

# North East Sector Transformation:

***“A Shared Hospital Service,  
for our shared population”***



# Purpose of the presentation

This presentation summarises the emerging proposals that will need to be refined and formally reviewed as part of the development of the North East Sector (NES) acute Clinical Service Strategy. In particular, it describes:

- The needs of the NES population, the existing acute commissioning intentions and the key drivers for change within the sector
- A summary of the NES hospital sites and the associated issues that will need to be considered as the Strategy is refined
- Agreed fixed points and where decisions may be contingent on Theme 3
- The proposed approach to service transformation and cost reduction
- The agreed option appraisal framework and evaluation criteria
- The timeline and steps for finalising the NES acute Service Strategy

# Our platform for change

This presentation brings together and builds on considerable work undertaken by NES commissioners, in conjunction with the NCA, over the last 12 months or so to develop a strategy to secure clinically and financially sustainable acute services.

- There is a significant burning platform for change in Bury, Rochdale & Oldham.
- Our combined population has significantly poorer health outcomes than the rest of the UK. This is why we are investing in prevention and community based care, and integrating care through our Locality Care Organisations.
- Despite real improvements in quality, the current configuration of hospital services within the Pennine footprint is not sustainable (mirroring the position in GM and beyond) and therefore significant change is required.
- Our strategy is to develop a 'Shared Hospital Service' uniting Oldham, Bury and Rochdale (and associated with Salford and the NW sector as appropriate), ensuring our population can access resilient and financially sustainable services.
- Commissioning have already identified those services that should be delivered from within Oldham, Bury and Rochdale (or, where this is not possible, be easily accessible for our population). As part of the development of this strategy, commissioning intentions are being refreshed and will be updated.

# Our population (1)

Excluding North Manchester, the NES has a direct population of c.687,000 with three commissioning CCGs, 25% of GM:

§ NHS Bury CCG

30 GP practices serving a population of 203,000

§ NHS Heywood, Middleton and Rochdale CCG

36 GP practices serving 231,000 people

§ NHS Oldham CCG

44 GP practices serving a population of 253,000

PAHT is the primary provider of district general services to the populations of Oldham, Bury and Rochdale

The three hospital sites also serve a wider catchment, incl. Bolton, East Lancashire, Tameside, and North Manchester

# Our population (2)

Our strategy must support addressing health inequalities and variable outcomes associated with the wider determinants of health

Combined population of 687,000	Rochdale	Oldham	Bury	<i>National</i>
% of population living in the two most deprived quintiles	72% (+32%)	59% (+19%)	40% (0%)	40%
Life expectancy years – male	77.1 (-2.4)	77.0 (-2.5)	77.9 (-1.6)	79.5
Life expectancy years – female	80.6 (-2.5)	80.5 (-2.6)	81.6 (-1.5)	83.1
Healthy life expectancy years – male	57.8 (-5.5)	59.1 (-4.2)	58.5 (-4.8)	63.3
Healthy life expectancy years – female	58.7 (-5.2)	60.7 (-3.2)	62.2 (-1.7)	63.9
Smoking related deaths per 100,000 population	398 (+126)	377 (+105)	329 (+57)	272
% of the population that are from ethnic minorities	20% (+7%)	21% (+8%)	11% (-2%)	13%
Children living in low income families	27% (+7%)	29% (+9%)	19% (-1%)	20%
Obese children in Year 6	21% (+1%)	22% (+2%)	20% (0%)	20%
20% most deprived boroughs in England	√	√		
GCSE attainment significantly worse than England average	√	√		
% of Health summary indicators significantly worse than England average	50%	54%	25%	

