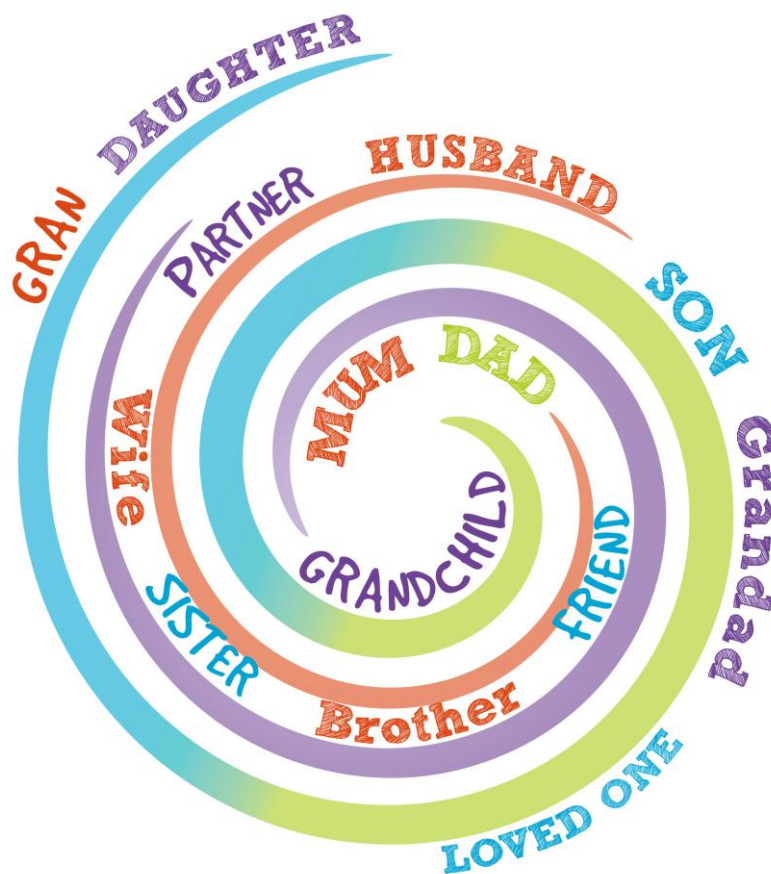


Healthier Together: The Greater Manchester Vision

Where are we now? Where do we want to be? What is the gap?



Healthier Together: The Greater Manchester Vision

Introduction

Residents in Greater Manchester deserve the best possible, “joined up” health and care. This is why the NHS, alongside all our partners in the public sector, is working towards the radical improvement of our local Health and Social Care system. We believe everyone should get the right treatment, in the right place, at the right time, which will help them have longer, healthier lives.

Different organisations will be responsible for different parts of the changes that are needed to make this happen. Healthier Together is the NHS led part of this ambitious and exciting reform agenda. **Our aim is to save and improve thousands of lives throughout Greater Manchester every year.**

One of the key areas that Healthier Together will be focusing on is the way that our hospital system works. This has served us well for many years, but it was designed for the needs of the last century, and nationally the system is struggling to cope. The much anticipated “Francis Report” into standards and failings within Mid Staffordshire hospital is expected to endorse this view.

However, changes to hospital services are only part of the solution. This is why Healthier Together will also be reviewing community services and primary care and will consider the vital relationship with social care and our local authority partners.

We promise to listen. The needs and views of every locality throughout Greater Manchester will be taken into account, and we will work with them to come up with a collective solution to providing excellent care. There will be no “top down” solutions. Any proposals involving major change will be subject to formal public consultation so everyone will have the opportunity to have their say, and to help shape what future services will look like.

But change is needed, and the clinical community across Greater Manchester is committed to being honest about the reasons why this is so, and to working with the public and partners to establish what best care looks like. We need to be clear about the devastating consequences for our local communities in terms of lost and impaired lives if we fail to tackle this issue head on because it is too controversial.

Why Do We Need The Review?

Greater Manchester is generally acknowledged to be an area with enviable assets and fantastic potential – vibrant cities, world famous and world class football, rugby, and cricket clubs and other sporting facilities, thriving and enterprising business communities, fascinating architecture and open green spaces. Yet hidden amongst all these many advantages is a startling fact:

- **people who live here suffer from worse health than in other parts of the country.**

There are many complex reasons for this such as high levels of social economic and deprivation, and a lot of hard work has taken place to improve things over the years with some real success.

