

# **Relocation of Royal Oldham Hospital Urgent Treatment Centre to Victoria Breast Unit to address urgent care pressures and patient flow**



Region:	North West
ICB Name:	Greater Manchester
Lead Organisation for the Scheme:	Northern Care Alliance NHS Foundation Trust
Title of the Scheme:	Relocation of ROH Urgent Treatment Centre (UTC) to Victoria Breast Unit (VBU) to address urgent care pressures and patient flow
One Line Description of the Scheme:	To relocate the current UTC from within the ED footprint to VBU on the Royal Oldham site which will release capacity to support the main ED. This will require the relocation of the VBU Breast Services from ROH to NMGH
Specific Sites for Investment:	Royal Oldham Hospital
Other Organisations Impacted by this Scheme:	Pennine Care NHS Foundation Trust

## **Background**

There are capacity constraints within the existing Emergency Department (ED) due to the increasing demand on Urgent and Emergency Care, with the Oldham footprint currently seeing more attendances than any other site in Greater Manchester (June 25 to Dec 25 73,166 attendances). Emergency Department (ED) performance in December 2025 was 64.97% overall with non-admitted performance at 62.8%. The department is frequently overcrowded and this leads to a poorer patient experience and an increase in potential harms.

It is acknowledged that there is a requirement for the creation of a co-located Urgent Treatment Centre (UTC) with walk in access, full diagnostic capability. A single (or adjacent) front door access will also maximise streaming opportunities, minimise over investigation and improve safety, experience and performance by decongesting the overcrowding ED on the Oldham hospital site.

This then provides the opportunity to redesign the existing ED footprint to support patient flow and reduce Ambulance handovers. This will mirror other redesign transformation projects which have proven to be successful in improving quality safety and performance across other Trusts across England.

Improvements in patients waits and associated safety arrangements will be achieved by allowing segregation of workforce and resource to deliver care for type 3 patients in a timely manner, separate to the main ED.

## **Proposal**

The proposed UTC will be open 24/7 to avoid congestion within the existing ED and to meet NHSE standards for a co-located UTC.

In order to deliver the above this requires the movement of the Victoria Breast Unit (VBU) from the Royal Oldham Hospital (ROH) to Manchester Foundation Trusts (MFT), North Manchester General Hospital site (NMGH). This enables urgent care services to be delivered from the footprint that will be vacated.

The VBU service provides breast symptomatic (suspected cancer) outpatient clinic and associated diagnostic space for patients who live in the North East sector of Greater Manchester. The service is delivered by the NMGH based MFT Breast Service. The service supports patients from Oldham, Bury, Rochdale and North Manchester. Patients are offered the first available appointment at either Oldham or NMGH. All surgery is provided from NMGH. Patients attending the VBU are therefore from Oldham but also other locations from the catchment area. All patients requiring surgery already travel to the hub at NMGH.

## **Scheme Benefits**

Decongesting the ED will improve safety for emergency patients and support capacity to offload ambulances in a timely manner.

A single door access maximises streaming opportunities, minimise over investigation and improve safety, experience and performance. This will also support patient flow and reduce Ambulance handovers.

Currently workforce for patients requiring urgent care in Oldham is provided by the NCA at the hospital site and via the UTC in ED and the offsite Hub. The new facility will allow full co-location of these services into a single estate within the Victoria Breast Unit, adjacent to the ED with joint senior clinical leadership could largely be achieved through changes to commissioned services and utilisation of existing workforce.

Alongside this, there will be a conversion of identified space within NCA ED footprint for management of mental health patients. This will help to address the inconsistent access to assessment areas across EDs within the Pennine Care Foundation Trust footprint which impacts performance, ability to effectively manage and de-escalate patients and impacts on provider EDs staffing and patient experience.

## **Options Appraisal**

MFT completed an options appraisal to determine how relocating the VBU could be achieved. This considered the following criteria – clinical quality, health inequalities, patient experience and

deliverability. The highest scoring option was a move to existing space at NMGH. This option supports further development of an efficient and effective one-stop model whereby patients attend and receive all aspects of their care from one location. This is the same model for the South of Greater Manchester where patients from Trafford, Central and South Manchester and Stockport attend the Nightingale Breast Unit at Wythenshawe Hospital.

This option also has the added benefits of being the quickest and simplest solution and uses clinical space in the best way. As such it attracts the least amount of capital (£1.4m) allowing more of the allocated funds to support development of the UTC at Oldham.

Whilst some patients will need to travel further this is mitigated by a planned increase in virtual / patient-initiated follow-ups for those patients who are suitable and greater use of one-stop care reducing the number of visits required.

### **Project Delivery**

Following support for this proposal by the ICB, detailed planning work has been undertaken, and procurement has commenced for capital works. The current timeframe for delivery of the movement from VBU to NMGH is end of June 2026, this will then enable the VBU space to be re designed as the UTC from June 2026, following some estates adjustments.

### **Patient Communications**

Patient engagement will be planned in advance of the service change. All impacted patients will be informed about the move of the VBU to NMGH and relevant attendance information. GP communication will be provided informing of the service change. This communication will be via the traditional GP communication routes in line with the service change given suitable notice.

### **Conclusion**

Scrutiny Committee is asked to receive the report updating on the relocation of ROH's UTC from within the ED footprint to the VBU to address urgent care pressures and patient flow. This requires the move of the VBU from ROH to NMGH as agreed between the NCA and MFT. The committee is asked to support the approach described to identify and agree the best option for our population. This has been supported by the ICB and capital funds have been secured to deliver this solution.