

# Greater Manchester Cardiac Surgery and Arterial Vascular Surgery Services Review

# Overview



The case for change across both schemes



The preferred way forward



Timescales and next steps

## Scheme Interdependencies

Arterial vascular surgery and cardiac surgery service reviews are being undertaken in parallel because:

1. Clinical dependencies across the services
2. Interim reconfigurations undertaken in both services during Covid included exchanging theatre (including specialist hybrid theatre) and bed capacity at both MRI and Wythenshawe
3. NHS infrastructure - decisions on long term provision have combined implications, especially at MRI as the site involved in both.

# Vascular - Summary of Drivers

## Demand

- Downward trend in demand
- Increased complexity and urgency
- More out of hours operating and intensive on-call
- Harder to maintain minimum volumes, maintain skills, train registrars

## Workforce

- Shortage of vascular specialists, especially interventional radiology
- Ability to recruit and retain other professions in the MDT

## Service specification and clinical standards

- Network model of provision
- Population served
- Consultant numbers
- Minimum activity volumes

## Variation

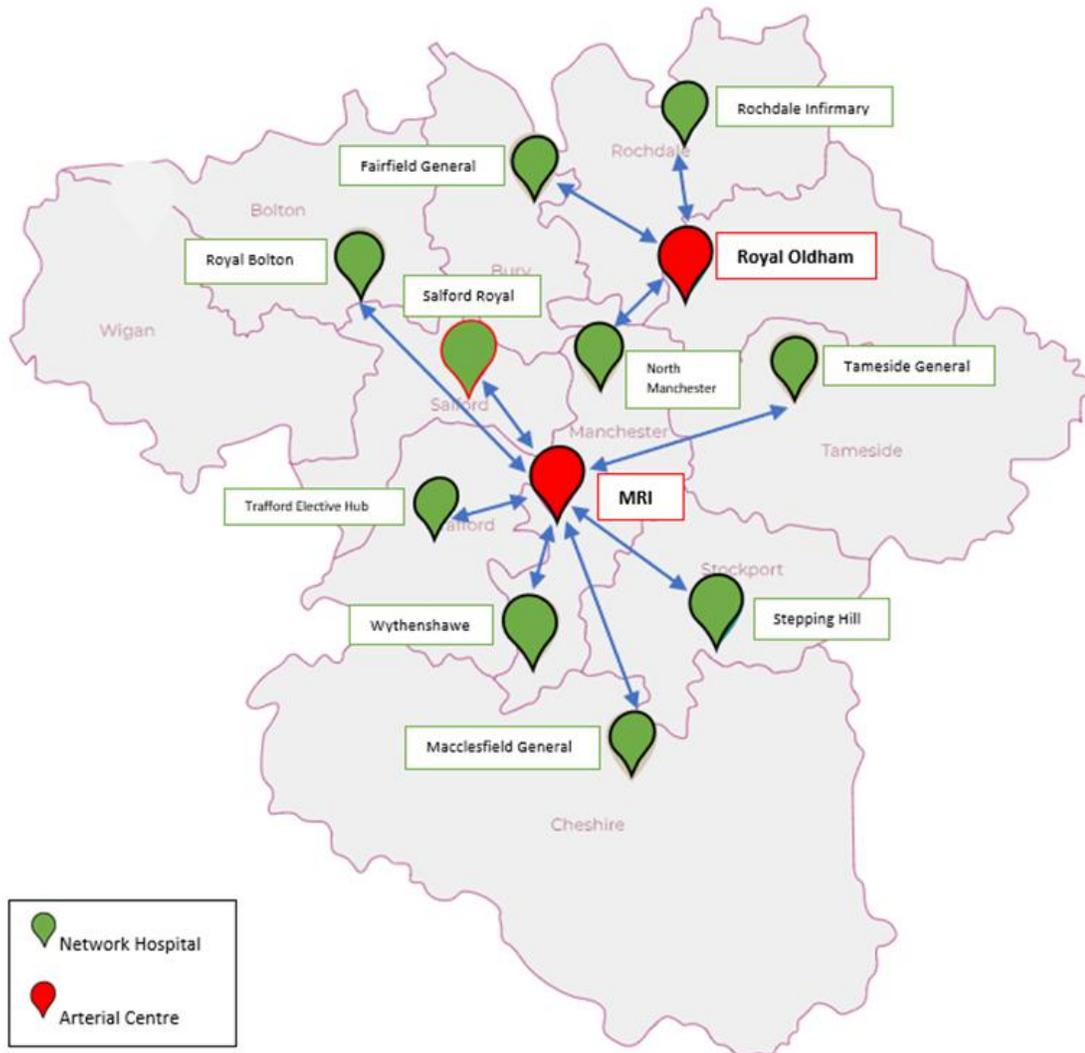
- In provision and pathways across network hospitals and localities
- In access to interventional cardiology and renal support at arterial centres
- Scope for improvement against NVR quality and outcome metrics
- Health inequalities

