Appendix 3: Substantial Variation Assessments

Service Change Proposal for DEXA Scans

The proposal is that the management and provision of consultant referred bone density (DEXA) scans for NMGH and its catchment population should be transferred from the Northern Care Alliance NHS FT (NCA) to Manchester University NHS FT (MFT) and be provided at the Manchester Royal Infirmary (MRI) site.

DEXA scans are not provided at the NMGH site and at present, patients from the NMGH catchment area who are referred by NMGH consultants travel to Royal Oldham Hospital (ROH) for this scan. Common referring specialties are rheumatology, breast, orthopaedics and elderly care. Patients often receive the rest of their care at NMGH but must travel to ROH for this specific diagnostic test. This means that most of the patient care is delivered in the MFT EPR "Hive", but these specific tests are provided for under NCA systems. There is a risk that information is lost when transferring information between MFT and NCA systems. This proposed change would bring all aspects of patient care for this cohort into MFT systems.

Substantial variation assessment:

Domain		
Patient Population Affected	• The patient population affected is the NMGH catchment for the outpatient DEXA scan service. • The population affected is largely those patients resident in North Manchester. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Based on historic activity patterns the change of location will affect approximately 420 patients per year (Manchester ~230, Bury ~60, Rochdale ~40, Oldham ~40 and Salford ~40 per year based on historic activity). • Patient choice will be maintained or improved. • Overall capacity will be maintained.	Not Substantial Variation
Access	• A full travel analysis has been completed for the affected population. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Public transport times are improved for most residents in the NMGH catchment area when comparing travel to MRI compared to ROH. Some residents in the east of the catchment area will experience increased journey times. Similarly, car journey times are improved for residents in the west and south of the catchment with residents in the east experiencing longer journey times.	Not Substantial Variation

Domain		
	• Travel costs are, on average, cheaper to MRI compared to ROH.	
Type / Rationale for proposed service change	• The change forms a part of strategic plans to integrate NMGH into MFT to maximise the benefits of single services. The strategic approach has previously been agreed through a robust and rigorous process, with this proposal being one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The implementation of the Hive Electronic Patient Record (EPR) system at NMGH has further necessitated the changes as the service currently navigates the complexities of working across two separate digital environments. This involves access to more than one IT system with increased potential for human error. • The proposal is a partial change to existing service provision with local access retained. There is no change to the service for patients from the Bury, HMR and Oldham locality catchments and an equivalent service provision for NMGH catchment patients.	Not Substantial Variation
Wider community & other services	• Limited/no impact on co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site and close digital integration with primary care. • There are no wider community impacts. • There is no adverse impact on health inequalities as current service provision will be maintained.	Not Substantial Variation
NHSE Four Tests & Stakeholder Views	• Support from clinical commissioners to be progressed alongside the development of plans. • Proposal supported by key stakeholders and will be further progressed alongside the development of plans. • Strong consultant staff engagement, input and support. • Communication with patients will explain the changes and offer the opportunity for further engagement. However, as patients are expected to receive care at their current location, and remain under their current Consultant, it is not intended to undertake an active Patient Choice exercise.	Not Substantial Variation
Recommendation:		

Domain		
It is recommended that the service change proposals for Dexa scanning **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include: • This change represents a small number of patients who already travel for this specific diagnostic test. • This proposed change means an improvement in journey times for most of the catchment population.		

Service Change Proposal - ENT

Electively, the ENT service for NMGH catchment residents includes outpatients (at NMGH and FGH), day case and inpatient elective care (FGH for adults, ROH for children). ENT cancer surgery is undertaken at MRI. Non-elective ENT presentations at NMGH for adults are treated on site (in the limited cases when immediate surgery is required) or transferred to FGH for adults or transferred to ROH for children.

ENT is typically a core service of a District General Hospital, however, there has not been a full ENT offer at NMGH for some time. This means that some NMGH catchment residents may need to travel to FGH or ROH for routine ENT outpatients and all minor procedures. Through the disaggregation of the service, MFT propose to create an enhanced ENT service at NMGH. This service would be provided for adults by the ENT Managed Single Service which is led by MRI. For children the NMGH service would be provided by Royal Manchester Children's Hospital (RMCH) clinicians. This will also allow emergency ENT provision at NMGH to be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH.

