospital discharge and reducing the number of patients who are delayed from leaving hospital. The programme is using practice and behaviour changes to deliver this objective, an approach which has been informed by learning taken from Manchester City Council's Better Outcomes Better Lives programme.

7.10 During phase one of the programme (July 2022 to December 2022), there were six workstreams in the programme, which are set out in a table below. The Back-to-Basics workstream uses strengths-based approaches to upskill ward-based staff so that they can take positive decisions to discharge more people home. The remaining five workstreams described below are delivering interventions to enhance the effectiveness of the discharge pathways.

Workstream	**Phase One objective**
Back to Basics	To test the strength-based practice approach on one ward per acute site, and demonstrate impact by discharging more people to home and reducing length of stay
Hospital at Home	To design and implement a hospital at home offer in the central locality which supports non-medically optimised patients to be discharged from MRI and be treated in the community
Pathway One resilience	To improve resilience on Pathway 1 by achieving better operational understanding of homecare and reablement capacity to support discharge
Enhanced Intermediate Care	To deliver improved flow through ICT units through more effective MDT meetings and stronger data recording and grip
New Models of Bedded Care	To create a new model for a combined pathway 2 and 3 which maximises the available resources in the bed stock to improve patient outcomes
Transfer of Care Hub	To implement a Transfer of Care Hub focused on establishing better co-ordination of the teams involved in hospital discharge

7.11 In Phase One, each workstream focused on delivering pilot initiatives in specific localities to test and learn, before rolling out at citywide scale. The impact data from phase one has led to a series of priority focuses on Phase Two (January 2023 to June 2023) which will drive change at scale. The impact data is set out in more detail below.

Priority	Description	RDP workstream
Recommissioning an improved D2A offer	Recommission the pathway 3 assessments beds building on insights from the previous year to improve the outcomes for citizens supported on this pathway	New Models of Bedded Care
Improving Pathway 2 with an expanded offer	Increase the number of citizens who can access intermediate care units to benefit from the therapy resource in these settings	Enhanced Intermediate Care
Rolling out Back to Basics	Roll out the Back-to-Basics strengths-based practice intervention across all acute sites	Back to Basics
Enhancing the community offer	Embed the Hospital at Home offer in Central locality and plan for roll out into Central and North localities Work with Adult Social Care commissioning teams to inform the recommissioning of homecare provision across the city	Hospital at Home and Pathway One resilience
Improving the Integrated Discharge Team offer	Ensure that acute-based integrated discharge teams are connected into their community service localities to make discharge a more seamless experience for patients	Transfer of Care Hub

7.12 All these workstreams lay the foundations to successfully transition to the new model of bedded care and the wider system transformation required to support it, for April 2023/24. This will be achieved through a combination of tests of change, service design sessions, data analysis and modelling, and strategic conversations.

7.13 The impact delivered in phase one has included evidencing an increasing the number of discharges to home, decreasing length of stay in hospital, and giving system leaders better grip in managing discharge.

7.14 The Back-to-Basics workstream was rolled out on Ward 5 at the MRI initially and has shown sustained impact over a fourth month period as follows:

- An average reduction in length of stay of 1.5 days per patient
- A 25% decrease in pathway three discharges
- A 3% increase in discharges to pathway zero.
- A 45 increase in ward staff understanding strengths-based practice.

7.14.1 The workstream rolled out onto ward F14 of the Wythenshawe site in October and the positive impact has also been evidenced at this site:

- 79.4% of people are discharged home as opposed to 72.4% pre intervention a positive increase of 7%

- The number of people discharged on pathway 3 has reduced by 9.52% and pathway 0 discharges increased 11.9%
- The median length of stay on the ward has reduced by 15 days

7.14.2 The workstream has also rolled out into Ward E1 in North Manchester General Hospital. Roll-out started here later than the other two sites so impact data has still to come through.

7.15 The impact highlights of the remaining workstreams are as follows:

Workstream	**Impact highlight**
Hospital at Home	A hospital at home offer has been implemented in central locality and is supporting circa five patients per week to be discharged from the MRI
Pathway One resilience	Regular reporting of reablement and homecare capacity to support discharge.
Enhanced Intermediate Cate	The impact of the improved MDT working is evidenced in the increase of discharges onto pathway 2; between September 2022 and January 2023 the proportion of people discharged to pathway 2 increased by 1.6%.
New Models of Bedded Care	Has achieved system-wide agreement to an entirely new model for bed-based services to support discharge. This model will be developed and implemented throughout 2023/24.
Transfer of Care Hub	A Transfer of Care Hub has been established and is coordinating system-wide plans to manage discharge.

