NES Clinical Services: Case for Change

DRAFT DOCUMENT

Summary case for change

The local population is growing and getting older, within a system already delivering some poor outcomes	▪ NES commissioners are responsible for commissioning care for Oldham, Rochdale and Bury, with most care delivered across 4 sites – Fairfield General Hospital (FGH), Rochdale Infirmary (RI), North Manchester General Hospital (NMGH) and Royal Oldham Hospital (ROH) – as well as links to Salford Royal Hospital via the Northern Care Alliance ▪ Collectively, along with Salford CCG, NES CCGs serve a population of ~900,000, which is **growing by 0.5% per year** with the number of people **over 70 projected to grow 12% by 2025**. This will result in a higher prevalence of long term conditions (LTCs) and frailty ▪ **Avoidable mortality rates** are already much **higher than the England average**, while life expectancy is among the lowest nationally
To address this, a different sort of care will be required to that historically provided …	▪ To address rising population health demands, LCOs are seeking to transform **out-of-hospital care** focused on **prevention of ill health, integration** and **moving care delivery closer to home** ▪ Greater Manchester has **been given £450m over 5 years** as part of devolution to invest into delivering these changes in care delivery ▪ Technology will play a key part in supporting many of these new models of care e.g. virtual outpatient clinics or remote monitoring
… resulting in decreased hospital activity and better health outcomes …	▪ The clinical evidence base suggests that a greater focus on prevention of ill health and on caring for people with LTCs and frailty in the community can significantly reduce the need for acute hospital care resulting in better health status and greater independence ▪ CCG plans to implement new models of care to deflect acute activity are underway, and over the past five years, **admissions across PAHT hospitals have fallen by 1% p.a. on average** while **average non-elective LoS is one of the lowest in the country** for its case mix ▪ Currently, **51% of NHS funds** available locally are **spent on acute care** and this percentage has been falling
… this is good for the local population, but will put further pressure on already fragile acute services …	▪ Current acute hospital services are split over five sites – FGH, RI, ROH, Salford Royal Hospital and also NMGH. Declining hospital activity will result in **subscale services** at each site – below levels recommended by national clinical bodies ▪ Services that need to be provided 7 days a week are particularly difficult to provide on sites where volumes of activity are low – this is particularly the case for **critical care**, which has **consultant shortfalls at FGH and NMGH** ▪ Lower volume services have been shown to be associated with **poorer quality of care**, with clinical teams less able to develop and maintain their skills, as well as **higher costs** due to **underutilised estate and workforce** ▪ There is variation in the quality of care across sites serving the NES population, with ROH and NMGH recently rated as **"requiring improvement"** and patients with MI and HF having **relatively poor access to consultant cardiologists** at ROH ▪ Operationally, 4-hour A&E **waiting times performance has been deteriorating** and is below the national average at ROH, NMGH and Salford, while **18-week RTT at ROH and NMGH is lower than the national average** and has been **declining** ▪ In terms of cost, the NCA had an underlying **£82m financial gap** in 2017/18 **projected to reach an underlying deficit of over £100m by 2022/23** assuming productivity increases of just over 2% are delivered each year ▪ Furthermore, recent workforce data shows that **7-18% of medical and nursing positions are vacant** at sites serving NES population, with **high levels of agency spend** to try to cover these positions
Consolidation is one of several ways to address the fragility of acute services	▪ The Healthier Together business case (2015) has already recommended that some services, e.g. general surgery, move in order to capture the benefits to clinical quality, workforce and financial sustainability from delivering services at scale ▪ Further consolidation may deliver similar improvements in other fragile services ▪ In addition, **reductions to length of stay** and **increasing throughput** of theatres, diagnostic services and outpatients will all enable more **efficient hospital services** and allow continued **investment in out-of-hospital care**

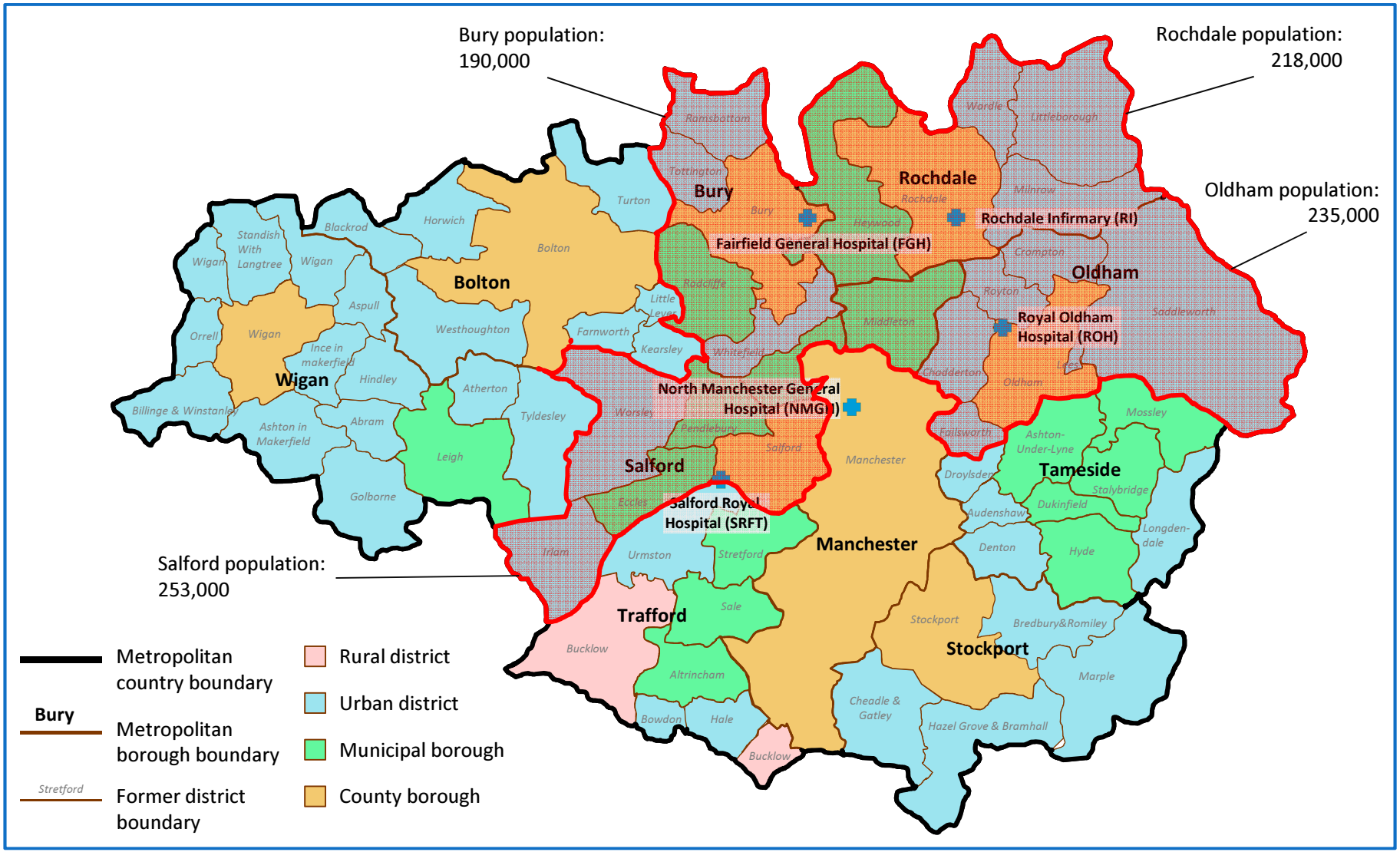
Contents

- **Our population and their needs**
- Out-of-hospital care
- Acute care activity
- Acute care performance
- Acute site profiles

