Greater Manchester Joint Commissioning Board

Date: 18 June 2019

Subject: Improving Specialist Care Programme Update

Report of: Anthony Hassall, Accountable Officer, Salford CCG/Commissioning Lead and Dr Christina Walters, Programme Director, Improving Specialist Care Programme, GM Health and Social Care Partnership

PURPOSE OF REPORT:

This paper firstly summarises the outcome on JCB Options Appraisal session for GM Models of Care held on 21 May 2019 and secondly, outlines the further work initiated in advance of the JCB meeting in July 2019, namely the production of supplementary information on Breast service site options.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the contents of this paper and the requirements it sets out.
- Confirm the ongoing support for this work to proceed.

CONTACT OFFICERS:

Dr Christina Walters, Programme Director, Improving Specialist Care Programme

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1.0 INTRODUCTION

1.1. The Joint Commissioning Board held a workshop on the 21st May 2019 to bring colleagues up to date with the work on the evaluation of eight site configuration options (Appendix 1). This was designed to inform future decision-making on progression of the clinical Models of Care and to discuss the next steps.

1.2. The session presented:

- A reminder of locality plans, neighbourhood partnerships and transformation programmes.
- Reminder of in scope and out of scope areas
- The rationale for selecting site options and their evaluation, carried out by the Programme’s expert groups:
- The ISC Board’s recommendation to review and revise the Cardiology Model of Care and the MSK/Orthopaedics Model of Care in the light of each group’s evaluation.
- The ISC Board’s recommendation that the JCB begin to phase the Programme and prioritise specific Models of care and their service options.

2.0 SUMMARY OF DISCUSSIONS

2.1. Feedback from the Patient and Public Reference Group (PRG): The PRG was extensively supportive of the new Models of Care. Support for services moving sites to some degree was supported by more than 80% of the group (representing each of the GM CCGs and GM Healthwatch organisations). Only 4% of the group were not supportive of services moving.

2.2. The PRG shared very valuable feedback on the future implementation of the services which will be addressed during the next stages of the programme of work.

2.3. Outcomes of the application of the evaluation criteria (Appendix 2) were shared with JCB by the ISC Programme Board. Each aspect was described in detail.
Quality of care for all: Each of the eight options was evaluated to be significantly more favourable than the status quo/counter factual. There was no clear differentiation between options.

Access to care for all: Each of the eight options was evaluated to be very similar to the status quo/counter factual. There was no clear differentiation between options.

Workforce: Each of the four options as determined by possible Breast service sites was evaluated at a high level. Recognising that caveat, Options 1 and 3 were significantly less favourable than the status quo/counter factual; whereas Options 2 and 4 were more favourable than the status quo/counter factual.

Research, innovation and education: Not presented at this stage having been conducted at an earlier stage.

Social value: Each of the eight options was evaluated to be significantly more favourable than the status quo/counter factual. There was no clear differentiation between options.

Deliverability and sustainability: Each of the eight options was evaluated to represent a number of potential future challenges and a conclusion that there was no clear differentiation between options.

Affordability and value for money: Each of the eight options was evaluated to represent a limited financial benefit compared with the status quo/counter factual, but with caveats that evaluation was carried out at a high financial level and it was concluded that there was no clear differentiation between options.

2.4. Recommendations of the ISC Programme Board to JCB as a consequence of each stage of detailed evaluation were firstly:

- There was no emerging preferred option recommended at this point.
- There was no requirement for further modelling to the Breast, Respiratory, Paediatric Surgery, Vascular, and Benign Urology Models of Care.
- To review the Cardiology Model of Care in order to seek a reduction in consultant numbers.
- To review the MSK/Orthopaedics Model of Care to seek a hybrid site configuration (as described to JCB in January 2019 – Appendix 3: Timelines).
2.5. Secondly, as a consequence of the revision of the MSK/Orthopaedics Model of Care (which conferred 2 site configuration options) the ISC Programme Board invited the JCB:

- To consider the four remaining site options, as determined by possible locations of Breast services (Appendix 4).
- To support phasing of the Programme enabling the prioritisation for Breast services and other specific services – those to be determined.

