

**Greater Manchester and Eastern Cheshire
Strategic Clinical Networks**

LISTENING TO THE CLINICAL VOICE

Our health and care achievements 2013-2020



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FOREWORD

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We need to continually improve our clinical practice to meet the needs of our patients



For example, in dementia, we need to diagnose the condition in a timely way and then provide high quality support and care to patients and their carers. This can best succeed if we involve all the clinical community across primary, secondary and community care.

It has been a real pleasure to see how the Strategic Clinical Networks, working with Dementia United, have reached out to the clinical community across Greater Manchester and Eastern Cheshire so that we can move forward together.

Listening to clinicians to develop ways of improving diagnosis and care has led to especially high rates of diagnosis and attention to post-diagnostic care in Greater Manchester and Eastern Cheshire. Dementia United has also created opportunities for people living with dementia and their carers to connect directly with clinicians, allowing a whole person-centred approach to improvements in practice.

This approach characterises the Strategic Clinical Networks' work in all its networks.

The involvement of clinicians needs nurturing, rather than using managerial fiat, but such an approach leads to more sustainable progress.

As your National Clinical Director for dementia and Older People's Mental Health, I have seen at first hand the crucial role that the Strategic Clinical Networks have played, providing a platform for continuous improvement and reducing unwarranted variation across health systems. The synergies across the networks also allow the integration of care along with improved working relationships.

I continue to enjoy and greatly value my contacts with the support team and clinicians of the Strategic Clinical Networks, who are dedicated to the ethos of the networks.

They have made the Strategic Clinical Networks effective by listening to clinicians, co-ordinating their work and moving policies forward.”

Professor Alistair Burns

National Clinical Director for Dementia and Older People's Mental Health, NHS England and NHS Improvement

Professor of Old Age Psychiatry, the University of Manchester

INTRODUCTION



Networking is not about just connecting people. It's about connecting people with people, people with ideas, and people with opportunities.

Michele Jennae



The Strategic Clinical Networks continue to be agile and flexible to change, even when faced with the recent Covid-19 pandemic.



The Strategic Clinical Networks (SCNs) are dedicated to 'improving the health and care of the people of Greater Manchester and Eastern Cheshire to be comparable to the best in the world', working as part of the Greater Manchester Health and Social Care Partnership (GMHSC Partnership). Our networks give clinicians, working with users and carers, a clear voice in the development of clinical and organisational policies.

Over the years, we have produced sustainable improvement in practice, whether through guidelines, policy documents, strategies or pathway changes. Our networks are varied and take a life course approach, from maternity and children to end of life, with many long-term conditions in between.

Some of our networks are more long-standing than others, yet all have strong clinical leadership at their heart, an evidence base and a drive to improve outcomes for people and their families, whoever they are and wherever they live in our region. Removing inequalities of health and care for black, Asian and minority ethnic (BAME) communities has been a common theme in our work since 2013.

This prospectus gives a flavour of our life course approach over the last seven years. To do this, we need the dedicated support, enthusiasm and drive of our clinicians and support team, working with partners, our public and the voluntary and third sector.

The SCNs continue to be agile and flexible to change, even when faced with the recent Covid-19 pandemic, a virus that has stopped all of us in our tracks.

Yet our clinicians have been courageous, curious, innovative and professional in supporting the pandemic to improve the care of their patients, whether that be in respiratory rehabilitation, acute cardiac care or supporting the technology of our primary care teams using diabetes innovations.

The SCNs will continue to be at the centre of strategic thinking and practical sustainable implementation within our localities.

Best wishes

Julie Cheetham - director
Dr Peter Elton - clinical director

HOW WE CAN HELP YOU

We provide clinical leadership to improve health and care services across Greater Manchester and Eastern Cheshire and have a proven track record of success since 2013.

We currently specialise in the following areas: maternity, children and young people, palliative and end of life care, diabetes, respiratory, cardiovascular, dementia, frailty and stroke.

In the past, we have also worked in adult, child and adolescent and perinatal mental health, with the programmes moving to the Greater Manchester Health and Social Care Partnership in 2020.

We have also been involved in renal, learning disabilities and neurological rehabilitation, but these networks closed in 2016. Work from our cancer network transferred to Greater Manchester Cancer in 2017.

This is what we do to achieve positive results:

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It was a pleasure working with the GMEC SCN. I was moved by their passion, expertise, and sheer potential for supporting population health. They are an asset to the GMHSC Partnership offering an emerging model for mobilising the clinical voice.

Professor Dr Durka Dougall, programme director, The King's Fund.



Enable clinical leadership

- Our networks include specialist clinicians with links to regional, national and international leads and experts to help inform decision making around redesign and transformation of services. Our clinically-led response to Covid-19 is a recent example to how vital their voice is when making judgements on changes to the health system.
- We identify and facilitate the adoption of evidence-based best practice and innovation in health and social care to develop pathways designed by clinicians. This results in improved health outcomes and reductions in unwarranted variation in care in the region for people.
- Our clinical leadership ensures that the pathways, once developed, are adopted through clinical consensus and are sustainable.



Shape evidence-based care to gets results

- We work collaboratively with health and social care commissioners, providers and voluntary sector organisations to identify common objectives and develop them into strategic commissioning intentions which have a proven positive impact.
- We provide evidence and inform the commissioning of services across the NHS. Our whole system view across the boundaries of commissioner, provider and the voluntary sector enables us to examine the full implications of the impact of a service change on other parts of the health and social care system and make subsequent recommendations.
- We measure and benchmark quality and outcomes to drive improvement and reduce unwarranted variations in care.

