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TRAFFORD COUNCIL

AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE MEETING

Date: Wednesday, 3 September 2014

Time: 6.30 pm

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32 0TH

A G E N D A **PART I** **Pages**

1. **ATTENDANCES**

   To note attendances, including Officers, and any apologies for absence.

2. **DECLARATIONS OF INTEREST**

   Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

3. **MINUTES** 1 - 4

   To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 23 July 2014.

4. **SPECIALISED CANCER SERVICES** 5 - 26

   To receive the consultation document and presentation from NHS colleagues.

5. **NORTH WEST AMBULANCE TRUST - FIVE YEAR PLAN AND PERFORMANCE** 27 - 32

   To receive a presentation from the North West Ambulance Trust on their future service plans, and to review local performance issues.

6. **UPDATE - UNIVERSITY HOSPITAL OF SOUTH MANCHESTER**

   Nora Ann Heery, the Deputy Chief Executive of UHSM will be attending the meeting to update the Committee on services at the Trust.

7. **HEALTHIER TOGETHER - CONSULTATION** 33 - 82

To consider any further comments from the Committee on the Healthier Together proposals.

A summary of the consultation paper and the presentation given to the last meeting is attached.

More information about Healthier Together can be found at https://healthiertogethergm.nhs.uk/

8. **HEALTH SCRUTINY WORK PROGRAMME**

Members will be invited to consider potential issues to be incorporated within the Scrutiny Work Programme.

Councillor Chilton will describe a potential project in relation to the administration of the District Nursing Scheme.

9. **JOINT HEALTH SCRUTINY COMMITTEE**

The Chairman will provide the Committee with an update from the meeting on the 2nd September.

10. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

11. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), Mrs. P. Young (Vice-Chairman), J. Brophy, Mrs. A. Bruer-Morris, R Chilton, J. Harding, D. Higgins, K. Procter, B. Shaw, S. Taylor, Mrs. V. Ward and A. Mitchell (ex-Officio)

Further Information

For help, advice and information about this meeting please contact:

J. Maloney
Democratic Services,
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Email: joseph.maloney@trafford.gov.uk

This agenda was issued on **Tuesday, 26 August 2014** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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HEALTH SCRUTINY COMMITTEE

23 JULY 2014

PRESENT

Councillor J. Lloyd (in the Chair), Mrs. P. Young (Vice-Chairman), J. Brophy, Mrs. A. Bruer-Morris, R Chilton, J. Harding, B. Shaw, S. Taylor, Mrs. V. Ward and A. Mitchell (ex-Officio)

In attendance

Peter Forrester – Democratic and Performance Services Manager

Also in attendance

Dr Jonathan Berry (Clinical Champion, Primary Care)
Gina Lawrence (Chief Operating Officer, Trafford CCG)
Paul Hulme (Trafford CCG)
Anne Day (Chair, Trafford Healthwatch)

APOLOGIES

Apologies for absence were received from Councillor K. Procter

1. CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE 2014/15

RESOLVED – That it be noted that Councillors Lloyd and Patricia Young had been appointed by Council at its meeting on 11th June 2014 as Chairman and Vice-Chairman respectively of this committee for the municipal year 2014/15.

2. MEMBERSHIP OF THE COMMITTEE 2014/15

RESOLVED – That the Membership of this committee, as appointed by Council at its meeting on 11th June 2014, be noted.

3. TERMS OF REFERENCE FOR THE COMMITTEE 2014/15

RESOLVED – That the Terms of Reference for this committee, as agreed by Council at its meeting on 11th June 2014, be noted.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 5th March 2014 be agreed as a correct record and signed by the Chairman.

5. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

Councillor Lloyd in relation to the Stroke Association.
Councillor Brophy in relation to her employment by Pennine Acute Hospitals NHS Trust

Councillor Harding in relation to her employment by Self Help Services.
Councillor R.Chilton in relation to his employment within the General Medical Council.
Councillor Mrs. Bruer-Morris, in relation to her employment within the NHS.

6. HEALTHIER TOGETHER - CONSULTATION

The Committee received a detailed presentation on the Healthier Together consultation process from Dr Jonathan Berry and Gina Lawrence of Trafford CCG. The Committee also received a copy of the consultation document.

The presentation set out the purpose of the consultation, an overview of the current thinking about the proposals to reconfigure services and work that has been on-going in Trafford.

The presentation set out proposals for the services to be provided at general hospitals and those to be provided at a smaller number of specialist hospitals. Dr Berry stated that 8 options were being put forward and that decisions about the number and location of the specialist hospitals was still to be decided. The purpose of the consultation was to gather views on the proposals.

The Committee asked a number of questions about patient experience and services provided to residents of Trafford including integrated services, accident and emergency service provision and capacity to meet demand. Gina Lawrence and Dr Berry gave assurances that the proposals were intended to improve services and that they were clinically led.

The Committee asked questions about the South Sector review which seemed to be happening outside of the Healthier Together review. Gina Lawrence and Dr Berry said that any proposals arising from the South Sector review would align with the Healthier Together process and that any changes would be subject to consultation. The Committee expressed concerns that the public would not be able to respond effectively to the consultation as they were unaware of the South Sector review.

The Committee were informed that the Greater Manchester Health Scrutiny Committee was acting as the Joint Committee for the purposes of consultation and that Councillor Young was the Council's representative on the GM Committee. However, the Committee was free to make their own comments on the proposals.

The Chairman thanked Dr Berry and Gina Lawrence for their presentation and said that the Committee would consider the matter again at their September meeting.

RESOLVED – That the presentation be noted and that the matter be considered at the September meeting of the Committee.

7. CCG PERFORMANCE REPORT

The Committee received a copy of a the Trafford CCG performance report from 24th June which outlined the performance challenges at the CCG's two main acute providers, University Hospital South Manchester (UHSM) and Central Manchester

Foundation Trust (CMFT). The paper also provided an update in relation to quality issues for commissioned providers.

RESOLVED – That the report be noted

8. SCRUTINY ARRANGEMENTS

The Committee considered the report approved by Council about the arrangements for Scrutiny Committees following the abolition of the Topic Group Chairman role at the Annual Meeting on 11 June.

The report set out the future model of operation which was based around the principle that Scrutiny Committees should be flexible in their approach and consider issues at the most appropriate and relevant time. The report suggested that Scrutiny Committees should prepare an overview work programme for the year. This would include any significant items on the horizon and any follow up issues. However, the work programme should provide sufficient capacity for ad hoc and current issues to be added to the agenda as and when they arise.

The Chairman and Vice Chairman suggested that this item should be considered at the next meeting of the Committee given that there was limited time to consider the programme in the time remaining at this meeting.

RESOLVED - That the matter be considered at the next meeting of the Committee.

9. HEALTH SCRUTINY REGULATIONS - GUIDANCE

The Committee received a copy of Health Scrutiny Guidance that had recently been issued by the Department of Health. The Democratic and Performance Services Manager gave a brief overview of the requirements in particular around proposals for substantial variations of health services.

RESOLVED: That the guidance be noted.

10. NW AMBULANCE SERVICE - QUALITY ACCOUNTS

The Chairman reported that she and the Vice Chairman had submitted a reponse to the NW Ambulance Trust on their annual Quality Accounts.

RESOLVED- That the report be noted.

11. SPECIALISED CANCER SERVICES

The Committee received a report from NHS England seeking to engage with the Committee on the proposed redesign of specialised cancer services. The report stated that the purpose of the review was to improve outcomes of treatment, enhance patients' experience and ensure safe and sustainable services are provided within Greater Manchester and East Cheshire.

The Committee were asked to note the consultation document and to ask NHS colleagues to attend the September meeting to provide a more detailed briefing.

RESOLVED - That NHS England attend the next meeting to present the report.

12. HEALTHWATCH ANNUAL REPORT

The Committee were informed that Healthwatch Trafford had published its first annual report. The report set out details of the activity of Healthwatch over the past year and the key challenges and developments for the future.

RESOLVED – That the report be noted.

13. JOINT HEALTH SCRUTINY COMMITTEE

The minutes of the meeting of the Joint Health Scrutiny Committee on the 7 April 2014 were circulated to the Committee. The Committee were informed that the next meeting of the Joint Committee was due to be held in early September and that the date of the meeting would be confirmed shortly.

RESOLVED – That the minutes be noted.

The meeting commenced at 6.30 pm and finished at 9.10 pm

NHS England

Overview and Scrutiny Committee Briefing Report

Improving Outcomes – Specialised Cancer services

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Overview and Scrutiny Committee Report

Improving Outcomes - Specialised Cancer Services

Foreword

The purpose of this report is to engage with the Overview and Scrutiny Committee on the proposed redesign of specialised cancer services in order to improve outcomes of treatment, enhance patients' experience and ensure safe and sustainable services are provided within Greater Manchester and East Cheshire.

In the past, as cancer treatment evolved there were many common treatments and interventions but as medicine has progressed, increasingly techniques have become more specialised.

Specialised services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small and a critical mass of patients is needed in each centre to achieve the best outcomes and maintain the clinical competence of NHS staff. Concentrating services in this way also ensures that specialist staff can be more easily recruited and their training maintained. It is also more cost-effective and makes the best use of resources such as specialist equipment and staff expertise.

Currently, specialist services for a number of cancers that are provided to the people of Greater Manchester and East Cheshire do not comply with national standards and guidance. There are too many teams providing specialist surgical care which means that minimum populations and therefore surgical volumes set out in national standards have not been reached. These standards are based on clinical evidence which clearly demonstrates that outcomes are improved by increasing volumes in institutions carrying out specialised cancer surgery.

This proposal relates specifically to **specialist surgery.** We want to ensure that the people of Greater Manchester and East Cheshire have access to the best possible treatment. Therefore our approach involves a concentration of surgical expertise with fewer centres carrying out specialist operations to ensure best outcomes for patients.

The location of other cancer treatment such as chemotherapy and radiotherapy services will not change and most cancer care will continue to be provided locally. Patients with suspected cancer will continue to be referred to their local hospital by their GP, for further investigation and diagnosis. Our proposal is to establish a 'single service' so that patients who need specialist treatment are managed by a single specialist team. Where appropriate, specialist surgery will be undertaken on two sites which will support patient access. This means that there will be access to the same specialist care irrespective of where patients live with clinicians working to the same guidelines and pathways across Greater Manchester. A consistent approach will also lead to better research and development along with teaching and training of specialist staff.

We are working in full partnership with local Clinical Commissioning Groups through the 'Healthier Together' programme to ensure that patients' care is streamlined from referral to follow up after treatment. Trafford CCG, as lead cancer commissioner on behalf of Greater

Manchester CCGs, is providing invaluable support in ensuring that these connections are maintained.

This report describes the commissioning approach being taken by NHS England for the following cancers;

- Urological cancers (kidney, bladder and prostate)
- Hepatobiliary (liver, bile duct and gall bladder) and Pancreas cancers
- Upper Gastro-intestinal cancers (oesophagus and stomach)
- Gynaecological cancers.

Appendix 1 provides a summary of each service.

1. Why change – the story so far

From 2002, a series of national standards for different types of cancer were developed by the National Institute for Health and Care Excellence (NICE) called 'Improving Outcomes Guidance'. These standards led to the development of multi-disciplinary teams and described the service pathways that should be in place between primary care, secondary (hospital) care and specialist care.

For rarer cancers such as those above, the standards require specialised teams to manage minimum population sizes to ensure that surgeons and teams are undertaking sufficient numbers of operations to maintain specialist skills and achieve the best outcomes for patients.

In January 2011, *Improving Outcomes: A Strategy for Cancer* was published which set an ambitious target to improve death rates from cancer and 'save 5000 lives' – which would bring English mortality rates in line with the European average. One of the main aims in this policy was to ensure patients had access to the best possible surgical treatment by a greater degree of specialisation.

In December 2013, NHS England published planning guidance for the services it is responsible for commissioning. *Everyone Counts: Planning for Patients 2014/15 to 2018/19* signalled the intention to further reduce variation by commissioning specialised services in larger centres of excellence where the highest quality can be delivered.

NHS England has undertaken a national exercise to assess whether providers of specialised services meet national clinical standards. This highlights that a number of teams within Greater Manchester do not comply.

2. What this means for local services – the vision

NHS England is working to ensure that people in Greater Manchester and East Cheshire have access to specialised services that are fully compliant with national guidance in line with clinical evidence to improve patient outcomes and mortality rates.

3. The proposal we are engaging on

The table below indicates where change will occur;

Tumour	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up and supportive care
Hepatobiliary and Pancreas		Some change	Fewer sites (1)		
Gynaecology			Fewer sites (2)		
Urology			Fewer sites (2)		
Upper gastro-intestinal			Fewer sites (2)		

= no change

The concentration of surgical services in larger centres in line with national standards is a common approach and is a model that has been established in other parts of England for many years.

The following information summarises the position with each of the four cancer areas:

Hepatobiliary and Pancreatic cancer – there are currently two organisations providing specialised surgery. By October 2014, providers and commissioners have agreed to the transfer of the service from Pennine Acute Hospitals NHS Trust to Central Manchester University Hospitals NHS Foundation Trust, bringing clinical experts together in a single team that serves the population of Greater Manchester, Central and East Cheshire.

Gynaecological cancer – three organisations currently provide specialised surgery, at Central Manchester University Hospitals NHS Foundation Trust (CMFT), University Hospital of South Manchester NHS Foundation Trust (UHSM) and The Christie NHS Foundation Trust. The service at Salford Royal NHS Foundation Trust has already transferred to The Christie. UHSM has also confirmed that it no longer wishes to continue providing this service. By March 2015 it is proposed that there will be a single specialist team involving CMFT and The Christie.