7.16 The Transfer of Care Hub played a critical role in the implementation of the health and care system's plan for winter. This plan was successful in decreasing the number of patients in hospital before Christmas and there were 216 fewer patients in hospital on 27 December compared with 19 December. On 23 December alone the Trafford and Manchester Control Rooms (both included in Transfer of Care Hub) discharged 26 patients.

7.17 Between Christmas and New Year there was an increase in demand in hospitals, which meant an increase in delays in early January. On 9 January, through the Transfer of Care Hub it was identified that there were 70 patients in hospital beds ready to leave hospital with no discharge referral completed. The Transfer of Care Hub mobilised additional nurse support which was deployed on 10 January to reduce this number to 35 patients by 13 January.

7.18 The positive impact of the programme has created the confidence to focus on delivering change at scale, but this brings a new set of risks. The programme will deliver significant positive improvement for Manchester's citizens if all partners deliver on their areas of accountability. Whilst all partners are committed to the programme, it is recognised that this creates additional activity whilst partners remain focused on operational management of hospital discharge.

8.0 Maintaining Access to Key Services (Elective Treatment and Cancer Services)

Work to address waiting times for patients requiring elective treatment and access to cancer services

8.1 Despite emergency pressures hospitals across MFT have continued their efforts to ensure cancer and long wait patients are being treated.

8.2 There has been good progress on reducing the backlog of patients waiting over 62 days for treatment on a cancer pathway with a 31% reduction in overall backlog since November. This is in the context of a 124% increase in cancer referrals during 2022/23 overall with variation across tumour sites. The areas that are particularly challenged due to volumes are Head & Neck, Skin and Lower Gastrointestinal tumour groups. For any new GP referrals we are now delivering within the 2-week window for the majority of our cancer sites. In addition, we have made good progress across Imaging and Histopathology, with the turnaround times now for CT & MRI reducing from an average of 15 days to 8 days. MFT are on track to return back to pre-pandemic levels by the end of March.

8.3 Specific actions are being taken to ensure that these improvements continue, including:

- Additional clinical capacity is in place at weekdays and weekends targeted at the most challenged tumour groups: Head and Neck, Breast, and Skin.
- Improvements to diagnostic pathways to ensure that patients on a cancer pathway are expedited.
- The use of operating capacity at The Christie for Gynaecology and Urology cancer patients.
- The use of independent sector capacity to maximise endoscopy activity.
- Specific pathway improvements in challenged specialties to ensure that patients are seen as quickly as possible, making best use of capacity across all MFT hospitals.

8.4 Significant progress has been made on reducing the number of patients on a routine waiting list above 78 weeks and the expectation is that there will be zero patients waiting by 31 March 2023. It is recognised that delivering the 78 week wait ambition is challenging for MFT given the growth in waiting lists as a result of the pandemic. Therefore, we are working with independent sector providers to support delivery and we are part of the National Mutual Aid programme.

8.5 Several initiatives are underway and contributing to these improvements, including:

- Increasing theatre productivity across all MFT sites.
- Establishing Trafford General Hospital as Surgical Hub for MFT, piloting best practice initiatives to improve theatre utilisation and reduce length of stay.

- Ensuring patients are offered treatment at other GM hospitals where appropriate, including use of the GM elective hubs at Rochdale and The Christie, as well as the independent sector.
- Moving to a patient-initiated follow-up model, freeing up capacity to see more patients in outpatients.
- Expanding advice and guidance services for GPs with around 1,500 referrals being managed through this route, providing timely care for patients and avoiding unnecessary hospital visits.
- Over 39,000 patients have been contacted as part of a validation exercise, of which 10% of those who have responded back have opted to be removed from the waiting list and these have also been removed following clinical review.

Cancer Screening Programmes

8.6 Maximising the use of screening programmes has also been a key focus of post pandemic recovery work over the past year. There are currently 3 screening programmes for the prevention or early detection of cancer – Breast, Bowel & Cervical screening.

8.7 **Coverage** is defined as the proportion of the eligible population that is tested and has a result documented within a specified timeframe. These timeframes are:

- Breast cancer: 36 months
- Bowel cancer: 24 months
- Cervical cancer (women aged 25-49 years): 3.5 years
- Cervical cancer (women aged 50-64 years): 5.5 years.