However, we also know that:

- **thousands more lives could be saved and improved each year if we are brave enough to re-organise the way we run services across the NHS in Greater Manchester.**

We cannot ignore the evidence that patients are being let down by our health system because it can no longer fully meet the needs of today let alone tomorrow so:

- **we need to take decisive action to provide everyone with the care that is right for them, within the budgets available to us.**

We have been improving and re-developing services over the years, so this is not a completely new idea, but:

- **with so many lives at stake, it is essential that we pick up the pace and scale of change to make the difference that is needed.**

What Has Happened So Far?

Hundreds of clinicians from hospitals, GP practices, and community services throughout our area have worked closely together in a series of over twenty special workshops or “clinical congresses” to look at the challenges facing us.

The main focus has been on the healthcare system, but discussions have also taken place with a wide range of partners including social care and wider local authority services, Local Involvement Networks (LINKs), MPs, the Association of Greater Manchester Authorities (AGMA), voluntary organisations, and business leaders as well as members of the public and of course our patients. Following this initial engagement a report called “The Case for Change” was produced.

This illustrates how our health system was designed for the needs of patients back in 1948, so is no longer fit for purpose. However, by facing into these difficult issues and making some important changes to the way we do things, we really can save and improve thousands of lives every year.

This would lead to:

 **Improved health and wellbeing for people in Greater Manchester**

 **Improved equality of access to high quality care**

 **Improved experience of healthcare service for all**

 **Better use of healthcare resources**

In short, the kind of care that each of us would wish to see for ourselves and our loved ones.

Clinical Workstreams

Alongside the “Case for Change” which described the broad issues facing us, leading clinicians have also been working in more detail on specific areas to look at what the problems are and what best care might look like going forward. This includes the setting of key clinical standards that all care providers should meet.

Clinicians know that we must change the whole system for it to be more effective – primary, community, social care and hospitals are all reliant on each other to function optimally and provide the best care.

The re-organisation of some hospital services – e.g. emergency general surgery - is likely to form part of our proposals. We don't have all the details yet, as work is still taking place to determine what the different options could be. However, we are committed to keeping all partners and the public updated as soon as information becomes available. What we do know is that our objective for any proposed changes would be to guarantee patients the very best surgeons, nurses, clinicians, equipment and standards. This would ensure the best chance of survival and recovery. We would carry out public consultation on any changes of this kind, so nothing can happen without the full involvement and input of the Greater Manchester community.

We know that a staggering one in four people would not need to be admitted into hospital if the right services were available for them elsewhere. The Healthier Together team has therefore worked very closely with a group of primary care clinicians (mainly GPs), to develop the early thinking around how we can solve this problem. Primary care has a really important part to play in giving people the advice and support to help them stay well. Increased opening times, particularly in GP surgeries, are a key factor and this requires some real changes to the way things are done at the moment. We now need to share our thoughts more widely with all our GP community, other primary care services, community based services and partners in social care and jointly develop the solutions needed to make this a reality.

All this work is supported by clinical champions – local doctors and nurses who work in our hospitals or in GP surgeries. Key elements of this work are summarised in the table in the Appendix.

Each area of work has its own vision, and these add up to one collective Vision:



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

Who Is Carrying Out The Review?

This review is being carried out by a small team at NHS Greater Manchester on behalf of the twelve GP led Clinical Commissioning Groups (CCGs). The CCGs make decisions on which health services to buy on behalf of people in: Ashton Leigh and Wigan; Bolton; Bury; Heywood Middleton and Rochdale; Manchester Central, North and South; Oldham; Salford; Stockport; Tameside and Glossop; and Trafford.

Under the changes to the health system that have come into place over the last two years, doctors, through their involvement in CCGs, have been much closer to the decision making process. They have already witnessed some real advantages for all patients when we work together more closely across Greater Manchester, both within the NHS and with wider partners such as our Local Authorities. Their involvement has been one of the key inspirations behind the programme, and they will continue to drive it.

The “new” NHS, with doctors at the forefront of decision making, presents an opportunity for the system to work together in a completely different way. Decisions will be made by the experts who know and care about patients, but who also understand the NHS and the reality of the budgets available to us. This will make sure that solutions are developed that will work for communities throughout Greater Manchester.

Financial Position of Health Services in Greater Manchester

There are also financial reasons why we need to change the way we do things.