Urological cancer – five organisations provide specialised services, at CMFT, Salford Royal NHS Foundation Trust (SRFT), UHSM, Stockport NHS Foundation Trust and The Christie. Although clinical and hospital staff fully support the move to fewer sites, there is no agreement about where this should be therefore the next stage is to determine where surgical services should be provided via a procurement exercise commencing in June 2014. This will lead to a single specialist team being established with operating on fewer sites to ensure that patients receive the same high quality care irrespective of where they live.

Upper Gastro-intestinal cancer – three organisations provide these specialised services, at Central Manchester University Hospitals NHS Trust, Salford Royal NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust. As with urological cancer, there is no agreement amongst providers about where this service should be provided. A procurement process will commence in September 2014.

Usually people view the establishment of world class centres as very positive as long as local hospital services are not compromised. In developing these proposals, account is being taken of the impact on other services. For example, capacity in A&E and Intensive Care Units may be freed up as a result of concentrating services in larger centres. We will continue to work alongside local Clinical Commissioning Groups to ensure that the 'single service' model for specialised cancer surgery aligns with work being undertaken through the 'Healthier Together' programme and that patient safety and quality standards are met.

4. Engagement so far

The former Greater Manchester and Cheshire Cancer Network has previously engaged with its constituent organisations involving clinicians and managers, and patient representatives regarding the provision of specialist cancer surgery. In addition;

- There has been extensive engagement on the single service model at the NHS Greater Manchester Cancer Summit (2012) and Convention (2013) at which over 140 people attended including representation from patients, GPs, chief executives, hospital clinicians and CCGs.
- Clinical teams and hospital managers support the development of a single specialised team that provides surgery on fewer sites to ensure that patients receive access to the same high quality care irrespective of where they live
- Local clinical commissioning groups are supportive of this proposal
- Close links exist with the Strategic Clinical Network who have ensured good engagement with the Greater Manchester Partnership Group on these proposals.
- National Clinical Reference groups that produced these specifications upon which our plans are based include patient/carer representatives. These have been subject to detailed public consultation
- Our proposals are a regular standing item at the Greater Manchester Association Governing Group with all CCGs present.

We are engaging with each Overview and Scrutiny Committee within Greater Manchester and East Cheshire throughout June and July to ensure that our plans are transparent going forwards.

5. What happens next

We will continue to inform and engage key stakeholders throughout this process, including patients, local Healthwatch organisations, Overview and Scrutiny Committees and providers.

We expect the procurement process to be completed by March 2015 for urology, and June 2015 for upper GI and will attend future Overview and Scrutiny Committees to inform them about mobilisation plans for these services.

Appendix 1

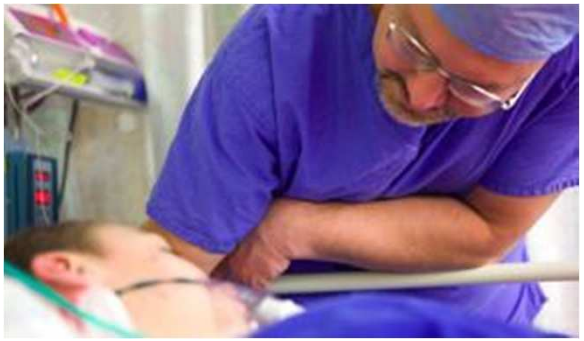
Summary Position on Specialised Cancer Services

Service area	Geographical area	Catchment Population	Current Providers	National Guidance on No Providers to reach compliance	Patients who have surgery and will be affected (per annum)	Rate per 100,000 (adult population)
Cancer Surgery Upper GI (O.G.)	GM	3 million	SRFT	2	87	3.68
			CMFT		39	1.64
			UHSM		24	1
Total					**150**	**6.3**
Cancer Surgery Urology	GM	3.2 million	SRFT	2	105	4.16
			Christie		71	2.8
			Stockport		176	6.9
			UHSM		61	2.41
			CMFT		133	5.2
Total					**546**	**21.6**
Cancer Surgery Gynaecology	GM	3.2 million	CMFT	2	148	5.86
			UHSM		94	3.7
			SRFT		40	1.5
			Christie		56	2.22
Total					**338**	**13.4**
Cancer Surgery HPB	GM	3.2 million	PAHT	1	194	7.6
			CMFT		142	5.63
Total					**336**	**13.3**
Grand Total					**1370**	

Source:
Upper GI/Urology/Gynaecology – surgical data based on major surgical resections defined within NHS England service specifications (B11/S/a, B14/S/a, E10/S/f). Extracted from Secondary User Service activity data 2013/14 (11 month projected)

HPB - Trust data 2012

Improving Outcomes – Specialised Cancer Services



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Purpose

To engage with the Health Scrutiny Committee on the proposed redesign of some specialised cancer services.

These plans have been developed to;

- Improve outcomes of treatment
- Ensure delivery of safe and sustainable services
- Enhance patients' experience
- Ensure services meet standards set out in national guidance

What are Specialised Services?

Highly specialised

- Rare conditions
- Very low patient numbers
- Very few hospitals
- Examples:
- *Heart and lung transplantation*
- *Treatment of rare eye conditions*

Specialised services (1)

- Episodic specialised services
- Examples:
- *Paediatric and Neonatal Intensive care*
- *Severe burn care*
- *Specialised cancer surgery*

Specialised services (2)

- 'Pathway' specialised services
- Long term conditions
- Examples:
- *Kidney care*
- *Mental health*
- *Cardiac care*
- *Cancer services*

Why is change needed in specialised services?

Too many providers

Move towards 7 day working

Some hospitals don't have enough specialist staff

Too much variation in quality and outcomes

Some Providers are not seeing enough patients

Some providers are not meeting core quality standards

Guiding principles

The driver is improvement in clinical outcomes and patient experience

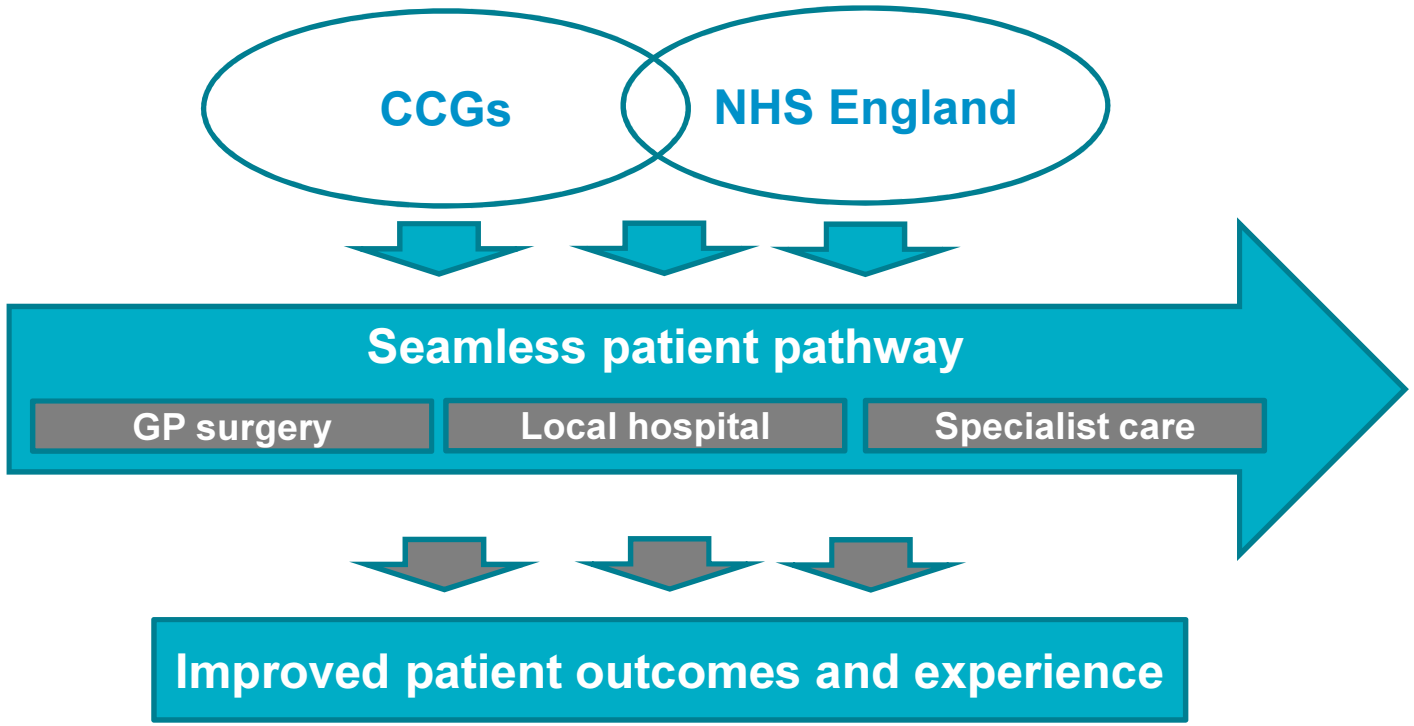
Plans must address variations in access and outcomes

Important to align the whole system of care

Open and transparent approach to planning approach

INTEGRATION IS VITAL

Clinical Commissioning Groups (CCGs) are **critical** to the ambition **to achieve world-class patient outcomes** and **experience** in specialised services. Strong working relationships and shared decision-making are important.



National Guidance for Specialised Cancer Services

Improving clinical outcomes:

- Specialised cancer teams managing minimum populations to maintain skills
- Surgeons operating on minimum volumes
- Need for a greater degree of specialisation
- Larger centres of excellence

Commissioning Principles

- NHS England will only commission specialised services from providers that meet national standards

- Key drivers:
  - A clear focus on improved clinical outcomes
  - Patient experience and engagement
  - Specialist team working
  - Holistic care across pathway
  - Access to range of services - co-dependencies

Cancer Care across Greater Manchester

- Some specialised cancer services do not currently meet national guidance (called Improving Outcomes Guidance)
  - Hepatobiliary and pancreas cancer
  - Gynaecology cancer
  - Urology cancer
  - Upper gastrointestinal cancer

- This means these cancer services are not organised in the best possible way – there needs to be a single specialist team working together
- This is known to affect the care patients receive.

What this means for patients (1)

- These changes relate specifically to specialist surgery
- Most cancer treatment remains the same

Cancer Service	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up and supportive care
Hepatobiliary and Pancreas		Some change	Fewer sites (1)		
Gynaecology			Fewer sites (2)		
Urology			Fewer sites (2)		
Upper GI			Fewer sites (2)		

10 = no change

What this means for patients (2)

- Single service for Greater Manchester so that patients have access to same high quality care irrespective of where they live
- Specialist surgery on two sites where required in line with population need
- Close alignment with local cancer services – seamless care for patients from referral to follow up care

Specialised Cancer Surgery – Impact of Change

Cancer Service	Total number of surgical cases per annum	Rate per 100,000 (adult Population)	Estimate of numbers of patients affected by change
Upper GI			
Total	150	6.3	50
Urology			
Total	546	21.6	330
Gynaecology			
Total	338	13.4	110
HPB			
Total	336	13.3	194
Grand Total	**1370**		**684**

Commissioning Approach

Cancer Service	Process	Timeline
Hepatobiliary and Pancreas	Implementation plan agreed	October 2014
Gynaecology	Discussions progressing	September 2014
Urology	Procurement	June 2014
Upper GI (OG)	Procurement	September 2014

Summary

- Majority of cancer care will remain unchanged – diagnostic services, non specialist treatment, chemotherapy, radiotherapy and aftercare
- Better outcomes will be achieved by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers
- Safe and sustainable services will be provided by fewer specialist providers in centres of excellence
- Scale of change will be minimal – a concentration of sites affects less than 700 patients undergoing surgical resections per annum
- Governance arrangements between GPs, local hospitals and specialist centres will ensure consistent high quality care irrespective of where patients live.

Engagement and Consultation

- There has been extensive engagement on the single service model through NHS Greater Manchester
- Clinical teams and hospital managers support concentration of expertise on fewer sites
- Our plans are closely aligned with CCGs – Healthier Together Programme
- Close links with the Strategic Clinical Network to ensure engagement with patient groups, proposals have the support of local clinicians and are evidence based
- National specifications have had public consultation
- Clinical Reference Groups have patient representatives /national patient panel
- OSCs will be provided with regular updates at each milestone

Questions

North West Ambulance Service NHS
NHS Trust

OUR REF:
YOUR REF:
DIRECT TEL:

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Ladybridge Hall
399 Chorley New Road
Heaton, Bolton
BL1 5DD

Tel: 01204 498400
Fax: 01204 498423

www.nwas.nhs.uk

11 June 2014

Dear Stakeholder,

NORTH WEST AMBULANCE SERVICE FIVE YEAR PLAN

I am writing to you as a precursor to the launch of the North West Ambulance Service's Five Year Plan and what we are calling, our 'Good to Great' engagement programme. I believe that our organisation is a good one but we aspire to be great and in order to achieve this, we have consulted with our staff and devised a five year plan that we would like to share with you.

The North West Ambulance Service prides itself on being an open and honest organisation and your views are important to us. We understand that some of the changes we are implementing as part of the plan and our cost improvement programme are of great interest to you and your constituents and that is why I would like to offer the opportunity for myself, or one of my senior team, to come and discuss these with you.

