NHS
Greater Manchester

An NHS Fit for the Future: Great Services

Engagement Report

2

Part of Greater Manchester
Integrated Care Partnership

Contents

Image 1: Stockport residents sharing their views at Stockport Masonic Guildhall

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 two focussed on achieving financial balance and phase four focussed on wider conversations about what keeps people well. This report contains the findings of three of the programme, which was about what people thought makes a great service. We talked to people about subjects including how to reduce the number of missed appointments, reducing waiting times, the impact of NHS waiting lists, introducing new technology and more.

All of the reports will be available to view on the NHS GM website on the Fit for the Future webpage. 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: Public engagement stall at a MacMillan Coffee Morning in Tameside

2. Aims

To achieve the ambitions in the Greater Manchester Integrated Care Partnership Strategy, NHS GM needs 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 3):

- 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 is about the engagement and conversations about this second challenge: Great Services.

Image 3: Fit for the future three challenges.

3. Approach

The NHS GM engagement team directly engaged with people and communities across the ten Greater Manchester localities in different ways over a period of approximately eight weeks. This included listening to 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, through social media interactions and through an online survey.

Those who took part included members of the public (as patients, carers, residents and taxpayers), 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.

A total of 20 social media posts were published on the NHS GM social media platforms (Facebook, X, Instagram, LinkedIn) with over 15,000 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	330 responses
Groups and meetings (online and in person)	1,086 people engaged with
Social media (20 messages posted)	15,203 people reached across 20 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 we had reached and identify where and who else we needed to speak to.

Some examples of the groups and types of people engaged with in this phase include, but not limited to, older people, students, men, women, serious mental health carers, sensory impaired groups, and White British, African, Caribbean, Chinese, Bangladeshi, and Pakistani people. Translators were used with some of these groups to ensure their views were clearly understood.

Image 4: Meeting with Talk About It, Mate, a men's group in Salford

5. Findings

5.1 NHS waiting lists

Over three quarters of people we heard from in our online survey felt those on an NHS waiting list with the most serious complex symptoms should be seen first. Other considerations such as length of time waiting, ability to care for family, impact on mental health and ability to work all featured in people's answers, which were mixed.

Some people felt decisions about who should be treated first should only be made by clinicians.

We also heard about people's experience of being on a waiting list and how it impacted on their and their families' lives.

Long term impact of waiting

We heard about the wider impacts of conditions and how they had a cumulative impact on lives before getting a diagnosis or the treatment or operation people needed. Several people reported worsening health, sometimes beyond repair, due to waiting too long. These consequences impacted on families and carers too.

For older people, dealing with other conditions, waiting was more difficult. Waiting a long time for an operation can impact on quality of life in retirement or at the end of their life, with one person pointing out: “It's pointless having a knee operation at 70 when you can't walk at 55”.

Another person told us: “Anything non-urgent is almost impossible to plan for and only emergency stuff is really catered for in most companies' sickness and absence policy, meaning that time off for non-urgent or preventative care (e.g. for long-term health problems like asthma or diabetes) is really difficult to arrange and get paid leave for, which makes preventative health management really stressful”.

The general feeling amongst respondents was that waiting times were unacceptable, communication about how long they would be waiting, and whilst they waited, was minimal and people were worried about not getting a positive outcome in the end. It was felt the backlog should be dealt with at any cost as it was felt that failing to treat people in a timely manner would prove more expensive to the NHS in the long run.

Ideas to reduce NHS waiting lists

There were lots of ideas from the public to help reduce waiting lists and improve the patient experience for those waiting for operations, treatment or diagnosis:

- Do more at initial appointments, for example, additional tests or scans and make a treatment plan earlier, rather than doing different things at different times in multiple places.
- Subsidise private treatment for those who might not be able to afford private healthcare but can contribute something.
- Make doctors and consultants choose whether they are NHS or private, they should not

be both.

- Maintain hospitals and other buildings better so they would be less likely to have to close departments when something goes wrong.
- Look after NHS staff better to reduce sickness and improve their wellbeing.
- Keep in touch with patients waiting for operations and diagnosis by offering support, putting them in touch with peer support groups and discussing social prescribing options.
- Offer interim solutions such as massage or acupuncture for back problems.
- Put medical staff in police stations so arrested drunk people do not have to come to the emergency department.
- Invest more in preventing ill health.