Our vision statement

The health and wellbeing of local people, and the care they receive, will be comparable with the best in the world.

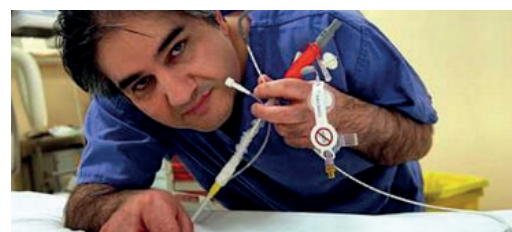


Bring the voice of service users, carers and the public to shape services

- Our networks include patients, carers and members of the public, whose first-hand experience of care pathways and health and social care services in the region is invaluable in shaping evidence-based pathways and models of integrated care.
- We deliver educational sessions for patients, carers and members of the public to help develop the skills and confidence needed to successfully contribute to shaping services.
- We ensure that the needs of our diverse population are represented within the decision-making processes.
- We support and champion health inequalities taking a life course approach to improvement.

OUR CLINICAL LEADS

A strong clinical voice has been at the centre of our achievements since 2013, spearheading our work and bringing real improvements to people’s lives.



Here is our current clinical lead team

Palliative and end of life care

Clinical lead

Dr David Waterman, consultant in palliative medicine, Stockport NHS Foundation Trust

Primary care lead

Dr Liam Hosie, GP, Wigan

Diabetes

Clinical lead

Dr Naresh Kanumilli, GP in Northenden Group Practice

Respiratory

Clinical lead

Dr Jennifer Hoyle, consultant respiratory physician and occupational lung disease lead, Pennine Acute NHS Hospitals Trust

Clinical advisor for primary care

Dr Murugesan Raja, Lead GP for Hope Citadel at John Street Medical Practice

Cardiovascular

Clinical lead

Dr Farzin Fath-Ordoubadi, consultant interventional cardiologist, Manchester University NHS Foundation Trust

Dementia

Clinical lead

Dr Emma Vardy, consultant geriatrician and clinical dementia and delirium lead at Salford Royal NHS Foundation Trust

Clinical advisor

Ross Dunne, Clinical Director at Greater Manchester Dementia Research Centre

GP primary care lead

Dr Helen Martin, GP, Manchester

Stroke

Clinical lead

Dr Khalil Kawafi, consultant physician, Pennine Acute Hospital Trust

Maternity

Clinical lead

Karen Bancroft, consultant obstetrician and gynaecologist, Royal Bolton Hospital

Midwifery clinical lead

Eileen Stringer, former consultant midwife, GMEC SCNs

Maternity safety lead

Chantal Knight, Maternity Safety Lead, GMEC SCNs

Children and Young People

Clinical lead

Dr Jim Bruce, consultant paediatrician and neonatal surgeon, Royal Manchester Children’s Hospital

Children’s Health and Wellbeing clinical lead

Dr Carol Ewing, consultant paediatrician/ Royal College of Paediatrics and Child Health ex-Vice President for Health Policy

Children’s unscheduled care clinical lead

Julie Flaherty MBE, paediatric nurse consultant, Royal Oldham Hospital, Pennine Acute Hospitals Trust, part of the Northern Care Alliance

Frailty

Clinical lead

Dr Sally Briggs, consultant geriatrician, Manchester Foundation Trust

Clinical advisor

Prof Martin Vernon, consultant geriatrician, Tameside and Glossop Integrated Care NHS Foundation Trust

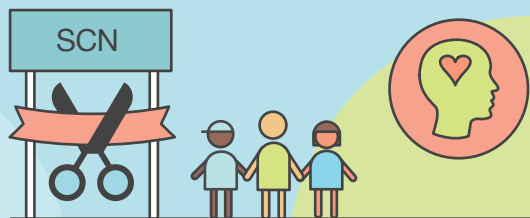
TIMELINE

2013

Greater Manchester, Lancashire, and South Cumbria Strategic Clinical Networks established.

Set-up all nationally agreed and nationally funded networks and added the Child and Adolescent Mental Health Network.

CCGs funded End of Life and Palliative Care Network.



2014

SCNs agreed vision statement that: “the health and wellbeing of local people, and the care they receive, will be comparable with the best in the world.”



2015

Health and social care devolved to Greater Manchester in landmark agreement.

Patients benefit from centralisation of stroke services, led by the SCNs.



2016

SCNs’ geographical coverage changed, creating the Greater Manchester and Eastern Cheshire Networks.

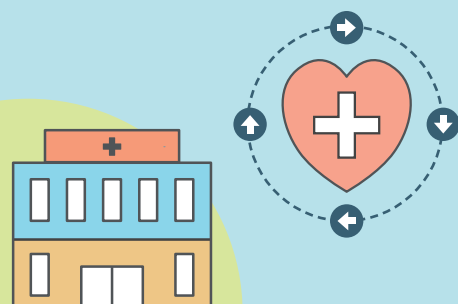
Perinatal mental health network launched.



2017

Frailty Network established.

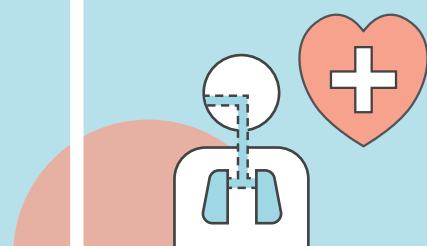
SCNs demonstrates its agile capability in response to Manchester Arena Terrorist attack.