I have recently presented to our Board our new values and the areas I want the Trust to focus on – 'delivering safe care closer to home', 'being a great place to work' and 'cause no harm'. It is these three elements that we are building our objectives upon and I would like to demonstrate to you how we hope to achieve them. For example, focussing on our objective to reduce the numbers of patients who attend Emergency departments and ensure patients receive the right care at the right time and in the right place. Through the initiatives of 'Hear and Treat', 'See and Treat' and 'Treat and Convey', we can ensure that those patients who need alternative care pathways can be signposted to them and those who really need to be in hospital can arrive there in a timely fashion.

You may be aware of some of the recent media coverage centred upon our cost improvement measures which no doubt, raises questions you would like us to respond to. These measures play a part in our five year plan and I would also like to use the meeting I am proposing to put these into context.

As well as yourself, we will also be arranging to visit other stakeholder groups such as Healthwatch groups and MPs.

If you would like to meet with us, please contact Maddy Edgar via: madeline.edgar@nwas.nhs.uk or by calling 01204 498400.

We look forward to meeting you.

Yours sincerely

Bob Williams

BOB WILLIAMS
Chief executive

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229881: Greater Manchester Council Bourough Performance - Quarter One [2(

Council Borough	Red 1 Responses	Red 1 in 8min	Red 1 %
Bolton District (B)	292	212	72.6%
Bury District (B)	189	133	70.4%
Manchester District (B)	620	480	77.4%
Oldham District (B)	245	176	71.8%
Rochdale District (B)	218	173	79.4%
Salford District (B)	260	185	71.2%
Stockport District (B)	279	206	73.8%
Tameside District (B)	243	176	72.4%
Trafford District (B)	179	114	63.7%
Wigan District (B)	339	272	80.2%
Grand Total	**2864**	**2127**	**74.3%**

)14/15]

Red 2 Responses	Red 2 in 8min	Red 2 %	Cat A Response & Convey
3601	2634	73.1%	3870
2470	1814	73.4%	2656
9787	7964	81.4%	10326
3087	2340	75.8%	3330
3005	2303	76.6%	3222
3333	2394	71.8%	3590
3834	2808	73.2%	4108
3108	2347	75.5%	3349
2660	1754	65.9%	2837
4071	3149	77.4%	4406
38956	**29507**	**75.7%**	**41694**

Cat A in 19min	CAT A %
3749	96.9%
2582	97.2%
10095	97.8%
3246	97.5%
3149	97.7%
3506	97.7%
4000	97.4%
3267	97.6%
2704	95.3%
4287	97.3%
40585	**97.3%**

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Healthier Together
A review of health & care in Greater Manchester

NHS
Greater Manchester Association of Clinical Commissioning Groups

Healthcare in Greater Manchester is changing

What care would you want for your...

Tell us what you think and help change the future of your health service

www.healthiertogethergm.nhs.uk

Why healthcare in Greater Manchester needs to change

Best care for me

"Getting high quality hospital care every day of the week."

We are reviewing health and care in Greater Manchester and looking at how to provide the best care for you and your family.

We want to take out the variations in the quality of care across Greater Manchester. We believe by doing this we can save more lives. This document describes the work that is already happening with your GPs to improve standards, and the joining up of local authority and health services. These changes will allow us to make changes to hospital care.

We have a legal duty to consult you on changes to hospital services. The questionnaire at the back asks you for your opinion on the things we've already started to change in the community and on the proposed changes to the way hospitals in Greater Manchester are organised.

We need help to shape our plans and we are specifically asking you about proposed changes to how we look after the (small number of) sickest people in hospital.

As the clinical leaders of Greater Manchester we plan to change Greater Manchester's NHS so that it helps people to stay well and provides the best health and care every time people need it. In the future, just like other countries with better health outcomes, **much more care will be delivered by a high quality, responsive, care system which is easy to access**. Specialist care in hospitals will be reliable and excellent.

At the moment our NHS often provides excellent care, but it hasn't been designed to help people to stay well or prevent ill health. It doesn't consistently provide the right care every time to everyone who needs it. Too often people suffer ill health when it's avoidable and experience care that's less effective than it should be, whether in their GP's surgery, community nursing, social care or hospital. The health of Greater Manchester's people is by many measures the worst in England.

By changing our NHS so that it actively helps everyone to prevent long-term conditions, like high blood pressure and diabetes, by detecting them much sooner and improving the quality and standards of hospital care, we can change Greater Manchester from having 'some of the poorest health outcomes' in England to having the best health care in England.

> *Nearly 1,500 lives could be saved over five years if all our hospitals achieved the best standard of care in the country.*

We are fully committed to leading this programme for change. These changes will make sure that health and care services are high quality, safe, accessible and sustainable for us now and for our future patients and communities.

We have spent many months meeting people and discussing our ideas which have helped shape our proposals. However, before any changes take place we want to hear your views.

Please tell us what you think of our proposals by filling in the questionnaire. Your views will help shape the future of health services in Greater Manchester.

Dr Wirin Bhatiani	**NHS Bolton CCG**
Dr Kiran Patel	**NHS Bury CCG**
Dr Mike Eeckelaers	**NHS Central Manchester CCG**
Dr Chris Duffy	**NHS Heywood, Middleton & Rochdale CCG**
Dr Martin Whiting	**NHS North Manchester CCG**
Dr Ian Wilkinson	**NHS Oldham CCG**
Dr Paul Bishop	**NHS Salford CCG**
Dr Bill Tamkin	**NHS South Manchester CCG**
Dr Ranjit Gill	**NHS Stockport CCG**
Dr Alan Dow	**NHS Tameside & Glossop CCG**
Dr Nigel Guest	**NHS Trafford CCG**
Dr Tim Dalton	**NHS Wigan Borough CCG**

Members of the Association of Greater Manchester Clinical Commissioning Groups and Healthier Together Committees in Common.

Right care, right place, right time.

"Leaders of Greater Manchester Councils know how important health is for local people and for our area. We believe our citizens are entitled to good quality health care wherever they live and whenever they need it. We have worked with Healthier Together to achieve these aims and support its principles.

"Each Greater Manchester local authority is working with local health partners to provide more effective joined-up health and social care. **This will allow those who don't need to go into hospital to receive the treatment they need in their own homes, or closer to home** and make sure those who are leaving hospital receive adequate support to get well. This support will meet individual patient needs and may come from GPs, community nurses, social care workers or the voluntary sector.

> *We are clear that this improvement in integration and in GP services needs to be up and running before the changes to the hospital services are introduced.*

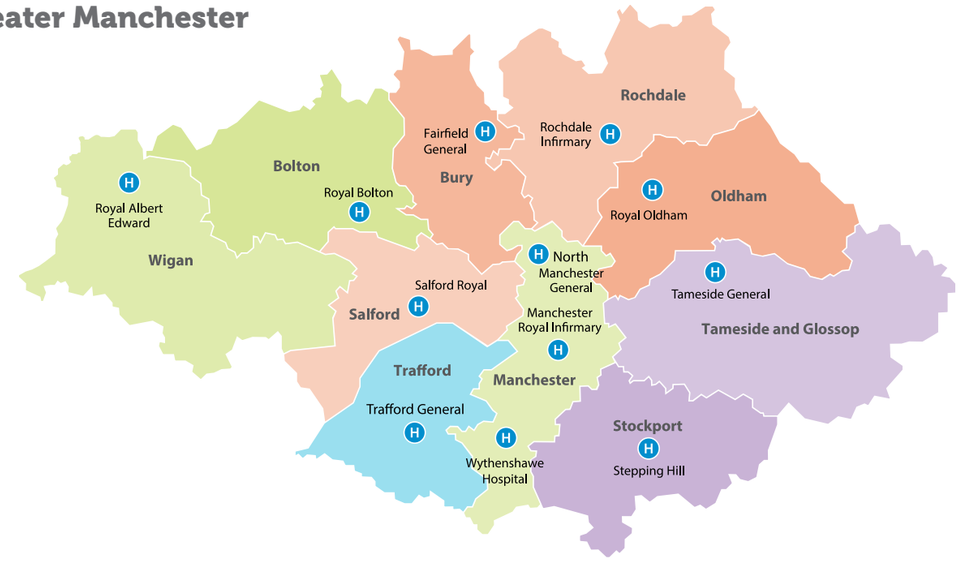
"We are pleased that Healthier Together recognises that **the overwhelming majority of hospital treatment should be at a local General Hospital.** This is better for patients and for family and friends. However there will be times when rare conditions need to be treated and need specialist care. Patients will travel to a specialist centre to receive care from medical staff who deal with these rare problems much more often and so are more expert at dealing with these problems. My family and I are grateful for the exceptional treatment we have received at the world-class facilities we are fortunate to have in Greater Manchester. I want every family to have that opportunity, no matter which hospital they go to and no matter the time of day.

"We accept the case for change made in this consultation document and look forward to hearing your views during the consultation period. We will be making contributions as individual authorities and collectively for Greater Manchester. The consultation provides a range of ways that people can respond and we hope as many of you can do so. Remember it is not buildings that deliver good health care, it is the dedicated NHS staff who make it possible."

Lord Peter Smith, Chairman, Association of Greater Manchester Authorities (AGMA)

AGMA
ASSOCIATION OF GREATER MANCHESTER AUTHORITIES

Greater Manchester



2.8 million population
12 Hospital sites
9 Acute Hospital Providers
503 GP Practices
12 Clinical Commissioning Groups (CCGs)
5 Community & Mental Health Providers
10 Local Authorities
£6 Billion annual health and social care budget
1.3 million attendances to A&E in 2012/13*
22.3% of adults are obese**
23.4% smoking prevalence**
23.9% of children under 16 are growing up in poverty**

*Hospital Episode Statistics
**Public Health Outcomes Framework (PHOF)

Tell us what you think by filling in the enclosed questionnaire. **www.healthiertogethergm.nhs.uk**

How primary care is changing

Best care for us

"Being able to see a GP when we need to."

Why primary care needs to change

What do we mean by primary care?
Primary care refers to the services you get from GP surgeries, as well as dentists, pharmacists and optometrists.

For most people in Greater Manchester, contact with health and social-care services begins with a visit to the GP. People have told us they want to be able to see a GP more easily, at a time that suits them.

In Greater Manchester, we are committed to improving and expanding primary care. We have developed challenging standards and we are committed to working to deliver them over the next two years. We are making good progress, with a number of areas in Greater Manchester already benefitting from some of the new and extended services.

Our plans describe:
- a movement of patient care away from hospitals into local primary and community care services,
- a significant increase in investment in primary and community care; and
- changes to the way we use information technology.

"We are transforming GP and other primary care services to improve availability, make better use of technology and improve the quality of care for you and your family."

Clinical commissioning groups (CCGs) are working in each area of Greater Manchester to deliver these plans in a way which fits best with local circumstances. New services are being designed around local needs and are being introduced alongside other changes described in this document.
The plans will be informed by the Greater Manchester Primary Care Strategy, together with guidance from national professional bodies and other expert sources.

We are developing investment programmes in each area, to take into account local plans. £20 million has been allocated next year to support these developments in primary care, with further investment scheduled over the following years.

The primary care standards

All of our plans will focus on supporting people in managing their own health and in making the most of the role of the full primary care system.

Our main aims for primary care include:
- by the end of 2015, everyone living in Greater Manchester who needs medical help, will have same-day access to primary care services, supported by diagnostics tests, seven days a week;
- by the end of 2015, people with long-term, complex or multiple conditions such as diabetes and heart disease will be cared for in the community where possible, supported by a care plan which they own;
- community-based care will focus on joining up care with social care and hospitals, including sharing electronic records which residents will also have access to; and
- by the end of 2016, residents will be able to see how well GP practices perform against local and national measurements.

We believe that if primary care services are improved, it will help you and your family stay healthy and independent. By improving access, you will be able to see a GP more easily. This will mean less chance of people developing the kind of serious illness that needs hospital treatment.

Delivering these plans will mean a joint effort from all those involved in commissioning and designing the primary care system. The Greater Manchester CCGs and NHS England commissioners will continue to work together to make sure the best care is provided to everyone living in Greater Manchester.

"Changes to primary care services allow us to consider changes to hospital services especially for A&E and children's services."

How we are joining up care

Best care for me

"Knowing the council and the NHS will work together to look after mum."

Why are we joining up care?

People have told us they do not feel like the health and care system works well for them. The system is complicated and delivered in an unco-ordinated way. Health and care professionals often work independently instead of together to look after patients.

"Some services which are currently delivered in hospitals would be better delivered in the community."

Making changes to primary care and community-based care will allow us to support people and communities to be healthy, independent and in control of their lives.

What do we mean by joined-up care?
Joined-up care, or integrated care means different health services and care services working together, with services delivered locally where possible.

What we want to achieve through joined-up care

We want to make sure services work together to support you and your family. Organisations across Greater Manchester including the NHS, local councils, voluntary organisations and other public-sector organisations, are working together to deliver more joined-up health and care. The coming together of services that were previously fragmented will improve the quality and experience of care for people. They are focusing on four critical areas.

Prevention and early intervention
We want to prevent people from getting ill and needing health and care services in the first place. When people do have health and social care needs, we want to deal with issues as soon as possible to stop matters getting worse.

Supporting people to look after themselves
We want to support people to take control of their own health and care needs. We will give people the knowledge and advice they need to help them stay healthy and independent.