Hospital pressures

There was recognition for the people working at hospitals and in other healthcare organisations:

“Services are under pressure to deliver a good service while carrying high caseloads. They are trying to do the job without the correct tools and then beaten over the head with a stick when things go wrong”.

One person gave an example of the NHS adapting to their needs and being flexible: “I’m on the waiting list to see an ear nose and throat (ENT) surgeon. Due to the nature of the problem, I was referred on the cancer pathway. I was triaged by phone appointment with the ENT consultant and tests were ordered as a priority. Thankfully it was not cancer, and I have been stepped down from the cancer pathway to the routine waiting list to discuss my options for the future. I am very happy with how this worked in my case.”

5.2 Moving services from hospitals to the community

Despite lots of concern about where the money would come from, there was major support for more services to be in local communities instead of at main hospitals. People thought it would make travelling to appointments, including parking, much easier, resulting in less missed appointments and a better experience for patients. They also thought it would reduce pressure on hospitals and the emergency department, which should be a last resort, meaning more beds for people who need them most. With the right staff, training, facilities and equipment people believed it was possible to be successful and could lead to more local jobs.

These were the main themes on this topic from our online survey and face-to-face discussions:

Accessibility

The biggest positive for people was the potential for improved accessibility to services. Most people mentioned less travel, potentially easier parking, and overall convenience. They felt all these things would improve the patient experience and make it more likely that appointments were not missed.

Staff and facilities

Most people also felt moving more services into community settings would make hospitals more efficient, whilst reducing pressure on staff. However, there was also concern around the possible need for patients to still have to go to hospital if the local service did not have the same facilities as hospitals.

Respondents felt staff needed to be as highly trained as those in hospitals, with some concern around where the staff would come from given the reports of a shortage of experts in many areas. The importance of training and keeping English-trained doctors in the system was also raised with one suggestion to enforce a minimum term working in this country after completing their medical education.

There was lots of support for routine services like scans, blood tests, physio appointments and routine care for older people to be at local community venues. There was positive feedback about existing diagnostic centres including mobile units for things such as lung checks.

Whilst one neurodivergent person said they found hospitals safe and familiar, there were several people who said a smaller community setting would be less intimidating than a hospital and therefore more suited to their needs.

Communication between general practice and hospitals

One of the biggest concerns about moving some services from hospitals into the community was the experience of people when it came to general practice and hospitals communicating with and working with each other.

Several people gave examples of poor communication between general practice and hospitals which had left them confused and unsure about what was happening. They found themselves chasing multiple organisations to resolve situations, making their wait even more difficult. Some of these examples were about referrals not being received or rejected by the hospital because of insufficient information from the referring GP.

There were more detailed examples provided:

“I dropped off the waiting list for a screening procedure that was supposed to be repeated every three years, and nobody can tell me if this was an administrative error or because I was discharged. If the former, nobody is willing so far to re-add me to the waiting list because I don't have an active referral, even though I should have had one in place on a permanent basis. If the latter, nobody has informed my GP or added to my medical record so nobody is sure if I've been cleared or not”.

“My GP has re-referred me three times now, but the hospital keeps rejecting the referrals because they don't understand why I would need the test if I'm not already on their list. The reason is that previous test results put me at high risk, but as yet I've been trying to get an appointment for over 18 months and am still not even at the far end of the waiting list yet. Meanwhile the only person who was supposed to arrange repeat appointments has retired/left the NHS and neither the GP nor the hospital clinic can work out who they need to call to find out what the heck is going on."

People also raised the importance of different organisations being able to share patient records with each other and being able to use the data to make informed and timely decisions. Patients, families and carers did not want their health outcomes to depend on how often and how well they can chase up health and care organisations.

Text message reminders were very popular, although there was sometimes not enough information contained within the messages, which was a problem for people with multiple appointments for different conditions.

Other worries about moving services out of hospitals and into the community

- Some people were critical of communication between services, with concerns around test results, for example, getting to consultants and getting there quickly enough.
- Concern that some areas of Greater Manchester would end up with a better service than others.
- People expressed concerns about Social Care services and felt that until they improved, people would continue to have bad health outcomes regardless of where services were located.

