Health services in the Greater Manchester area have been seen as in need of change for some time. While some services are of a very high standard, there is significant variation in care quality by geographical area. There is also a perception that services as currently configured are not financially sustainable. The Healthier Together initiative – originally titled Safe and Sustainable – was launched in February 2012, with the aim of providing high-quality services for the Greater Manchester area that are fit for the future.

**Key points**

- Key to managing the review has been early engagement with a wide group of stakeholders: patients and the public, clinicians and other staff, the local media and politicians.

- The programme emphasises being clinically, rather than managerially, driven.

- A partnership approach, involving informal pre-consultation with the public and service users, is seen as fundamental.

- An independently chaired external reference group acts as a ‘critical friend’ during the engagement process.

- The Healthier Together message to staff has been to encourage discussions about the need for and opportunities arising from service redesign.

**Introduction**

Several smaller-scale reorganisations of care services in the Greater Manchester area have taken place during the previous decade. Different localities had undertaken change but these often did not take account of the effect of change on neighbouring communities or the need for patients to cross local boundaries to access services. The Healthier Together programme was launched (under its previous title of Safe and Sustainable) by NHS Greater Manchester, a cluster formed from Greater Manchester’s previous primary care trusts. Healthier Together is an area-wide initiative that encompasses primary and community care, hospital services and elements of social care.

To manage a large programme of this size effectively, the review focuses on a number of workstream areas:

- integrated care (including primary care)
- emergency surgery
- acute emergency and urgent medicine
- women’s and children’s services.
To services was believed to be adversely affecting both patient outcomes and mortality, and it was felt there was scope for both improving access and bringing services 'closer to home'.

Improving use of resources
Underlying the need for change in Greater Manchester was the need to make more efficient use of resources. There is widespread acknowledgement that many aspects of acute care are spread too thinly. In common with health economies across the country, Greater Manchester faces rising demands for healthcare from an ageing population, against a background of financial austerity that may well last into the next decade.

Creating a shared vision
Key to managing the review has been engagement with a wide group of stakeholders: patients and the public, clinicians and other staff, the local media and politicians. The central question being asked is 'How can future services be designed in a way that is better for patients?'

The programme emphasises being clinically, rather than managerially, driven. Much of the impetus stems from clinical ambition for wanting to do things differently, with management playing a supporting and enabling role. A partnership approach, involving informal pre-consultation with the public and service users about the future
Lansley’s ‘four tests for service change’ include asking whether local NHS organisations have ‘genuinely engaged the public, patients and local authorities’. Those leading the review process have also been able to make use of a reconfiguration framework previously established by the strategic health authority initiative.

Although the legislation focuses on the formal consultation, the value of continued engagement with patients and the public is also recognised. Shape of services, is seen as an essential part of the process. These discussions are designed to inform a formal consultation process that is due to begin later in 2013.

Managing the pace of change

While actively encouraging those clinicians eager for service change to be at the heart of discussions about potential new care models, the programme team were keen to avoid prejudicing the outcome of the review in the eyes of the public, given that the formal consultation has not yet started. Reflecting this theme of clinical impetus for, and leadership of, change, a number of this group of clinicians have been prominently involved in dialogue with members of the public, including presenting at public meetings and taking part in question-and-answer sessions.

Meeting legal requirements

For a potential service reconfiguration of this size and scope there is a legal duty to consult with the public. Even though Manchester is not formally in consultation yet, it is nevertheless following a fairly rigorous pre-consultation process. Former Health Secretary Andrew Lansley’s ‘four tests for service change’ include asking whether local NHS organisations have ‘genuinely engaged the public, patients and local authorities’.

Those leading the review process have also been able to make use of a reconfiguration framework previously established by the strategic health authority initiative. Although the legislation focuses on the formal consultation, the value of continued engagement with patients and the public is also recognised.
Engaging with local stakeholders

To raise awareness with the public, building relationships with local media was seen as essential. A series of ‘roadshow’ events is also being held across Greater Manchester to discuss service change: these provide opportunities to hear from clinical champions about the case for change, with voting handsets and table discussions being used, the Healthier Together programme team has also been engaging with chief executives of local voluntary organisations, enabling them to cascade information down to staff and service users.