Creating a single point of contact
We are streamlining the way people access health and care services. This will prevent people having to speak to a number of different organisations, and fill in a number of forms.

Setting up locally based teams
New teams are being formed across Greater Manchester that will work together to join up services that are involved with a person's care.

What do we mean by community-based care?
The term community-based care is a broad term which describes all of the care that people receive outside of the hospital setting, such as district nursing services and home care.

Community-based care for children

Hospitals are not always the best places for children and their carers. In Greater Manchester we already have some excellent community health services that help children and their families to manage long-term conditions, like asthma and diabetes, in familiar surroundings and at home. However, this is not the case for all of Greater Manchester.

We want to improve community-based care so that fewer children need to go to hospital. This means that some services currently provided in hospitals will be provided in the community. We have developed care to allow children in Greater Manchester to access community-based care, including children's community nurses, when they need it.

"Specialist doctors and nurses will work with children and their families in the community, to avoid visits to hospitals."

Some examples of joined-up health and care across Greater Manchester

GPs are using new technology to look after residents in care homes. GPs and care-home teams are supporting residents to review medication and manage their conditions themselves. This has reduced the number of people being admitted to hospital.

In Bolton 44,000 people are aged 65 and over. A new team of workers are dedicated to supporting older residents who may be struggling to feel safe and secure at home so they can stay independent in their communities for as long as possible.

Frank's story

Frank was an 87-year-old gentleman and had been married to Irene for over 60 years when he was diagnosed with terminal cancer. Frank was Irene's main carer as she had dementia and needed support with everyday tasks. Although he coped well initially, as his illness progressed he became less able to care for Irene.

Professionals in Stockport, including the cancer specialist nurse, Frank's GP, hospital staff, voluntary and community organisations involved in their care and support would meet regularly to make sure they were all communicating well, and that their care was joined up. They helped to arrange the support that Frank, Irene and their family needed at home and also made sure that they were getting all the benefits and allowances they were entitled to.

When Frank sadly died, Irene was admitted to residential care as planned. Frank died knowing Irene was being well cared for.

We want to make sure every patient is at the centre

Extended GP opening hours have been introduced alongside enhanced community services, increased support for carers and more home-based care to improve the health of people living in Radcliffe, Bury.

Over **190,000** residents have access to their GP from 8am to 8pm weekdays and at weekends, as well as consultations by video to support their needs. Services for vulnerable patients are better co-ordinated between healthcare professionals and patients are supported to stay in control of their illness.

Bolton

Bury

Wigan

For people most at risk of going into hospital (often those with long-term conditions) teams of staff from different agencies (district nursing, mental-health staff, social care and others) are working together with GP practices to help people stay out of hospital by putting in place care plans. Since April last year, over **2,900** patients have been reviewed and early results suggest fewer people are being admitted to hospital unnecessarily.

Salford

The Integrated Care Programme for Older People will give older people more control over their health and care. Patients tell their story once to one service, have one assessment and one key worker.

Elderly residents and their carers have one number to ring when they need advice on health issues.

A new hospital discharge team has been set up to help people receive the right kind of care as they leave hospital. This means patients can get home quickly. It also means there will be fewer people falling ill and being admitted to hospital again.

Diabetes patients can now book appointments nearer to their home instead of making a trip to the hospital.

There is now specialised care provided at some health centres which means less waiting for outpatient appointments and more opportunities for an appointment at the weekend or during the evening.

Heywood, Middleton and Rochdale

North Manchester

Oldham

GPs, nurses and care workers are working together on new ways to support people when they leave hospital, so they can be cared for in their community.
This co-ordinated approach to a patient's care is preventing the need for them to go back into hospital.

Children's community teams are being developed. This involves GPs, nurses, therapists, social care and education services working together to identify children's needs early and make sure they receive the appropriate support in their local community and avoid unnecessary stays in hospital.

GP practices are offering **appointments from 8am to 8pm** in the week and for three hours on Saturdays and Sundays.
Over 3,000 people have been to these new appointments and **20%** of people said they would have had to go to A&E if the appointments hadn't been available.

Central Manchester

Tameside and Glossop

Over 22,000 people who have long-term health conditions are being supported by joined-up GP and community teams to help them manage their conditions better and improve their health and wellbeing.

Trafford

Stockport

South Manchester

GPs in Stockport are working together to allow residents to get immediate help when they need it and book urgent appointments within 24 hours.

Teams of professionals such as GPs, nurses and care workers are working together to help vulnerable people stay out of hospital by co-ordinating care in people's homes.

We have developed a patient care co-ordination centre to join up care and allow patients easier access to treatment.

New technology is being used to help people receive more care at home or in their GP practice instead of in hospital.

Janet's story

During Janet's recent stay in hospital she told us she wanted to go home as soon as possible to begin her recovery. Discharge co-ordinators, nurses, social workers and the hospital departments who had cared for Janet worked together to make sure she was cleared to leave hospital at the right time so her recovery was supported at home.

The Tameside Integrated Transfer Team put Janet at the centre of her discharge and recovery plan. They were the point of contact for all services and made sure that Janet was involved with every decision. This is a good example of how the council and other local health organisations can work together to make services all about the patient.

We have already seen an impact with a reduction in how long people stay in the hospital and a reduction in the number of people who have come back to the hospital unnecessarily.

To find out more about what is happening in your area, go to www.healthiertogethergm.nhs.uk/local

How hospital services could change

Best care for me

"Knowing that my patients will get the specialist care they need in an emergency."

To provide the best care for you and your family, hospital services need to change

Greater Manchester has some of the best hospitals in the country. However, not all patients experience the best care all of the time.

There is strong evidence to suggest that for the sickest patients who need emergency general surgery in Greater Manchester, the risk of dying may be twice as likely at some of our hospitals compared to others.

We know that the best results are seen when hospital care is delivered by experienced doctors and nurses working together in a close team. However, there is a shortage of the most experienced doctors in important services such as A&E and general surgery. This means that some hospitals do not have enough staff.

Only a third of our hospitals can make sure that a consultant (the most qualified and experienced doctor) surgeon operates on the sickest of patients every time. Similarly only a third of our hospitals can make sure that a consultant is present in A&E, 16 hours a day, seven days a week.

We also know that patients are more likely to die in the evenings and at weekends when fewer doctors are available.

We believe that this is not acceptable and that all patients deserve the safest and highest quality of care. That's why over the past two years, senior doctors and nurses across Greater Manchester have developed and agreed over **500 quality and safety standards**. These standards are designed to make sure **all** patients receive reliable and effective care every time. Currently, **no** hospital in Greater Manchester meets all these quality and safety standards.

Our proposals for how hospital services could change

The changes that are happening in primary care and integrated care will mean fewer people needing to go to hospital.

"Changes proposed to hospital services will need the changes in integrated and primary care to be successful."

For hospital services, we are proposing changes to A&E, acute medicine, and general surgery. These changes are supported by the principle that everyone in Greater Manchester should have access to the highest standards of care wherever they live, whatever time of day or night, or whether it is a weekday or the weekend.

A&E - Accident and Emergency, the hospital department where people with serious injuries or illness are assessed and treated
Acute medicine - the area of medicine that treats adult patients with a wide range of conditions who arrive in hospital in an emergency and need immediate specialist care
General surgery - includes abdominal surgery, both emergency and planned operations. It also includes the assessment and treatment of patients with abdominal pain.

To provide the best care for you and your family, we would like to combine medical teams from separate hospitals into **Single Services**. This would mean providing care at two types of hospital: a local **General Hospital** and a **Specialist Hospital**. Both types of hospital will work together and be staffed by a single team of medical staff.

"A Single Service will mean hospitals, both General and Specialist, working together."

Local General Hospitals will provide the best care for most patients who live locally. All local General Hospitals will provide an A&E department, full acute medical care and planned surgery.

In A&E, local General Hospitals will have a consultant present 12 hours a day, seven days a week. In Specialist Hospitals, this will be extended to at least 16 hours a day, seven days a week to deal with the sickest of patients. Stronger leadership will mean we can make the best treatment decisions for patients.

In acute medicine, the Greater Manchester quality and safety standards will **raise the standard of care for our patients across all hospitals in Greater Manchester**, both General and Specialist.

"These changes will make sure every hospital has a strong future. This includes keeping each of our A&E departments open."

For a small number of patients (those who are the most unwell) a smaller number of hospitals will provide the most specialised care. These Specialist Hospitals will provide emergency and high-risk general surgery as well as the services a local General Hospital provides. The 12 clinical commissioning groups will be making a decision on the way these hospital services are organised depending on what you tell us during this consultation.

"Patients will continue to receive most of their care in the community or in their local General Hospital."

In an emergency, people will not have to worry about going to the right hospital for their care. Ambulance paramedics and hospital staff will assess and treat you as needed. If you need urgent specialised care, they will make sure you are immediately transferred to a Specialist Hospital. There will be a system in place to make sure that you see the right doctor, at the right time, in the right place – no matter how you arrive at hospital.

How will these changes improve care?

In Greater Manchester we have already changed the way we treat some specialist conditions. For things that you may only experience once in a lifetime such as stroke and major trauma, there is evidence that putting these services onto a smaller number of hospital sites has saved lives and improved patient care and we want to do more of this.

We have used learning from these changes to design the Single Service. We believe that providing specialist care at a smaller number of hospitals in Greater Manchester will raise standards of care and save more lives.

How hospitals will work together

Every local General and Specialist hospital will have:
- an A&E department and only the very sickest patients will go to a Specialist Hospital;
- an acute medical unit caring for adults who need to receive care from hospital teams;
- general surgery operations for adults (high-risk surgery will be provided at Specialist Hospitals);
- screening, diagnostic tests and outpatient appointments;
- rapid-access clinics for urgent surgical assessment by a consultant.

Ambulance staff will assess patients and take them to the most appropriate hospital, as they do now. People with life-threatening conditions, who need emergency general surgery, will be taken to a Specialist Hospital to receive their care.

In a Single Service:
- every Specialist Hospital will partner with one or two local General Hospitals to provide the highest quality care to all residents;
- there will be one team of doctors and nurses working across the local General Hospitals and the Specialist Hospital;
- patients will move between the local General Hospital and Specialist Hospital to receive the best care for their needs.

Pat's story, from Manchester

"After I unexpectedly fell at home, my husband noticed I was slurring my speech. He quickly called 999 and within minutes the ambulance service crew had arrived.

"The ambulance drove past my local hospital (Manchester Royal Infirmary) and took me to the specialist stroke centre at Salford Royal Hospital. When I arrived I could hardly speak and my face was drooping. I couldn't move my right arm and leg at all. It was very scary, but the staff were really kind and supported me the whole way.

"Immediately they took me to the onsite brain specialists for an emergency CT scan. The doctors confirmed that a blood clot had caused the stroke and I was quickly given a clot-busting injection called 'thrombolysis' to break it up.

"I recovered on the stroke ward for two weeks before returning home with the help of the rehab team who arranged regular physiotherapy visits.

Doctors said I made a full recovery because I was taken quickly to the specialist stroke centre at Salford Royal, which meant they could spot and treat my stroke as soon as possible."

How hospital services could change

Best care for me

"Being treated by the most experienced doctor when I need life-saving surgery."

How hospital services could be organised?

There are lots of ways, or options, for how hospitals in Greater Manchester could be organised into local General or Specialist Hospitals. We have spent a long time considering a number of factors to decide which of these are possible.

The factors we have considered are:

- the amount of money needed to set up and run a local General and a Specialist Hospital;
- the number of doctors and nurses we have available to work in each Single Service;
- the travel time to get to Specialist Hospitals, and how it will affect patients; and
- the hospital buildings, wards and operating theatres that we have.

We are asking for your views on eight options for the proposed changes to hospital services. We have chosen the options that allow an even spread of Specialist Hospitals across Greater Manchester to make sure we can provide the best care for all patients. These options are the ones with the lowest effect on travel time for patients and are the most cost-effective to deliver.

The eight options are presented in the table on the opposite page. Each column shows which hospitals would be Specialist and which ones would be General. We have also provided an assessment of the strengths of each option on page 13. To do this we have looked at the effect of each option under specific headings for example, patient experience. We would like to know how important these factors are to you.

Hospitals that are the same in every option

Three hospitals have been designated Specialist Hospital sites in all of the options. These are Manchester Royal Infirmary (MRI), Salford Royal Hospital, and the Royal Oldham Hospital. The first two must be Specialist Hospitals to continue to provide services that are not provided anywhere else – specialist paediatric services at the Royal Manchester Children's Hospital (located with MRI) and the adult neuroscience service at Salford Royal. Royal Oldham Hospital also needs to be a Specialist Hospital to reduce, as far as possible, the effect of the proposed changes for people who live in Greater Manchester and need to travel to a Specialist Hospital using public transport.

Three hospitals have also been designated as local General Hospitals in all of the options. These are North Manchester General Hospital, Fairfield General Hospital (Bury) and Tameside General Hospital. This is due to decisions that have already been agreed by local clinical commissioning groups.

Rochdale Infirmary and Trafford General Hospital are shown but these hospital sites don't currently provide the services under review, so won't change.

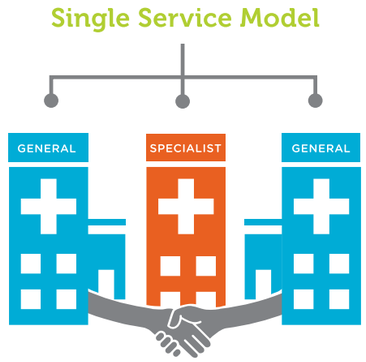
Four Specialist Hospital sites or five?