Coverage gives us a baseline for cancer screening and allows PCNs (Primary Care Network) and neighbourhoods to plan the quality improvements needed to increase the number of our patients that take up the offer of cancer screening.

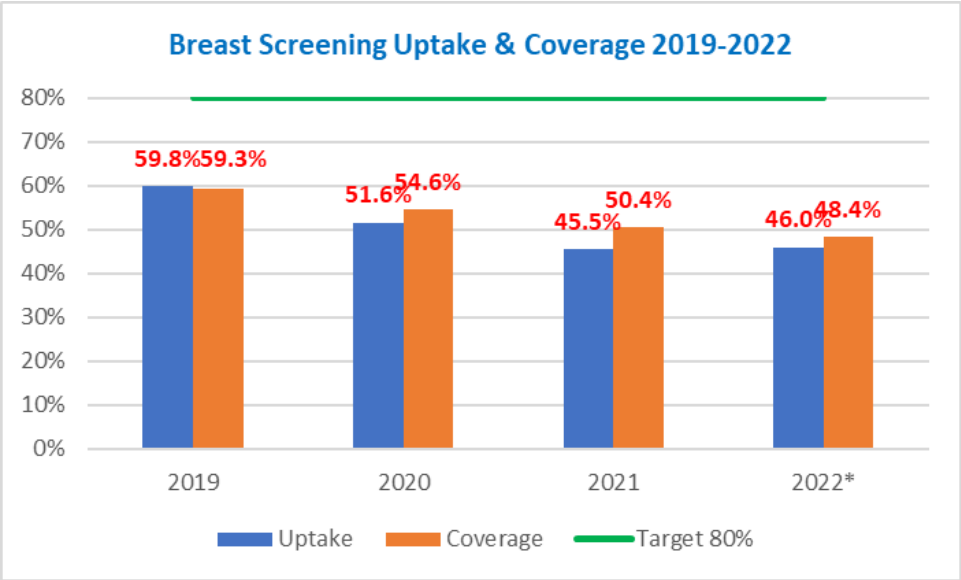
8.8 **Uptake** is defined as the proportion of the eligible population offered screening within the previous 12months and has a result documented within 6 months of the invite. Uptake allows us to track improvement in access to cancer screening and monitor the effect of any improvement plans that may be implemented

8.9 The screening programmes refer to coverage and uptake rates at an “acceptable threshold” (i.e. minimum standard), and an “achievable threshold” (i.e. the greatest benefit in terms of lives saved compared to costs of delivering the screening programme)

Breast screening uptake & coverage

8.10 This has been decreasing since 2019. During the Covid pandemic, breast screening was paused from April to August 2020. When the programme

restarted there was a backlog of patients waiting to be screened which has now been cleared but screens have been delayed for some of our women.



8.11 To recover, the national screening team instructed all programmes to move from timed appointments to open invites, where patients had to call to book a screening mammogram appointment. This was difficult to manage in the first instance as the breast screening programme (BSP) office at MFT was not set up to be a call centre. A new phone system was installed, and a text reminder service for patients was implemented by the BSP team.

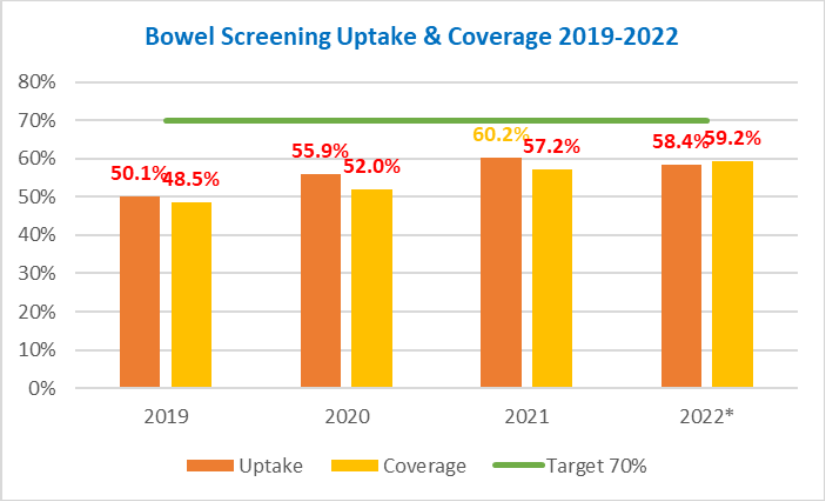
8.12 The next issue to address was screening capacity and staffing. Initially BSP was operating with reduced capacity due to social distancing and enhanced infection prevention & control measures. Staff were also isolating, at home unwell, or working at home due to caring responsibilities. A loss of trained and experienced staff also meant a recruitment drive was necessary, but due to availability the vacancies were filled with untrained staff. These staff have recently completed their training and so capacity should start to increase.