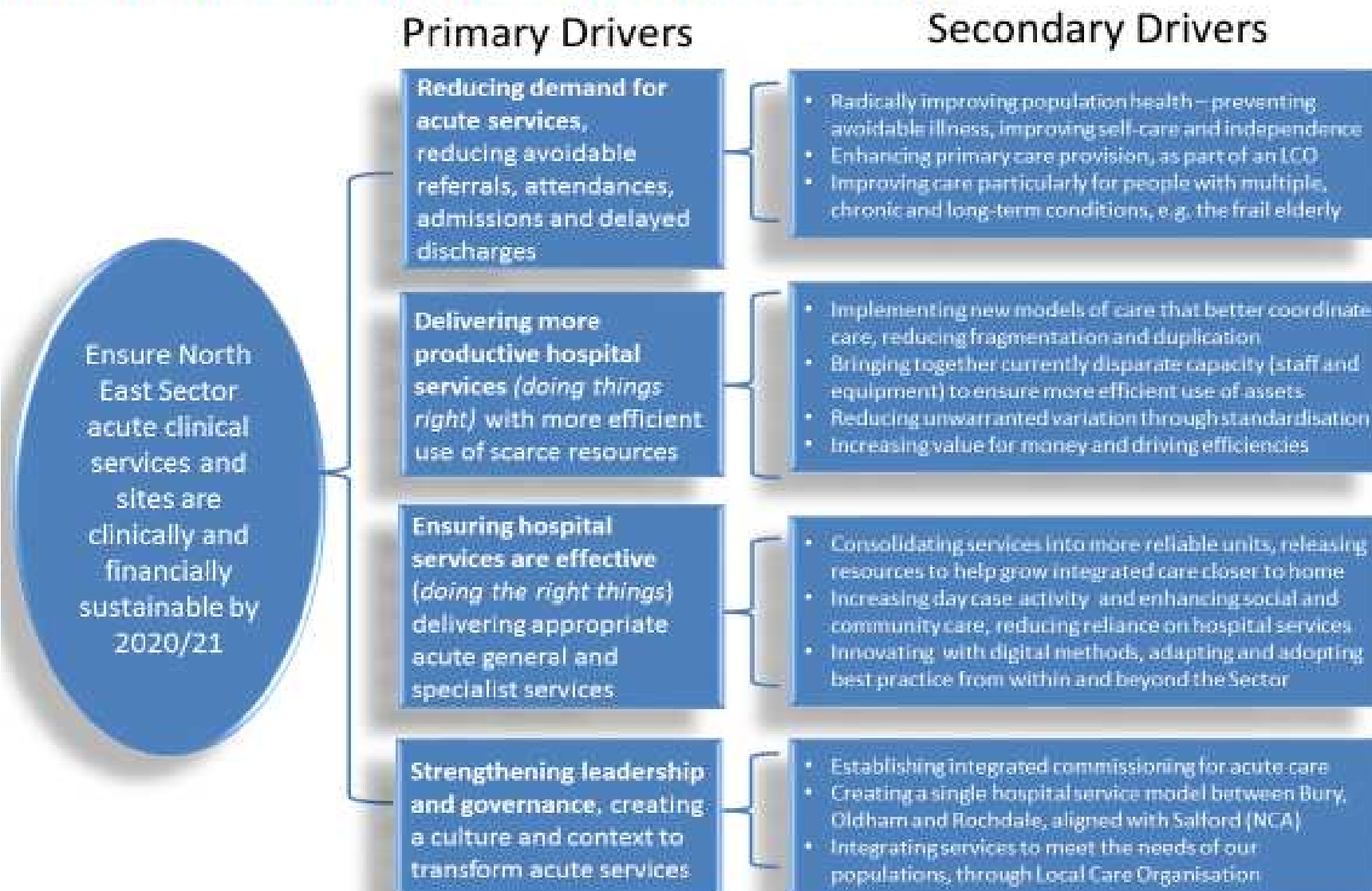
Note: percentage difference to national average in brackets. Red text denotes a position worse than the national average.

# Clinical and commissioning drivers

- § The Sector is working to achieve clinical, financial and workforce sustainability for all services by 2020/21. The intention is to deliver care closer to home, maximising the use of all estate within the 3 CCG / LA co-terminus footprint.
- § NES Transformation reflects local priorities and plans, including the creation of LCOs in each area and strengthening community support to provide a resilient, responsive offer in both the statutory and voluntary sector.
- § In terms of acute care, commissioners have set out their initial intentions for:
  - § General Surgery, Breast Service, Trauma and Orthopaedics, Urology, Oral and Maxillofacial Surgery, Paediatric ENT and Paediatric Oral Surgery , Specialist Respiratory Care, Diagnostic & Nuclear Medicine and Vascular Services.

*Services should delivered from within the localities of Oldham, Bury and Rochdale or, where this is not possible, be easily accessible for our population.*
- § Focus of the acute service commissioning strategy is to support the development of resilient, high quality shared hospital services, aligned with community and voluntary sector services, that support end-to-end care.
- § Consistent with GM Strategic Plan, with a focus on ensuring services meet or exceed quality and safety standards. Engagement and alignment with Theme 3.

## North East Sector acute Clinical Services Strategy



# Key Themes and Priorities

Cohesive, integrated care within each Locality

Population health approach

Reforming primary and mental health care

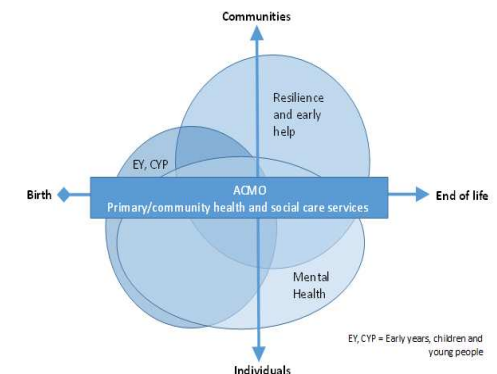
Integrated elective pathways, transformation of outpatients and ambulatory care

Transformation of urgent and emergency care

***A Shared Hospital Service  
- uniting Oldham, Bury and Rochdale  
(associated with Salford and the NW sector as appropriate)***

