

Healthier Together Overview

In July 2015, the Greater Manchester 12 CCGs unanimously supported the commissioning of a new model of care for A&E, Acute Medicine and General Surgery. The model of care is based upon a set of clinically designed standards aimed at reducing variation of provision across Greater Manchester and a significant improvement of patient outcomes. A number of Implementation Conditions were also specified as part of the decision, to be met prior to any implementation changes, and these are described later in this document.

A fundamental part of the role of the four single service implementation teams will be to describe the detail of the model of care for their patients. This will provide the flexibility and ability for local clinicians, managers and support staff to design the detail of services to best suit the specific requirements of each single service or patient cohort, including the need to support co-dependent services.

This process will be underpinned by new governance and accountability arrangements where it has been agreed that senior clinicians and management colleagues will be involved in a number of new groups including the **Greater Manchester Clinical Alliance**.

Healthier Together model of care – non-negotiable elements

- All the commissioned Healthier Together standards must be met
- 4 Single Services will be commissioned across Greater Manchester
- Each single service will have one site receiving general surgical emergencies by ambulance
- A general surgery single service team will be formed – general surgeons from all sites in the single service will form one single team with single governance / performance framework
- General surgeons will rotate across both types of site to maintain skills and support all activities
- There will be a single general surgery NWAS Pathfinder for Greater Manchester, this cannot be ‘tweaked’ locally or from one single service to another

Sites not specialising in emergency or high risk elective general surgery – summary

Modelling suggests that ~80% of general surgery will remain at these sites. **However, a detailed assessment of additional activities pertaining to tertiary/ other specialities will be required at each site to fully describe the actual volume of patients.**

It is expected that the general surgery teams will respond to any emergency that occurs on the site in the best way to meet the needs of the patient and achieve the Healthier Together Standards. Detailed work will be required by each single service team to identify and design the clinical pathways and policies to support such situations.

These sites will be commissioned to provide the following general surgical services over **7 days**:

- Day case procedures
- Low risk inpatient procedures
- Short stay beds for recovery from day case / low risk procedures

- Elective surgical ward(s) for low risk inpatient recovery
- Outpatient first and follow up clinics
- Endoscopy clinics
- Rapid access/hot clinics

Dedicated on call cover These sites will not be expected to routinely provide:

- Inpatient emergency general surgery or high risk elective inpatient general surgery
 - **Except** for a specialist co-dependent patient e.g. a patient with cystic fibrosis or an obstetric patient, etc. In those cases where co-dependent needs mean patient perioperative care would be optimised where the commissioned co-dependent services are located, the patient would undergo their surgery at that site.
- Observation for emergency general surgery inpatients anywhere but A&E

It is recognised that the specific pathways and arrangements above can only be determined by the single service team as part of the implementation activities.

Local discussion and design required:

- Identification of specialist patients requiring treatment on site not specialising in general surgery
- Agreed pathways and protocols to support these patients
- Local models for rapid access (“hot”) clinics and non-elective ambulatory care
- Readiness for implementation and phasing of single service changes relative to rest of Greater Manchester

This work will give the flexibility and opportunity for the clinicians within the Single Service to appropriately design the pathways and policies to best support their patients.

How will this be assured?

- Each single service will present the patient groups identified locally, with proposed pathways and protocols to the Healthier Together Greater Manchester Clinical Alliance to ensure that continued clinical oversight is maintained and all single services achieve the requires standards.
- The Healthier Together Greater Manchester Clinical Alliance will advise the Committees in Common on such proposed pathways and protocols to support commissioning of services.

