

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 Eckelaers | 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.

“**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

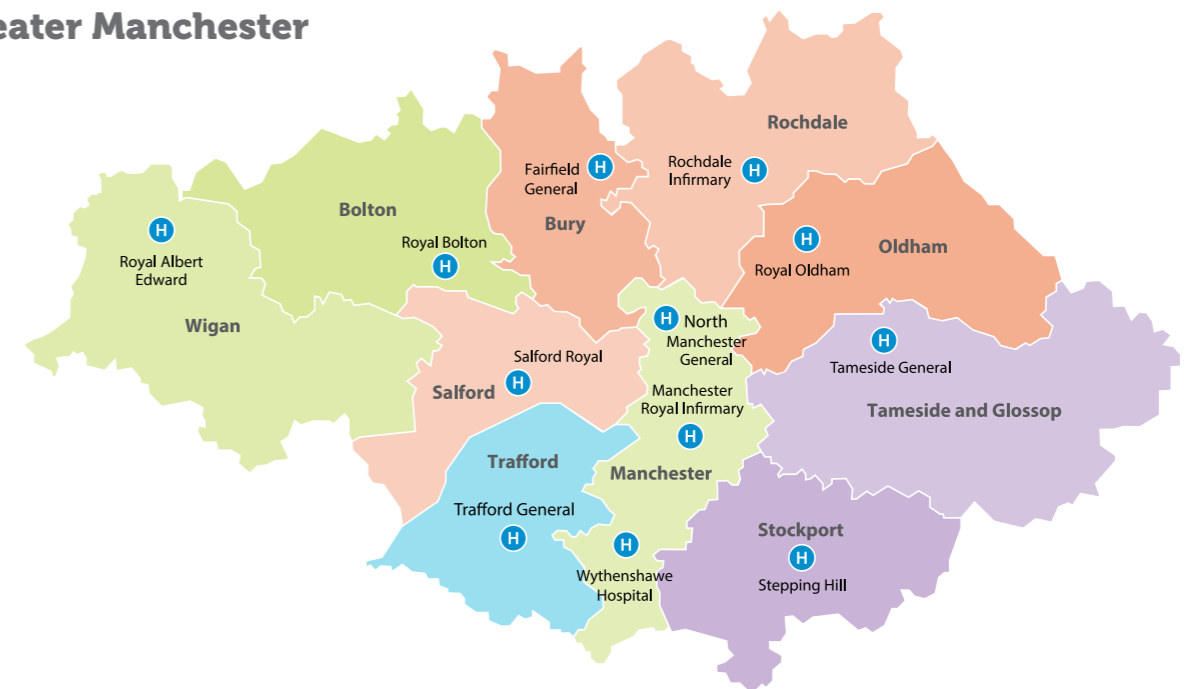
times when rare conditions need to be treated and need specialist care. Patients will travel to a specialist centre to receive care from medical staff who deal with these rare problems much more often and so are more expert at dealing with these problems. My family and I are grateful for the exceptional 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)



Greater Manchester



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

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

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.