Essential acute services provided and accessible as locally as possible

A new model of care

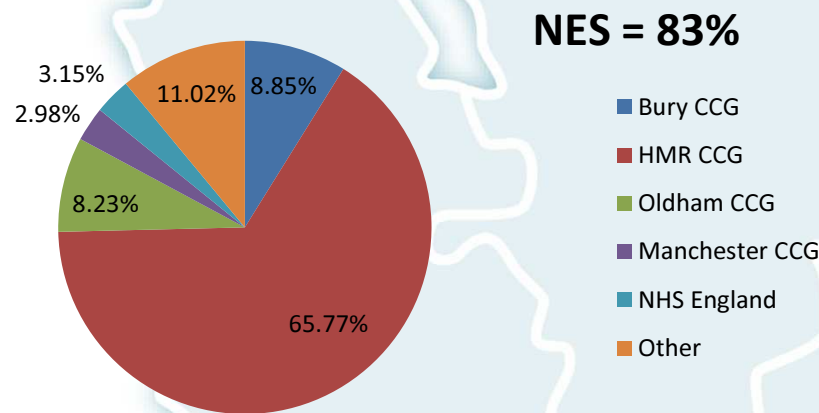




# Rochdale Infirmary

107 beds; 3,100 inpatient spells; 25,600 day cases; 107,250 outpatients;  
51,000 attendances at the Urgent Care Centre

## Rochdale Infirmary activity split



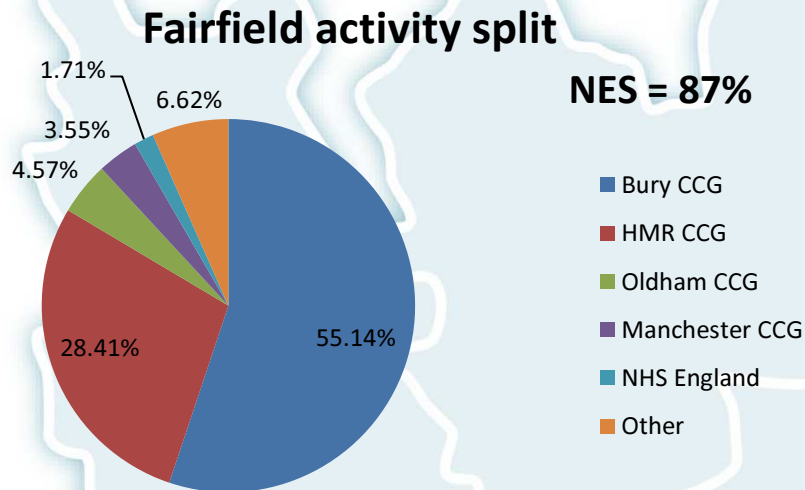
- 62% of workforce live in Rochdale.
- Reconfigured as part of *Healthy Futures*.
- Urgent care centre, clinical assessment unit, outpatients and some inpatients.
- 23-hour day case provision.
- Ophthalmology centre for NES, Rheumatology investigations unit.
- Nationally recognised integrated community teams, innovative rehabilitation service with intermediate care and the OASIS dementia unit.

## Key implications for the strategy

- § Already significantly reconfigured
- § Build on existing model of care to support integration within the LCO
- § Increase usage of good ambulatory facilities (e.g. day case) and alleviate site pressures at ROH

# Fairfield General Hospital

294 beds; 21,500 inpatient spells; 13,850 day cases; 101,000 outpatients;  
71,500 A&E attendances



- 42% of workforce live in Bury.
- Significantly reconfigured under *Healthy Futures*.
- Very busy, high ambulance usage receiving site for medical take serving Rochdale and Bury.
- Medical and elective surgery. Limited acute surgery - treat & transfer.
- Specialises in Stroke, Cardiology, ENT and Orthopaedics, providing these services for PAHT as a whole.
- Medicine noted as outstanding in October 2017 CQC report.

## Key implications for the strategy

- § Medical acuity and combined Bury and Rochdale catchment
- § Retain and expand existing specialties: Stroke, ENT, Orthopaedics and Rehabilitation
- § Increase use of good facilities (e.g. theatres) for planned care



# Fairfield: high patient acuity

Fig 1 Type of Ambulance attendances to each site in NES 2017/18

	Total Ambulance arrivals	Resus / V Urgent & Urgent	% of Site total	% of trust total
FGH	24,084	21,345	89%	33%
NMGH	25,347	16,535	65%	26%
ROH	31,089	26,662	86%	41%

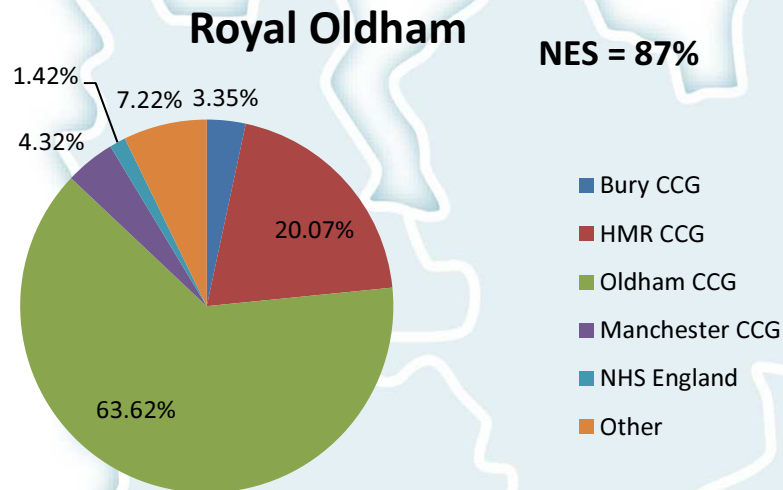
- Fairfield has a large volume of A&E activity and serves both Bury and Rochdale
- It has a much greater proportion of major and resus attendances than other NES A&E departments
- The acuity of ambulance attendances are comparable to Royal Oldham though the case-mix is predominantly medical / frail elderly