The health system is facing an increasing tide of financial pressures over the coming years. Radical change is needed if we are to cope with increased demand from patients who quite rightly expect much higher levels of care than in the past. Advances in medicine mean that more complex operations are successful and there are more life prolonging (although often extremely expensive) drugs available to us. Even though in recent years more money has been spent on the NHS than at any other point in its history, it is widely known that all of our hospitals in Greater Manchester are facing significant financial challenges and some of them have large deficits to overcome.

This situation will worsen over the next few years, and without the Healthier Together programme difficult decisions about the future of local services will have to be made in a piecemeal, uncoordinated way, locality by locality. We will never achieve our vision for health services in Greater Manchester if we let this happen.

NHS organisations throughout Greater Manchester have made significant reductions in management costs over the last few years but these savings are a drop in the ocean compared to the savings that must be made to ensure that these organisations continue to meet the needs of local citizens in the future.

The positive news is that research into the most successful hospital and care systems in the world show that more efficient, effective care can be provided and more lives saved with less money than is being spent in more inefficient systems like our own. Part of our vision involves transforming the NHS in Greater Manchester from one of the best loved hospital systems in the world into one of the best loved and best performing systems.

The health system will also be increasingly challenged by the financial pressures facing Local Authorities and other Public Sector partners in coming years. We are very aware of the need to appreciate the position of other partners, and the way in which money moves around the system.

Improving Quality

We have got used to thinking about ourselves as world leaders in health care but the stark truth is that we are lagging behind America and Europe in many areas. For example, if we just met the European average for cancer survival rates we would save 550 more lives than we do now every year across Greater Manchester. Our vision will set us on the road to achieving this.

The improvements that are needed to save lives could not be made merely by ploughing money into the existing system as it requires some very different ways of working, a change of thinking and a series of very honest discussions with the public about what change is needed and why.

Most of the “waste” that occurs within the NHS is because in the past we have tried to provide every service in every location. For example, emergency general surgery is carried out in 10 acute hospitals in Greater Manchester, but not always with a Consultant present or a guaranteed admission to a critical care bed – and yet we know this saves lives. This is simply not good enough, and it is not what our patients want for themselves or their families. Surgeons will tell you that practice does make perfect, so for difficult operations it is much safer to patients to be treated by clinical teams that specialise in these areas with the right equipment and facilities to support them.

Therefore carrying out surgery in fewer sites would be a good not a bad thing - much safer for patients.

People worry that in an emergency situation a longer journey to hospital reduces people's chances of survival. This is not the case. Modern ambulances are a bit like moving hospitals, and many lives are saved due to the care administered by paramedics. Local A & E services also do their best for patients, but they cannot always provide the right care.

The case of the former Bolton Wanderers footballer Fabrice Muamba is a topical example of why getting to a hospital as quickly as possible in an emergency situation is not always the answer. Whilst playing an away match in London, Fabrice collapsed on the pitch due to an undiagnosed heart condition and his chances of survival looked bleak. However, his ambulance took him past the nearest hospitals in favour of the one that would give him the specialist care he needed, and he made an amazing recovery. Fabrice is a famous example, but we know that in general receiving specialist care can make a huge difference to survival and recovery rates. We need to ask ourselves whether Fabrice would have survived if he had been taken to the nearest hospital, and the sobering answer is possibly not. This is what we mean when we say that it is the quality of the care that is received, not where it is received, that is the most important issue when it comes to saving lives. We are delighted that Fabrice made such wonderful progress, and want this treatment to be available to everyone.

Centres of Excellence – Saving Lives Through Specialist Care

If we are to transform healthcare in the way we need to, the roles of hospitals are likely to change, with some taking on a wider role of “centres of excellence” for specialist care with the intention of saving more lives and providing better quality care for all. The reality is that the roles of all local hospitals have been changing in recent years, but many people don't realise this because, thankfully, they rarely need to access services.

Our hospitals are key partners and are actively involved in these important discussions about the future of health and social care services. There is a wealth of evidence that centralising some services can save lives – over 200 lives have already been saved as a result of centralising stroke services across Greater Manchester, rather than having every single hospital provide these services. Rehabilitation of patients has also drastically improved with people making a better recovery from strokes because of the expertise of the people treating them.

We know that where people truly believe that a facility is a centre of excellence as they do with the Christie Hospital, they are willing to travel longer distances to get what they perceive to be the best possible treatment. We believe that this would work well for a number of serious conditions, and under our vision we would want to ensure that other specialist hospitals in Greater Manchester receive the same recognition and respect as the Christie due to the outstanding care they will provide.

