Health Innovation Manchester

GM Health Innovation Accelerator

Public Co-production & Engagement

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1. Executive Summary & Context

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EXECUTIVE SUMMARY

Purpose of the report

- To document insights on barriers and enablers to accessing screening and diagnostics in the engaged communities
- To provide recommendations for future public engagement and co-production efforts
- To showcase the engagement approach undertaken across the Health Innovation Accelerator programme

Key insights

- Trust & community leadership are critical to gathering accurate and genuine insights from engagement.
- Services are more effective when delivered in familiar, local settings and shaped by community input.
- People respond positively when their intersectional identities (e.g., ethnicity, religion, language, sexual orientation) are respected in service design.
- Digital exclusion, language barriers, inflexible healthcare systems, and lack of clear communication persist as major access challenges.

Recommendations:

- Healthcare initiatives should be produced in partnership with trusted community leaders and informed by community needs
- Healthcare invitations should be delivered via culturally tailored, multilingual communications
- Engagement and care provision should take place in community settings wherever possible, enabling accessibility and deeper understanding of community needs
- Work in partnership with communities to ensure solutions are culturally informed

BACKGROUND

Early detection is crucial in tackling major health conditions such as heart failure, lung cancer, liver disease, and chest pain-related illnesses. These conditions are among the leading causes of mortality and long-term disability in the UK, with Greater Manchester experiencing particularly high rates due to its high smoking prevalence, and socioeconomic inequalities.

Despite the availability of screening and diagnostic programmes, underserved groups (including ethnic minorities, low-income groups, people with disabilities, refugees, and those experiencing homelessness) often struggle to access these services. There are several intersecting barriers that contribute to this inequality such as: cultural and language nuances, financial & logistical challenges, mistrust & health misinformation, lack of awareness & health literacy; and homelessness & housing insecurity.

The £100m Innovation Accelerator was a flagship scheme of the levelling up white paper to support three city regions to become major centres for research and development. The Health Innovation Accelerator (HIA), is an investment from the government focusing on advanced diagnostics and genomic testing to develop the ecosystem to lead to better outcomes for local people and enhanced economic productivity. The HIA is structured in two distinct programmes, the Advanced Diagnostics Accelerator (ADA) and the Development and Validation of Technology for Time Critical Genomic Testing (DEVOTE), collectively comprising of 12 accelerator use cases.

The Co-Production & Engagement workstream was uniquely designed as a cross-cutting theme across the HIA programme to enable those that experience the greatest health inequalities to have more equitable access to early diagnostics and screening. By engaging and involving people from socio-economically deprived and ethnically diverse backgrounds (including where there is digital exclusion & digital poverty) we can better understand contextual barriers & enablers and co-create solutions to increase access and uptake of advanced and community-based diagnostics amongst underserved groups, moving forward.

2. Introduction

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THE HIA TAKES A PROGRAMMATIC APPROACH ACROSS PARTNERS TO ENHANCE SHARED ASSETS AND DELIVER AGAINST A SET OF SHARED OBJECTIVES.

Overarching objectives:

1. Develop advanced diagnostics tailored to the needs of local people of GM
2. Add value to academic research and sector strengths
3. Leverage digital care infrastructure and data assets
4. Transform patient care and reduce health inequalities

PROGRAMME 1: ADVANCED DIAGNOSTICS

- The Advanced Diagnostics accelerator was focused on cyclically led projects in community, primary and secondary care settings.
- Clinical areas include heart failure, liver disease, lung health, kidney disease, respiratory, chest pain, lipids
- Delivery led between Health Innovation Manchester (HInM), Manchester University NHS Foundation Trust (MFT), and The University of Manchester (UoM)

PROGRAMME 2: DEVOTE PHARMACO-GENOMICS

- DEVOTE focused on accelerating R&D for pharmacogenomics for patient care
- Led by University of Manchester, builds on DEVOTE to develop and implement time critical genomic testing technologies.
- Focuses on three areas – post-stroke, antibiotic therapy and pharmacogenetics.