Section summary

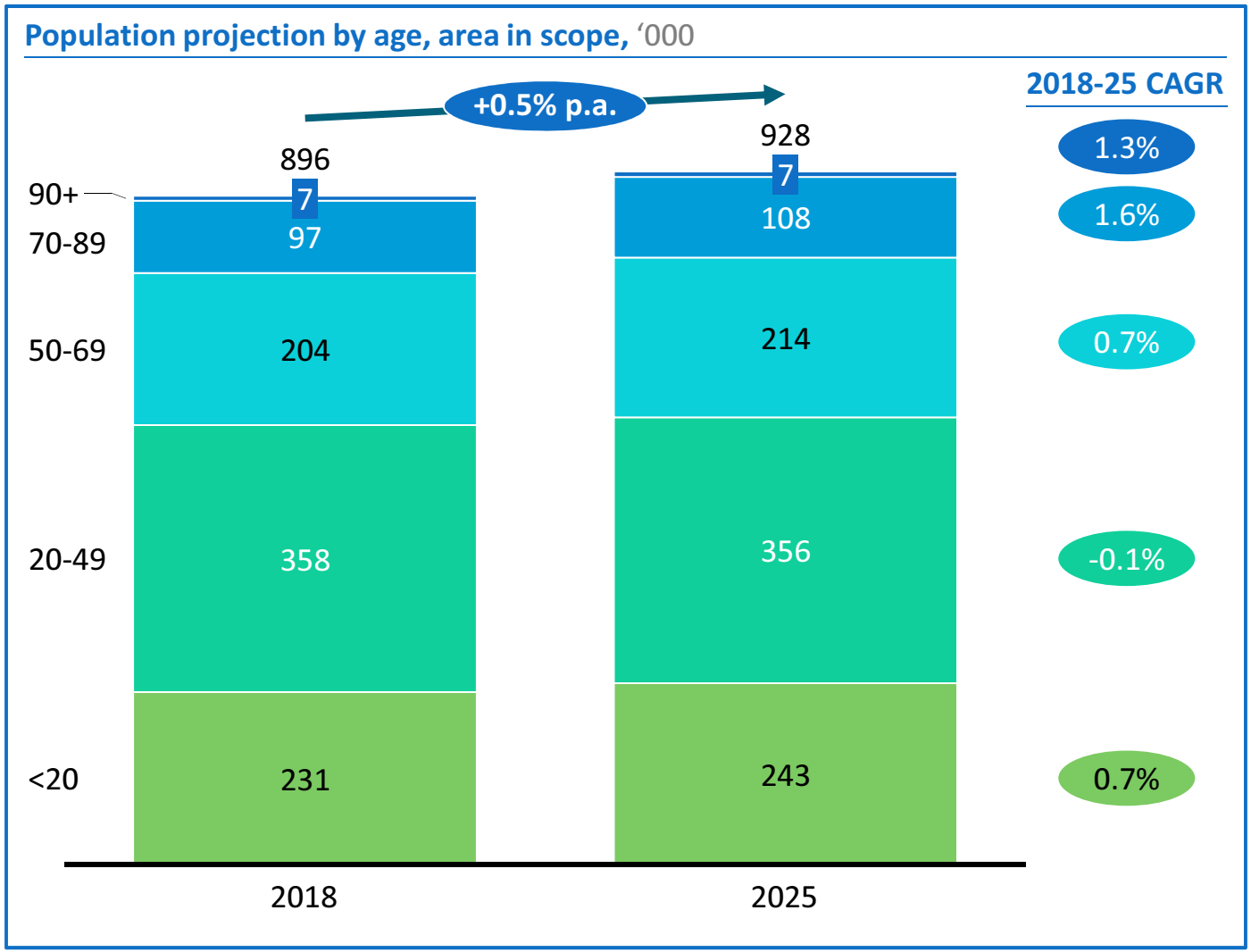
- NES CCGs commission care for Bury, Rochdale and Oldham; however any service change will have implications for Salford and North Manchester, as well as vice versa
- The population of the Bury, Rochdale, Oldham and Salford boroughs is slightly younger than the England average and is set to increase by 0.5% p.a. by 2025 with the over 70's and 90's being the fastest growing
- The NES and Salford areas have very high levels of deprivation, with particularly high pockets of deprivation in Rochdale and Salford
- Obesity and smoking are particularly prevalent in parts of Rochdale and Salford
- Respiratory diseases, especially smoking-related ones, and depression are higher than the national average
- Moreover, avoidable mortality rates are higher than other areas of the country with life expectancy generally less than surrounding areas apart from pockets in Oldham and Bury

The NES serves three boroughs; however any service change will have implications for Salford and NM, as well as vice versa



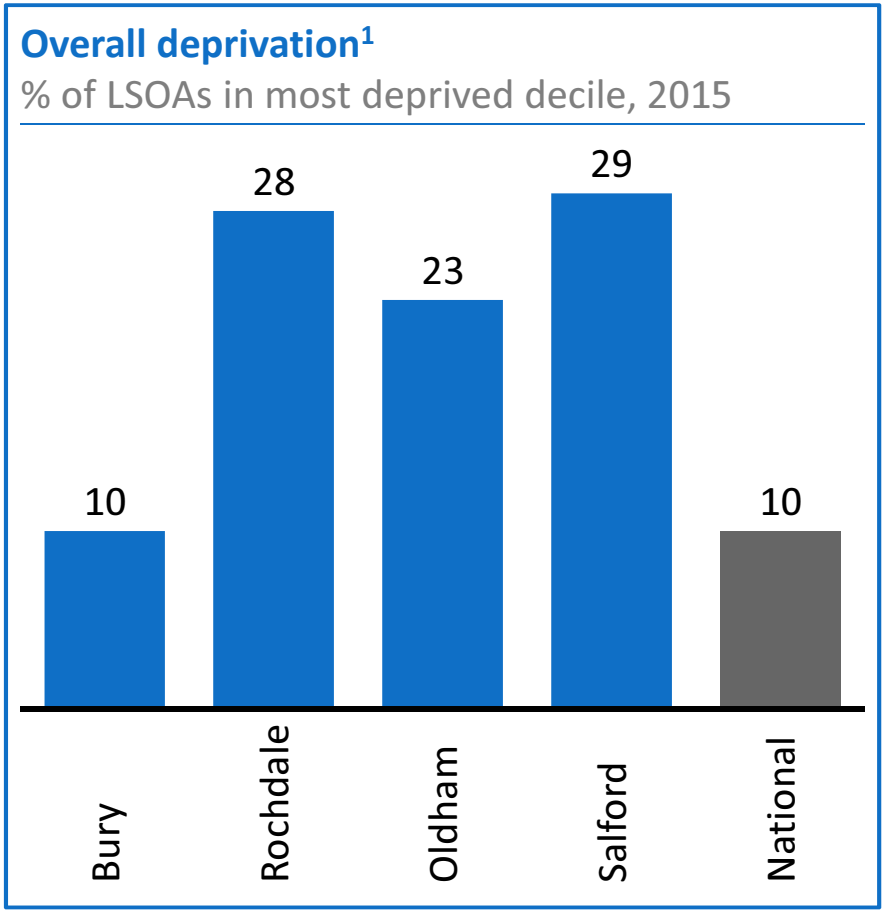
SOURCE: ONS 2018-based Sub National Population Projections; catchment area defined as the wards in the Boroughs of Bury, Oldham, Rochdale and Salford

