NHS
Greater Manchester

An NHS Fit for the Future: Financial Balance

Engagement Report

1

Part of Greater Manchester Integrated Care Partnership

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Image 1: Trafford locality event

1. Introduction and Background

NHS Greater Manchester (NHS GM) launched a public engagement programme in June 2024, ending in March 2025. This public conversation was designed to inform and involve people about the challenges NHS GM faced in delivering the Greater Manchester Integrated Care Partnership Strategy for 2023 to 2028. The findings will be used to inform how NHS GM can make the NHS in Greater Manchester fit for the future.

Phase one was about promotion and awareness of the public engagement programme and signing people up to be involved in phases two, three and four.

Phase three was about making our services great, and phase four focussed on wider conversations about what keeps people well. This report contains the findings of phase two of the programme, entitled 'financial balance, which focused on finance and efficiencies.

This included questions about how NHS GM should use its money, what should be prioritised and how waste might be reduced. In support of this, we used 'questions of the week' to drill down into topics like rationalising provision, use of digital services, the role of managers, the use of the private sector, inequalities and the use of the voluntary sector.

All of the reports will be available to view on the NHS GM website Fit for the Future page. Printed copies can also be requested by contacting the engagement team by phone: 07786 673 762, by email at: gmhscp.engagement@nhs.net or by writing to: NHS GM engagement team, NHS Greater Manchester, Tootal, 56 Oxford St, Manchester, M1 6EU.

Image 2: A stall in a community venue

2. Aims

To achieve the ambitions in the GM ICP Strategy, NHS GM needed to work together with staff, stakeholders and communities to create an NHS fit for the future of Greater Manchester against a backdrop of three main challenges (image 1):

- Financial balance. Making the most of NHS GM's money to bring the local NHS finances into balance, making savings where it can.
- Great Services. Making services easier to access with shorter waiting times and fairer for everyone.
- Happy, healthy lives. Focussing on supporting people to live happy, healthy lives by preventing illnesses, where possible, or identifying them earlier.

This report focusses on engagement and conversations about the first challenge – financial balance.

Image 3: Fit for the future three challenges

3. Approach

The NHS GM engagement team directly engaged over 1,500 individuals and communities across the ten Greater Manchester localities in different ways over a period of approximately six weeks. This included face-to-face work at over 30 group meetings and public events, through online discussions on Microsoft Teams, running conversations on social media, and by using an online survey.

This included hearing from more than 1,000 people who took time to give their views to members of the NHS GM engagement team at over 30 community events and activities, online and in-person focus groups, and the online survey.

Those who took part included members of the public, health and care workers, and volunteers. People from all types of backgrounds were involved including carers, people with learning disabilities, local patient groups and people from ethnically diverse backgrounds.

NHS GM will continue to reach even more people between now and the end of the Fit for the Future programme. There are details on how to get involved at the end of this report.

A total of 58 social media posts were published on the NHS GM social media platforms (Facebook, X, Instagram, LinkedIn) with over 100,000 impressions and hundreds of comments.

In addition, staff and organisational stakeholders were kept informed and encouraged to share information and engagement opportunities through regular briefings and newsletters.

Table 1: Numbers of people reached and/or engaged with

Method of engagement	Public engagement numbers
Online survey	83 responses
Groups and meetings (online and in person)	1,086 people engaged with
Social media (58 messages posted)	100,262 people reached across 58 posts
Stakeholder briefing communication	1500+ people on the distribution list
Keep Connected staff newsletter	1500+ people on the distribution list

4. Accessibility

To enable as many people as possible to take part, engagement resources were developed in several formats and people were engaged with in different ways to suit their needs wherever possible. This included:

- Easy read and British sign language (BSL) versions of documents.
- A range of ways to give views including email, SMS, WhatsApp or over the telephone, supported by members of the engagement team.
- Outreach to community groups representing protected characteristics, with support from the voluntary, community, faith and social enterprise (VCFSE) sector.
- Attending public spaces such as shopping centres and libraries.

Equality analysis was carried out periodically during this phase to understand the groups reached, the gaps and where to target.

Some examples of the groups and types of people engaged with in this phase include, but is not limited to, older people, students, men, women, serious mental health carers, sensory impaired groups, and African, Caribbean, Bangladeshi, and Pakistani people. The engagement team has also attended events such as the Racially Minoritised Communities Event, Community Medicines Event, Ambulance Community Day, whilst also attending foodbanks and local Healthwatch member events.