Colleagues from local primary care trusts and clinical commissioning groups (CCGs), as well as local authorities, have also been instrumental in fostering engagement. CCGs are currently represented by a committee formed of shadow CCG chairs; it is envisaged this will continue to oversee the programme from April 2013. In support of this work the Healthier Together team has produced a toolkit to support communications containing a website, frequently asked questions, a newsletter and presentation materials.

A number of patient panels have also been established, either new formations or based on existing patient groups. These have been a forum for more in-depth discussions about the case for, and options for, change. From within the broader community, the programme has also recruited Healthier Together patient champions to help deliver the message in their local area. There is an independently chaired external reference group containing representatives from the third sector, from LINks (local involvement networks), local councillors and members of the public: this acts as a ‘critical friend’ to the engagement process.

Involving local politicians

There are several well-documented examples of health service reconfiguration in other areas of the country that demonstrate clearly how politicised the process can become. Early on, the Healthier Together team described how they developed a ‘really robust’ plan around the partnership element of the programme. This involves regular briefings with local MPs and briefings at the House of Commons. Local government is also involved via Directors of Adult Social Care, Overview and Scrutiny Committees and the joint Health Scrutiny Committee, as well as participation in meetings of the local health and wellbeing boards. Keeping track of forthcoming meetings is seen as essential, as is knowing when a physical presence or a written update is required. Regular contact with external meeting convenors helps identify specific issues and intervention points.

Involving staff

A risk with any potential service redesign is that staff will have concerns about job losses and service closures, which can lead to the spread of rumours, and speculation and anxiety among staff groups and the local media. The Healthier Together team has worked to build relationships with key personnel in the acute trust, as well as producing a fortnightly bulletin and other communications materials. The programme team is also working with individual trusts, delivering staff briefings and talking to foundation trust members.

Staff can also, however, be vocal supporters of change. Within Greater Manchester, a number of clinicians are championing service innovations they believe will lead to better outcomes for patients. The Healthier Together team’s message to staff has been to encourage discussions about the need for and opportunities arising from service redesign, as both employees and as members of the public.

‘The battle can be won or lost purely on relationships’
Preparing for consultation

As part of preparing for the formal consultation, the Healthier Together team have engaged the Consultation Institute to help guide them through the process. As well as offering strategic and tactical advice, the Institute is producing a report into recent reconfiguration consultations that have taken place elsewhere in the country, to enable the programme team to learn lessons from these.

Conclusions

Managing an engagement process in an area the size of Greater Manchester poses challenges. There are many different staff and community groups to reach, which puts a strain on finite communications and engagement resources. Experience among programme personnel of managing previous, smaller local reconfigurations is helpful in identifying key priorities, and in working with the local council and other key stakeholders.

The emphasis on a pre-consultation ‘listening exercise’, together with the building of alliances within both the local NHS and wider community, has enabled NHS Greater Manchester to build strong foundations for any future proposals for service redesign. The Healthier Together programme team believes that it is the combination of different engagement strands employed, from community groups and youth forums to high-level political engagement, that has been effective; this is reflected in the positive response so far received from stakeholders.

Further information: www.healthiertogethergm.nhs.uk

‘Independent assessment adds useful verification to the process’

‘It’s important to be clear about who your key stakeholders are, and to design engagement programmes accordingly’

References

1 All quotations were provided by Nicola Onley, NHS Greater Manchester.
5 Daily Telegraph, 21 May 2010.
6 www.healthiertogethergm.nhs.uk
7 See www.consultationinstitute.org
Service redesign case studies
This NHS Confederation case study is part of a series designed to share good practice and lessons learned by local NHS organisations involved in major reviews of local health services. We are very grateful to Nicola Onley, Partnership and Engagement Manager, Healthier Together Service Transformation Team, for her time in sharing the Greater Manchester experience.
To find out more about the series visit www.nhsconfed.org/reconfiguration

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