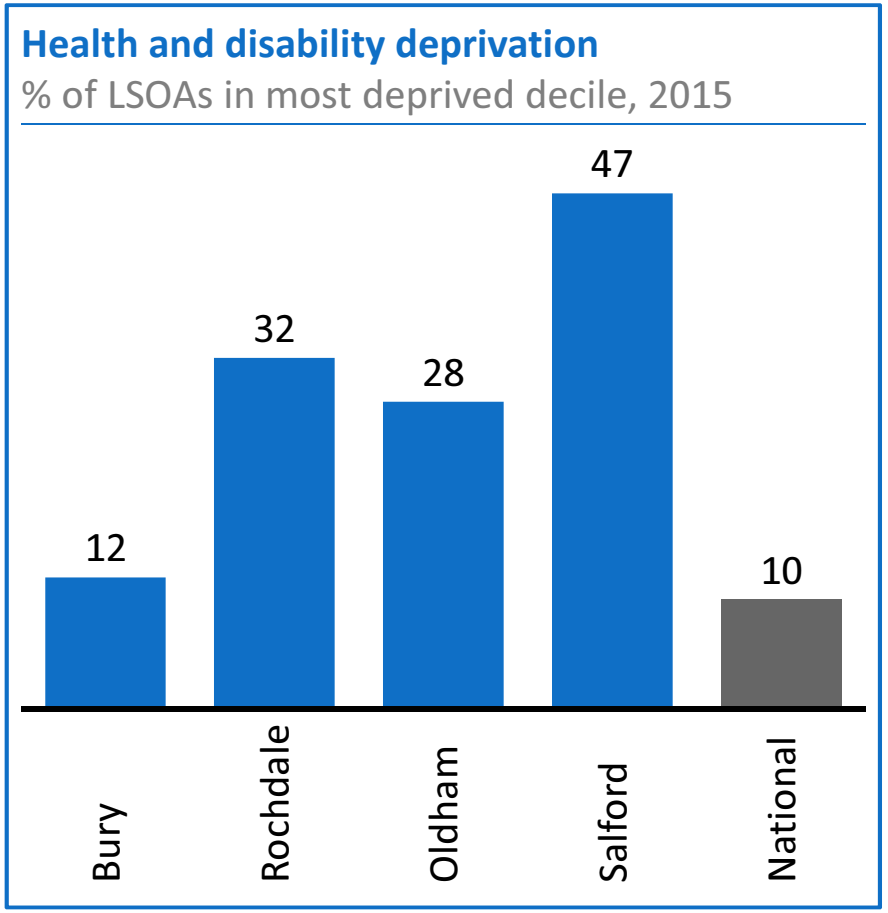
Population in the four boroughs is set to increase by 0.5% p.a. by 2025 with the over 70's and over 90's being the fastest growing



SOURCE: ONS 2018-based Sub National Population Projections; catchment area defined as the wards in the Boroughs of Bury, Oldham, Rochdale and Salford

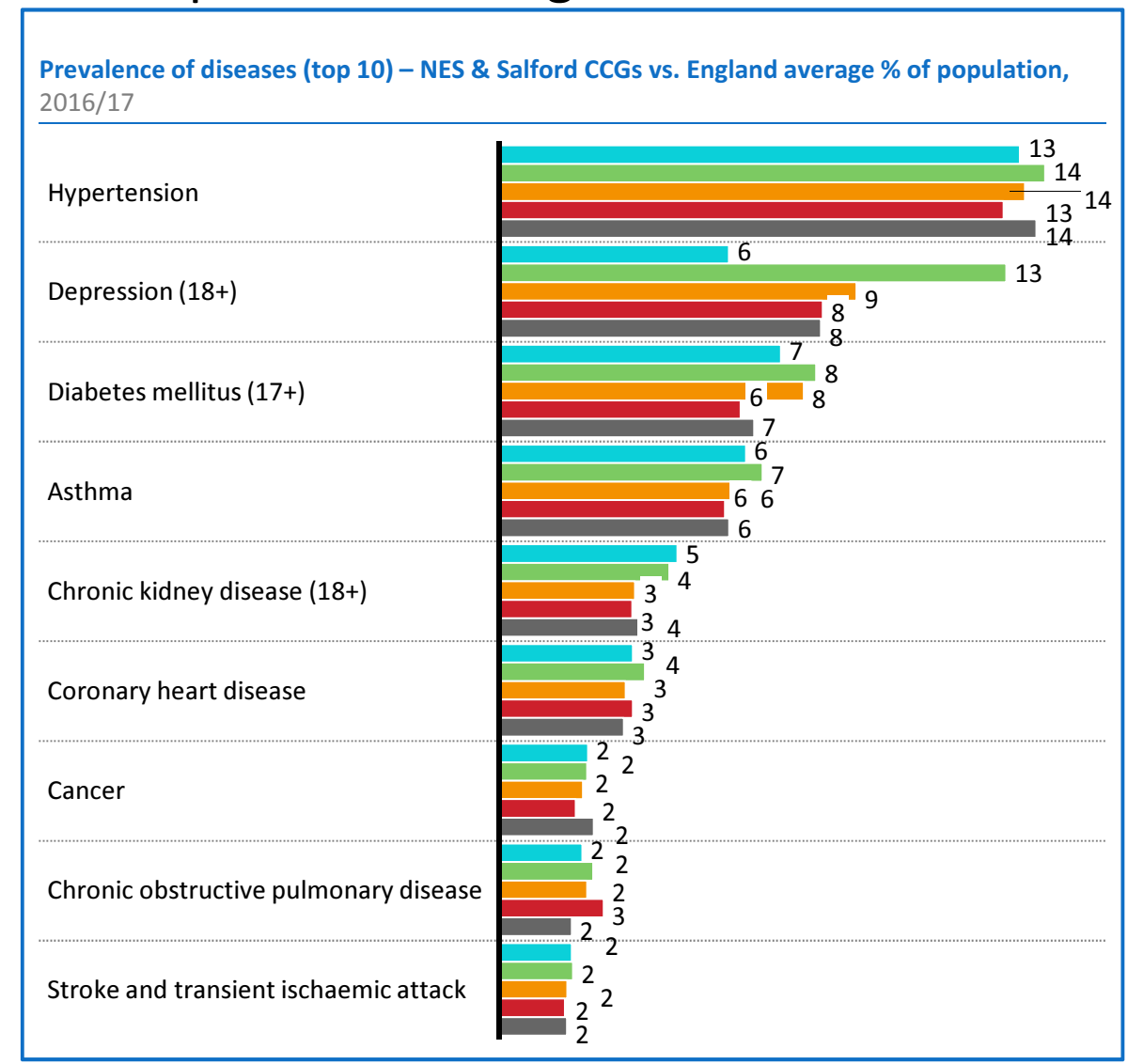
The NES and Salford areas have very high levels of deprivation, with particularly high pockets of deprivation in Rochdale and Salford

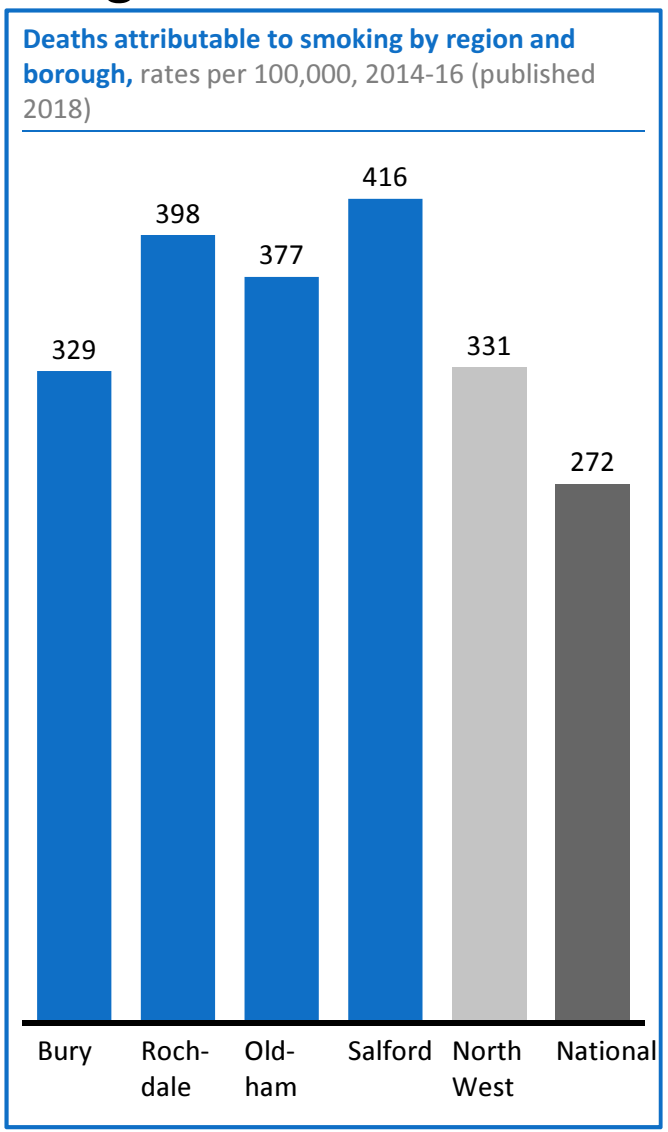




SOURCE: Ministry of Housing, Communities & Local Government – English indices of deprivation 2015

