Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 8 March 2023

Subject: Pennine Acute Disaggregation Update

Report of: Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration (MICP)

Summary

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA).

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust.
- An overview of the disaggregation approach and context of complex services.
- A summary of proposals to disaggregate four complex services namely Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways).
- A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this report.

Wards Affected: North Manchester wards including Ancoats & Beswick, Charlestown, Cheetham, Clayton & Openshaw, Crumpsall, Deansgate, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, Moston, Piccadilly.

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
An Equality Impact Assessment has been completed for both service change proposals through a partnership approach between MFT and NHS Greater Manchester Integrated Care (Manchester).

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	N/A
A highly skilled city: world class and home-grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

The following documents disclose key facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

1. Service Change Proposal for Cardiology
2. Service Change Proposal for Gastroenterology
3. Service Change Proposal for Rheumatology
4. Service Change Proposal for Urology (6 low volume pathways)

1.0 Introduction and Purpose

1.1 This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA). In particular, planned service changes to disaggregate North Manchester General Hospital (NMGH) services from the legacy PAHT and integrate them into MFT and the remainder of the legacy PAHT sites into the NCA.

1.2 The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
- An overview of the disaggregation approach and context of complex services
- A summary of proposals to disaggregate four complex services namely Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways)
- A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

2.0 Strategic Context

2.1 In January 2016, health care 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 the participating organisations.

2.2 At the same time, PAHT was facing significant challenges. Following many years of financial difficulties, a Care Quality Commission (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 NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (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).

2.3 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).

2.4 In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with considerable progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.

2.5 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 successfully rolled out the new electronic patient record (EPR) across the Trust (including NMGH) in September 2022.

2.6 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.

3.0 Disaggregation

3.1 Overview

3.2 At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for ‘Day 1’ as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA have agreed that, over the coming months and years, the SLA arrangements should be wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the ‘disaggregation’ of legacy PAHT services and has been ongoing since the transactions were completed in 2021.

3.3 The process of disaggregation has required significant collaboration and co-operation between the NCA and MFT. It is a complex and wide-ranging piece of work that has implications across a variety of areas including workforce, IM&T, finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHS England as part of the Transaction Review process.

3.4 For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop clinical model options, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

4.0 Progress

4.1 At the time of the transactions, approximately 90 SLA arrangements were in place across a range of clinical and corporate areas. As of October 22, approximately half of these arrangements had been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted small numbers of staff and have not required any changes to patient pathways.

4.2 A recent catalyst for change has been the introduction of MFT's new electronic patient record (EPR) programme in September 2022 which brought the North Manchester site, and other hospitals within MFT, together under one system called HIVE. Until that point, NMGH, while being run by MFT, was part of the previous digital infrastructure supporting PAHT. Key services including Clinical Haematology, Sleep services and Foetal Medicine pathways were disaggregated prior to 'go live' of this new system to ensure that patients could be safely managed within one system. For patients accessing these services this has meant either remaining under the care of a NCA, or ex-PAHT service, or choosing to move under the care of a MFT clinical team. For example, Clinical Haematology services are based at the Royal Oldham Hospital, however some patients living in North Manchester were able to move their care to newly created pathways delivered from North Manchester General by MFT.

4.3 These changes were considered by Scrutiny committees in the affected localities in July 2022 (including Manchester Scrutiny on 20th July) and followed the agreed Greater Manchester (GM) Service Change Framework – see appendix 1.

5.0 PAHT Complex Services

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

5.2 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[1] through a series of large-scale meetings and close working with all partners to ensure a collaborative approach to developing service change proposals.

6.0 Which services are affected?

6.1 The following services are to be disaggregated in the next wave. This means that the services are split between the two organisations using an agreed set of principles. This includes splitting of the workforce, budget and waiting lists. In the main, service provision remains the same however there will be some

[1] Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

elements of service change to ensure alignment of services to each respective organisation. Furthermore, all services will be provided within both the NCA and MFT offering patients the choice of which service to access.

