Greater Manchester

Joint Commissioning Board

Date: 21 June 2022

Subject: Improving Specialist Care – Update on the priority workstreams

Report of: Sarah Price, Chair of ISC Programme Board and Interim Chief Officer, Greater Manchester Health and Social Care Partnership.

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PURPOSE OF REPORT:

This report is provided to describe the status of the Improving Specialist Care Programme workstreams which were paused in March 2020 by the Covid-19 pandemic. This report informs decisions or recommendations the Joint Commissioning Board may make on the future intentions for the workstreams.

This report follows one previous in March 2021 for JCB - entitled 'Improving Specialist Care - Rapid Review', which set out recommendations against each workstream from that date to now.

KEY ISSUES TO BE DISCUSSED:

JCB are asked to discuss the extent to which each of the workstreams has progressed in the last 15 months, and the value of collaborative leadership across the system evident in these areas. At the same, to recognise the risks of further delays and complexities to the development of the new models of care presented by the current system pressures and focus on elective recovery.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the status of each of the priority workstreams at the stage of part completed PCBC or model of care and the actions underway to maintain progress.
- Note the status of the implementation of the Neurorehabilitation model of care.
- Note the different and changing arrangements for governance of each workstream.
- Note the examples of collaborative leadership in place for a number of workstreams.
- Note the risks of further delays and complexities to the development of the new models of care at the present time.

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1.0 POSITION AT MARCH 2021

1.1. In March 2021, the JCB received and accepted the proposals for GM to restart work on the Improving Specialist Care programme workstreams, to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery.

1.2. A number of issues were acknowledged including:

- The particularly high urgency and fragility of Breast Services, as evidenced by the increased workforce resilience challenges April 2020 - March 2021.

- The progress made in Vascular and Paediatric Surgery.

- The need for further exploratory work to determine next steps for Benign Urology, considering the context of Healthier Together and evaluation of the emerging collaborative rotas between the Wigan and Bolton units.

- The complexities associated with the Paediatric Medicine model of care, including: whether the surgical and medicine models should be aligned, the outstanding areas of the part B model requiring system agreement, and the reliance on improvements to community-based services as an enabler to delivery.

1.3. JCB also endorsed the restart of work on the new Neurorehabilitation model across acute and community-based services.

2.0 PROGRESS FROM APRIL 2021 TO JUNE 2022

2.1. Breast Services

2.1.1. In addition to ongoing resilience measures undertaken in GM Breast services from early 2020, a Breast Services Task and Finish Group was established and chaired by a Medical Director within GM. It expanded the scope to include oncology, screening and specifically identified further relevant issues across Radiology, Radiography and

Histopathology workforce shortages, a backlog in screening services, increases in cancer referrals and limitations in estate preventing training in radiology.

2.1.2. The group reported to the Provider Federation Board (PFB) in October and November 2021 and agreed to take forward a number of actions to address the most urgent pressures in the system, with the intention of bringing more stability to services as a whole, before revisiting the ISC model of care.

2.1.3. Firstly, to expedite a primary care education programme to reduce inappropriate referrals and improve the quality of appropriate referrals to secondary care. Secondly, to develop and implement a GM Mastalgia (Breast Pain) pathway, bringing an estimated saving of almost £1million over 2 years. Thirdly, to invest in the radiology workforce through better engagement with the National Breast Imaging Academy, and in the time the North West Imaging Academy.

2.1.4. The clinical lead for the Breast services work as above, is a Consultant Oncoplastic Breast Surgeon and Clinical Lead for Breast Services at Bolton Foundation Trust, and Clinical Lead for Breast Cancer at GM Cancer.

2.1.5. Support for the actions was resourced in part through the GM Cancer programme and PFB resources.

2.1.6. As at June 2022, the primary care education programme is being rolled out through Primary Care Network cancer leads and the financial model for both the Mastalgia pathway and to accelerate the regional radiology training have been finalised.

2.1.7. In the report to PFB in November 2021, the Breast Services Task and Finish Group asked that further development of options for the ISC model of care takes place **following** progress of the three areas of action described above to their stated outcomes.

