

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 6 September 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). This is the third phase of change proposals arising from the dissolution of PAHT to be considered by Scrutiny.

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 the third phase of complex services namely Dexa (bone density) scanning, Ear, Nose & Throat (ENT), Urology and Trauma & Orthopaedics
- 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:

1. Consider, question and comment upon the information in this report;
 2. Endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint; and
 3. Endorse the assessment made by the working group that the changes identified in phase 3 do not constitute a 'substantial variation'.
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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 each 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	Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable health and social care is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city. Equality Impact Assessments have been completed for each service change with actions identified to mitigate any negative impacts.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents.

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 Dexa scanning
2. Service Change Proposal for Ear, Nose and Throat
3. Service Change Proposal for Urology
4. Service Change Proposal for Trauma & Orthopaedics

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). It particularly focuses on 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.

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, a process was determining the future of the Pennine Acute Hospitals Trust (PAHT), and 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 on 1 April 2021, and SRFT acquired the remaining elements of PAHT on 1 October 2021.
- 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.
- 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.

3.0 Overview of disaggregation

- 3.1 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 agreed that these SLA arrangements should be gradually 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.

- 3.2 The process of disaggregation has required significant collaboration and co-operation between NCA and MFT. It has involved splitting services between the two organisations using an agreed set of principles. This includes separating of the workforce, budget and waiting lists and is a complex and wide-ranging piece of work that has implications across a variety of areas including Information Management & Technology (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 / Improvement (NHSEI) as part of the Transaction Review process.
- 3.3 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 the best clinical model, 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 of disaggregation: phases one and two

- 4.1 At the time of the transactions, approximately ninety SLA arrangements were in place. More than half of these arrangements have been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted low numbers of staff and have not required any changes to patient pathways.
- 4.2 Since summer 2022, the NCA and MFT have been developing plans for the disaggregation of 'complex' services, 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 / localities¹ through a series of large-scale meetings to ensure a collaborative approach. A group of lead commissioners from each Locality, chaired by the nominated GM ICB lead Mike Barker (Place Based Lead for Oldham) has overseen the development of this work.
- 4.3 A GM Service Change Framework has been agreed (see appendix 1) and has been followed for all complex service changes.
- 4.4 In September 2022, the first phase of complex services was disaggregated; Clinical Haematology, Sleep services and Foetal Medicine pathways. The second phase of changes will come into effect in September 2023 and affects some Cardiology, Gastroenterology, Rheumatology and Urology pathways. These changes were considered by Scrutiny committees in the affected localities in January 2023. Safe transition plans for this next phase of

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

changes are being developed as well as working closely with Localities to ensure that GPs and other referrers are aware of the changes.

5.0 Which services are affected in phase three?

5.1 The final phase three complex service changes are planned to be implemented between January and March 2024 and affect the following specialties:

- DEXA or bone density scanning
- Ear, nose and throat (ENT) pathways
- Inpatient Urology
- Trauma & Orthopaedic (T&O) surgical pathways

5.2 The integration of these services into MFT and NCA, maximises realisation of the benefits envisaged in the organisational restructuring of PAHT. Moreover, it delivers safe and sustainable services for the populations of Bury, Oldham, Rochdale and North Manchester.

6.0 Approach – GM Service Change Framework

6.1 For each service or clinical pathway, as with earlier phases, the GM Service Change Framework has been followed (see appendix one). A joint working group of clinicians is established to oversee development and agreement of clinical models. This group works jointly to understand the options for safely integrating or re-providing services within MFT and NCA and develop proposals which support several important factors, including quality and safety, efficiency, patient experience, access/travel, and health equity.

6.2 Detailed service change proposals have been developed. Patient engagement is then undertaken alongside equality impact analysis, travel analysis and quality impact assessment.

7.0 Approach – Patient Engagement

7.1 A range of patient engagement approaches have been used including review of existing feedback on the services affected, as well as bespoke surveys and engagement events. These have included questionnaires or surveys, deliberative events and engagement with existing patient forums such as Healthwatch and Manchester Patient & Public Advisory Group. This work has also been assured by the Greater Manchester Integrated Care System via their engagement team and considered by the GM Engagement and Inclusion Assurance Group (EIAG).