Fig 2 Acuity of A&E attendances by site in NES 2017/18

	Total A&E attendances	Major & Resus A&E attendances	% of Site total	% of trust total
FGH	70,077	42,088	60%	39%
NMGH	101,414	32,930	32%	30%
ROH	105,967	33,970	32%	31%

# Royal Oldham

**581 beds; 42,300 inpatient spells; 19,650 day cases; 132,500 outpatients;  
107,000 A&E attendances; 4,950 births**

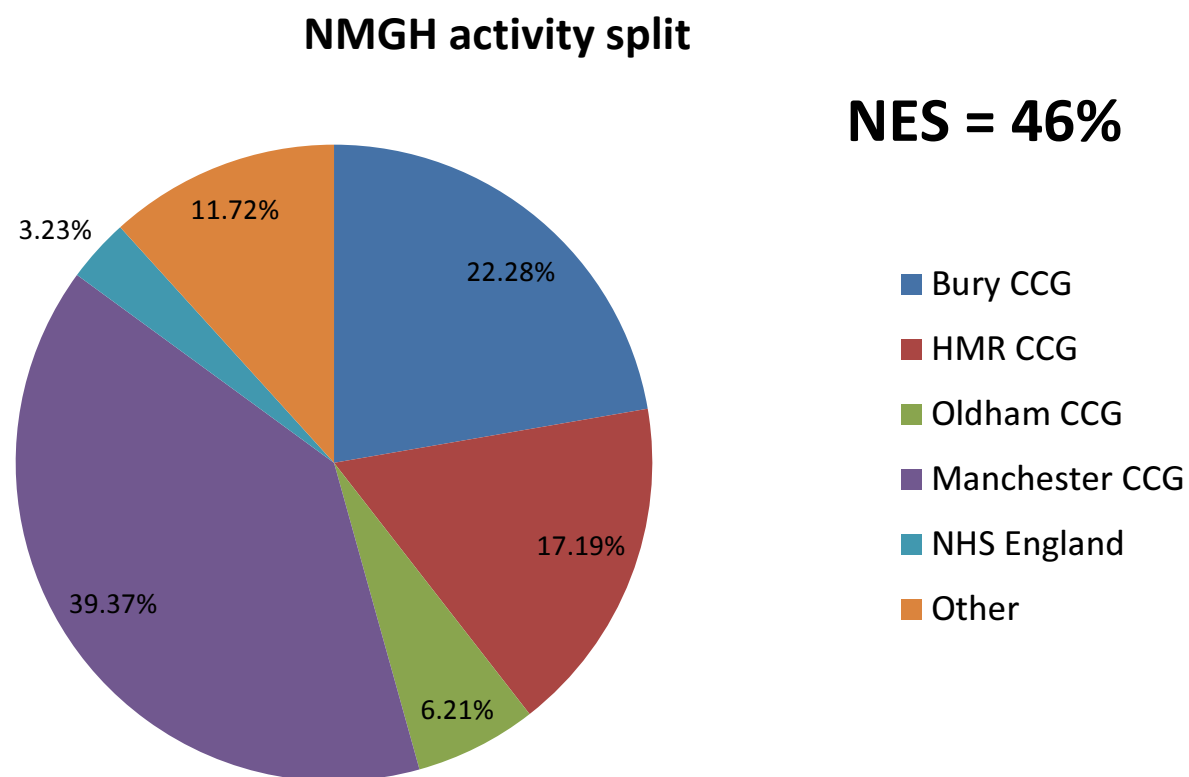


- 46% workforce live in Oldham.
- Designated Healthier Together hub site for the NES, plus NMGH. Planned increase in General Surgery emergency and high-risk patients.
- Maternity and level 3 Neonatal intensive care services.
- Key site supporting integrated paediatric pathways across NES.
- Centralised Pathology for PAHT.
- Vascular Surgery for NES and GM.
- Christie @ Oldham, Victoria Breast Care Unit, and *Maggies* Oldham services provided from ROH.