2018

Respiratory Network established.

Co-hosted 1st GM Clinical Quality Governance Conference with RCPE.



2019

SCN responds to Long Term Plan and support clinical narrative.

SCN/Commissioner Steering Group set up with representation from commissioners/provider/primary care, chaired by chief officer of HSCP.

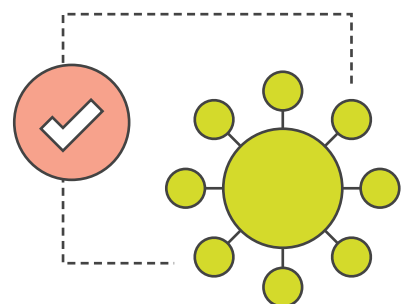


2020

SCNs swiftly adapt to the challenge of Covid-19, their ready-made clinically-led networks reacting quickly to support organisations and improve patient services.



TOP 10 ACHIEVEMENTS



OUR CLINICALLY-LED RESPONSE TO THE CHALLENGE OF COVID-19

153 FEWER CHILDREN ADMITTED TO HOSPITAL WITH ASTHMA



67 FEWER STILLBIRTHS



than if the rate was still at its 2015 level

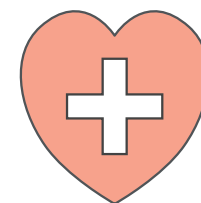
FIRST EVER GREATER MANCHESTER COMMITMENTS OF CARE OUTLINED TO PALLIATIVE CARE INDIVIDUALS

approaching or within the last year of life



GREATER MANCHESTER'S FIRST DIABETES STRATEGY

and launch of digital toolkit to help self-management



GREATER MANCHESTER'S FIRST HEART FAILURE CARE PLAN

co-produced with input from clinicians, patients and carers

EQUAL ACCESS FOR ALL TO BEST STROKE SERVICES

after centralisation of services



FRAILTY FRAMEWORK TO SET STANDARDS ACROSS GREATER MANCHESTER

ONLINE EDUCATION PLATFORM HELPED GPs TO MAKE CANCER REFERRALS



ONE OF THE HIGHEST DEMENTIA DIAGNOSIS RATES IN ENGLAND

ACHIEVEMENTS FROM ACROSS OUR NETWORKS 2013-2020



MATERNITY

For 30 years, until 2016, the UK had failed to reduce stillbirths significantly.

NHS England responded by publishing Better Births, an initiative to improve maternity services in England.

Our Greater Manchester and Eastern Cheshire Maternity Network, led by midwives and obstetricians, working with mothers and families, helped to produce the Partnership's implementation plan in response to Better Births and is a key delivery partner in the Greater Manchester and Eastern Cheshire Local Maternity System.

Our innovative approach has included publishing a series of safety guidelines; visits by clinical leads to units to support the adoption of the guidelines; Saving Babies' Lives Champions appointed in every maternity service to implement the guidelines in clinical practice; an increase in women having continuity of carer – the same midwife at every maternity appointment; establishing community perinatal mental health teams; the launch of a new maternal medicine network to support new maternal medical consultants; and a new safety programme coordinated by a maternity safety lead.

The Maternity Network's approach influenced the NHS Long Term Plan and the Greater Manchester 5 Year Forward Plan. There is a major focus on reducing stillbirths, neonatal deaths and disability through the Saving Babies' Lives Care Bundle. The SCN has facilitated substantial progress using the bundle.



The standardisation of guidance and training is key to improving the quality of maternity care across the Greater Manchester and Eastern Cheshire footprint.

Eileen Stringer, clinical lead midwife

There has also been work to reduce the number of tears and increase breastfeeding, and since 2015, we have seen:

- A total of 67 fewer stillbirths than if the rate was still at its 2015 level
- 609 fewer women in total suffering a 3rd/4th degree tear than if the rate was still at its 2015 level
- A total of 520 more women initiating breastfeeding than if the rate was still at its 2015 level

Reducing health inequalities and improving outcomes equitably across populations is a key objective for the SCNs. In maternity, a BAME (Black Asian Minority Ethnic) Advisory Group has been established, bringing together health organisations and voluntary, community and social enterprise partners such as the Manchester BME Network, the Caribbean and African Health Network and the British Muslim Heritage Centre.

The aim of the group is to draw together expertise in the area, to research and engage with communities and understand their challenges and potential solutions.

CHILDREN AND YOUNG PEOPLE

Dozens of children in Greater Manchester are not needing hospital assessment or treatment thanks to improvements led by our Children and Young People Network.

Our network made an important contribution to the GMHSC Partnership's Children's Health and Wellbeing Framework, leading on reducing hospital admissions.

Initiatives including new pathways, a tool box to support young people when they move to adult services and a 'Preventing Avoidable Admissions Bundle' are seeing early successes, which include:

- The number of children admitted to hospital with asthma reduced by 153 in total from 2017/18 to 2018/19
- The development of an asthma app for children and young people, which will include remote consultations to help service users while Covid-19 restrictions are in place
- Working alongside the Diabetes Network to implement an app to support the management of diabetes in children

The network also led on the development of a digital bed bureau and supported it during an interim phase by telephoning paediatric wards twice a day, seven days a week, until the digital offer was ready to go live.