Image 5. Engagement staff ready to meet people at the British Heritage Muslim Centre

5.3 Missed Appointments

Respondents agreed that missed appointments are an issue for the NHS, however they also felt the NHS needs to do more to understand the issues and acknowledge its own failings.

Whilst there was some support for charging people for missing an appointment, it was generally thought health services could do more to help by understanding and responding to individual patient needs and circumstances.

One person highlighted the challenges for older and South Asian people in particular: "Care should be holistic for those who are older or have multiple health conditions. Too many appointments at one time risk [older] South Asian people not attending. No wonder some people from South Asian communities may miss appointments, as they have so many barriers against them”.

We also heard from a pregnant lady who told us: “I had hypertension and gestational diabetes whilst pregnant and was at three different health appointments each week (St Marys Hospital, Trafford General Hospital and my GP) for nine months. It would have been so good if I could have gone to just one place for my check-ups”.

Communication, patient choice, and travel and parking were some of the strong themes we heard about, with more detail below:

Communication

Most people felt the best way to deal with the problem was to remind people about upcoming appointments. However, people also wanted to choose how they were communicated with, for example, by email, letter or text message. We heard from many people who told us they cannot or do not use the apps used by hospitals and GPs to book and see appointment details. They felt that the NHS has a responsibility to provide different ways for people to hear about their appointment.

We heard examples of letters from the hospital turning up on the day or after appointments. People with additional needs reported turning up to appointments without interpreters being booked. In some cases, appointments were booked with the wrong department or consultant, resulting in cancellations.

We were told about situations where the NHS cancelled appointments on multiple occasions making it hard for people to keep track.

It was also felt further information in advance about what would happen at an appointment would make people more committed to attending. Some people felt the content and tone of letters from health organisations was too clinical and often difficult to understand. Information in other formats such as British Sign Language or easy read format could help solve some of these issues.

Deaf people in particular raised concerns about equality of access with reports British Sign Language interpreters were not arranged with people asked to lip read instead, causing them to become tired through concentrating.

There was some support for checking whether people still needed an appointment, especially if they were on a waiting list. However, in our face-to-face feedback, it was felt this was often a waste of time, with some people finding it insulting, especially if they were on a waiting list for a long time or because of a serious condition.

Letting people choose their preferred method of communication, such as text, letter or email was the second most popular answer in the online survey, and we also heard this at most of the workshops and meetings we went to. People also thought making it easier to cancel or rearrange appointments to a time that suits them would help. It was about giving people more control of their appointments.

Patient choice and digital or online options

There was a mixed response when people were asked about whether they would like to see more online and digital appointments. Lots of people enjoyed the flexibility and privacy an online appointment gave them. But others felt excluded by the digital first approach taken by some organisations. People wanted to be given a choice of what suited them best.

Online or telephone appointments remained popular with many, but the vast majority believed it should never be the only option and the option to choose the preferred type of appointment for the individual should be the priority.

It should be noted there was a willingness amongst many to learn to use things like the NHS App, but people needed training and support to feel confident in this. It was suggested that developers of the apps should test them with the public to make sure they are accessible and easy to use.

We heard there were too many different apps being used across Greater Manchester, which was confusing and some GP practice websites were not easy to navigate: “I regularly use computers and am quite IT savvy but I have been struggling to know how to get a login to the online system to book an appointment and the practice staff didn’t know where to find my login details or help me to find them either”.

Deaf people, who cannot phone to make appointments, felt like they were at the back of the queue to get appointments as they had to do everything online. They would like to see a text messaging option for booking appointments.

Travel and parking

For many people without their own transport, appointments close to where they lived was their number one priority. Difficulty with public transport and the challenge of long journeys to appointments has been a theme throughout the Fit For the Future public engagement programme.

Affordable and available car and bicycle parking was mentioned as a barrier for many, especially at hospitals where parking issues often meant people were late for appointments.

There was lots of support for community transport schemes which, in some areas, had disappeared, but were once a useful service for many.

Other ideas to reduce the number of missed appointments

It was suggested patients would be more motivated to always attend appointments if they were seeing a familiar health professional (often referred to as continuity of care)

It was also suggested that services should be more understanding and flexible in circumstances where patients had been unable to attend on time, due to a range of reasons.