Disaggregation of the service and creation of this service at NMGH requires the following pathway changes:

Patient catchment	Pathway	Current Delivery Site	Proposed Delivery Site	Catchment Activity
NMGH	Adult acute inpatients	FGH	NMGH	250 non-elective
NMGH	Adult day case and elective procedures	FGH	NMGH	350 DC, 110 Elective / planned
NMGH	Adult outpatient procedures	NMGH/ FGH	NMGH	6,000
NMGH	Paediatric acute inpatients	ROH	NMGH	25 non-elective

NMGH	Paediatric day case and elective procedures	ROH	NMGH	200 DC, <5 Elective / planned
NMGH	Paediatric outpatient procedures	NMGH/ ROH	NMGH	1,500-2,000

*Excludes ENT cancer resections, which are currently and will remain undertaken at MRI

There are no planned changes for the NCA population and therefore this paper and assessment is only for the NMGH catchment.

Substantial Variation Assessment:

Domain	Assessment	Assessment
Patient Population Affected	• Based on an initial review of 2019 activity patterns the change proposal will affect c.950 inpatients per year and ~8,000 outpatients from the **NMGH catchment.** This is broken down in the table above. For a locality breakdown see appendix 1. • This means that these patients will be able to access care for this core service closer to home whereas currently many adults and children need to travel – often for routine care. • Children within the NMGH catchment currently being referred to RMCH will also be able to access their outpatient and elective day case procedures at NMGH. • In addition, patient choice will be a key feature of the proposal, ensuring that these patients will still be able to choose to continue to access the existing provider/site for planned activity should they wish to do so. • Based on an initial review of 2019 activity patterns the change proposal will affect no patients from the **NCA catchment**. • The proposal ensures that there is no reduction in total capacity levels for the system.	Not substantial variation
Access	**For NMGH catchment residents** • A full travel analysis has been completed. • Journey times to NMGH are shorter or considerably shorter for the NMGH catchment population compared to both FGH and ROH by both car and public transport. • When compared to FGH public transport journey times are the same or up to 60 minutes shorter to NMGH. • Journey times are improved to NMGH compared to ROH for the majority of the NMGH catchment population except for wards in Oldham – residents	Not substantial variation

Domain	Assessment	Assessment
	in these wards may wish to choose the NCA for their ENT care. • Travel costs are expected to decrease in all cases.	
Type / Rationale for proposed service change	• The change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process with the service change proposal one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal changes existing service provision to significantly improve local access. • Emergency ENT provision at NMGH will be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH. Adult patients will no longer need to be transferred to FGH for their procedure. • There is no reduction in overall system capacity. • A full Quality Impact Assessment has been undertaken. Patient experience will be improved, and risks reduced. No adverse impacts were identified across any domain.	Not substantial variation
Wider community & other services	• There is no impact on any co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. • There are no known wider impacts across the community. • A full equality impact assessment has been completed. The proposal will benefit the diverse and relatively deprived population of North Manchester, which should contribute to narrowing of health inequalities. No negative impacts of the proposed changes were identified. There will be a continuous review of the changes to ensure no negative impacts to any patients and rapid mobilisation of mitigations in the event impacts are identified.	Not substantial variation
NHSE Four Tests & Stakeholder Views	• Patients will continue to be able to choose where they would like to access care and can choose either an MFT or NCA pathway. • The proposals have been presented to the Patient and Public Advisory Group (PPAG) of Manchester	Not substantial variation

Domain	Assessment	Assessment
	Health and Care Commissioning, NCA Healthwatch and Manchester and Trafford Healthwatch. • A patient survey has been completed. • The proposed changes and new service provision are clinically led seeking to deliver consistently high-quality care. Care will be delivered to the same standards as at present, as a minimum. The future pathways will provide enhanced options for diagnostic pathways for patients. • ENT staff have been substantially engaged on plans and progress for the proposals through a combination of routine and extraordinary forums. Clinical and operational leadership are involved in all discussion and decision making with regard to the changes and have therefore been responsible for communicating with staff.	
Recommendation: It is recommended that this change **does not constitute substantial variation.** This proposal is to create a core ad comprehensive service at NMGH provided care closer to home with significant improvements in journey time and cost of travel for NMGH catchment residents. This proposal allows for creation of safer emergency provision to the busy NMGH A&E and a more robust on call / out of hours rota. With this change all Manchester residents will have access to equitable ENT services.		

Table: estimated number of affected patients per locality per annum based on historic activity.