These improvements in the health offer to our children not only support the Health and Wellbeing Framework, but also the vision of the GM Children's Plan. The SCNs also support the wider GM children's programme, contributing the clinical voice to the GM Children's Board and working cohesively with the Early Years, SEND, mental health and Looked After Children's programmes to ensure an integrated life course approach runs through the work.



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Our network is making excellent progress in helping children and young people, supported by their families, look after their own health, reducing the demand on services.

Dr Jim Bruce, clinical lead

The Children and Young People's Network works closely with colleagues in education to support the health and wellbeing of children via school settings. A joint post is developing a toolkit to be used within schools during the personal, social, health and economic curriculum.

DIABETES

Around 176,000 people in Greater Manchester with diabetes should benefit from better care and treatment thanks to the launch of the first ever diabetes strategy.

The Diabetes Network achieved a consensus to build on NICE guidance and national policy to create a strategy that will slow down the increase in diabetes, improve care, reduce complications and reduce the cost of individual patient care.

The network successfully bid for £1m of Test Bed funding – the largest amount awarded – to launch the Diabetes My Way online platform, which gives people living with type 2 diabetes access to learning, self-management support and their own clinical data, improving information for patients and reducing costs to the system. The project supports the digital objectives of the Long Term Plan.

The network team coordinates the Greater Manchester roll out of the NHS National Diabetes Prevention Programme, called 'Healthier You'. We have achieved one of the highest attendance rates in the country with over 18,000 people taking part in the programme in 2016-2019.

The Manchester Amputation Reduction Strategy (MARS) will aim to reduce lower limb amputations within Manchester and Salford. Preparations for its launch have already contributed to improvements, which have seen the development of a tight knit, integrated team working to the same protocols within hospitals and the community. Implementation of the MARS methodology will be rolled out on a Greater Manchester footprint to not only save limbs and lives, but, through integrated working, adding quality to those lives.



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The SCNs and the Diabetes Network have had many successes over the last seven years, including publication of the first ever diabetes strategy.

We continue to strengthen and forge new alliances in our endeavour to improve outcomes for the people of Greater Manchester.

Dr Naresh Kanumilli, clinical network lead

PALLIATIVE AND END OF LIFE CARE

The Palliative and End of Life Care Network has engaged widely with patients, carers, public, clinicians, commissioners and managers to produce the 'Commitments' document and a supporting Framework.

The first 12 commitments in the document are centred around the last year of life for the individual and consider the holistic needs of those close to them during this time. There are a further four supporting system wide commitments that underpin the 12 commitments and will support individuals and families across Greater Manchester to receive skilfully and sensitively delivered individualised palliative and end of life care.

The team has worked within localities to establish individual baselines against the National Ambitions for Palliative and End of Life Care and supported the development of clinical guidance for pain and symptom control, anticipatory clinical management, including do not attempt cardiopulmonary resuscitation (DNACPR), and the individual plan of care and support for the dying person in the last days and hours of life.

The network has built on previous work where a film was developed with families from BAME communities who had experienced the death of a loved one, outlining emerging priorities and recommendations to help improve end of life care.

The network has gone on to support two Greater Manchester hospices to develop and deliver a resource of lectures for professionals working with identified disadvantaged groups in receipt of palliative and end of life care, with groups including BAME, dementia, Gypsy and travelling communities, homelessness and LGBTQ.



The Framework is an important milestone and aspiration for the citizens and communities of Greater Manchester and Eastern Cheshire. It presents a set of co-produced commitments between patient, unwaged carers and people with lived experience and health and social care professionals from a range of services that strive for equity in outcomes in palliative and end of life care.

Dr David Waterman, clinical lead

Dr Liam Hosie, primary care lead



RESPIRATORY

The Respiratory Network was established in late 2018 to identify the main challenges in respiratory disease and what needs to be done to tackle them.

A respiratory steering group was set up to lead the work that included doctors, specialists, commissioners, patients and public health workers. Through this group, and engagement with wider stakeholders, the Greater Manchester respiratory improvement framework was developed.

So far, the Respiratory Network has:

- Led on coordinating a response to the NHS Long Term Plan
- Led on education and self-management support, by scoping local services and supporting commissioners with gap analysis and options to improve care
- Led on an initiative to offer flu vaccines in respiratory outpatient clinics with exploration to offering vaccines to other high-risk groups
- Supported quality diagnosis in primary care by scoping local services and developing a Greater Manchester model to enable population coverage of quality assured spirometry.

In addition, the Respiratory Network has coordinated initiatives that include a community approach to reviews, supported a primary care offer for smoking cessation and helped promote the CURE programme as an area of best practice in the North West as part of the NHS response to the Long Term Plan. The CURE project is a comprehensive secondary care treatment programme for tobacco addiction, identifying all smokers admitted to secondary care, offering nicotine replacement therapy, other medications and support. It is part of the GMHSC Partnership's Making Smoking History programme.



This framework will help drive improvements to services for the thousands of people across Greater Manchester who suffer from respiratory diseases.

Dr Jennifer Hoyle, clinical lead



CARDIOVASCULAR

Our clinically-led cardiac programme has been reinvigorated and is helping to save lives across Greater Manchester.