There are four hospitals left to be considered, Royal Bolton Hospital, Royal Albert Edward Infirmary, Stepping Hill Hospital and Wythenshawe Hospital. Depending on whether we choose four or five Specialist Hospitals in Greater Manchester, either one or two of these hospitals could be a Specialist Hospital. We are asking for your views on which of these four hospitals should be local General and which should be Specialist.

Options which include four Specialist Hospitals need fewer doctors and nurses to deliver specialist care than options with five Specialist Hospitals. They are also more cost effective to run each year and will be quicker to put into practice. However, having four Specialist Hospitals rather than five will mean that some patients will have to travel further to get their specialist care.

All eight options for organising Specialist and General Hospitals across Greater Manchester are shown in the table opposite.

The eight options for organising our hospitals



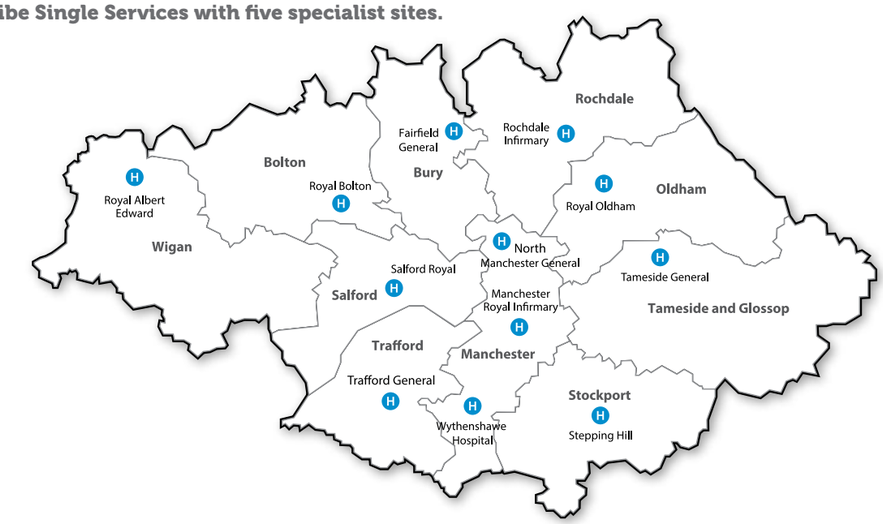
Key:

- Specialist Hospital
- General Hospital
- No change

Hospital site	Option 4.1	Option 4.2	Option 4.3	Option 4.4	Option 5.1	Option 5.2	Option 5.3	Option 5.4
Central Manchester Manchester Royal Infirmary								
Salford Salford Royal Hospital								
Oldham Royal Oldham Hospital								
Bury Fairfield General Hospital								
Tameside and Glossop Tameside General Hospital								
North Manchester North Manchester General Hospital								
Wigan Royal Albert Edward Infirmary								
Bolton Royal Bolton Hospital								
South Manchester Wythenshawe Hospital								
Stockport Stepping Hill Hospital								
Trafford Trafford General Hospital								
Rochdale Rochdale Infirmary								

Options 4.1 to 4.4 describe Single Services with four specialist sites.

Options 5.1 to 5.4 describe Single Services with five specialist sites.



Assessment of the options

How we have assessed the options

In the lead up to this consultation we have held workshops with patients, the public and major organisations to understand the things that are important to them when making decisions. A number of themes emerged which allowed us to develop criteria to assess our proposals. We began the process with a large number of possible options, but were able to reduce them to eight possible options using the criteria the public and patients had given us. These criteria are outlined below.

Quality and safety
People have told us that quality and safety is important and we should use the following criteria to assess the options.

- **Clinical effectiveness and outcomes** – which options will consistently provide the high standard of care patients deserve, and meet the Greater Manchester quality and safety standards?
- **Patient experience** – which options are the best, based on the NHS Friends and Family Test? This asks patients whether they would recommend services to their friends and family if they needed similar care or treatment.

Affordability and value for money
People have told us that making the best use of taxpayer's money is important and we should use the following criteria to assess the options.

- **Investments (buildings, cost of change)** – which options will have the lowest one-off costs, for example to invest in buildings, or training staff?
- **Yearly cost of running services** – which options will have the lowest yearly running costs?

Transition
People have told us that it's important that changes should be easy to put into practice and we should use the following criteria to assess the options.

- **Workforce** – which option is easiest to achieve with the number of senior doctors available?
- **Expected time to deliver** – how long will it take to make the proposed changes in each option? A shorter time means that benefits can be delivered earlier.
- **Links with other strategies** – how well do each of our options fit with what is happening (or may happen) in Greater Manchester?

Travel and access
People have told us that being able to get to services easily is a big issue for them as well as for friends, carers and relatives, who may need to visit someone in hospital. We have given a lot of thought to travel and transport in developing the options for change. For each option, we have compared the effect on travel and transport for patients. For example, where possible the nearest Specialist Hospital should be within one hour and 15 minutes on public transport for anyone.

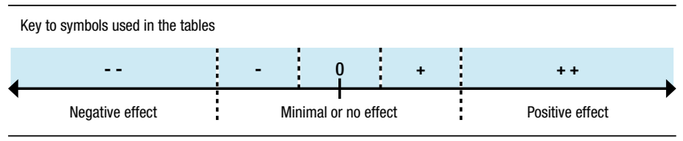
Our standard for travel is that your local General Hospital must be within 20 minutes by ambulance, and a Specialist Hospital within 45 minutes by ambulance.

We have ruled out many options to change services if they do not meet our standard and we continue to look at any other effects the changes might have, in particular for vulnerable groups who may find it more difficult to access services.

We have used the below criteria shown below to understand the effect that each option will have on how far people will need to travel, and the choices available to patients.

- **Distance and time to access services – by ambulance** – which options will result in the lowest increase in journey time by ambulance to a Specialist Hospital for those people who need specialist care?
- **Distance and time to access services – public transport** – which options will result in the lowest increase in journey time by public transport for friends and family visiting patients at Specialist Hospitals?
- **Patient choice** – which options will give the people of Greater Manchester the greatest choice of hospitals for planned care?

We have used the symbols in the key opposite to show how we have assessed each option. For example, an option with a '+ +' for patient experience, would have a more positive effect on patient experience, than an option with just a '+'.



Options for the Single Services with four specialist hospitals

	Sites which would be Specialist Hospitals for each option	Quality and safety: Clinical effectiveness and outcomes	Quality and safety: Patient experience	Travel and access: Distance and time to access services – by ambulance	Travel and access: Distance and time to access services – public transport	Travel and access: Patient choice	Affordability and value for money: Investment (buildings, cost of change)	Affordability and value for money: Yearly cost of running services	Transition: Workforce	Transition: Expected time to deliver	Transition: Links with other strategies
Option 4.1	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital	+ +	+ +	- -	-	- -	- -	+ +	+ +	+ +	-
Option 4.2	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Albert Edward Infirmary (Wigan)	+ +	+ +	-	-	- -	- -	+ +	+ +	+ +	-
Option 4.3	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Wythenshawe Hospital	+ +	+ +	- -	- -	- -	-	+ +	+ +	+ +	+
Option 4.4	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Stepping Hill Hospital (Stockport)	+ +	+	- -	- -	- -	-	+ +	+ +	+ +	+

Options for the Single Services with five specialist hospitals

	Sites which would be Specialist Hospitals for each option	Clinical effectiveness and outcomes	Patient experience	Distance and time to access services – by ambulance	Distance and time to access services – public transport	Patient choice	Investment (buildings, cost of change)	Yearly cost of running services	Workforce	Expected time to deliver	Links with other Strategies
Option 5.1	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Stepping Hill Hospital (Stockport) • Royal Albert Edward Infirmary (Wigan)	+ +	+ +	-	-	-	- -	+	+	+	+
Option 5.2	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Albert Edward Infirmary (Wigan) • Wythenshawe Hospital	+ +	+ +	-	- -	-	- -	+	+	+	+
Option 5.3	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital • Wythenshawe Hospital	+ +	+ +	0	-	-	- -	+	+	+	+
Option 5.4	• Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital • Stepping Hill Hospital (Stockport)	+ +	+ +	0	0	-	- -	+	+	+	+

Healthier Together
A review of health & care in Greater Manchester

What happens next

Healthier Together is a review of health and care in Greater Manchester, we are looking at how to provide the best care for you and your family. Please tell us what you think by filling in the form opposite. Please remember that this is a consultation and not a 'vote'. We will be taking into account your responses along with a wide range of other information, including the views of, staff, professional groups and key organisations.

The consultation period will last for 12 weeks from: July 8th 2014 to September 30th 2014. We have planned a range of activities in your local area which will allow us to hear your views. This will include events in each of the 10 Greater Manchester districts and a touring bus. You can find full details of when and where the events will be held and the location of the bus on our website, or by calling our freephone number. **Please come along and help us to improve our ideas by telling us what you think.**

Opinion Research Services (ORS), an independent research company, will process the completed questionnaires. Only the ORS research team will see your questionnaire. We may have to release the information you provide (except your personal information) to other people or organisations under the Freedom of Information Act 2000, the Data Protection Act 1998 or the Environmental Information Regulation 2004.

Views from individuals will be completely anonymous and we will only publish in summary format, however we may publish views from organisations in full.

For more detailed information about our plans, please visit
www.healthiertogethergm.nhs.uk/guide

How to get in touch

Call us free on: 0800 888 6789

Email us at: healthier.together@nhs.net

Visit our website: www.healthiertogethergm.nhs.uk

Follow us on Twitter: @healthierGM #BestCare

Follow us on Facebook: www.facebook.com/healthiertogetherGM

You can ask for a copy of this document in other languages, in large print, on audio and in Braille. Please contact the Healthier Together Communications and Engagement Team.

Email: healthier.together@nhs.net

Call us on: 0800 888 6789

Healthcare in Greater Manchester is changing

Dr. Jonathan Berry

Clinical Champion – Primary Care

Gina Lawrence

Chief Operating Officer

What does best care mean for you?

Healthier Together
A review of health & care in Greater Manchester

Purpose of today

To listen to your views on the **Healthier Together** proposals

23rd July 2014

twitter.com/healthiergm

#BestCare

What does best care mean for you?

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A review of health & care in Greater Manchester

Gina Lawrence

The vision

For Greater Manchester to have the best health and care in the country

What does best care mean for you?

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The speakers

What does Best Care mean to me?

What does best care mean for you?

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What is Healthier Together?

- To watch the Consultation video

https://www.youtube.com/watch?v=QL0Dj5dfkYA

What is Healthier Together?

What does best care mean for you?

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Joined up care – Best care for me

Best Care to me is less complicated, with all the professionals supporting me working together

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How are we joining up care?

District nurse

Mental Health Nurse

Patient

Social worker

GP

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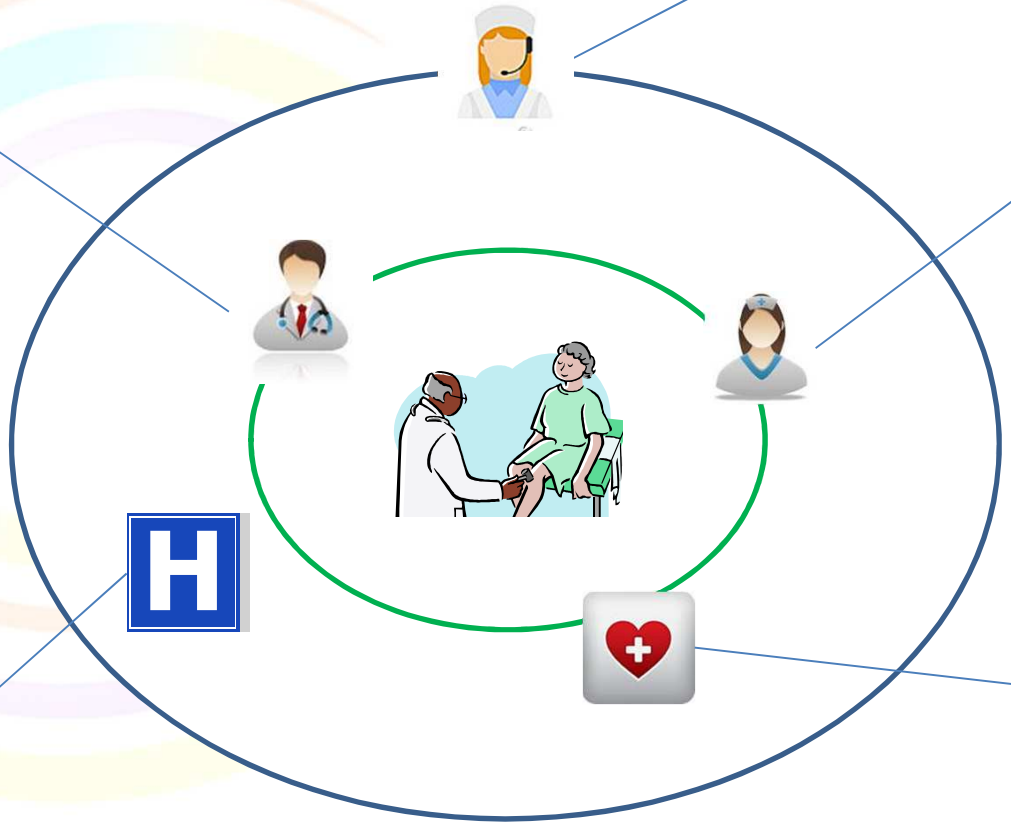
Changes already happening in Trafford

Co-ordination of patient care
- Patient Care coordination centre
- Single point of access

Primary Care
- A&E Deflection Scheme
- Early identification of patients at risk
- Proactive management of care

Community Teams
- Joint Health & Social Care teams
- Matrons
- IV therapy team
- Dementia Specialist Nurse
- Rapid access to OT and Physiotherapy
- 72hour intensive support



Hospital Services
- Rapid assessment of Mental Health needs
- Joint Discharge Teams
- Electronic discharge letters

Specialist Services
- Geriatricians
- Intermediate care beds in the community
- Alternatives to attending Hospital

What does best care mean for you?