We do take the concern about transport seriously as we know that this is an area of concern for many people, particularly those who rely on public transport. Within our team we have someone who is dedicated to looking at the issues relating to transport and access. They will be working closely with Transport for Greater Manchester to make sure this remains high on the agenda as we develop our proposals.

Hospital Changes Not Hospital Closures

We have been clear that we will not be closing any district general hospital sites as part of this programme, although there has been a lot of publicity and rumour suggesting that this might be the case.

People are proud of their local facilities and see their local hospital, and particularly, Accident and Emergency departments as a safety net which is there “just in case” the worst happens. But the worst is already happening. There is strong evidence to show that people who are admitted into hospital at the weekend in an emergency situation are more likely to die than those who are admitted during the week.

Newspaper headlines call this “scandalous”, and it is right that we should be shocked by this. We believe that everyone deserves equal treatment no matter what time of day or day of the week it is. This is why we want to organise services across Greater Manchester so that everyone gets the treatment that is best for them in the best care setting. Sir Bruce Keogh, Medical Director for the NHS, is leading a national piece of work around “seven day working”, and we will be ensuring that we use this to inform our proposals.

In spite of the available evidence it is difficult to make sure that this message is heard because of the kind of pride in the NHS that featured so prominently in the Olympic Games opening ceremony. We should be proud of the NHS, and celebrate our traditions but we must put saving lives before preserving a system designed 65 years ago to meet the very different needs of patients at the time.

It is our responsibility to ensure that decisions about future care are based on scientific evidence, not sentiment. It is also our responsibility to share that evidence, ensure that the public are fully engaged in the debate and are able to shape the future of health services.

Open all hours

Partners, particularly business leaders, and members of the public want much greater access to their GP practices, many of which still open only during traditional working hours. This needs to change if we are to deliver a truly effective and joined up health and social care service. We live in a 24/7 society and when people are ill they need to be able to access health care when and where they need it. The health of a population makes a major contribution to its wealth – helping keep people well and being flexible about appointment times will benefit the regional economy which in turn makes Greater Manchester an even more attractive place to invest, work and play in. This will be good for all of us.

This does not mean GPs and hospital consultants should be expected to work unacceptably long hours. Our vision is that this will be achieved through flexible working patterns and partnerships between different practices and hospitals to ensure that care meets the needs of the patients rather than being dependent on the availability of clinicians.

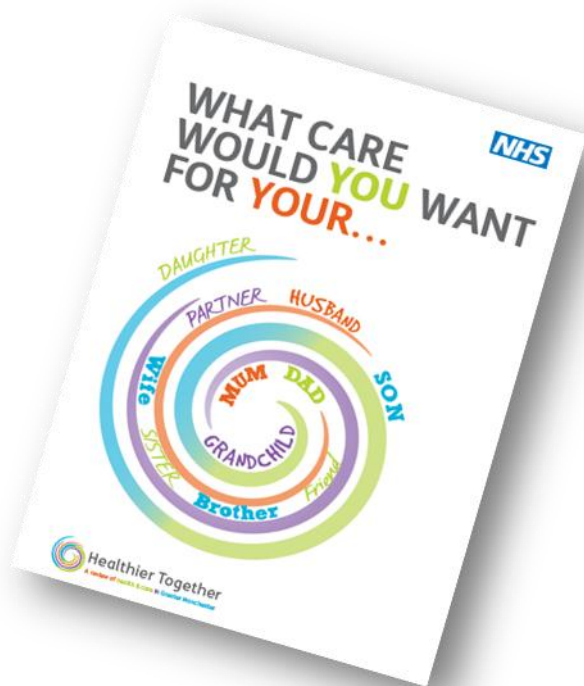
Most people want to live and die at home in familiar surroundings, but all too often frail elderly people end up going into residential care and dying in hospital. This is because at the moment there just isn't enough provision to care for them in the community, and within primary care. The numbers of these “unplanned care admissions” are far too high at the moment, and we know that these are forecast to rise rapidly in the years to come. This is an extremely expensive way of treating patient who don't want to be in hospital in the first place, it is inconvenient for them and their families and more importantly this does result in the best health “outcome” or “result” for these patients.

In financial terms, the NHS and Local Authorities simply cannot afford this in the long term. In social terms we want to respond compassionately to patients' wishes wherever possible. This is why a key part of Healthier Together will be our work with partners to enable changes to take place to make sure that these patients can be well cared for in the community. This includes better use of IT and communications including better advice on self care so that people can manage their own health at home - allowing them to remain independent and in control.