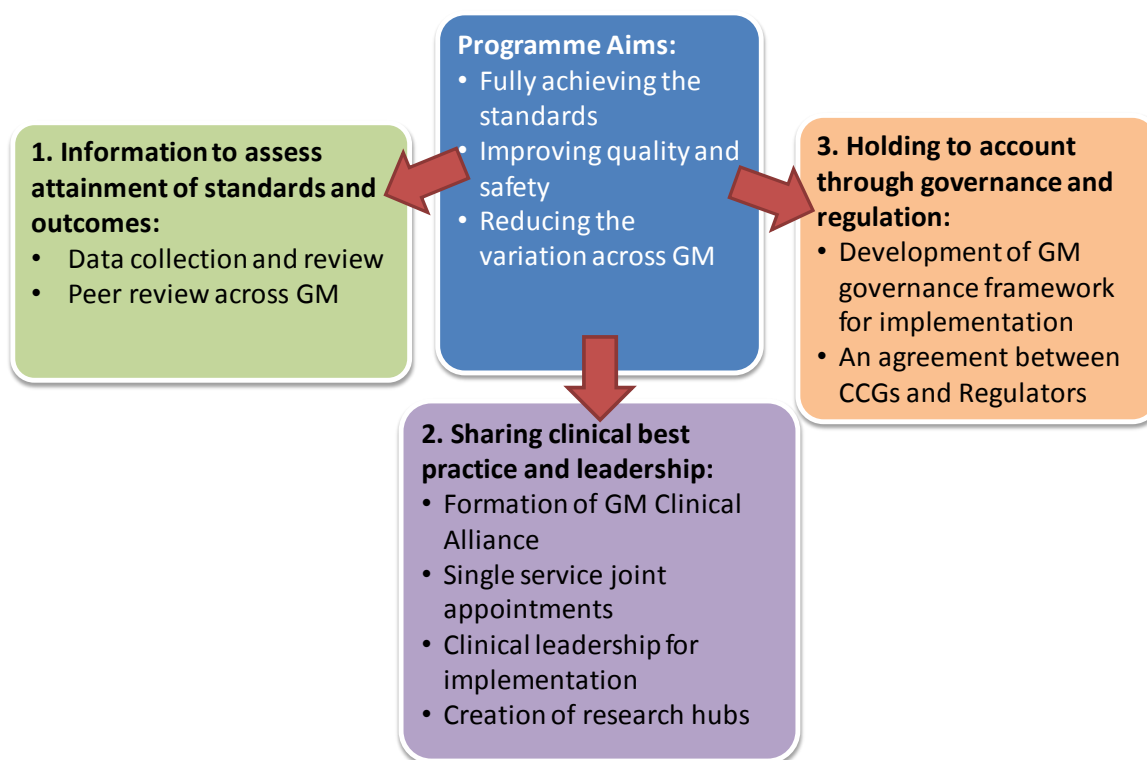
Healthier Together Implementation Conditions

The Healthier Together implementation conditions will be assessed prior to implementation of each single service part of the “Go Live” planning arrangements. The conditions will be underpinned by contractual agreements. The conditions are designed to ensure the stated aims of the programme are achieved:

- Achieving the Greater Manchester Quality and Safety standards at all relevant sites
- Improving quality and safety outcomes at all relevant sites
- Reducing the variation in attainment of standards and outcomes that currently exists across Greater Manchester

The conditions are listed and summarised in the diagram below.

Figure 1.0 Summary of Healthier Together Implementation Conditions



The conditions are summarised below:

- Condition 1 – Regular data collection, review and monitoring is implemented
- Condition 2 – Structured process of peer review across GM
- Condition 3 – Establishment of a Greater Manchester Clinical Alliance
- Condition 4 – Joint appointments to Single Services
- Condition 5 – Appointment of GM clinical leadership for implementation
- Condition 6 – Formation of Single Service Research Hubs
- Condition 7 – Development of a GM governance framework
- Condition 8 – Formation of a CCG and Regulatory Body Alliance to support implementation

Further detail on each condition is provided below.

Conditions related to information

Condition 1 - Regular data collection, review and monitoring is implemented

What does this mean?

- Mandated data collection and submission from all GM providers (on standards, outcomes, productivity)
- Data to be analysed independent of providers
- All Trusts to publish outcomes (e.g. mortality data) on an agreed timetable to support implementation
- Data to be made available to patients commissioners and providers to drive improvement

How does this contribute to achieving the aims?

- Allows a deeper understanding of the service provision
- Identifies areas of best practice and areas for improvement
- Enables benchmarking of performance
- Allows analysis of the relationship between standards and outcomes

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Condition 2 – Structured process of peer review across GM

What does this mean?

- A commissioner mandated, structured process of peer review to support the transition and implementation phases
- Conducted in advance and post implementation of changes to in scope services
- Peer review undertaken of each single service by clinicians from across GM

How does this contribute to achieving the aims?