6.2 Phase 2 – changes to be made by September 2023 and current estimate of patient numbers impacted:

- Cardiology - impacts ~ 650 patients per year
- Gastroenterology – impacts ~ 25 inpatients and ~225 outpatients per year
- Rheumatology impacts ~270 patients per year
- Urology – 6 low volume pathways -impacts ~5 to 60 patients per pathway (~210 in total across the 6 pathways)

6.3 Phase 3 – changes to be made after September 2023

- Ear, nose and throat (ENT)
- Urology – further pathways
- Trauma & Orthopaedics
- Vascular Surgery

7.0 Providing the best care for our population

7.1 The integration of these services into MFT and NCA single services respectively, maximises the opportunity to realise the benefits envisaged in the organisational restructuring of PAHT as determined by NHS Improvement. Moreover, it delivers safe and clinically sustainable services for the populations of Bury, Oldham, Rochdale and North Manchester.

7.2 For each service or clinical pathway, the following steps are taken:

- A joint working group of clinicians is established to oversee development and agreement of options for the clinical model.
- Patient and service user engagement to seek views on the best pathways for patients and the impacts of potential changes. This includes a review of existing patient feedback such as Friends and Family Test and complaints data, patient surveys if appropriate for the service in question, engagement with existing patient forums, engagement with Healthwatch organisations and completion of an Equality Impact Assessment.
- Based on this feedback, the clinical working group then considers options for safely integrating or re-providing services within MFT and NCA and develop proposals which support the following:
  - Quality and safety
  - Patient experience
  - Health inequalities
  - Efficiency - reduction in waiting times as well as being delivered within existing costs
  - Deliverability e.g., we have the right workforce
  - Travel and access for the population
  - Strategic fit e.g., alignment with any wider clinical decisions

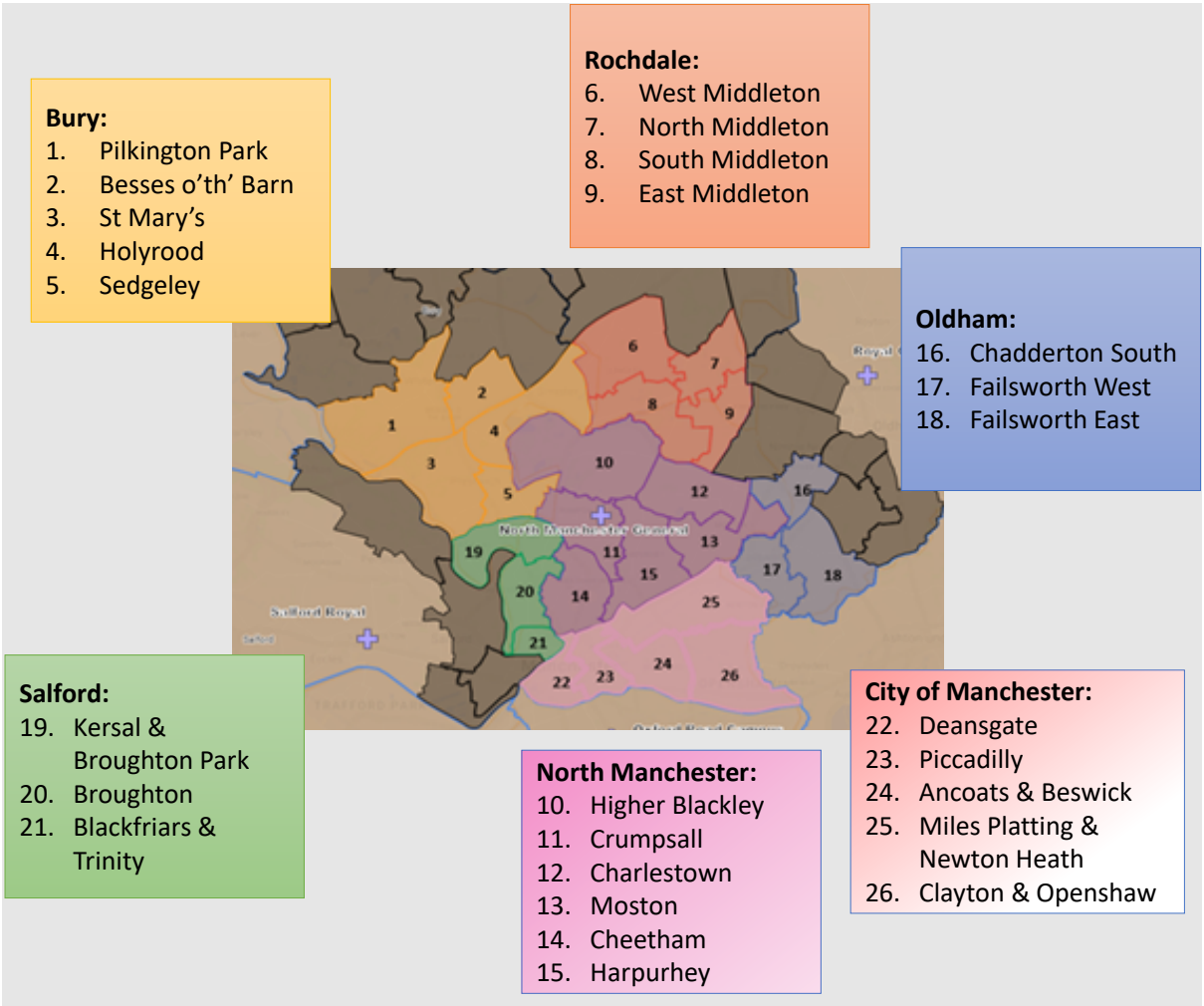
7.3 The process includes a review of a long list of options, followed by a detailed appraisal of shortlisted options, with clinical consensus on the preferred way forward. All service change proposals follow the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB) including an assessment of whether they constitute ‘substantial variation’. See appendix 1 for the Service Change Framework.

