

Greater Manchester Joint Health Scrutiny Committee

Date: 16 June 2026
Subject: Monthly Service Reconfiguration Progress Report and Forward Look
Report of: Claire Connor, Director of Communications and Engagement,
NHS Greater Manchester

Purpose of Report

To set out the service reconfigurations currently planned or undertaking engagement and / or consultation. It also includes additional information on any engagement that is ongoing.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Review the report and highlight any projects they require further information on at this time.

Contact Officers

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Report authors must identify which paragraph relating to the following issues:

Equalities Impact, Carbon and Sustainability Assessment:

Not applicable

Risk Management

This report is to support the risk management of service redesign, ensuring that JHSC has opportunities to review and comment on planned changes.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue Not applicable.

Financial Consequences – Capital Not applicable.

Number of attachments to the report: 0

Comments/recommendations from Overview & Scrutiny Committee

Not applicable.

Background Papers

Not applicable.

Tracking/ Process

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

No.

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

Not applicable.

Overview and Scrutiny Committee

15 July 2025.

1. Introduction/Background

This paper provides an overview of the Greater Manchester wide service redesign projects currently progressing through for engagement and/or consultation. Not all the projects are substantial and therefore not all will be subject to full consultation.

The list of projects will change as projects begin, progress, or are paused or cancelled.

This report is updated every month to allow JHSC to stay up to date with the latest position and to request further information as required.

2. Projects

KEY: PI = Project initiation, E = Engagement delivery, OR = Outcome review, PR = Project review, CP = Consultation planning, C = Consultation delivery, DM = Decision making, I = Implementation

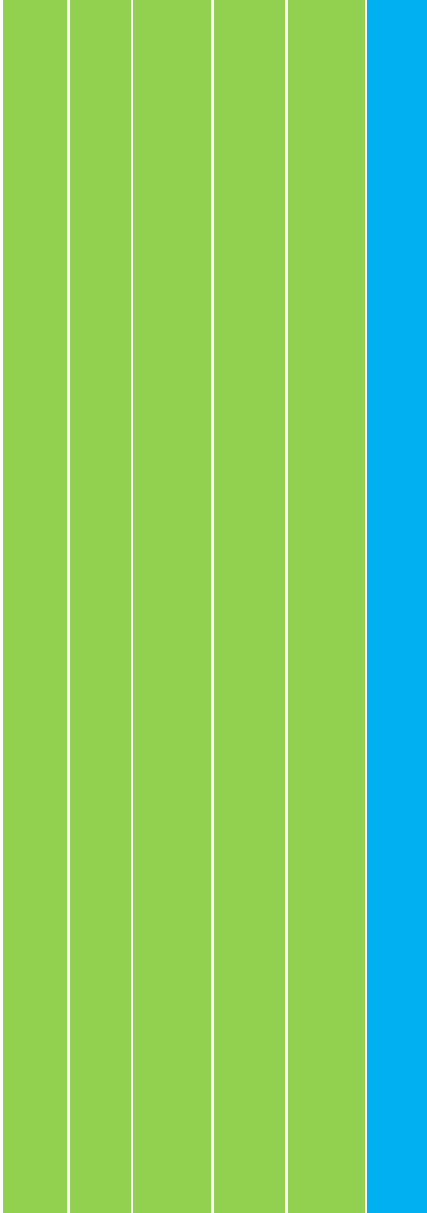
Green = complete, Blue = ongoing, Grey = not required

Name	Purpose	PI	E	OR	PR	CP	C	OR	DM	I	Engagement / consultation	Latest update
IVF cycles	To standardise the number of IVF cycles offered by the NHS across Greater Manchester										<p>Engagement:</p> <p>Engagement was carried out in spring 2024.</p> <p>Engagement scope: Experience of the service and feedback on the suggestion to standardise across GM.</p> <p>Consultation:</p> <p>Consultation on the proposal to standardise at 1+ cycles across Greater</p>	<p>A paper which included the consultation report alongside clinical evidence was presented at the Greater Manchester Integrated Care Board on Wednesday 21 January 2026.</p> <p>A decision was made to standardise the number of NHS-funded IVF cycles offered across all</p>

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											<p>Manchester concluded at the end of July 2025. It targeted women under 40, those with conditions affecting fertility and people with experience of IVF, along with other demographic characteristics.</p> <p>Consultation scope: Proposed option and who should be affected.</p> <p>Over 2,000 people took part, with half face-to-face and half online.</p>	<p>ten areas of Greater Manchester. The policy was implemented on 1 April 2026, where a single policy will apply:</p> <p>One full IVF cycle for eligible women aged 39 and under. A second attempt will be offered only if the first cycle is abandoned or cancelled.</p>

Specialised commissioning: cardiac and arterial vascular surgery

The pathway of a very small numbers of patients who need urgent, and specialist cardiac or arterial vascular surgery is being reviewed. This covers patients who use hospitals provided by the Northern Care Alliance. Patients may end up at a different location following the service review.