The Cardiac Network has been active for over 15 years. We refocused our energies in 2017 and developed and piloted improved cardiac pathways that aligned to NICE standards, to support service users to receive accurate and timely diagnoses. This resulted in people receiving tests and treatment faster in the following areas:



Acute chest pain: our redesigned pathway is supporting people who have a type of heart attack called a non-ST elevation myocardial infarction (NSTEMI), to ensure all high-risk patients across Greater Manchester have access to angiography within 24 hours of admission and subsequent stent or bypass operation.

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This newly-designed pathway aims to give everyone faster tests, diagnosis and treatment, ultimately helping to save lives.

Dr Farzin Fath-Ordoubadi, clinical lead

Stable chest pain: our NICE-aligned pathway and toolkit are enabling appropriate and timely referral into specialist services for treatment in line with the newly developed Greater Manchester standards and delivered as part of an agreed future-proof model for system wide delivery.

Heart failure: Clinical consensus for this NICE-aligned pathway is allowing us to develop a system wide toolkit to support better diagnosis and treatment for patients with heart failure. Our care plan encourages better conversations between patients and health professionals, supporting improved self-management and better patient outcomes.

Out of hospital cardiac arrest (OHCA): National data suggests that less than 1 in 10 people survive an OHCA. Our Greater Manchester project has been launched with the aim of developing a common, seamless protocol that reduces variation across our system whilst improving the quality of service and outcomes.

The Primary PCI service was established across Greater Manchester through the Cardiac Network in 2011, leading to all patients suffering from an acute heart attack (called ST elevation MI) being transferred to a heart attack centre. It continues to significantly reduce mortality.

DEMENTIA

Our Dementia Network is part of Dementia United, the partnership programme of work which aims to make Greater Manchester the best place to live if you have the condition. It brings together many groups to do this, including health and social care, carers and people living with dementia.

In 2017/18, Dementia United met with all 10 Greater Manchester localities to identify challenges, best practice and what could be shared to reduce inconsistencies of care.

The network has helped reduce variation in diagnosis rates across Greater Manchester with qualitative interviews in four localities which informed a diagnosis document and the region continues to perform ahead of the rest of England in dementia diagnosis rates.

Achievements include:

- developing a Greater Manchester care pathway and piloting a Dementia Care Plan focused on personalised care
- improving palliative and end of life care training for the workforce
- producing Greater Manchester standards of care, a patient leaflet and awareness films on mild cognitive impairment
- developing a lived experience barometer called Greater Moments, a tool which will measure the real experience of people living with dementia, so care can be personalised for them.



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Working with Dementia United, this has been a fantastic achievement, making the service in Greater Manchester receive one of the best in the country.

Dr Emma Vardy, clinical lead

RENAL

Acute kidney injury was a focus for the Renal Network in 2014/15 and clinicians agreed an electronic communication system would improve management of it.

The National Online Referral System for Emergencies (NORSE) was implemented – an IT referral system which had been successful in Birmingham.



STROKE

Stroke patients across Greater Manchester and Eastern Cheshire have benefitted from improved treatment thanks to our network leading on the centralisation of stroke services in March 2015, moving to an operational delivery network in 2016.

This saw specialist services provided by three hospitals in Greater Manchester and Eastern Cheshire, making sure all new onset stroke patients had access to hyper-acute facilities.

A review was also conducted into Lancashire and South Cumbria stroke services.

Our clinical leads led on work to develop a commissioner and clinician best practice toolkit, exploring the use of medical technology and looking at new ways of working and promotion of self-management. An atrial fibrillation/stroke prevention conference took place in 2014 to add impetus to the work.

The Stroke Network and Operation Delivery Network (ODN) will over the course of 2020-21 transition into an Integrated Stroke Delivery Network (ISDN) to build on the exceptional work of being one of the leading ODNs in the country to achieve 'A' rated Sentinel Stroke National Audit Programme (SNAPP) standards. This work will continue to improve the care of GM stroke patients.



Thanks to this programme, thousands of people suffering strokes have had equal access to the best care in the region.

Dr Khalil Kawafi, clinical lead

FRAILITY

The network established the Greater Manchester Frailty Collaborative, a group of clinicians, providers, commissioners and service users, which developed 'Resilience and Independent Living, a Framework for Managing Clinical Frailty'.

This document contains agreed Greater Manchester-wide frailty standards which are now being implemented across the region to improve care. It outlines a broad range of frailty interventions and devises a robust care plan based on an effective frailty pathway.



Agreement of Greater Manchester standards is an important part of underpinning a Greater Manchester wide approach to implementing the Long Term Plan agenda for ageing well.

Dr Sally Briggs, clinical advisor



MENTAL HEALTH

We were involved in improving mental health pathways and services for people and clinicians from 2013-2020, in some areas influencing the national agenda. The programme activity has now transferred to the GMHSC Partnership's Mental Health Improvement team.

Perinatal mental health: The network secured funding to enable around 1,700 more women each year to receive support for perinatal mental health. The new Specialist Perinatal Community Mental Health team (CMHT) was introduced across Greater Manchester in a phased approach involving three clusters, with the anticipated full roll out by 2021, provided by Greater Manchester Mental Health NHS Trust. In 2018-19, there was a target of 448 women to be seen by the specialist perinatal team – more than double were eventually seen.

Manchester Arena Terrorist attack: The SCNs played a pivotal role in coordinating the development of evidence-based advice for people (adults, children, young people and professionals) affected by the aftermath of the Manchester Arena bombing. The SCNs, led by the GMHSC Partnership and the Greater Manchester Combined Authorities, developed the clinically-led mental health offer, which saw the launch and establishment of the Greater Manchester Resilience Hub, which has over 3,000 people registered for support.