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A review of health & care in Greater Manchester

Next steps in Trafford

Review of Frail & Older People services

Improved services for End of Life care

Redesign of Community Paediatric services

Implementation of Health and Wellbeing Hub

Implement the Patient Care Coordination Centre (2015)

Increased services in Primary Care

What does best care mean for you?

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Primary care – Best care for me

For most people, contact with health and social care services begins with a visit to the GP, dentist, pharmacist or optometrist

Best Care to me is being able to see my GP more easily when it suits me

What does best care mean for you?

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Our key aims for Primary Care

By the end of 2015 all Greater Manchester residents…

With a clinical need will have same day access to Primary Care services, seven days a week

With long term, complex or multiple conditions will be cared for in the community where possible

Will have access to their own records, helping to join up their care

What does best care mean for you?

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Jonathan Berry

What does best care mean for you?

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Hospital care – Best Care for me

Best Care for me is knowing that my patients will get the specialist care they need in an emergency

What does best care mean for you?

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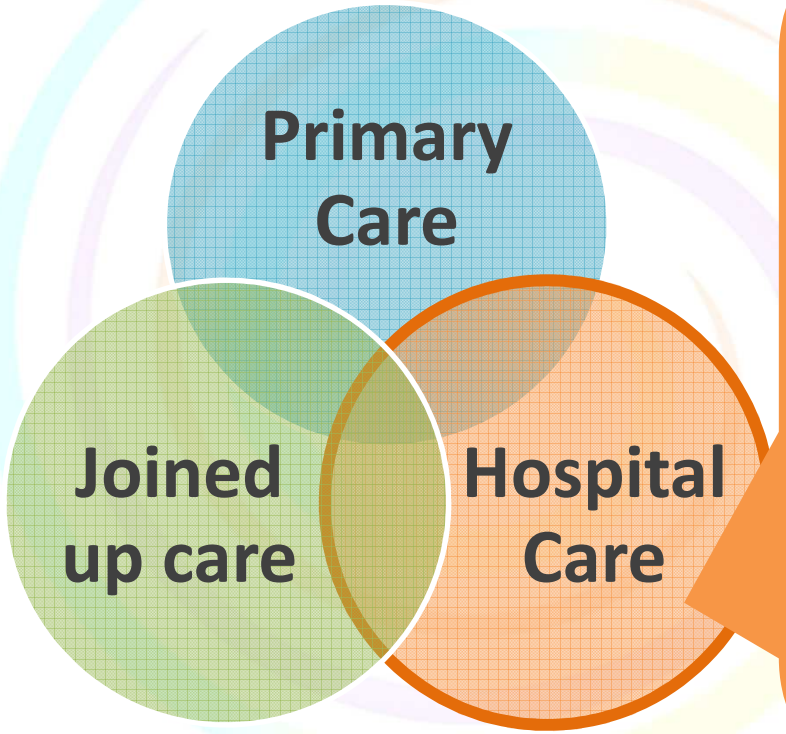
Hospital care - scope



A&E – Accident and Emergency

Acute Medicine – treats adult patients with a wide range of conditions who arrive in hospital in an emergency and need immediate specialist care

General Surgery – abdominal surgery, both emergency and planned operations. It also includes the assessment and treatment of patients with abdominal pain

What does best care mean for you?

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Hospital care – consulting you

- The NHS is changing how and where these specialist hospital services are delivered
- This means they need to consult you and **find out what you think** about this
- Events will be happening from July – September across Greater Manchester to **gather your views**

What does best care mean for you?

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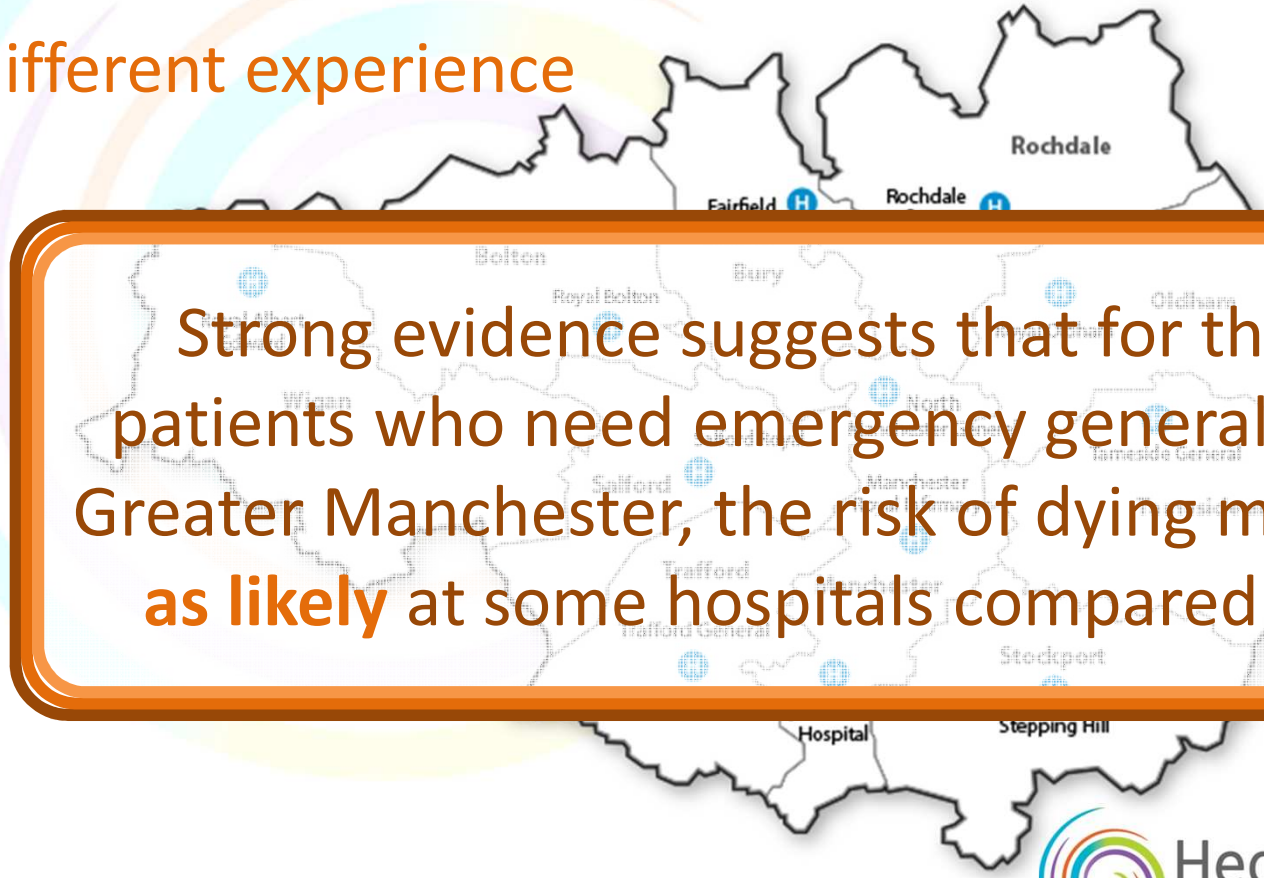
What's your experience of hospital care?

Similar patients,
different experience



Strong evidence suggests that for the sickest patients who need emergency general surgery in Greater Manchester, the risk of dying may be **twice as likely** at some hospitals compared to others

What does best care mean for you?

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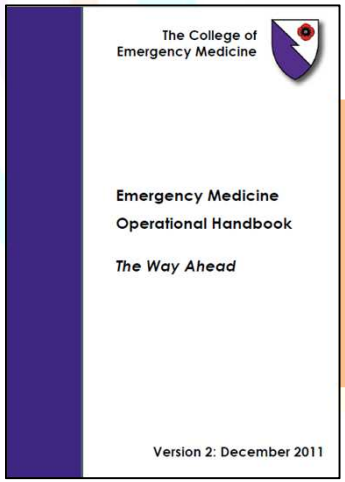
But, we know what the answer is…

Patients undergoing emergency general surgery have access to an intensive care bed



There should be consultant doctors in Accident & Emergency during peak hours

What does best care mean for you?

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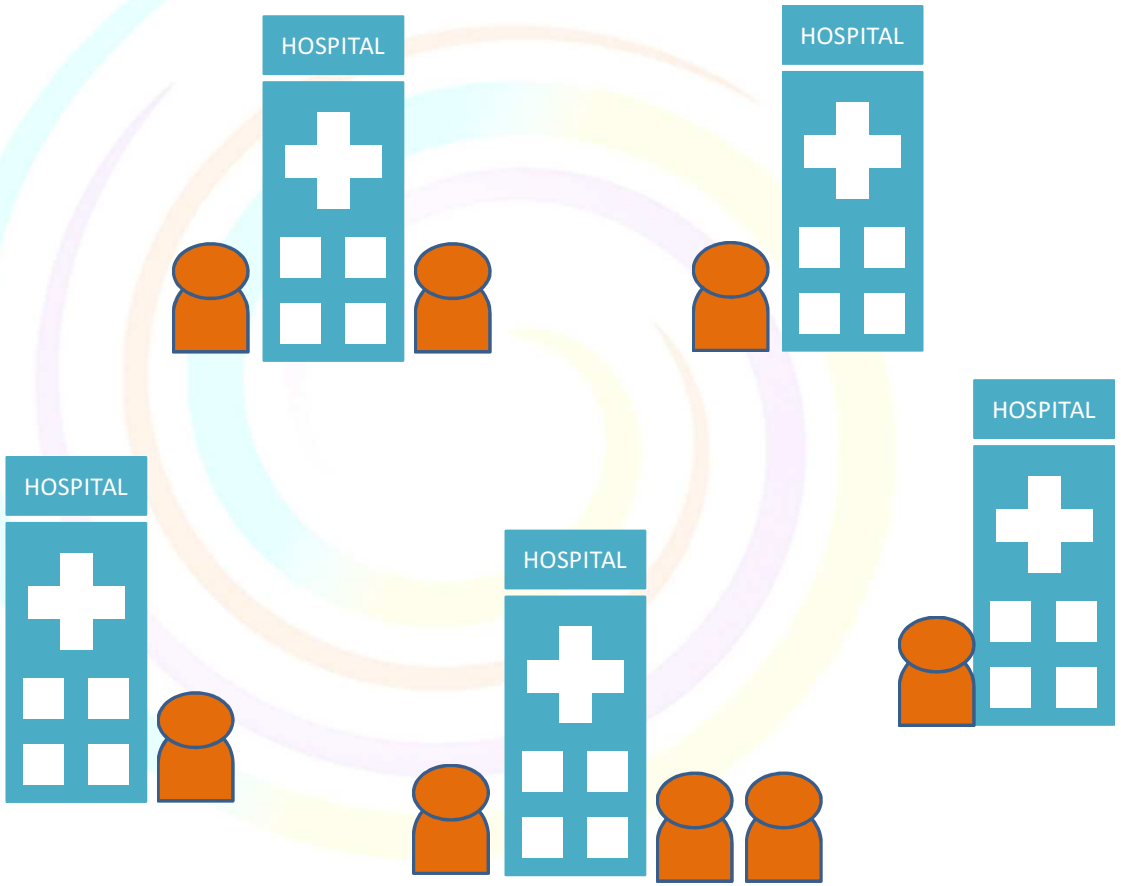
So, what do we do?



Q. Can't we just implement the standards at every hospital?

Working together – Single Services

What does best care mean for you?

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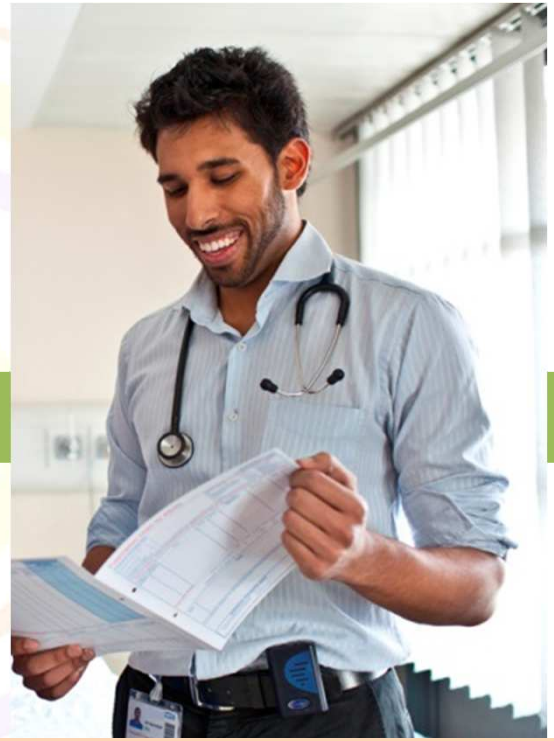
Single Services – how will this work?