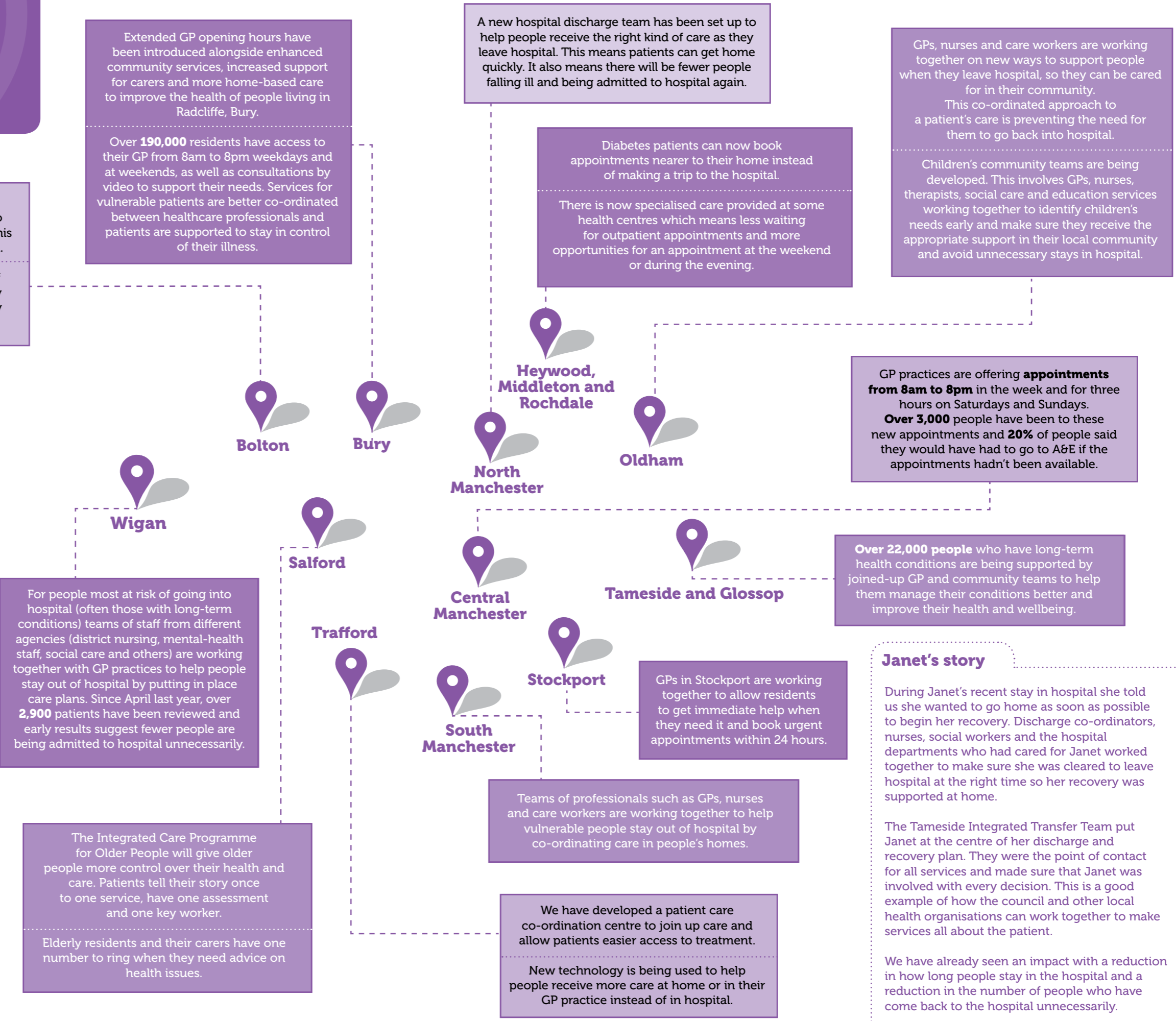
Professionals in Stockport, including the cancer specialist nurse, Frank's GP, hospital staff, voluntary and community organisations involved in their care and support would meet regularly to make sure they were all communicating well, and that their care was joined up. They helped to arrange the support 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



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?

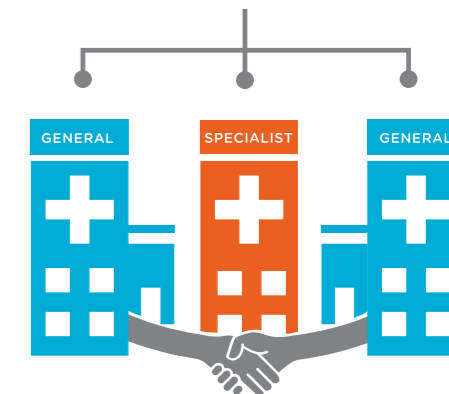
There are four hospitals left to be considered, Royal Bolton Hospital, Royal Albert Edward Infirmary, Stepping Hill Hospital and Wythenshawe Hospital. Depending on whether we choose four or five Specialist Hospitals in Greater Manchester, either one or two of these hospitals could be a Specialist Hospital.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

