Response to the Healthier Together Consultation

October 2014

“helping citizens and communities get the best out of health and social care services in the Borough of Wigan”
Acknowledgements:

Healthwatch Wigan are very grateful to the directors, staff and volunteers who have contributed to this report and the enormous amount of work that lies behind it - numerous meetings, discussions, observations, events, research, editing and commenting over an 18 month period.

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## Contents:

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Executive Summary</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>2. Introduction to Healthwatch Wigan and to Wigan’s Health</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>3. Healthwatch Wigan Concerns Over Healthier Together Pre Consultation Process</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>4. Healthwatch Wigan Observations on the Healthier Together Consultation Process:</strong></td>
<td>11</td>
</tr>
<tr>
<td>4a - Pre-Consultation Engagement Activities:</td>
<td></td>
</tr>
<tr>
<td>4b - Consultation Materials</td>
<td></td>
</tr>
<tr>
<td>4c - Healthwatch Wigan Observation on the Central Consultation Programme</td>
<td></td>
</tr>
<tr>
<td>4d - Healthwatch Wigan Observations on the Consultation in Wigan:</td>
<td></td>
</tr>
<tr>
<td>4e - Local Media:</td>
<td></td>
</tr>
<tr>
<td><strong>5. Healthwatch Wigan Views on the Healthier Together proposals</strong></td>
<td>21</td>
</tr>
<tr>
<td>5a - Quality and Safety:</td>
<td></td>
</tr>
<tr>
<td>5b - Travel and Access:</td>
<td></td>
</tr>
<tr>
<td>5c - Affordability and Value for Money:</td>
<td></td>
</tr>
<tr>
<td>5d - Transition:</td>
<td></td>
</tr>
<tr>
<td><strong>6. Conclusions and Recommendations</strong></td>
<td>27</td>
</tr>
<tr>
<td><strong>7. Appendices:</strong></td>
<td>30</td>
</tr>
<tr>
<td>1. Joint letter from Healthwatch Chairs to the Healthier Together Committee in common</td>
<td></td>
</tr>
<tr>
<td>2. Healthwatch England letter to Secretary of State of Health</td>
<td></td>
</tr>
<tr>
<td>3. Secretary of State for Health response to Healthwatch England</td>
<td></td>
</tr>
<tr>
<td>4. Week 11 Response figures for Healthier Together</td>
<td></td>
</tr>
<tr>
<td>5. Publicity materials from WWL NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>6. Frequently Asked Questions document produced by Wigan Borough CCG.</td>
<td></td>
</tr>
</tbody>
</table>
1 - Executive Summary

1. Healthwatch Wigan is part of a national network of local Healthwatch organisations. As the independent champions of patients and the public in health and social care we strive to help children, young people and adults speak up about health and social care locally and work to make sure that decision makers and providers of services act on the issues raised by local people.

2. Given the long standing poor record of health inequalities in Wigan it is vitally important to make sure that official responses are fit for purpose to meet the needs of local residents.

3. Healthwatch Wigan has been at the forefront of criticism of the Healthier Together process prior to the formal consultation period. We have previously raised concerns over the legal basis for governance arrangements, the costs of the programme and poor approach to patient and public engagement.

4. It is the firmly held view of Healthwatch Wigan that centrally planned Healthier Together consultation activity has not been good enough:
   - We are critical of the decision to hold the consultation over the summer period, and to not extend the period beyond 12 weeks.
   - Delays in receiving formal approval to hold the consultation meant that early meetings were hastily planned, poorly promoted and badly attended.
   - The main consultation document was not available in hard copy until week 3, and copies of ‘Guide to Best Care’ and Easy Read documents were never readily available in hard copy.
   - Ambassadors were only recruited from week one and by week five, less than 400 had been recruited against a target of 1000.
   - The target to receive 50,000 responses to the consultation was massively missed with latest available figures showing only 12,749 responses by the end of week 11 of the consultation period.

5. In Wigan, local partners have worked closely to coordinate outreach activity. In particular Wigan CCG and WWL NHS FT undertook significant outreach which has led to higher levels of responses to the consultation from Wigan than other areas. There are many lessons to be learned from this for any future consultation processes.
6. The Healthier Together Pre Consultation Business Case is too large and complex to be the basis for a public consultation. Even after reading over 1000 pages of information and attending many events, Healthwatch Wigan still remain unconvinced over many of Healthier Together’s claims and proposals:
   i. Healthier Together claim their proposals will lead to 1500 lives being saved over five years - this is an exaggeration of their own mathematical calculations and a figure that will be impossible to measure in practice.
   ii. Analysis of Healthier Together’s Transport standards show that the majority of journeys from Wigan to a potential specialist hospital in either Salford or Bolton do not meet their own standards.
   iii. NHS finances are complex and the Healthier Together programme is no different, however Healthier Together fails to suitably respond to the pressures facing the local health and social care system.

7. Healthwatch Wigan believes that there is a ‘case for change’ for transformation of health and social care services locally. The health and social care sector is facing financial and workforce pressures, standards need to improve and health inequalities need to be genuinely tackled.

8. Healthwatch Wigan advocates that it is essential for reform of the whole health and social care system to be done in conjunction. Crucially, Public Health needs to be included as part of these reforms.

9. Healthwatch Wigan has never believed it right to pitch one hospital against another in a public beauty contest to select specialist and general hospitals. We firmly believe that collaboration and cooperation between commissioners, providers, staff, patients and the public is the best way to ensure that we achieve ‘best care’ rather than competition.

10. Healthwatch Wigan is supportive of the emerging proposals of the ‘North West Alliance’ - a partnership of Wrightington, Wigan & Leigh NHS Foundation Trust, Salford Royal NHS Foundation Trust and Bolton NHS Foundation Trust - working together to achieve quality and safety standards. Healthwatch Wigan calls for full and meaningful patient and public involvement in developing these proposals at the earliest possibility. We would urge the Northwest Alliance to learn lessons from the Healthier Together process and not to repeat basic mistakes in relation to patient and public engagement again.
2 - Introduction to Healthwatch Wigan and to Wigan’s Health

Healthwatch Wigan is part of a national network of local Healthwatch organisations that were established under the Health and Social Care Act 2012 and set up in April 2013.

At our core, we exist to help children, young people and adults speak up about health and social care locally and work to make sure that decision makers and providers of services act on the issues raised by local people.

We work hard to make sure we have good relations with health and social care agencies as well as with local voluntary and community groups, patients groups and members of the general public.

Like other areas within Greater Manchester, Wigan suffers from generally poor health compared to the rest of the country, and in addition there are significant variances in health within the Borough.

- Deprivation in Wigan is higher than the England average and about 11,900 children live in poverty.
- Life expectancy for both men and women in the Borough is lower than the England average.
- Life expectancy is 11.1 years lower for men and 8.0 years lower for women in the most deprived areas of Wigan than in the least deprived areas.
- Early death rates from cancer and from heart disease and stroke have fallen locally but remain worse than the England average.
- In Year 6 (age 10-11), 19.5% of local children are classified as obese.
- Levels of teenage pregnancy, alcohol-specific hospital stays among those under 18, breast feeding and smoking in pregnancy are worse than the England average.
- Estimated levels of adult ‘healthy eating’, smoking, physical activity and obesity in Wigan are worse than the England average.
- Rates of smoking related deaths and hospital stays for alcohol related harm are higher in Wigan than the England average.

This means that it is important to make sure that official responses are fit for purpose to meet the needs of local residents. Healthwatch Wigan welcomes key local initiatives such as the Joint Strategic Needs Analysis’ approach to ‘Start Well, Live Well, Age Well’, the Wigan Integrated Care Strategy and the developing proposals for Primary Care reforms that use the principles:

- That people should be supported to be independent and well and in control of their care
- Health and Social Care Services should be provided at home, in the community or in primary care if possible
- All services should be safe and of high quality and part of an integrated system led by primary care.
Healthwatch Wigan quickly identified Healthier Together as a priority for local people to know about and be involved in. Over the past 18 months we have worked closely with other local Healthwatch across Greater Manchester, with local agencies such as Wigan Council, Wigan Borough Clinical Commissioning Group and Wrightington, Wigan & Leigh NHS Foundation Trust as well as with local voluntary, community and patients groups to reach a better understanding of the Healthier Together proposals and their potential implications for Wigan and its communities.

Healthwatch Wigan’s response to the Healthier Together consultation will cover:
- our pre-consultation concerns over the process,
- our observations of the consultation process,
- our views on the proposals and recommendations for future activity.

Our response is grounded upon the observations, views, opinions and evidence we have seen and heard over the last 18 months as well as the 12 weeks of the formal Healthier Together consultation process.
**3 - Healthwatch Wigan Concerns Over Healthier Together Pre Consultation Process**

In many ways Healthwatch Wigan has been at the forefront of criticism of the Healthier Together process to date, although we are by no means its first or only critic.

Before Healthwatch Wigan was established there had been much concern about the impact on local services if Healthier Together proposals for so-called ‘Red and Green’ hospitals were implemented:

- “Doctors and nurses join fight to ‘save’ general hospitals” M.E.N. 6th November 2012  

- “Step in on hospitals shake-up plans”, MP Andy Burnham tells government” M.E.N. 27th Nov 2012  

Healthwatch Wigan was established in April 2013 and Board members spent the first few months talking to key stakeholders from Wigan Council, Wigan Borough CCG, local MPs and local voluntary organisations. It was clear from these conversations that Healthier Together was an issue of great concern and of importance for local people, so it was prioritised in our first work plan published in September 2013.

In October 2013, Healthwatch Wigan wrote to NHS England to raise concerns over the legality of the governance and decision making process being used by Healthier Together. We are pleased that government has responded to our concerns and have amended legislation to clarify the position.

**By way of background:**

i. *Previous legislation had given Primary Care Trusts (the predecessor organisations to Clinical Commissioning Groups (CCG’s)) the legal powers to form joint ‘Committees in Common’ to oversee collaborative, cross-border working. However the 2012 Health and Social Care Act (the Act which abolished Primary Care Trusts and established CCGs) did not explicitly grant these same powers to CCG’s. Whether this was a deliberate move or an oversight remains a moot point, but what is clear is that Parliament had not given CCG’s the express powers to establish Committees in Common.*

ii. *The Department for Health, NHS England and local CCG’s all sought legal advice to identify a legal fix to work around their lack of specific powers, eventually settling on a situation that NHS England described to Healthwatch Wigan as an ‘elegant’ solution, but which we described as ‘clunky’, and most CCGs considered ‘burdensome’.*
iii. The Government accepted that the legal work around was not appropriate and brought forward secondary legislation to help to rectify the situation. This legislation was eventually passed in September 2014 - only now providing legal certainty over the establishment of Committees in Common.

iv. Local Healthwatch organisations are now working with NHS England to better understand the role of Healthwatch and of patient engagement within these new structures.