There were lots of other ideas to reduce the number of missed appointments from both the survey and face-to-face discussions:

- Give people more control over their appointments and where they go.
- Offer more choice for individuals such as face-to-face, online or telephone appointments.
- For some conditions, organisations should go to patients' homes instead of patients always needing to go to the service.
- Use care navigators and volunteers to support patients with managing their appointments.
- Open 24-hour walk-in centres for minor injuries and ailments.
- Offer more weekend and evening appointments.
- Make people pay or contribute for some appointments based on affordability. There were mixed views about fines for not turning up with some people preferring a deposit scheme (whereby one would pay to make an appointment and then receive a refund on attending), although in general most people did not want to see a financial penalty.
- Improve communication between GPs and hospitals so people were given sufficient notice of an appointment, ensuring all relevant information is included on the referral and make sure all patients' needs are met, for example, providing an interpreter.
- Make sure the appointment is with the right person. Even within specific conditions, some people are more specialist than others.
- Use artificial intelligence programmes for interpreting.

Suggestions on how to reduce missed appointments, ranked 1-10, from most to least popular:

1. Remind me about my appointments nearer the time

2. Let people choose how they receive information about appointments

3. Provide adequate and affordable parking

4. Offer a range of appointment times and dates

5. Make it easier for people to rearrange or cancel

6. Make sure the right support is booked such as transport or interpreters

7. Provide details of travel information including public transport

8. Check if people on waiting lists still need an appointment

9. Offer more online/digital appointments

10. Provide information about what will happen at the appointment

5.4 Using technology in health and care services

A large majority of people were very supportive of using new and current technology and using it more often. They recognised the positive difference it can make in lots of areas.

People overwhelmingly supported the sharing of patient data between health and care organisations so those organisations can give high quality joined up care. People told us they were tired of telling their story multiple times to different services or clinicians, and with information sometimes missed or overlooked. They also felt that being able to see their own information would empower them to take more control of their own health.

There was also lots of support for the adoption of new technology in hospitals and GP practices, to help improve patient outcomes and take pressure off these services.

However, it should also be noted that most people also said they only supported the greater use of technology if it was used safely and securely and did not replace human touch or give patients less choice.

Security and reliability

The number one worry was about the safety of people’s data and information, especially their shared medical records. This was due to an increase in cyber-crime, data leaks and criminals often targeting vulnerable people.

There were some trust issues with how the NHS will store data, and whether it might share or even sell data to external companies. One example given was selling data to insurance companies to influence insurance premiums. Some people just did not trust the NHS to look after their data well enough. The Post Office scandal, another arm of the state, was brought up as an example of why people lack trust in public departments and organisations. Others thought that the increase in online data would result in national identity cards being brought in through the back door as some form of NHS ID.

It was acknowledged by many that technology can be expensive and needed to be kept up to date. Others said there needed to be 24-hour support in place to enable issues to be fixed quickly if needed.

Older and vulnerable people

Older and vulnerable people made it clear they often felt excluded because of digital and online services like GP booking systems or ordering medication. This made them feel less important. Specific groups that told us this were older South Asian, deaf and blind people.

One person who supported the increased use of technology said: “Never lose sight of those who are unable to use or actually have new technologies”.

Another respondent said: “My husband is blind, and I have lost count of the number of times I have asked the hospital or doctors not to text him. He also cannot use the NHS app”.

However, there was a willingness amongst older people to try and learn, with lots of examples of people being successfully converted to using some of these online services, usually supported by family members. They re-emphasised the NHS can only do this successfully if support was made available.

During our engagement with Manchester’s African and Caribbean Sounding Board we found that people from these communities might not want relatives to see their health record, which could hinder the ability of family members to support them. They also indicated a lack of trust in how data was managed by the NHS.

Equipment

There was positivity amongst people about the benefits of the NHS having more scanners and diagnostic equipment. They believed this would improve outcomes, as conditions could be found earlier, it would reduce waiting times for results and reduce workload for staff. Some people were less optimistic as they had used specialist diagnostic centres already and still had to wait a long time for results and next steps.

It was suggested this type of technology should be used to give people scans proactively, including full body scans, to help find illnesses earlier. Scans should be used as part of preventing ill health and not just finding it.