7.4 A detailed travel analysis is undertaken to understand the impact of the proposed changes on the NMGH catchment population. This considers the impact for residents living in the catchment area on journey times by car and public transport (including bus, tram and a combination of the two). The analysis also considers the impact on the cost of travel.

8.0 What does this mean for the NMGH catchment population?

8.1 The NMGH catchment population is defined as those wards for whom NMGH is the closest hospital. The access impact of the proposals on this population has been considered. This does not mean that residents outside this catchment area cannot or do not use NMGH nor that residents in this care cannot and do not choose to attend NMGH. However, this methodology provides a good assessment of the impact on the patients and residents who are most likely to use NMGH and are therefore most affected by any proposed service changes. The map below shows the catchment area and constituent wards used in this analysis.

Figure 1: NMGH core catchment area and constituent wards



8.2 The tables below summarise the impact of the changes in Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways) on the NMGH catchment.

Table 1: Summary of changes and impact – Cardiology

Cardiology	Impact on the NMGH catchment
Summary of changes	A Catheter lab is a specialised area in the hospital where doctors perform tests and procedures to diagnose and treat cardiovascular disease. Patients from North Manchester, Bury, Rochdale and Oldham requiring Catheter Laboratory treatment are largely seen at Fairfield General Hospital's Silver Heart Unit. In the future, a patient who is referred to North Manchester General to see a cardiologist would receive their Catheter Laboratory treatment at Manchester Royal Infirmary, rather than at Fairfield General Hospital. This will affect circa 650 patients per year. Improvements in the patient pathway mean that approximately 20% of these patients can be assessed by a less invasive CT scan.

Cardiology	Impact on the NMGH catchment
Patient feedback summary	The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. No specific concerns were raised about the proposal itself, however, general issues regarding travel costs, transport access and car parking at hospital sites were mentioned. A survey has been undertaken of patients accessing the rapid access chest pain clinics at North Manchester General Hospital (NMGH) over a two-week period. This found a similar proportion of respondents would find it very easy or fairly easy to travel to MRI and FGH.
EQIA summary	A full Equality Assessment has been undertaken. Cardiovascular disease (CVD) is strongly associated with health inequalities, if you live in England's most deprived areas, you are almost four times more likely to die prematurely than someone in the least deprived. CVD is more common where a person is male, older or ethnicity of south Asian or African Caribbean2. The proposal to use non-invasive CT versus Catheter lab will improve pathways and outcomes for all groups. The proposed change creates no greater barriers than those that already exist and no specific disbenefits to people with protected characteristics.
QIA summary	A full Quality Impact Assessment has been undertaken. No adverse impacts were identified across any domain.
Travel analysis	A detailed travel analysis has been completed. The average journey time by car for the overall catchment is the same for MRI (16 mins) compared to FGH (16 mins). Public transport journey times are significantly less to MRI than FGH (average journey time is 43.6 minutes compared to 63.9 minutes). Travel costs are on average cheaper for both car and public transport users. Car parking is broadly comparable.
Patient choice impact	As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment. A specific choice exercise will be undertaken to support the partial service change, and this will involve communication with NMGH patients who have a complex device, to ascertain their preferences for follow up care.