CCG mental health commissioning leadership programme: This programme was launched with the University of Manchester and NHS England in 2014-2015, to make sure commissioners have the skills and confidence to commission joined-up, safe and effective services. A total of 70 leadership programmes were also delivered to the voluntary sector.

Suicide Prevention: the Network facilitated the development of the Greater Manchester Suicide Prevention Standards for acute hospitals.



The SCNs are an incredibly valuable resource that at its heart ensures a clinical voice is not only heard but is central to the development and oversight of service development and delivery. This has led to the development of some innovative and exciting new service initiatives, including the mental health response to the Manchester Arena bombing which has become recognised nationally as a way of responding to large scale trauma.

Professor Paul French, clinical lead for Early Intervention in Psychosis Services for Greater Manchester

CANCER

Early Intervention in Psychosis (EIP): the SCNs managed a clinical reference group and EIP steering group and has constructed a schedule of peer reviews to improve NICE concordant care. Despite an increase in caseload, Greater Manchester has consistently achieved and overachieved the national target.

Improving Access to Psychological Therapies (IAPT): the SCNs developed guidance to improve access and recovery for BAME patients in IAPT services along with a video aimed at patients which was produced in a number of community languages and with English subtitles.

Crisis Care and iTHRIVE: The Children and Adolescent Mental Health Network was heavily involved in the development of Greater Manchester's Children and Young People Crisis Care Pathway, which resulted in improved access to mental health services.

A new clinical method which has been developed to improve emotional wellbeing, especially among vulnerable children and young people. The Network has facilitated the successful implementation of iTHRIVE from a concept to reality.

Our Cancer Network developed the data and evidence base used in the design and implementation of Gateway-C – an online education platform to help GPs make decisions about referrals.

The web-portal comprises an interactive learning zone, a searchable calendar of training events and a searchable database of online cancer resources.

It was successfully rolled out in 2017, with more than 60% of GPs registering for learning within the first few months. The project was nominated for a Health Service Journal Award in 2017 in the 'Improving Outcomes through Learning and Development' category.

The Cancer Network also managed a behavioural insights project which resulted in an increase in GP practices making urgent cancer referrals, in line with the England average.

In Greater Manchester, the network delivered a Cancer Champion Programme and developed a strategy for the recruitment of Cancer Champions across the city to support the development of the Cancer Vanguard and its prevention workstream in 2016/17. A similar scheme focusing on improving screening rates among people who find services hard to reach was launched in Lancashire and South Cumbria.

A cancer dashboard toolkit was launched in 2015/16, which provided clinicians with information on prevalence, incidence, mortality, screening, routes to diagnosis and patient waiting times.

The Cancer Network delivered the National Cancer Patient Conference in 2015 at Manchester Central. The conference was the first of its kind for many years and attracted patients and those working closely in patient involvement from across the country.

In 2016, the work of the Cancer Network was transferred to Greater Manchester Cancer.

FAITH COMMUNITIES

The SCNs understand the importance faith communities can play in improving health in Greater Manchester and held faith conferences to discuss how they can work with health and care leaders to transform lives.

A faith champions project was launched in 2015-16 to train members of the faith community to develop and support the mental health agenda.

A conference at the Audacious Church in Manchester in 2017 was attended by 150 guests and followed a summit the previous year. A steering group was established, facilitated by the SCNs.



Mohammed Akhtar, executive member, Rochdale Council of Mosques, spoke at the faith conference about barriers and enablers that included socio-cultural and religious beliefs, having a strong knowledge base, the learning with service providers and having inclusive outputs and outcomes.



CLINICAL LEADERSHIP

Since 2013, the SCNs has focused on promoting and supporting clinical leadership.

This work has included 5-day residential training programmes in 2014-15 to empower GP commissioners, conferences in 2018-19 attracting 150 people to discuss issues such as patient safety, innovation, safe and effective mental health services and clinical quality governance.

The SCNs strongly believe in developing their clinical leaders, giving them learning opportunities beyond their clinical expertise, for example, the Westminster Leadership Experience Programme.

Our clinical leaders have had the experience of personally learning from international clinical best practice. Colleagues supported a maternity visit to Sweden to share learning of improving maternal and neonatal health.



Really thought-provoking day. I especially loved the equality and diversity workshop.

Francine Thorpe, Director of Quality and Innovation, NHS Salford CCG, commenting on our second clinical leaders' summit on Twitter.



EVENTS

The SCNs are one of the most prominent players on the health and care event calendar in Greater Manchester.

They have led on event management for the GMHSC Partnership, our networks and in collaboration with our partners, organising high profile conferences and highlighting our role as an independent voice and experienced engager, bringing all groups and communities together.

Approximately 180 events have been held since 2013, attended by an estimated 17,500 people, with highlights including the National Cancer Patient Conference in 2015, faith conference in 2017 and our clinical leadership events in 2018-19, along with our general network engagement activity.

More than 130 clinicians attended the second of two clinical leadership events in 2019 at Old Trafford football stadium for an inspiring and informative day.

“

A very full room today at the GM Leaders' summit to discuss partnerships across systems. Exciting times for GM.

Paula Flint, deputy director of nursing at Manchester Children's Hospital, on Twitter at one of our clinical leaders' summits.