People seemed excited by the prospect of new and better equipment. They also suggested that it should be used for health professionals to be more mobile and deliver more care in people’s homes, along with equipment to update patient records in real time. Pulse oximeters, intravenous treatment, virtual wards were all given as example of useful technology in the home.

Artificial intelligence

There was support for the use of Artificial Intelligence (AI) where appropriate and safe. The public generally supported its use for checking scans and x-rays if it can ensure accurate results. They were also open to using robots to assist surgeons. However, it was felt that AI should be used alongside clinicians and not instead of, and the correctly trained staff needed to be in attendance to use them.

One respondent to the online survey said: “Having technology that identifies diseases more quickly and efficiently is a must.”

We heard about someone who had a successful double hip replacement using robotic surgery.

We also heard from someone with a pacemaker: “My Pacemaker is monitored by technology which is great as I don’t have to go to see the cardiac nurse as often.”

Some people were less positive: “AI knows nothing about empathy or care. People care. It will be brought in just to cut costs rather than actual improvements to service delivery.”

One person felt in the longer term there could be an over reliance on AI, with scans not checked by clinicians, or clinicians losing practical skills such as palpating an abdomen as part of an examination.

People told us they were happy to see AI used to assist with visual discovery and diagnostics of images (but not for it to be relied on it solely).

Concerns were expressed that the letter writing process can create unnecessary delays – with doctors dictating their letters, which are then hand transcribed by secretaries, which are then sent back to them for review, before finally being sent out weeks after an appointment. People felt transcribing software could help speed this up.

Appointments

Although the voices of those who felt digitally excluded were loud and clear, it should be recognised that lots of people were able and willing to make use of the flexibility that online and telephone consultations and appointments gave. In fact, they went a step further and said this offer should be widened to enable doctors, nurses, consultants, and other health professionals to stay in touch with their patients more often by checking in on progress. Technology could be used to improve the personal touch people were demanding.

Text reminders, GP practice online booking systems, self-check ins (for appointments) and online or telephone appointments were all popular options.

For others there was a perception that technology was making things worse. For example, telephone systems that make people wait, online appointment systems that make direct conversation more difficult and an inability by health professionals to assess a situation fully, through tone of voice and body language.

What people asked for the most was full choice about how they use and communicate with health and care organisations. They did not understand why organisations could not be more flexible and accommodating to individual needs and preferences.

6. Conclusions

The people we spoke to generally understood many of the pressures faced by local and national services, but they also felt organisations could make simple adjustments to improve the patient experience and be more efficient.

The public told us they did not feel like they had much choice in their healthcare. They felt the NHS was forcing them to adapt to processes and technology that did not always meet their needs or wants. People expected advances in technology to present them with more choice, not less.

Despite that, most people were excited by the potential of new technology. They told us they were open and willing to learn if they were supported properly to use things like virtual wards, online apps and other new online services. This support was vital to taking people on this journey.

People wanted to choose how they were communicated with and how they used health and care services. They wanted to be given a choice about how they booked, changed appointments and received information. Most people would use online services, but those that could not, or chose not to, should not be treated like they were less important. They also wanted to choose the best method of communication for them, for example, email, text, letter, or telephone.

People's individual needs were not being met on many occasions, whether it was accessible needs, interpreters, or simply a person's choice of treatment. It was felt by many that forcing people to use things they were not comfortable with affected their independence and confidence to manage their own health.

Waiting times were seen as unacceptable and were causing many people's conditions to get worse, whilst impacting on other aspects of their lives such as work, home and socially. The impact was felt by family members and carers too. We gathered people's ideas on how to reduce waiting lists and how to support people still waiting.

The public agreed that missed appointments was an issue which needed to be solved. They accepted the public had a part to play, but also pointed to the failings of some organisations in not communicating with people in the best or preferred way, or meeting their individual needs.

Generally, once people got the diagnosis, treatment or operation they wanted and needed, their experiences of using the NHS were mostly positive. We also heard about the value the voice of people with lived experience in planning and developing services.

A single patient record available to all health and care organisations involved in someone's care was very popular, if it could be done safely and securely. This would help organisations use patient information in a joined-up way to help understand a person fully and not through individual conditions. Many felt that this would solve some of the communication issues between different organisations like hospitals and GP practices.