## Key implications for the strategy

- § Full implementation of HT
- § Urology support for HT pathways
- § Development of IR services - high acuity
- § Potential relocation of catheter lab to support high acuity services
- § Major capital development on the site

# NES activity at NMGH site



# Existing fixed points for NES sites

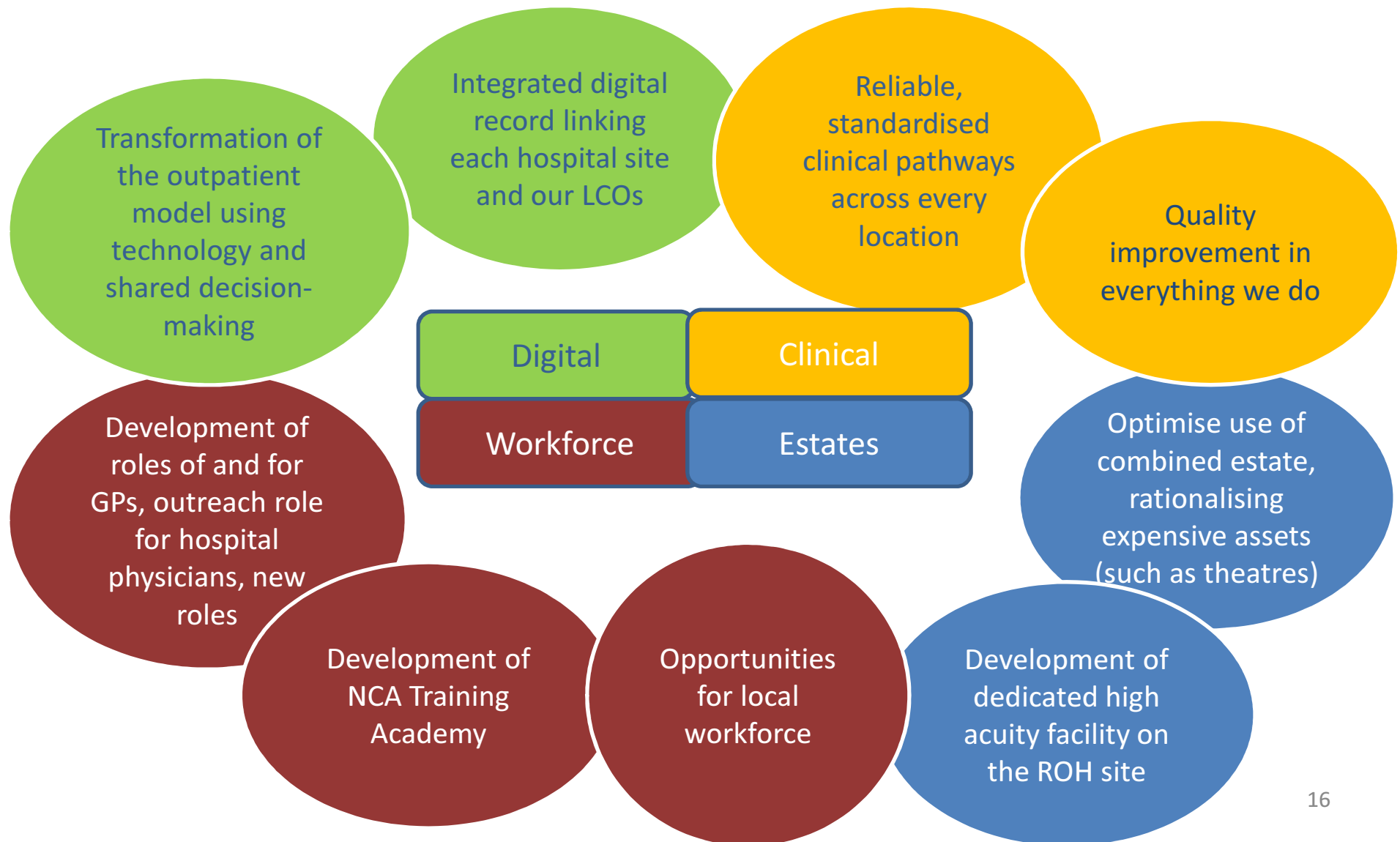
Fixed points	Site affected	Services affected
Retain 3 sites in NES	All sites	link to LCOs
Healthier Together	Royal Oldham Hospital	High Risk Elective General and Colorectal Surgery
GM Hyper Acute Stroke Unit Designation	Fairfield General Hospital	Inpatient Stroke
Making It Better - Paediatrics and Maternity designation	Royal Oldham Hospital	Emergency paediatric pathways, Maternity
Healthy Futures - Rochdale Infirmary Service Changes	Rochdale Infirmary	A&E and Acute Surgery

# NES and Theme 3

NES Commissioners and the NCA fully support the Theme 3, with a number of services are under review which may impact on the NES hospitals.