In November 2013, Healthwatch Wigan submitted a Freedom of Information request to NHS England to establish the costs of the Healthier Together programme. We were staggered by the response which showed that (up to November 2013) the costs of the programme had been more than £3million. More than half of this budget had been spent outside of the NHS - on consultants and private companies. Moreover, NHS England admitted in their response that they had no upper limit on the budget for the Healthier Together project. This Freedom of Information disclosure led to front page articles in the Wigan Post “£3m Waste” (Nov 20th 2013). This figure has now risen to over £4 million and is still rising.

Concerns about the process of the Healthier Together programme were shared by Healthwatch colleagues across Greater Manchester. In April 2014 the chairs of 8 of the 10 Greater Manchester Healthwatch wrote to the Chair of the Committees in Common to raise our collective concerns over:

- The make up and effectiveness of the External Reference Group; which was established by Healthier Together to provide oversight and challenge over plans for Patient and public involvement in the programme.
  - Healthwatch Wigan joined this group around November 2013 once we discovered its existence. Prior to this Wigan has been represented on the group by Health and Social Care Together (Wigan LINk) and by a representative from a local Wigan Patient Participation Group.
  - We were disappointed to see that this group was barely functioning - participation had fallen to a handful of people where once it was regularly attended by over 20 representatives from most LINk organisations as well as local voluntary and community groups from across the county

- Delays and confusion in the proposals for formal public consultation; two previous deadlines for going out to formal consultation (spring of 2013 and ‘late 2013’) had been missed and a third date for January 2014 became a ‘conversation’ rather than formal consultation.

- Lack of openness and transparency in the governance arrangements for Healthier Together; whereby meetings of the Committees in Common had been held in secret private sessions up until March 2014 and even now meetings divided into ‘Part A’ meetings held in public and ‘Part B’ meetings held in private.

(A copy of the joint letter is attached as an appendix)
A lack of progress in dealing with our concerns led all 10 Greater Manchester Healthwatch to ‘escalate’ our concerns to Healthwatch England for their support (‘Escalation’ is one of the powers of local Healthwatch to raise concerns that cannot be resolved locally to seek the support of Healthwatch England, the national body, to resolve).

Healthwatch England took these concerns seriously and held discussions with both the department of Health and NHS England at a national level. These discussions took place at the same time as the government proposing secondary legislation to resolve the legalities of Committees in Common. These discussions led to Healthwatch England making calls for the new legislation to be amended to allow for greater openness and transparency and a greater role for bodies such as Healthwatch, Health and Wellbeing Boards and Overview & Scrutiny Committees (“Healthwatch warns of the rise of ‘super CCGs’” Health Service Journal 22nd July 2014).

(Copies of the correspondence between Healthwatch England and the Government are attached as appendices).
4 - Healthwatch Wigan Observations on the Healthier Together Consultation Process:

4a - Pre-Consultation Engagement Activities:

Healthwatch Wigan has maintained a place on the External Reference Group (ERG) at Healthier Together since November 2013. The group has met monthly (with extra meetings as required) reviewing both the process and the communications to the public. Members of the group have attended all the consultation events across the borough as observers, providing feedback in a standardised way.

As active members of the ERG, Healthwatch Wigan has a good insight into the preparedness of Healthier Together to go out to formal public consultation; as ERG members we had the opportunity comment on early drafts of the consultation document, were invited to the formal launch event and were involved in some of the discussions around the consultation process. As such we would raise the following concerns over the preparedness of the programme to go out to formal public consultation in July 2014:

- The pre-consultation activities and consultation proposals are said to have been validated by the Consultation Institute. This endorsement can only have been made based on evidence provided by the Healthier Together programme because as members of the ERG and as a local Healthwatch organisation we were not consulted on the issue.
- Healthier Together only held 14 or 15 public meetings to discuss their proposals through 2012 and 2013 that were only attended by 960 people.
- Evidence of pre-consultation activity in Wigan is hard to find:
  - We understand that there was one public meeting held at the DW Stadium in December 2012, but we have been unable to find any record of attendance figures or of the nature of the meeting.
  - Healthier Together claim to have held two focus groups in the Borough (we are unsure if this includes a meeting arranged by Healthwatch Wigan in November 2013).
  - Healthier Together make claims of having engaged three voluntary groups in the Borough - all three groups have rejected this, reporting that meetings were cancelled or missed.
- In addition there were six meetings of the “In Hospital” and “Out of Hospital” Patients Panels. If we assume that each group met three times, this means that in two and a half years of pre-consultation engagement these two groups met on average every 10 months.
- Healthier Together make claims in the Pre Consultation Business Case (PCBC) of having a comprehensive database of stakeholder contacts. As late as November 2013 this database still had contacts details for local LINk organisations that had been abolished in April 2013 and held no contact information for local Healthwatch organisations. Given that local Healthwatch is recognised as the local champions of public involvement and that we were not included in the database we have to question the strength of this database.
Healthier Together make claims in the PCBC of producing a monthly newsletter and a weekly ‘integrated care’ newsletter - as key stakeholders in the programme we can find little evidence of these publications and have no confidence in their regularity.

**It is the firmly held view of Healthwatch Wigan that the pre-consultation public engagement activities of Healthier Together were simply not good enough.**

- Relationships with key agencies such as Healthwatch, other patients groups and the wider voluntary sector were not fostered - potentially losing out on pre-existing networks
- Most Boroughs only had one public meeting (and no Borough had more than two meetings) in over two years of the development of proposals. This is not sufficient outreach to engage with sufficient local citizens and communities.
- Decisions have been made in private, disregarding accepted principles of openness and transparency, failing to allow proper public scrutiny.
- The potential of developing deeper understanding and engagement via focus groups, citizens’ juries, or roadshows was not maximised and patient engagement remained superficial and did not genuinely impact on the design of the proposals.

Clinical Commissioning Groups (CCG’s), and by default the Committees in Common (CiC) of the Healthier Together programme, have a legal duty to involve the public in the development of proposals and in decision making. There is little evidence of the meaningful involvement of patients and the public in the planning and development of the Healthier Together proposals, it remains to be seen whether the formal consultation will influence the final decision of the CiC.

**4b - Consultation Materials**

As members of the External Reference Group (ERG), Healthwatch Wigan had the opportunity to comment on two draft versions of the formal consultation document. We are pleased to note that some of our comments and concerns were acted upon, however not all of them were, and it was made clear that ERG members had limited ability to help shape the consultation process or the questions that were being asked. We would make the following comments on the final documents:

- The documents were at times too complex and at others too simplistic. For example;
  - Providing two pages of dense text to explain the 8 options and their appraisal against 8 criteria and then asking a simple question of ‘how many specialist hospitals should there be?’
  - Two pages of examples of how councils and CCGs are already integrating care and then asking the simple question ‘do you agree with joined up care?’
  - Claiming that primary care standards will include “Same day access to primary care services, supported by diagnostics tests, seven days a week”, but not explaining whether this means seeing your own GP, in your usual practice or whether it means talking to a nurse on the phone, or visiting a district health centre.
The documents contained many examples of jargon which mean little to members of the public not used to ‘NHS speak’.

- The NHS might know the difference between “specialist hospital”, “specialised services” and “hospital specialisms” but many members of the public attending meetings were clearly confused by the terminology.
- Even after attending many meetings and having many conversations with Healthier Together, we still don’t understand what “Stronger leadership will mean we can make the best treatment decisions for patients” means.
- We don’t think that many of the conditions Healthier Together is focussed on are “Once in a life time” - some people will need specialist hospital treatment on a number of occasions.

The documents focussed too much on primary and integrated reforms which were not part of the formal consultation process.

A number of questions were loaded or confusing. For example:

- “We believe health and care services should be provided to a reliable, high standard every time for you and your family. This requires a change to the way services are currently provided. Do you agree or disagree that change is needed?”
  - The statement is in two parts, the second doesn’t necessarily relate to the first. We are unsure which part the question is asking us to agree or disagree with.

- “We have described how we are joining up care in Greater Manchester. In a joined-up care system, GPs, community-based nursing teams, hospitals and social care teams work closely together. We believe this is better for patients because they can be cared for outside of hospital more effectively. Do you agree or disagree with our proposals for a joined-up health and care system, delivered in the community where clinically appropriate?”
  - Who could disagree about councils and NHS getting their act together? Most people assume it happens already – or at least should be.

- “We believe hospitals are not always the best place for children to receive their care. We want to improve the availability of community-based care for children. This means that services will need to change. Do you agree or disagree that children and young people should be cared for closer to home where appropriate?”
  - We are unsure why this question is being asked since children’s services were removed from the scope of Healthier Together in April 2014

- “How would you prioritise being treated at your local hospital versus travelling further for the best specialist care?”
  - Similar to asking “Do you prefer your mum or your dad?” or “Please rate your son against your daughter”. The two are not mutually exclusive.
Space for text within the few ‘free’ questions was too small for anyone to write anything in any great detail. For example:
  o Do you think there is another way of providing hospital services to meet the Quality and Safety standards?
    ▪ Well, yes there are other ways to reconfigure hospitals, but we would not expect the general public to come up with them. The Kings Fund have recently published 6 possible models - Single Service is just one of the models explored http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/future-organisational-models-for-the-nhs-kingsfund-jul14.pdf
  
Demographic information could have been used to segment responses for greater understanding rather than just for monitoring purposes, it should be used to understand the different needs and views of different people. It should also have asked about factors such as whether you have a long term health condition, how often you see a GP, when you last went to A&E or last visited the hospital, whether you have a car, whether you have a disability, or have a blue badge, rely on public transport etc...

Comparisons charts for the eight options were confusing - the use of five gradations to score the options against eight factors was confusing. We think the chart is saying that under any configuration, quality and safety will increase but all would cost more money, and most would have negative impact on things like travel and access but this is not at all clear.

We find the map of hospitals across Greater Manchester really confusing. In addition to the 10 hospitals under review, there was the addition of Rochdale and Trafford, but other hospitals such as Wrightington and Leigh were not included. Despite repeated requests for an explanation, we are still at a loss.

