

NMGH Complex Service Change Proposals

Bury Locality Board

4th September 2023

Purpose and background

Purpose

The purpose of this slide deck is to provide Scrutiny Committee with a summary of service change proposals arising from the dissolution of Pennine Acute Hospitals Trust (PAHT).

These changes are the final stages of a long term strategy for Greater Manchester that includes the dissolution of PAHT, the formation of a 'Single Hospital Service' for Manchester under Manchester University Foundation Trust (MFT) and the formation of the Northern Care Alliance (NCA).

Background – Timeline

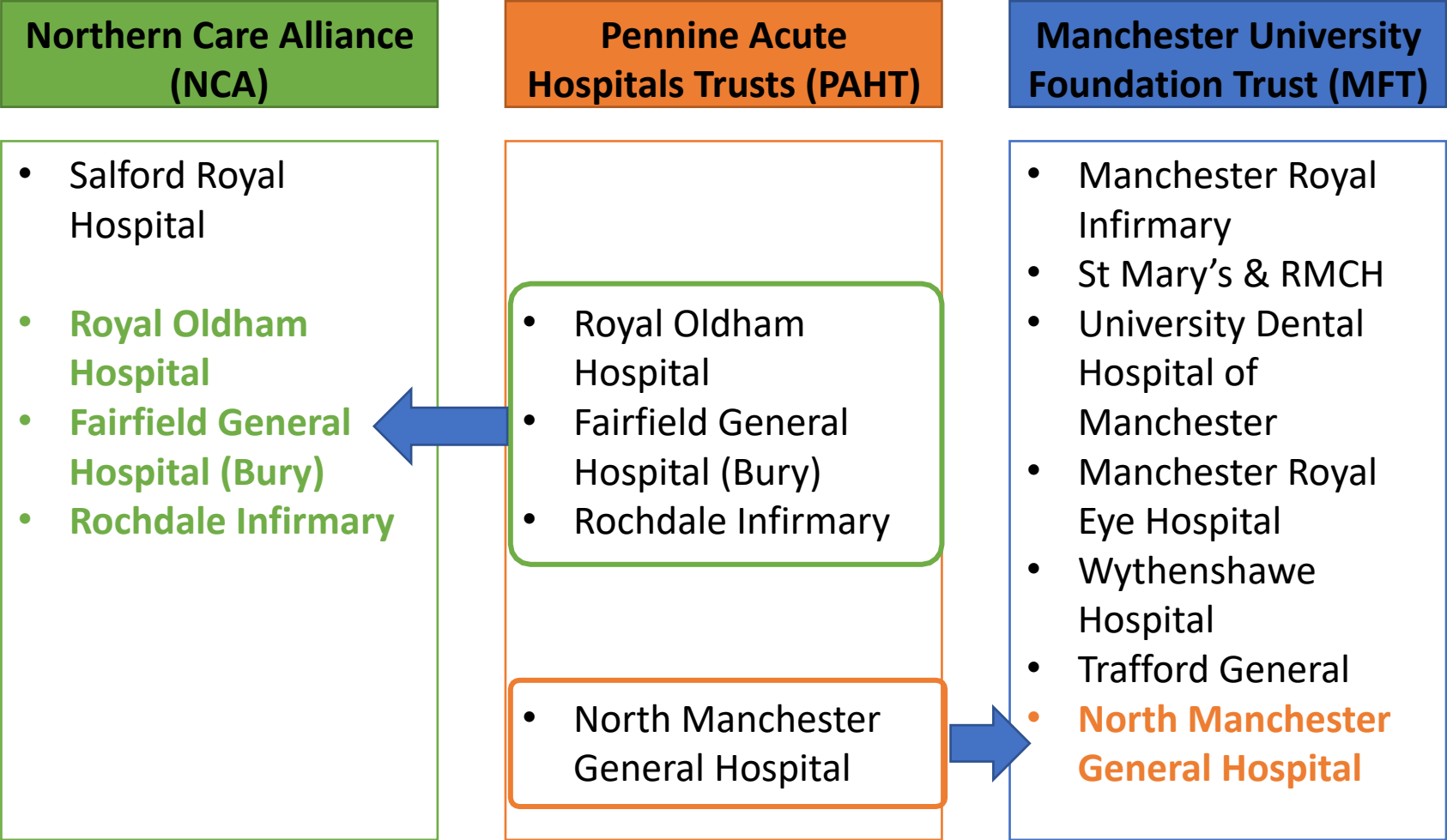
- **2016** - An independent review of hospital services in Manchester concluded the most effective route to achieving clinical, safety and efficiency benefits was to create a 'single hospital service' for Manchester. Prior to this Manchester Royal Infirmary, Wythenshawe Hospital and North Manchester General Hospital were all run by different organisations.
- **2016** – Pennine Acute Hospital Trust (PAHT; included Fairfield General Hospital in Bury, Rochdale Infirmary, North Manchester General Hospital and Royal Oldham Hospital) was rated 'inadequate' by the Care Quality Commission (CQC).
- **2017** - NHS Improvement undertook an option appraisal in respect of the long-term future of Pennine Acute Hospital Trust (PAHT). The preferred option was for North Manchester General Hospital (NMGH) to be acquired by Manchester University Foundation Trust (MFT), and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT).
- **1st April 2021** – MFT formally acquired the NMGH site and services through a commercial transaction.
- **1st October 2021** – SRFT acquired the remaining elements of PAHT through a statutory transaction and became the Northern Care Alliance (NCA).
- **2021 to 2023** - MFT and the NCA have strong post-transaction joint working arrangements and are continuing to work through these structures to agree the most appropriate timing for disaggregation of the more complex services.

Background information – organisations and acronyms

Pennine Acute Hospitals Trust (PAHT) has been dissolved.

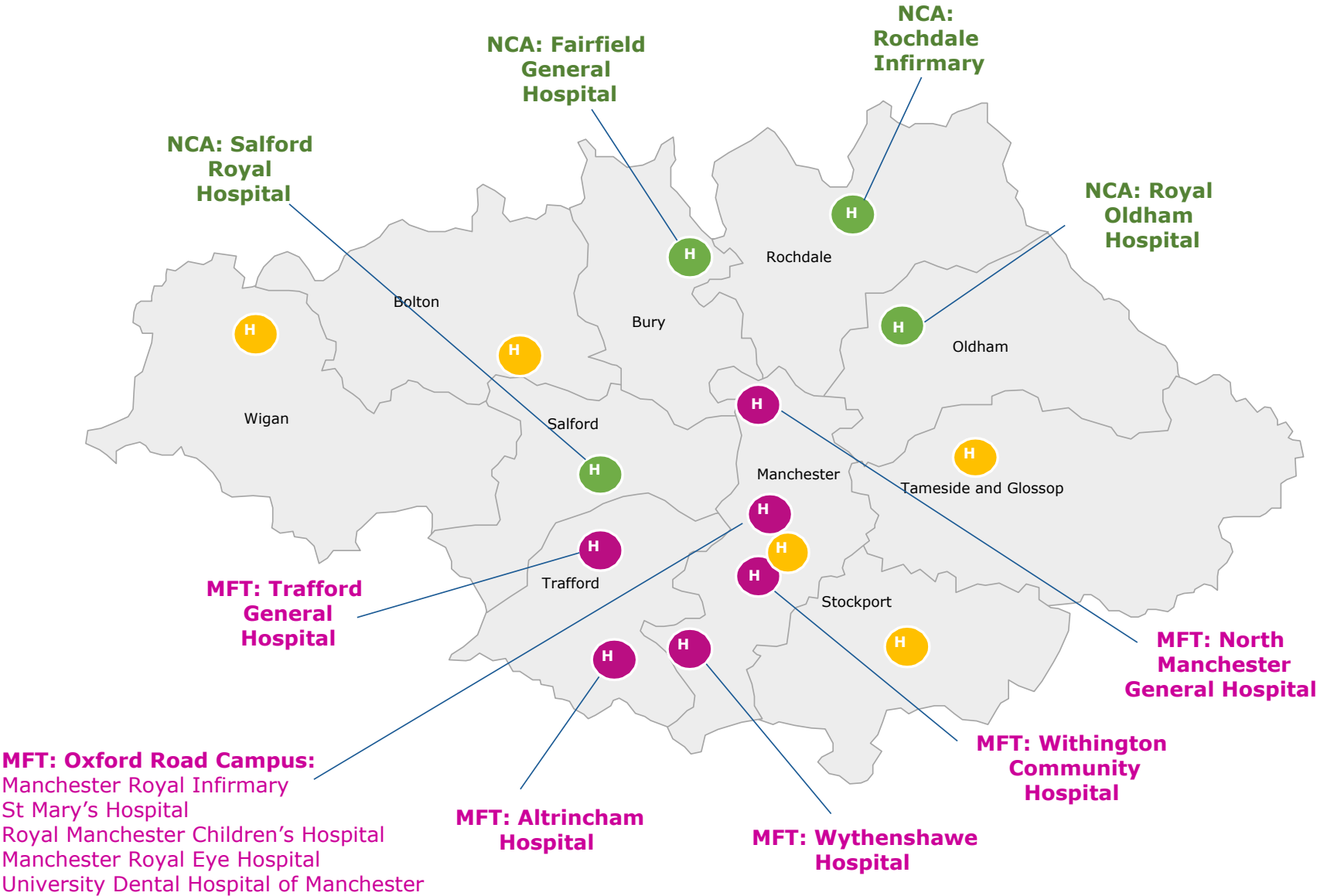
The Northern Care Alliance (NCA) has been formed between Salford Royal, Royal Oldham, Fairfield General and Rochdale Infirmary.

Manchester University Foundation Trust (MFT) has acquired North Manchester General Hospital.



Background information – organisations and hospitals

Map of Greater Manchester showing the **Manchester Foundation Trust (MFT)** and **Northern Care Alliance (NCA)** hospitals now that the dissolution of Pennine Acute Hospital Trust (PAHT) is complete.



Introduction – disaggregation of complex services

- PAHT had four hospitals and delivered services across these sites. This meant whilst a patient may attend for example NMGH for their outpatient appointment, they may have had diagnostic tests at another PAHT site. The same patient might also have had surgery and an inpatient stay on another PAHT site.
- ‘Disaggregation’ is the term used to describe the unpicking of these arrangements so that NMGH can be separated from the three other PAHT sites.
- Work has been underway since the dissolution of PAHT to disaggregate NMGH. Working relationships between MFT and NCA are strong and good progress has been made.
- The final stage has been a set of services that present the most complex challenges for service disaggregation. These are services that will potentially require **a change in location or change in patient flows**. As such, there has been **strong engagement** and early discussions with all relevant commissioners / localities to ensure the impact on patients and residents is considered.
- A structured approach has been agreed to disaggregate complex NMGH services in a safe and effective manner.
- The first of these were considered in **July 2022** and included Clinical Haematology, Sleep Services and Fetal Medicine.
- A second phase was considered in **March 2023** and included Cardiology, Rheumatology, Gastroenterology and 6 Urology pathways
- A **third and final phase** is now being considered including DEXA (bone density scanning), Ear, Nose & Throat, Urology and Trauma & Orthopaedics. These changes are described in this slide deck.