PROJECT 3: COMMON DATA PLATFORM

- Industry partners with GM data assets to unlock data, test and validate new solutions
- Enhancing the development and capability of the GM Secure Data Environment (SDE) platform through alpha driver projects, leveraging national SDE funding
- Accelerated learning and development on underpinning IG and data sharing arrangements

PROJECT 4: COMMUNITY CO-PRODUCTION

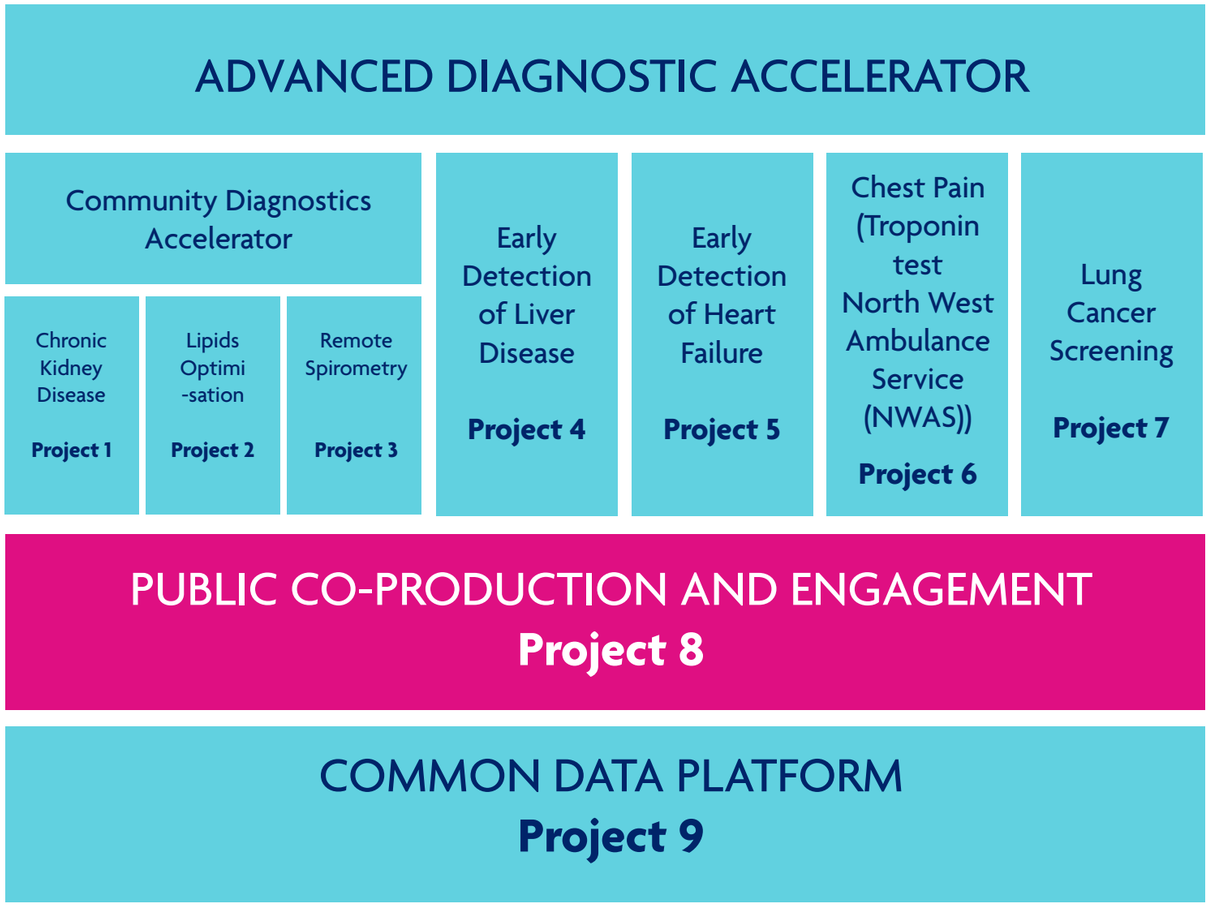
- HInM public engagement and creative industry partners focused on underserved communities
- Use of ethnographic research, community-based engagement and digital marketing
- Significant involvement from community and voluntary sector partners