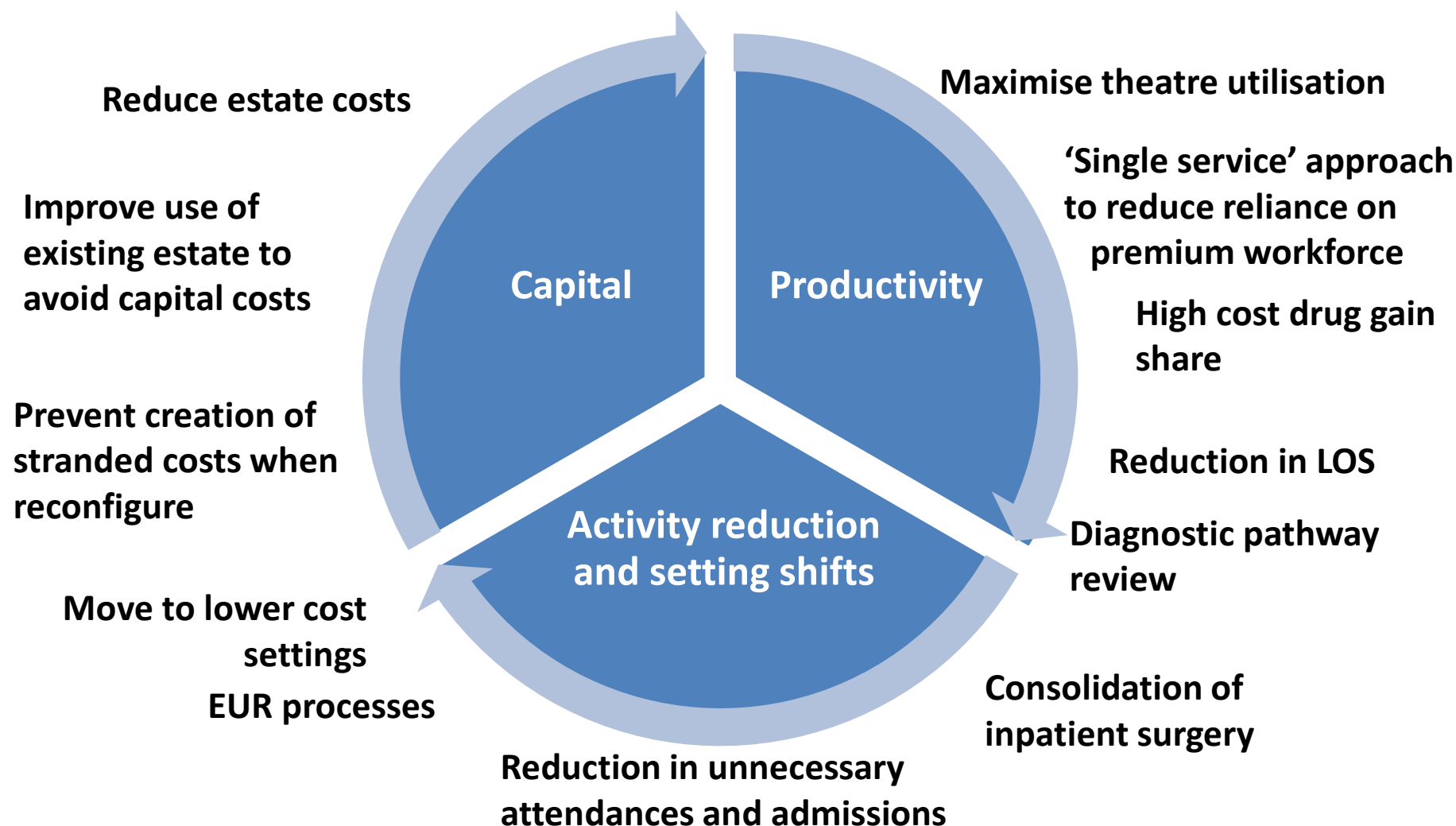
Theme 3 area	Sites that could be affected	Likely nature of proposals
Breast Services	Royal Oldham and NMGH	Reconfiguration
Benign Urology	NMGH and all NES sites	Reconfiguration
Cardiology	All sites	Enhanced standards
Critical Care	All sites except Rochdale Infirmary	Enhanced standards
Neuro-Rehabilitation	Birch Hill hospital	Reconfiguration
Orthopaedics	Rochdale Infirmary and NMGH	Reconfiguration
Paediatrics	Royal Oldham Hospital	Enhanced standards
Respiratory	All sites	Enhanced standards
Vascular Services	Royal Oldham	Consolidation within GM