We note that during a Parliamentary debate in July 2014 a number of Greater Manchester MPs raised concerns about the questionnaire:
  ✕ Graham Stringer (Labour, Blackley and Broughton) called it "a shambles and a charade"
  ✕ David Nuttall (Conservative, Bury North) claimed the documents were "littered with unintelligible gobbledegook".
  ✕ Julie Hilling (Labour, Bolton West - which includes Atherton in Wigan Borough) described the questionnaire as “ridiculous”
4c - Healthwatch Wigan Observation on the Central Consultation Programme

The process for gaining approval from NHS England for the consultation to proceed was complex and repeatedly delayed. In the end, NHS England only provided a qualified approval for the consultation to proceed a few days before the planned launch date. This late decision meant that the Healthier Together programme was not ready for the start of the 12 week consultation period;

- Only a limited number of consultation documents were available during the first three weeks of the period, the first batch had several printing errors.
- The Healthier Together ‘Guide to Best Care’ was, as far as we can tell, never printed and only available to download from the website. Similarly, alternative versions of documents either in large print or alternative languages were not made available at public meetings.
- An ‘easy read’ version of the consultation materials was produced part way through the 12 week consultation and made available as a download from the website. This had to be withdrawn from circulation following concerns raised by Healthwatch Wigan that it portrayed options for Wigan as a specialist hospital with a ‘thumbs down’ symbol.
- Only five events were held in the first two weeks of the consultation (three staff events and two public events) compared to 18 events in weeks three and four.
  - The first public event (in Trafford) was poorly promoted and poorly attended.
  - The second public event (in Bolton) was held on a Friday afternoon during Ramadan - this is not an appropriate time to hold a public meeting in a Borough with a high Muslim population and is in clear disregard for public sector equalities duties laid out in the Equalities Act.
- The events calendar was only populated during these first few weeks, meaning there was little time for publicity for local events.
  - Due to late planning, events were mainly promoted online via websites and social media. Posters and leaflets were not distributed to public places such as libraries and health centres. This automatically reduced the numbers of people who knew about the events.
- The Consultation Institute recommended that ‘Ambassadors’ be recruited and trained ahead of the formal consultation, in practice Ambassadors were recruited throughout the 12 week consultation, not beforehand, thus minimising their potential impact. By Week 5 only 396 Ambassadors had been recruited against a target of 1,000 (No further figures were given for the recruitment of Ambassadors).
  - It is not at all clear to Healthwatch Wigan what role these Ambassadors were meant to play, let alone what they actually did. Local agencies such as Wigan Borough CCG, WWL NHS FT or Healthwatch Wigan were not given access to local Ambassadors to be able to make use of them locally. We believe this to have been a massive wasted opportunity.
Local Healthwatch across Greater Manchester had lobbied for the consultation period to be extended beyond the planned 12 week period. This was in line with previous government guidance that formal consultations should be extended if they covered periods such as Christmas or the summer holiday period where members of the public would be unable to attend. Our concerns were echoed by others, most notably by MP’s who debated Healthier Together on 22nd July 2014, Kate Green (MP for Stretford and Urmston) said that similar concerns were raised over the consultation for the Trafford New Deal for Health initiative.

These calls were rejected by Healthier Together as unnecessary. However, at a meeting of the Committees in Common on 17th September (Week 11 of the consultation) a decision was taken to extend the deadline for receiving consultation responses by 24 days (18 working days). This is not the same as extending the consultation period because the CiC also decided to cease all centrally and locally organised activities. It is not clear how many further responses Healthier Together expect to receive during this period.

The Healthier Together programme was branded a ‘failure’ by the Guardian Newspaper, claiming that the consultation documents were vague and confusing, that hospitals were fighting each other over the proposals and that local MPs had been alienated by the programme (“Manchester Reform Plan Failure” The Guardian, 7th August 2014 http://www.theguardian.com/healthcare-network/2014/aug/07/manchester-hospital-reform-plan-failure). Wigan MP Lisa Nandy has repeatedly expressed concerns over the proposals (“I have deep concerns about Healthier Together shake-up of the NHS”, reveals Lisa Nandy MP. M.E.N. 14th September 2014 http://www.manchestereveningnews.co.uk/news/greater-manchester-news/deep-concerns-healthier-together-shake-up-7785636).

4d - Healthwatch Wigan Observations on the Consultation in Wigan:

At the start of the consultation process, Healthwatch Wigan clearly stated that we would remain publicly neutral in our views on the Healthier Together proposals and to let our response be guided by what local people say. This position was regularly reviewed throughout the consultation period by Directors and management but remained the same. Our overriding concern was to see as many people as possible, from all over the Borough, get involved in the consultation; to listen to the debate and to have their say on the future of local hospital services.

Locally, Healthwatch Wigan have worked closely with partners such as Wigan Borough CCG, Wrightington, Wigan and Leigh NHS FT and Wigan Council to coordinate and promote a wide range of outreach activities.

- The CCG took part in over 60 events including community fun days, talks at local colleges, stalls in shopping centres and even tackling the crowds at local sporting events in an attempt to reach out to local people who might not otherwise have engaged in the Healthier Together consultation. The CCG also created a micro site within their website which included a useful FAQ download.
• WWL arranged 10 staff events and 10 public events of their own and supported CCG and central Healthier Together events to engage people in Healthier Together. The Trust also led a high profile media campaign with regular features in local print media, regional TV and across social media platforms such as Twitter and Facebook as well as creating a dedicated micro site on the main Trust website.

This extra effort and positive approach to outreach has resulted in much higher response rates to the consultation from Wigan than other areas. At the end of week 11:
• Healthier Together had received 12,749 responses - only 8704 are known to be from Greater Manchester.
• 3070 were known to be from Wigan residents - this is 1,200 more than the next highest Borough, and over one third of known Greater Manchester responses.

(Consultation response figures for Week 11 are attached as an appendix).

There are positive lessons in this proactive approach that future consultation programmes should take note of:
• Making full use of established ‘ambassadors’ such as Foundation Trust ‘members’ or patients’ groups
• Pooling staff and volunteers from different agencies to create larger engagement teams with a mix of different strengths and attributes
• Sharing and maximising local knowledge of existing networks and structures
• Taking advantage of existing community activities such as community festivals and sporting events to reach out to large numbers of people who may not traditionally get involved in formal consultations
• Attending many, many activities and accepting that only a small minority will wish to be engaged
• Engaging people in conversations about their health priorities, rather than a complicated programme such as Healthier Together
• Demonstrating that it is a genuine consultation the outcome of which will make a difference in shaping future health and social care arrangements in the Borough
• Providing probably the best means of engaging those most in need and marginalised members of the community

(Examples of publicity and materials produced by WWL and a set of ‘Frequently Asked Questions’ produced by Wigan Borough CCG are attached as appendices)

We note that responses from Wigan are the highest of all CCG areas involved in the consultation, however it should be pointed out that these figures are significantly below the original targets for responses. Healthier Together had an overall goal of receiving 50,000 responses to the consultation which included 7,500 from Wigan. The experience of the consultation shows how unrealistic this target was. It is the belief of Healthwatch Wigan that these disappointing response rates are due to a combination of factors, including:
• poor pre-engagement work with local communities and key stakeholders,
• poor promotion of the programme across the county - Healthier Together choosing to work with Manchester focussed media organisations.
poor decision to hold the consultation over the summer holiday period
widely held belief that the outcomes was ‘a done deal’
  - To some extent this is true: the outcome for local hospitals’ status
    was a pre-determined in most CCGs areas - residents of Bury, Central
    Manchester, North Manchester, Oldham, Rochdale, Salford, Tameside
    and Trafford already knew the future status of their local hospitals.

There were a number of public events held in the Borough that were observed by
Healthwatch Wigan:

- CCG briefing with PPG members Wigan (July 18th)
- CCG briefing with PPG members Leigh (July 23rd)
- Staff event Wrightington hospital (July 23rd)
- Key 103 Roadshow - Wigan Town Centre (July 23rd)
- Staff event Wigan RAEI (July 24th)
- Key 103 Roadshow with WWL and CCG - Wigan Warriors (July 31st)
- Staff event Leigh Infirmary (August 15th)
- Public Listening Event Wigan (August 21st)
- Public Listening Event Leigh (August 21st)
- Transport Event - Hindley (September 9th)
- Question Time Debate at Wigan Town Hall (September 16th)
- Integrated Impact Assessment event (September 17th)

Two further events were cancelled due to lack of interest - Staff event for
Bridgewater NHS Trust staff in Leigh (Sept 1st) and Wigan (Sept 5th). This is
disappointing given the Trusts significant role in the delivery of primary care
services in the Borough.

In addition, as part of our role with the ERG we attended Healthier Together
events in Manchester, Oldham, Rossendale, Salford and Stockport - although our
observations focus on the Wigan events.

Overall our observations of these events are:

- The venue for the Leigh public meeting (Leigh Masonic Hall) was not
  suitable due to poor parking on site. The Wigan public meeting venue
  (Mercure Hotel) and transport venue (St Peters Pavillion) were good venues
  for parking and public transport. The Integrated Impact Assessment meeting
  (held at DW Stadium) was difficult to access via public transport, although
  as this was a stakeholder invited event rather than a public meeting, this is
  less of an issue.

- Microphones were not always used, or participants did not want to use them
  - this means that the loop system was not used either. It is imperative that,
  for sizeable public meetings, participants are encouraged to use the PA
  system.

- Similarly, there were regular problems with audio visual equipment meaning
  that the Healthier Together video was shown less than half of the time -
  either due to lack of pictures of lack of sound, or both.
Attendance at public meetings was generally poor - this has been seen throughout the consultation across Greater Manchester with a few notable exceptions.

- We are concerned that there appears to be regular differences between the numbers of attendees we observed at events in Wigan and beyond and official figures published on a weekly basis by Healthier Together which are often, in our view, inflated.

- Most participants were ‘known’ to Healthwatch, either as members of patients’ groups, voluntary groups, governors from WWL or local councillors. There were very few people who attended these meetings who did not have previous involvement with health and social care engagement activities.

- There was very little diversity amongst members of the public in attendance. Overwhelmingly, participants were older white people. Very few young people, BME people or disabled people were observed at these events.

- A number of meetings in the Borough were dominated by the presence of large numbers of representatives of WWL - a combination of managers, staff and governors. Questions and comments from the public were often dominated by these voices. Whilst this might be expected given the hospital’s campaign to gain ‘Specialist’ status, it is worth noting that the public meeting in Stockport was not dominated by representatives from Stepping Hill hospital.

The format or style of each event was varied - whether this is deliberate or unintended is not clear. In some meetings the chair or facilitator was open and receptive to the public, other times closed and insensitive. Some chairs or facilitators showed particular bias in favour or against Healthier Together proposals. We note that at the Wigan public listening event, time was not allocated for the planned table discussions to agree questions, this may have influenced the questions asked, in the end 26 questions were asked and the event over ran its published time table.