Image 4: Engaging with people with learning disabilities at Talking to People

5. Findings

Most of the questions the public were asked focussed on NHS GM's financial challenge and understanding what people knew already about how we spend our money. We asked about how NHS GM can use its finances better, reduce waste and what people think of the NHS using private healthcare providers.

People were also asked about what they thought makes a good service, what's most important to them about using health and care services, and how they preferred to be communicated with. A full list of the questions asked can be found at Appendix A of this report.

Although the main topic in this phase of work was achieving financial balance, the engagement team also asked people what their priority was when accessing health and care services. It is notable that a considerable amount of the feedback gained was more focused on the patient experience and this is likely to reflect the fact that, as patients, people know a lot about the care they have received and considerably less about the inner workings of the NHS and NHS finances.

A clear message was that this type of discussion has taken place in different ways for a number of years, but people felt like they hadn't been listened to or that their voice had little or no impact. There was still trust in the NHS but people wanted transparency when mistakes were made and to be kept informed on how the NHS is performing against its plans and commitments.

There was lots of positive feedback from people who said once they got through the initial barriers in the NHS system their experience was amazing, with one person saying: "My care and treatment was fantastic and the NHS is still there for you when you need the most help in your life, possibly even save your life".

There were some strong themes around what people thought should change or improve that would help NHS Greater Manchester be more efficient, reduce costs and improve patient experience:

- Spending money and being more efficient
- Service improvement

More detail on these is set out below.

5.3 Spending money and being more efficient

In summary, people's perception of NHS spending in Greater Manchester largely focussed on hospital services and acute care, followed by staff salaries with significant concerns about management overheads and agency costs, private and contracted-out services, and social care.

There were also concerns about wasteful spending, particularly on unnecessary roles, external contracts, and inefficiencies in hospital settings. Some individuals mentioned mental health

services and prescriptions as significant areas of expenditure, and there were occasional mentions of spending on building maintenance and public health initiatives.

In terms of spending and efficiencies, the following themes were evident:

Community and preventive services

Many people believed the NHS should shift more of its funding towards preventative care to reduce long-term health issues and save money in the future. This included education, lifestyle programmes, and tackling risk factors for chronic diseases.

Comments included:

- Move towards preventative focussed care with more facilities and services in the community.
- Increase obesity prevention and health education in schools.
- Encourage exercise by providing green spaces and information about the impact of healthy diet.

It was felt NHS Greater Manchester should work together with public health teams in councils when creating and launching public health campaigns.

It was also suggested that spending money on early diagnosis and early intervention services would reduce the number of people who end up needing more expensive treatment or hospital care. People felt there needed to be a focus on the sickest but also early intervention and diagnoses. It was felt that reducing waiting times for planned hospital care and detecting illness early would also save the NHS money in the long run.

Some suggested investing in community services that help manage health proactively, as well as focusing on preventive care, stating that this would help reduce the strain on hospital services and minimise waste associated with unnecessary hospital visits. It was felt secondary preventative care such as screening and social prescribing initiatives would help people live well, especially if targeted at those considered most at risk (eg falls prevention). Other suggestions included empowering people to solve their own problems and self-care.

The role of the voluntary sector

Voluntary sector organisations were seen as important to any future prevention model of care. However, most people thought they were underfunded and overstretched, as they struggled to secure sufficient financial support despite growing expectations for their services.

It was felt that without reliable funding, these organisations may be unable to continue to deliver services, especially if demand rose further. The constant need to pursue limited funding opportunities diverted time and resources from direct service delivery and impacted on long-term planning and growth.

Image 5. Engaging at Trafford Veterans Breakfast Club

Collaboration across services

There was a strong emphasis on improving collaboration and communication between various healthcare providers to prevent duplication of efforts and ensure a more coordinated approach to patient care.

Hospital discharge

There were requests from several people for health and social care organisations to put processes in place to speak to each other before discharging people from hospital and not on the day of discharge. There were several examples given by both NHS staff and members of the public of patients being discharged too early and being readmitted to hospital soon after, costing the NHS more and delivering a poor and potentially unsafe patient experience.

Additional comments were made about hospitals improving food and ward conditions in hospitals to help people recover faster. `

There were many comments about the need to invest in social care for quicker hospital discharges to prevent bed blocking.

Improved appointment management

Respondents emphasised the need for better management of appointment systems across hospitals, including synchronising appointments for tests and consultations, reducing the number of missed appointments through reminders, and improving scheduling to minimise waiting times.

Reduction of unnecessary communication

Suggestions included eliminating duplicate letters and communications, reducing the bureaucratic burden on staff, and being mindful about when and how patients are contacted regarding appointments and treatment.