3.0 RESPONDING TO ISC BOARD RECOMMENDATIONS

3.1. Discussion of the outcomes presented generated a number of issues ranging from the impact of changes to journeys for patients and staff, the impact on out of area patients, the diminishing resilience of current services to the formal stages of JCB-led decision making. The minutes of the JCB meeting are available separately to this report.

3.2. The ISC Programme is now undertaking a series of further actions to facilitate differentiation of site options determined by Breast services. This aims to generate sufficient supplementary information to enable the ISC Programme Board to recommend an option. The key lines of enquiry are:

- A clinical perspective on the fragility of the current Breast services and the preferred option for a new service model.
- Impact on out of area patients and neighbouring CCGs accessing Breast services.
- More detailed hospital estates analysis to include quality and capital requirements for moving Breast services.
- Travel analysis of Breast service sites - supported by Transport for Greater Manchester.
- Detailed step by step illustration of requirements required for each future decision-making step undertaken by JCB for the Programme – ‘Decision-Making Road Map’ (Appendix 5).

3.3. Subject to the collation of sufficient information to the satisfaction of the ISC Programme Board, recommendations will be presented to the JCB on 16 July 2019 to support the JCB decision to develop a proposal for a detailed preferred site option.
4.0 NEXT STEPS

4.1. The following is an estimated timeline of Programme reports to the JCB and ISC Sub Group of the JCB and will be subject to the collation of information (as referred to in 3.3).

- **ISC Sub Group – 6 June 2019**: Programme team to bring initial supplementary information on Breast service site options for early sight of and discussion with Sub Group.

- **JCB meeting – 18 June 2019**: Briefing paper summarising the JCB Options Appraisal session held on 21 May 2019 and outline of further work initiated to produce supplementary information on Breast service site options.

- **ISC Sub Group – 20 June 2019**: Final presentation of supplementary information on Breast service site options, prior to the ISC Board appraisal and agreement of a recommendation on site options.

- **ISC Sub Group – 4 July 2019**: Presentation of outcomes of ISC Board appraisal of Breast service site options and Board recommendation - for discussion prior to JCB meeting in public.

- **JCB Meeting in public – 16 July 2019**:
  
  o **Decision 1.** To accept the recommendation of the ISC Programme Board for sufficient evidence for a preferred site option (assuming also supported by the JCB Sub Group on 4 July 2019) – for Models of Care in scope (Breast, Benign Urology, Vascular, Paediatric Surgery, Respiratory)
  
  o **Decision 2.** To support progression of recommended site option towards submission of the evidence for case for change to NHS England for Strategic Sense Check 1 and to the GM Joint Health Scrutiny Committee for review of the changes proposed (for Models of Care in scope (Breast, Benign Urology, Vascular, Paediatric Surgery, Respiratory)
  
  o **Decision 3.** To support urgent prioritisation of the Breast Models of Care and other specific Models on the grounds of their fragility and the overall phasing of the workstreams from Q2 onwards.

4.2. These JCB decisions would only be to enable the Programme to progress to the next stage of the process but would not prevent a change or reversal of any type.
4.3. The ISC Board would emphasise the evidence that supports the case that Cardiology and MSK/Orthopaedics Model of Care revisions would not impact on these decisions.

4.4. **Future JCB meetings:**

4.5. At the next opportunity, NHSE and JHSC feedback would be presented for consideration by the JCB and to ask to formally commence the development of individual business cases and preparation for any consultation as advised by JHSC.

5.0 **SUMMARY**

5.1. This paper summarises the JCB Options Appraisal session held on 21 May 2019.

5.2. It also outlines the further work initiated in advance of the JCB meeting in July 2019 – namely the production of supplementary information on Breast service site options.

