



A review of health & care in Greater Manchester

Message from Raj Patel, GP and Medical Director for NHS Greater Manchester

I have been a GP for 20 years and now have a role in leading the review of health and care services in Greater



Manchester. I am a Greater Manchester resident with family and friends who rely on local health services. I expect the care I want for my family and friends is the same care that you want for yours. However, we know that not everyone has the same access to quality services.

Some of the services we currently provide are not fit for purpose. We want this to change and we need your help. By working together, we can create the best possible plans to transform Greater Manchester health and care services for the better. We will need to make some bold decisions but we have a lot to gain. I hope you will help us.

Greater Manchester is reviewing the way it provides health and care services. This document tells you why change is needed and how you can get involved in shaping future services.

Picture a health service that does all it can to help you stay healthy and supports you to look after your health, and your family's.

Picture a health service that is organised to provide high quality and accessible care in the most appropriate setting – for many this will be at home or in the community rather than in hospital.

Picture a health service that is able to provide the very best specialist care to everyone who needs it – 24 hours a day and seven days a week.

You may think this health service already exists in Greater Manchester. For many of you it does. But not for everyone. We want this to change. We need **your** help in improving our services for all residents in Greater Manchester, and we want your thoughts on how we can achieve this.



DID YOU KNOW? . . .

- ➔ **Approximately 25% of A&E attendances** are not either an accident or an emergency and people could have received their care in primary care.
- ➔ **If Greater Manchester was able to match the average for cancer survival rates** in Europe, this alone would save 550 lives across Greater Manchester per year.
- ➔ **29% of the population have non-curable health issues.** These people use 70% of all inpatient hospital beds and 50% of all GP appointments.

We know that in Greater Manchester:

- Improvements in medical care and treatments have led to more people surviving cancer. Yet cancer outcomes in Greater Manchester remain poor when compared with the best in England and Europe. The quality of care is variable and could be better. There is also variation in access to prevention, screening and diagnostic services. We think this should change.
- Not all patients can get to see a GP as quickly as they would like so they sometimes end up going to pressurised A&E departments. Over 40% of current A&E attendances are for minor injuries and incidents, which could be dealt with by a GP or pharmacist. We think this should change.
- Patients with diabetes who receive regular health checks are less likely to have long term complications from having the condition, and consequently will stay healthier and more independent for longer. These checks are not taking place everywhere as a matter of routine. We think this should change.
- Around a third of GM residents have one or more long term condition, such as heart disease or asthma. They need support to keep as healthy as possible but this support is not always there. Many services are best provided in the community and at home but often these alternatives to hospital are not available in all parts of Greater Manchester. We think this should change.
- Patients admitted to specialist cardiology wards have a 20% lower chance of dying compared to those admitted to general



wards. Yet not all patients are admitted to specialist wards in Greater Manchester. We think this should change.

- Emergency operations are carried out in 10 hospitals in Greater Manchester but not always with a consultant present and not always with admission to a critical care unit when it's needed. This can lead to poorer patient outcomes. We think this should change.
- The number of patients readmitted to hospital in an emergency within two days of being discharged from hospital has increased over the last two years. In many cases, this is due to the inadequate transfer of care between health and social care services, and can lead to unnecessary distress and inappropriate admissions. We think this should change.
- The way our services are currently organised is not affordable into the future. We need this to change.

Why do we need to make these changes now?

No change is not an option. Change is needed now to improve health outcomes and make sure our services are fit for purpose for the future. These changes need to be made as soon as possible to resolve the problems we know exist.

Demands on the NHS and social care are growing.

- Patterns of illness are changing. We are living longer, which is great news. But more older people place greater demands on health and social care services. Lifestyle choices, such as smoking and lack of exercise, contribute to long term health problems that are likely to need ongoing care and support.
- Advances in knowledge, technology and medicines mean more treatments are available. We can now treat illnesses that would have been life threatening in the past. But more ongoing care may be needed as a result.
- Expectations of the NHS are also growing. The public expect more and higher quality services. Yet at the same time, resources for the public sector are reducing.

So services are changing to meet these extra demands and improve care.

People need to be supported to take more responsibility for their own health and care.

- More health and care services are being offered locally where possible and appropriate.
- Improved access to GPs is helping to avoid unnecessary use of hospital emergency care services.
- Medical care is becoming more and more specialised to ensure patients with complex conditions are seen by experts who know and can provide the latest treatments and care available. In some specialties, this means doctors, nurses and other clinical staff are working in bigger services to allow greater specialisation. This improves clinical support, learning opportunities and access to specialist equipment. This is helping to save lives. For example, Greater Manchester's specialist stroke services are saving the lives of around 250 residents every year.

- More operations take place that allow patients to go home on the day of their operation. This enables quicker recovery times, which are better for patients and their carers and also requires fewer hospital beds.

But much more change is needed to improve health.

- We need to do more to keep people well and help people take greater responsibility for their own health.
- Current services were designed to meet the needs of the last century. Then, patterns of illness and the care provided were very different. Twentieth century services are not fit for purpose for today's health needs.
- We need to shift the balance between services provided in our hospitals, in the community and in people's own homes to meet people's health needs.
- This means improving access to GPs and other primary care staff. This means more support to people with long term conditions, more treatment at home or in the community where appropriate.
- We need to provide better access to very specialist care in our hospitals.
- This means better access to senior doctors who can improve your chances of a full recovery – that's 24 hours a day, 7 days a week. This is not possible at the moment because services are spread too thinly across Greater Manchester. This leads to differences in the services available out of hours and at weekends often leading to poorer outcomes for patients.
- Finally, change is needed to make services affordable for the future. We need to make the best possible use of the resources we have available.

What may the changes involve?

We want to work with patients, carers, staff, the public and other interested groups to look at ways to improve the health and care of people in Greater Manchester.

At this stage, we think proposals for change will involve:

- More services being provided in primary care, the community and at home rather than in hospital. Reduced demand for hospital services will mean that funding can be redirected to more appropriate out of hospital services.
- Improved access to specialist care in our hospitals by organisations and staff working together more closely. This could involve creating bigger specialist teams and may result in some services being centralised onto fewer hospital sites.
- Significant changes to the range and mix of services available at our hospitals.
- Detailed consideration of travel issues.

What can you do to help?

We need the public's help in improving our services. You can help by:

- Recognising that you can make a significant contribution to your own, and your family's, good health and wellbeing.
- Registering with a GP practice – the main point of access to NHS care.
- Attending appointments or cancelling within reasonable time.
- Following the course of treatment which you have agreed, and talking to your clinician if you find this difficult.
- Giving feedback on the treatment and care you have received.
- Getting involved in discussions about services and what is important to you and your family.

How can you get involved?

There are a number of ways you can get involved or make your views known:

Patient and Carer Panels – join a Patient and Carer Panel to inform and advise clinical staff about your priorities and views.



Stakeholder workshops – come to a stakeholder workshop over the coming months to give your views on current and future services.



Newsletters, website, electronic surveys, Twitter and Facebook will be available to provide information and give you the opportunity to have your say.



FURTHER INFORMATION

If you would like more information, please contact the Healthier Together team on 0161 212 6338 or email healthiertogether@manchester.nhs.uk

or go to www.healthiertogethergm.nhs.uk