Education and awareness campaigns

Respondents suggested campaigns to educate the public about how they could help reduce waste, such as the importance of cancelling appointments in good time and increasing understanding of their role in the healthcare system. There were calls to further educate the public in understanding how to use services appropriately, particularly for primary care, which it was felt would prevent unnecessary GP appointments or visits to the Emergency Department.

There were lots of positive comments about resources like NHS GM's Get to Know Where to Go primary care booklet, which helps people understand the different NHS services. One idea given was an awareness campaign about the misuse of the ambulance service and the Emergency Department. It was felt more education around impact and pressures might help to inform the public and change behaviours.

Patient engagement and responsibility

It was felt that people should be more involved in managing their own health, including taking responsibility for attending appointments, ordering only necessary medications, and using digital tools like the NHS app for repeat prescriptions.

People reported receiving unnecessary medication due to lack of communication by a pharmacist or GP, or that they ordered more than they needed through fear of not getting essential prescriptions or prescriptions being changed without proper consultation with patients. It was felt that regular and timely medication reviews would help with this.

Some respondents pointed out the importance of being savvy with consumables and medications, advocating for regular medication reviews and minimising waste through better prescribing practices. There was also a suggestion that we should seek to educate patients about the costs associated with certain treatments and practices. Other suggestions made were for all people to pay for prescriptions, restricting over-the-counter medication like paracetamol from being prescribed, and using medication bags to put key messages on.

Fines and accountability

Some participants proposed the idea of introducing nominal fees for missed appointments to encourage responsibility among patients, although this was a more contentious suggestion.

Needs-led funding

Some people said resources should be allocated based on need and more funding and resources should be given to neighbourhoods that struggle with systemic health inequalities.

Image 6. Engaging at Community Medicines Festival in Heaton Norris, Stockport

Digital transformation

Many people believed that investing in new technologies and improving efficiency within the NHS would help address some of the current challenges.

There was support for more digital communication, including appointment reminders and notifications via email or text instead of traditional letters.

However, people also spoke about the challenge of using online services, including their ability to use some technology and that not everyone has or can afford internet access or a smart device. As a result, there were concerns that relying on online systems could potentially deepen inequalities and limit access for low-income individuals or those who simply choose not to use the internet.

Many believed that a centralised digital portal for managing appointments and accessing health information would reduce paper waste and improve efficiency.

Staffing

It was clear that NHS staff were valued by the public and seen as vital to the current and future success of the NHS, but also a feeling that they needed to be looked after better. Unreasonable workloads, stress and sickness were cited as reasons why staff leave organisations, or the NHS entirely, and were not properly replaced. It was felt that addressing this would reduce the need for agency staff that cost more money. There was also support for more investment in keeping existing staff and giving them incentives to stay in the NHS.

People thought there should be fewer non-clinical staff and those resources should be diverted to front line staff. This feeling was particularly strong on social media with dissatisfaction about NHS staff and management structures overall. People asked for a simplified and clear management structure with fewer administrative layers and more frontline staff. It was also felt by some that if managers had practical experience and accountability in clinical settings, it may lead to improvements in patient safety.

Many respondents emphasised the importance of better pay and conditions for nurses, doctors, and other healthcare professionals. They thought higher wages would help attract and retain skilled staff, reduce pressures on the NHS and improve care for patients.

There were calls for increased staff recruitment to address staffing shortages, particularly in critical areas such as emergency care, primary care, and mental health services. There needed to be more focus on recruiting the right people to do the day-to-day jobs and less on management.

One idea to help future proof the NHS was to ensure graduates that complete formal NHS training programmes were guaranteed a suitable job in the NHS at the end of their training.

Privatisation of NHS services

Concern was raised about the potential privatisation of the NHS and funding cuts to existing services which could reduce quality of service and access. Others argued for more pragmatic financial management, suggesting that better allocation of funds could alleviate some of the current challenges of the NHS.

Some respondents said that privately funded healthcare could offer lifesaving treatments without the wait times associated with the NHS, although that would be unaffordable for some.

There was some scepticism about the impact of political leadership on the NHS. The fear of NHS privatisation came across loud and clear as well as concerns over how financial and policy decisions might be influenced by political agendas.

There was a mix of opinions on whether the further involvement of the private sector would be beneficial or detrimental but overall, there was a strong desire to keep the NHS as a publicly funded and accessible service.

5.3 Service improvement

The following themes were found in relation to use of health and care services.