THE COMMUNITY CO-PRODUCTION & ENGAGEMENT PROJECT AIMED TO EMPOWER THE PUBLIC, PARTICULARLY THOSE FACING INEQUALITIES, TO ACCESS, UPTAKE AND BENEFIT FROM ADVANCED DIAGNOSTICS.

Objectives:

Support each of the health innovation accelerator projects to engage with and reach priority patient cohorts by,

1. Understanding the views, experiences and insights of target communities that prevent them from accessing or up-taking diagnostic services and screening.
2. Develop and deploy creative approaches and solutions based on addressing the barriers identified, to improve understanding, and increase access and uptake.
3. Share learning and insight across all of the GM accelerator programmes and develop a blueprint for how insight driven co-production can lead to better outcomes for diagnostic services that the wider health and care system can learn from.



KEY ACHIEVEMENTS OF THE PUBLIC CO-PRODUCTION & ENGAGEMENT PROJECT

The Public Co-Production & Engagement Project has successfully fostered meaningful collaboration among diverse stakeholders, including healthcare providers, industry partners, VCFSE organizations (The Voluntary, Community, Faith and Social Enterprise), academic institutions, community groups, and citizen partners.

14 Meaningful collaborations:

- **10** VCFSE and Community Groups
- **2** Industry Partners
- **1** healthcare provider
- **1** Academic Institution

22 Engagement events and activities

Some of which included:

- **2** peer-led communication events
- **2** Co-creation of an activity or events (i.e., survey, or event)
- **7** 'Barriers and enablers' engagement and discussion groups

428 Citizens attended events and activities:

Bolton, Rochdale, Manchester, Stockport localities covered

26 Outputs produced

- **6** patient stories
- **3** posters / infographics
- **4** Blogs
- **6** Videos
- **5** Industry reports
- **1** Digital exclusion dashboard
- **1** Blueprint for how we engaged with underserved communities

3. Methodology

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ENGAGEMENT METHODOLOGY & APPROACH

Approach

The Patient and Public Involvement and Engagement (PPIE) team took a 3-fold approach to engaging with communities that are historically underrepresented in health screening and research:

1. The team adopted a new method of NHS public engagement by utilising strategic partnerships with creative agencies – Mindfield Advertising and By Gamers for Gamers – to coproduce materials for publication and to strengthen recruitment and involvement of underrepresented communities in the ADA programme.

2. The team uniquely leveraged the expertise and networks of local people from relevant communities to take on a role as 'co-producers' of events. This ensured that the voices of local people and trusted organisations were prioritised, and their insights and experiences directly impacted the design of how the engagement sessions were delivered first hand.

3. Voluntary Community and Social Enterprise (VSCE) sectors were also utilised to play a pivotal role by spearheading community outreach, advocating for stakeholders, and facilitating meaningful dialogues among project participants.

Method:

A range of engagement methods and activities were employed to adapt dynamically to the needs of different communities as well as the needs of the programme. As a result, the findings in this report stem from a blend of co-production, information sharing and insights gathering activities.

A set of principles where utilised to ensure that the promotion and protection of patients and public interests were at the forefront of our engagement activities.