## Education, clinical development and research

- Aim to offer high quality training programmes
- Developing subspecialisation
- Clinically research active hospitals have better patient care outcomes



# Vascular Service Overview



- Scope is services for Greater Manchester and East Cheshire
  - Wigan served by Preston arterial centre
- GMEC population 2,937,300 (2021 Census)
- >65 forecast to grow by 150,000 (30%) between 2023-43
- 28.7% of GM from minority ethnic groups
- GM has 3<sup>rd</sup> highest proportion of most deprived areas of ICBs
- CVD strongly associated with certain minority ethnic groups and with deprivation - leading cause of premature death in GM
- C.3,500 inpatient and day case vascular admissions
- Networked model of provision. Single clinical team, with unified MDT and clinical governance. GMEC Network Board, supported by Clinical Steering Group, providing leadership and governance.
- Clinical co-dependencies with Renal, Cardiac and Major Trauma services.

# Cardiac Surgery - Summary of Drivers

## Demand

- Increasing age of the population combined with major health inequalities
- long waiting times for these treatments resulting in delays in access to effective treatments and patient outcomes.

## Workforce

- Cardiac anaesthesia, perfusion, cardiac theatre nurses and cardiac physiologists shortages.
- GM's medium scale services have led to recruitment and retention problems.
- Risk and fragility to cardiac anaesthesia at the MRI led to urgent change.

## Service specification and clinical standards

- Unmet GIRFT requirements
- 7-day consultant care and a Consultant of the Week cannot be delivered at two sites
- EP and TAVI need to be co-located with surgery.

## Variation

- Historically, two services working in competition rather than collaboration, resulted in variation, MRI had longest waiters pre-pandemic.
- Variation in access to TAVI site-dependent clinical pathways.

## Education, clinical development and research

- Two-site tertiary service provision across MFT for EP, TAVI and Cardiac surgery did not provide the ability to deliver strong educational programmes.
- Opportunities to harness innovation and research in a larger scale department.

