What is the Healthier Together consultation about?

Healthier Together is an NHS initiative across Greater Manchester. It covers all of the 10 Greater Manchester Council areas. It will also affect people who live close to Greater Manchester and use hospitals in the area - for example people from the Glossop area.

Healthier Together aims to make sure that people in the area get ‘best care’. It is looking at how the care we are offered can be improved for everyone. It is also looking at how the care we receive can make the best use of tax payers’ money.

Why do they say we need to do this?

The Healthier Together team has spent the last two years researching the care we get now and what the future needs of Greater Manchester’s population are likely to be. Their research suggests that things can’t stay as they are because:

- The standards of care are very different in different hospitals and at different times. The chances of recovering well from a major operation vary between different hospitals, different types of operations and different times of day/days of the week.
- On average, people die younger in Greater Manchester than they do in some other areas of the country. In both Tameside and Oldham people die younger than the national average. In both boroughs, the average life expectancy varies by more than 10 years between different communities.
- Even though people don’t live as long in Greater Manchester as in other areas, they are still living longer than they used to when the NHS was set up. Many people have long term illnesses which they wouldn’t have survived with 30 or 40 years ago. The NHS care and other support they receive has made this possible. This means that more people need to use services than ever before.
- The choices people make about how they live their lives can also affect their health and this can mean more people need to access NHS services. Smoking, diet, alcohol consumption and (lack of) exercise all have an impact on our health.
- The world we live in has changed. We now take it for granted that we can do shopping 7 days a week and we can access information 24 hours a day via the Internet - information that most of us never even knew existed 20 years ago! This means that, as a population, the times that we expect to be able to access services have changed.

Even though all these things have changed, it’s extremely unlikely that there will be any extra money to meet the increasing demands on NHS and other care services.

Healthier Together has developed some ideas about what needs to change and how this can be done. These fall into three main areas:

1. Changes in primary care
2. Joining up care
3. Changing hospital services

These are looked at in more detail on the following pages.
Changes in primary care

Primary care is the term used to describe NHS care that is your normal first step in getting treatment. It includes services like:

- GP Surgeries
- Primary Care ‘walk in’ centres
- Out of hours GP services
- NHS dentists
- Pharmacists
- Optometrists

At the heart of the Healthier Together plans is the idea that many people who go to hospitals for their care could be treated just as well (or even better) in a primary care setting that is closer to their home. They have three aims for how primary care will be provided:

1. By the end of 2015, everyone who needs medical help will have ‘same day access’ to primary care services, seven days a week.
2. By the end of 2015, people with long term, complex or multiple illnesses will be cared for in the community where possible.
3. Community based care will be joined up between the different organisations involved. There will be shared electronic care records and patients will have access to these.

They also say that people will be able to see how well their local GP practice performs, compared with local and national standards.

Joining up care

This is sometimes called ‘integration’. It means that NHS organisations, social services and other organisations that provide care and support will work more closely together.

Healthier Together say this is about:

- Different health and care services in an area working together.
- People having access to services close to home - for example so they can have a check up at a local clinic instead of going to a hospital.
- Services that people receive outside of a hospital setting - e.g. district nursing and home care.

There are no definite proposals in the consultation. This is because services are different in different parts of Greater Manchester. For example Oldham and Tameside have different organisations providing care for their residents. Local consultations should be held in the future to help you to have your say in how this is done in your area.

Some general aims have been agreed across Greater Manchester and these are:

1. To prevent people from becoming ill and to make sure that people have quick access to services when they do need them.
2. To help people to look after their own health and to care for themselves at home where possible.
3. To create a single point of contact so that when people need help they only have to contact one organisation and give their information once.
4. To have **local teams that work together** to give people the care they need - working across organisations.

5. To make sure that **children who have long term health conditions** have better access to local support so they **don’t need to go to hospital as often**.

If you have heard of ‘Care Together’ or the ‘Better Care Fund’ these are about integration of services but are not part of the Healthier Together consultation.

**Changing hospital services**

The biggest part of this consultation is about hospital services. It’s really important to understand that **this isn’t about every service that’s provided in your hospital**. The proposals are limited to:

- **Accident and Emergency** - this is also sometimes called emergency care. This is about the NHS care you need urgently or in an emergency and which cannot be provided by your GP, primary care walk in centre, out of hours GP service or local pharmacy.

