GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Joint Health Scrutiny Committee

Date: 16 June 2026

Subject: Greater Manchester Specialised Cardiac and Vascular Surgery Service Reconfiguration

Report of: Katherine Sheerin, Chief Commissioning Officer, NHS GM

Purpose of Report

This paper describes Greater Manchester and East Cheshire (GMEC) Cardiac and Vascular Service Reconfiguration proposals that will progress to formal public consultation, subject to NHS England Stage 2 assurance. The proposals respond to clear clinical, workforce and sustainability challenges and recommend single-centre models for both adult cardiac surgery (at Wythenshawe Hospital) and specialised arterial vascular surgery (at Manchester Royal Infirmary), supported by strengthened hub-and-spoke networks to maintain care closer to home. Evidence from the interim cardiac model and clinical reviews demonstrates improved resilience, outcomes and service stability through consolidation of expertise. Taken together, the schemes deliver a coordinated, system-wide approach to clinically interdependent services, improving quality, reducing unwarranted variation and supporting equitable access for the GMEC population. The programme includes robust governance, assurance and engagement processes, with public consultation planned for summer 2026 and final decisions expected by December 2026, subject to addressing key risks and dependencies.

Recommendation:

The GMCA is requested to:

- Support proceeding to public consultation on the proposals, which each recommend a single centre model as the preferred way forward, subject to NHS England Stage 2 Assurance being achieved for both PCBCs (scheduled for 22 June 2026)

This conditional approval enables timely progression to consultation (targeted from July 2026) while ensuring that all outstanding assurance requirements are met prior to any public consultation.

Contact Officers

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Equalities Impact, Carbon and Sustainability Assessment:

Risk Management

The proposed cardiac and vascular reconfiguration strongly supports delivery of the NHS GM strategy by improving clinical outcomes, reducing unwarranted variation and strengthening equitable access to high-quality care through consistent, standards-compliant pathways. The model also underpins system sustainability and performance recovery by addressing workforce fragility, increasing capacity and reducing waiting times, while maintaining care closer to home through a hub-and-spoke approach. In doing so, it mitigates key BAF risks, particularly those relating to patient safety and quality, workforce resilience, elective recovery and health inequalities, by creating more robust, high-volume specialist services, improving timely access to treatment, and ensuring a coordinated, system-wide approach to clinically interdependent services.

Legal Considerations

Legally, the programme must comply with statutory duties for service change, including robust public consultation, equality duties under the Equality Act 2010, and demonstrating that decisions are evidence-based, clinically justified and in the best interests of patients. Engagement with the Joint Health Overview and Scrutiny Committee, adherence to NHS England assurance processes, and maintenance of transparent, well-documented decision-making will be critical to mitigate the risk of legal challenge and ensure lawful implementation.

Financial Consequences – Revenue

The two schemes are in different financial positions. For cardiac surgery, the Financial Case provides assurance that the preferred single-site model at Wythenshawe is affordable and financially sustainable within existing resources, with lower revenue costs than the two-site baseline. For vascular surgery, the revenue position remains under discussion; however, the PCBC-stage assessment indicates that the preferred option is broadly comparable in cost to the baseline and appears broadly affordable, subject to further refinement, transition cost management and confirmation of detailed assumptions.

Financial Consequences – Capital

There is no capital requirement associated with the cardiac scheme. For the vascular scheme, a modest capital requirement has been identified in relation to equipment and medical devices only. No additional estates capital investment is currently assumed, and the current assumption is that this requirement would be funded by MFT.

Number of attachments to the report: 6

CV consultation comms engagement – V0.6.2 – 02.06.26 (appendix 1)

Power Point Slide deck - Greater Manchester Cardiac Surgery and Arterial Vascular Surgery Services (appendix 2)

Vascular Service Provision Changes Manchester University NHSFT – Inequality Impact and Travel Analysis (appendix 3)

Arterial Vascular EQIA (appendix 4)

Travel Time Analysis for the Consolidation of Cardiac Surgery Services within MFT (appendix 5)

Equality Impact Assessment Cardiac Service Change (appendix 6)

Comments/recommendations from Overview & Scrutiny Committee

Reflections from 17 March 2026 meeting:

Staff and patient engagement – The Committee was advised that clinical teams have been closely involved throughout the development of the options, with extensive engagement across the North West network. This engagement has supported a shared understanding of the clinical case for change and the rationale underpinning the proposed model.

Workforce sustainability, retention and attraction – The Committee noted that the proposed model is expected to enhance workforce sustainability, including through improved opportunities for research, training and clinical specialisation. It was highlighted that these factors are important in both retaining existing staff and attracting new staff. The Committee also heard that careful consideration is being given to recruitment timelines and implementation phasing. It was further noted that the Vascular Society has recognised the potential for Greater Manchester to act as a national exemplar for this networked approach.