Waiting lists

A major concern expressed was the long waiting times for appointments, particularly in the emergency department and for routine elective surgery. Many felt that investment should be made to improve performance in both areas, including paying staff more to work evenings and weekends.

People on waiting lists or waiting for follow up appointments wanted to be kept informed with accurate information about when they should expect to a next appointment. They felt this would stop them making chase up calls and feeling left in the dark and anxious about their care.

People also asked for clear communication at appointments or in follow up letters so that patients and carers are always clear about what was happening. There also needed to be more

advice and support available to patients on waiting lists to help them manage their condition whilst waiting.

Image 7. Different ways people engaged at Pennine Mencap family fun day

Booking appointments

Difficulties in getting a GP appointment came across strongly in all localities across Greater Manchester. It was mentioned that it was no good having a two-week referral process for suspected cancer when it can take longer to get the initial GP appointment.

Some people voiced frustration over long wait times to connect with their GP or hospital services on the telephone. They brought up what they perceive to be barriers created by gatekeepers or receptionists who assess what the patient needs without clinical training.

Not everyone reported difficulty getting GP appointments. There were lots of positive experiences being reported, which suggested a variation in the experience between practices.

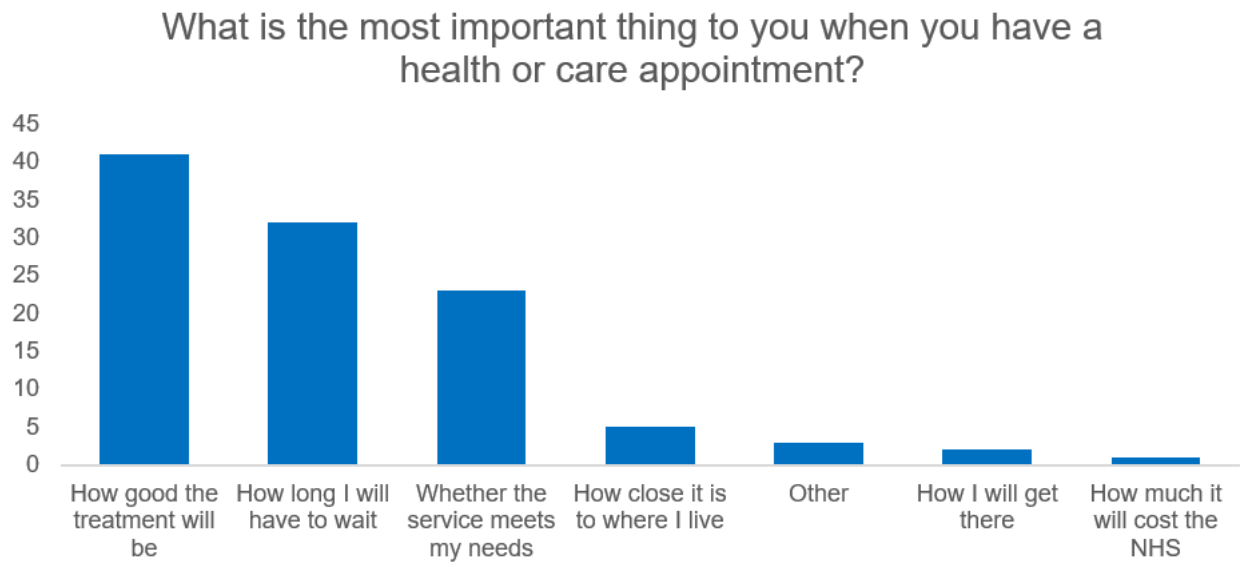
People also wanted to be asked when they were available for an appointment, which they think would help reduce missed appointments and waiting lists and save money.

Appointment reminders were generally seen as useful but asking people if they still needed to be on a waiting list was seen as wasteful and sometimes confusing, especially when they didn't know where they might be on a waiting list.

The idea of community hubs linked to GP surgeries was strongly suggested. It was felt that hubs could offer preventative care, mental health support, and social engagement to reduce unnecessary medical visits and improve overall health, especially for isolated women who may rely on GP visits as their primary support.

When asked what matters most when accessing health and care services, the most important to the 107 people who answered this question was how good the treatment would be, followed by how long they would have to wait. People said that the cost to the NHS was least important of the options given. The full result of the question, based on 107 people answering, can be found in the chart below.

Chart 1: The most important things to people when they have an appointment



Digital services and technology

Many people believed that investing in new technologies and improving efficiency within the NHS would help address some of the current challenges.