[2] Health Matters: Preventing Cardiovascular Disease, Public Health England, February 2019

Cardiology	Impact on the NMGH catchment
Substantial variation assessment	It is recommended that this change does not constitute substantial variation because it affects a limited number of patients and travel and access is similar or better for most of the population.

Table 2: Summary of changes and impact – Gastroenterology

<table>
<tr><th>Gastroenterology</th><th>Impact on the NMGH catchment</th></tr>
<tr><td>Summary of changes</td><td>Gastroenterologists diagnose, treat and work to prevent gastrointestinal (stomach and intestines) and hepatological (liver, gallbladder, biliary tree and pancreas) diseases.

Plans are being developed to integrate the NMGH gastroenterology service within the MFT Group for NMGH catchment patients in four areas as follows:

<table>
<tr><th>Pathway</th><th>Current site</th><th>Proposed site</th><th>NM Catchment volumes (pa)</th></tr>
<tr><td>Acute inpatients</td><td>ROH</td><td>NMGH</td><td>26</td></tr>
<tr><td>Specialist Endoscopy procedures (EMR/ESD)</td><td>ROH, FGH, RI</td><td>MRI</td><td>75</td></tr>
<tr><td>GI Physiology</td><td>RI</td><td>Wyth</td><td>222</td></tr>
<tr><td>Fibroscans (specialist test)</td><td>RI</td><td>MRI</td><td>141</td></tr>
</table>

In addition, a small amount of specialist endoscopy activity is still being delivered at NMGH for Oldham, Bury and Rochdale residents. These procedures require the use of the fluoroscopy suite at NMGH and are proposed to be delivered at Royal Oldham Hospital following the building of their new fluoroscopy suite.

<table>
<tr><th>Pathway</th><th>Current site</th><th>Proposed site</th><th>NCA Catchment volumes (pa)</th></tr>
<tr><td>ERCP procedures</td><td>NMGH</td><td>ROH</td><td>208</td></tr>
<tr><td>EUS procedures</td><td>NMGH</td><td>ROH</td><td>93</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Gastroenterology</th><th>Impact on the NMGH catchment</th></tr>
<tr><td>Patient feedback summary</td><td>The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. The groups supported the case for change and the proposed preferred way forwards. In wide-ranging discussions, the groups did not raise any specific concerns about the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were discussed as well as the need for clear patient information during implementation.</td></tr>
<tr><td>EQIA summary</td><td>A full equality impact assessment has been completed. This did not identify any negative impacts of the proposed changes.</td></tr>
<tr><td>QIA summary</td><td>A full Quality Impact Assessment has been undertaken. No adverse impacts were identified across any domain.</td></tr>
<tr><td>Travel analysis</td><td>A detailed travel analysis was undertaken. The outcome of this is summarised below:
<table>
<tr><th>Service</th><th>Car</th><th>Public transport</th><th>Cost</th></tr>
<tr><td>Acute inpatients</td><td>Reduced from 13.8 minutes to 10.2 minutes</td><td>Reduced by 25 minutes</td><td>Cheaper for car and public transport</td></tr>
<tr><td>Specialist Endoscopy EMR/ESD</td><td>Comparable journey times, +/-3 minutes on average</td><td>average journey times reduced by almost 30 minutes</td><td>Cheaper for car and public transport</td></tr>
<tr><td>Fibroscans</td><td>Marginal increase from 13.8 minutes to 16.4 minutes</td><td>Reduce from 52.7 mins to 43.6 minutes</td><td>Cheaper for car and public transport</td></tr>
<tr><td>GI Physiology</td><td>Increase of 3 minutes</td><td>Increase of 9 minutes</td><td>Increase of 44p for car users and £2.01 for public transport</td></tr>
</table></td></tr>
<tr><td>Patient choice impact</td><td>As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment.</td></tr>
<tr><td>Substantial variation assessment</td><td>It is proposed that these changes do not constitute substantial variation because of the limited patient numbers affected per pathway.</td></tr>
</table>