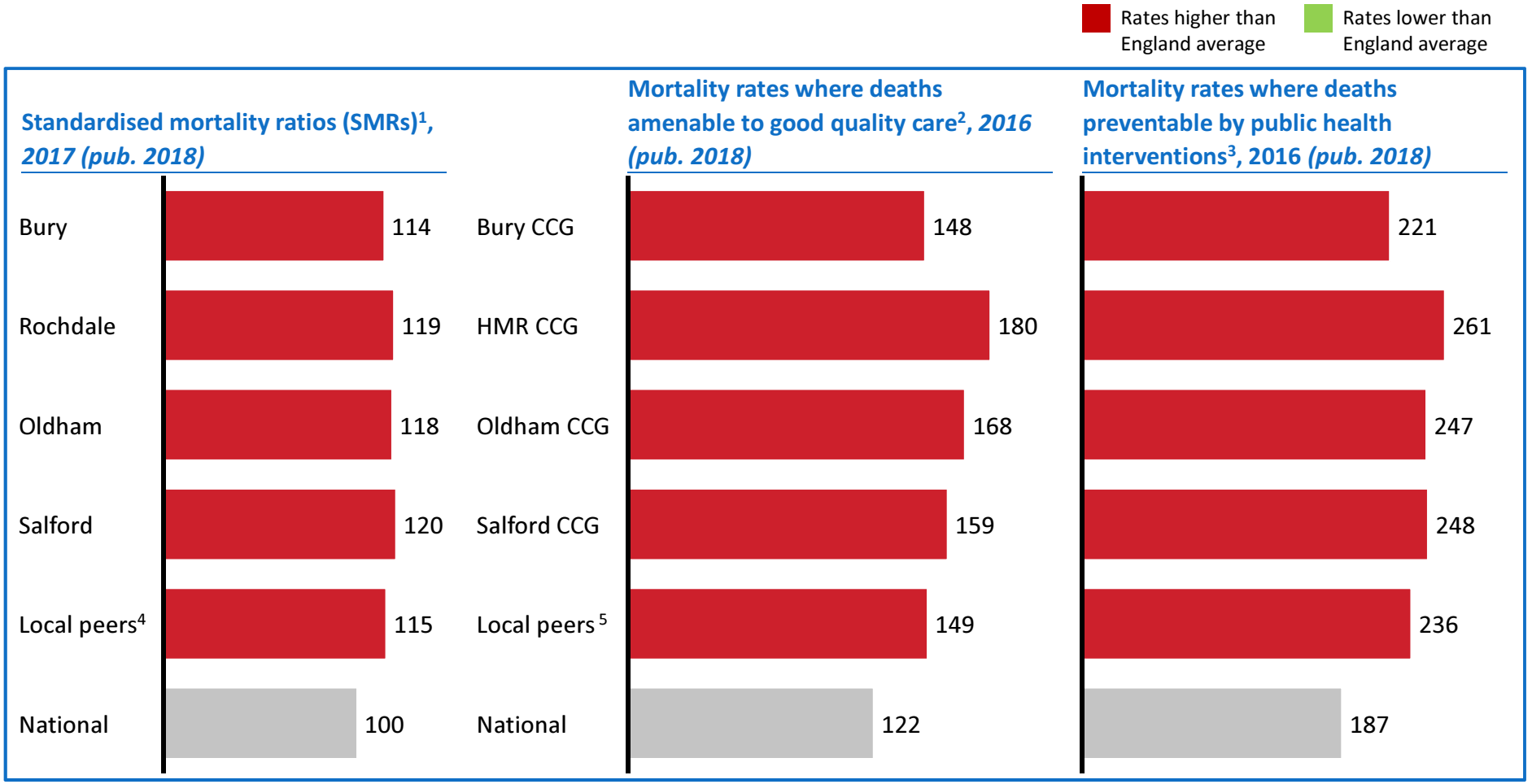
Respiratory diseases, especially smoking-related ones, and depression are higher than the national average





SOURCE: QOF 2016/17; NHS Digital Statistics on Smoking - England 2018 reporting data over 2014 to 2016 period

Avoidable mortality rates are higher than other areas of the country



1 SMRs give a comparison of mortality in the borough / region of interest against England population as a whole, while allowing for differences in age structure
2 Age-standardised mortality rate per 100,000 where if, in light of medical knowledge and technology available at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare
3 Age-standardised mortality rate per 100,000 where if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense
4 Local peers as unitary authorities/counties/districts for Bolton, Manchester, Stockport, Tameside, Trafford and Wigan
5 Local peers as CCGs for Bolton, Stockport, Tameside and Glossop, Trafford, Wigan Borough and Manchester CCGs before the merger

SOURCE: ONS Deaths Registrations Summary Statistics, 2018 reporting data for 2017; ONS Avoidable mortality in England and Wales: 2018 reporting data for 2016

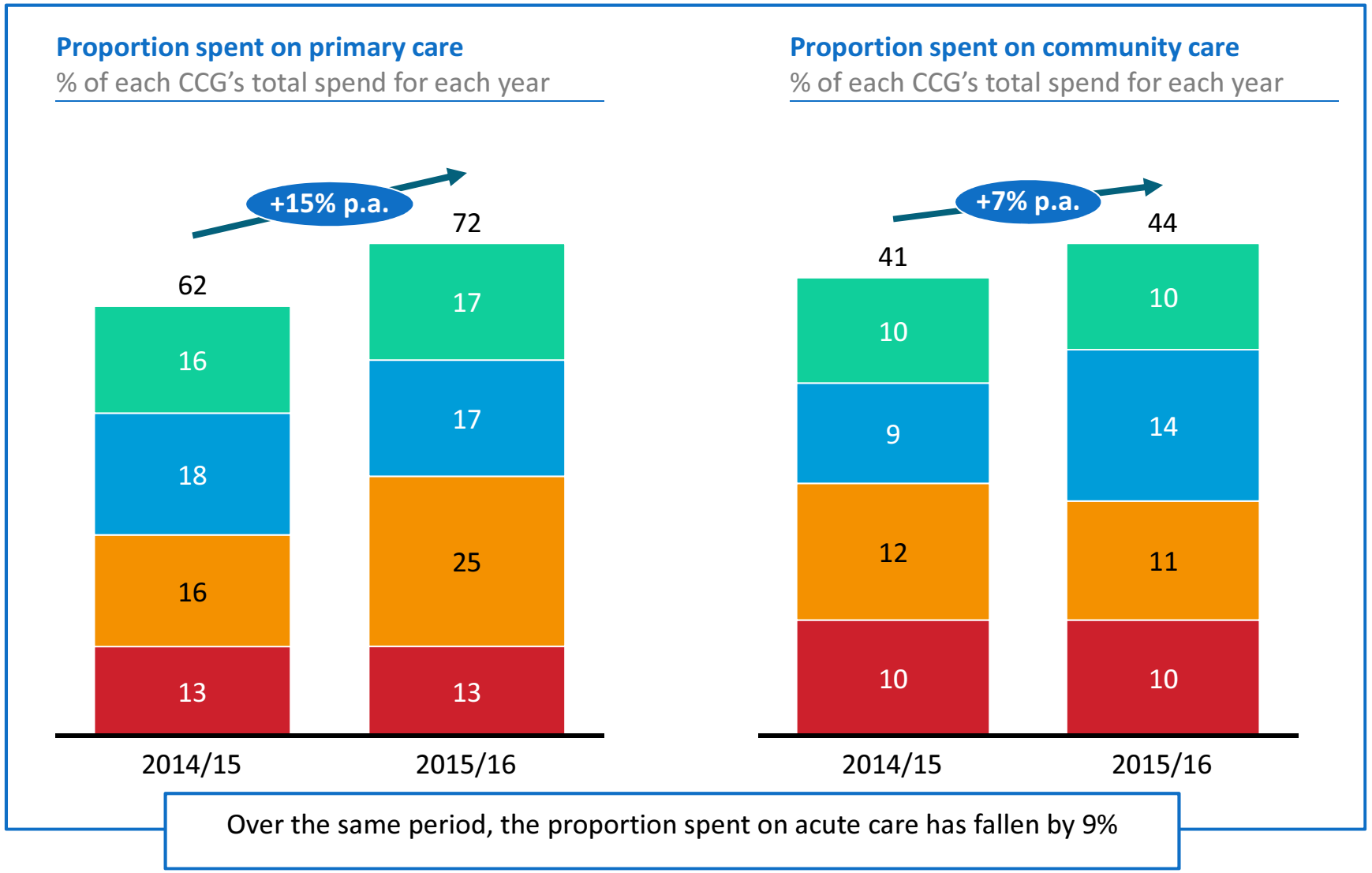
Contents

- Our population and their needs
- **Out-of-hospital care**
- Acute care activity
- Acute care performance
- Acute site profiles