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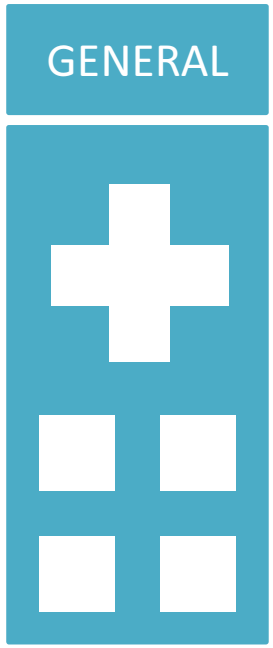
General Hospitals

Deliver care locally for the majority of patients:

- All hospitals will have an A&E and acute medicine
- Planned general surgery operations for adults
- Testing and outpatients
- **Upgraded to meet the standards. None of our hospitals meets these standards now**



What does best care mean for you?

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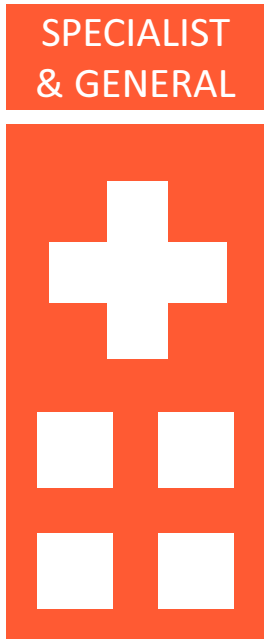
Specialist Hospitals

Provide General hospital care to the local population **AND**

Care for the very small number of very sick patients across a wider area of Greater Manchester:

- Emergency and high risk general surgery operations
- Intensive care for complex patients
- Delivered in line with national standards



What does best care mean for you?

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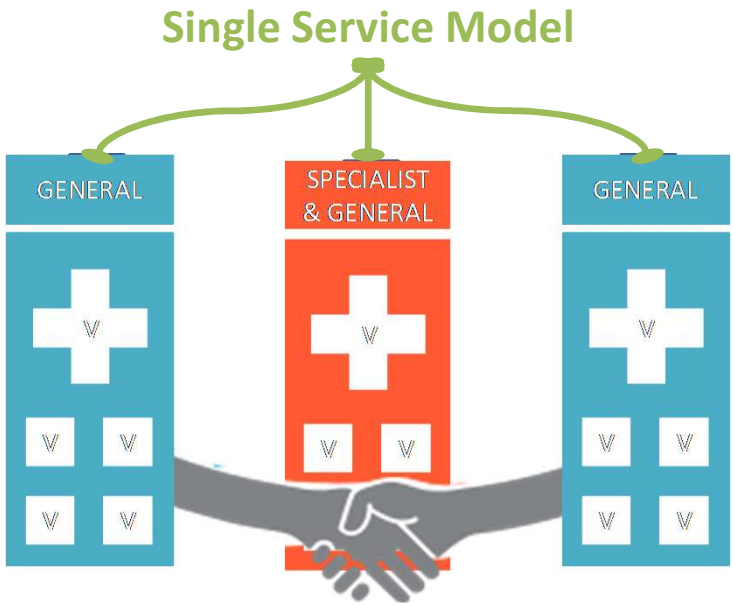
What does this mean for me?

- You will receive the **majority of your care locally**
- If you become very sick you will receive the **very best possible care**
- Paramedics will make sure that you are **taken to the right hospital** for your care
- **All** hospitals upgraded to meet the standards



What does best care mean for you?

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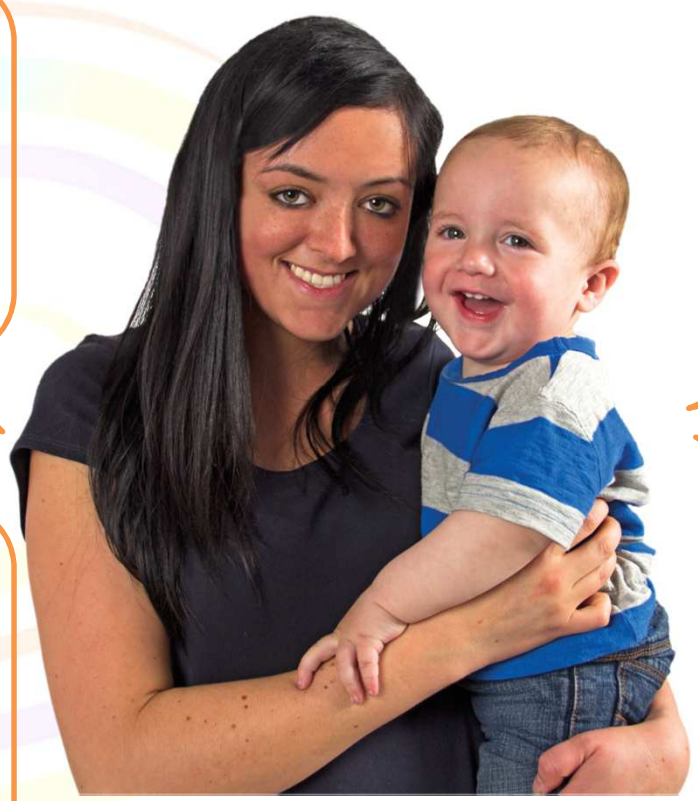
What does this mean for me?

Does it mean I will have to travel further?

How do we know this will work?



How do I get to the right hospital?

Will my local A&E or hospital shut?

What does best care mean for you?

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Hospital care – consulting you

- The NHS is changing how and where these specialist hospital services are delivered
- This means they need to consult you and **find out what you think** about this
- Events will be happening from July – September across Greater Manchester to **gather your views**

What does best care mean for you?

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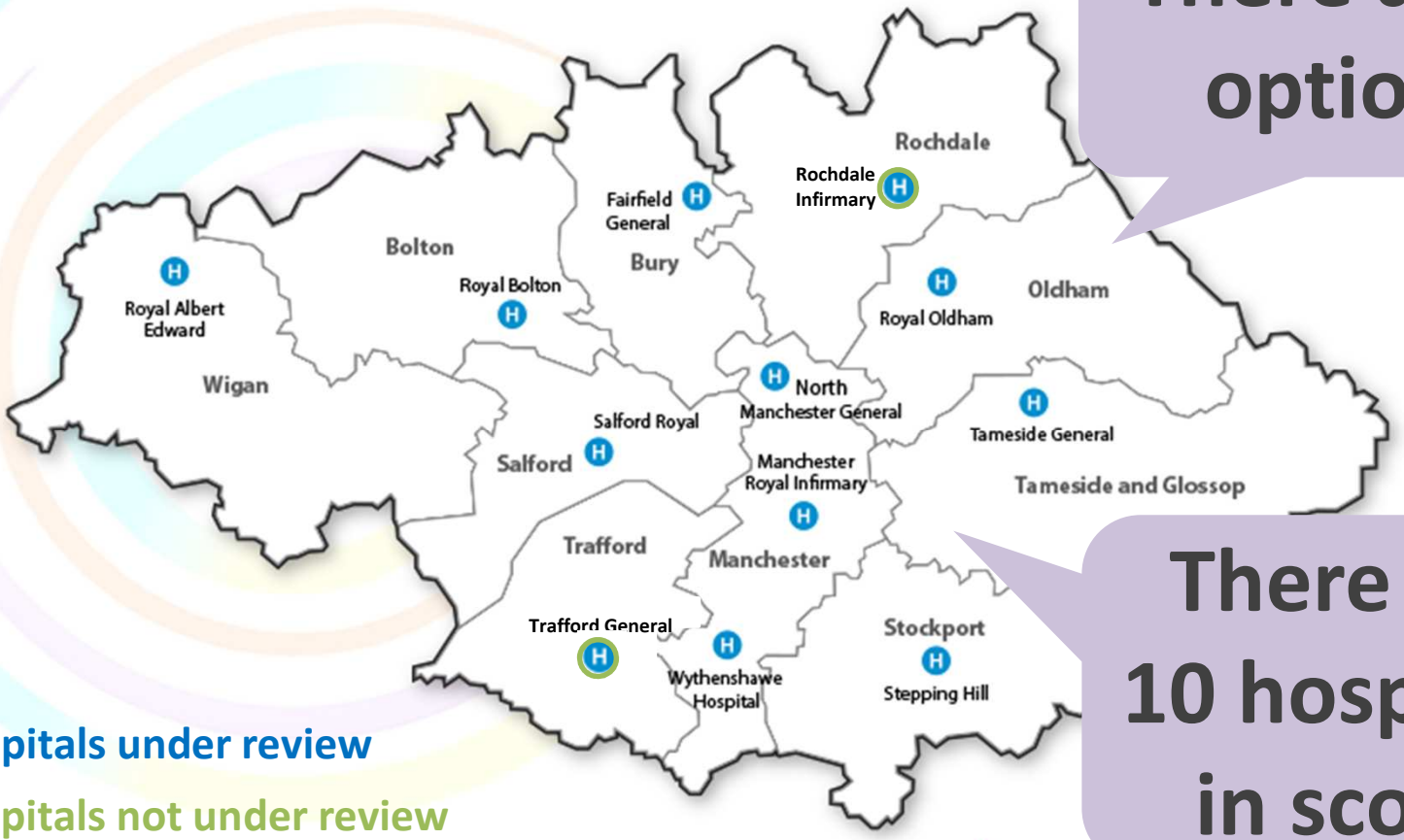
Which hospitals are General and which are Specialist?



There are 8 options

There are 10 hospitals in scope

Hospitals under review

Hospitals not under review

What does best care mean for you?

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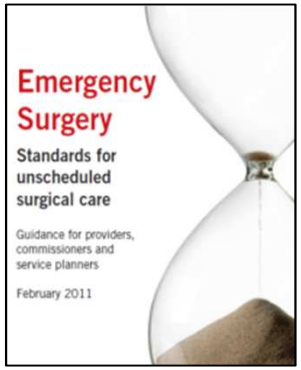
What was considered?

- Can the standards be met?
- How quickly people can access Specialist care?
- Is there a good spread across Greater Manchester?
- How much would it cost to implement and run the services?



£?

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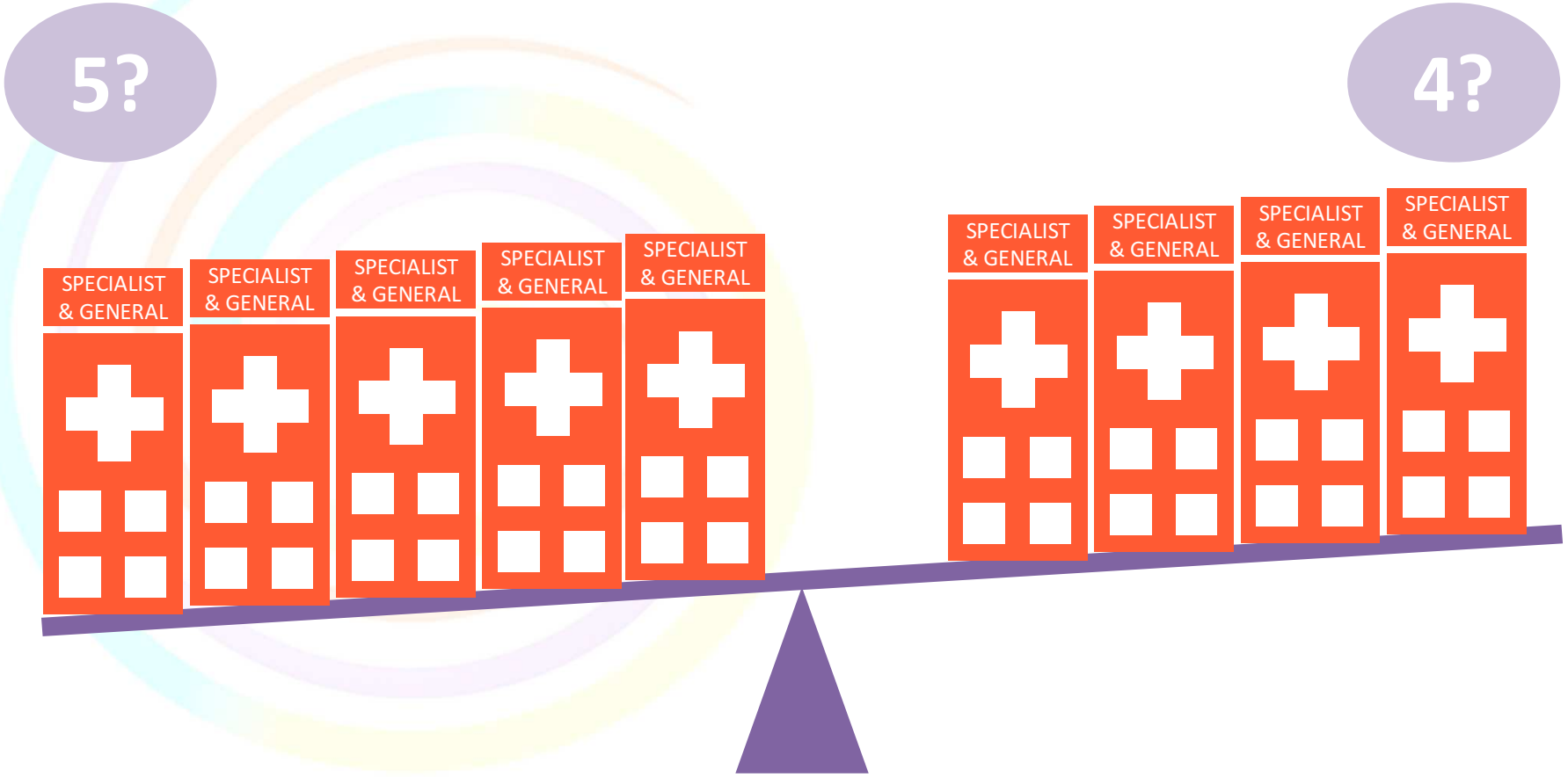
How many Specialists?