- We recommend that for future activities, clear guidance or training is given to the chairs and facilitators to ensure greater consistency in such public events.

Questions and concerns raised at meetings in Wigan were mainly focussed on:

1. The downgrading of services - the closure of A&E, the loss of small sites like Wrightington, Leigh or Thomas Linacre, the transfer of specialist staff to other hospitals
2. Quality - whether improvement in quality will be seen, how will quality be measured
3. Relationships between specialist and general hospital - staff ratios, follow up consultations
4. Travel times - difficulty getting around Wigan and to other hospitals
5. Ambulance journeys - paramedics making the right decisions and fears over journey times
6. The impact on primary care - whether there is sufficient capacity in primary care
7. The consultation process - complicated questionnaire, poor response rates, whether the outcome was a foregone conclusion
4e - Local Media:

We note that the official media partners of the Healthier Together programme were the Manchester Evening News and Key 103. These media organisations are Manchester-centric and neither widely read nor listened to in Wigan.

The Wigan Evening Post and Wigan Observer ran a high profile campaign to ‘Save Our Services’ which started in June and ran throughout the consultation period. The campaign featured in front page articles, full page reports, editorials and on the letters pages. It included a series of articles featuring WWL managers, clinicians and staff promoting positive news stories from the hospital, Wigan Council and Wigan CCG representatives were also featured encouraging people to get involved in the consultation.

The position taken by the local media was a direct consequence of the Healthier Together proposals that pitted one hospital against another. The campaign encouraged people to support Wigan Hospital’s fight to become a specialist hospital - this included arranging a petition to “Make Wigan Infirmary a Specialist Hospital” and encouraging local people to respond to the Healthier Together consultation.

Healthwatch Wigan believes that the Wigan Evening Post and Observer should be commended for leading this campaign. In many ways it fulfilled the role of a traditional municipal newspaper that is rarely seen in today’s media environment. However, divergent views from leaders of local health and social care organisations, with some accusing others of misunderstanding or misrepresenting the proposals was not helpful for members of the public in understanding the proposals. Healthwatch Wigan repeatedly pushed for the Wigan Health and Wellbeing Board to reach a common position on Healthier Together, but this was not possible until Week 11 of the 12 week consultation.
Healthwatch Wigan Views on the Healthier Together proposals

Healthier Together published their Pre Consultation Business Case (PCBC) Part One on 10th April with a view to getting it signed off at the Committees in Common meeting on April 16th. It is a weighty document - 88 pages plus 14 appendices. This was added to on June 19th with a Pre Consultation Business Case Part Two containing 207 pages and a further 12 appendices. Over 1000 pages in total.

The language used in the PCBC and throughout its 26 appendices will put most people off going further than the first few pages - there were a number of phrases we had to look up to find out what they meant.

Quite simply the PCBC is too large and complex to be the basis for a public consultation on the scale of Healthier Together. Even at public meetings, after listening to the formal presentations, members of the public regularly commented “How can we make a decision, we don’t know enough.”

We have focussed our attention to the areas which most concerned us, most concerned members of the public and where we felt a lay perspective could make the largest contribution to the discussion.

In responding to the proposals, we set out our views against Healthier Together’s four selection criteria:

5a - Quality and Safety:

Healthier Together have developed a substantial number of Quality and Safety Standards - more than 400 apparently. These standards have been developed by clinicians and have been endorsed by national bodies such as the Royal College of Surgeons and the College of Emergency Medicine. It is inappropriate for Healthwatch Wigan to comment on individual standards because of the complexity of the totality of them - appreciating the interdependency of all of them. We note that public events did not focus on these standards in any detail, and nor did the staff events that we attended. Rather the events simply presented them as a whole ‘library’ of standards that have been endorsed by national bodies.

Healthier Together have made great claims that the programme is clinically driven and focussed on improving quality and saving lives, and have repeatedly make bold claims that by implementing these Quality and Safety Standards that 1500 lives could be saved over a five year period.

Healthwatch Wigan has three main concerns about these claims:

i. The claims are based on a mathematical calculation of potential lives saved if all hospital reach the theoretical highest standards possible. Sir Bruce Keogh (NHS Medical Director) commented on such approaches "However tempting it may be, it is clinically meaningless and academically reckless to use such statistical measures to quantify actual numbers of avoidable deaths."
ii. Healthwatch Wigan are concerned that these claims have been widely exaggerated during the consultation as in fact, the PCBC actually only calculates that between 775 and 1455 lives could be saved over a five year period. The press release that launched the PCBC in April included a quote from Dr Chris Brookes that said he believed that 1,000 lives could be saved. We are unsure as to why Healthier Together felt it appropriate to make exaggerated claims for the potential lives saved other than to embroider the potential benefits of their proposals.

iii. Irrespective of mathematical models or of embellishment, it is one thing to state the numbers of lives that could be saved but impossible to prove cause and effect - indeed the programme may overachieve but it will be impossible to prove either.

On the face of it, 775 or 1,500 saved lives is commendable, however we find it underwhelming if this means that on average each hospital will only save 15 - 30 lives each year as a result of the Healthier Together transformation. By comparison, we note that WWL NHS FT claim that recent improvements in the hospital mean that 469 fewer people died in the hospital in 2013 than in 2007.

Claims have been made elsewhere that helps to put the Healthier Together claims into some perspective.

- 4,400 lives per year could be saved if all hospitals provided 7 days care at the same levels as Monday - Friday (http://www.dailymail.co.uk/health/article-2520250/Operation-Friday-Why-patients-24-likely-die-recuperate-hospital-weekend.html)
- 6,000 lives could be saved by signing up to Jeremy Hunt’s ‘NHS Safety Movement’(http://www.telegraph.co.uk/health/healthnews/10722875/Pledge-to-save-6000-lives-through-NHS-safety-campaign.html)
- It is estimated that 40,000 lives have been saved as a result of the smoking ban in public places (http://www.independent.co.uk/life-style/health-and-families/health-news/smoking-ban-has(saved-40000-lives-856885.html)
- 33,000 lives per year could be saved if everyone ate 5 portions of fruit and veg per day (http://www.bbc.co.uk/news/health-12002299)
- The Healthier Together Case for change points out that 22,000 years of life could be saved by tackling health inequalities in Greater Manchester and says that 14,000 of these are avoidable if healthcare were better.

We are disappointed to see that public health plays no part in any of the Healthier Together proposals (other than the brief mention in the ‘Case for Change’, listed above). If Healthier Together truly seeks transformational change within Greater Manchester’s health care system it cannot ignore the part that Public Health must contribute. It may be possible that Healthier Together ensures that “Greater Manchester has the best health and care in the country”, but we may still have some of the worst health outcomes in the country unless we are serious about tackling generational health inequalities.
5b - Travel and Access:

Healthwatch Wigan heard repeated concerns from local people that Healthier Together’s transport standards are unrealistic for Wigan Borough - and we agree.

Healthwatch Wigan were so concerned about the reliability of Healthier Together’s Transport Standards that we commissioned TTHC Ltd - the Traffic, Transport and Highway Consultancy (http://www.tthc.co.uk/) to produce a professional and technical assessment to review the standards. Their assessment is published as an accompanying document to this report.

TTHC provide specialist advice to private and public sector clients throughout the UK on a range of traffic and transport issues. With an office in Manchester city centre they know the region well; recent clients include Wigan Council and Peel Holdings to provide Transport Assessment work to examine the implications of development and infrastructure works within the borough. TTHC are regularly called upon to provide expert witness testimony in planning appeals, inquiries, arbitrations and court hearings relating to traffic and transport programmes.

The report provides information on the following;
- A critique of Healthier Together’s assumptions, methodology and accessibility criteria;
- A ‘logic check’ of Healthier Together’s ‘baseline’ calculations and assumptions; and
- A ‘logic check’ of Healthier Together’s ‘preferred option’ calculations and assumptions.

This independent review has advised that:
- Healthier Together’s transport standard for public transport does not meet the requirements and guidelines set by comparable standards such as
  - Department for Transport’s National Travel Survey Health-related Travel Difficulties Personal Travel Factsheet
- Wigan’s public transport system is reliant upon a bus network that is less well developed than other areas of greater Manchester. This bus network is more susceptible to congestions than other modes such as tram or train.
  - Peak period congestion can add between 26% and 62% to relevant journeys on public transport.
- Healthier Together does not appear to take into account any improvements that are currently committed developments such as the Leigh-Salford-Manchester Busway and Metrolink extension to the Trafford Centre.
Astonishingly, Healthier Together’s assessment assumes that a significant proportion of Wigan residents will travel outside of the Greater Manchester area to receive specialist care

- As many as 60% of Wigan residents were assumed to travel to Warrington Hospital in order for Healthier Together to claim their travel standards could be met.
- No consideration has been made by Healthier Together that non-Greater Manchester Hospitals are outside of the control of all the authorities involved in Healthier Together.

An assessment of 24 potential journeys from within Wigan to potential specialist hospitals in either Salford or Bolton show that only 5 journeys meet the parameters of the Healthier Together Transport Standards.

- This means that almost 80% of likely journeys to a Specialist Hospital (other than Wigan) would fail Healthier Together’s Transport Standard.

Overall, the TTHC concludes that “the ‘Transport and Access’ study in its current form is not a suitable or reliable basis upon which to guide the determination of the future distribution of Specialised Healthcare Services within Greater Manchester. These findings do not provide any confidence in the Programme’s ability to accurately establish existing or future year accessibility levels or identify a Preferred Option for the distribution of future year Specialist Healthcare. The Conclusions of Healthier Together’s ‘Transport and Access’ Programme are therefore unfounded and cannot be supported.”

Volunteers from Healthwatch Wigan supplemented the TTHC review, undergoing a series of journeys prescribed by the Healthier Together transport analysis. Our survey shows that under real life conditions, only four out of 21 journeys met the Healthier Together standards. Whilst we accept such a small sample can only provide an indication we believe that is shows enough doubt in Healthier Together’s calculations and the need for further investigation. We believe that this type of real life survey should have formed part of Healthier Together’s original transport analysis.

(A copy of the TTHC’s Travel Standards Assessment is published as an accompanying document to this report).