Summary of this section

- To address rising population health demands, LCOs are seeking to transform out-of-hospital care through a greater focus on prevention of ill health, integration and moving care delivery closer to home
- To deliver these changes, Greater Manchester has been given £450m over 5 years as part of its devolution agreement
- The proportion of CCG budgets spent on primary and community care rose by 15% and 7%, respectively, between 2014/15 and 2015/16 – in line with LCO plans to shift activity out of hospitals
- In terms of primary care, there are a few very large GP practices in Salford and Oldham
- Oldham in particular has many more registered patients per permanent GP on average than nationally and a slightly higher proportion of GP practices rated inadequate than neighbouring CCGs

The proportion of CCG budgets that has been spent on primary and community care has risen significantly



SOURCE: CCG spend breakdown, NHS Digital, 2017

There is some variation in quality of care for diabetes mellitus among Bury and HMR GPs

SOURCE: QOF 2016/17 published in 2018

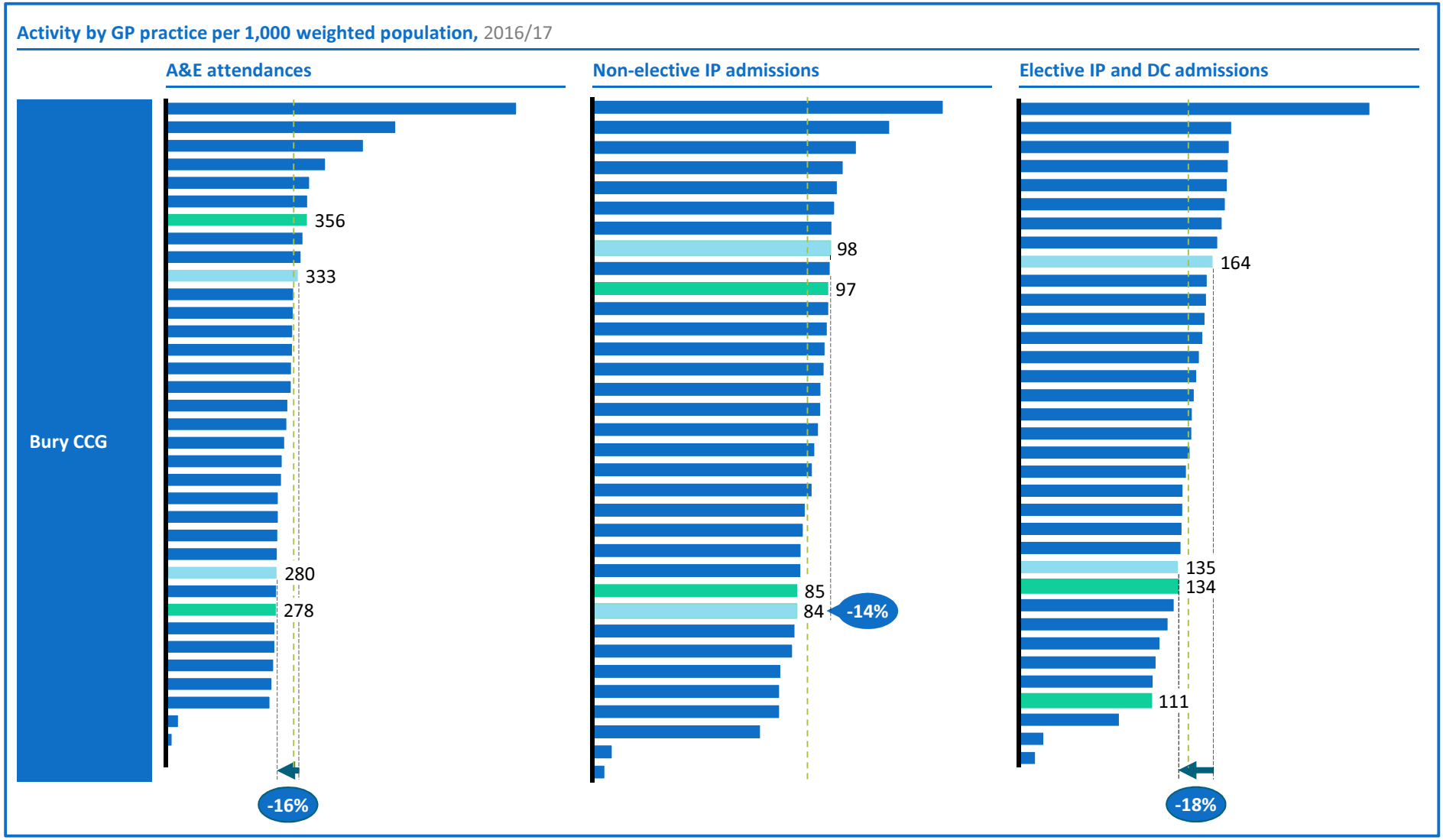
Contents

- Our population and their needs
- Out-of-hospital care
- **Acute care activity**
- Acute care performance
- Acute site profiles

Section summary

- CCG plans to deliver new models of care to deflect acute activity are underway
- Bury has relatively high elective admission rates, Oldham has high non-elective activity while HMR has high activity for all types
- However, over the past five years, admissions across PAHT hospitals – where NES CCGs commission the great majority of care – have fallen by 1% p.a. on average
- Moreover, the proportion of spending on the acute care sector is equivalent to or lower than the national average for all NES CCGs and this percentage has been falling

Bury has high elective admission rates with the lowest quartile rate similar to the national median



SOURCE: HES 206/17 M13 APC and A&E data, c/o NHS Digital

Contents

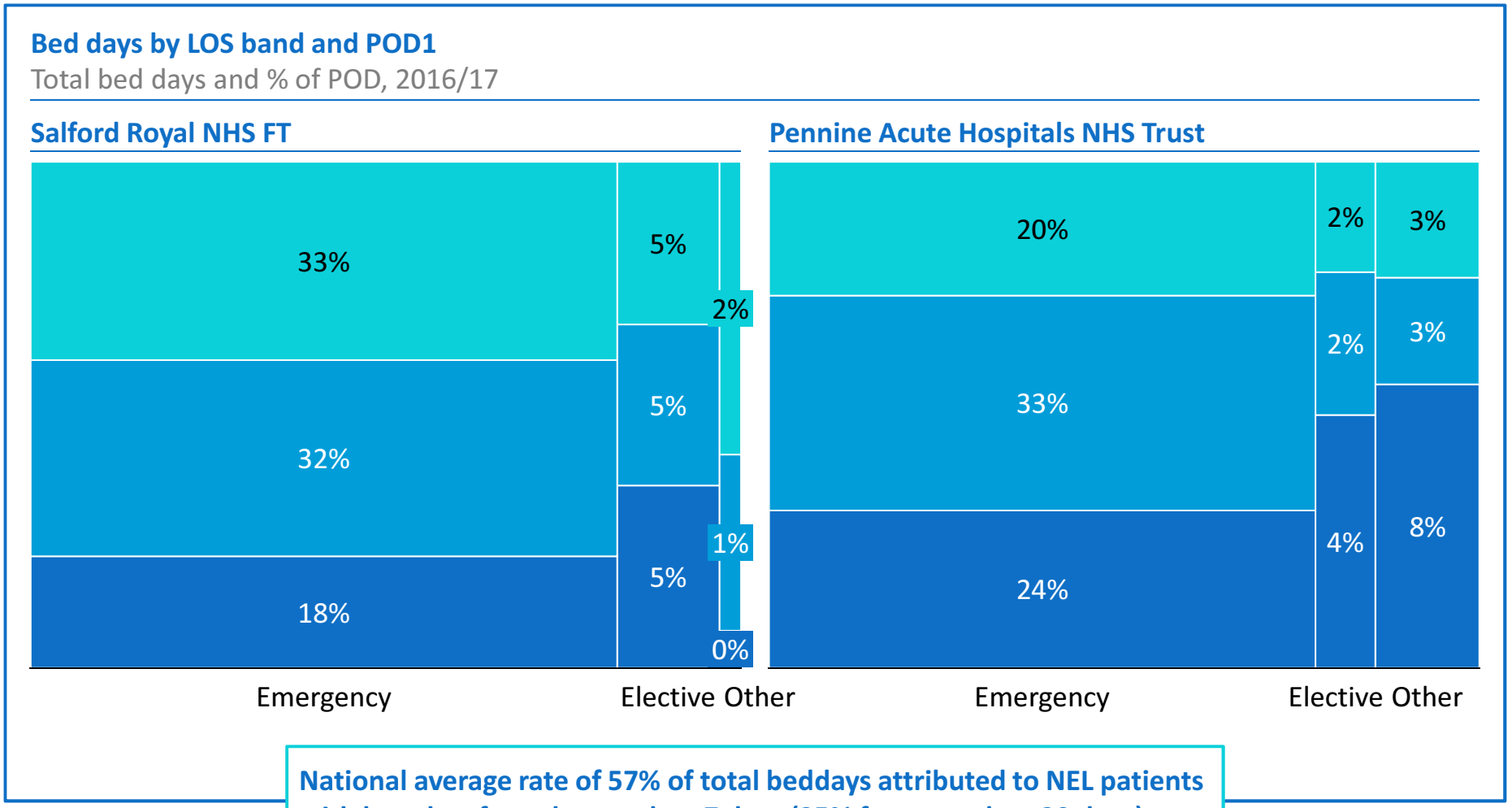
- Our population and their needs
- Out-of-hospital care
- Acute care activity
- **Acute care performance**
- Acute site profiles