PREPARATION FOR DEVOLUTION

Our networks played an important role in 2015-16 gathering evidence which would help identify where some of the major health and care challenges lay ahead to be tackled by the devolved Greater Manchester system.

The SCNs ran engagement workshops to understand the challenges, using their strong links with voluntary and community organisations. We also supported an equality impact analysis to make sure the plans for devolution would benefit every group.



OUR RESPONSE TO COVID-19



Our clinical leads and staff reacted quickly, innovatively and with agility in response to the challenge of Covid-19.

Overnight, our day-to-day strategic work was replaced by a new urgency to guide and support organisations through the pandemic, working collectively to adapt clinical practice and ensure we optimised our response to the urgent health needs of the population of Greater Manchester and Eastern Cheshire.

The crisis has underlined the importance of having ready-made collectives of clinicians, who can be called upon to regroup swiftly and act fast, backed-up with clinical knowledge and experience.

We are proud of the work carried out by our clinical leads and staff in response to the huge challenge of coronavirus.

Now, we are planning for what recovery and restart will look like; building the agility and innovation we have seen since spring this year.

Examples of our response to Covid-19:

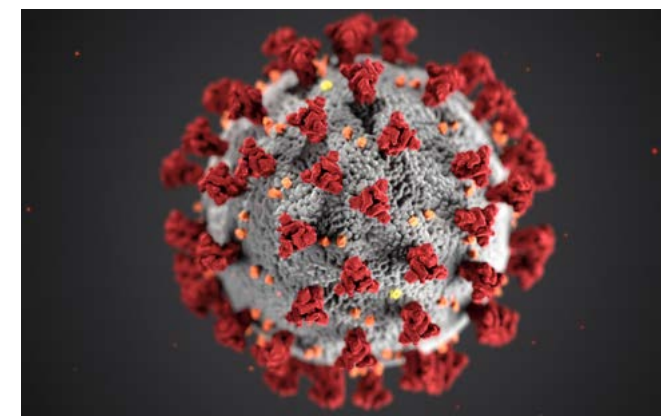
NHS Nightingale North West Hospital



The clinical experience of the networks has played a vital role in the establishment of the NHS Nightingale Hospital North West at Manchester Central.

Our director, Julie Cheetham, has supported the chief nurse of the new hospital to set up the nursing function along with our children's unscheduled care clinical lead, Julie Flaherty MBE, who has extensive experience of working in field hospital settings from work she carried out as part of a Sierra Leone deployment during the Ebola virus outbreak.

Both were on site to offer their help, support and leadership expertise. During the ongoing pandemic a number of the SCN support team have supported wider redeployment activities from supporting localities in their planning for recovery. Supporting testing centres, national personal protection equipment (PPE) infrastructure and national workforce teams. All are very humbled to have supported our NHS to save lives.



Palliative and end of life care



The Covid-19 outbreak has made it more challenging to enable people at the end of their life to have a good death and the work of the Palliative and End of Life Care Network has provided the foundation for good care.

They have augmented this in the present pandemic by, for example, giving advice on the planning requirements for NHS Nightingale Hospital North West.

The network has co-ordinated education for staff and supported an offer of a 24/7 on-call rota of palliative and end of life care consultants to provide telephone advice to the medical team.

The rapidly escalating pandemic required major adaptations in working practices. To address this, the team launched two virtual meetings running weekly with key palliative and end of life care clinical staff, including consultants, clinicians, educators, commissioners and GPs, to discuss latest issues and Covid-19 resources, including national and regional guidelines and educational resources. High and continuing attendance indicates the value placed on these meetings by the participants.

The network has also developed a Covid-19 information section on the NHS Future Platform and the Six Steps Care Homes website, explored a joined-up approach to supporting care homes and home care, worked with hospices to offer peer support, education and training and have given specialist clinical input to a project with Health Innovation Manchester to update an electronic Palliative Care Coordinating System (EPaCCS) data set. EPaCCS will allow GPs to have instant access to electronic information on the care and personal preferences of the person at the end of their life.



Sincerest thanks for the organisation and facilitation of the SCN palliative and end of life calls over the past 14 weeks. It really has been an invaluable source of information and updates that have really enabled us to not only get a wider understanding of national guidance, updates and advice, but, I personally feel, has also enabled us all as a GM team to come together during the most challenging of times.

Nicola Caffrey, Palliative, end of life and cancer services commissioning manager, NHS Bolton Clinical Commissioning Group

Children and Young People



The network became aware, early in the pandemic, that ill children were not presenting to the health service when they had severe, or potentially severe, illness or injuries.

In response, our staff and clinical leads played a leading role with the Royal Manchester Children's Hospital in working with the paediatric system to launch a communications campaign to encourage parents to seek medical advice if they are concerned about their child's health. This included the production of videos showing clinicians from across Greater Manchester offering advice, which were distributed across social media channels.

Despite fewer children presenting to paediatric services, the pandemic was having other impacts that were putting pressure on the services. This led the network to establish weekly calls with clinical directors and heads of nursing for paediatrics across Greater Manchester to assess pressure on children's and young people's services, identify challenges and solutions and highlight risks and best practice in light of national guidance and any Covid-19 updates.

A new weekly paediatric newsletter has been produced and sent to acute, community, primary care and commissioning colleagues, that brings together all the local and national guidance. The team also established a paediatric bed management call system that takes place twice a day, 7 days a week, to collect data from each of the paediatric units across Greater Manchester, providing an overview of where the pressures are in the system.