Background information – NMGH Catchment

The 'catchment area' of North Manchester General includes a population of ~400,000 people from wards in Salford, Bury, Rochdale, Oldham and Manchester.

About 50% of patients attending NMGH are from Manchester.

This means MFT and NCA must engage with patients and stakeholders from each locality when disaggregating NMGH services.

Bury:

1. Pilkington Park
2. Besses o'th' Barn
3. St Mary's
4. Holyrood
5. Sedgeley

Rochdale:

6. West Middleton
7. North Middleton
8. South Middleton
9. East Middleton

Oldham:

16. Chadderton South
17. Failsworth West
18. Failsworth East

Salford:

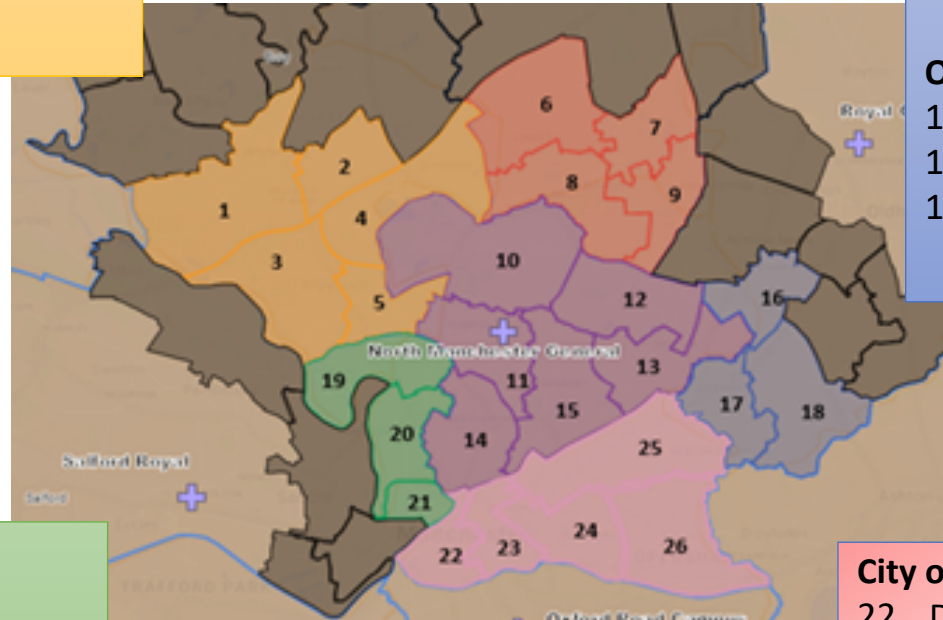
19. Kersal & Broughton Park
20. Broughton
21. Blackfriars & Trinity

North Manchester:

10. Higher Blackley
11. Crumpsall
12. Charlestown
13. Moston
14. Cheetham
15. Harpurhey

City of Manchester:

22. Deansgate
23. Piccadilly
24. Ancoats & Beswick
25. Miles Platting & Newton Heath
26. Clayton & Openshaw

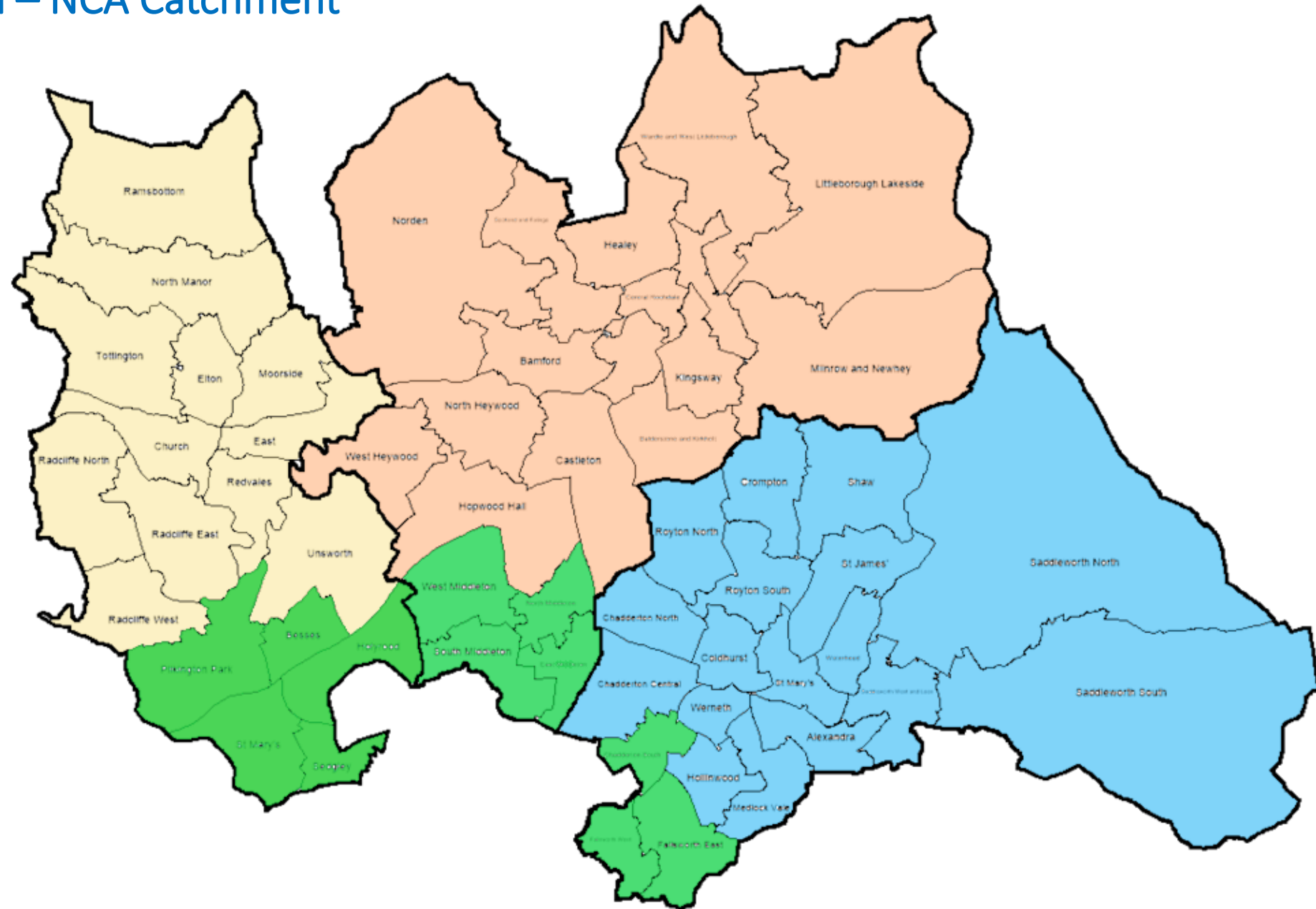


Background information – NCA Catchment

The 'NCA catchment area' affected by these changes includes people from wards in Bury (yellow), Rochdale (orange), and Oldham (blue).

Note that the NCA also provides care for residents in the rest of Salford but they are not affected by these changes.

(The green area are the Bury, Rochdale and Oldham wards in the NMGH catchment area.)



Background information – IT Systems

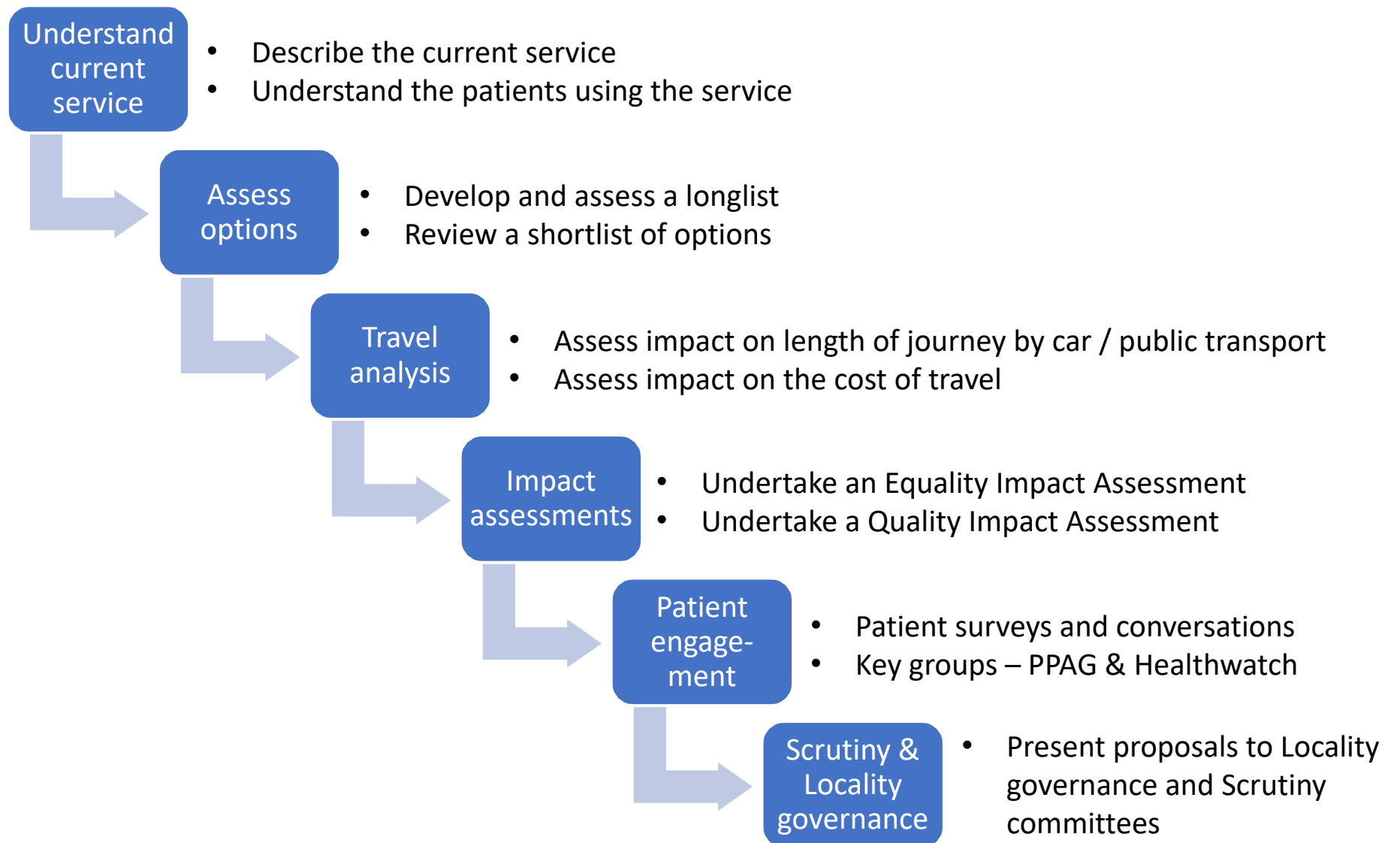
- NCA and MFT are progressing their plans for investment in the former PAHT sites and services.
- This includes the new Electronic Patient Record (EPR) system (called Hive) which was implemented across MFT including at NMGH in September '22.
- This means that MFT and NCA use different IT systems and as such when patients move between MFT and NCA provided services, their information crosses between the two IT systems.
- There is a risk that information is lost between systems.
- Features such as automatic notifications do not work across systems.
- For example, if an MFT patient has a test at an NCA site, the MFT clinician does not get an automatic notification when the result is available. Instead the clinical team must manually check in with the NCA team to access results. This has the potential to delay patient pathways.
- This is a key reason for disaggregation of many of the services.