8.13 Manchester has a mix of fixed sites for breast screening and mobile assets for community-based screening. New locations had to be found in Levenshulme and Clayton. In addition, a pod (electricity, IT and services) has been installed at NMGH which is for the mobile mammogram unit and will be accessible for the women of North Manchester.

8.14 MFT Breast services has also seen an increase in referrals from primary care, for suspected cancer and symptomatic referrals, and this has had a negative impact of cancer waiting times performance. It is possible that women waiting for their screening mammograms have contacted their GP, anxious because their screening mammogram was delayed.

Bowel screening uptake & coverage

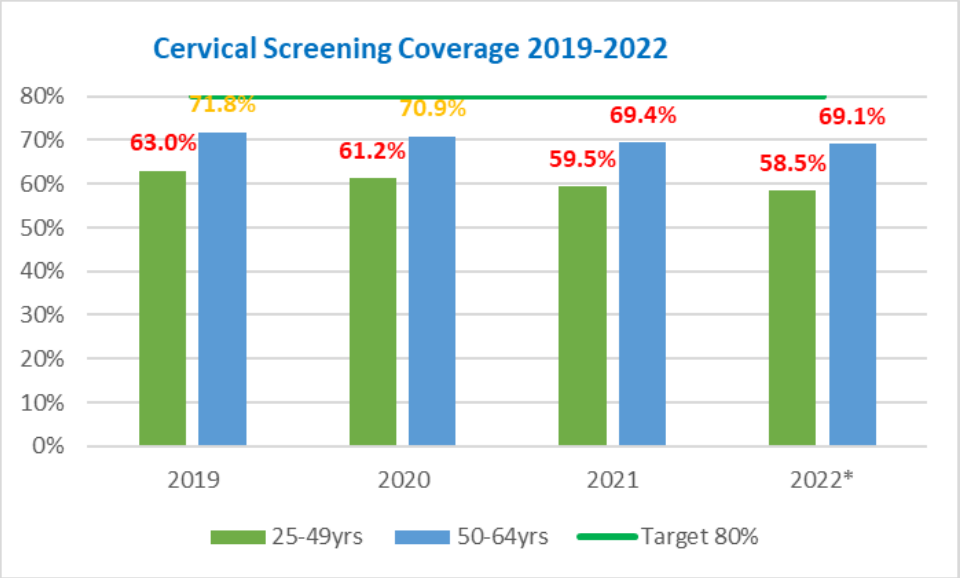
8.15 This was increasing from 2019 to 2021, but now we are starting to notice a decline. During the Covid pandemic, the sending out of bowel screening kits from the regional hub was paused from April to June 2020.



8.16 MFT provide the assessment service for patients with a positive bowel screening result. Patients are contacted by a specialist nurse and booked for a colonoscopy if appropriate. During the Covid-19 pandemic, the number of colonoscopy procedures was reduced due to infection prevention and control measures. In addition, many nursing colleagues were re-deployed to support the care of patients that were covid in-patients. Like breast screening, many qualified and experienced staff left the MFT service and new colleagues were recruited with a period of training and assessment. This is now nearing completion and the capacity is being increased again.

Cervical screening

8.17 This is arranged by 2 age bands: 25-49 years women are called every 3 years; 50-64 years women are called every 5 years. There has always been a difference in cervical screening coverage between the 2 age bands, with younger women less likely to attend for their cervical screen. Coverage has decreased for both age bands, but we notice the gap is starting to widen, and coverage is decreasing faster for the lower age band than the higher.



8.18 Cervical samples for screening are taken by primary care and analysed by the laboratory at MFT. There was no pause in cervical samples being taken during Covid-19 pandemic or the laboratory analysis. There was a backlog of women waiting for colposcopy assessment at MFT following an abnormal cervical sample being identified by the laboratory.

