

Healthier Together

## Formal response from Healthwatch Tameside

### Introduction

Healthwatch Tameside is the independent consumer champion for health and care for the people of Tameside. This response has been agreed by our Board, based on the views they and the staff team have gathered from local residents. The ways we have gathered these views include:

- Attending local Healthier Together engagement events and listening to the views and concerns of members of the public who attended.
- Informal discussions with members of the public through our Healthwatch Champions network.
- Reviews of recent patient stories, information signposting requests and complaints received by Healthwatch Tameside.
- Participation as the independent patient voice on the panel for the Tameside public debate about Healthier Together.

The Board has also considered documentation in Healthier Together's pre-consultation business case and taken into account our knowledge relating to formal and informal monitoring of the current quality of local services.

In addition, we have encouraged individual Tameside residents to find out more about the proposals and to make their own responses. Our activities to promote engagement include:

- Distribution of over 500 paper consultation documents.
- Fortnightly eBulletins to over 900 people, mentioning Healthier Together.
- Production and distribution of a four page guide to the Healthier Together proposals (which was adopted by other Healthwatch organisations across Greater Manchester and also made available by the Healthier Together team for download from their website).
- Regular posts on our Twitter feed encouraging people to respond to the consultation.
- Making Healthier Together the headline feature on our website for the duration of the public consultation.
- Producing five short articles about Healthier Together for publication in the local weekly newspaper.

Although this response is submitted as a separate document, it follows the question order on the printed consultation form.

*Text copied from the consultation document is in this font.*

*Healthwatch Tameside's response is in this font.*

## Responses to the Specific Consultation Questions

### Section 1 - Why healthcare in Greater Manchester needs to change

*Q. Do you agree or disagree that change is needed?*

*A. Healthwatch Tameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. What do you think best care for you and your family looks like?*

*A. This response is being made on behalf of an organisation rather than an individual person. We therefore do not believe that it is appropriate for us to answer this question.*

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*Q. In your opinion, how can we move from where we are now to the best care?*

*A. This question is effectively about change management. We see this formal consultation as part of the change management process and thus we start our response with our reactions to the consultation process itself. This will provide the necessary context for our comments in the later paragraphs.*

*We feel that the Healthier Together consultation has been fundamentally flawed. It has failed to effectively communicate some important background information behind the proposals (e.g. challenges surrounding staffing, and funding) and it has asked a series of questions in a way that leads the respondent to agree without necessarily understanding the implications of their response. The language used in the consultation has also been very confusing - for example with 'specialist hospitals', 'specialisms' and 'specialised services' being used as terms which have been poorly understood by members of the public. Conversations we have heard at public events have clearly indicated widespread confusion about precisely what is within the scope of the hospital proposals.*

*We are also extremely concerned that access to the consultation has not been equitable. Although there is a growing use of online information and resources in our communities as a whole we know that a large number of older and disabled people (both of whom are significant users of health and social care services) are not part of the online community. Requiring people to book online to attend public meetings, holding public meetings in the evening and advertising events lasting over three and half hours have all served to exclude people from the consultation.*

*Finally, we are concerned that elements of the consultation have been rushed. The consultation has taken place during the summer holiday period - the Healthier Together leaders refused the request made by several Greater Manchester Healthwatch organisations to extend the consultation period because of the holidays (a request that is in line with Government guidance relating to public consultations). In addition, Healthier Together has failed to effectively coordinate communication around some elements of the consultation - for example, giving less than a week's notice of some of the public debates.*

*It is our firm view that any transition from current service provision to newly reconfigured services must have significantly better public and patient engagement than the Healthier Together consultation. We would be happy to have a conversation with the relevant organisations to discuss how Healthwatch locally and at a Greater Manchester level can ensure that our local populations are able to take part and be represented in this ongoing engagement.*

*We also see effective engagement of staff who will be delivering the reconfigured services as essential in making any changes work. Change management is a complex process and tends to focus on an evidence based, logical case for change. Whilst we agree that the evidence base is*

*important we firmly believe that change will only be effective if those responsible for delivering the changed services are also engaged and motivated at an individual, emotional level. The people being asked to deliver change need to believe that it is the right thing to do.*

*Finally, we feel that the management of any changes must recognise organisational boundaries and the impact of these in terms of performance management and accountability. Significant work needs to be done on clear and accountable governance systems and processes as part of a transition to any new service delivery model which is based on partnership working. For example, if a consultant employed by Pennine Acute Trust is leading an under-performing service at Tameside Hospital and the Care Quality Commission requires improvements, specifically which organisation and which individuals will be accountable for ensuring those improvements occur?*