Approach

For all the services in this presentation, the same approach has been taken as shown in the diagram, right.

Scrutiny committees are asked to consider if the proposed changes constitute substantial variation.



DEXA (Bone Density) Scanning

DEXA (Bone Density) Scanning

What is DEXA (Bone Density) scanning?

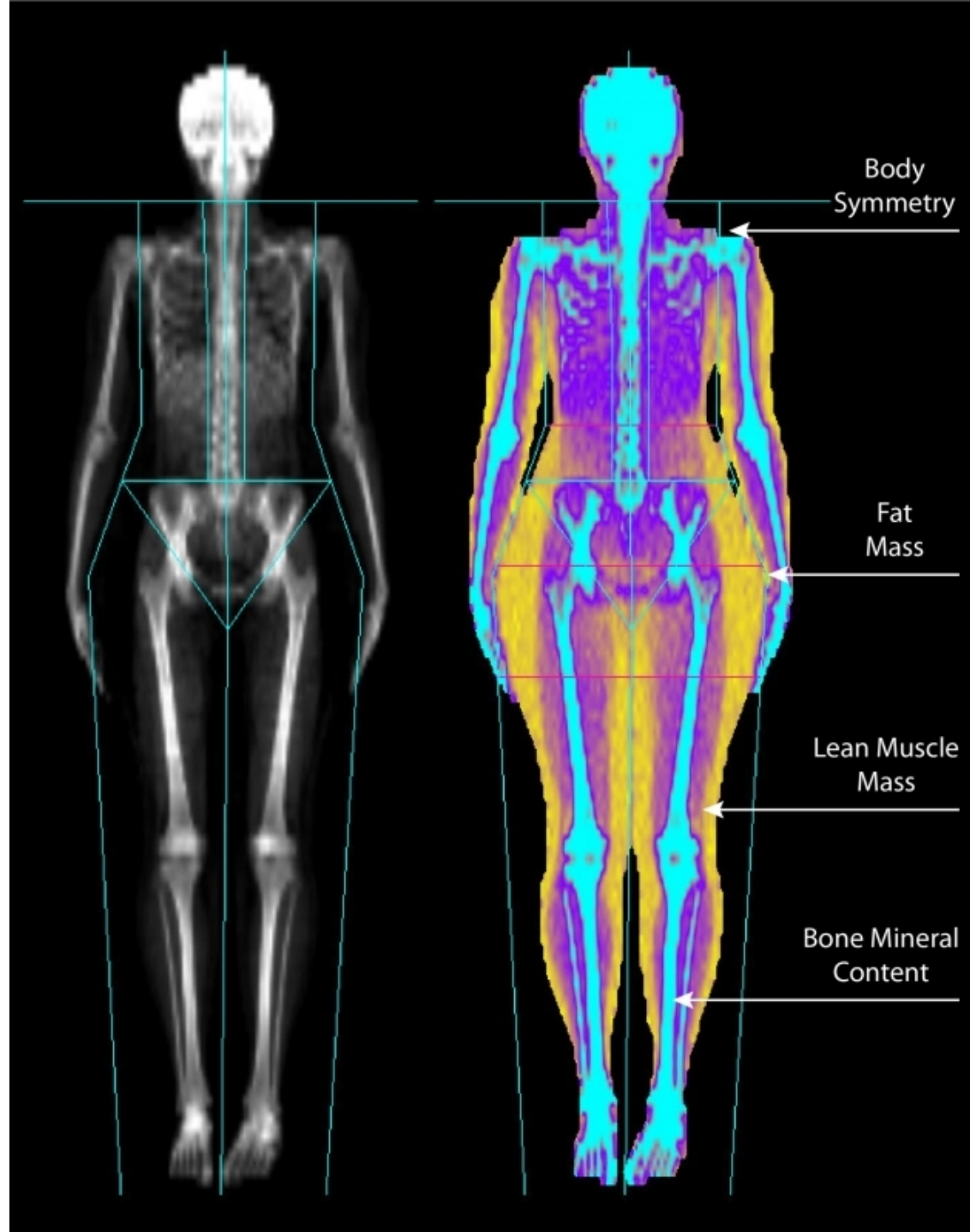
- DEXA (Bone Density) scanning is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks)
- This change affects patients in the **NMGH catchment**
- Approximately 420 residents who access outpatient specialty services at NMGH (typically breast, rheumatology, orthogeriatrics) subsequently require DEXA scans for bone density

Current Service Model

- Patients who are seen at NMGH who need a DEXA scans must currently travel to Royal Oldham Hospital for their scan

Key drivers for change

- The current pathway means that an MFT patient has a scan that is recorded in an NCA IT system. Working across two IT systems leads to a risk of patient information not being visible, accurate or complete
- Greater access to DEXA scans as MRI has two scanners
- The MRI DEXA is accessible for patients who use a hoist for mobility



DEXA (Bone Density) Scanning

Preferred way forwards

- To make a change to current patient pathway so North Manchester residents access bone density DEXA scans at Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).

Travel Analysis

This proposed change would affect ~420 patients per year from the NMGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times for the NMGH catchment to **MRI** compared to **ROH**. Key findings include:

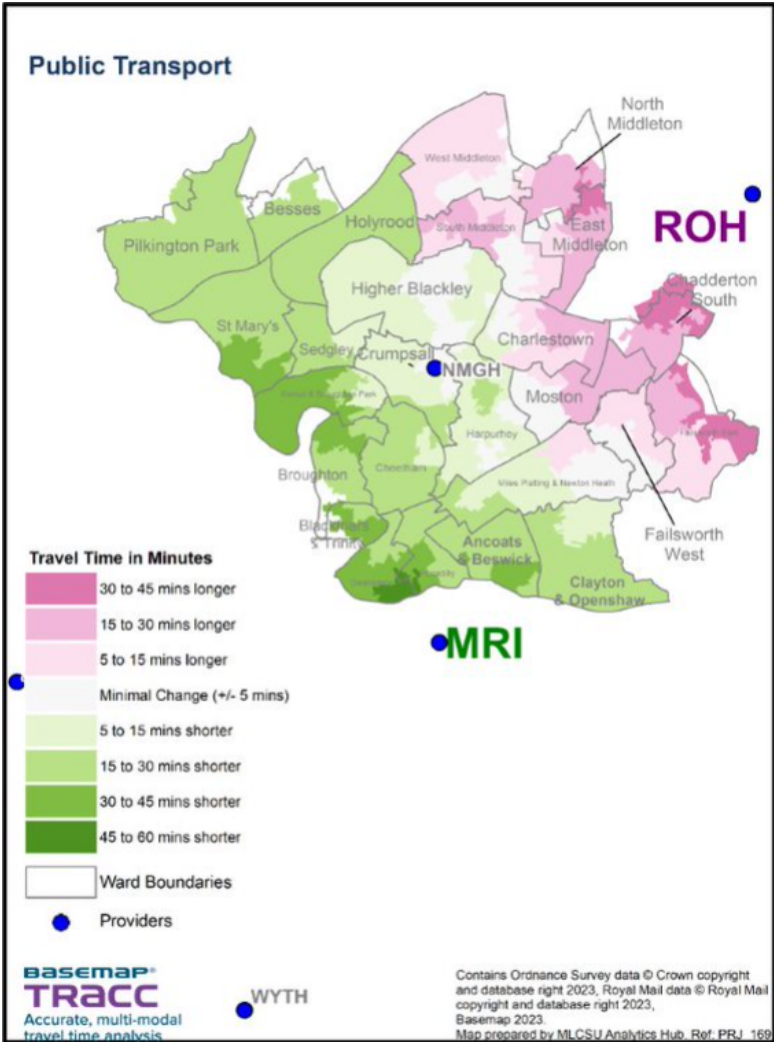
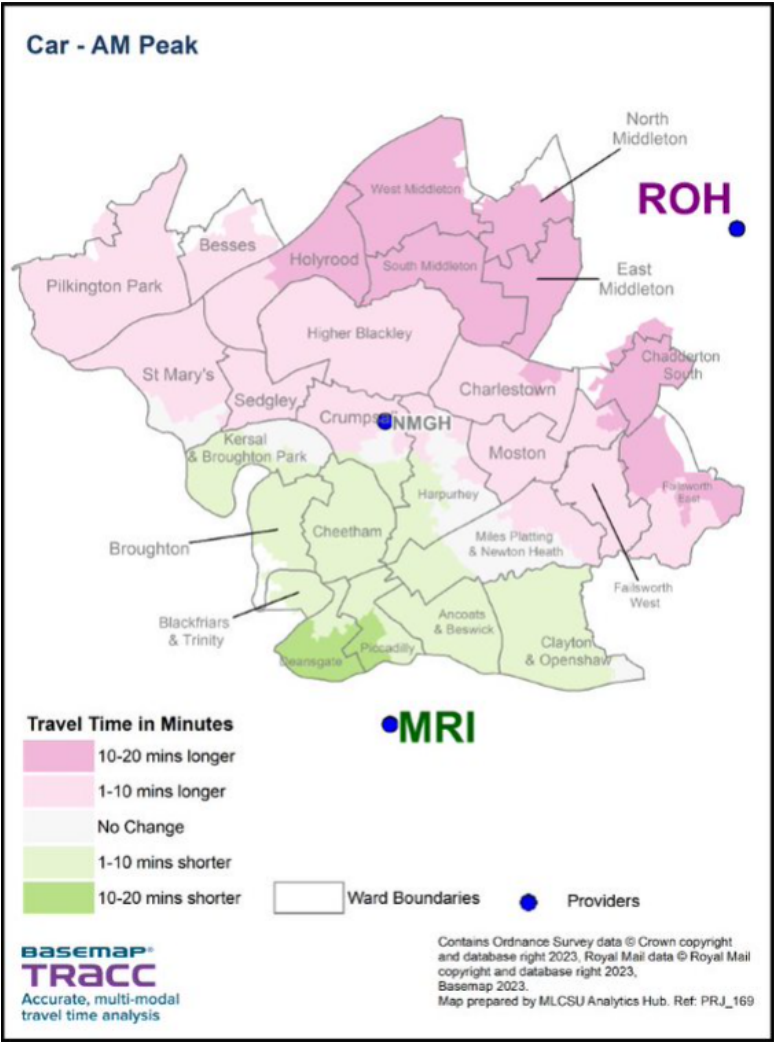
- Car journeys are longer on average by **+2.6 minutes** (13.8 minutes to ROH compared to 16.4 minutes to MRI). Journeys are shorter in 9 wards and longer for 17 of 26 wards
- Public transport journeys are shorter on average by **-9.1 minutes** (52.7 minutes to ROH compared to 43.6 minutes to MRI). Journeys are shorter in 17 wards and longer in 9 of 26 wards
- On average transport costs will be cheaper for car and public transport use, 23 pence and 69 pence cheaper respectively
- Car parking costs would be broadly similar.