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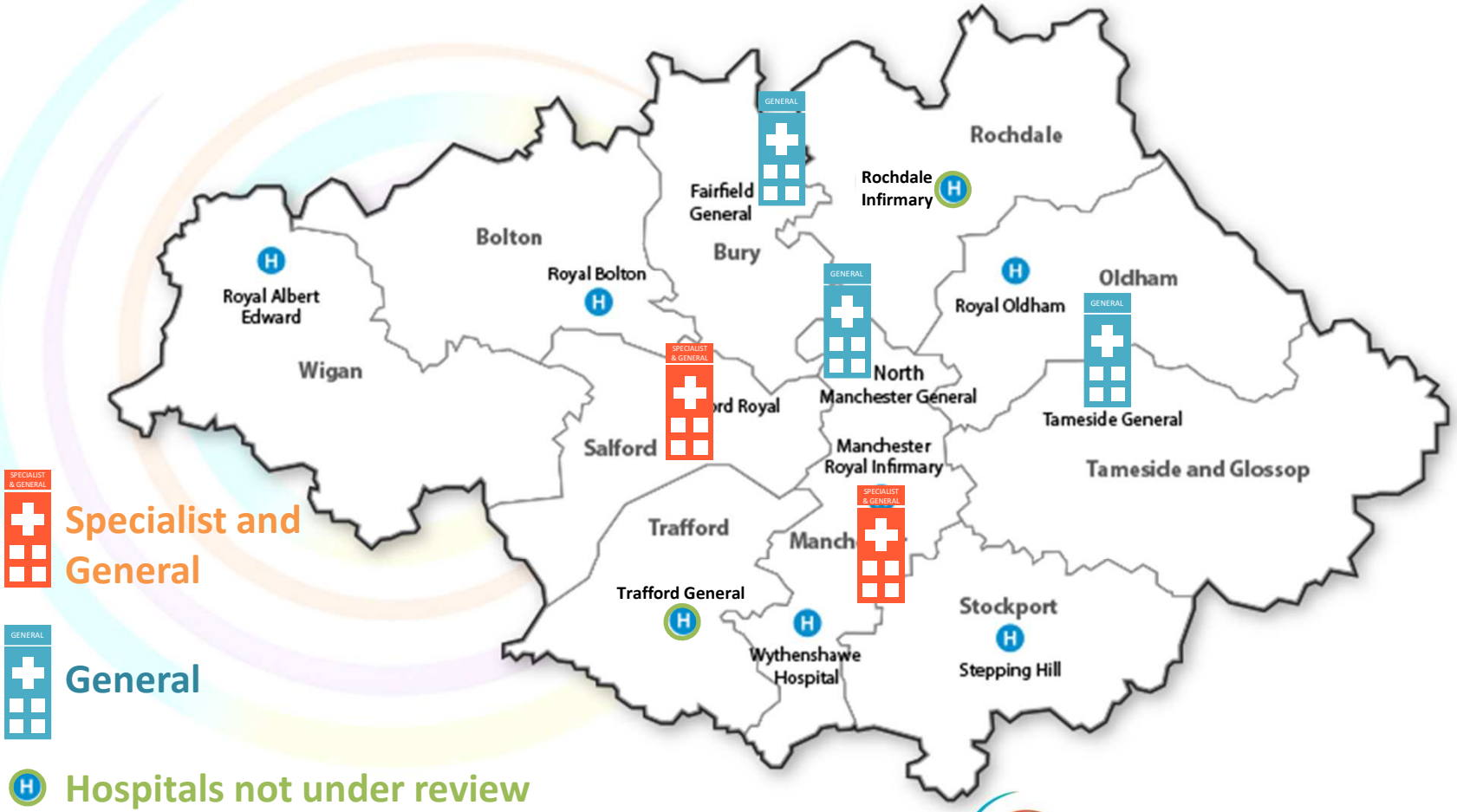
The 8 options – What is the same?



What does best care mean for you?

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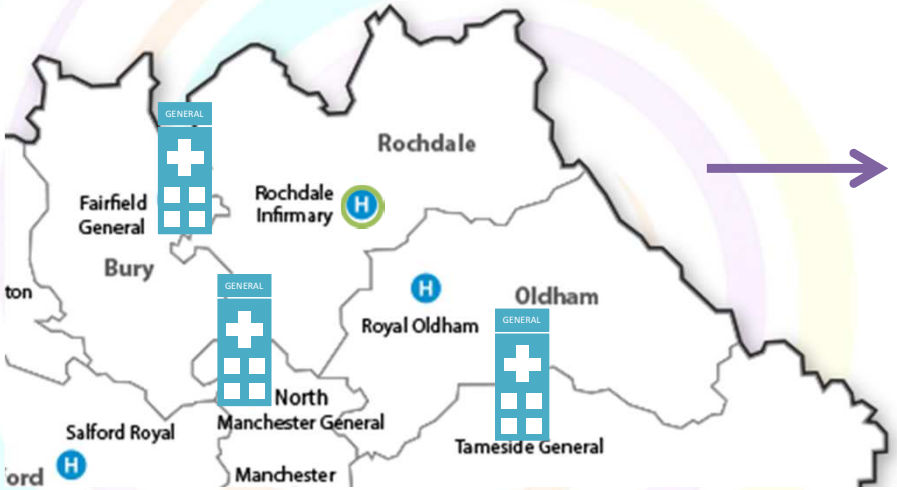
The 8 options – results of transport analysis

We analysed the impact of the options on…



- 75 minutes to a specialist site by public transport
- Increase in travel time

To meet our travel standard, **Royal Oldham also needs to be a Specialist Hospital site**

What does best care mean for you?

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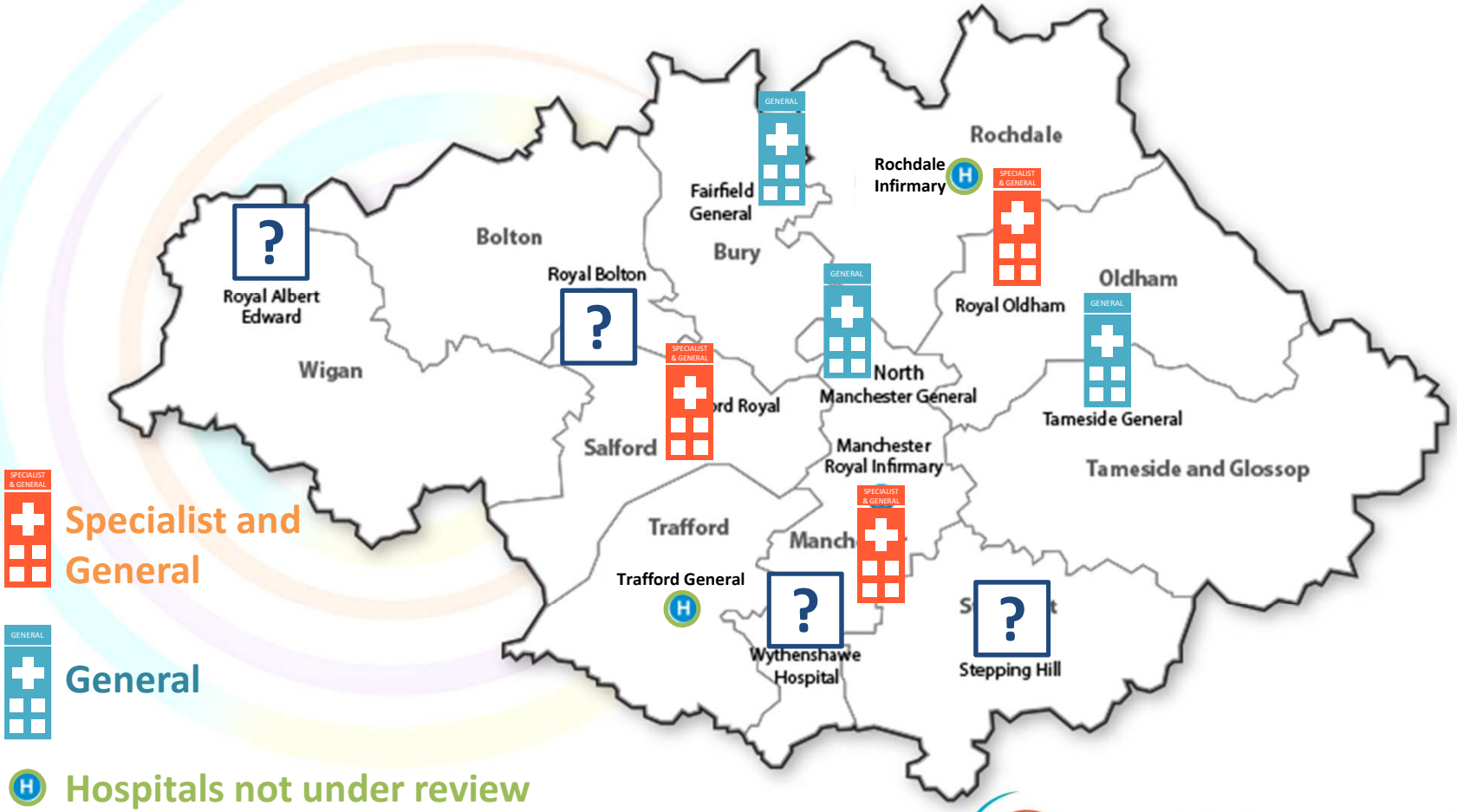
The 8 options – What do we have to decide?



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Options with 4 Specialist Sites

Specialist sites: MRI, Salford Royal, Royal Oldham +

Option 4.1 Royal Bolton

or

Option 4.2 Royal Albert Edward Infirmary, Wigan

or

Option 4.3 Wythenshawe

or

Option 4.4 Stepping Hill, Stockport

What does best care mean for you?

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Options with 5 Specialist Sites

Specialist sites: MRI, Salford Royal, Royal Oldham +

Option 5.1 Royal Albert Edward, Wigan **and** Stepping Hill

or

Option 5.2 Royal Albert Edward, Wigan **and** Wythenshawe

or

Option 5.3 Royal Bolton **and** Wythenshawe

or

Option 5.4 Royal Bolton **and** Stepping Hill, Stockport

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Comparing the options

We asked the public “what is important to them”

The options have then been assessed against these criteria:

- **Quality and safety**
- **Travel and access**
- **Affordability and value for money**
- **Transition (how easy to implement)**

What does best care mean for you?

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Who has made the decisions?

- Healthier Together is clinically led
- The decision makers are the 12 Greater Manchester Clinical Commissioning Groups
- They meet as the Committees in Common

What does best care mean for you?

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What happens next?

Consultation
12 weeks

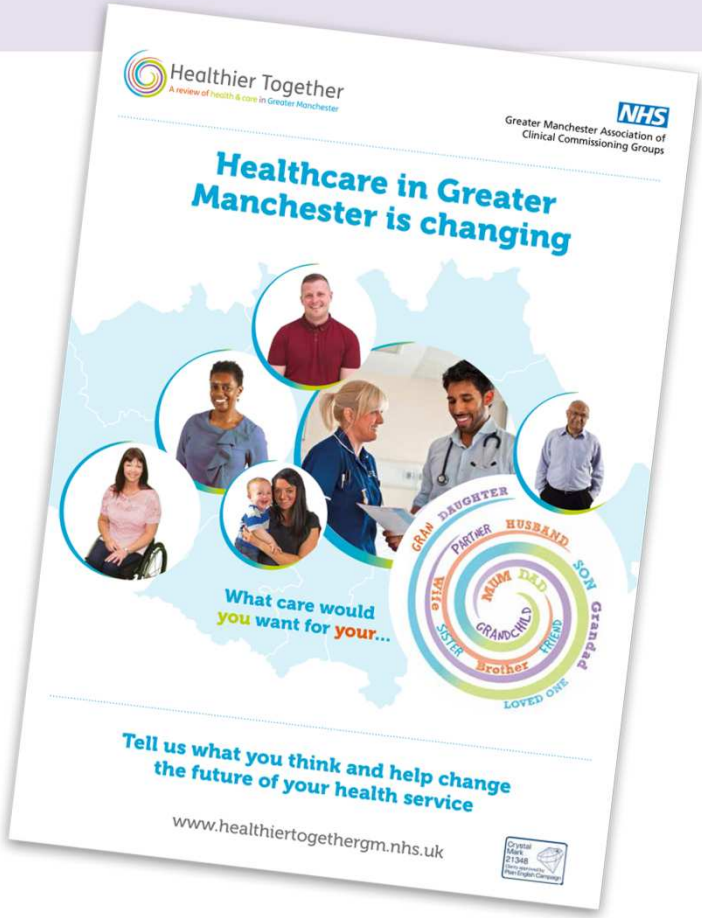
Analysis of consultation responses

Decision Making

Consultation document

More detail can be found in the document and online

Please complete a consultation document before you leave - we want to hear your views



What does best care mean for you?

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Any Questions?

How to get in touch

0800 888 6789

healthiertogethergm.nhs.uk

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