However, people also spoke about the challenges of using online services including their ability to use some technologies, and not everyone had or could afford internet access or a smart device. As a result, relying on online systems could potentially deepen inequalities and limit access for low-income individuals or those who simply choose not to use the internet.

Some people mentioned that elderly patients and those with disabilities faced unique challenges with online only services. Examples included visual impairments, limited mobility, and cognitive difficulties that make using online forms especially difficult.

Difficulties for carers were mentioned including the responsibility of managing online processes for patients who could not do so themselves, adding additional stress to already challenging circumstances.

It was suggested that pop-up clinics or local health support in targeted locations could help those without a fixed address or who cannot access digital services. This might help fill the gap in reaching and communicating with those who struggle with traditional healthcare access.

There was strong opinion that there should be one connected IT system across the whole of the NHS, including GP practices and hospitals, to allow all healthcare professionals to be able to see the patient record and notes. This would help staff and stop patients having to repeat their story or situation, which can waste time and sometimes resulted in another appointment needing to be arranged.

It was felt that health and care organisations needed to be more forthcoming and pro-active in sharing intelligence, reports and data with each other for the benefit of the patient.

Community based services and the role of the voluntary sector

A significant number of responses advocated for care closer to home, such as mental health services and community-based healthcare, rather than centralised care that might require longer and more difficult journeys.

There was also support for creating health and social care hubs or polyclinics that integrate multiple services such as GPs, social workers, physiotherapists, and mental health professionals.

Alternatively, it was suggested that well known community venues could be used for some types of appointments, for example podiatry. It was felt this his might help to reduce missed appointments as it was more likely the venue would be closer and more familiar to the patient and help with things like travel and parking which was mentioned many times as a major issue, especially when visiting hospitals.

Support was expressed for NHS GM taking a localised approach to understand and meet the needs of local people. It was felt NHS GM and the other main organisations in each borough need to engage with local people to better understand the individual needs of people and communities.

There was lots of feedback from both the users and people involved in the voluntary sector that demand (on the voluntary sector) continued to increase, especially given that people were waiting longer for their diagnosis, treatment, or operation. This increase in demand and the potential shift to prevention and more community-based care required more resources, including a strong volunteer base and adequate funding to sustain and expand services.

One idea given was to expand and develop volunteer responsibilities to enable appropriately trained people to support health and care services. An example given being the taking and recording of blood pressure.

It was highlighted that the voluntary sector played an essential role in addressing the social determinants of health, such as housing and food security. Respondents emphasised that investment in the sector had the potential to prevent health issues associated with poverty, instability, and inadequate living conditions.

The feedback also suggested that greater structural and policy support was necessary, such as fair and clear funding processes, acknowledgment of voluntary contributions, and organisations working together to improve and stabilise housing and living conditions.

Transport and travel

Those on lower incomes highlighted that they were impacted more when it came to travel costs to and from appointments. This extended to the costs of waiting in telephone queues, which people said were often unacceptably long.

Parking at hospitals was often mentioned, with people reporting missing or nearly missing appointments due to inadequate parking facilities. Hospital parking was also reported as an issue by those visiting people who had been taken to the emergency department by an ambulance.

Some respondents on social media wanted to see a more specialised approach in hospitals, with less overlap and a clearer role for each hospital in the system. This would help improve the quality of care and reduce inefficiencies.

Image 8. Out in the community meeting Bollyfit exercise group in Crumpsall, Manchester

Primary care

The inability to find an NHS dentist was a common theme. Although more places had become available in recent months, it still wasn't easy for some people to get one. There were reports that people had to make phone calls to multiple dental practices, go on waiting lists, or had to queue at 8am in the morning with no guarantee of a place Some voluntary organisations, such as Healthwatches said they had stepped in to help more vulnerable people access dental care, which was a drain on their resources.

There were also ongoing concerns expressed about the ability to get an urgent GP appointment with many people calling for an alternative way to get an appointment outside of the 8am rush. There were conflicting reports about this which suggested that some practices were getting it right for their registered patients, whereas others were not.

Online triage apps such as Patches and AskMyGP received praise for those who were comfortable using technology such as smart phones, with some people calling for these options to be available more often, including out of normal opening hours. These online services, while appreciated by many, were seen as limited especially in urgent situations with many users saying they wanted to speak directly to a person.

Many people felt there was not enough information or support after GP appointments especially given the number of community groups that could help and support, but not everyone is aware of these. It was also felt that GPs and GP practice staff were either not aware of wider support services or just didn't have time to share the information.

People would also like to see increased, and more visible, information about support services and how to use them. Some groups felt that GPs should prescribe non-clinical activities as an alternative to medication to give the activity more meaning or simply keep people on track with their treatment or recovery plan.