8.19 MFT gynaecology services were managing their workload along similar line to breast and bowel screening i.e. limited clinic capacity and staff shortages, recruitment processes and training for new staff.

Variation in cancer screening uptake and coverage

8.20 There is variation is cancer screening uptake and coverage across the city

	Lowest	**Highest**
Breast Screening April-June 2022	Moss Side Hulme & Rusholme 34.0%	Miles Platting Newton Heath & Moston 55.1%
Bowel Screening April-June 2022	Ardwick & Longsight 49.2%	Didsbury Burnage & Chorlton 64.9%
Cervical Screening July-September 2022	Moss Side Hulme & Rusholme 43.1%	Brooklands & Northenden 71.1%

8.21 We also now have access to cancer screening information from primary care data and can analyse this by different health inequalities, as well as being able to break down by Neighbourhoods, Primary Care Networks, Wards and Practices. We have identified:

- The lowest coverage for all three cancer screening programmes is in the lowest age bands and these are the people being invited for the first time
- Asian patients are less likely to take part in cancer screening
- Trans and Non-Binary patients are likely to take part in Breast and Cervical screening

- Men are less likely to take part in bowel screening, but they are more likely to have a positive screening test and less likely to complete their screening pathway
- People whose main languages are Arabic, Polish, Punjabi and Urdu have lower levels of participation

8.22 Actions being taken include:

- MFT developed robust restoration and recovery plans for all 3 cancer screening programmes and delivered despite staffing challenges and the demands of the symptomatic services.
- Manchester has formed a group of key stakeholders to look at cancer screening uptake and coverage and focus on key geographical areas across the city. We have developed a workplan based on the key patient groups as identified by our data analysis.
- This information has been shared with PCN cancer leads to develop their quality improvement plans as part of the cancer requirements in the primary care contract for 2022/23. Various initiatives are being tested across the city to see if uptake can be improved and more patients will engage with cancer screening
- We have also shared cancer screening and health inequalities data with PCNs and our integrated neighbourhood teams
- The Population Health Management Board (PHMB) have selected bowel screening as a priority project. Information on coverage by Neighbourhoods and key patient groups have been shared with neighbourhood teams for them to decide what to focus on. The latest data on uptake and coverage will be monitored and reported back to PHMB as a key measure for this project
- The age range for the bowel screening programme is being increased to 50-74 years (previously started at 60). During 2022 patients aged 56 & 58 were starting to be invited, patients aged 54 will be invited during 2023

9.0 Maintaining Access to Key Services (Vaccination Services)

Covid Autumn Booster Vaccination Coverage

9.1 There was an expansion of sites offering Covid Vaccination this season, with 18 Community Pharmacy sites, 8 Primary Care Network Sites and MFT Hospital Hub provision, plus outreach vans.

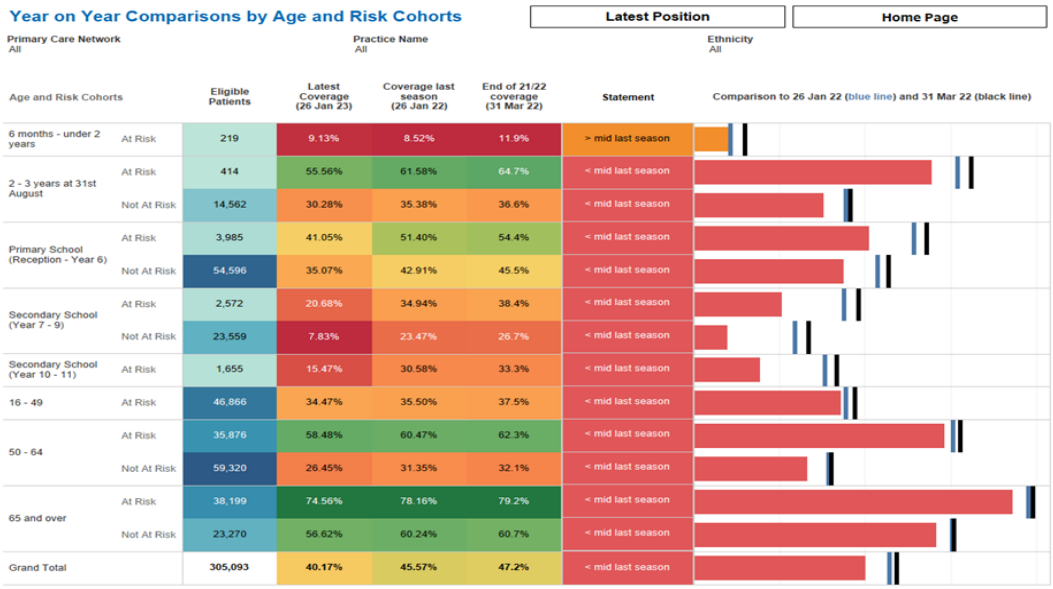
9.2 Overall population coverage for the Autumn/Winter Covid vaccination programme was 53.1% (66,784 Manchester-registered patients as of 8 February 2023). This marks a significant decline in coverage from the inception of the programme in 2020/1, where coverage was over 90% for primary and secondary doses, reducing to 72% for Spring 2022 booster, and is lower than the Greater Manchester autumn booster average of 60.3%. Manchester patients continue to come forward for first and second doses. Since September 2022, 12,112 adult primary doses and 17,658 secondary doses have been delivered. Autumn booster coverage for those aged 65 or over was 70% or above.