DEXA (Bone Density) Scanning – Travel analysis

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **MRI** is compared to the time taken to travel to **ROH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



Urology

Urology

What is Urology?

- Urology is a part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.
- This change affects residents in the **NMGH catchment**.
- More men than women access the NMGH urology service and the greatest proportion are between 51 - 74 years of age and of white British ethnicity.

Current Service Model

- Inpatient procedures are only provided at NMGH
- Outpatients are provided at all sites (NMGH, FGH, ROH and RI)
- Day case procedures are provided at two sites (NMGH and RI)
- Since September 2022, there has been a transition so that urology outpatient and day case work at the NMGH site has been used for North Manchester catchment patients
- Since September 2022, there has been a transition so that urology outpatient and day case work at the FGH, ROH and RI sites have been used for NCA catchment patients



Urology

Key drivers for change

- It was agreed some time ago that the best long-term solution for PAHT was for NMGH to operate as part of MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- 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
- The NCA have previously agreed the following model to commissioners:
 - Bury residents will receive inpatient care at Salford Royal Hospital
 - Rochdale and Oldham residents will receive inpatient care at ROH
- When the NCA move their inpatients from the NMGH site, approximately 30% of activity will remain which is not enough to provide a full inpatient service

Preferred way forward

- The majority of urology care for NMGH catchment residents will continue to be provided at NMGH. Around 95% of these patients attending NMGH now will continue to do so:
 - NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery
 - Robust on call arrangements will ensure safe care for emergency patients
 - A small number of patients having planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI. An option was also considered to provide this at Wythenshawe but this was discounted because of the greater impact on travel
- The proposed changes will see North Manchester catchment patients access inpatient care at established MFT services
- A key part of the proposal is to maximise care closer to home
- Intended benefits include a greater proportion of patients seen, treated and discharged without having to be admitted to hospital

Urology

Travel Analysis

This proposed change affects patients needing emergency surgery (~550 patients) and planned complex inpatient surgery (~150 patients).

A detailed travel analysis was conducted by reviewing and comparing travel times to **MRI** compared to **NMGH** for the NMGH catchment. Key findings include:

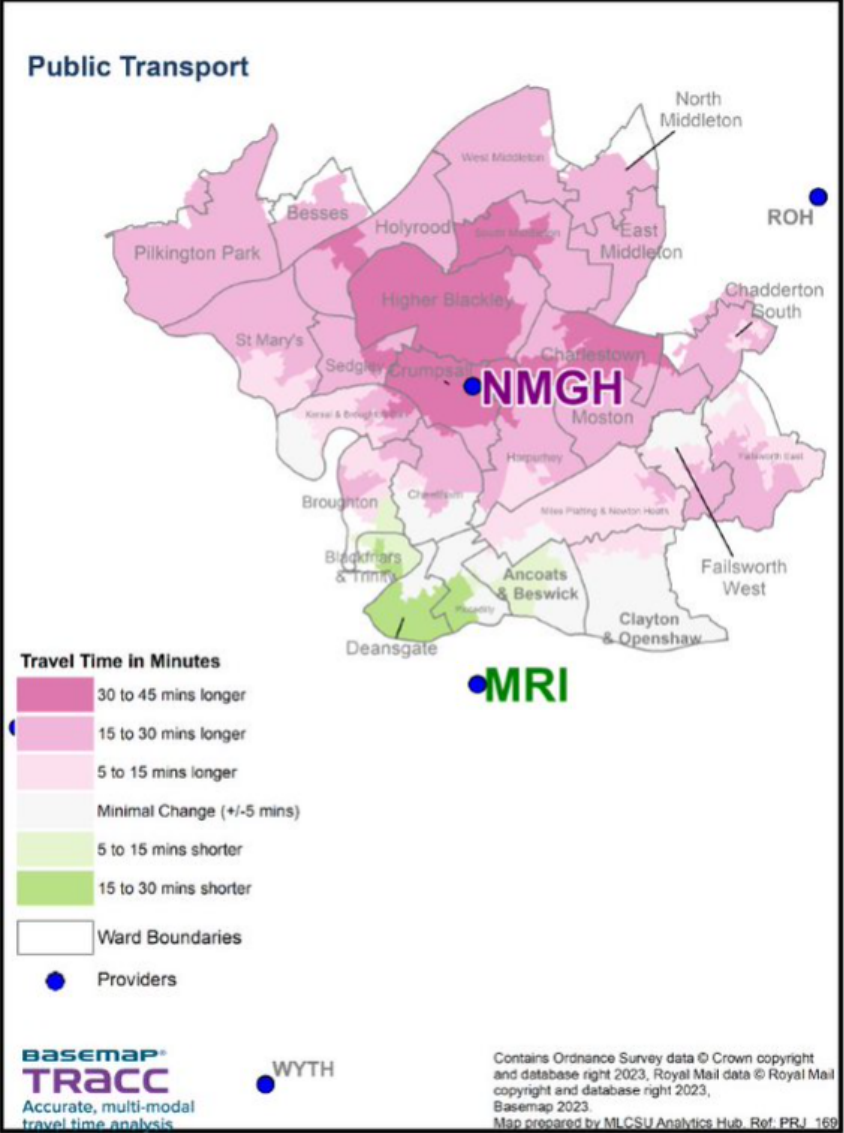
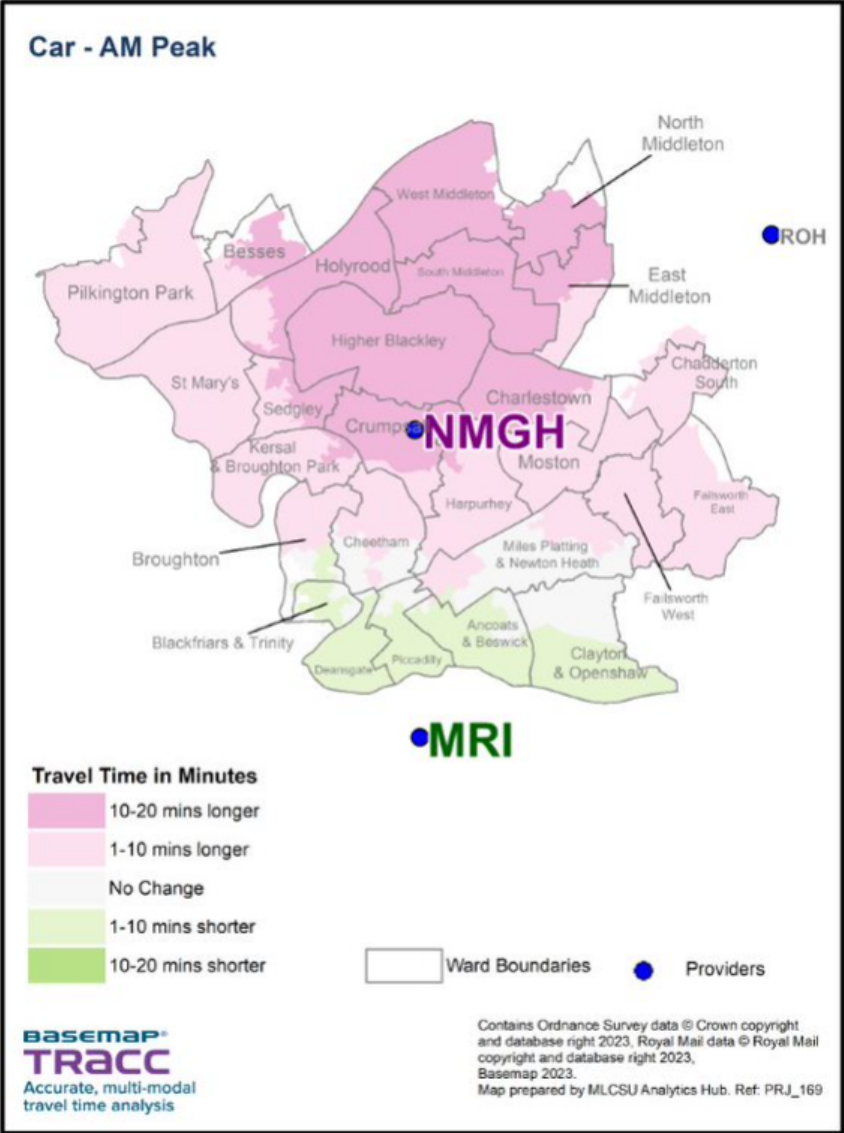
- Urology patients undertaking treatment at MRI instead of NMGH will experience longer car journeys on average (**+6 minutes**) and longer journeys via public transport (**+15 minutes**).
- Correspondingly average transport costs are more expensive for car and public transport use, 49 pence and £1.62 respectively.
- An option was considered for inpatient urology to be delivered at Wythenshawe however MRI was preferable because of the lesser impact on travel.

Urology – Travel analysis – preferred way forwards

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **MRI**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).