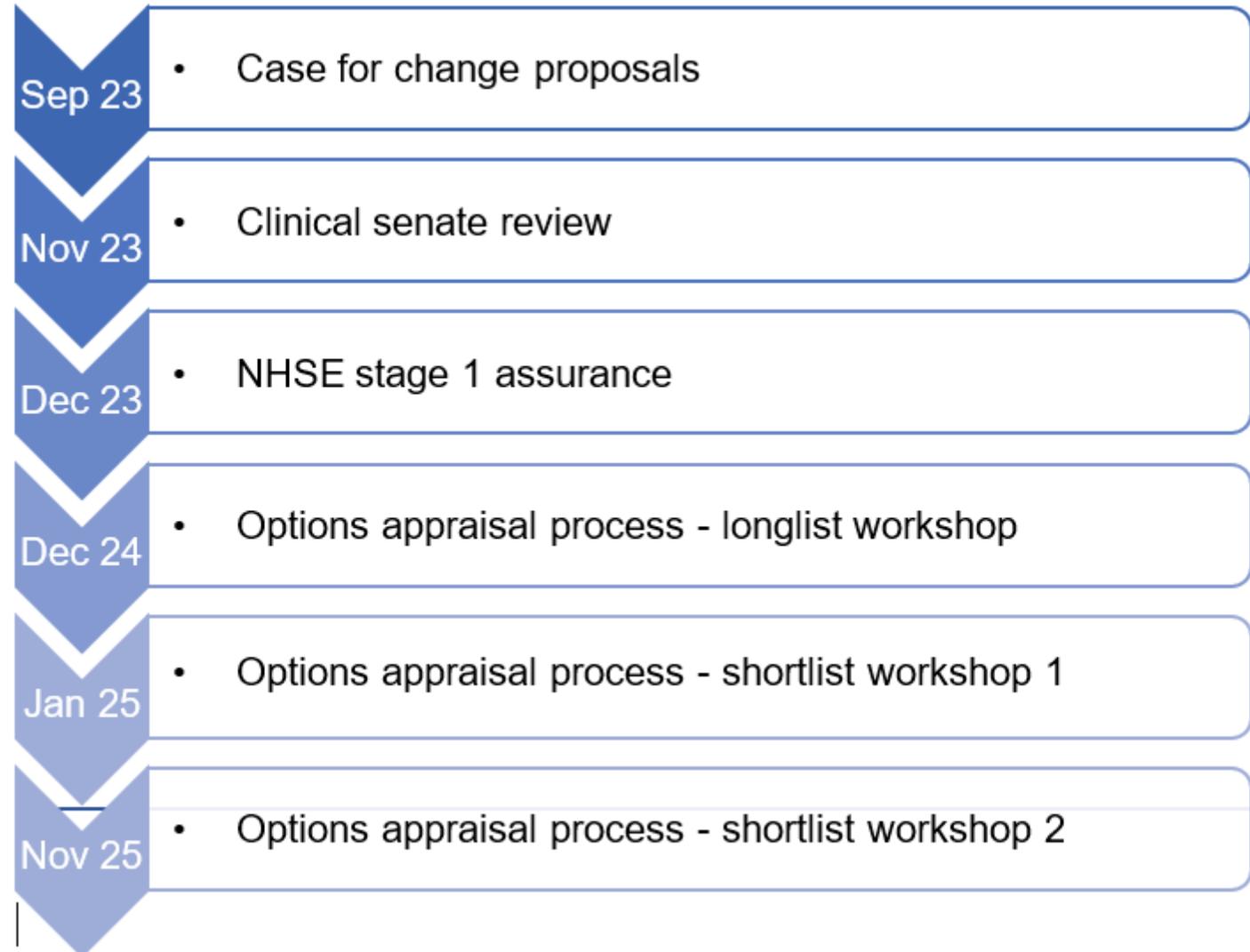
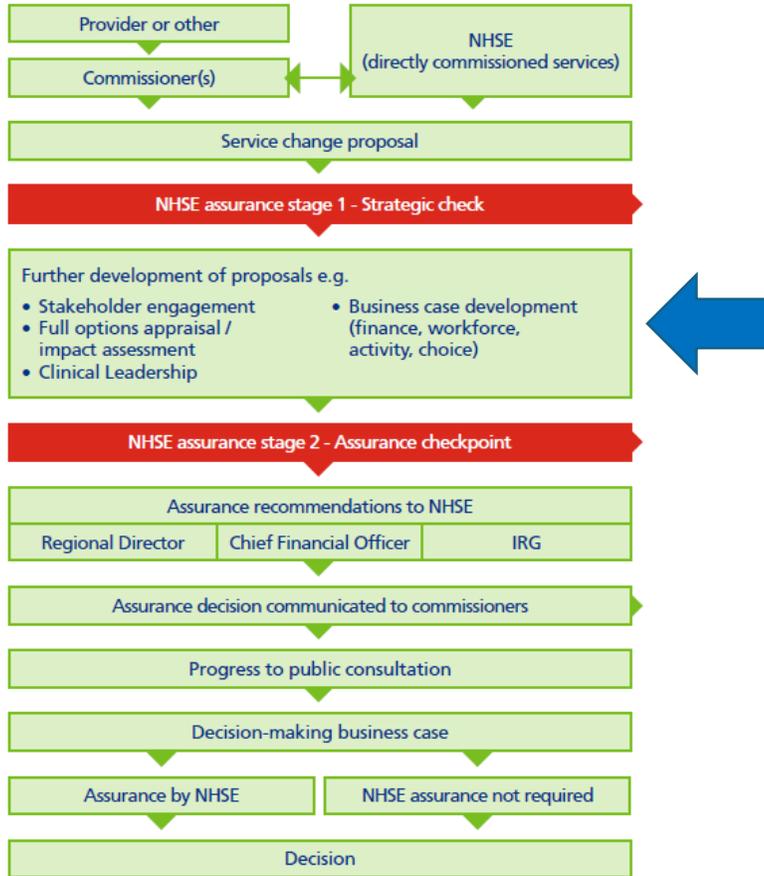