Communications and public consultation – The Committee was informed that a comprehensive communications and engagement strategy is in development to support

the forthcoming public consultation. This will be critical to ensuring that patients, staff and the wider public are appropriately informed and able to engage meaningfully in the consultation process.

Background Papers

NHS GM Board Paper, May 2026: **20260520-nhs-gm-board-public-combined-papers-v3.pdf**

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

Yes

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

GM Transport Committee

N/A

Overview and Scrutiny Committee

The GM HSC supported the preferred options for both schemes in March 2026: GM JSC Cardiac and Vascular Slides March 2026.pdf

Introduction

The cardiac and vascular surgery reconfiguration proposals are presented as two separate but interdependent Pre-Consultation Business Cases (PCBCs), which are being progressed alongside one another. This reflects the significant clinical, workforce and infrastructure interdependencies between the services. A small number of highly complex cases (notably specific aortic procedures) require joint working between cardiac and vascular surgical teams, meaning that the location and configuration of each service must be aligned to ensure safe delivery.

In addition, temporary operational changes during the COVID-19 pandemic resulted in the relocation of key theatre and critical care capacity from Manchester Royal Infirmary (MRI) to Wythenshawe Hospital. Decisions relating to the permanent configuration of vascular and cardiac surgery services are therefore closely linked. This is also informed by wider planned investment in new theatre capacity at MRI, which sits outside the scope of these PCBCs, and by the established cardiothoracic infrastructure at Wythenshawe.

Considering both services together enables a coordinated, system-wide approach that avoids fragmented decision-making and ensures the final recommendations are aligned, sustainable, and clinically coherent for the GMEC population.

Adult cardiac surgery

Case for change

Historically, GMEC operated a two-site adult cardiac surgery service. Workforce pressures, particularly in cardiac anaesthesia, resulted in the temporary centralisation of all urgent and emergency cardiac surgery at Wythenshawe Hospital from April 2024. This interim model has now been operating successfully for an extended period and has demonstrated improved service stability and resilience.

Preferred option

The Cardiac Pre-consultation Business Case (PCBC) confirms permanent consolidation of adult cardiac surgery at Wythenshawe Hospital as the preferred option. All elective, urgent and emergency adult cardiac surgery would be delivered from a single center supported by five cardiac theatres and dedicated cardiothoracic critical care. A network model would continue, with diagnostics, outpatient activity and follow-up delivered locally across GMEC, and formal in-reach arrangements providing support to dependent services at MRI.

Benefits

The single-centre model optimises patient outcomes through concentration of expertise, improves waiting times and throughput, and ensures ongoing compliance with national service standards. Evidence in the PCBC demonstrates that the interim consolidated model has delivered benefits without adverse impact on patient safety or outcomes.

Status and assurance

The Cardiac PCBC has been updated following Clinical Senate review and is considered fully ready for NHS England Stage 2 assurance.

Adult arterial vascular surgery

Case for change

Specialised arterial vascular surgery is a complex, high-risk service requiring 24/7 access to experienced vascular surgeons, interventional radiology, critical care and a range of co-ddependent services. Currently, inpatient arterial vascular surgery is delivered from two arterial centres within GMEC. Evidence set out in the PCBC demonstrates that this configuration does not fully meet national standards, particularly in relation to minimum caseloads, workforce sustainability and resilience of interdependent services.

Preferred option

The Vascular PCBC recommends a single arterial hub at Manchester Royal Infirmary, supported by a strengthened hub-and-spoke network. Under this model, all complex inpatient arterial surgery would be consolidated at MRI, with local hospitals continuing to provide outpatient care, diagnostics, day-case procedures and elements such as diabetic foot services. Emergency pathways would ensure timely transfer to the hub, with repatriation to local sites as soon as clinically appropriate.

Benefits

The single-hub model is expected to improve clinical outcomes, reduce unwarranted variation, strengthen workforce resilience and deliver more equitable access to high-quality vascular care across GMEC. Concentration of expertise at MRI supports compliance with national standards while maintaining local access wherever inpatient admission is not required.

Status and assurance

The Vascular PCBC incorporates feedback from the Clinical Senate review and has been prepared for NHS England Stage 2 assurance. The financial position remains under discussion, although the PCBC-stage assessment indicates that the preferred option is broadly comparable in cost to the baseline and appears broadly affordable, subject to further refinement and confirmation of detailed assumptions.

Consultation plan

Aims

The proposed preferred options will undergo a ten-week single options public consultation, launching 1 July 2026.

The aim of the consultation is to:

- Gather feedback from individuals with lived experience, families, carers and professionals
- Ensure the proposed change meets the needs of GM's diverse communities
- Consider the proposed policy change based on stakeholder insights.