Table 3: Summary of changes and impact – Rheumatology

Rheumatology	Impact on the NMGH catchment
Summary of changes	Rheumatology is the branch of medicine that deals with painful, typically inflammatory or infectious conditions of the joints and other parts of the musculoskeletal system. The vast majority of Rheumatological care is delivered in outpatient clinics (91%). Patients from North Manchester and surrounding areas access Rheumatology outpatient clinics at NMGH and this will not change. A small number of Rheumatology patients require more specialist treatments, including drug infusions and specialist therapy. Some of this is provided at NMGH, but about 270 North Manchester patients attend Rochdale Infirmary for this care. It is proposed that North Manchester residents will be able to access these services at either NMGH or Manchester Royal Infirmary.
Patient feedback summary	The workforce alignment processes have not yet been completed, but the most likely outcome is that the staff who currently provide the service will align to NMGH (MFT). This will mean that the patients continue to receive the same service, in the same location, and provided by the same staff. In this context it is not thought to be appropriate to undertake a patient feedback exercise. If there is a different outcome from the workforce alignment processes, a patient feedback exercise will be undertaken.
EQIA summary	A full Equality Impact Assessment has been undertaken. Given that the proposed change in the main does not impact on the service provision itself, only the location of the delivery, the equality impacts are likely to be fairly limited. Increased access to day case treatment at NMGH will be beneficial to the patient population as a whole. Rheumatological illnesses are more common amongst women, older people and the non-White population, so the beneficial effects will be experienced more by these groups.
QIA summary	A full Quality Impact Assessment (QIA) was completed. There are no adverse impacts expected across any domain.
Travel analysis	Patients would find that the average car journey time would decrease marginally from 19.6 minutes to 16.4 on average but would see journeys by public transport reduce significantly to 43.6 minutes from 72.7 on average. Travel costs are on average cheaper for both car and public transport users. Car parking is broadly comparable.
Patient choice impact	There will be no impact on Patient Choice, and patients will continue to be able to choose where they would like to access care including MFT or NCA pathways.

Rheumatology	Impact on the NMGH catchment
Substantial variation assessment	It is proposed that this change does not constitute substantial variation. This is because of the limited patients affected – the key component of Rheumatology provision is provided via outpatients at NMGH, and this will not change. Travel and access are similar or better for most of the catchment population.

Table 4: Summary of changes and impact – Urology 6 low volume pathways

<table>
<tr><th>Urology</th><th>Impact on the NMGH catchment</th></tr>
<tr><td>Summary of changes</td><td>Urology is a part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.

The urology pathways included in this wave are for low volume patient pathways including both treatment and diagnosis – see table overleaf.