Locality	ENT
Manchester	4923
Bury	1343
Rochdale	895
Oldham	895
Salford	895
Total	**8,950**

Substantial Variation Assessment – Urology

NMGH is currently the inpatient Urology site for the former PAHT footprint. Outpatients and other aspects of the service are provided at ROH, FGH and RI. NCA and MFT have agreed that full disaggregation of the service is the preferred exit strategy in line with other complex services. This would mean that ~30% of activity is retained by MFT (the NMGH catchment population) and ~70% would be provided by NCA for its population.

The NCA have previously agreed a model of care for Urology with commissioners through a prior decision-making process. The model is as follows:

- Bury residents to receive inpatient urology care at Salford Royal Hospital
- Rochdale and Oldham residents to receive inpatient urology care at Royal Oldham Hospital

Therefore, the scope of **this paper is focused on the changes for the NMGH catchment.**
Once the service is disaggregated the service at NMGH will be considerably smaller than currently and it will no longer be viable to maintain the full current model of care at NMGH. Instead, it is proposed that NMGH provides a comprehensive suite of local care including outpatients, urological investigations, day case and short stay, high volume low complexity surgery. A robust on call arrangement is proposed to ensure safe care for patients presenting with urological emergencies. Complex inpatient urology surgery is proposed to be delivered at MRI.

This represents phase 1 of the urology single service model development within MFT. Wider discussions are underway to determine the longer-term model for urological care across MRI, Wythenshawe, NMGH and Trafford.

Substantial variation assessment:

Domain	Assessment	Assessment
Patient Population Affected	• The NMGH catchment is affected by the proposal, this includes Manchester residents in the Northern part of the city, as well as a proportion of Bury (typically Prestwich and Whitefield) and HMR (typically Middleton) residents, who consider NMGH as their local district general hospital. • Most patients will continue to access care at NMGH for outpatient (~14,500 appointments per annum), day case (~1,350 procedures per annum) and high-volume low acuity urology surgery (~800 procedures per annum) and diagnostic services. • The activity data shows that approximately ~150 elective and ~550 non-elective inpatients (~4% of NMGH urology patients; of these an estimated ~385 are Manchester residents, ~105 Bury residents, ~70 residents from Oldham, Rochdale and Salford respectively) will be	Not substantial variation

Domain	Assessment	Assessment
	affected by the proposed changes and would receive care at MRI. These represent patients needing more complex inpatient care– likely once in a lifetime surgery. All outpatient care related to this surgery will continue to be provided at NMGH. • The proposal will include a review of patient pathways to ensure effective access to a full range of pathways designed to optimise care within MFT. • Patient choice will be a key feature of the proposal, ensuring that patients have a choice in which organisation to access for planned activity.	
Access	• For the small number of urology patients who would receive their care at MRI, journey times to MRI compared to NMGH are longer by public transport and car for a proportion of the population affected. MRI is closer for a smaller proportion of the population. This means that on average, travel costs are more expensive to the MRI but only marginally. • However, MRI and NMGH are relatively close (~5 miles) and there are good transport links to the MRI for much of the population. • Patients will only need to travel for their inpatient care. All outpatient activity will be provided at NMGH.	Not substantial variation
Type / Rationale for proposed service change	• The proposed change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process. The service change proposal is one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal is a partial change to existing service provision with local access retained for outpatient, day case and high-volume low complexity urology and diagnostic services. • The proposal will see North Manchester catchment patients accessing inpatient care at established MFT services. • There is a strong focus on outcomes and clinical quality as phase 1 of the proposal forms part of the urology single service model development within MFT.	Not substantial variation

Domain	Assessment	Assessment
	• A key part of the proposal is to maximise care closer to home through the strengthening of ambulatory pathways. Intended benefits include a greater proportion of patients seen, treated and discharged without the requirement to be admitted to a bed. • There is also a strong focus on safety as phase 1 of the proposal will enable North Manchester catchment and NCA patients to receive care from one organisation and in one digital system. This will mitigate risks associated with the transfer of MFT and NCA patients and information between systems. • A Quality Impact Assessment (QIA) and Equality Impact Assessment (EQIA) have been completed and these support the principle of ensuring that incorporation of activity into MFT will have no negative impact on equality or quality.	
Wider community & other services	• The changes release capacity at NMGH which could be reprofiled to support other North Manchester catchment activity. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • The patients who will access MFT services will be absorbed into the current MFT infrastructure • There are no known wider impacts across the community. • A full equality impact assessment and quality impact assessment has been completed.	Not substantial variation
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • Similar hub and spoke models already exist and the model of care aligns to GIRFT recommendations including Urology Area Network developments Strong public and patient engagement	Not substantial variation