Seasonal Influenza Coverage

9.3 Access to seasonal flu vaccination is widespread through General Practice and Community Pharmacy with some hospital and third-party provider provision. Whilst co-administration of Flu and Covid was offered in limited locations the majority were delivered separately. As of 26 January 2023, total coverage was 40.2% (124,072 of 308,584 Manchester-registered patients). This is a decline in coverage for the same point in time last year (at 45.61%) and is reflected across Greater Manchester. Of particular concern is the decline in coverage for 2's & 3's, and over 65's in both at risk and not at-risk cohorts.

9.4 Vaccination remains one of the most effective health protection measures we have to mitigate winter pressures. Whilst declines reflect the national and GM trend, Manchester has traditionally had low coverage a greater proportion of our population remains unprotected. Dedicated resource to continue to focus on improving and maximising coverage will remain in place for 2023/4.

Fig. A Seasonal Influenza – Year on Year comparison by cohort



Age and Risk Cohorts		Eligible Patients	Latest Coverage (26 Jan 23)	Coverage last season (26 Jan 22)	End of 21/22 coverage (31 Mar 22)	Statement	Comparison to 26 Jan 22 (blue line) and 31 Mar 22 (black line)
6 months - under 2 years	At Risk	219	9.13%	8.52%	11.9%	> mid last season	
2 - 3 years at 31st August	At Risk	414	55.56%	61.58%	64.7%	< mid last season	
	Not At Risk	14,562	30.28%	35.38%	36.6%	< mid last season	
Primary School (Reception - Year 6)	At Risk	3,985	41.05%	51.40%	54.4%	< mid last season	
	Not At Risk	54,596	35.07%	42.91%	45.5%	< mid last season	
Secondary School (Year 7 - 9)	At Risk	2,572	20.68%	34.94%	38.4%	< mid last season	
	Not At Risk	23,559	7.83%	23.47%	26.7%	< mid last season	
Secondary School (Year 10 - 11)	At Risk	1,655	15.47%	30.58%	33.3%	< mid last season	
16 - 49	At Risk	46,866	34.47%	35.50%	37.5%	< mid last season	
50 - 64	At Risk	35,876	58.48%	60.47%	62.3%	< mid last season	
	Not At Risk	59,320	26.45%	31.35%	32.1%	< mid last season	
65 and over	At Risk	38,199	74.56%	78.16%	79.2%	< mid last season	
	Not At Risk	23,270	56.62%	60.24%	60.7%	< mid last season	
Grand Total		305,093	40.17%	45.57%	47.2%	< mid last season	

Addressing health inequalities in vaccination coverage

9.5 There is a rigorous focus on data and intelligence to monitor and tailor responses to address vaccine equity challenges. Significant inequalities persist for both Covid-19 and Influenza vaccination in relation to ethnicity, neighbourhood deprivation and inclusion health groups. Variation in coverage of eligible populations for Covid vaccination is stark, with Arab (22.4%), Pakistani (25.1%), Bangladeshi (30.9%) as lowest ethnic groups and Chinese (70.9%), Irish (71.2%) and English/Welsh/Scottish/NI British (72.2%) as the highest.

9.6 Take up of the Influenza vaccination is higher for eligible Bangladeshi patients (43.36%) reflecting differences in attitude to the different vaccines. Overall

coverage for both Covid and Flu vaccination is lowest in Ardwick and Longsight, Moss Side, Rusholme and Hulme, Cheetham and Crumpsall, despite sustained, co-ordinated efforts by all partners within localities to encourage eligible people to come forward.