<table>
<tr><th>Pathway</th><th>Current site of delivery</th><th>Proposed site of delivery</th><th>2022/23 North Manchester catchment</th></tr>
<tr><td>Bladder chemotherapy</td><td>Fairfield General Hospital or Rochdale Infirmary</td><td>MRI - future aspiration to expand to NMGH</td><td>48*</td></tr>
<tr><td>Andrology</td><td>Rochdale Infirmary outpatient injection
Royal Oldham Hospital outpatient vacuum pump</td><td>MRI specialist regional centre for penile implants</td><td>14
14</td></tr>
<tr><td>Urodynamics</td><td>Fairfield General Hospital or Royal Oldham Hospital</td><td>Trafford General Hospital future aspiration to expand to NMGH</td><td>58</td></tr>
<tr><td>TULA</td><td>Fairfield General Hospital or Rochdale Infirmary (procedure only)</td><td>Trafford General Hospital - future aspiration to expand to NMGH</td><td>14</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Urology</th><th>Impact on the NMGH catchment</th></tr>
<tr><td></td><td>
<table>
<tr><td>Rezum</td><td>Rochdale Infirmary (procedure only)</td><td>Trafford General Hospital - future aspiration to expand to NMGH</td><td>5</td></tr>
<tr><td>ESWL</td><td>Rochdale Infirmary</td><td>Wythenshawe Hospital - future aspiration to expand to NMGH</td><td>60</td></tr>
</table>
*2019/20 data utilised
</td></tr>
<tr><td>Patient feedback summary</td><td>The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. The groups supported the case for change and the proposed preferred way forwards. 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 discussed as well as the need for clear patient information during implementation.</td></tr>
<tr><td>EQIA summary</td><td>A full equality impact assessment has been completed. This did not identify any negative impacts of the proposed changes.</td></tr>
<tr><td>QIA summary</td><td>A full Quality Impact Assessment (QIA) was completed. There are no adverse impacts expected across any domain.</td></tr>
<tr><td>Travel analysis</td><td>A detailed travel analysis has been undertaken. This found that:
Journeys to MRI (pathways 1 – 2) are on average shorter by car and considerably so by public transport compared to Fairfield General Hospital, Royal Oldham Hospital and Rochdale Infirmary
Journeys to Trafford General Hospital (pathways 3 – 5) are on average longer by car and public transport compared to Fairfield General Hospital and Rochdale Infirmary. However, there are 14 and 5 patients per annum on pathways 4 and 5 respectively. Car parking is also free at Trafford General for less than 3 hours.
Journeys to Wythenshawe (pathway 6) take slightly longer on average by car (3 minutes longer) and public transport (9 minutes).
The travel analysis also includes an analysis of the cost of travel which found limited change for all pathways. Except for Trafford</td></tr>
</table>

Urology	Impact on the NMGH catchment
	where car parking is free up to 3 hours, car parking charges are similar at all hospitals.
Patient choice impact	As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment.
Substantial variation assessment	It is proposed that these changes do not constitute substantial variation because of the limited patient numbers affected per pathway.

9.0 What does this mean for the Manchester population?

9.1 The NMGH catchment area includes wards in the north of Manchester locality including Ancoats & Beswick, Charlestown, Cheetham, Clayton & Openshaw, Crumpsall, Deansgate, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, Moston, Piccadilly.

9.2 Currently patients in this area access the services affected at legacy PAHT sites including Royal Oldham Hospital, Rochdale Infirmary, Fairfield General Hospital or NMGH. When services are disaggregated, residents in this area will be able to access the same services at an MFT site. MFT sites include NMGH, Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.

9.3 Journey times by car and public transport for residents in these Manchester wards are comparable or shorter to NMGH, MRI, Wythenshawe Hospital and Trafford General. Journey costs are similar or less for the Manchester wards to the MFT hospitals compared to NCA hospitals. Several of the proposed changes increase the range of services provided at NMGH meaning more services available locally which is beneficial to the Manchester population.

10.0 Next steps and recommendation

10.1 Manchester Health Scrutiny Committee are asked to consider, comment and question the information contained in this report.

10.2 Greater Manchester Integrated Care Board (ICB) will then be asked to assess the appropriate option(s) and whether the proposals constitute substantial variation considering feedback from the Scrutiny Committees in each of the affected localities. It should be noted that the Place-Based Lead sits on this Board.

10.3 Once a preferred option is selected, the NCA and MFT will work together to develop safe plans for disaggregation. There is a tried and tested process to do this which has been developed over the last 3 years of working together to safely disaggregate services. Depending on the feedback from the affected Scrutiny Committees and decision of the ICB, the estimated timeline for disaggregation of these services is September 2023.

10.4 When disaggregated service models are implemented, patients will be provided with appropriate information to support in accessing new sites including travel options and parking information. This will be provided both via letter and digitally. The Equality Impact Assessments will inform the actions required to ensure that all patients are supported to access services.

10.5 Later this year, service change proposals for the services included in phase 3 will be brought to the affected Scrutiny Committees for consideration. This includes Trauma & Orthopaedics, Ear, Nose & Throat, Vascular and the remainder of Urology.