Guiding Principles

1. Engage individuals with relevant lived experiences to provide meaningful insights.

2. Present information in a clear and accessible manner for all participants.

3. Conduct sessions in safe, inclusive, and trusted environments.

4. Collaborate with the relevant organisations, institutions, and community leaders to foster connections.

5. Be adaptive, creative and agile by responding to the communities needs.

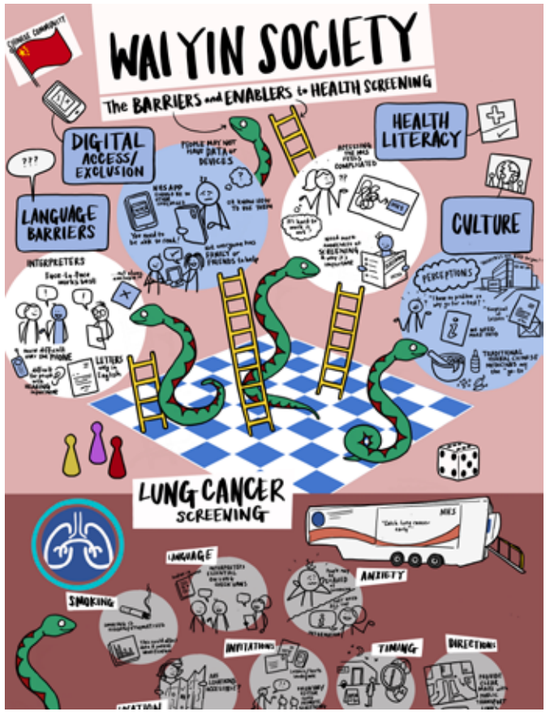
6. Provide fair compensation to individuals and VCFSE organisations for their time and contributions.

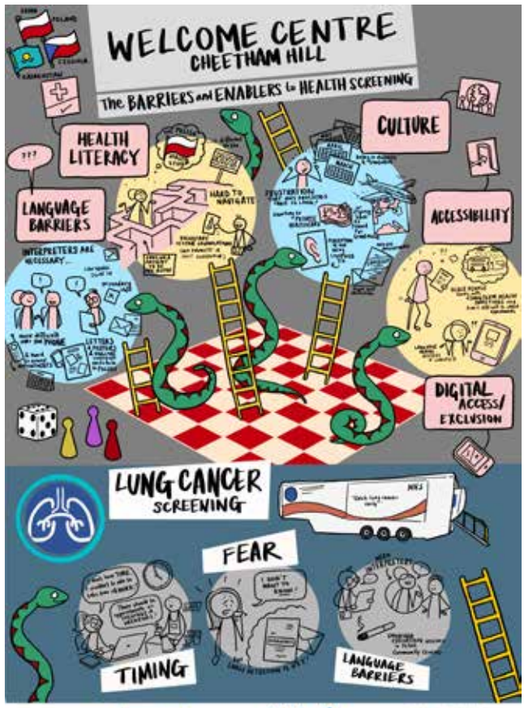
OVERVIEW OF ENGAGEMENT ACTIVITY

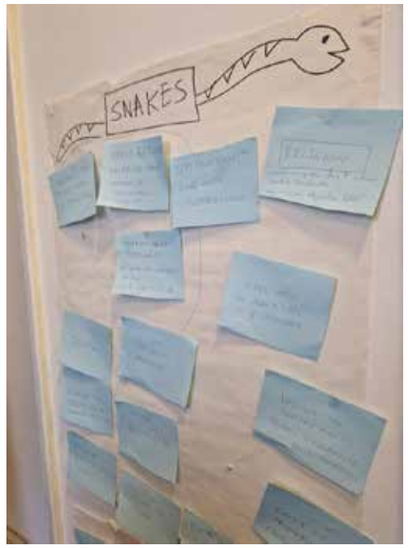
Across Greater Manchester groups experiencing multiple deprivations are also at higher risk of cardio renal metabolic conditions, lung cancer and respiratory problems. These groups are also less likely to attend health checks and screening.

The Health Innovation Manchester Public Engagement team work across Greater Manchester, with a focus on health inequalities. Using the Indices of Multiple Deprivation (IMD), this map illustrates the range of deprivation across areas, which aligns with those most likely to experience significant health inequalities.