2.1.8. In summary, improvements have been made to Breast services across a number of areas, but due to system pressures and the need to address the interdependencies described above, the agreed ISC model of care for Breast services has not progressed beyond its part completed pre-consultation business case (PCBC) stage, achieved at March 2020.

2.2. Vascular Services

2.2.1. The part completed PCBC for the Vascular model of care was paused in March 2020.

2.2.2. Vascular service changes in GM are now being led by a Director of Strategy in Manchester University NHS Foundation Trust (MFT), but work has not yet reached the scale of a whole-system service transformation.

2.2.3. The Vascular service is being looked at because of wider changes across the MFT footprint, including movements from the Wythenshawe and Manchester Royal Infirmary Sites, in addition to a review of complex services and their disaggregation from Pennine Acute (see Appendix 1).

2.2.4. Through collaborative leadership arrangements that includes Specialised Commissioning, MFT, Northern Care Alliance (NCA) and a number of Integrated Care Partnerships, work is now progressing to deliver the recommended single arterial hub and spoke model of care previously supported by JCB.

2.2.5. The Strategy and Transformation team at NHSE North West have also been re-engaged.

2.2.6. Governance is at present through the GM Joint Planning and Delivery Committee. Initial discussions have taken place regarding future arrangements through the Integrated Care Partnership Board arrangements.

2.3 Benign Urology

2.3.1 Initial work which has recommenced on Benign Urology is led by a Director of Strategy at NCA and is also part of the disaggregation of various services from Pennine Acute into MFT.

2.3.2 Initial discussions with regard to future governance arrangements (referred to above) have included Benign Urology.

2.4 Paediatric Surgery and Medicine

2.4.1 The ISC workstreams of paediatric surgery and medicine were at different stages in March 2020. The model of care for surgery was completed and fully approved through the programme governance. The model of care for medicine was completed by the working group and its clinical leads, and reported to the ISC programme, but awaited a date for consideration and approval by the Clinical Reference Group and the full ISC programme governance.

2.4.2 In March 2022, the North West NHSE specialised commissioning team held a stakeholder engagement workshop covering surgery in children, paediatric critical care, neonatal critical care, and children's cancer, following a series of national reviews. The team have opted to initiate a single transformation programme across the North West region and the three integrated care systems, acknowledging numerous interdependencies.

2.4.3 The North West team are keen to engage GM and seek representation, recognising the relevance of previous and existing programmes in children and young people. These would include the models of care for paediatric surgery and medicines, and the work of the Strategic Clinical Networks.

2.5 Neurorehabilitation

2.5.1 Since the approval of the final business case for the Neurorehabilitation model of care in 2019, the GM system has been responsible for taking forward the implementation.

2.5.2 The transfer of responsibility of the Neurorehabilitation bedded units to the NCA has however, been delayed due to the impact of the pandemic. Negotiations are currently underway between the NCA and the current providers (MFT and Stockport Foundation Trust).

3.0 RECOMMENDATIONS

3.1. The Greater Manchester Joint Commissioning Board is asked to:

- Note the status of each of the priority workstreams at the stage of part completed PCBC or model of care and the actions underway to maintain progress.

- Note the status of the implementation of the Neurorehabilitation model of care.

- Note the different and changing arrangements for governance of each workstream.

- Note the examples of collaborative leadership in place for a number of workstreams.

- Note the risks of further delays and complexities to the development of the new models of care at the present time.

APPENDIX 1

During the global pandemic, like many acute trusts, Manchester University NHS Foundation Trust (MFT) made a number of temporary service changes to optimise patient care and capacity, in line with infection control guidelines and support ongoing restoration of services. This included changes to the provision of Vascular services with arterial surgery transferred from Wythenshawe hospital to the MRI. This temporary change was consistent with the model of care for Vascular in-development through the ISC programme.

In addition, following the dissolution of Pennine Acute Hospitals NHS Trust (PAHT), MFT and Northern Care Alliance (NCA) have been working collaboratively to continue the strengthening and development of services in the Northeast sector of Greater Manchester. This includes a review of complex services through a process of disaggregation from PAHT and integration into MFT and NCA single services to maximise benefits for patients.