# *Transformation through shared hospital services*





# Approach to reducing costs\*

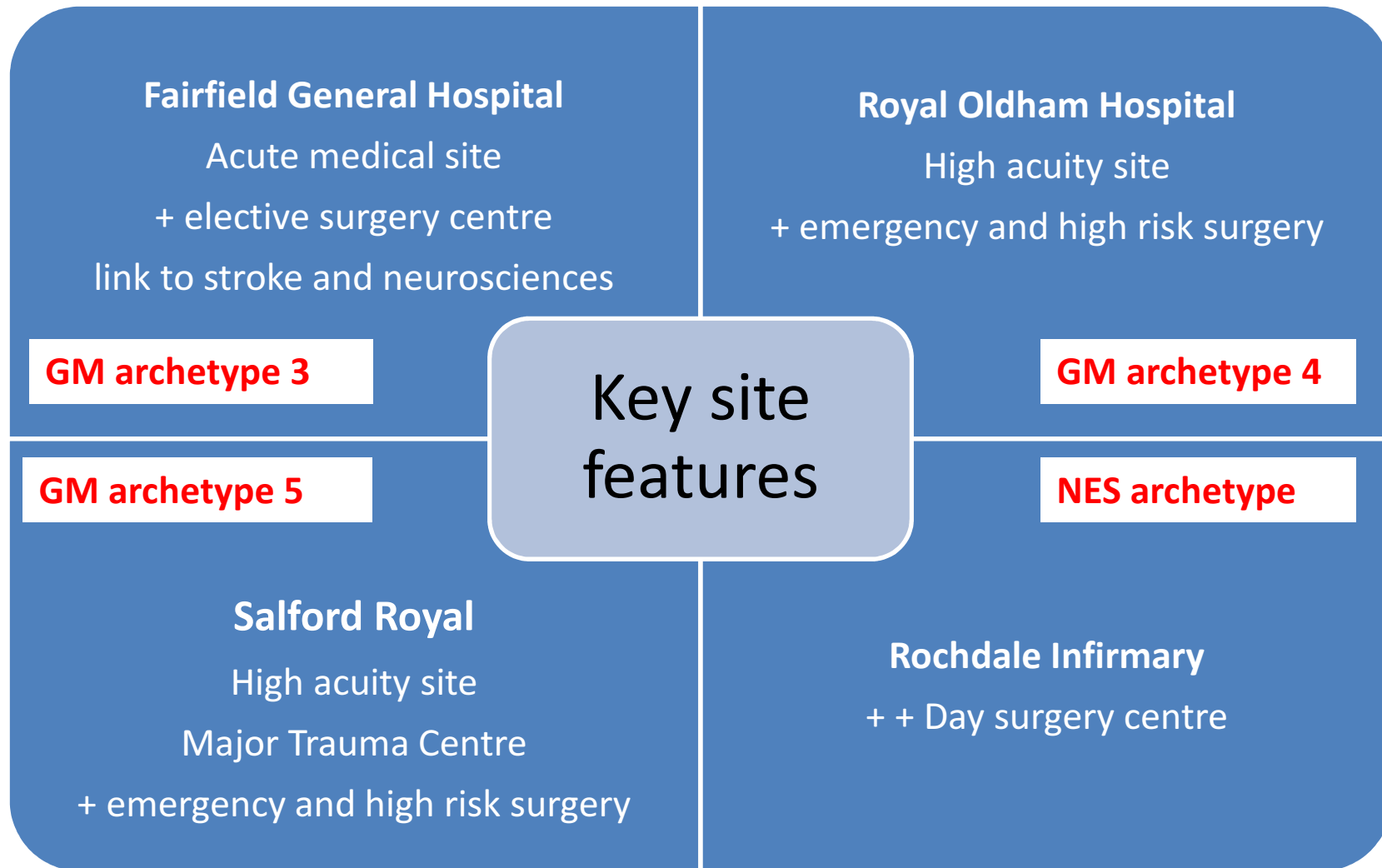


Contributing to **£98M savings** over the next five years, recognising that a proportionate share will be the responsibility of the City of Manchester for NMGH

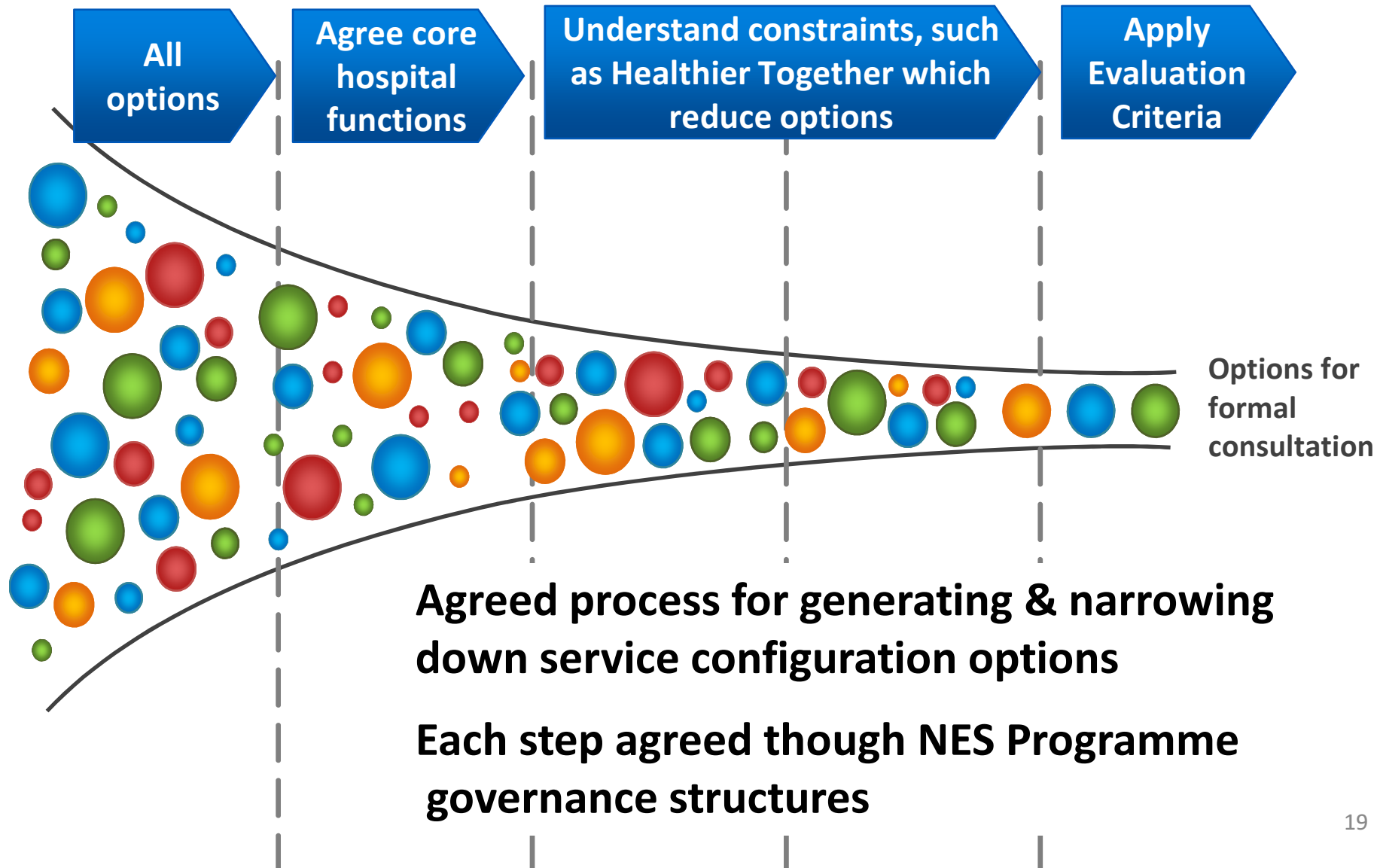
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\*incorporating the agreed Service Development & Improvement Plan schemes