Single Service Model



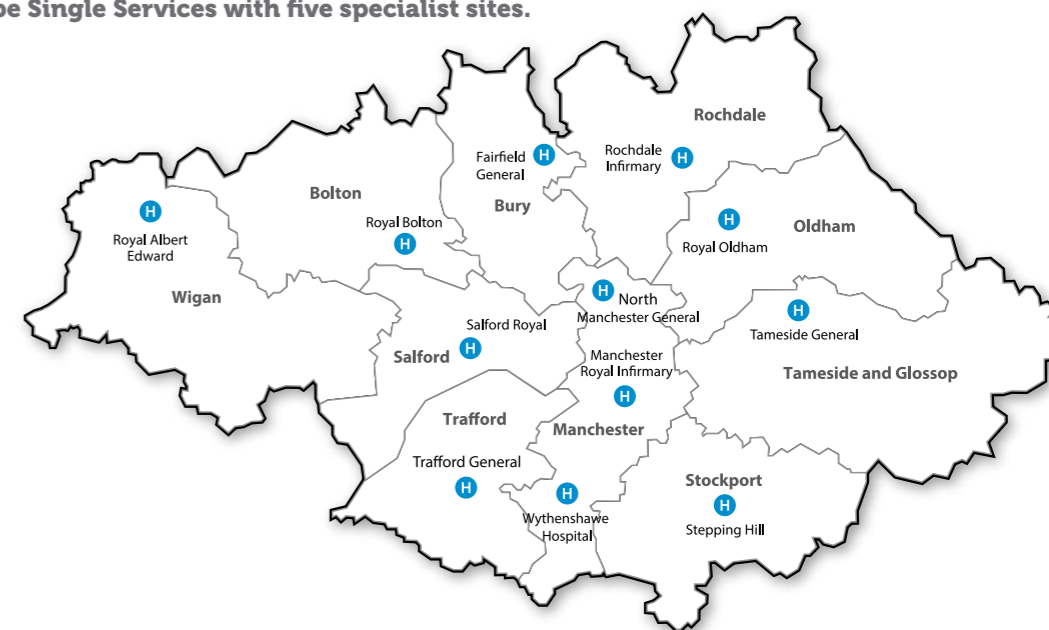
Key:

- 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	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist
Salford Salford Royal Hospital	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist
Oldham Royal Oldham Hospital	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist
Bury Fairfield General Hospital	General	General	General	General	General	General	General	General
Tameside and Glossop Tameside General Hospital	General	General	General	General	General	General	General	General
North Manchester North Manchester General Hospital	General	General	General	General	General	General	General	General
Wigan Royal Albert Edward Infirmary	General	Specialist	General	General	Specialist	Specialist	General	General
Bolton Royal Bolton Hospital	Specialist	General	General	General	General	General	Specialist	Specialist
South Manchester Wythenshawe Hospital	General	General	Specialist	General	General	Specialist	Specialist	General
Stockport Stepping Hill Hospital	General	General	General	Specialist	Specialist	General	General	Specialist
Trafford Trafford General Hospital	No change	No change	No change	No change	No change	No change	No change	No change
Rochdale Rochdale Infirmary	No change	No change	No change	No change	No change	No change	No change	No change

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.

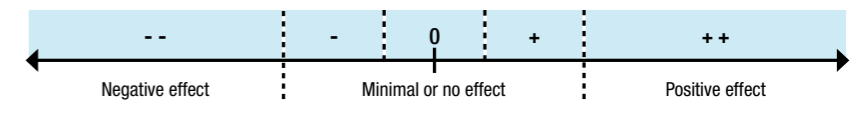
We have ruled out many options to change services if they do not meet our standard and we continue to look at any other effects the changes might have, in particular for vulnerable groups who may find it more difficult to access services.

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 '-'.

Key to symbols used in the tables



Options for the Single Services with four specialist hospitals

Sites which would be Specialist Hospitals for each option		Quality and safety		Travel and access			Affordability and value for money		Transition		
		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 4.1	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital 	++	++	--	-	--	--	++	++	++	-
Option 4.2	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Albert Edward Infirmary (Wigan) 	++	++	-	-	--	--	++	++	++	-
Option 4.3	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Wythenshawe Hospital 	++	++	--	--	--	-	++	++	++	+
Option 4.4	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Stepping Hill Hospital (Stockport) • Royal Albert Edward Infirmary (Wigan) 	++	++	-	-	-	--	+	+
Option 5.2	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Albert Edward Infirmary (Wigan) • Wythenshawe Hospital 	++	++	-	--	-	--	+	+	+	+
Option 5.3	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital • Wythenshawe Hospital 	++	++	0	-	-	--	+	+	+	+
Option 5.4	<ul style="list-style-type: none"> • Manchester Royal Infirmary • Salford Royal Hospital • Royal Oldham Hospital • Royal Bolton Hospital • Stepping Hill Hospital (Stockport) 	++	++	0	0	-	--	+	+	+	+

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**



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Email: **healthier.together@nhs.net**



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