Domain	Assessment	Assessment
	• Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This includes bespoke surveys ndertaken in outpatient settings, discussion of proposals at MHCC Public and Patient Advisory Group, Healthwatch presentations the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. Strong staff engagement, input and support • There is strong engagement from clinical and operational staff involved in the service across MFT. A series of MFT urology workshops have been held to identify how the service at NMGH could be developed and delivered in the short, medium and long term. Clinical discussion to advance aspects of the clinical model are continuing and this includes clinical lead discussion with members of the Urology team, NMGH, MRI Medical Directors and inputs from Group Strategy and the WTWA Senior Leadership Team. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes Urology. A bipartite clinical working group, workforce group and disaggregation group provide oversight, leadership and support for the phase 1 proposal which will see complete disaggregation of the historical PAHT footprint for urology as the NMGH urology service will fully separate from the NCA urology service.	
Recommendation: It is recommended that the service change proposals for Urology **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include: • This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.		

Domain	Assessment	Assessment
• Most patients will continue to access care locally at NMGH for outpatient, day case and high-volume low acuity urology and diagnostic services. Patients needing to access MRI will do so for once in a lifetime inpatient surgery. This model aligns with GIRFT recommendations. • The change proposal has followed a structured approach with full support from commissioners/localities and clear evidence of service user involvement that will continue through to and beyond implementation of changes.		

Service Change proposal - Trauma & Orthopaedics

Before transaction, Trauma and Orthopaedics (T&O) operated as a single service across the former PAHT footprint delivered from North Manchester General Hospital (NMGH), Royal Oldham Hospital (ROH), Fairfield General Hospital (FGH) and Rochdale Infirmary (RI).
Under PAHT, the Trust operated a two-axis model whereby NMGH and FGH served as one axis (with trauma surgery delivered at NMGH) and ROH and RI served as the other (with trauma surgery at ROH). All electives for the totality of PAHT were centralised at FGH with several day case operating lists at RI.

As part of the overall Transaction, NCA and MFT agree that full disaggregation of T&O services for North Manchester is the preferred exit strategy and agree for this to happen in line with other complex services by the 31 March 2024.

Once disaggregated, MFT will provide an orthopaedic elective and trauma service for NMGH catchment patients, and the NCA will provide an elective and trauma service for the FGH catchment patients, connecting into their wider organisational models.

Elective – *affects Manchester residents*
The elective orthopaedic service on the NMGH/FGH axis consists of outpatients delivered locally and elective day case and elective inpatient procedures largely provided out of FGH, with some daycase procedures at RI.

After disaggregation, MFT will provide elective services to North Manchester catchment GP referrals and all NMGH A&E arrivals. The MFT site where day case and inpatient procedures are provided will be Trafford General Hospital (TGH). Patients will be able to choose whether to access their elective care at TGH or FGH. NCA will continue to provide elective service for Bury catchment GP referrals as well as FGH A&E arrivals. FGH A&E patients requiring Trauma surgery will be redirected to Royal Oldham Hospital (ROH).

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Trauma – *unlikely to affect Manchester residents unless they attend Fairfield A&E*
The non-elective/trauma service consists of virtual fracture clinic (VFC), fracture clinic (FC), day case trauma, and inpatient trauma. This is serviced by a trauma rota covering each axis. Patients arriving at FGH requiring a trauma procedure are transferred by ambulance to NMGH for treatment. NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.

After disaggregation, there will be no change for residents living in the NMGH catchment area – these residents will continue to access trauma care at NMGH as they do now. Patients arriving at FGH A&E for treatment will no longer be transferred to NMGH for trauma care but instead will transfer (or be conveyed directly by

ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. There will be no change to the delivery of fracture clinics, these will remain at FGH.

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Category	Service	Current site of delivery	Proposed site of delivery for (NCA)	Proposed site of delivery for (MFT)
Trauma Services	Fracture Clinic	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day case	NMGH & RI (low volume)	RI	NMGH (no change)
	Inpatient	NMGH	ROH	NMGH (no change)
Elective services	Outpatients	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day Case	FGH & RI	FGH & RI (no change)	TGH
	Inpatient	FGH	FGH (no change)	TGH

Substantial variation assessment:

<table>
<tr><th>Domain</th><th>Narrative</th><th>Assessment</th></tr>
<tr><td>Patient Population Affected</td><td>The patient population affected by the proposed service change will predominately be those that live in the NMGH and FGH catchment areas.