5c - Affordability and Value for Money:

Health and social care finances are complex, and the same is true for the Healthier Together proposals. However, we are concerned that Healthier Together have misrepresented key financial data within the consultation document - over-emphasising the financial benefits of four specialist hospitals over five specialist hospitals. Crucially, Healthier Together fails to fully respond to the financial pressures facing health and social care.
Within the Pre Consultation Business case appendices there is a report produced by Deloitte on behalf of Healthier Together which concludes that the difference between having four specialist hospitals versus five specialist hospitals is relatively minor (approximately £5 million in an overall budget of around £2.5 billion for acute care in Greater Manchester) and should not be used as the basis for a decision. Yet the consultation document fails to mention this, instead listing ‘cost effectiveness’ as an advantage of a four site model and giving it ‘++’ in the comparison chart. Healthwatch Wigan is unsure as to why Deloitte’s advice has been ignored, and we are concerned that this bias is likely to skew responses in favour of a four Specialist site option.

The point has already been made by The Guardian (“Manchester Reform Plan Failure” http://www.theguardian.com/healthcare-network/2014/aug/07/manchester-hospital-reform-plan-failure but we think it worth restating - Deloitte also said in their report that “no reliance may be placed for any purposes whatsoever on the contents of this document”. Healthwatch Wigan are at a loss as to why substantial public funds have been paid to private companies for reports and assessments that cannot be relied upon.

More fundamentally, Healthwatch Wigan believes that Healthier Together fails to recognise the financial realities facing Health and Social Care - both nationally and in Greater Manchester.

- It is claimed that the NHS in Greater Manchester is facing a £1 billion black hole in its budget. This shortfall is significant;
  - Given WWL NHS Foundation Trust’s turnover is roughly £260 million it is equivalent to shutting Wigan’s Royal Albert Edward Infirmary, Leigh infirmary, Wrightington Hospital and Thomas Linekar outpatient centre four times over.

- Wigan Borough CCG has laid detailed plans for coping with a £50 million reduction in its budget over the next few years. The CCG intend to focus more of its investment into primary and integrated care which means far less money available for acute care locally. This picture is repeated across Greater Manchester.

- Councils across Greater Manchester, have faced massive reductions in their budgets and will continue to be constrained for many years to come. £1.3 billion has already been cut across Greater Manchester (http://www.manchestereveningnews.co.uk/news/greater-manchester-news/scale-cuts-revealed-over-1bn-6719147) In Wigan the Council has already cut £64 million and has plans for a further £120 million (https://www.wigan.gov.uk/Council/The-Deal/The-Deal.aspx)

Hospital funding is not being protected from austerity yet Healthier Together has repeatedly given assurances that no hospitals will close as a result of their proposals. This reassurance is, at best, naïve and, at worst, disingenuous, and does nothing to build public confidence in the Healthier Together proposals.

In the bigger picture, Healthwatch Wigan would call for greater overall funding for health and social cares services. In the UK we currently spend approximately 9.6% of GDP on Health, this is lower than comparable countries such as France (11.9%), Germany (11.6%), Canada (11.3%) and USA (17.9%), in fact the UK is ranked as 15th
in a list of developed countries (OECD Health Statistics 2014). The Barker report (Commission on the Future of Health and Social Care in England, 2014) calls for funding on Health to rise to between 11% and 12% of GDP by 2025, this principle appears to have public support as revealed in a Guardian report (“Half of voters happy to pay more tax to fund NHS - poll. Guardian August 15th 2014).

**5d - Transition:**

Finally we have concerns over what Healthier Together call ‘Transition’ - the processes, the time and the money needed to move from our current hospital set up to where it needs to be if Healthier Together proposals are implemented.

We believe that transition factors are, by their very nature, short term issues and should not be the determining factors in deciding the re-organisation of our hospitals for the next 30 years or more. With this in mind, the Committees in Common should place less weight to transitions than they do to factors of Quality, Transport and Affordability.

Healthier Together claim that the transition to four specialist hospitals will be easier than for five hospitals and use this as a reason for the public to select four sites over five. However, we are interested to note from a similar reconfiguration programme in London “Shaping a Healthier Future” (that appears to be a mirror image of the Healthier Together programme) that commissioners wanted to focus on no more than five specialist hospitals but the Royal Colleges recommended a patient population of between 350,000 and 450,000 per specialist hospital to allow for clinical teams to acquire and maintain sufficient skills to provide an acceptable service.

- In Greater Manchester, with a population of 2.7 million people this would mean that between six and eight specialist hospitals would be needed
- Following this logic, all four hospitals that are currently under consideration for Specialist status should be granted it.
6 - Conclusions and Recommendations

Notwithstanding Healthwatch Wigan’s criticisms of the Healthier Together consultation process it remains imperative that the Committees in Common, and its constituent CCGs, pay due regard to views expressed by the thousands of people who have taken the time to contribute to the consultation. The Committees in Common will need to show that local people’s views have been heard, understood and taken on board when they ultimately make decisions on the future reconfiguration of hospital services.

Healthwatch Wigan believes that there is a ‘case for change’ for transformation of health and social care services locally. The case for change recognises that:

- given government policies towards NHS and social care funding, the health and social care system will become increasingly financially unsustainable unless significant transformation occurs
- the health and social care system is facing workforce pressures that are likely to continue in the future unless reforms are made
- there are variations in the outcomes seen by patients visiting different hospitals and at different times of the week that need to be improved
- significant improvements are needed in the way that health and social care services are joined up
- health inequalities remain stubborn with thousands of lives lost early each year to preventable ill health

We have sympathy with Lord Peter Smith, in his role as Chairman of the Association of Greater Manchester Authorities when he says in the introduction to the Healthier Together consultation document “We are clear that this improvement in integration and in GP services needs to be up and running before the changes to the hospital services are introduced.”

Healthwatch Wigan agrees that is essential for reform of the whole Health and Social Care system - of primary care, secondary care and social care - to be done together. Changes within local hospital services cannot be implemented without significant, at pace, improvements in primary care and in service integration; however we would caution that such reforms cannot run consecutively, they need to be implemented concurrently.

We would add that the role of public health has been largely ignored by Healthier Together up to now, this needs to be rectified if health and social care leaders are to realise their ambitions for the best outcomes in the country.

Healthwatch Wigan has never believed it right to pitch one hospital against another in a public beauty contest to select specialist and general hospitals - Cllr Damian Edwardson (Shevington with Lower Ground and Vice Chair of Wigan’s Health and Social Care Scrutiny Committee) summed it up perfectly at the Overview and Scrutiny Committee in June 2014 when he said that the only time he wanted to see the two towns of Wigan and Bolton in competition is on the football pitch - and obviously we would all want to see a Wigan victory!
We firmly believe that collaboration and cooperation between commissioners, providers and patients is the best way to ensure that we achieve ‘Best care’ rather than competition. We see this as a fundamental flaw in both the Healthier Together proposals and the consultation process.

The principle of hospitals working together - whether in a single service, or in formal partnership - is not new and is not unique to Greater Manchester;

- The Nuffield Trust have also explored such models in their work on the Future of Hospitals [http://www.nuffieldtrust.org.uk/future-hospital](http://www.nuffieldtrust.org.uk/future-hospital)

We would urge the Healthier Together programme to explore these different models in search for an alternative to the specialist / general model currently proposed.

Healthwatch Wigan is supportive of the emerging proposals of the ‘North West Alliance’ - a partnership of Wrightington, Wigan & Leigh NHS Foundation Trust working together with Salford Royal NHS Foundation Trust and Bolton NHS Foundation Trust - to seek to work together in partnership to deliver a single service to achieve quality and safety standards.

As members of the Wigan Health and Wellbeing Board we have agreed with local partners such as Wigan Council, Wigan Borough CCG, Bridgewater NHS Trust and 5 Boroughs NHS Foundation Trust to support these proposals, which involve:

- Delivering the objectives and standards of Healthier Together
- Improving access to primary care
- Moving investment from hospitals to community settings
- A single IT system across the three hospital systems
- A shared single service for emergency surgery
- Sharing and collaboration of other clinical and non-clinical services
- Each hospital retaining its core and specialist services

Detailed proposals for the North West Alliance are still being worked on by managers and clinicians from the hospitals involved. Healthwatch Wigan calls for full and meaningful patient and public involvement in developing these proposals at the earliest possibility.

The Northwest Alliance will need to develop mechanisms to inform local people of their proposals, to receive feedback from local people, and of course enable local people to influence the proposals. This should include the appropriate engagement of bodies such as Healthwatch and local Scrutiny Committees, it would seem sensible to us for the three local Healthwatch concerned to be invited to join any governance structures for the North West Alliance, for Scrutiny Committees to be appraised of the proposals and for a Joint Scrutiny Committee to be formed.
Healthwatch Wigan have been deeply critical of poor engagement in the pre-consultation process for developing Healthier Together proposals and we would urge the North West Alliance to learn lessons from this process and not to repeat these mistakes again.
Appendices

1. Joint letter from Healthwatch Chairs to the Healthier Together Committee
   in common
2. Healthwatch England letter to Secretary of State of Health
3. Secretary of State for Health response to Healthwatch England
4. Week 11 Response figures for Healthier Together
5. Publicity materials from WWL NHS Foundation Trust
6. Frequently Asked Questions document produced by Wigan Borough CCG.
1. Joint letter from Healthwatch Chairs to the Healthier Together Committee in common

Phil Watson
Chair of Healthier Together Committees in Common
Via Email: [redacted]

24th April 2014

Dear Phil

We write as Chairs of local Healthwatch across Greater Manchester to express our collective concerns over the progress of Healthier Together with particular concerns over public and patient engagement. At present there are three broad areas of concern to us:

**External Reference Group:** This group has changed since its inception from one that enjoyed broad support and engagement from across Greater Manchester and where partners genuinely felt they could contribute to the engagement agenda of Healthier Together; into a meeting today that is rarely attended by more than 7 people, and that members of the group are unclear of Healthier Together’s PPI record to date or of plans for the future. We note that there is currently a recruitment process taking place to appoint a new Chair for this group, however, we are disappointed to see that the group has had minimal involvement in this process other than to be informed of process and progress at monthly meetings. We fear that there will be insufficient time for this person to influence improvements to the group to allow it to fulfil its role of scrutiny of PPI activities of the Healthier Together programme.

- An urgent review of membership, participation and remit of the group needs to take place with a commitment to ensure that the group is reflective of the different geographies and communities of Greater Manchester as well as securing input from representative voluntary organisations to make sure the group can fulfil its formal scrutiny remit over patient and public involvement.

**Conversations and Consultation:** Plans for local conversations were mooted in the late summer of 2013 and were planned to take place in local Boroughs in February and March 2014. The picture of these conversations across Greater Manchester has been mixed; with some focussing heavily on Healthier Together, others barely mentioning the programme and many of the conversations have slipped into April. Boroughs that did not focus on
Healthier Together say that this was in part because of the lack of clarity on what to say to members of the public about Healthier Together. With three months to go before the formal Consultation is due to start there remains a lack of clarity and detail over the patient and public involvement approach to be taken by Healthier Together.