Engagement:

Targeted engagement through the hospitals engaged with people who have experience of the service in 2024.

Options appraisal has taken place with the input of patients.

Consultation:

On 20 May, NHS GM Integrated Care Board agreed that proposed service review changes should go out to a public consultation. Concurrent 10-week consultations will commence 1 July 2026.

The draft Pre Consultation Business Case (PCBC) was assessed by the Clinical Senate in February 2026. A presentation to NHS GM Involvement and Assurance Group will take place on 11 June. A near finalised PCBC and consultation communication and engagement plan will be presented at the Joint Scrutiny on 16 June 2026.

Both service reviews will consult on moving to single site delivery options, with a view to a decision likely to be

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												made in December 2026.
Safe and Sustainable Specialised Services for Babies and Children	<p>The NW Women & Children’s Transformation programme aims to translate several national reviews and associated standards related to Neonatal Critical Care; Paediatric Critical Care; Surgery in Children; and Children and Young People (CYP) with Cancer into an operational</p>										<p>Engagement:</p> <p>Engagement is being planned for Neonatal Critical Care which will be the first part of the programmes to engage. It will target parents, families and carers who have used the services.</p> <p>Engagement scope:</p> <p>Feedback on experiences and on the case for change.</p> <p>Engagement plans for Neonatal Critical Care commenced with staff</p>	<p>Engagement has now concluded with staff working in Neonatal Critical Care, across the Northwest. A survey and a series of staff briefings were delivered including three for GM staff.</p> <p>An insight report is now going through the NHSE governance process and some targeted pre-engagement with patients is being co-</p>

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	plan for the Northwest.										<p>engagement in February 2026.</p> <p>It is anticipated moving to patient and carer engagement in the Spring.</p> <p>Engagement scope: Feedback on experiences and on the case for change.</p>	<p>ordinated by Cheshire and Merseyside ICB.</p> <p>Scrutiny arrangements for future work are to be agreed.</p>
Procedures of Limited Clinical Value (PLCV)	This relates to eligibility criteria for funding those procedures where the evidence doesn't generally show a cost-effective benefit for patients.										<p>Engagement:</p> <p>The approach to engagement for PLCV has changed from engaging on all the policies, to an annual programme of review aligned to the clinical evidence reviews.</p>	<p>The most recent focus was on tendinopathies, shoulder impingements and surgical treatment of hernias.</p> <p>All future reviews have now been paused, whilst regional discussions take place, to potentially carry out future PLCV</p>

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	<p>Each procedure has a policy that sets out an eligibility criteria; to decide in what circumstances someone would be eligible for it.</p> <p>The purpose of this work is to gather the views of the public to inform those policies and especially from people with lived experience.</p>										<p>Engagement scope: feedback on experiences and the existing policies.</p>	<p>commissioning statements reviews at a Northwest level.</p> <p>Further updates will be provided at future meetings.</p>
Major Trauma	<p>Major trauma services are very specialised services for people who</p>										<p>Engagement:</p> <p>Targeted engagement through the hospitals was undertaken in July 2025.</p>	<p>Following targeted engagement with former major trauma centre patients, the report has</p>

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	<p>have a one in lifetime event – e.g. major road traffic accidents.</p> <p>Following a review of whether the specialised services for major trauma meet the required specification, further work is being undertaken to consider how the service can be best delivered.</p>										<p>Over 800 patients who had experience of major trauma were written to directly and offered the opportunity to get involved via individual telephone calls, WhatsApp, email or online survey. Over 80 (10%) people took part.</p> <p>Engagement scope: Feedback on experiences, impact on family, experience of returning to local services.</p>	<p>been shared with commissioners, as they continue to work with providers and NHSE and through the governance process. The report will be used to assist all, to follow the most suitable course of action throughout the service change process.</p> <p>Further updates will be provided at future meetings.</p>
A&E experience /Ambulance handover & corridor care	<p>These two focused pieces of public engagement within a small number of A&E departments,</p>										<p>Engagement: The targeted piece of ambulance handover and corridor care was carried out at Tameside General's A&E department</p>	<p>A report has been created and shared with NHSE.</p>

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	<p>were developed to hear the experiences of those using the service and use the insight to improve the experiences.</p> <p>The ambulance handover/corridor care work formed part of a pilot project developed by NHSE.</p> <p>The A&E patient experience work is an ongoing 12-month GM project.</p>										<p>throughout February and March 2026.</p> <p>The A&E patient experience work took part throughout April and May 2026 in Wigan Royal Infirmary.</p> <p>We also launched a GM-wide online survey and plan to visit other busy A& departments throughout the year.</p>	<p>A report is currently being created.</p>

Detailed engagement/consultation plans and briefings are available on request and are normally circulated to members prior to major project engagement/consultation launches.