- **Acute Medicine**. This is the care people get when they are unwell enough to need to be in hospital but are unlikely to need an operation. Examples of this would include someone with pneumonia, a urine infection, etc.

- **General surgery**. Although this sounds like it covers a lot of things it’s mainly concerned with the abdomen. It includes planned and emergency operations on the abdomen and the assessment of abdominal pain. It does NOT include anything to do with bones, breathing, blood circulation, women’s health, etc.

Any other services that your local hospital provides (e.g. maternity, heart, mental health, orthopaedics, vascular, etc.) are not included directly in the Healthier Together hospital proposals.

Healthier Together is proposing something they call a **single service model** this is based on two principles:

1. **Hospitals can work together** to make sure that the most **experienced staff** can provide **best quality care** across Greater Manchester.

2. There will be **two types of hospitals** providing A&E, acute medicine and general surgery services. These will be General Hospitals and Specialist Hospitals.

**General Hospitals** will all provide A&E, acute medicine and general surgery services. For many people this will still be the hospital they go to if they need to use one of these services. General hospitals will work in partnership with specialist hospitals and senior doctors and nurses from their specialist hospital will spend part of their time working in the general hospital.

**Specialist Hospitals** will provide all the services that general hospitals provide. They will also deal with more complex and serious cases. This means that sometimes a patient will be treated in a specialist hospital instead of the general hospital which may be closer to their home. This is because Healthier Together has evidence that survival rates and the chances of a good recovery from the most serious cases are much better where all the specialist skills and facilities are located together.

Some patients may be transferred between their general hospital and the specialist hospital that it is partnered with. For example they may have major surgery in a specialist hospital and be transferred to their local general hospital when they have recovered a bit but aren’t yet well enough to go home.
One of the reasons Healthier Together is proposing that we have this system is because there are not enough trained senior doctors and nurses to make every hospital in Greater Manchester do what the specialist hospitals will do. We know that recruiting enough highly qualified and experienced doctors and nurses has been difficult for several years and the number of middle grade and junior staff coming through the system means this is unlikely to change in the coming years.

Healthier Together proposes that standards of care will improve in all hospitals - whether they are specialist hospitals or general hospitals.

Healthier Together has looked at our existing hospitals, at where people live and what services they are likely to need. For some hospitals, they have already decided whether they will be specialist or general hospitals. For other hospitals they are asking for your views:

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<thead>
<tr>
<th>Specialist</th>
<th>General</th>
<th>Undecided</th>
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<tbody>
<tr>
<td>Manchester Royal Infirmary</td>
<td>Fairfield General Hospital</td>
<td>Royal Albert Edward Infirmary (Wigan)</td>
</tr>
<tr>
<td>Salford Royal Hospital</td>
<td>Tameside General Hospital</td>
<td>Bolton Royal Hospital</td>
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<tr>
<td>Royal Oldham Hospital</td>
<td>North Manchester General Hospital</td>
<td>Wythenshaw Hospital</td>
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<td>Stepping Hill Hospital</td>
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Rochdale Infirmary and Trafford General Hospital will not change as a result of this consultation.

The consultation is asking which of the hospitals on the ‘undecided’ list you think should be a specialist hospital. Healthier Together say that we probably need one or two of these to be specialist hospitals.

When thinking about how to answer the consultation questions you might find it helpful to think about:

- Which hospital do you think of as your local hospital and what is expected to happen to it?
- If you had to go to one of the specialist hospitals for treatment, how easy would it be to get there and back?
- If you wanted to visit a family member or friend in one of the specialist hospitals, how easy would it be to get there and back?
- If your local hospital is a general hospital, which specialist hospital would you prefer it to be linked to - and why?

The full proposals can be accessed at www.healthiertogethergm.nhs.uk and the deadline for giving your responses is 30 September. Because this is a complex set of proposals we encourage you to spend some time thinking about your response. There will be a number of ways to find out more about what it may mean to you before the end of September.

This briefing has been produced jointly by Healthwatch Oldham and Healthwatch Tameside. For more information:

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