- Healthwatch expects that any proposals for reconfiguration must be able to demonstrate strong public and patient engagement; it should be clear what aspects of the programme are open to change as a result of the consultation and what decisions have already been taken.

Openness and Transparency: We understand that the pre consultation business case and model for service reconfiguration were discussed during the closed Part B of the March Committees in Common meeting, we are unsure why such topics needed to be held behind closed doors and believe it to be counter to the Government and NHS’s stated commitment to openness and transparency as enshrined in the NHS Constitution. We believe that Healthier Together should seek to uphold the highest standards of openness and transparency in the work of the Committees in Common so it is disappointing to see important issues such as these discussed in secret and we can see no reasonable justification for it. We note that the pre consultation business case has now been made public.

- We would request that the Healthier Together Committees in Common review their processes for deciding which discussions take place in Part B closed sessions, in the spirit of candour we would expect a minimal of Healthier Together decisions taking place behind closed doors.

The Healthier Together programme is one of the biggest issues facing the local health and social care community in 2014, as local agencies charged with the task of being the independent champion of patients and the public in health and social care we are duty bound to raise our concerns with you as the programme moves into its crucial next phase. We urgently request a meeting with you to discuss these issues and explore appropriate ways forward to bring about immediate improvements.

Yours faithfully

Jack Firth
Vicky Szulist
Norma Bewley
Vicky Devonport
John Leech
Dr Kailash Chand OBE
Ann Day
Sir Ian McCartney

Healthwatch Bolton
Healthwatch Manchester
Healthwatch Oldham
Healthwatch Rochdale
Healthwatch Stockport
Healthwatch Tameside
Healthwatch Trafford
Healthwatch Wigan
2. Healthwatch England letter to Secretary of State of Health

Rt Hon Jeremy Hunt MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

cc. Simon Stevens, Chief Executive, NHS England
cc. Cllr David Sparks OBE, Chair, Local Government Association

16th July 2014

Dear Secretary of State,

I am writing to you to share our concerns about the potential impact of the Draft Legislative Reform (Clinical Commissioning Groups) Order 2014 and ask for your support in addressing the issues. In particular, I am concerned about the impact this reform could have on the statutory role of local Healthwatch, the integrity of local accountability mechanisms, and meaningful public involvement in decisions about service redesign.

This letter and the accompanying Advisory Note (contained in the Annex) is in accordance with our powers to provide you with information and advice under s.45A (5/6) of the Health and Social Care Act 2008, as amended by s.181 of the Health & Social Care Act 2012.

As you know, the Legislative Reform (Clinical Commissioning Groups) Order 2014, will build on the current powers in the National Health Service Act 2006 to allow Clinical Commissioning Groups (CCGs) and NHS England to form joint committees to exercise their commissioning functions.

My concerns are based on the experience of local Healthwatch in areas where similar arrangements already exist, such as Greater Manchester. Local Healthwatch have escalated concerns to us about the transparency and accountability of decision making and the effect it is having on their ability to carry out their statutory functions. The issues include:

- Disengagement with local accountability mechanisms;
- Poor public engagement by CCGs and Committees in Common in the formation of their proposals;
- Major decisions, such as on models for service reconfiguration, being taken in closed sessions of the committee;
- Insufficient planning for public engagement in conversations about service reconfiguration that will directly result from decisions made by the committee in common.
Learning from the experiences of local Healthwatch, we are concerned that the proposed reforms could create the conditions for CCG decision-making to become disconnected from the transparency and accountability mechanisms put in place by the Government’s health reforms, including Health and Wellbeing Boards and local Healthwatch themselves.

The statutory seat for local Healthwatch on Health and Wellbeing Boards was created to ensure that the local community is able to shape, scrutinise and challenge decisions made by local commissioners. Unlike Health and Wellbeing Boards, neither CCGs nor Committees in Common are currently mandated to have local Healthwatch in their decision-making forums.

Whilst I recognise the important role CCG collaborations can play in the effective commissioning of health and social care, and the transformation of traditional service models, I am sure you will agree that it is vital they are accompanied by strong accountability and engagement mechanisms. This is of particular importance given the scale of decisions being made by joint committees, and our anticipation that many more of these joint arrangements will be put in place. Without these safeguards in place, the public are far less likely to understand, or be accepting of, the changes that happen in their community.

To date, we have brought these issues and emerging practices to the attention of your officials in the Department, and our colleagues in NHS England, and we continue to support local Healthwatch who are navigating the existing CCG collaborative arrangements.

Given the on-going conversations about this draft Order, and that it would come into force in October 2014, I would ask that you consider the following proposals to address the above issues:

First, I would advise that the accountability measures in the draft Order be strengthened. I understand, however, from your officials that it is not possible at this stage in the process for you to amend the draft Order due to the parliamentary procedure governing this instrument.

I am therefore asking that you use the next legislative opportunity to amend the Order to:

a. Ensure CCGs acting in collaborative arrangements have in place adequate mechanisms meaningfully to engage the public and the local community in decision making.

b. Introduce a mandatory non-voting constitutional seat on Committees in Common for local Healthwatch to enable them to scrutinise decision-making and hold the committee to account for the decisions they make.
c. Place a duty on all lead or coordinating commissioners to have due regard to existing local agreed priorities and plans (including Joint Strategic Needs Assessments and Health and Wellbeing Plans).

d. Place a duty on all lead or coordinating commissioners to act within existing local accountability mechanisms (which might include being held to account at a Health and Wellbeing Board outside of their CCG’s geographic jurisdiction).

More immediately to enhance transparency, accountability and public involvement in the operationalisation of this Order, I advise you to consider:

1. Jointly issuing, with NHS England, statutory guidance to CCGs and local authorities on establishing accountability arrangements between local accountability structures, Health and Wellbeing Boards and Committees in Common, ensuring these models enable local Healthwatch fully to exercise their statutory functions. This statutory guidance should include a requirement on CCGs to enhance their public engagement and involvement when working in collaboration or under joint commissioning arrangements.

2. Your officials work with my staff, our colleagues in NHS England and the Local Government Association to ensure adequate safeguards are put in place in the governance arrangements for Committees in Common. This would assure the public that there is a mechanism to address breakdowns in accountability or blocking of local Healthwatch statutory functions. We feel this is particularly important given that many of these collaborative commissioning arrangements will involve major reconfiguration programmes.

I look forward to hearing your thoughts on how we take this forward.

Kind regards,

Anna Bradley
Chair, Healthwatch England
Annex - Healthwatch England advisory note on the Legislative Reform (Clinical Commissioning Groups) Order 2014

16th July 2014

1. Purpose of the Advisory Note

The purpose of this advisory note is to outline the legislative changes coming into force under a new statutory instrument called the Draft Legislative Reform CCG Order 2014.

This new legislative reform order formalises the creation of joint commissioning committees between Clinical Commissioning Groups and NHS England. It is anticipated that these changes will lead to commissioning decisions increasingly being made at regional and supraregional level.

We explore the potential impact this may have on local Healthwatch and their ability to carry out their core statutory functions.

This Advisory Note has been produced in accordance with our powers to provide the Secretary of State for Health with information and advice on ‘the views of Local Healthwatch organisations and of other persons on the standard of provision of health and social care services and on whether or how the standard could or should be improved’ under s.45A (5/6) of the Health and Social Care Act 2008 as amended by s.181 of the Health & Social Care Act 2012.

2. Background to the issue

Under the NHS Act 2006, as amended by the Health and Social Care Act 2012, CCGs have the power to collaborate and exercise their commissioning functions jointly. However, each CCG remains fully accountable for commissioning services that meet local needs and quality standards.

In August 2012, NHS England created a framework and guidance to help CCGs establish commissioning arrangements jointly to commission services and manage the joint contract. These arrangements govern the collaborative commissioning that CCGs might do together and must be reflected in the constitutions of all CCGs that enter them.

In terms of decision-making, the model Collaborative Commissioning Agreements for CCGs importantly clarifies that the co-ordinating commissioner cannot make decisions on behalf of CCGs and must seek approval from all CCG accountable officers who constitute the membership of the joint committee before taking action.

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1 Referred to in the framework and the model collaborative commissioning agreements as the ‘Collaborative Forum’
Under current arrangements, local Healthwatch can attend these joint committees, but only by invitation of the co-ordinating commissioner.

Examples of these arrangements can be seen in the joint working between eight CCGs in North West London, six CCGs in North Yorkshire, twelve CCGs in Greater Manchester and twenty-one CCGs that are part of a commissioning consortium in the East of England.

3. New legislative reform

The new Legislative Reform CCG Order 2014, which comes into force on the 1st October 2014, will amend the National Health Service Act 2006 in two ways. It will allow:

a. Clinical Commissioning Groups (CCGs) to form joint committees when exercising their commissioning functions jointly.

b. CCGs to exercise their commissioning functions jointly with NHS England, and to form a joint committee when doing so.

In essence this means that CCGs will be able to form a joint committee with each other or NHS England to make joint decisions about the services they commission on behalf of the CCGs they represent.

4. Impact of the reform on local Healthwatch

We anticipate that the new power to make these collaborative arrangements will increasingly lead to a reliance on regional and supraregional Committees in Common, which will have delegated authority to decide on the services they jointly commission on behalf of the CCGs they represent.

In areas where similar arrangements exist, such as Greater Manchester, local Healthwatch have escalated to us concerns about transparency and accountability of decision making and the effect it could have on their ability to carry out their statutory functions. These practices include:

- Disengagement with local accountability mechanisms;
- Poor public engagement by CCGs and the committee in common;
- Major decision-making items, such as models for service reconfiguration, being discussed in closed sessions of the committee;

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2 Section 1 of the Legislative and Regulatory Reform Act 2006 gives Ministers certain powers to make orders (including Legislative Reform Orders) that remove or reduce burdens resulting directly or indirectly from legislation.
Insufficient planning for public engagement and conversations on service reconfiguration that will directly result from decisions made by the committee in common.

Learning from the experiences of local Healthwatch, we are concerned that without full consideration the proposed reforms could create the conditions for CCG decision-making to become disconnected from the transparency and accountability mechanisms put in place for local Healthwatch, communities and other joint decision makers (including members of Health and Wellbeing Boards).

The statutory seat for local Healthwatch on Health and Wellbeing Boards was created to ensure that the local community is able to shape, scrutinise and challenge decisions made by local commissioners. Unlike Health and Wellbeing Boards, CCGs operating in Committees in Common are not currently mandated to have local Healthwatch representation or observation at their decision-making forums.