# High level site strategy: building blocks



# Option appraisal process



# Evaluation criteria

	Criteria	Sub-criteria	Description
1	Quality of care for all	<ul style="list-style-type: none"> <li>Clinical effectiveness</li> <li>Patient and carer experience</li> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>Improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites</li> <li>Supports integration and co-ordination of pathways with community and primary care</li> <li>Improved patient and carer experience with excellent communication &amp; good estate</li> <li>Expected impact on excess mortality, serious untoward incidents</li> </ul>
2	Access to care for all	<ul style="list-style-type: none"> <li>Distance and time to access services</li> <li>Service operating hours</li> <li>Patient choice</li> </ul>	<ul style="list-style-type: none"> <li>Impact on population weighted average travel times (blue light, off-peak car, peak car, public transport) to reflect average impact for emergency and elective treatment and total impact for more isolated populations</li> <li>Improved delivery and reduce variation in patient outcomes and health inequalities</li> <li>Ability of model to facilitate 7 day working and improved access to care out of hours</li> <li>Provides patients with choice in line with their rights in the NHS constitution</li> </ul>
3	Affordability and value for money	<ul style="list-style-type: none"> <li>Capital cost to the system</li> <li>Transition costs</li> <li>Net present value</li> <li>Meets regulatory requirements</li> </ul>	<ul style="list-style-type: none"> <li>Capital requirement to achieve required capacity &amp; quality</li> <li>One off costs (excl. capital &amp; receipts) to implement changes</li> <li>Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis</li> <li>E.g. Surpluses generated by Foundation Trusts</li> </ul>
4	Workforce	<ul style="list-style-type: none"> <li>Scale of impact</li> <li>Sustainability</li> <li>Impact on local workforce</li> </ul>	<ul style="list-style-type: none"> <li>Supports new workforce models which reflect new ways of working and education and training needs.</li> <li>Potential impact on current staff and retraining required</li> <li>Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and addresses any other recruitment challenges</li> <li>Potential impact on staff attrition due to change</li> </ul>
5	Deliverability	<ul style="list-style-type: none"> <li>Expected time to deliver</li> <li>Co-dependencies with other strategies</li> </ul>	<ul style="list-style-type: none"> <li>Ease of delivering change within 5 years</li> <li>Alignment with other strategic changes (e.g. STP, any other national and local NHS strategies) and provides a flexible platform for the future</li> </ul>

# NES timeline and steps

Figure 1 describes both the revised timescales, governance points and stages to development of a strategy which can demonstrate clinical and financial sustainability.

	June		July					August				September				October				
Essential meeting and governance	18	25	2	9	16	23	30	6	13	20	27	3	10	17	24	1	8	15	22	29
NES Executive Group	▲					▲				▲					▲				▲	
NES Programme Board	▲					▲				▲					▲				▲	
Clinical oversight group (COG)	▲				▲				▲					▲				▲		
Finance Reference Group (FERG)				▲				▲					▲					▲		
(Transaction Board)			▲					▲				▲				▲				
<b>Steps to strategy</b>																				
Revisit the Case for Change																				
Refine evaluation criteria																				
Describe potential clinical models																				
Short-list of service configuration options																				
Analysis to support evaluation																				
Evaluate options and write up																				
Engagement activities																				
Approvals																				