Trauma – affects FGH catchment residents
The trauma planning assumption indicates that activity derived via an A&E attendance will be served by the Trust associated with that A&E. Currently, Fairfield General Hospital (FGH) arrivals (NCA) are transferred to NMGH (MFT) for trauma procedures/treatment.
Initial modelling (2019/20) has identified that approximately 650 patients are transferred from FGH A&E to NMGH per year for a trauma. The distribution by locality is as follows:<table><tr><th>Locality</th><th>Estimated maximum number affected per annum</th></tr><tr><td>Bury</td><td>~400</td></tr><tr><td>HMR</td><td>~200</td></tr><tr><td>East Lancashire</td><td>~20</td></tr></table></td><td>Not substantial variation</td></tr>
</table>

Bolton	~10
Oldham	<10
Manchester	<10
Other	~10
Total	**~650**

- Of these patients, 296 have an inpatient trauma procedure at NMGH, 170 have a day case procedure at NMGH and the remaining 188 patients are discharged without procedure
- Under the new clinical model, FGH patients will no longer be transferred to NMGH but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma.
- There will be no change to the delivery of Fracture Clinic, these will remain at FGH.
- It is assumed that NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.
- People living in the NM catchment area will continue to access trauma services at NMGH as per the current service model, and there will be no change.

Elective

- For the NM catchment most people requiring planned / elective care will continue to receive a significant element of their care at NMGH, including outpatients, tests and diagnostic procedures.
- Where patients require an operation/procedure, patients will be able to choose whether to access this care at the NCA elective hub at FGH as they do now or at the MFT elective hub at Trafford General Hospital.
- This is expected to impact ~1,500 patients per year based on 2019 activity profile (it is estimated this could affect ~825 Manchester residents, ~225 Bury residents and ~150 residents from Oldham, Rochdale and Salford respectively).
- The elective pathways for the NCA population will remain unchanged.
- Patient choice will be a key feature of the proposal. Some people who reside in the North Manchester General Hospital catchment area may choose FGH (Bury) for their surgery and this will mean that they will also have outpatient appointments and diagnostics at FGH. Others may choose to have their surgery at TGH. If so, they would have outpatient appointments and

	diagnostics at NMGH, and just the surgery element of their pathway at TGH.	
Access	**Trauma** • Residents in the NMGH catchment area will continue to access trauma services at NMGH. All elements of the trauma pathway will continue to be delivered from NMGH and little will change from a patient access perspective for patients in this area. • People living in the FGH catchment area, under the new service model, will no longer be transferred to NMGH for their trauma surgery but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. On average travel times for the FGH catchment are improved under this change. **Elective** • Outpatient and diagnostic activity will continue as per the current service model, both at NMGH and at FGH. More outpatient activity is likely to be delivered at NMGH than currently to ensure that people from the NMGH catchment area do not have to travel to FGH but can receive that element of their care at NMGH (patients can still make a choice). • However, people from the NMGH catchment area requiring an elective planned surgical procedure/operation will now be able to choose whether to access this at FGH in Bury or Trafford General Hospital. • Access for elective planned surgical procedure/operation for the NCA population will remain unchanged. • A detailed travel analysis has been undertaken. The key headline messages for elective are related to the change in travel time for patients travelling to TGH instead of FGH under the new clinical model: o The average journey time by car for the overall catchment area (North Manchester) is 3 minutes longer to TGH than to FGH (19 minutes compared to 16 minutes). o Average journey times by public transport are, on average, 12 minutes longer to TGH than FGH (76 minutes compared to 63.9 minutes) but are more direct with fewer interchanges. As such the cost of public transport is marginally lower. o Residents in the south of the catchment are closer to Trafford General; residents in the north of the	Not substantial variation