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## **Section 2 - How primary care is changing**

*Q. Do you agree or disagree with the primary care standards?*

*A. Healthwatch Tameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. If you disagree with the primary care standards please tell us why.*

*A. We would like to make the following statement about primary care elements of this consultation:*

*We feel that the consultation document describes aims rather than specific standards. We feel that further work must to be done to clarify specific expectations before they are implemented. Any agreement we give at this stage is subject to this detailed work being undertaken in consultation with patients and the public as well as with primary care and other staff who are likely to be affected by (and expected to deliver) the changes.*

*We are concerned that the consultation document does not provide and clarity in terms of the following questions:*

- Same day access if you need it - how will need be determined and how quickly can patients expect to access a service if they don't need access the on day that they make contact (e.g. they need an appointment with 3 days)? At the time of writing this response we have just received a complaint from someone who has been unable to get a non-urgent GP appointment despite requesting one more than two weeks ago.*
- Access to primary care services - does this mean access to your usual GP at your usual surgery? If not, who will the patient see and where?*
- How does 'patients will be cared for in the community where possible' relate to patient choice? We are aware that some patients are already unhappy that they now have to access services at their GP or a primary care walk in centre instead of seeing a consultant in outpatients at their local hospital. We are also aware that some consultants are not happy with this change in their service.*
- We also know that some community NHS settings are less easy for patients to access than hospitals. Hospitals generally have better access by public transport and larger car parks than community based care settings. We feel that significant work must be done to assess the accessibility of community settings before changes are made. 'Closer to home' does not automatically mean 'easier to get to'.*

*In the light of this, we suspect that many people who have responded positively to this question may not understand the detail of what is being offered and may have assumed seven day access to a different service model than the one envisaged by the Healthier Together team.*

*We are also concerned that there may be insufficient GPs to deliver these aims and that funding for further GPs may be limited due to current financial constraints.*

*We strongly support patients being empowered to access their own medical records and we understand the importance of partners in care delivery being able to access relevant patient information. We do have some concerns around the technical ability and ethics of the NHS in terms of data handling. Recent media stories have shown that the NHS has already sold 13 years of hospital data relating to nearly 50 million patients. The care.data project seeks to increase the amount of patient data held nationally so that it also includes patients' GP records. In addition we understand that the IT partner for care.data is to be ATOS - the discredited organisation that terminated the contract for disability benefit assessments due to their inability to comply with the terms of the contract. As a result, we feel that a transparent and robust approach to IT solutions is required in order to fully support the information sharing elements of these proposals.*

*We are also disappointed that the consultation makes no reference to the role of voluntary and community organisations, working in partnership with primary care, to help people to maintain and improve their health and wellbeing.*

*Finally, we are concerned that the relocation of services to community settings could have significant adverse impacts in terms of staffing time, efficiencies and costs relating to travelling.*

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### **Section 3 - How we are joining up care**

*Q. Do you agree or disagree with our proposals for a joined-up health and care system, delivered in the community where clinically appropriate?*

*A. As with some previous questions, we have chosen not to provide 'tick box' answers.*

*We broadly agree that health and social care needs to be more effectively joined up. Many stories we hear from patients describe how they feel they have to fit within the rigid confines of individual services and organisations rather than being seen as an individual with a range of care and support needs. We feel that patients and service users shouldn't have to navigate a complex range of services and organisations. Therefore a joined-up approach to accessing services and co-ordinating care and support is a principle we support.*

*Our concerns around IT systems, ethics and data sharing have been given in our response to the primary care questions above. We don't see this as a barrier to joined-up services - simply one of the operational and management areas that will need to be addressed carefully.*

*Because the range of partners is unique to each of the 10 local authority areas in Greater Manchester, we feel that joined-up working plans should be led jointly by NHS and local authorities at the local level. We recognise that there needs to be a degree of compatibility across local authority boundaries. We therefore feel that whilst plans must be locally led, relevant partners from neighbouring areas must be engaged effectively in the process to ensure compatibility with their own plans.*

*As with all areas covered by this consultation, we feel that effective local engagement with the public, patients, service users and staff is essential as plans are developed and implemented.*

*Q. Do you agree or disagree that children and young people should be cared for closer to home where appropriate?*