There was a suggestion that NHS111 should handle all appointments for GP Practices. It was felt his would ensure that calls are triaged and those who require more urgent care get the right care at the right time in the right place.

Mental health

Overall, it was felt that more investment was required to diagnose and manage mental health conditions, with a strong feeling that people needed to be seen earlier, and before they reached a mental health crisis point, as treating people in crisis or emergency costs more and can lead to other problems.

It was felt that people with serious mental illness needed better support when they came out of hospital as this is often left in the hands of carers and families who can struggle to support them and cope themselves.

There was support for increasing use of befriending and counselling services, which can signpost to other mental health support services. There needed to be more support for people suffering with loneliness and isolation.

The medicalisation of people's problems was raised. It was felt that medicine was not always the answer and people didn't always take it because of the side effects. There was support for more research into finding better drugs, especially for those with serious mental illness. More was also required around the promotion, awareness and monitoring of the success of alternatives to medicine.

There was some concern from groups with experience of living and working with people with serious mental illness about the suitability of delivering mental health services in a local community setting. The staff and volunteers potentially involved in this work would need to be appropriately trained.

If the NHS was going to shift its focus to delivering health and care in the community, it was felt voluntary sector organisations needed to be properly trained, supported and funded, especially those working with people with serious mental illness.

There was some criticism around some services coming and going when short-term funding is given and then withdrawn.

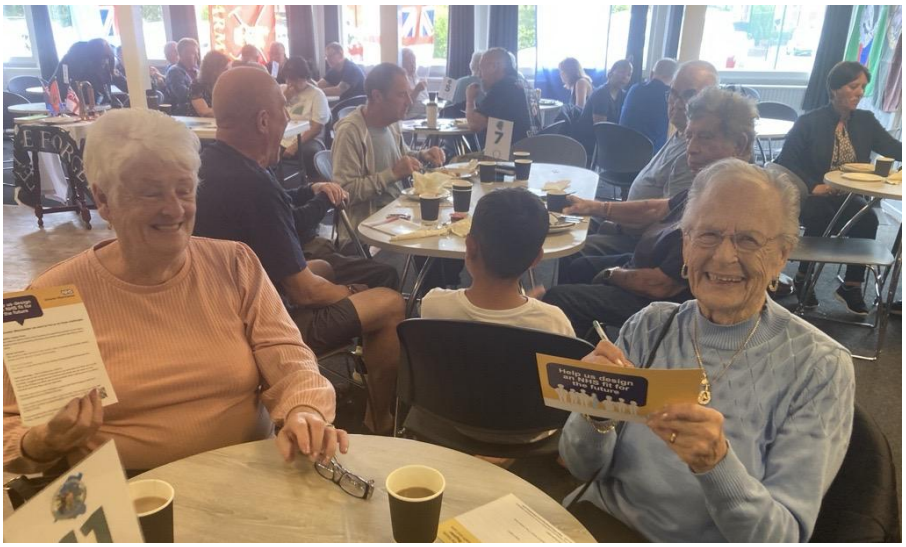


Image 9. Engaging at a veterans' breakfast club in Trafford

Communication methods

Most people wanted a choice in how they communicated or were communicated with, for example phone, text, letter or email. People wanted information to be presented in plain English or easy read where appropriate.

Accessible information

There was support for language barriers faced by ethnic communities being addressed by investing in resources and creating clear processes for people to be able to get information in different languages, easy read format or by using face-to-face interpreters.

One suggestion was to create a verification process where trusted people in communities could help, such as faith leaders or community champions, rather than relying on official services which can be hard to access and expensive.

It was mentioned that many people from ethnic minorities have a lower reading age or may not have English as their first language, so it was suggested that longer appointments should be given to these people with more time to talk with a health professional. This would allow people to understand more about what was said and make them more likely to follow the advice given.

Some felt there was an over reliance on the established methods of communication by the NHS. It was suggested that alternatives like WhatsApp and Tik Tok should be considered to reach more people and different communities.

Interaction between patients and services

Respondents thought organisations needed to improve patient and service user experience by being more responsive to people's needs. Lots of people thought that if health and care organisations like GP practices and hospitals were more thorough, polite and respectful, this would have a positive impact on the services they provide.

There were many reports of people feeling rushed during and after appointments and uninformed about what would happen next. An example given was around the perceived lack of compassion from doctors to patients, particularly regarding end-of-life decisions like filling in a do not attempt resuscitation (DNAR) form.