9.7 The system approach taken to addressing equity and inclusion during Covid has been sustained in winter vaccination, with close partnership and engagement work between integrated neighbourhood teams, primary care, VSCE and a central programme team. Over 70 'pop-up' vaccination van clinics have been delivered in mosques, community centres, markets and shopping centre car parks, working in tandem with winter warmer events and other family/community events across the city. These have reached over 2000 people, most of whom when surveyed state that they had the vaccination opportunistically and would not have accessed otherwise.

9.8 Targeted bespoke clinics for people with Learning Disabilities (Ross Place and Hall Lane Day Centres), pregnant women (in partnership with MFT), sex workers (with MASH and the Men's Room, and homeless people (with Urban Village Medical Practice) are incorporated as part of the delivery offer. A comprehensive communication campaign underpins the programme.

Childhood vaccination and immunisation

9.9 Currently, the European Region of the World Health Organisation (WHO) recommends that, on a national basis, at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control, specifically measles, mumps and rubella (MMR). There is an expectation that UK coverage for all routine childhood immunisations evaluated up to five years of age achieve 95% coverage in line with the WHO targeted for MMR (the '95% target').

9.10 Annual data is produced by NHS Digital (now part of NHS England) for the following age groups and vaccinations:

- 12 months: DTaP/IPV/Hib (Hepatitis B), PCV, Rotavirus, Meningitis B
- 24 months: DTaP/IPV/Hib (Hepatitis B), PCV (booster), MMR (1st dose), Hib/Meningitis C, Meningitis B (booster)
- 5 years: DTaP/IPV/Hib, DTaP/IPV (booster), MMR (1st dose), MMR (2nd dose), Hib/Meningitis C.

9.11 Quarterly vaccination coverage statistics are published by UKHSA on a more timely basis, but these are not subject to checking and validation and so should be used for management purposes only. The table below shows the most recent annual data for Manchester.

Vaccine	Period	Manchester	North West Region	England
12 months				
Hepatitis B	2021/22	84.0%	*	*
Dtap IPV Hib	2021/22	87.3%	91.5%	91.8%
PCV	2019/20	91.0%	93.5%	93.2%
24 months				
Hepatitis B	2021/22	37.8%	*	*
Dtap IPV Hib	2021/22	89.6%	93.7%	93.0%
Hib and MenC booster	2021/22	84.7%	90.1%	89.0%
PCV booster	2021/22	84.0%	90.1%	89.3%
MMR for one dose	2021/22	84.5%	90.3%	89.2%
5 years				
Hib / Men C booster	2017/18	92.1%	93.6%	92.4%
MMR for one dose	2021/22	89.8%	94.5%	93.4%
MMR for two doses	2021/22	77.3%	87.1%	85.7%

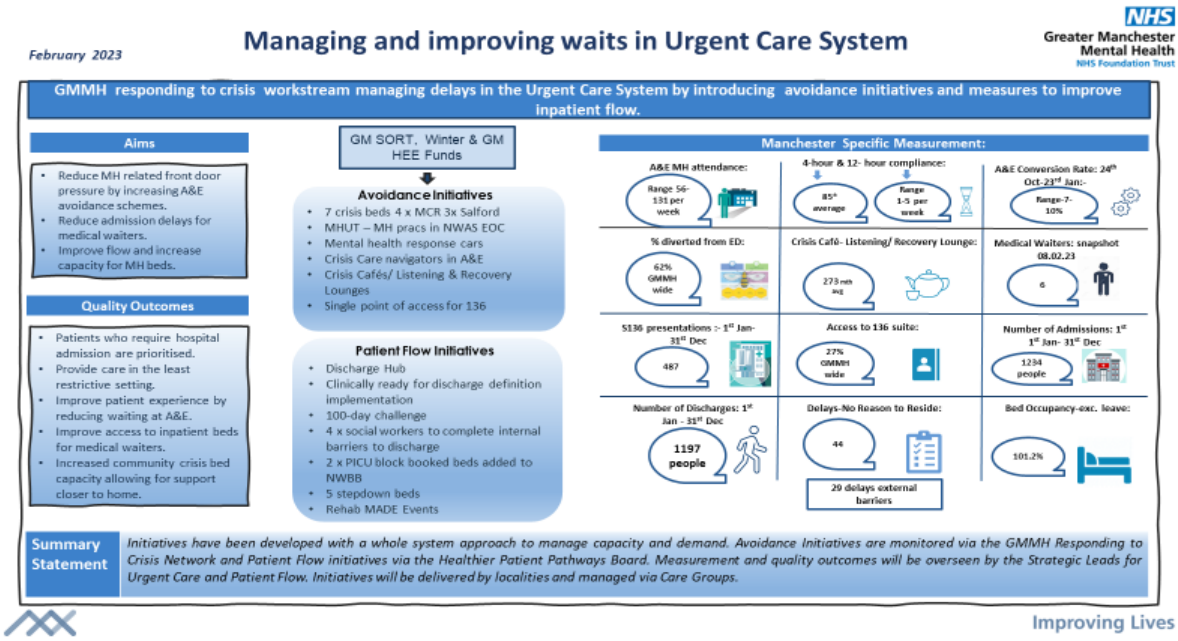
For all vaccines, the coverage rate in Manchester is lower than the average for both the North West Region and England as a whole.