- Allows an understanding of whether the standards will be/ are being achieved
- Identifies areas of best practice and areas for improvement
- Facilitates sharing of best practice and innovation

Conditions related to sharing clinical best practice and leadership

Condition 3 - Establishment of a Greater Manchester Clinical Alliance

What does this mean?

- Independently chaired (e.g. by Non-GM Trust) clinical alliance, made up of senior clinicians from all GM Trusts
- **Mandated** by commissioners; governance through the Programme implementation architecture
- Working collaboratively as guardians of the Healthier Together standards and model of care during the implementation phase
- Acting as an Expert Scrutiny Panel responsible for assuring whether detailed single service models of care, pathways and workforce plans comply with the Healthier Together Quality and Safety standards; advising commissioners
- During implementation responsible for reviewing quality and safety issues and providing assurance on solutions identified
- Peer review findings are reported at the Clinical Alliance

How does this contribute to achieving the aims?

- Ensures design of single services complies with Quality and Safety standards
- Facilitates sharing of best practice and innovation
- Builds clinical ownership and community across Greater Manchester

Condition 4 – Joint appointments to Single Services

What does this mean?

- Each single service to appoint a Clinical Director to work across all sites within the Single Service - recruitment to be a joint process between Trusts and agreed lead CCG
- Clinical Director to lead the formation of single service teams, oversee design of single service model of care and pathways, and be responsible for clinical performance of the single service
- All new clinical (medical) appointments to be single service wide
- An identified provider Executive Lead for each Single Service to be in place during the implementation phase
- Consider GM level recruitment plans to increase exposure and wider sharing of resources

How does this contribute to achieving the aims?

- Facilitates standard model of care and pathways across each single service
- Provides accountability for attainment of standards and improved outcomes

Condition 5 – Appointment of GM clinical leadership for implementation

What does this mean?

- Appointment of a small number of clinical leadership roles to support implementation; similar to existing clinical champions
- Responsibilities will include chairing of sub-groups to support the Clinical Alliance e.g. for General Surgery
- Responsibilities may include ‘buddying’ of single services – providing clinical leadership during the implementation of single services

How does this contribute to achieving the aims?

- Promotes sharing of best practice
- Visible leadership; unifying all 4 Single Services
- Enables best practice from one single service to be utilised in the implementation of another

Condition 6 – Formation of Single Service Research Hubs

What does this mean?

- All single services to be aligned to a Teaching Hospital/ University to facilitate research , clinical audit, training and workforce development and to share innovation
 - Alignment could be for research, teaching and / or service delivery e.g. clinics or theatre sessions
 - Shared best practice clinical governance processes and learning
 - Sharing of best practice to support the implementation
 - Formal link to the proposed to GM Academic Health Science System
 - Sharing of knowledge and expertise to support the training and development of the future workforce

How does this contribute to achieving the aims?

- Continues to strengthen the research and academic input to the Single Services
- Increases access to on-going research and innovation
- Supports the development of a sustainable future workforce required for the long term delivery of Healthier Together.

Commissioning leadership and collaboration

It is recognised that the strength of the Healthier Together governance has been the collective **clinical** leadership of the 12 Greater Manchester CCGs. It is proposed that this continues through implementation. The following conditions are proposed to strengthen the governance of the implementation:

Condition 7 – Creation of GM implementation governance

What does this mean?

- Commitment to on-going Greater Manchester-wide governance for the Healthier Together programme
- Commitment to on-going joint governance with commissioners, providers and regulators
- Commitment to ensure that lay and patient representation will be at the forefront of governance arrangements.

How does this contribute to achieving the aims?

- Continues to provide robust governance and oversight to the programme post decision
- Provides accountability for achievement of the publicly stated aims

Condition 8 – Formation of a CCG and Regulatory Body Alliance to support implementation

What does this mean?

- An agreed joint process between CCGs and Regulators for holding Providers to account during the implementation phase
- Strengthening existing governance arrangements between commissioners, regulators and providers (e.g. HT Programme Board)
- Commitment to work on a long term basis with the healthcare regulators to ensure Healthier Together is fully achieved.
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How does this contribute to achieving the aims?

- Ensures full alignment between CCGs, Providers and Regulators on key issues (e.g. Capacity, Capability, Leadership)
- Enhances openness and transparency between all parties