LEVERAGING CREATIVE COLLABORATION PRACTICES: SNAKES AND LADDERS







ELEVATING LOCAL VOICES:

COMMUNITY–LED, CO-PRODUCTION AND ENGAGEMENT

HARNESSING THE EXPERTISE AND NETWORKS OF LOCAL COMMUNITIES

INCLUSIVE AND IMPACTFUL COLLABORATION

Cornerstone
Caritas Diocese of Salford

Wai Yin Society

LGBT FOUNDATION

BINOH/בינה
Supported by Binoh of Manchester Community Funding

The Wobbly Stamp

PROPHETIC PATH
JOURNEY TO MEET THE LORD OF THE WORLDS

healthy me healthy communities

Seek2 CHANGE

Awakening MINDS
IMAGINE – BELIEVE – ACHIEVE

CAHN
Caribbean & African Health Network

OVERVIEW OF ENGAGEMENT ACTIVITY

PEER-LED COMMUNICATION EVENTS (AWARENESS RAISING, HEALTH EDUCATION, STUDY RECRUITMENT)

Community Group / Activity	Target Demographic	No. Attendees	Location
Bolton Awareness Event	South Asian Community	250	Bolton
Jewish community Newsletter	Jewish Community	N/A	Various Localities

CO-PRODUCTION OF AN ACTIVITY OR EVENT (I.E., SURVEY, OR EVENT)

Community Group / Activity	Target Demographic	No. Attendees	Location
Wobbly stamp pub	White, working-class men, All current or ex-smokers	7	Cheadle, Stockport
Wai Yin Early-Heart Failure Talk	Chinese community, ages 50+, current/ex-smokers	35	Central Manchester

'BARRIERS AND ENABLERS' ENGAGEMENT AND DISCUSSION GROUP (INCLUDING CO-PRODUCTION OF MATERIALS)

Community Group / Activity	Target Demographic	No. Attendees	Location
'Sugar' discussion group	Black, African and Caribbean community from deprived backgrounds, ages 50+, smoking history, HF risk factors	9	Hulme, Manchester
Caribbean and African Health Network (CAHN)	Black African Caribbean communities across GM, aged 45+, smokers/ex-smokers, economically deprived areas	7	Longsight, Manchester
Cornerstone - homeless or at risk of homelessness, rough sleepers discussion group	Due to variety of sensitivities in this group it was not appropriate to capture.	16	Moss Side, Manchester
Wai Yin discussion group	Chinese Community aged 50+ that are living with one or more long term conditions that are risk factors for heart failure.	10	Central Manchester
Eastern European discussion group via the Welcome Centre	Eastern European community, aged 50+, Current or 'ever' smokers.	10	Cheetham Hill, Manchester
Healthy Me, Healthy Communities discussion group	Individuals in social housing, Aged 50+, Current or 'ever' smokers.	10	Gorton, Manchester
LGBT Foundation discussion group	Aged 50+, Current or 'ever' smokers, identifies with LGBT community.	7	Central Manchester

4. Who we engaged with and why

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WHO DID WE ENGAGE WITH?

It was not always feasible or appropriate to collect demographic information during our engagement. However, we were able to collect demographics from 76 participants. Excluding the Bolton health awareness event, this is a 63% completion rate.

BALANCE OF MALE AND FEMALE

AGE: 45+

45% OF PEOPLE REPORTEDLY CURRENT SMOKERS

38% REPORTEDLY HAVE A DISABILITY

VARYING LEVELS OF EDUCATION, WORK STATUS, SEXUALITY, AND ENGLISH PROFICIENCY

UNDERSERVED GROUPS ENGAGED:

- SOUTH ASIAN COMMUNITY
- BLACK AFRICAN CARIBBEAN COMMUNITY
- EASTERN EUROPEAN COMMUNITY
- CHINESE COMMUNITY
- HOMELESSNESS AND AT RISK OF
- HOMELESSNESS GROUPS
- WORKING-CLASS MEN
- SOCIAL HOUSING COMMUNITIES
- LGBTQ+
- JEWISH COMMUNITY