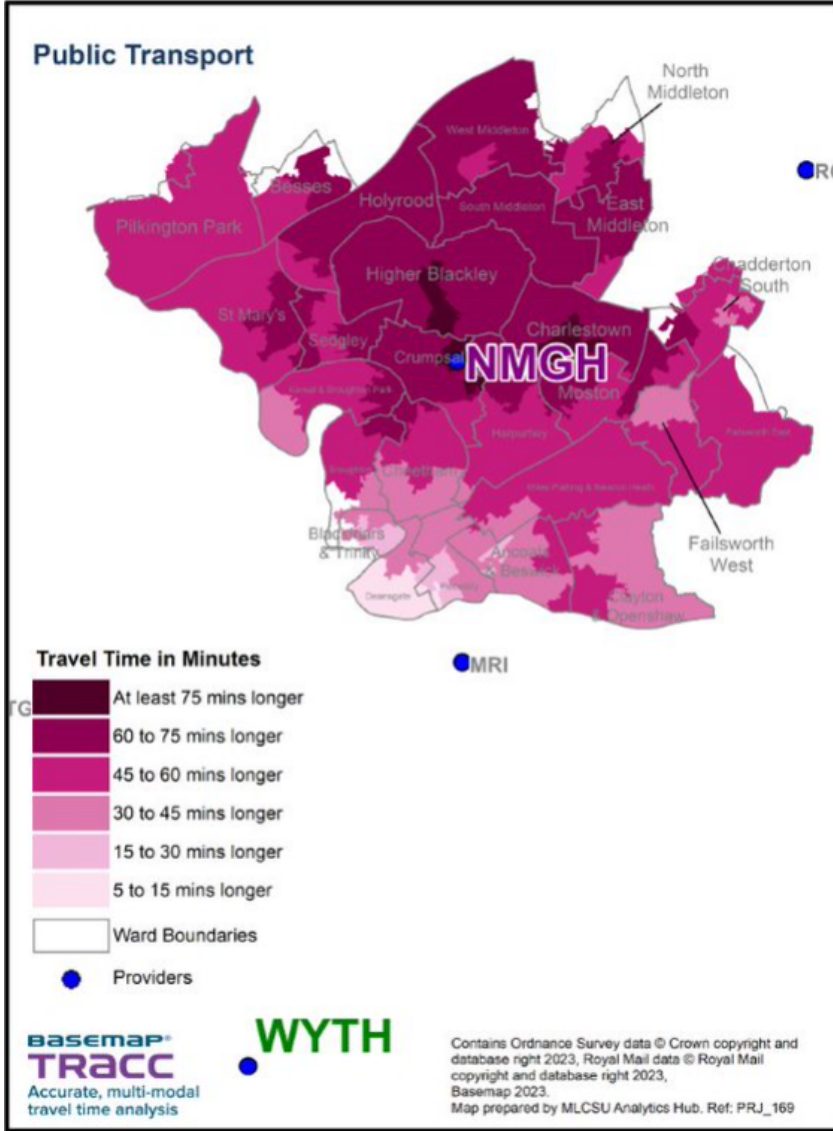
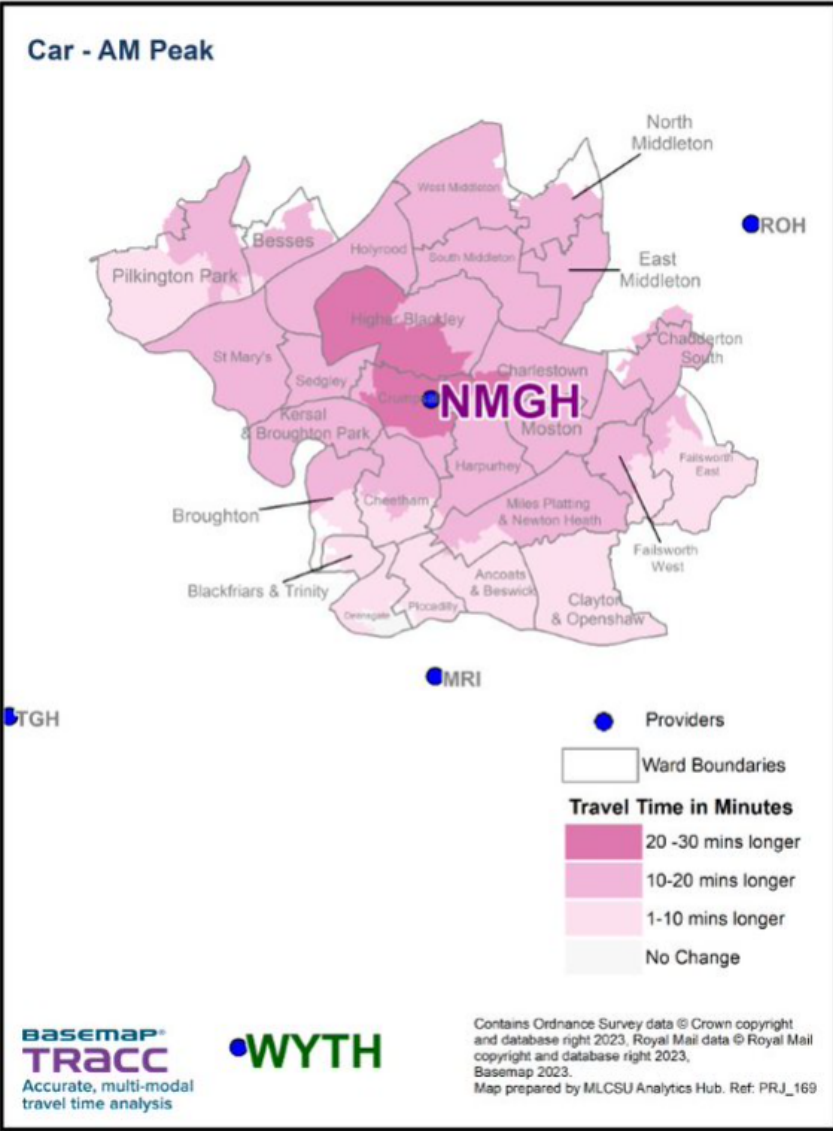


Urology – Travel analysis – discounted option

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **WYTH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



Trauma & Orthopaedics

Trauma & Orthopaedics (T&O)

What is Trauma & Orthopaedics?

- Trauma and orthopaedics is a service 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.
- There is no marked difference between ethnic groups or age ranges in relation to T&O service usage as issues with the MSK system can affect anyone.
- The proposed changes will affect **NMGH catchment residents and NCA catchment residents – primarily residents in Bury.**

Current Service Model

- National guidance and best practice recommends that trauma (emergency) and planned T&O surgery is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- The PAHT service model was to run two services as follows:
 - Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) provide care for Oldham and Rochdale residents
 - NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations



Trauma & Orthopaedics

Key drivers for change

- It was agreed some time ago that the best long-term solution was for NMGH to join MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- The current model means that patients must cross between IT systems for their care. For example:
 - A patient attends A&E at NMGH with an MSK condition.
 - The prescribed treatment for this is a planned operation at a later date
 - All planned surgery is provided at Fairfield
 - This means the A&E attendance and information is in an MFT IT system
 - This means that the planned surgery is recorded in an NCA IT system
- There is a risk of information being missing or incomplete when working across IT systems.
- This also means that the doctors and nurses must work across two IT systems.
- The proposed models will allow NCA and MFT services to benefit from Trust-wide single services and a sustainable service model.

Preferred way forwards

- National guidance and best practice recommends that planned and emergency T&O care is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- There are two groups affected by this change:
 - NMGH catchment residents having planned surgery at Fairfield General
 - FGH catchment residents accessing trauma care at NMGH
- The MFT planned orthopaedic hub is at Trafford General Hospital. **NMGH residents needing planned T&O surgery will attend this hub.**
- All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery.
- **Residents in the Fairfield General Catchment will be transferred (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma.** This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH.
- All outpatients and follow up care for these patients will be provided closer to home at FGH.

Trauma & Orthopaedics – Travel analysis

Travel Analysis – Planned surgery for NMGH Catchment

Trafford General Hospital (TGH) compared to Fairfield General Hospital (FGH)

This proposed change affects ~1500 patients from the NMGH catchment who need elective surgery.

A detailed travel analysis was conducted by reviewing and comparing travel times to **TGH** compared to **FGH** for the NMGH catchment. Key findings include:

- Patients travelling from Fairfield General Hospital (FGH) to Trafford General Hospital (TGH) will on average take **3 minutes longer by car and 13 minutes longer public transport**.
- Fuel costs for car journeys are on average 49 pence more expensive, with public transport costing 39 pence less on average.

Travel Analysis – Trauma care for FGH catchment residents

Royal Oldham Hospital (ROH) for inpatient trauma and RI for ambulatory trauma compared to NMGH

This proposed change affects ~650 emergency patients needing trauma care from the FGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times to **ROH** and **RI** compared to **NMGH** for the NCA catchment. Note this analysis assesses the impact on the total NCA catchment population. The population most affected by this change is the FGH catchment which includes residents in Bury and Rochdale.

Key findings include:

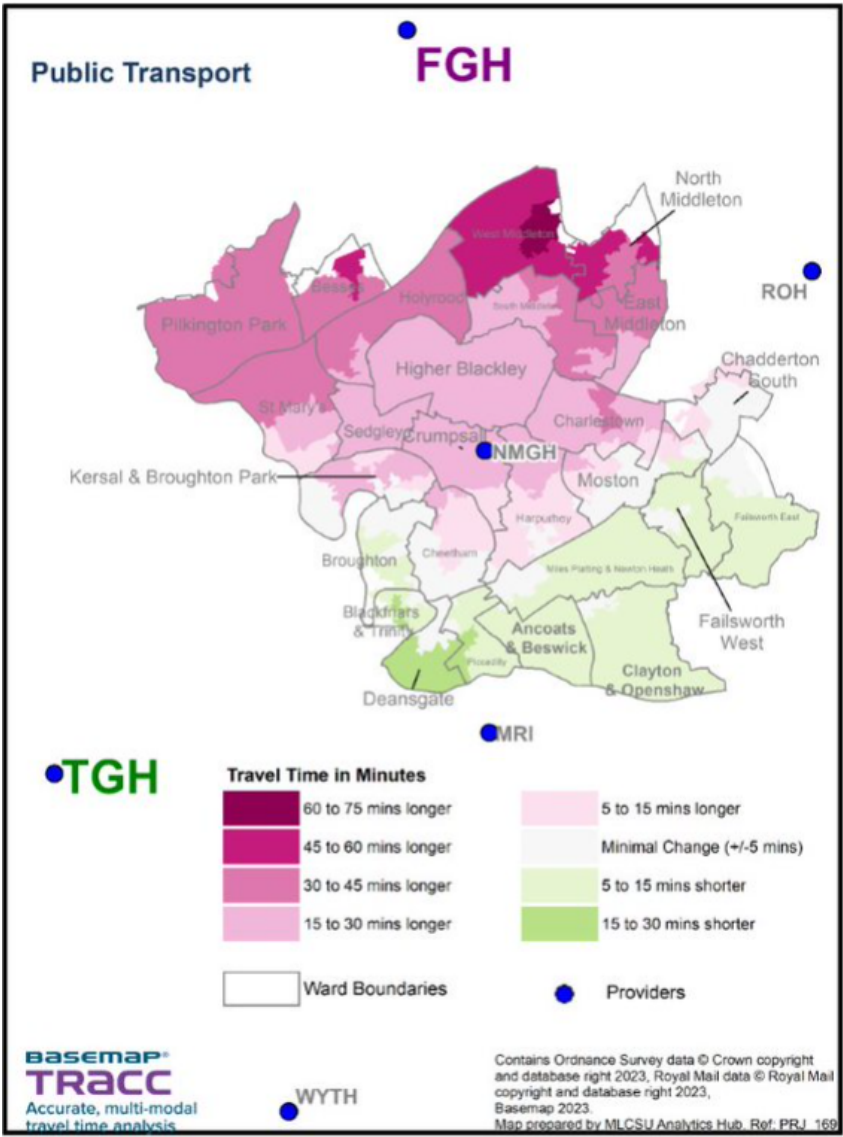
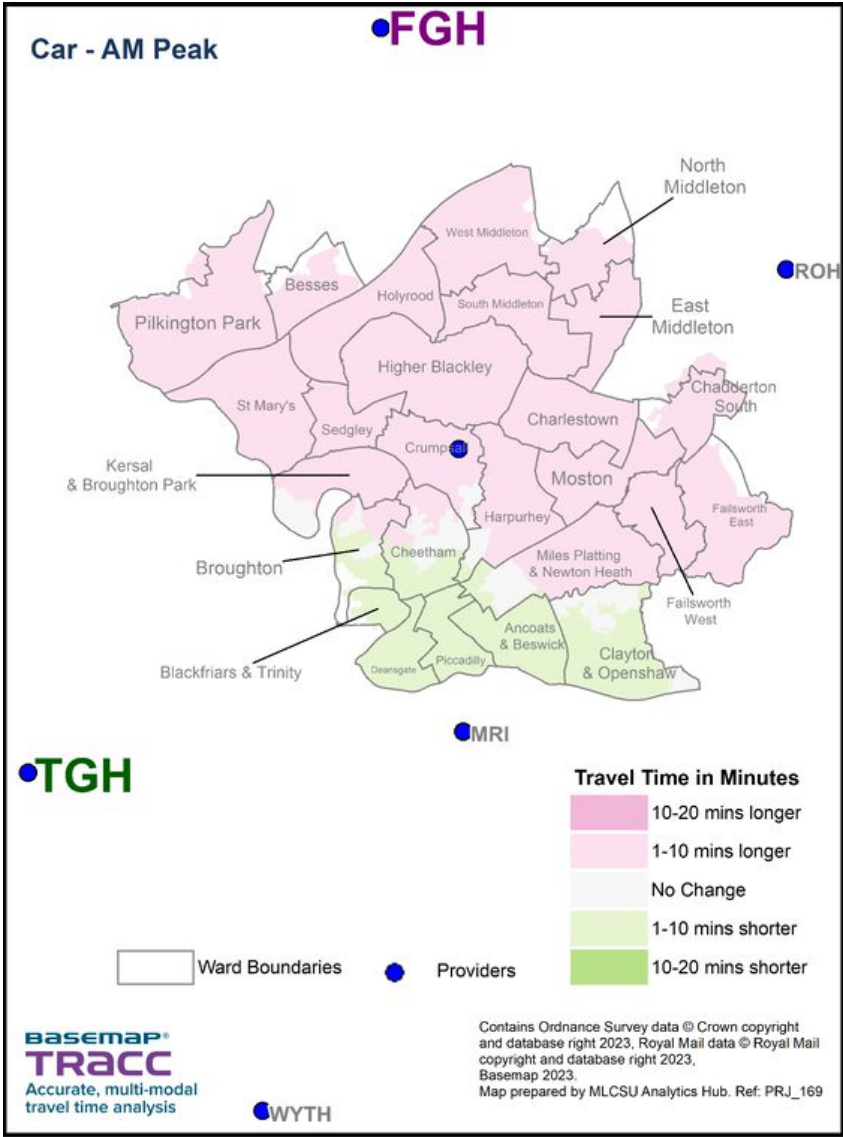
- For the NCA catchment, patients travelling to **ROH** instead of NMGH will experience **car journeys taking 5 minutes less on average**. Patients travelling to **RI** instead of NMGH will experience car journeys taking **3-4 minutes less on average**. NB for Bury residents journey times to ROH and RI are minimally higher, journey times for Rochdale residents to ROH and RI are notably lower.
- For the NCA catchment, public transport to **ROH** compared to NMGH is **12 minutes shorter** on average and likewise to **RI** compared to NMGH is **12 minutes shorter**. NB for Bury residents, public transport journeys to ROH and RI are longer – some Bury residents may already choose to go to a nearer site. For Rochdale residents journeys to ROH and RI are notably shorter.
- Fuel costs for car journeys are on average 41 pence cheaper, with public transport costing £1.97 less on average.