There was lots of support for putting more services in local communities such as scans, blood tests, physio appointments and routine care for older people. There was concern however that the existing problems such as communication and patient choice would not necessarily be solved by this approach.

During this public engagement it was clear that what made a great NHS service was unique to the individual and a view of any service could be shaped by a single or multiple experiences. It was therefore important that NHS organisations made every interaction count and listened to what people who used their services told them and responded appropriately.

Overall, there was little which came as wholly new or surprising to us in this work. People wanting more personalised services, choice, continuity of care, to be kept informed and routine care closer to home or in the home are some of the perennial themes we hear regularly in our work.

Similarly, the experience of repeated basic errors in communication, in making appointments and in handoffs of care continue to mar the day-to-day experience of many, suggesting many services continue to have problems in getting the basics right on a consistent basis.

The bigger surprise perhaps was the high degree of support for increasing the adoption of technology and the willingness, with certain caveats, for patients to adopt digital means to interact with and receive treatment from the NHS.

These findings can help the ICB and wider system think about future priorities for improving access to, and experience of healthcare. They may also provide lines of enquiry for further, deliberative and/or co-productive work on these topics.

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:

- Commissioners should be emboldened in seeking to introduce new processes and technology to improve outcomes and experiences of care. Our work showed considerable support for this from the public, as long as they are assured that their data is secure and people are not disadvantaged by being digitally excluded.

- However, we should be mindful of the risk of technology introducing inflexible ‘computer says no’ approaches which can reduce choice and responsiveness to individual needs and preferences. Instead we should be looking at how to use technology to increase personalisation.

- When planning new pathways of care, we should look to smooth handoffs, particularly in ensuring good communication between services.

- In considering new models of care and where and how services should be delivered, commissioners should be mindful of public support for care closer to home for routine care.

- Further thought should be given to accessing and making use of patient insight gained through everyday clinical interactions – to help track satisfaction and understand the experiences and expectations of patients on an ongoing basis.

- Finally, commissioners and providers should have a renewed focus on adopting processes to ensure basic details are got right, like clear communications, appointment processes and referrals. These things may seem small to decision makers but they have a big impact on the experience of patients.

7. Appendix A

NHS GM engagement questions – Great Services

Phase 3: Great services	Face-to- face events	Launch events	Online events	Social media	Online platforms
What can health and care services do to reduce the number of missed appointments? (Choose your top three) • Let people choose how they receive information about appointments • Remind people about my appointments nearer the time • Make it easier for people to rearrange or cancel • Offer more online/digital appointments • Check if people on waiting lists still need an appointment • Offer a range of appointment times and dates • Make sure the right support is booked such as transport or interpreters • Provide details of travel information including public transport • Provide adequate and affordable parking • Provide information about what will happen at the appointment • Something else – please tell us	X		X		X
“The NHS should spend more money on services in my local community – rather than my local hospital? Yes or no”				X	
Which hospital services do you think would be better concentrated onto fewer sites, and which should usually be provided on every site?	X				X
“The NHS needs to offer MORE online services? Yes or no”				X	
Should we offer more digital and online services in the NHS?	X				
I am on a waiting list for a health appointment. The most important thing I want them to consider when deciding when I should be seen is: 1. How bad my symptoms are.				X	X

2. If I am still able to go to work or school. 3. What date I was added to the waiting list. 4. If I am still able to care for my children or family. 5. The impact it is having on my mental health. 6. Something else…					
Apart from spending more money, what other ways do you think NHS Greater Manchester can reduce the time people need to wait for an appointment or operation? Potential metrics a. offer people appointments in other areas of GM b. offer people appointments in other areas of the North West of England c. review the waiting lists to check people still require the treatment d. Offer alternative options available to support someone (for example by using technology or non-medical interventions)? e. Use more remote consultations (digital or online) f. Anything else?	X				X
In what circumstances should we prioritise someone on a waiting list for health care? What do we need to think about? Potential metrics a. How severe their symptoms are b. How far a person's condition affect their ability to work or fulfil an essential role such as an informal carer? c. How far a person's condition impacting their mental health or wellbeing d. Anything else					X