There will be far more emphasis on "prevention not cure" to help people take more responsibility for their own health. This isn't about making judgments about people's lifestyles, but it is about giving people the support to help them live longer, healthier lives. This will have the added benefit of freeing up the system to focus on those who can only get the care they need in a hospital or residential home.

No Decisions About You Without You

The most important part of our work is our engagement with a wide range of partners and the public.



Healthier Together was officially launched in February 2012, following months of discussions with key partners and the clinical community in Greater Manchester. Work is ongoing to build on these relationships to ensure that everyone, including our patients and the public has the opportunity to help design new models of care which are fit for the needs of the twenty first century. This will enable us to honour the commitments set out within the NHS Constitution.

The feedback we have had so far has helped shape our vision. We now want as many people as possible to be involved in helping us to achieve this through shaping the practical solutions or "models of care" that will deliver it.

We will also be working closely with local, regional and national media to ensure that all aspects of the debate around the future of local services are properly aired. We want to save lives, and although our proposals will be based on many months of detailed work and credible research, we are happy to listen to all views on how this can be achieved. What we can't accept is the status quo.

Anyone wanting more information can visit our website, www.healthiertogethergm.nhs.uk, or contact us in the following ways:

Telephone: 0161 920 9684

Twitter: @healthiergm

Email: healthiertogethergm@manchester.nhs.uk

Post: 40 Princess Street, Manchester, M1 6DE

We really would love to hear from you.

What Next?

The “options for change” relating to hospital services are likely to go out to public consultation in Spring/Summer 2013. The timetable will be widely publicised as soon as it is agreed. The consultation process will be managed in line with the relevant guidance. It then takes many months, if not years, to actually make the agreed changes. This is why we have no time to lose.

The models of “joined up” or “integrated” care elsewhere in the system will be developed alongside this, with the full involvement of our partners in community social and primary care. It is only by working together in this way that we will deliver the care that local people deserve to help them live longer, stay well and remain independent and in control.

Appendix

Why change existing service?	Area of Focus	How will reconfiguration achieve this?	What will this mean for patients?
<p>Demands on the NHS and social care are growing.</p> <p>The NHS is changing to meet these extra demands and improve care.</p> <p>However, even more change is needed.</p>	<p>Integrated and accessible services</p>	<ul style="list-style-type: none"> ▪ A change for District General Hospitals to Local Community Hospitals linked with Specialist Centres; ▪ Increase access to GPs and Nurses during the day, evening and weekends; ▪ Create services that combine highly trained doctors and nurses with excellent facilities and technologies. 	<p>Improved equality of access to high quality care:</p> <ul style="list-style-type: none"> ▪ Most care will be delivered in a local setting; however specialist services will be provided at Specialist Centre available to all patients; ▪ A local urgent and emergency service will remain in every locality; ▪ Patients may receive services in a different place. This may be closer to home in a GP practice, local community setting or could be further away for specialist care where an ambulance will usually take you.
<p>Greater Manchester has a variation of patient outcomes and quality of care.</p>	<p>Achieving High Standards of Quality, Care and Safety</p>	<ul style="list-style-type: none"> ▪ Provide the same high standard service during the day, night and at weekends; ▪ Agree core standards for all GM services; ▪ Combine services and resource to share training, best practice and ongoing learning to achieve excellence. 	<p>Improved health and wellbeing for people in Greater Manchester:</p> <ul style="list-style-type: none"> ▪ People will be supported to live longer, independent and productive lives; ▪ Standardising care will reduce the inequity of services based upon where you live or which GP practice you attend.
<p>Greater Manchester has a growing population who have higher expectations of health and care services.</p>	<p>Meeting Patients Expectations</p>	<ul style="list-style-type: none"> ▪ Reduce hospital based services and move them to local community sites or home; whilst supporting people to care for themselves. 	<p>Improved experience of healthcare service for all:</p> <ul style="list-style-type: none"> ▪ The most common place for services should be local community sites or home, with hospitals used only where necessary.
<p>Services were designed to meet the needs of the last century and will not meet the needs of the next generation</p>	<p>Ensure Sustainability</p>	<ul style="list-style-type: none"> ▪ Consolidate highly trained doctors and nurses to provide the best care in an efficient way. ▪ Fully utilise hospital sites by increasing appropriate services and reducing downtime of expensive equipment 	<p>Better use of healthcare resources:</p> <ul style="list-style-type: none"> ▪ Investment of resources to sustain services and focus on priority areas for the future; ▪ Increase patients' awareness and their responsibilities of health and self care.