Section summary

Focus of today's discussions

- Services that need to be provided 7 days a week will become even more difficult to provide on sites if volumes of activity decrease
- There is already difficulty ensuring that patients with MI and HF have rapid access to specialist staff and procedures at ROH
- In critical care, there have been notable consultant shortfalls at FGH and NMGH
- Recent workforce data shows that 7-18% of medical and nursing positions are vacant with high levels of agency spend to cover these positions
- Operationally, 4-hour A&E waiting times performance has been deteriorating and is below the national average at ROH, NMGH and Salford, while 18-week RTT at ROH and NMGH is lower than the national average and has been declining
- Additionally, ROH was recently rated as "requiring improvement" in critical and medical care safety, effectiveness and responsiveness
- Meanwhile, NMGH required improvement in safety and effectiveness of medical care and surgery, plus responsiveness for critical care and urgent & emergency care
- This is all despite PAHT already having low NEL ALoS – among the top 10% nationally
- In terms of estate, NMGH in particular has high backlog maintenance costs and inefficient use of floor area, driven in part by its age
- In terms of finances, the NCA had an underlying £82m financial gap in 2017/18 that is projected to reach over £100m by 2017/18

>50% of all bed days at both trusts are occupied by stranded NEL patients with length of stay longer than 7 days



National average rate of 57% of total beddays attributed to NEL patients with lengths of stay longer than 7 days (25% for more than 30 days)

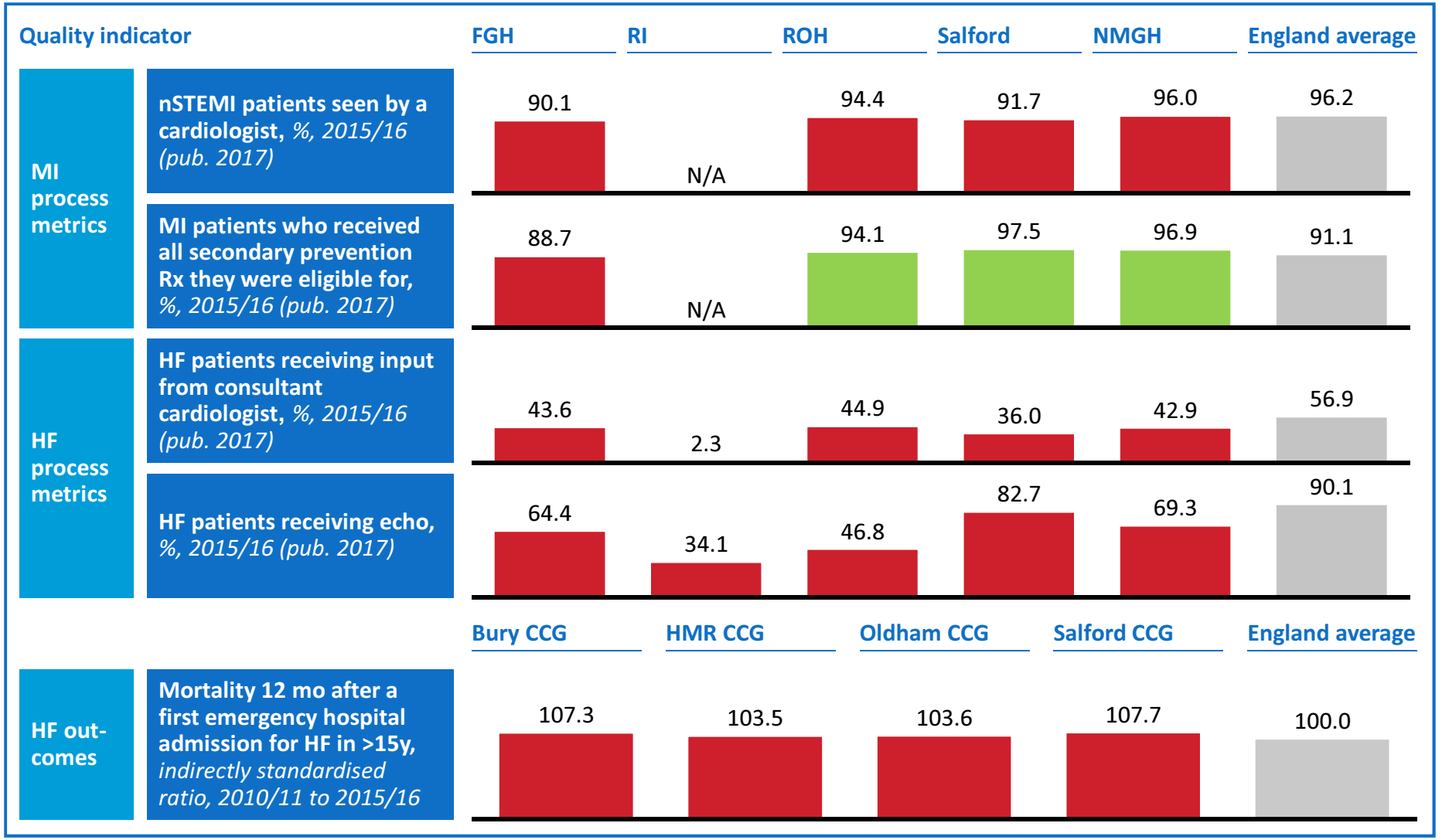
1 Excluding RA (Regular Attenders) and Other (not recorded type), Paediatrics patients are defined by age 0-18 y.o.