# Cardiac Services Overview

- MFT provides secondary and tertiary care cardiology and cardiac surgery services; the combined activity makes MFT one of the largest providers of specialist cardiac care in the country.
- These services are commissioned across MFT's Wythenshawe and MRI sites. In the pandemic, elective activity moved to Wythenshawe, in April 2025, all non-elective surgery was centralised.
- The GM Cardiac Network also covers East Cheshire, so Macclesfield area patients and East Cheshire Hospitals Trust patients are served by MFT cardiac services.
- MFT is also one of five national heart and lung transplant units in the UK, also providing ventricular assist devices (artificial hearts) for NW England and beyond which is provided on the Wythenshawe site.
- Clinical co-dependencies with Maternity, Thoracic, and Major Trauma services.



# Process



# Preferred way forward

## **Further consolidate all GM arterial vascular surgery at a single arterial centre at MRI**

- Single centre option at MRI is to be shortlisted for public consultation.
- Impact of keeping the current state has also been captured and is not being put forward as an option for public consultation because of the declining numbers of key index procedures, long standing workforce sustainability issues and variation in provision that cannot be addressed with the current service configuration.
- All inpatient Vascular Surgery will be delivered at the MRI Single Arterial Centre, with local outpatient services and day case surgery delivered at Network Hospitals.
- The proposed clinical model will support Network Hospitals through bespoke services to provide outpatient clinics, input to inpatients and/or diabetic foot services, diagnostics, day case surgery (varicose veins and/or vIR angiography). Bespoke services will be agreed with each spoke to deliver the required on-site service provision to support their local population and co-dependencies where required.

## **Centralise all GM Cardiac Surgery at Wythenshawe Hospital**

- Single centre option at Wythenshawe is to be shortlisted for public consultation.
- impact of keeping the current state has also been captured and is not being put forward as an option for public consultation because of the need to meet changes in the volume, nature, complexity and urgency of demand, variation with the current service configuration, workforce fragility that cannot be addressed with the current service configuration.
- This preferred way forward proposes to continue with the current configuration of cardiac surgery services that was made during the pandemic response. It proposes a single cardiac surgery centre (including TAVI/EP) at Wythenshawe Hospital.

# Next Steps

Timescale	Action
March 2026	Independent Clinical View from the Clinical Senate
April/May 2026	Internal Stakeholder Briefings and staff engagement
June 2026	Plans for engagement shared with GM Joint Overview and Scrutiny Committee (JOSC)
July 2026	Stage 2 NHS England Assurance Checkpoint
July-Sept 2026	External Engagement Activity
October	Share feedback from engagement with JOSC
November/December 2026	ICB Board Decision