6.0 **RECOMMENDATION**

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

- Note the contents of this paper and the requirements it sets out.
- Confirm the ongoing support for this work to proceed.
Appendix 1:

Eight site configuration options – Evaluated and Appraised by the ISC Programme on 21 March 2019 – outcomes presented to JCB on 21 May 2019.

### The journey so far

January 2019: JCB agreed 8 site-specific options should be modelled against the counterfactual

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<tr>
<th>Option</th>
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<tbody>
<tr>
<td>Paediatric Surgery Tertiary: Royal Manchester Children’s Hospital High acuity: MRI, Oldham, Stepping Hill, Bolton Low acuity: RAE, Tameside, Fairfield, NMGH, Salford, Wythenshawe MRI, Oldham, Stepping Hill, Bolton</td>
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<td>MSK and Orthopaedics (x2 options) Supra-specialist + Specialist + Joint Centre: Wrightington Specialist + Joint Centre: Stepping Hill Joint Centre: Trafford, Fairfield</td>
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<td>Cardiology¹ Tertiary: MRI, Wythenshawe ACPs: MRI, Wythenshawe, Fairfield, RAE ARMCS: MRI, Wythenshawe, Fairfield, RAE, Bolton, Salford, Stepping Hill, Tameside ED Support + OSCPC: All sites with EDs</td>
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<td>Respiratory² Status quo activity/flows will be modelled as predominantly outpatient specialty</td>
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<td>Vascular Arterial hub: MRI Spoke module 2/3: Oldham, Salford, Stepping Hill, Wythenshawe, Bolton², Tameside³ Spoke module 1: Fairfield, NMGH, Rochdale, Trafford</td>
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<td>Neuro-rehab³ Hot sites: Salford Warm site: Trafford Cold sites: Rochdale, Stepping Hill</td>
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¹ Cardiology changes are only to pathways, not site model, so no travel times modelled ² No changes to the configuration of respiratory care are being made, so no travel times modelled ³ Neuro-rehabilitation changes have already been agreed and so are out of scope of travel times modelling ⁴ Bolton, Tameside modelled as spoke M1 due to data quality – M2/3

SOURCE: Clinical working groups, JCB 10th Jan
Appendix 2: Evaluation criteria - approved by JCB in December 2018:

Quality of care for all
- Will it deliver safe, effective care for patients?
- Will it deliver consistent outcomes for patients?

Access to care for all
- What is the impact on travel times for everyone?
- What is the impact for those travelling from more deprived areas?

Workforce
- What is the impact?
- Is the workforce sustainable?

Research, innovation and education
- Is it innovative?
- Does it offer educational and research opportunities?

Social value
- Does it promote employment, participation, citizen engagement and economic sustainability?

Deliverability and sustainability
- What is the scale of change - how long and complex would it be?
- Does it ‘fit’ with other current changes in GM?

Affordability and value for money
- What are the impacts on cash flow, income and expenditure?
- Does it make efficient use of estates or require any investment?
Appendix 3: Timelines

2018
December: Evaluation criteria agreed with JCB
Applied high level criteria to models and potential sites

2019
January: Shared rationale of 8 shortlisted site-specific options with JCB
JCB agreed modelling of 8 site-specific options

February: Programme’s expert groups evaluated each option in detail

March: Programme Board appraisal and recommendations
Revision of Cardiology and MSK/Orthopaedics’ Models

May: JCB appraisal of site options
JCB determine priorities, phasing and next steps

July/September: JCB decision-making points on priorities/next steps
Appendix 4: Four site configuration options – presented to JCB on 21 May 2019

The journey so far

ISC Board appraisal recommends JCB to specifically consider options 1 – 4 as determined by site configuration options for Breast services

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SOURCE: Clinical working groups, JCB 10th Jan
Appendix 5: Decision-Making Road Map