*A. As with some previous questions, we have chosen not to provide 'tick box' answers.*

*We are concerned at the implications of this question. The pre-consultation business case suggests that this is part of a two stage process with a re-organisation of children's hospital services across Greater Manchester being stage two.*

*In Tameside we know that the Care Quality Commission and a Deanery review have recently highlighted areas of outstanding in practice in Tameside Hospital's children's and maternity services. Our local population also fought hard to retain these services less than 10 years ago and we know that local feeling is still strongly in support of them. We would not support any proposals to close these services at Tameside Hospital unless there was an extremely strong case for doing so and we could be certain that our local population could just as easily access alternative services of equal or better quality.*

*We also know that some community NHS settings are less easy for patients to access than hospitals. Hospitals generally have better access by public transport and larger car parks than community based care settings. We feel that significant work must be done to assess the accessibility of community settings before changes are made. 'Closer to home' does not automatically mean 'easier to get to'. This is particularly important for children's services where a parent may need to take a child to a medical appointment whilst also meeting the travel needs of other children and family members (e.g. getting them to and from school, nursery, etc.).*

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#### **Section 4 - How hospital services could change**

*Q. Do you agree or disagree that hospital services need to change to meet the quality and safety standards and provide the best care for you and your family?*

*A. Healthwatch Tameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. Do you agree or disagree that providing specialist care at a smaller number of hospitals will raise standards of care to achieve the quality and safety standards?*

*A. Healthwatch Tameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. Do you agree or disagree that doctors and nurses should work in team to provide care across specialist and local general hospitals as part of a single service?*

*A. Healthwatch Tameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. Do you think there is another way to provide hospital services to meet the quality and safety standards?*

A. *We recognise that demand is increasing, financial and other resources are limited and there is a shortage of key specialist staff in the hospital services being looked at in the Healthier Together proposals.*

*We are concerned that although the ‘quality and safety standards’ are referred to several times in the consultation document there is very little information to tell us what they are. The document talks in loose terms about systems, processes and structures but says very little about outcomes for patients.*

*As a result of this it is very difficult for us to give a clear and simple view about whether the quality and safety standards are the right standards to be working towards. It is also very difficult for us to assess whether the proposals (which are also quite unclear at this stage) are actually likely to result in achieving those standards.*

*We have some major concerns about the practical implementation of the single service model. These largely relate to governance and accountability. We are worried that if a general hospital is deemed to be under performing in an activity that is covered by a single service that the responsibility for improving the service may be unclear - especially if the consultant (employed by the specialist hospital) disagrees with the Medical Director (employed by the general hospital). We would require this to have been explored and agreed with clear and effective processes in place before a single service model was adopted.*

*In summary, we feel that a single service model has the potential to maintain and improve the quality of services people receive but that much more detailed work (including effective public, patient and staff engagement) needs to take place before a final decision can be made and implemented.*

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Q. *Please rate how important you think the following criteria are using a whole number between 0 and 10, where “10” means that the criteria is critically important and “0” means the criteria is of no importance:*

- *Quality and Safety*
- *Travel and Access*
- *Affordability and Value for Money*
- *Transition (i.e. how easy it will be to achieve the changes)*

A. *Healthwatch Thameside feels that the options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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Q. *How would you prioritise between the following two options?*

- *Being treated in my local hospital*
- *Travelling further to receive the best specialist care*

A. *Healthwatch Thameside feels that the tick box options offered for this question are too simplistic to enable responses to be given or analysed in a meaningful way. We have therefore chosen not to answer this question.*

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*Q. Do you think that there should be FOUR or FIVE Specialist Hospitals?*

*A. We think there should be FIVE specialist hospitals. We believe that both the North West and South parts of Greater Manchester need a specialist hospital.*

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*Q. Please indicate which option you prefer by writing 1 in the box alongside your first preference, and writing 2 and 3 alongside your second and third choices, if appropriate.*

*A. Preference 1 - Option 5.3*

*Preference 2 - Option 5.2*

*Preference 3 - Option 4.3*

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*Q. Please tell us why you prefer this option and provide any further comments that you would like to make.*

*A. We feel that it is important to have a specialist hospital in both the North Western and Southern parts of Greater Manchester.*

*We feel that other specialised services based at Wythenshaw Hospital mean that site has a stronger case in terms of being the specialist hospital in southern Manchester.*

For further information, please contact:

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