We share the concerns of the Association of Directors of Adult Social Services (ADASS), that these collaborative arrangements could, therefore, diminish the role of Health and Wellbeing Boards in scrutinising commissioning decisions, holding commissioners to account and collaboratively directing commissioning strategies across the boundaries of local Government and health.

More specifically, there is a risk that the abstraction of decision making and accountability will undermine the statutory seat of local Healthwatch on Health and Wellbeing Boards and reduce their ability to assess the sufficiency of the joint commissioning arrangements, public engagement in decision making and impact of service change decisions on local communities.

Furthermore, meetings of the committee in common can actively exclude major decision-making from public agendas if they consider it not to be in the public interest and there is no explicit requirement for their meetings to be open to the public or local Healthwatch representation, except for when the committee presents its annual report.

When CCGs operate as a committee in common, decisions can be made by one lead or coordinating CCG, but affect service provision outside their substantive geographical area and coterminous Health and Wellbeing Boards. This poses a considerable challenge for local Healthwatch that cover the geographical area of the affected service, but are unable to hold to account the lead or coordinating commissioner that is not located in their area.

Whilst many local Healthwatch have attempted to address this cross-accountability by coming up with informal collaborations, like those of Greater Manchester, these arrangements are fragile and are dependent on the level of resource of each local Healthwatch; many of which lack sufficient capacity to address decisions on this scale.
The Department of Health has recently provided reassurance that CCG members of Committees in Common would need to be mindful of Joint Strategic Needs Assessments (JSNAs) and the Health and Wellbeing Strategies. However in practice we are observing that the commissioning decisions of Committees in Common have taken precedence, and we anticipate that this practice would continue under the reform.

5. Case example from Greater Manchester

The committee in common in Greater Manchester is made up of twelve CCGs that have joined together to coordinate and commission service reconfiguration in the region under the auspices of the Greater Manchester Association of CCGs in a project known as Healthier Together.

The local Healthwatch in the Greater Manchester area have raised general concerns over poor public engagement by their local CCGs and the committee in common. The governance meetings for Healthier Together have only started to meet in public since March 2014 and major decision-making items, such as the model for service reconfiguration, were discussed in a closed session of the committee. Further local concern remains over a lack of clarity on planned public engagement in conversations on service reconfiguration that will directly result from decisions made by the committee in common.

Similarly, local Healthwatch in the area were not invited to attend the joint committee’s External Reference Group until November 2013, and this happened only after an intervention from the local Healthwatch themselves. Despite now attending the External Reference Group, they remain concerned that there is poor attendance from wider external stakeholders, that major commissioning decisions are still being discussed and agreed without adequate accountability to the local community, and that their attendance could be used as tacit approval for both the Healthier Together proposals and the committee in common’s model of engagement.

Local Healthwatch in the Greater Manchester area have come together informally to share local intelligence and collectively highlight concerns to the Chair of Healthier Together and Healthwatch England about the lack of public involvement and low levels of transparency and accountability in decision making.

6. Recommendations to strengthen the reform

To strengthen the reforms proposed in the Draft Legislative Reform CCG Order 2014, we recommend that the Secretary of State use the next legislative opportunity to amend the Legislative Reform Order to:

a. Ensure CCGs acting under collaborative arrangements have in place adequate mechanisms meaningfully to engage the public, and more importantly their local community, in decision making.
b. Introduce a mandatory non-voting constitutional seat on Committees in Common for local Healthwatch to enable them to scrutinise decision-making and hold the committee to account for the decisions they make.

c. Place a duty on all lead or coordinating commissioners to have due regard to existing local agreed priorities and plans (including Joint Strategic Needs Assessments and Health and Wellbeing Plans).

d. Place a duty on all lead or coordinating commissioners to act within existing local accountability mechanisms (which might include being held to account at a Health and Wellbeing Board outside of their CGG’s geographic jurisdiction).

In addition to this, the Department of Health and NHS England should issue statutory guidance to CCGs and local authorities on establishing accountability arrangements between local accountability structures, Health and Wellbeing Boards and Committees in Common, ensuring these models enable local Healthwatch to exercise fully their statutory functions. This statutory guidance should include a requirement on CCGs to enhance their public engagement and involvement when working in collaboration or under joint commissioning arrangements.

Finally, the Department of Health, NHS England, Healthwatch England and the Local Government Association should work together to ensure adequate safeguards are put in place in the governance arrangements for Committees in Common. This would assure the public that there is a mechanism to address breakdowns in accountability or blocking of local Healthwatch statutory functions. We feel this is particularly important given that many of these collaborative commissioning arrangements will involve major reconfiguration programmes.
3. Secretary of State for Health response to Healthwatch England

Dear Anna,

Thank you for your letter of 16 July, sharing your concerns about the potential impact of the Draft Legislative Reform (Clinical Commissioning Groups) Order 2014 (the LRO) and raising a number of issues.

I am also responding to your Advisory Note, in accordance with my duty under section 45A(7) of the Health and Social Care Act 2008.

Your letter and advisory note raise a number of concerns about the potential impact of the Draft LRO, using examples from recent experiences of local Healthwatch in Greater Manchester. Thank you for bringing these concerns to my attention and to the attention of Simon Stevens at NHS England.

It is important for all partners to consider how we most effectively support the system to work efficiently and, working in partnership, support all relevant organisations to develop open and accountable ways of working.

The Legislative Reform Order

It may help if I set out a brief summary of the LRO and the rationale for introducing it from 1 October 2014, subject to Parliamentary approval.

The Health and Social Care Act, when it established CCGs, did not make provision for CCGs to form joint committees with other CCGs. PCTs previously had this provision in legislation and many formed joint committees to progress partnership work.

Health organisations, including CCGs, have expressed concerns about CCGs' inability to form joint committees that are able to make binding decisions. This
inability has brought many practical challenges in working together on issues that cut across boundaries, such as continuing healthcare, patient specific funding requests and service change across a health economy.

In the absence of a specific power to form joint committees, CCGs have put in place legally robust arrangements that enable them to make progress with major joint projects, but these arrangements (termed “committees in common”) are bureaucratic and complex. The purpose of making a LRO is to reduce the administrative burdens resulting from the current legislation. The LRO will enable:

(a) two or more Clinical Commissioning Groups (CCGs) to form joint committees when jointly exercising their functions or

(b) one or more CCG and NHS England to jointly exercise the functions of a CCG and to form a joint committee when doing so.

The proposed amendments build upon the existing powers for CCGs to work jointly with each other and with NHS England, giving them greater flexibility and control in the way that they work. In any commissioning structure you have in place, there are always going to be some decisions that may need to be taken locally and some that span a wider population. The amendments made by the LRO will enable CCGs to work more effectively and efficiently together.

In addition to a targeted consultation with those affected by the changes, the LRO has also been scrutinised by the Regulatory Reform Committee (RRC) and the Delegated Powers and Regulatory Reform Committee (DPRRC). Both concluded that the Order should proceed under the affirmative procedure. This means it is not possible to amend the Order as it passes through Parliament.

Assurance arrangements

NHS England developed an assurance process for CCGs which was published in November 2013, along with further operational guidance in June 2014. This sets out the assurance process that is to be used by Area Teams. It outlines the Cabinet Office’s principles of consultation and also includes reference to a role for local Healthwatch to support engagement with the local population. The guide includes, as an example of good practice, the test that patients and the public should be involved in major service change. The LRO will not change this.

Duties in relation to public engagement and consultation

The LRO will not compel CCGs to form joint committees. It will be for CCGs to decide whether they wish to form a joint committee. If they do so, they will be required to set out in their constitutions the form and scope that this committee would take. The formation of a joint committee, as is the case with the “committees
in common” model, will not circumvent any of the existing duties of an individual CCG including S14Z2 – the duty which covers public involvement and consultation.

CCGs are therefore expected to make suitable arrangements to ensure this duty was complied with when exercising their functions through a joint committee. For example, you will be aware of the statutory guidance published by NHS England in September 2013, *Transforming Participation in Health and Care*.

**Response to Healthwatch England recommendations**

Your advisory note sets out several recommendations for strengthening the reforms proposed in the LRO, and for enhancing transparency, accountability and public involvement in the operationalisation of the Order.

At this stage, I am not proposing further legislative change to amend the Order, subject to its Parliamentary approval in its current form.

I believe that the majority of the concerns you raise will be addressed by the move from complex “committees in common” to clearer joint committee structures, underpinned by legislation.

As “committees in common” will be superseded by these reforms, it is not possible to introduce a mandatory non-voting seat for local Healthwatch as you suggest. This would also be contrary to the permissive and flexible nature of the legislation in relation to CCGs, where it is right that local clinicians have the autonomy to determine the structures that will work best to deliver services for their local population (subject to CCGs meeting all relevant requirements and duties set out in the legislation).

As noted above, CCGs are still accountable as individual organisations, whether they are working individually or collaboratively with other commissioners, and their existing responsibilities will still apply.

However, in light of the proposed reforms driven by the LRO, I have asked my officials and NHS England to work with Healthwatch England to consider what additional material and good practice resources may be needed to support effective and accountable collaboration between CCGs.

I note the point you raise regarding the capacity of local Healthwatch to hold CCGs jointly to account, and that some local Healthwatch organisations may require
support to do this. Where local Healthwatch organisations have been able to work together to carry out their statutory role, it would be helpful to understand how this experience has been shared and what Healthwatch England is planning to do to further support the Healthwatch network. DH and NHS England officials would be happy to work with you to consider what short and accessible resources could be produced that might support local Healthwatch to work in these contexts.

You will be aware of the ongoing work led by the LGA, funded by the Department, to develop health and wellbeing boards, including a specific strand to support local Healthwatch as effective members of health and wellbeing boards. Again we would be happy to consider what further support might be offered to local Healthwatch through this programme to help them fulfil their accountability role when working with CCGs and joint committees.

Finally, I understand that NHS England have recently briefed your team on the CCG assurance process and would recommend that Local Healthwatch are supported by Healthwatch England and NHS England to understand and contribute to this process.

I have copied this response to Simon Stevens, David Sparks and Sarah Wollaston.