Some people emphasised the importance of human interaction saying it provided reassurance, clearer communication, and faster answers compared to waiting for online responses. The impersonal nature of online systems can feel isolating for some, especially for older or vulnerable individuals.

It was felt by some that the NHS was not accessible to people who worked shifts. They felt there needed to be more flexibility with weekend appointments across the health and care system, rather than operating a Monday to Friday service.

It was suggested that patient records should have clear notes and flags so that staff can take individual needs into account when booking an appointment. This would include details of any reasonable adjustments required to support the patient to attend their appointment.

The same thought process applied to referrals of patients from one service to another, for example a GP practice to hospital, which should also include full details about the reason for the referral.

Whilst there was an acceptance by many that continuity of care seemed like a thing of the past, it was still felt that seeing the same doctor or consultant could result in shorter and more effective appointments. Patients felt more listened to and said there was a higher chance they would follow any suggestions to make healthier choices and behaviour changes.

There were comments about disjointed services and delays. For example, experiences like multiple appointments across different facilities and referrals for minor issues.

People also talked about what they saw as excessive waiting times for outpatient appointments in lots of services.

People wanted more access and control over their health or care appointments when using online apps, for example, booking and viewing their own appointments.

It was mentioned by many that pre-operation appointments often took place but were not then followed by an operation date, which felt like a waste of everybody's time.

Image 10. Engaging at a listening to people event in Salford

Supporting vulnerable populations and addressing social determinants of health

There was support for addressing health inequalities to ensure that services were equally accessible to all communities, especially those in deprived areas.

Many comments and interactions reflected a focus on supporting vulnerable populations to stay healthy, such as providing warm housing, ensuring adequate nutrition, and securing stable living environments.

It was felt more funding should be given to services that work with older adults and those with long-term conditions to help manage those conditions. Similarly, there were also calls to prioritise the care of children and vulnerable populations, including those with SEND (special educational needs and disabilities) and mental health needs.

People felt there needed to be more support for Education Health and Care Needs Assessments (EHCA) in schools. It was mentioned that health representation at EHCA meetings was often lacking, which delays completion of needs assessments.

Prevention was emphasised - starting with schools to make children aware of the dangers of some activities, like smoking or vaping, and helping them understand more about good nutrition.

Equality, diversity and inclusion

For those whose first language wasn't English, or the most vulnerable people, for example people with serious mental illness, the overall experience of using health and care services was reported as being poor.

Respondents said staff were often not familiar with personal barriers or how to address people. These groups of people would like to see a more personalised approach. They want adaptations to be made that would improve their experience, for example the use of markers or

flags on patient records so staff can identify what reasonable adjustments are needed to support individual patients. It was felt staff should also be trained to be aware of and understand the importance of asking for and recording this information.

Many women from ethnic minority backgrounds did not wish to discuss personal matters at an open reception desk with a receptionist and as a result they reported choosing not to raise concerns with their GP.

Elderly and disabled people and their carers reported challenges with using some online services. People with visual impairments, limited mobility, and cognitive difficulties said that using online forms was especially difficult and stressful for them.

Deaf people across Greater Manchester felt strongly that they needed to be supported better. Advice and information should always be available in British Sign Language (BSL). More support to make phone calls and understand and respond to letters was also needed. This would enable deaf people to better be supported to live well and less likely to need the NHS.

There was a demand for consistency across Greater Manchester in understanding the necessity and frequency of learning disability health checks and medication reviews.

Online services were seen as difficult for some, so it was felt that in-person or direct contact alternatives should always be an option, especially for those who are elderly, disabled, or who do not have access to the internet. Many felt that online or digital platforms should be one option among several, not the default or only method for accessing healthcare.

While many respondents felt that healthcare access should be equitable and not based on income, some felt their financial contributions to the system, i.e. through national insurance, meant they deserved to be prioritised. Others did not believe that health care should be free for those who hadn't paid into the system.

Image 11. The engagement team presenting at Trafford event

6. Conclusions

The engagement team set out to ask the public how they felt the NHS could spend its money better. It was told in return that if the NHS wanted to spend its money better it needed to improve its processes, be more thorough and efficient in how it deals with patients and treat people according to their individual needs and preferences.

It should be noted that most people felt unable to truly discuss the cost of things like equipment, appointments and procedures as they didn't have the broader knowledge of context of how those things affect national or local budgets.

People tended to focus on what they saw as deficits in provision of one sort or another and found it hard to engage in thinking about questions like reducing the scope or scale of services offered, generally preferring to talk about concepts like efficiency and spending to save.