Trauma & Orthopaedics – Travel analysis – Planned T&O surgery for NMGH catchment

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **TGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).

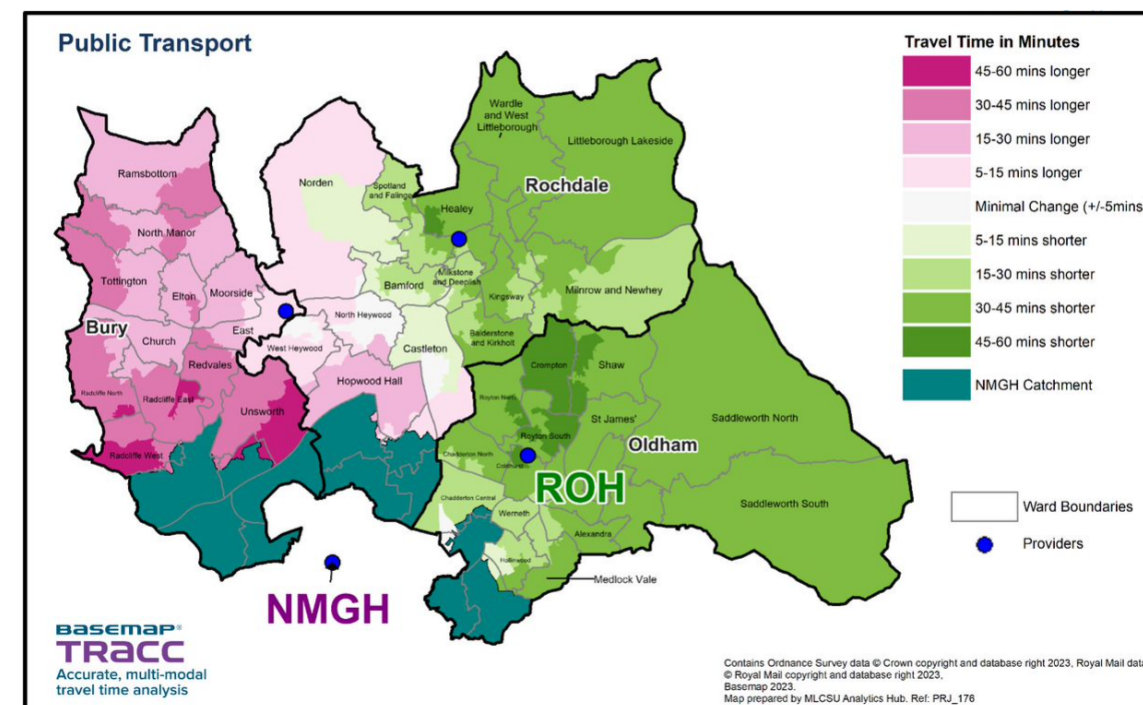
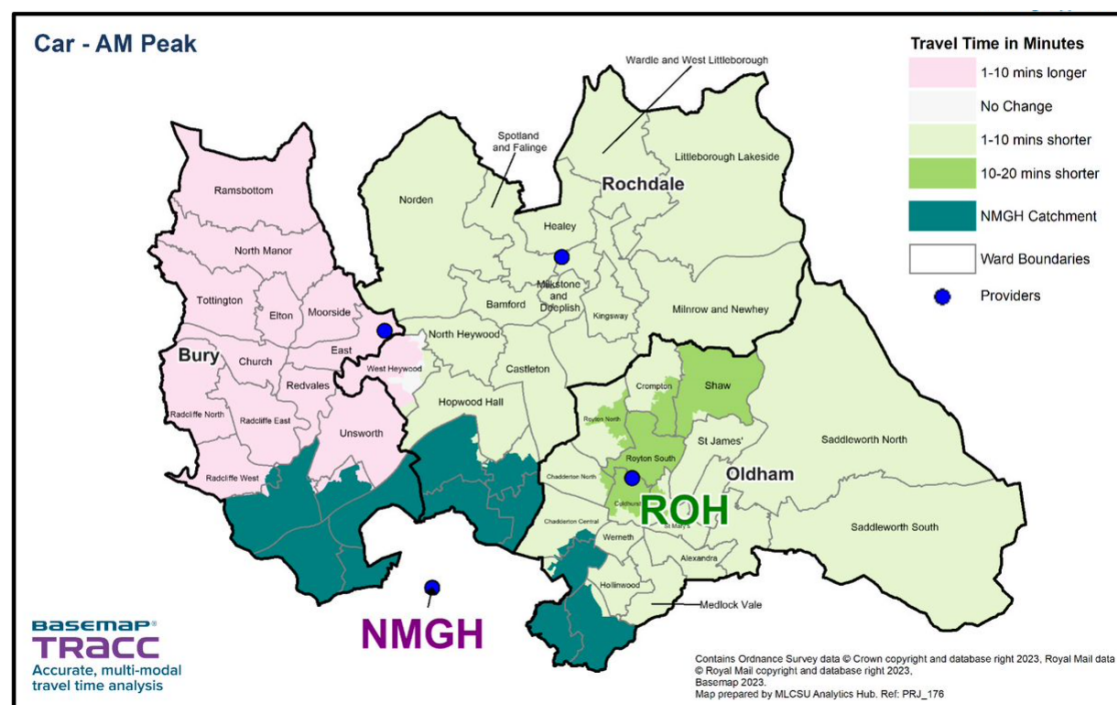


Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **ROH** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).