9.12 The Manchester Health Protection Board, chaired by the Director of Public Health, has prioritised improving the uptake of childhood vaccination rates for the Board's 2023/24 work programme. This will be a partnership approach between MCC (Public Health Team, Children's and Education Services), MLCO (Health Visiting and School Nursing Services), MFT, the UK Health Security Agency and primary care.

9.13 The importance of vaccinations for children will be promoted through a joint communications campaign that will reflect on the experiences of the RMCH over winter 2022/23.

10.0 Maintaining Access to Key Services (Mental Health)

10.1 GMMH have been active participants in the GM SORT meetings as it is recognised that patient flows through emergency departments in acute hospital settings can be alleviated through a collaborative approach. The summary chart below demonstrates how GMMH have worked with other GM partners over the winter period and further detail is provided about the crisis café and listening lounge.



10.2 The two main providers of mental health services across Greater Manchester, GMMH and Pennine Care, have often been operating at the highest level of escalation (level 4), throughout winter 2022/23. At the SORT meetings they have provided mutual aid to each other and also worked with acute hospital trusts to ensure assessments in emergency departments are completed to reduce the waiting times for mental health patients in A&E. The SORT meetings also consider the data relating to out of area patients and whether mutual aid is required outside of the Greater Manchester region.

10.3 The Manchester crisis café and listening lounge are the busiest and most mature in GMMH and support people access community facing crisis resource for the population. In March 2023, the Manchester crisis cafés and Recovery Lounge are supporting a Danish VIP service visit which showcases its links to VCSE and crisis agenda in the NHS England Long Term Plan.

10.4 The Manchester Mental Health Liaison Service (MHLS) at the MRI is one of the busiest in GMMH and has improved responsiveness through CORE 24 investment.

- Manchester Central S136 suite: 64 times
- Manchester North S136 Suite: 90 times
- Manchester Central A&E: 168 times
- Manchester North A&E: 132 times
- Manchester Central Police Custody: 7 times
- Manchester North Police custody: 10 times
- Other: 16 times

The range of referrals per week at the Manchester MHLS can equate to 56 through the front door at the North site to over 90 and 130 at the South and MRI site.

10.5 The Service is currently working with MFT to review access to their new HIVE system.

10.6 Finally, GMMH will provide a detailed report to the May 2023 Health Scrutiny Committee meeting on the work of the Independent Review into the failings within the Trust services reported at the Edenfield Centre. The report will also cover other service challenges that the Trust are responding to, as well as a further outturn report on the collaborative approach in responding to winter pressures outlined in this report.

11.0 Summary and next steps

11.1 Whilst the challenges set out in this report have eased slightly in the last few weeks and the GM SORT meeting frequency will go back to three times a week from 13th February 2023, it is also true that potential industrial action over the coming months will require an agile response from the GM system. GM are able to mobilise incident management meetings to plan for and deal with strike related issues when they occur.

11.2 It is also important to note that a number of GM system programme boards have been or will be established to deal with urgent care, elective care, cancer and mental health. The Deputy Place Based Lead and the Manchester Locality Team will collate information on the work of these boards that can be reported into the Committee in the new municipal year.

12.0 Recommendations

12.1 The Committee is asked to: -

(1) Note the report; and

(2) Highlight areas for further discussion in dialogue with the representatives from the organisations who contributed to this report and who will be attending the Committee.