The consultation will be widely promoted through community forums and focus groups, online surveys, Trust-based and community public drop-in sessions, and clinical and professional stakeholder engagement.

Methodology and tools

A wide range of accessible methods will be used to reach as many people as possible and this will be supported by a comprehensive communication plan sharing information with our partners and asking for their support to promote the consultation.

Consultation tools will include:

- Online surveys (translatable into 10 community languages)
- Printed and large print documents (available on request)
- Easy read information and survey questions
- A comprehensive consultation document describing the case for change and options in detail

- A summary consultation document
- BSL explainer film.

To enable and support people to be involved, some printed assets will also be translated into the two most spoken community languages, for those identified communities likely to be disproportionally impacted, by any change. There will be a dedicated telephone number with the offer of one-to-one support to complete the survey. There will also be the facility to upload responses in a format of choice via our WhatApp channel.

Engagement

There will be multiple ways to get involved including:

- Face to face focus groups
- Drop-in listening events, in areas where individuals maybe disproportionately impacted
- Online workshops
- Targeted engagement with groups working with or supporting people from protected characteristics, identified within the Equality Impact Assessment.

A wide range of communication channels will be used to promote the consultation including:

- Social media
- Advertisements in community newspapers
- Postcards and flyers in areas of high footfall and in specific locations, including Trust clinics
- NHS GM website
- Press releases
- NHS GM bulletins e.g. primary care newsletter.

Targeted engagement

It is important to hear the views of those who are most likely to be impacted or who are less likely to engage in traditional methods. Previous engagement and the equality impact assessments have highlighted specific group including older adults, people long-term conditions or those living in lower socio-economic areas.

Some of the engagement will require support from key stakeholders to reach patients, including those currently using services and discussions are underway to achieve this.

A comprehensive engagement plan is being developed with activities in some localities identified where patients maybe disproportionately affected, including outreach stalls in areas of deprivation and drop-in sessions in the two localities which we have identified as likely to be most impacted from any changes (to vascular surgery). These localities are Oldham and Heywood, Middleton and Rochdale.

Weekly analysis of feedback will enable further targeted work where there are known gaps for locality responses or demographics.

Stakeholders

Key stakeholders have been identified, and a full stakeholder briefing will be shared on the go live date. Stakeholders will be encouraged to get involved, share information with their networks and facilitate discussions if relevant.

A toolkit will also be available to support stakeholders to engage and this will include:

- Presentation and feedback templates
- Consultation documents, including summary and easy read version
- Newsletter copy
- Survey link

Following consultation, an insight report will be created, which will then follow our governance process for due consideration.

Further information

More detailed plans are available in appendix 1.

All consultation documents will be available on the day of launch, including a stakeholder briefing, on our social media channels and, on our website, www.gmintegratedcare.org.uk/get-involved.

For further information, or to get involved, please contact richardwhitehead@nhs.net.

Programme timeline and next steps

Subject to Board support and the assurance conditions set out above, the indicative programme timeline is:

- **Joint Health and Scrutiny Committee – June 2026:** Formal consideration of the consultation plans by the GM Joint Health Scrutiny Committee.
- **NHS England Stage 2 Assurance – 22 June 2026:** Formal assurance review of both PCBC documents to confirm readiness for public consultation.
- **Public consultation – Summer 2026:** A 10-week public consultation is planned from 1st July 2026, engaging patients, the public, staff and stakeholders.
- **Decision-Making Business Cases – Oct-Nov 2026:** Development of DMBCs incorporating consultation feedback and finalised financial information.
- **Final decision – by December 2026:** GM ICB to consider DMBCs and make final decisions on future service configurations.

6. Key risks and dependencies

Key programme risks include further refinement and assurance of the vascular financial position, outcomes of NHS England Stage 2 assurance, interdependencies between the cardiac and vascular schemes, and public response to consultation. These risks are actively managed through integrated programme governance, close engagement with NHS England, and a comprehensive communications and engagement approach. The conditional nature of the recommendation to consult provides a key mitigation.

Recommendations

Support in principle is sought for the proposed reconfiguration of specialised arterial vascular surgery and adult cardiac surgery services in Greater Manchester and East Cheshire (GMEC), and specifically to approve the progression of both Pre-Consultation Business Cases (PCBCs) –to formal public consultation, subject to the conditions set out below.

Members are asked to:

- Support proceeding to public consultation on the proposals, which each recommend a single centre model as the preferred way forward, subject to NHS England Stage 2 Assurance being achieved for both PCBCs (scheduled for 22 June 2026)

This conditional approval enables timely progression to consultation (targeted from July 2026) while ensuring that all outstanding assurance requirements are met prior to any final decision on implementation.