SOURCE: HES 2016/17

Quality indicators for myocardial infarction and heart failure

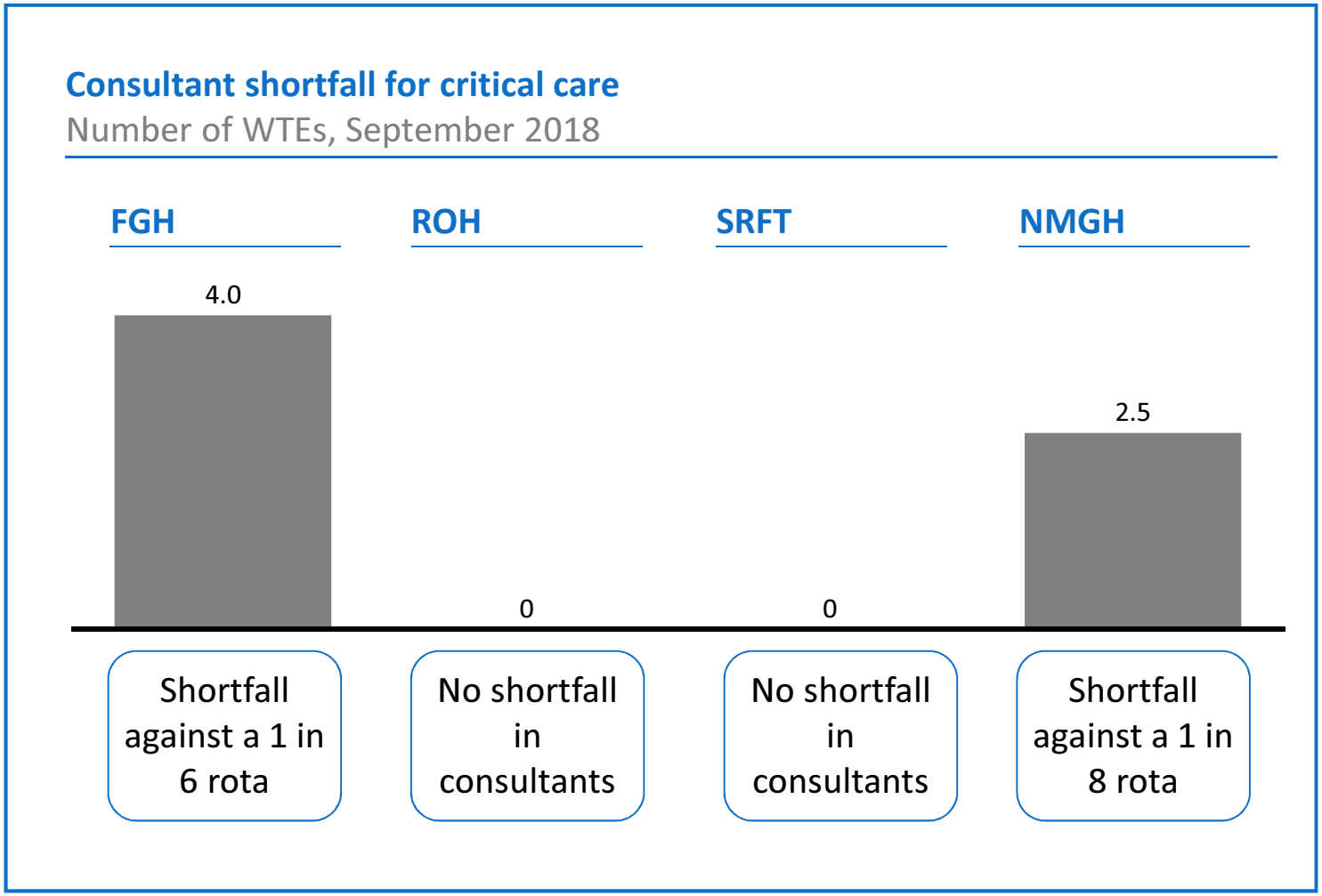
Performance below England average

Performance above England average



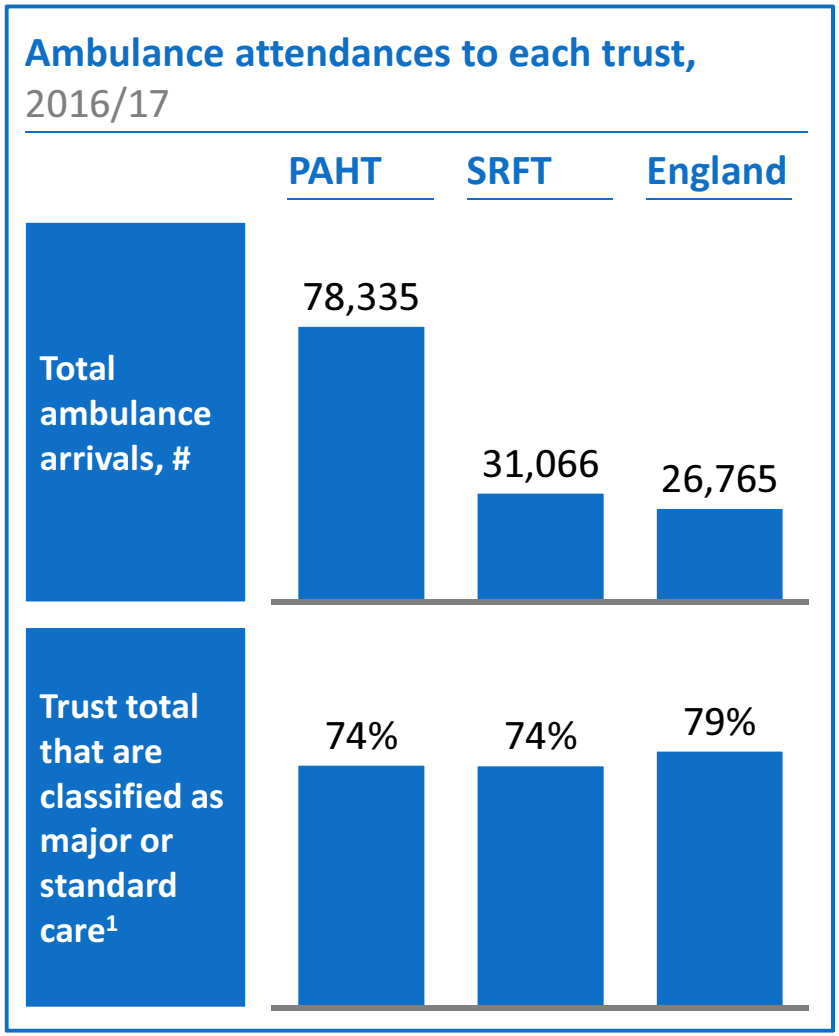
SOURCE: Myocardial Ischaemia National Audit Project 2017, National Heart Failure Audit 2017, CCG Outcomes Indicators 2018