JEREMY HUNT
4. Week 11 Response figures for Healthier Together

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<td>0%</td>
<td>52</td>
<td>1%</td>
<td>79</td>
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<td>1%</td>
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<td>0%</td>
<td>56</td>
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<td>78</td>
<td>1%</td>
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<td>-</td>
<td>9</td>
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<td>593</td>
<td>-</td>
<td>769</td>
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<td><strong>RELIGION</strong></td>
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<td>21%</td>
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<td>73</td>
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<td>82</td>
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<td>1%</td>
<td>2</td>
<td>1%</td>
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<td>723</td>
<td>-</td>
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<td>744</td>
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<td>879</td>
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**Notes**
1. Individual characteristics based on questionnaires processed to date.
2. “Prefer not to say” responses excluded from percentage results.
3. Percentages may not always sum to 100% due to arithmetic rounding.
4. Numbers exclude questionnaires where no answer was provided to the question.
5. Numbers are based on unhandled data and are subject to change.
5. Examples of publicity materials produced by Wigan CCG and WWL

Help Us Keep Your Hospitals Special

Help us to keep your hospitals in Wrightington, Wigan and Leigh special by choosing options 5.1 and 5.2 in the Healthier Together public consultation. Come along to our meetings and events to hear more and to have your say.

- 28 August, 10am – 4pm
  Staffside Roadshow Bus at Wigan Town Centre, Standishgate, Wigan

- 4 September, 10am – 4pm
  Staffside Gazebo Stand outside Santander Bank, Bridgewatergate, Leigh Town Centre

- 9 September, 5.30pm
  Mercure Oak Hotel, Wigan, WN1 3LS

10 September, 7pm
Leigh Library, Timprike Centre, Civic Square, Market Street, Leigh, WN7 1EB

11 September, 12.30pm
YMCA, Hilton Street, Ashton-in-Makerfield, WN4 8PD

18 September, 6pm
Annual Public Meeting, Sports and Fitness Lounge, DW Stadium, WN5 0UH

To book a place free phone 0800 073 1477 or email foundationtrust@wl.nhs.uk
- Screenshot of WWL micro site

WWL video available at [http://vimeo.com/100713842](http://vimeo.com/100713842)
6. Frequently Asked Questions document produced by Wigan Borough CCG.

**Healthier Together**

**Frequently Asked Questions**

1. What is Healthier Together?
2. What has healthier together cost?
3. What is the Healthier Together Consultation?
4. Is the consultation about more than just hospital services?
5. What is the difference between a Specialist Hospital and a General Hospital?
6. Will my local A&E close?
7. Have they decided which specialty each hospital will have?
8. What are the Quality and Safety Standards?
9. Why are 3 hospitals already chosen as Specialist Hospitals?
10. Will I have to travel further to access specialist hospitals?
11. How will specialist sites accommodate extra people?
12. It looks like there are fewer advantages listed for the 5 site option than the 4 site option. Does this mean that a 4 site option is the preferred option?
13. If these proposals are implemented, what difference will it make?
14. I live on the edge of Greater Manchester, why can't I just go to another hospital?
15. Will Wigan keep its Major Trauma Unit?
16. How will the public be informed about the consultation and proposed changes?
17. How many responses does Healthier Together have to receive to make it a viable consultation?
18. Who is collecting and collating the consultation responses?
19. Do we have to answer every question on the questionnaire?
20. Why is there not enough space for me to fill in my answers?
21. Will they be able to read my handwriting?
22. Is this the start of a bigger process?
23. How will the public be informed about the outcome of the consultation?
24. Who will decide which hospitals are specialists?
25. How will the decision be taken?
26. Is this privatisation of the NHS?

Version 1.0 18th August 2014
1. What is Healthier Together?

Healthier Together is a programme of reform led by the 12 Clinical Commissioning Groups in Greater Manchester to improve the quality of all health and social care services. There are three elements to Healthier Together: Primary Care, Joined-up Care and Hospital Care.

2. What has healthier together cost?

The budget for the Healthier Together programme for 2014/15 is £4.6m, representing approx. 0.1% of the 2014 commissioning budget of approximately £3.5bn.

3. What is the Healthier Together Consultation?

From 8th July to 30th September 2014, Healthier Together is consulting on proposed changes to Hospital Care. The proposals in the consultation suggest a number of options for improving the quality of services in all the hospitals in the area, including the Royal Albert Edward Infirmary in Wigan.

Healthier Together and NHS Wigan Borough CCG are asking the public to tell them what they think about the proposals and options.

4. Is the consultation about more than just hospital services?

Healthier Together is consulting on the proposed changes to hospital services. However, to deliver the services people need, there needs to be changes in GP Practices and in community services too to support the hospital changes.

The out of hospital changes are about helping people to stay independent and making sure they can access the services they need when they need them. By answering the questions on these elements, you are helping the CCGs get the changes to their local services right.

5. What is the difference between a Specialist Hospital and a General Hospital?

Under this model, all hospitals (General and Specialist) will:

- keep their A&E department (minimum 12 hours consultant time)
- continue to treat patients with a wide range of conditions who arrive in hospital and need immediate care (acute medicine)
- continue to do general surgery operations for adults
- continue to offer screening, diagnostic tests and outpatient appointments, and
- offer rapid-access clinics for urgent surgical assessment by a consultant

Specialist Hospitals will also:
- have more consultants/consultant time in A&E (minimum 16 hours)
- treat the small number of patients who are critically unwell, e.g. heart attack, stroke
- undertake all high risk and emergency surgery

6. Will my local A&E close?

No, the A&E at the Royal Albert Edward Infirmary (Wigan Infirmary) will remain open 24 hours a day, 7 days a week.

7. Have they decided which specialty each hospital will have?

All Specialist hospitals will have the same ‘speciality’ under the current model. It isn’t a case of one hospital being given heart specialities and another a different speciality, but about them all being centres of expertise and resources to deal with the most critically ill patients and those needing emergency or major surgery. Each General Hospital will have a partner Specialist Hospital that will deal with their critical cases. Some staff will work across both sites.

8. What are the Quality and Safety Standards?

National organisations such as the Royal College of Surgeons and the College of Emergency Medicine describe the standards that should be followed to provide the highest quality and safest care. Senior doctors and nurses in Greater Manchester reviewed these standards and identified those that they felt must be delivered in every hospital in Greater Manchester. Nearly 500 standards were described.

For a list of the 500 standards, please visit the Pre-Consultation Business Case, Appendix 2.

9. Why are 3 hospitals already chosen as Specialist Hospitals?

The ‘A Guide to Best Care’ document explains why three hospitals have already been chosen:

Three hospitals have been designated Specialist Hospitals in all of the options. These are, Royal Manchester Children’s Hospital (MRI), Salford Royal Hospital must be Specialist Hospitals and the Royal Oldham Hospital.
The Royal Manchester Children’s Hospital (MRC) and Salford Royal Hospital must be Specialist Hospitals to continue to provide services that are not provided anywhere else, for example specialist paediatric services at the Royal Manchester Children’s Hospital, and the Adult Neuroscience Service at Salford Royal Hospital. Royal Oldham Hospital has been chosen to be a Specialist Hospital to minimise the impact of proposed changes on Greater Manchester residents who need to travel to hospital by public transport.

10. Will I have to travel further to access specialist hospitals?

You will be able to access the majority of care locally, either in the community, your local pharmacist, your GP practice, or your local hospital. For the 6% of care that is for once in a lifetime, life threatening conditions, you may need to be treated in a Specialist Hospital. This may mean you need to travel further than you do currently to access this care. If you do need specialist care, you will be taken directly to the right hospital by the ambulance service.

11. How will specialist sites accommodate extra people?

One of the criteria for choosing the Specialist Hospital sites is whether they are able to cope with the additional demand. These sites will likely need additional investment to ensure that they can meet the new requirements. The money for this additional investment will come out of the current hospital development budgets across Greater Manchester.

12. It looks like there are fewer advantages listed for the 5 site option than the 4 site option. Does this mean that a 4 site option is the preferred option?

No. At the moment there is no preferred option and it is one of the options being consulted on.

If there are five sites, there will be fewer expert doctors and nurses in each team, but some people won’t have to travel as far. If there are four sites, the expert teams will be bigger, but some people will have to travel further to get their treatment.

13. If these proposals are implemented, what difference will it make?

These proposals are designed to improve the quality of services in all hospitals which could save up to 1500 lives over the next five years.
14. I live on the edge of Greater Manchester, why can’t I just go to another hospital?
You can choose to go to whichever hospital you prefer as long as they provide the service you require. However, you might want to use a hospital in Greater Manchester at some future point, so it is still important to have your say in the consultation. 

15. Will Wigan keep its Major Trauma Unit?
Yes, the Royal Albert Edward Infirmary (Wigan Infirmary) will keep its status as a Major Trauma Unit.

16. How will the public be informed about the consultation and proposed changes?
During the Healthier Together Consultation, every opportunity will be taken to inform the 2.8 million residents in Greater Manchester and 320,000 residents in Wigan Borough about the proposed changes. This includes: local advertising in newspapers, on the radio and on billboards; public meetings in both Wigan and Leigh; a public debate; and an ongoing programme of engagement and awareness activities taking place across the Borough (visit www.wiganboroughccg.nhs.uk for information). 

17. How many responses does Healthier Together have to receive to make it a viable consultation?
Healthier Together is aiming for over 50,000 responses across Greater Manchester. This is based on responses to previous Greater Manchester consultations for proposals that have gone on to be implemented. However, there are no laws governing the minimum number of responses.

18. Who is collecting and collating the consultation responses?
Healthier Together have brought in independent public consultation professionals (Opinion Research Services) to collect and collate the consultation responses. They will produce a report on the responses to the consultation for the Committee in Common.
19. Do we have to answer every question on the questionnaire?
No. You only have to answer the questions you want to answer.

20. Why is there not enough space for me to fill in my answers?
If there isn’t enough space for your answer, please feel free to write on and send in extra sheets of paper.

21. Will they be able to read my handwriting?
Yes. As happens at the Post Office, most of the responses will be electronically read by a computer, but if there are any words it doesn’t recognise this will be flagged for a human to resolve.

22. Is this the start of a bigger process?
This is not the start of a bigger process, but it is important to recognise that the NHS can’t stand still: they need to keep improving to ensure that patients get access to the best care possible. They also need to constantly change to keep up with advances in medicine, research and technology.

23. How will the public be informed about the outcome of the consultation?
The decisions about the outcome will be taken by the CCGs at the Healthier Together Committee in Common. These are public meetings that anybody is welcome to attend.

24. Who will decide which hospitals are specialists?
The decision will be taken jointly by the 12 Clinical Commissioning Groups of Greater Manchester at the ‘Committee in Common’.

25. How will the decision be taken?
After the consultation period, all of the views gathered will be analysed. This may take a number of months depending on how many responses are received.
After the analysis, a decision will be made by the Committees in Common on the
number of Specialist sites (4 or 5), which sites will be Specialists and the grouping of Specialist and local General hospitals into shared Single Services.

26. Is this privatisation of the NHS?

No. This is not privatisation of the NHS. All the hospitals, whether General or Specialist, will continue to be NHS hospitals.