Table 1 – Summary of engagement activities and themes

Engagement activity	Service changes	Summary	How has this informed the proposals
Outpatient setting surveys - ~300 surveys in 8 different clinics	ENT Urology T&O	These have shown that most patients arrive for their care by car. These have also shown patient views on the impact of travelling to other sites.	For urology, patients expressed a preference for travelling to MRI over Wythenshawe. This has informed the selection of MRI as the preferred option.
Deliberative events - two held with a total of 13 attendees. Over 400 former patients invited to attend.	T&O	<p>These events demonstrated a preference for activity to be delivered at NMGH where possible.</p> <p>Patients who live near NMGH shared their experience of travelling to Fairfield General and Rochdale Infirmary multiple times during their pathway.</p>	T&O – the proposed model is to provide as much of the pathway at the local hospital as possible with only limited elements (elective surgery) to be provided at a dedicated elective hub.
Healthwatch feedback	DEXA ENT Urology T&O	<p>Manchester, Trafford, Salford, Bury, Rochdale and Oldham Healthwatch met. Healthwatch groups recognised the case for change and welcomed the proposals and welcomed the planned patient engagement.</p> <p>Feedback from Rochdale Healthwatch suggested improvements to letters sent to patients in advance of Phase 1 changes.</p>	Letters to be sent to patients for Phase 2 will be updated in light of feedback from Rochdale Healthwatch.
Manchester Patient & Public Advisory Group	DEXA ENT Urology T&O	<p>The group understood the challenge of delivering services across IT systems and recognised the case for disaggregation to avoid this.</p> <p>The group felt that support should be offered for</p>	Options to support patients with travel and travel costs will be reiterated with GPs and Booking Teams in advance of the changes so these can be promoted to patients.

Engagement activity	Service changes	Summary	How has this informed the proposals
		<p>patients with travel and travel costs.</p> <p>The group identified concerns about patients travelling by public transport who must arrive for surgery very early in the morning.</p>	<p>MFT have confirmed that where appropriate later start times can be accommodated for patients travelling by public transport.</p>

8.0 Phase 3 – summary of the proposals

8.1 The table below summarises the current and future plans for each service area included in Phase 3. An accompanying slide pack is also provided to explain the changes in more detail. The changes impact the NMGH catchment area. This includes residents living in wards in Salford, Bury, Rochdale, Oldham and Manchester (see appendix 2 for NMGH catchment map). A more in-depth description of the impact on Manchester residents specifically is provided in table 3 overleaf.

8.2 In line with the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB), for each area an assessment of whether the new pathways constitute ‘substantial variation’ has been completed. See appendix 1 for the Service Change Framework and appendix 2 for each ‘Substantial Variation Assessment’.

Table 2 – summary of service change proposals and substantial variation assessments

Specialty	Current and future services	Substantial Variation Assessment
<p>DEXA: This is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks).</p> <p>This change relates to consultant referred DEXA scanning only.</p>	<p>Current services</p> <ul style="list-style-type: none"> Patients who receive care at NMGH and need a DEXA scan as part of their diagnosis must currently travel to Royal Oldham Hospital for their scan. Note this affects consultant referred DEXA scanning only. <p>Future services</p> <p>The above referenced NCA service at Oldham remains, but in addition:</p> <ul style="list-style-type: none"> It is proposed that North Manchester residents access bone density DEXA scans at 	<p>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 NMGH catchment population.</p>

Specialty	Current and future services	Substantial Variation Assessment
	<p>Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).</p>	
<p>ENT: These services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat.</p>	<p>Current services North Manchester catchment patients currently receive ENT services from NCA clinicians at:</p> <ul style="list-style-type: none"> • Fairfield General Hospital (FGH) for inpatient and day case care for adults • Royal Oldham Hospital (ROH) for inpatient and day case care for children • Outpatient clinics are provided by NCA clinicians at NMGH <p>Future services The above NCA services remain, but in addition;</p> <ul style="list-style-type: none"> • MFT to provide ENT services for the NMGH catchment population • For adults, provide 23-hour inpatient, day case and outpatient services at NMGH • For children, provide day case and outpatient services at NMGH, with overnight stay services at Royal Manchester Children’s Hospital 	<p>It is recommended that this change does not constitute substantial variation because it increases choice for patients by creating a new service at NMGH. Patients will now be able to choose to access existing services at Fairfield General Hospital and Royal Oldham as well as NMGH. For the NMGH catchment this represents services closer to home.</p>
<p>Urology: part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.</p>	<p>Current services NMGH is the inpatient Urology site for the whole of PAHT. Outpatients and other aspects of the service are provided across the PAHT sites. MFT and the NCA propose that urology services fully separate in Jan 2024.</p> <p>Future services The NCA have previously proposed and agreed the following model to commissioners:</p>	<p>It is recommended that this change does not constitute substantial variation because it affects a limited number of patients and 95% of current activity will remain as it is now at NMGH.</p> <p>Of the patients affected, a proportion</p>