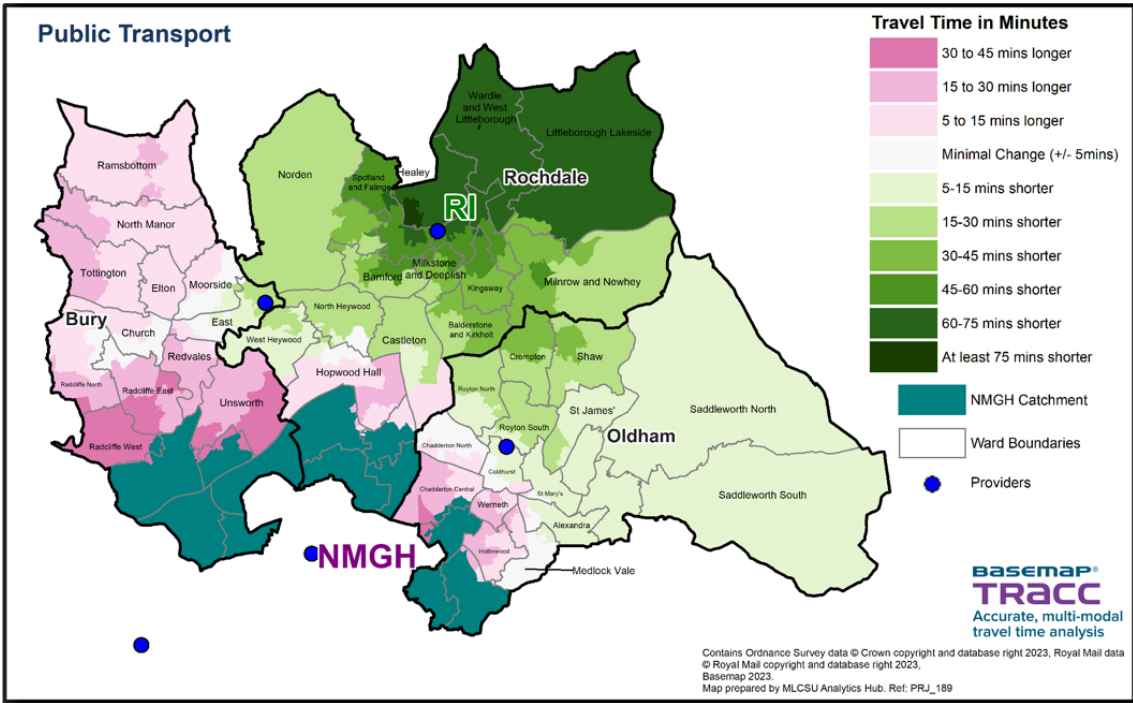
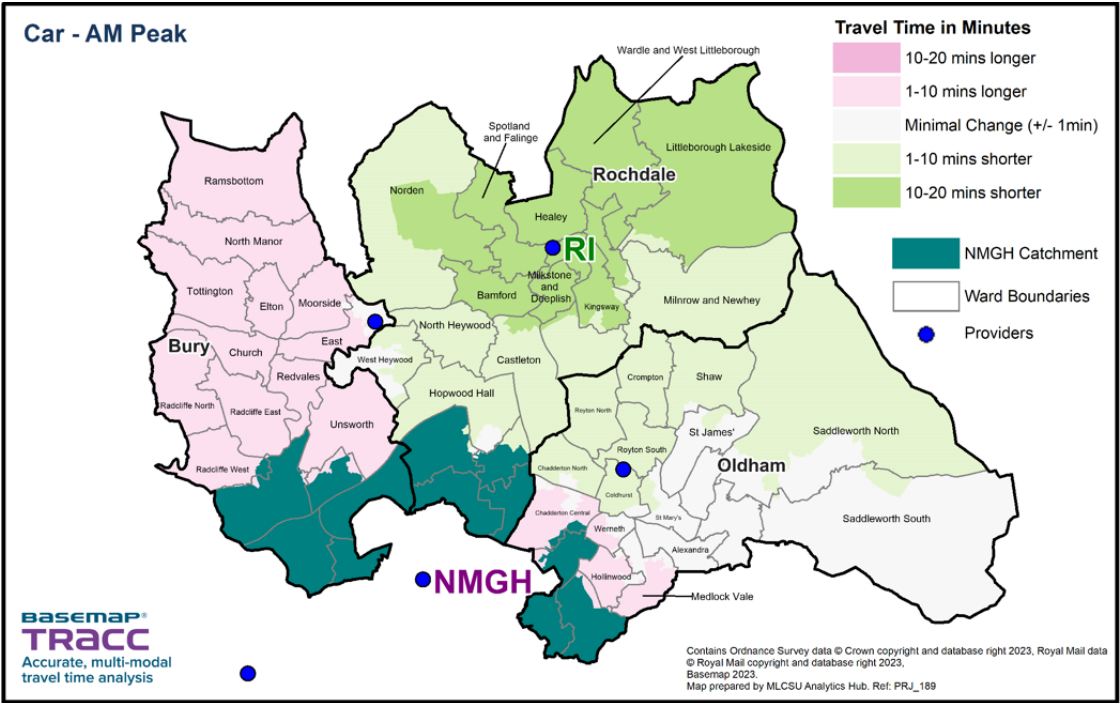


Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **RI** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



Ear, Nose and Throat (ENT)

Ear, Nose and Throat (ENT)

What is ENT?

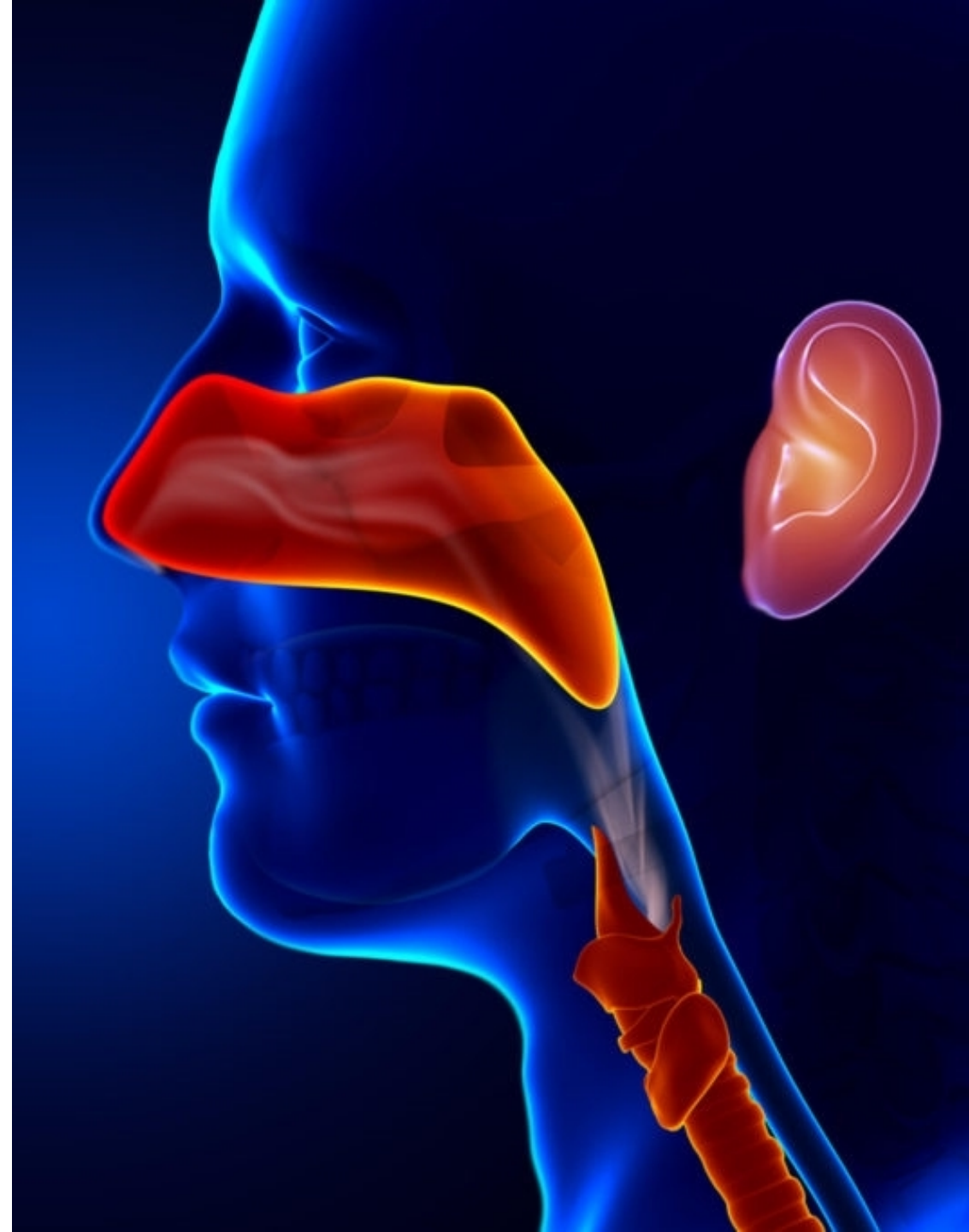
- ENT services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat
- This service change proposal affects adults and children

Current Service Model

- North Manchester residents currently receive ENT services from NCA clinicians based at:
 - 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

Key drivers for change

- Providing more care closer to home
- Making best use of the NHS estate
- Supporting the delivery of acute hospital services within NMGH



Ear, Nose and Throat (ENT)

Preferred way forwards

- MFT to take on delivery of 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

Key reasons

- Reduced travel time, making it easier to access care, especially for those who rely on public transport, and more environmentally sustainable
- Local service helps address health inequalities in North Manchester, and fewer ambulance transfers to other sites
- Basing the service on the NMGH site ensures ENT support is more readily available, especially out of hours, such as for patients with multiple conditions
- Both adults and children so more patients will benefit

Ear, Nose and Throat (ENT)

Travel Analysis – Adult ENT FGH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **FGH** and **NMGH**. Key findings include:

- The average journey time by car being **5 minutes shorter** to NMGH compared to FGH.
- Average journey times by public transport are significantly shorter to NMGH compared to FGH by approximately **36 minutes shorter**.
- Travel costs by public transport are cheaper or similar for most wards and on average £3.17 less to NMGH instead of FGH.

Travel Analysis – Children's ENT ROH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **ROH** and **NMGH**. Key findings include:

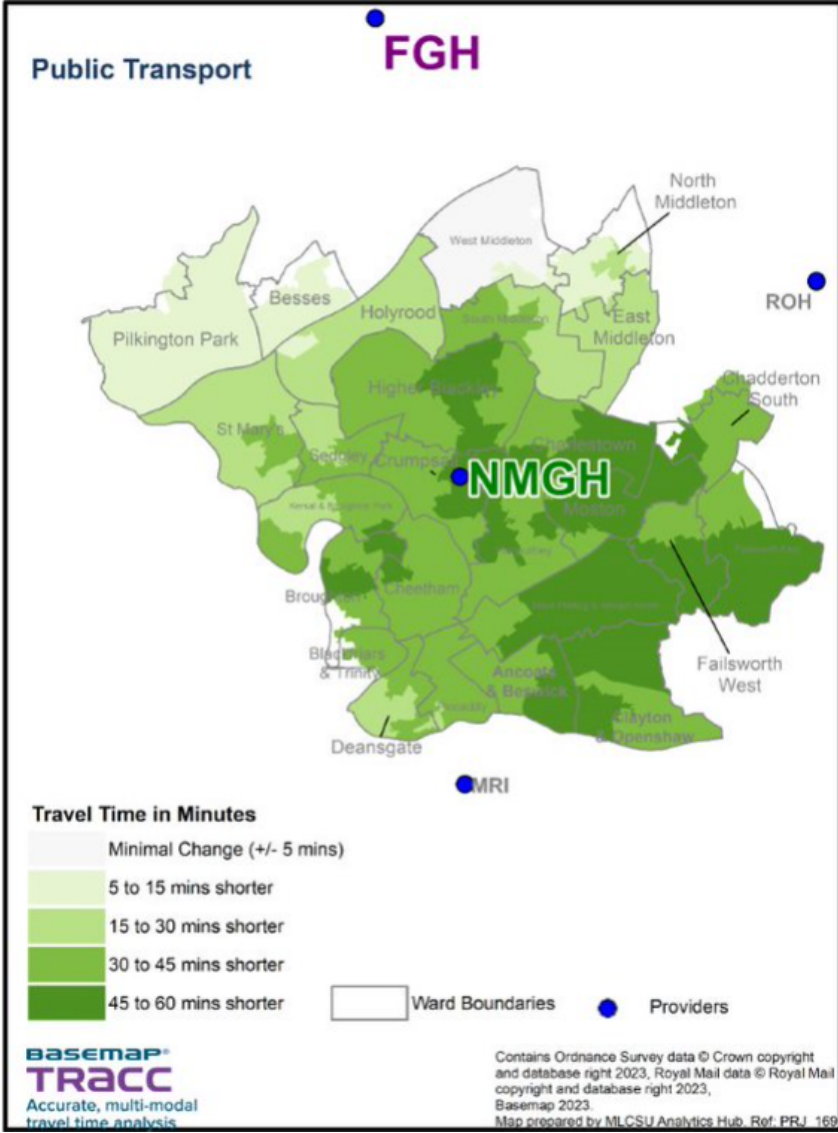
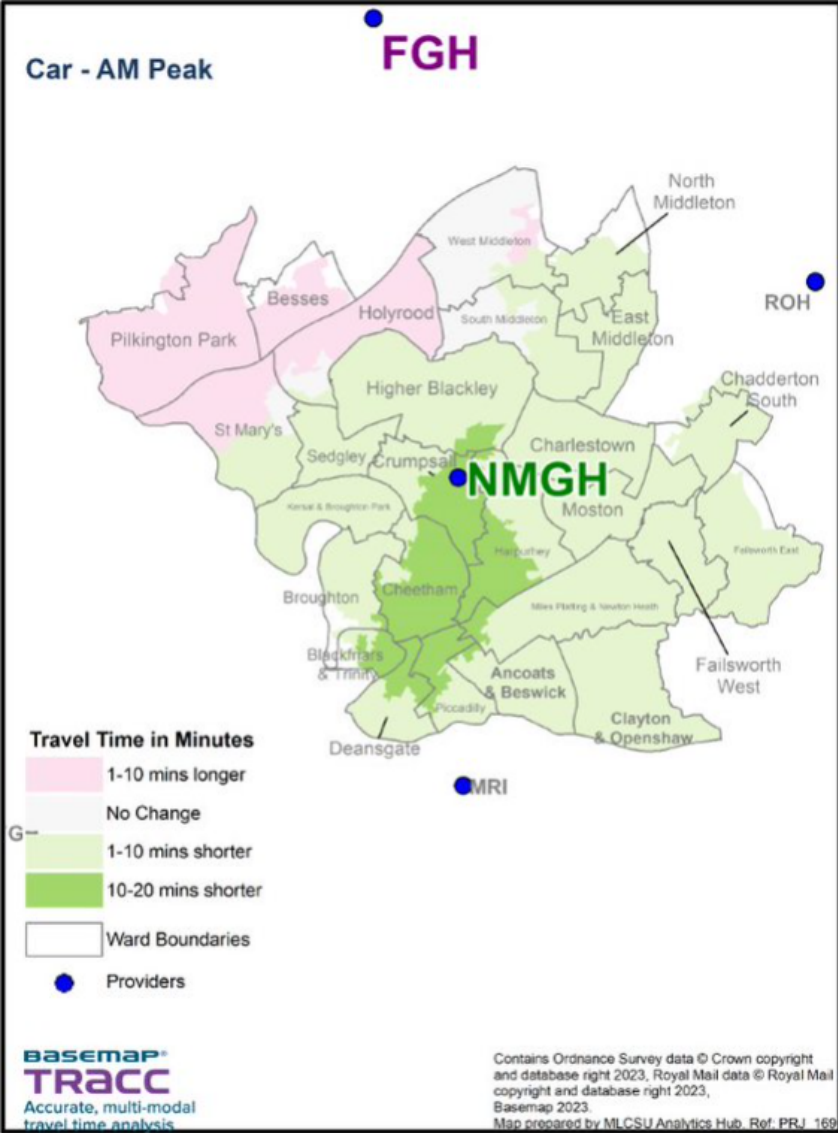
- Average journey time by car being **3 minutes shorter** to NMGH compared to ROH.
- Average journey times by public transport are significantly shorter to NMGH compared to ROH by approximately **24 minutes shorter**.
- Travel costs by public transport are cheaper or similar for most wards and on average £1.17 less to NMGH instead of ROH.

Ear, Nose and Throat (ENT)– Travel analysis – Adult ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).

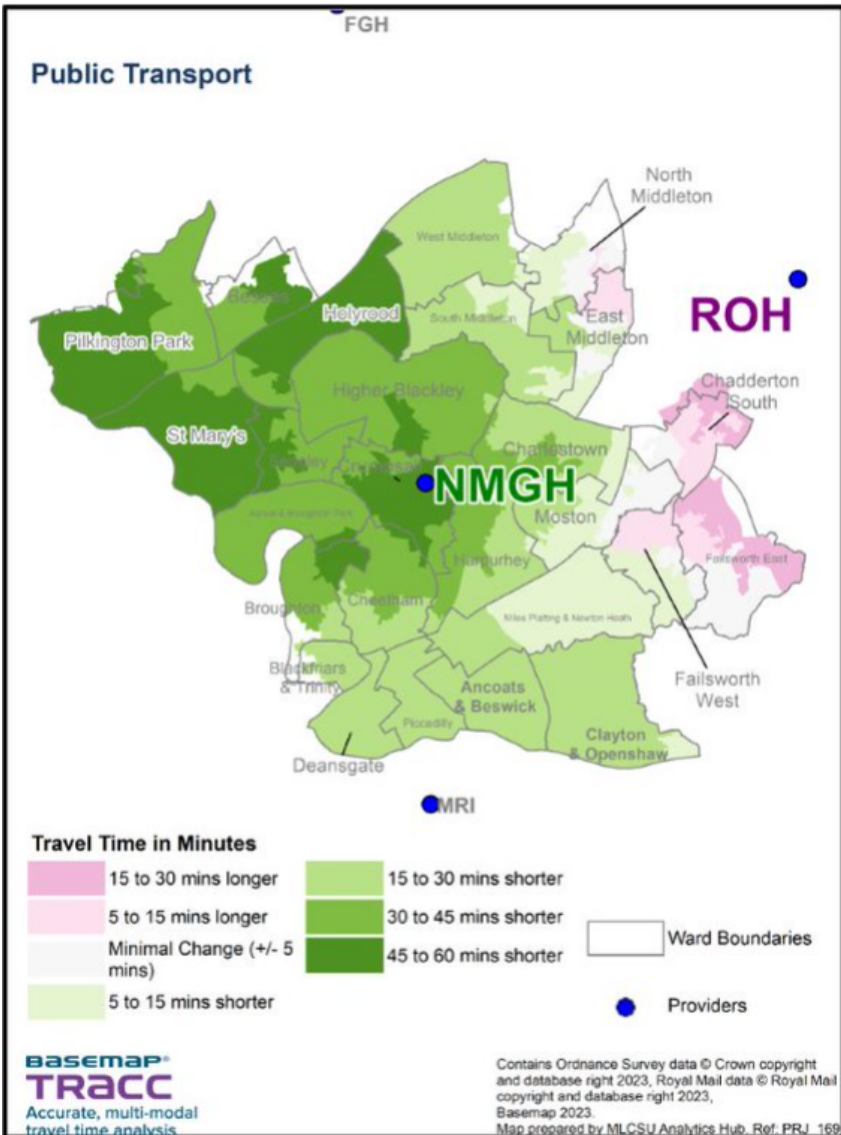
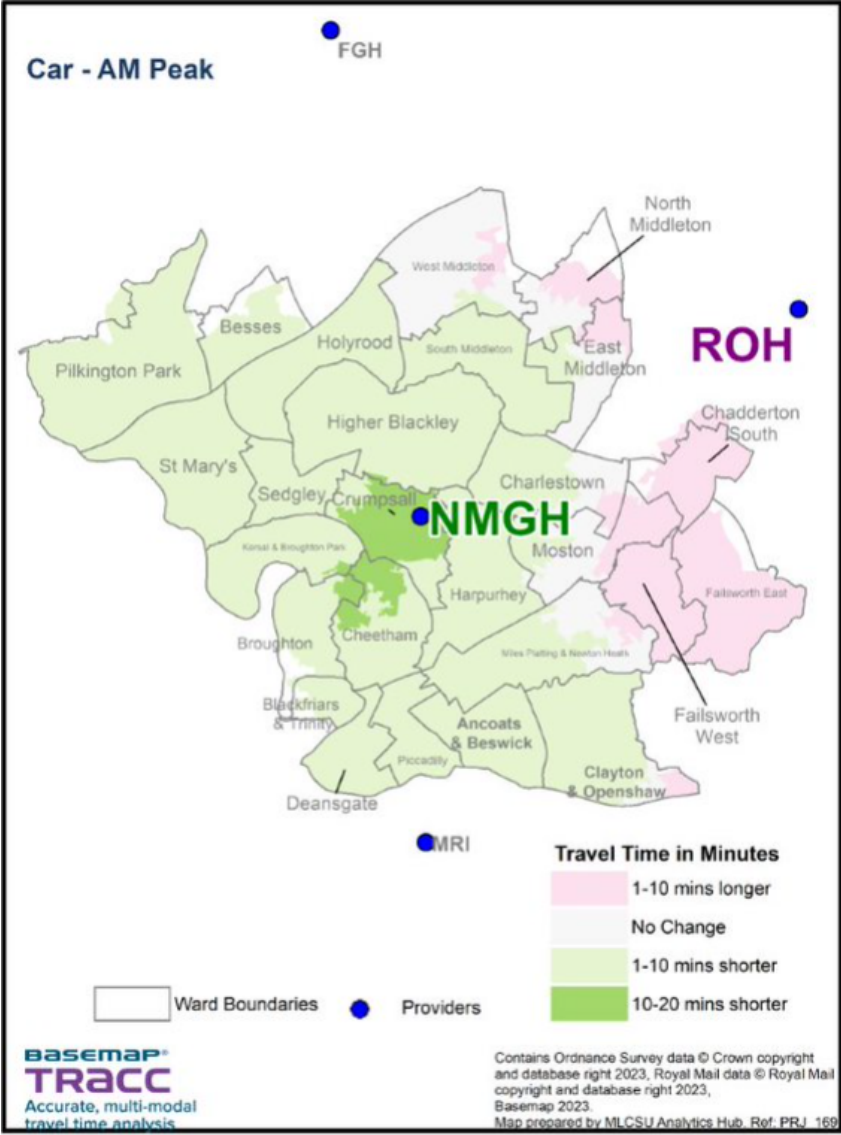


Ear, Nose and Throat (ENT)– Travel analysis – Children’s ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **ROH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



Bury patient impact in estimated numbers

Specialty/service	Estimated number of Bury population affected
DEXA	~60 (15% of 420 affected)
ENT	~1,340 (15% of 8,950 affected)*
Trauma and Orthopeadics - Planned surgery - Emergency surgery (~650 people)	~225 (15% of 1,500 affected)*
	400 (61% of 650 affected)
Urology	~105 (15% of 700 affected)

*This represents a proportion of the current patients. When implemented, Bury residents may choose to have their elective care at Fairfield General and as such this figure may be lower.

Discussion and next steps

Discussion and next steps

Discussion

These changes represent the final stage of strategic plans to dissolve PAHT, create MFT and the NCA.

Scrutiny committees are asked to consider whether the proposed changes constitute substantial variation.

Next steps:

- Following the clinical work and patient engagement described, MFT and NCA have completed documentation describing the proposals – this includes the case for change, options appraisal, quality impact assessment, equality impact assessment, travel analysis and a summary of the feedback from PPAG and the other patient engagement. This is available on request.
- This will be considered by governance and Health Scrutiny committees in each of the affected localities (Manchester, Salford, Bury, Rochdale and Oldham)
- Greater Manchester Integrated Care Board will then review and assure the proposals.
- Once decisions are made plans will be developed to safely implement the changes including communications plans for patients which will include information on travel and car parking.