The team worked with the GMHSC Partnership's Urgent and Emergency Care Team to develop an offer of support with specialist paediatric advice for parents, accessed through the GM Clinical Assessment Service and NHS 111.

The SCN also worked with the Royal College of Paediatrics and Child Health to develop an infographic for parents and caregivers which was shared nationally.



The SCN continues to listen, learn and work with children, families, staff and services to share challenges and best practice to Build Back Better

Dr Carol Ewing, Children's Health and Wellbeing clinical lead

OUR RESPONSE TO COVID-19

Maternity



Pregnant women and their babies have been at risk of Covid-19. Whilst this has led to relatively few deaths, it has still created pressure on services.

The Maternity Network established new weekly calls with the heads of midwifery and university midwifery leads to share good practice and monitor risks across the system. Weekly calls were also established with Greater Manchester and Eastern Cheshire's Maternity Voices Partnership leads to understand the needs and concerns of women, partners and families which ensured two way communication with service users and maternity providers.

The network has developed information to support the maternity system in their communications to women across the system, outlining service changes during these times. A special 'Coronavirus and pregnancy' page has been set-up on the Local Maternity System's My Birth, My Choice website with a series of questions and answers. They are also developing antenatal education materials to be used by all providers to supplement the current maternity offer, to meet the needs of Manchester's diverse population.

Our clinical lead midwife, Eileen Stringer, supported these messages with an interview with BBC Radio Manchester, and a press release was issued to the local media. Our clinical leads have also been involved in live question and answer sessions on the Dad Matters and Maternity Voices Partnership Facebook pages.

During the Covid-19 pandemic, the network has linked with BAME/health inequalities lead midwives in different hospital trusts to work on the best ways to support BAME women and their families. A culturally appropriate communications approach and online antenatal education resource has been launched and is available in different languages spoken in Greater Manchester.

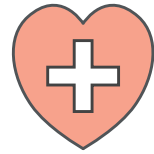
The network supported the transfer of maternity services following the temporary closure of Macclesfield Maternity Unit to in-patient childbirth and midwifery services, making sure all mums-to-be had a safe transfer of care.

This was hugely helped by improvements previously carried out to harmonise several clinical pathways, as well as strong working relationships with Saving Babies Lives Champions, heads of midwifery, clinical directors, higher education providers and commissioners.



OUR RESPONSE TO COVID-19

Cardiovascular



The huge reduction in deaths following myocardial infarction as a result of percutaneous coronary interventions was in danger of being reversed by patients not presenting in a timely manner, due to understandable concerns of being in a Covid-19 rich environment, and the difficulties in providing a safe service.

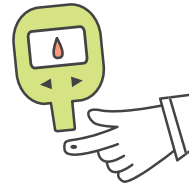
This led the Cardiac Network to provide guidance and support to frontline staff in response to the coronavirus outbreak, including:

- establishing a multi-disciplinary WhatsApp group, comprising of clinicians, specialist nurses, coordinators, NWAS staff and managers, to ensure communication channels are always available due to guidelines, pathways and protocols changing so rapidly;
- carrying out Zoom conference calls with key people to ensure that decisions can be made quickly and adapt to changing circumstances;

which enabled the:

- development of an agreed protocol for Guidance for Treatment of Acute Cardiac Syndrome and Primary Percutaneous Coronary Intervention (PPCI) during the Covid-19 pandemic for patients within the Greater Manchester area;
- provision of new pathways of care so that patients could still have access to important procedures and surgeries. This was done in conjunction with colleagues at Liverpool Heart and Chest Hospital
- agreement that the laboratories at Wigan and Fairfield hospitals should carry out PPCI for their own patients.

Diabetes



The pandemic has risked the good management of long-term conditions and helping people to self-manage their diabetes is an important way of mitigating this risk.

The Diabetes Network has arranged for people with diabetes across Greater Manchester to get free access to a website with e-learning courses, where they can get information to better self-manage their diabetes at home.

The website is called Diabetes My Way, providing remote access to educational material. There are six courses, including those for people with type 1 or type 2 diabetes, teenagers with type 1 diabetes concerned about implications as they grow-up and people thinking of switching from injections to an insulin pump.

Respiratory



Patients who have survived severe Covid-19 infection need support to help them rebuild their health.

The Respiratory Network is leading on building a Greater Manchester clinical consensus to follow up patients with the coronavirus in the community.

This will ensure patients have support and continuity of care for Covid-19, their existing co-morbidities and other potential complications that pose a risk to their health.

It is also a pro-active means of avoiding admission/re-admission where possible. This work will be assisting the out of hours cell, which is supporting the recovery of community-based services.



The SCNs have also addressed immediate significant challenges, like the coronavirus pandemic, by implementing remote and digital support via Diabetes My Way and Healthier You, to support both patients and clinicians.“

Dr Naresh Kanumilli, diabetes clinical lead

THANK YOU AND ACKNOWLEDGEMENTS



We have achieved so much since 2013 thanks to our clinical leaders working with our brilliant support team.

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We would also like to thank our local commissioners, providers, voluntary, community and social enterprise groups and patient, carer and public engagement group – all of whom give their support and time to us, along with our regional and national colleagues.

GET IN TOUCH

To find out more, visit www.england.nhs.uk/north-west/gmec-clinical-networks/
Or email us via england.gmec-scn@nhs.net.

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