There was generally a high level of satisfaction with NHS services once initial challenges in getting appointments and diagnosis were overcome. But those barriers were more challenging for some people than others. Those who had the ability to speak for themselves and had their own transport, generally had a significantly better experience than those who relied on others for support.

A common conversation during the engagement with the public was that people largely accepted the current level of service within the NHS and understood the difficulties the NHS is facing, but as a result they didn't get help because they felt like a burden.

Overall, people still seemed to have faith and trust in the NHS but that patience was running out, especially for those who had been involved in working, volunteering or regularly using services in the last 10 to 20 years. Involving these people in plans and decision making will be key to maintaining and improving services in the future.

Image 12. Engaging at Oldham Volunteer fair

Key things to consider

Based on the insight gained in this phase of the work, commissioners should be especially mindful of the following key learning:

- Broadly speaking, people were unable or unwilling to offer opinions about what the NHS in Greater Manchester might do less of, or stop doing altogether. That may be because they feel uncomfortable about making such suggestions, or be because they feel they lack sufficient information to give an informed views. More deliberative and/or co-productive approaches may be more helpful going forward, such as participatory budgeting.

- It was very clear that the public 'get it', that there is more demand for healthcare than can be met in the ways it is now, within the available funds. The public may understand the demands and constraints on the system better than they are sometimes given credit for.

- There is a widely held belief that there are still considerable efficiencies to be made in the NHS, and many people were able to cite examples they had seen. We may want to formalise routes for the public to highlight potential efficiency savings and consider how we demonstrate that waste is being cut out of the system to help maintain confidence that this is being addressed.

- Comments suggest people would be more sympathetic to the need to rationalise services, raise treatment thresholds etc. if they were first reassured that avoidable waste has been reduced.

- A key area of waste highlighted that directly relates to clinical outcomes and patient experience is doing things right first time, every time. Unnecessarily repeated communications, referrals, diagnostic requests etc. create avoidable cost as well as quality concerns. The Partnership may wish to give further thoughts to how to work together to iron out these sort of issues.

7. Appendix A

NHS GM bank of engagement questions

Phase 2 (financial balance)	Face to face events	Launch event	Online events	Social media	Online
How do you think NHS Greater Manchester can use its money better?	X	X Tabletop exercise		X	
What is the most important thing to you when you have a health or care appointment? • How long I will have to wait. • How much it will cost the NHS. • How close it is to where I live. • How good the treatment will be. • Is the service accessible? • How I will get there. • Something else? Message us with your comments	X	X Tabletop priority exercise		X	
What part can we all play to reduce waste?	X	X Tabletop exercise			
Where do you think the NHS in Greater Manchester spends its money? Where do you think it should be spent?				X	
Would you rather travel further and have an appointment sooner, or wait and have an appointment closer to home?				X	
What can we all do to stop people getting ill in the first place?					
What is the most important thing to you when you have a health or care appointment?				X	
Phase 2 (financial balance) – Topic of the week questions					
Week 1: Efficiencies (local vs GM and reduced variation) If services in were offered in fewer locations across Greater Manchester meant that people got better and quicker care, how would you feel? Which health and care services do you think would be best suited to this approach? What is more important, doing what we can afford to make services fair and equal across Greater Manchester or continuing to offer more in some areas?					X
Week 2: Using digital services to be more efficient (digital first). What's your preferred way of speaking to organisations about your health and care? • Online via email or an app					X

• In person • Telephone call • Text message • In writing Are you comfortable using the internet to contact and speak to health and care organisations about your health, like your GP or the hospital? What do you think should be in place for people who are not able to use online services? Do you think the NHS should focus on improving and increasing its online offer to save money?					
Week 3: NHS Managers. Is there a value to managers in the NHS? What percentage of the NHS workforce do you think are managers? How do you feel about the role managers play in the NHS?					X
Week 4: The role of private sector to support healthcare services. What do you think about 'buying in' private sector services to reduce waiting lists? How do you feel about NHS GM paying organisations in the private sector to provide treatment and carry out operations?					
Week 5: Inequalities and access How far do you agree that we should spend money and resources to support people to access services in a fair and equitable way? When should NHS GM use resources to help people access services in a fair and equitable way?					
Week 6: Role of the VCFSE sector The role of the voluntary sector in supporting healthcare services. Is it good value for money to pay for voluntary sector services to support people to manage their health? How do you feel about NHS GM paying voluntary sector services to support people? When should NHGS GM use the voluntary sector? What role can the voluntary sector play in preventing ill health and helping people stay well?					