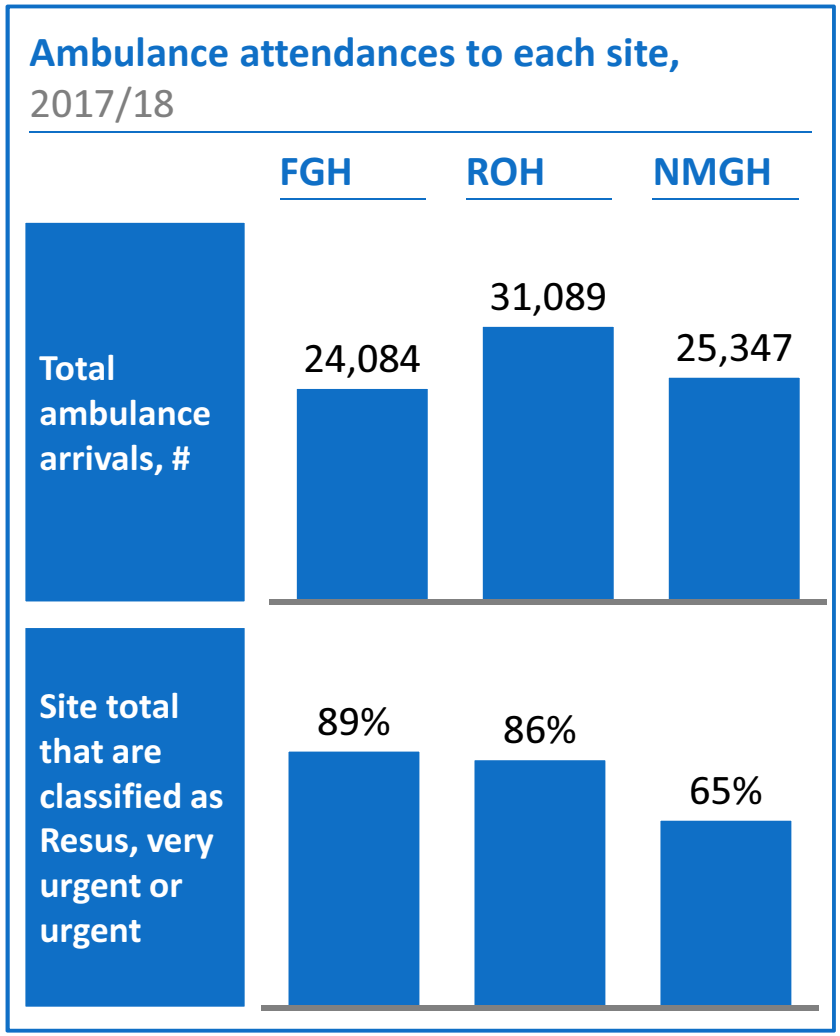
Staffing levels for critical care



SOURCE: Trust ESR data 2018

Ambulance activity to each of the NES and Salford sites

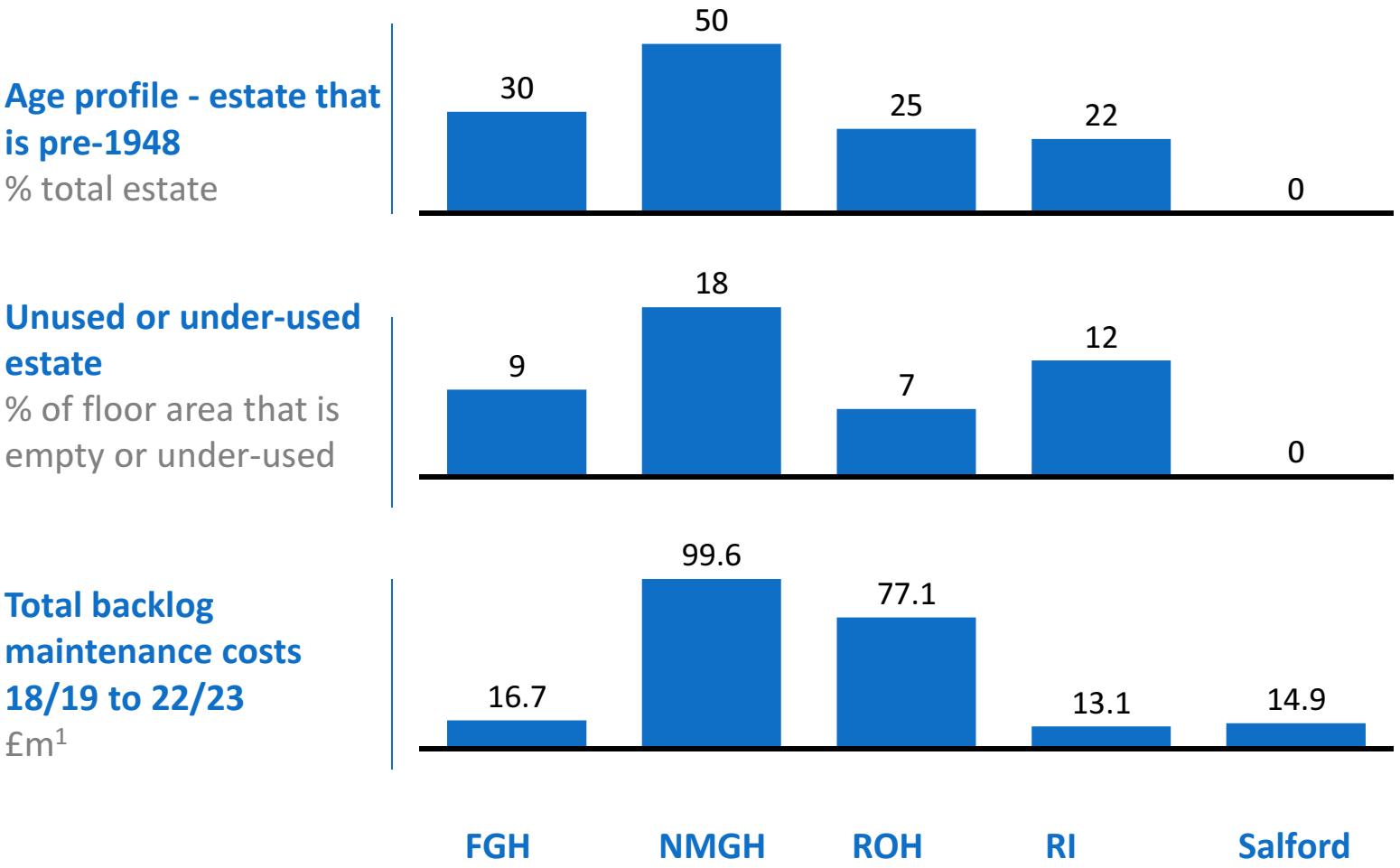




1 Defined for Salford, PAHT overall and England average based on HRGs VB01Z-VB08Z

SOURCE: Pennine Acute Trust data, 2018; HES A&E M13 2016/17 data, c/o NHS Digital

NM, in particular, does not use estate as efficiently as other sites, and has substantial backlog maintenance costs of nearly £100m



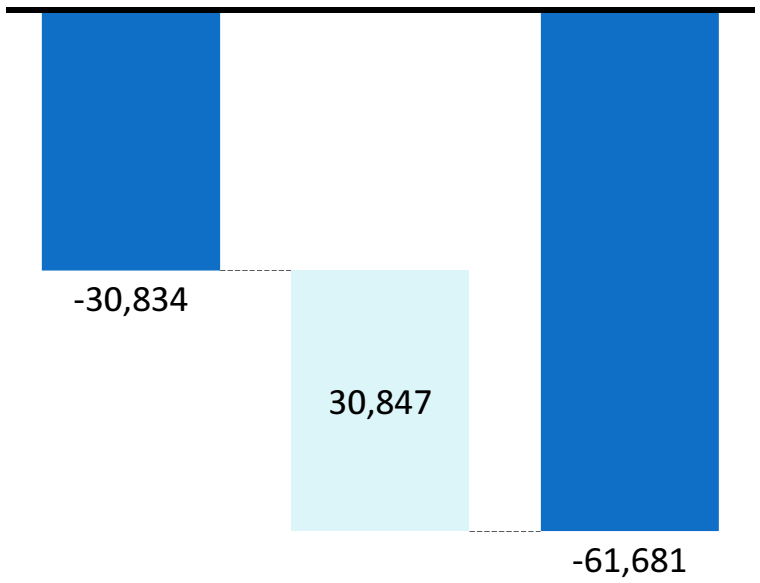
1 Data for Pennine sites is based on a Capita review for backlog over the next six years; data for Salford site is based on ERIC 17/18 returns

SOURCE: ERIC 17/18 and Capita review of Pennine sites

Both Trusts have underlying financial deficits

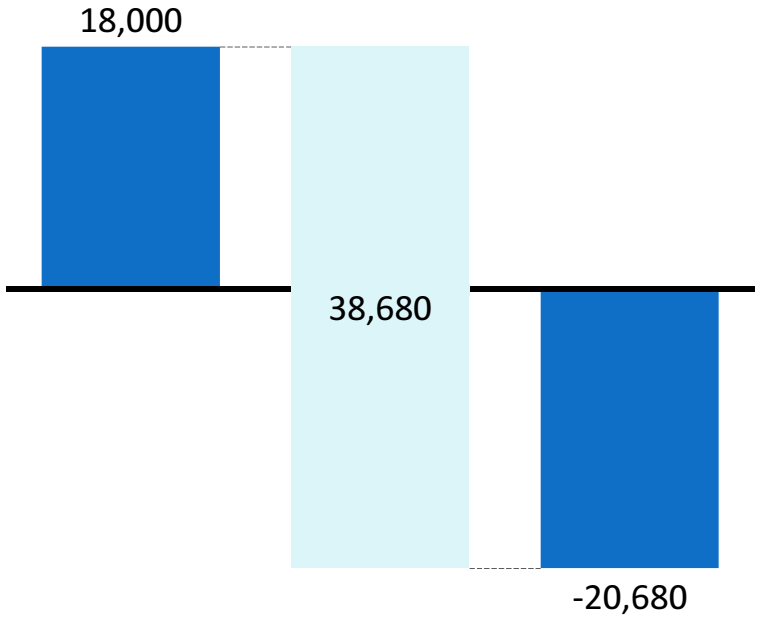
Baseline I&E for PAHT

£000s, 2017/18



Baseline I&E for SRFT

£000s, 2017/18



SOURCE: Provider and Commissioner model, GM Theme 3