Specialty	Current and future services	Substantial Variation Assessment
	<ul style="list-style-type: none"> • Bury residents will receive inpatient care at Salford Royal Hospital • Rochdale and Oldham residents will receive inpatient care at ROH <p>For the North Manchester catchment</p> <ul style="list-style-type: none"> • NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery (95% of current patient care) • Robust on call arrangements will ensure safe care for emergency patients <p>A small number of patients having complex planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI.</p>	<p>are elective patients who can choose to have their care at either Royal Oldham Hospital or Manchester Royal Infirmary.</p>
<p>Trauma and orthopaedics: These services are concerned with the diagnosis and treatment of conditions of the musculoskeletal system including bones and joints and structures that enable movement such as ligaments, tendons, muscles and nerves.</p>	<p>Current services National guidance and best practice recommend that trauma (emergency) and planned T&O surgery is delivered in separate surgical hubs. This has been shown to reduce waiting times and improve outcomes.</p> <p>The PAHT service model was to run two services as follows:</p> <ul style="list-style-type: none"> • Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) providing care for Oldham and Rochdale residents • NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations 	<p>It is recommended that this change does not constitute substantial variation because patients will be able to choose whether to access their elective orthopaedic care at either the elective hub at Fairfield General Hospital as they do now or at the MFT elective hub at Trafford General Hospital.</p> <p>Some of the NMGH catchment are closer to Fairfield General Hospital and others</p>

Specialty	Current and future services	Substantial Variation Assessment
	<p>Future services NMGH and the patient flows for this catchment will be provided by MFT. The MFT elective hub is at Trafford General Hospital. This means that, North Manchester residents needing planned T&O surgery can choose to attend the MFT hub at Trafford or the NCA hub at Fairfield General.</p> <p>All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery.</p> <p>FGH catchment residents will now access trauma care at the hub at Royal Oldham for inpatient trauma and at Rochdale Infirmary for ambulatory care. This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH and instead be transferred to Oldham.</p>	<p>are closer to Trafford General Hospital.</p> <p>For trauma care affecting the FGH population, travel analysis shows that Royal Oldham is closer for the Rochdale population but further for the Bury population.</p>

9.0 What does this mean for the North Manchester population?

9.1 For the **North Manchester** population, typically the key hospital site used most is North Manchester General. However, under the legacy PAHT arrangements North Manchester residents access some services at Fairfield General Hospital, Rochdale Infirmary and Royal Oldham Hospital. When the services described above are disaggregated, or separated, from what was the PAHT footprint, services at North Manchester General become part of wider MFT pathways. Other services provided at other former PAHT sites are being disaggregated and will be provided at NMGH or another MFT site. This means that if patients choose to attend NMGH, their full package of care will be provided by MFT. In all cases the aim is to provide services locally at NMGH where appropriate to do so.

Table 3 – summary of the impacts for North Manchester residents

Specialty / service	Estimated number of Manchester population affected based on current activity levels	Summary of impact
DEXA (bone density scanning)	~230 Manchester residents (55% of 420 NMGH catchment residents who may be affected)	Currently provided at Royal Oldham. Proposed to be provided at MRI. This is closer for most North Manchester residents.
ENT	~4,920* adult and children Manchester residents (55% of 8,950 NMGH catchment residents who may be affected)	Currently provided at Fairfield General and Royal Oldham Hospitals. Proposed to be provided at NMGH. This is closer for all North Manchester residents. Patients can choose an NCA pathway if they prefer.
Urology	~385 Manchester residents (55% of 700 NMGH catchment residents who may be affected)	Currently provided at NMGH. 95% of urology will remain at NMGH. Proposed that complex planned and emergency surgery to be provided at MRI. The survey completed suggested that most urology patients (74%, 29 of 39 respondents) arrive by car. Travel to MRI is shorter than to NMGH for some Manchester residents and is slightly longer for residents in the very North of the city.
T&O - planned surgery	~825* Manchester residents (55% of 1,500 NMGH catchment residents who may be affected)	Currently provided at the NCA elective hub at Fairfield General Hospital. Proposed to be provided at the MFT elective hub at Trafford General. Trafford is closer for half the North Manchester population; Fairfield is closer for the remainder. Travel to Trafford by public transport is more direct than to Fairfield (an average 1.1 or 1.5 changes respectively). Patients can choose to access either Fairfield or Trafford. Note that patients must choose which organisation to attend at the start of their pathway. Communications with GPs and referrals teams will ensure that this is made clear to patients.

**This represents a proportion of the current patients. When implemented, residents in the very north of the Manchester locality may choose to have their elective care at an NCA site and as such this figure may be lower.*

- 9.2 Options are currently being explored about what support could be provided to patients to travel to and from Trafford General Hospital for their elective orthopaedic procedure. There is already support available for travel to and from hospital and it will be important for providers to provide this information to patients to ensure they are fully aware of what support is available. It is important to note, that NMGH patients are already having to travel to Fairfield General Hospital.

10.0 Next steps

- 10.1 The activities described in this paper have been overseen by a nominated working group which includes representation from Manchester locality. The preceding sections describe the background, progress to date and latest stages of disaggregation to provide the Manchester Health Overview and Scrutiny Committee (HSC) with an overview of the phase three service changes and their impact. Further detail is available on request.

11.0 Recommendations

- 11.1 Manchester Health Scrutiny Committee is asked to endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint.
- 11.2 The Health Scrutiny Committee is also asked to endorse the assessment made by the above working group that the changes identified in phase 3 do not constitute a 'substantial variation'.