	catchment are closer to Fairfield General. Patients may therefore choose to attend their closest hospital.	
Type / Rationale for proposed service change	**Elective** • The service change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services and is part of the transaction process. • It is paramount that a long-term and sustainable service model for the ongoing provision of trauma and orthopaedic services at NMGH is established for the NMGH catchment area. • The rationale for offering orthopaedic elective surgery at Trafford General Hospital as well as FGH for the NMGH catchment area is to maintain access to high quality, safe and highly reliable care, and to benefit from the treatment outcomes associated with a 'high volume, low complexity' clinical model, based on recommendations from GIRFT, which Trafford General delivers. These models of care are associated with a better patient experience, less variation and better patient outcomes. The models are reflective of recommendations made through GIRFT and TGH already operates a GIRFT type Surgical Hub for Orthopaedics, and this service would increase capacity to accommodate the transfer of NMGH patients. • The new clinical model for orthopaedics for the NMGH catchment area will benefit from the Single Service model rolled out across MFT, delivering high quality and good outcomes for patients, in a more effective and efficient way, sustaining services now and into the future. The NMGH service will benefit from the scale of the MFT T&O service and the size of the workforce. **Trauma** • Equally, changes to the provision of trauma care to the FGH catchment area will enable the NCA to scale up and benefit from a Trust wide single service model across multiple sites for T&O services • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Patients will benefit from the strong T&O patient quality indictors at ROH (i.e. LoS and readmissions)	Not substantial variation

	• Patients will also benefit from improved treatment outcomes associated with a 'high volume, low complexity' clinical model at RI based on recommendations from GIRFT. These models of care are associated with a better patient experience, less variation and better patient outcome.	
Wider community & other services	• The proposal forms part of large-scale plans to deliver patient benefits, high quality, and sustainable care with better outcomes through the creation of single services for NCA and MFT. For example, the recent deployment of a single electronic patient record across all MFT sites will derive significant benefits to the standard and quality of care. It means that patient records will be contained in one space and will not cross multiple digital systems in different organisations. • There are no other known wider implications or co-dependencies across the communities of the proposed changes.	Not substantial variation
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services for NCA and MFT. Benefits include the use of the new electronic patient record system across every MFT site. • Delivering a planned elective orthopaedic service adopting the HVLC (high volume, low complex) clinical delivery model will deliver a service that is high quality, highly reliable, effective, and sustainable. • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Strong public and patient engagement • Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This has included, patient surveys and engagement events, discussion of proposals at Manchester Public and Patient Advisory Group, Healthwatch presentations, the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. The NHS	Not substantial variation

	constitution emphasises patient choice, and the patient will have access via the applicable DOS provisions. Support from clinical commissioners • Some of this work includes reorganising or restructuring services, and a process of engagement and dialogue with commissioners is being maintained to manage these changes. The proposal is being reviewed by Integrated Care Boards / Localities with the process led by the Place Based Lead for Oldham on behalf of the Integrated Care Board. The proposal has and will continue to be developed through a collaborative process with system partners. Strong staff engagement, input, and support • There is strong engagement from clinical and operational staff involved in the service across MFT and the NCA. A series of workshops have been held to identify how the service at NMGH and FGH could be developed and delivered in the short, medium, and long term. Clinical discussion to advance aspects of the clinical model are continuing with both organisations and this includes clinical lead discussion with members of the T&O teams and Leadership Teams. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes T&O. A bi-partite clinical working group, workforce group and disaggregation group will provide oversight, leadership and support which will see complete disaggregation of the historical PAHT footprint for T&O as the NMGH T&O service will fully separate from the NCA T&O service.	

Recommendation:
It is recommended that the service change proposals for trauma and orthopaedic single service model development within MFT **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for

the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.

- The key change for elective planned (inpatient/daycase) care affects residents in the NMGH catchment area. Patients will be able to choose whether to have their procedure at TGH or FGH. The travel analysis has demonstrated that the travel time, both by car and public transport to TGH is longer than to FGH, but not substantially. Travel to TGH by public transport is more direct with fewer changes. Travel by car is slightly more expensive, however, the cost of public transport is lower. The south of the catchment is closer to TGH; the north closer to FGH. There are existing mechanisms for patients and their carers to access support with travelling to hospital and the costs of travel. These will be promoted to patients through patient letters, MyMFT and referral / booking teams.
- The key changes for trauma care (patients presenting at A&E) affects residents in the FGH catchment, predominantly Bury. These residents will transfer from FGH (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. The travel analysis has demonstrated that the travel time by car for Bury patients is minimally higher and for Rochdale residents is significantly lower. By public transport, for all Bury residents is higher but lower for Rochdale residents. Some Bury patients may already choose to go to a different hospital site that is closer.