WHY

Greater Manchester has some of the highest concentrations of deprivation in England

The English Indices of Deprivation 2019 >

Click here >

Tackling Health Inequalities in Manchester 2022-2027 >

Click here >

29.7% of children are living in income deprived households

1 in 5 of all unemployed residents aren't in work due to long-term sickness

33.6% is the proportion of older people living in deprived households

Systemic discrimination and racism leading to poorer health outcomes

6 out of 10 local authorities in GM are in the top 30 most deprived areas

Manchester is among the most deprived places in England. By one measure (average score), it ranks **6th worst.** By another measure (average rank), it ranks **2nd worst.**

For many years, the health of people in Manchester has generally been worse than the England average

Significant **inequalities** in wellbeing in relation to gender identity, sexual orientation and transgender status.

5. Key Findings

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INSIGHTS AND COMMON THREADS

INTERSECTIONALITY AND CULTURAL ADAPTATIONS

Cultural and Systemic Barriers: Emphasis on the importance of recognising religious beliefs, traditional medicine practices, and differences in healthcare systems influence on perceptions of care.

Social and Behavioural Factors: Recognition that Homelessness, stigma around smoking, and substance misuse contribute to health disparities and difficulties in seeking or continuing treatment.

Mental Health and Care Disruptions: High self-discharge rates from secondary care due to unmedicated substance withdrawal and untreated mental health conditions hinder effective healthcare engagement.

LANGUAGE AND COMMUNICATION BARRIERS

Language: Limited English proficiency can lead to miscommunication, misdiagnosis, and difficulty accessing healthcare.

Interpreter Challenges: Additional barriers caused by inconsistent quality and availability of interpreters, with a preference for face-to-face interpretation.

Access Difficulties: Strong reliance on family for translation and struggles with NHS communications, appointment bookings, and healthcare materials such as flyers and posters.

TRUSTED SOURCES AND INFORMATION ACCESSIBILITY

Trust and Influence: Community and faith leaders are key in shaping healthcare trust and engagement.

Information Gaps: Lack of clear information about screening processes can deter participation.

Healthcare Hesitancy: Some avoid seeking care due to fears of overburdening NHS services.

ACCESSIBILITY AND LOCAL HEALTHCARE PROVISION

Access Challenges: Rigid scheduling with appointments, unfamiliar locations, and long waiting times delay treatment.

Barriers for Homeless Individuals: Difficulty registering with a GP and concerns about hygiene discourage rough sleepers from seeking medical examinations.

Financial and Digital Constraints: Travel costs and limited online access can hinder healthcare engagement.

DIGITAL LITERACY AND TRUST IN HEALTHCARE SERVICES

Digital Exclusion: Lack of devices, data, and digital literacy limits access to online healthcare services.

Trust and Navigation Issues: Fear of scams and unfamiliarity with NHS systems reduce engagement.

Preference for In-Person Care: Many, especially rough sleepers, struggle with digital services and secondary care access.

HEALTHCARE SCREENING ACCESS: BARRIERS, ENABLERS, AND OPPORTUNITIES

BARRIERS

Religious, Cultural & Social:

- Stigma
- Mistrust in the healthcare system.
- Language barriers and limited English proficiency
- Cultural nuances

Finances, Logistics & Health Literacy:

- Cost of transportation or inability to take time off work.
- Lack of knowledge about free screening services

Systemic factors:

- Inflexibility of healthcare services (appointment scheduling, digital barriers).
- Lack of culturally appropriate healthcare communication.

OPPORTUNITIES

Work with community organisations

Use peer led awareness programmes

Develop multilingual, culturally inclusive

Enhance screening accessibility

Raise awareness of free healthcare screening and the benefits of them

Support digital access & health literacy

ENABLERS

Community led approach

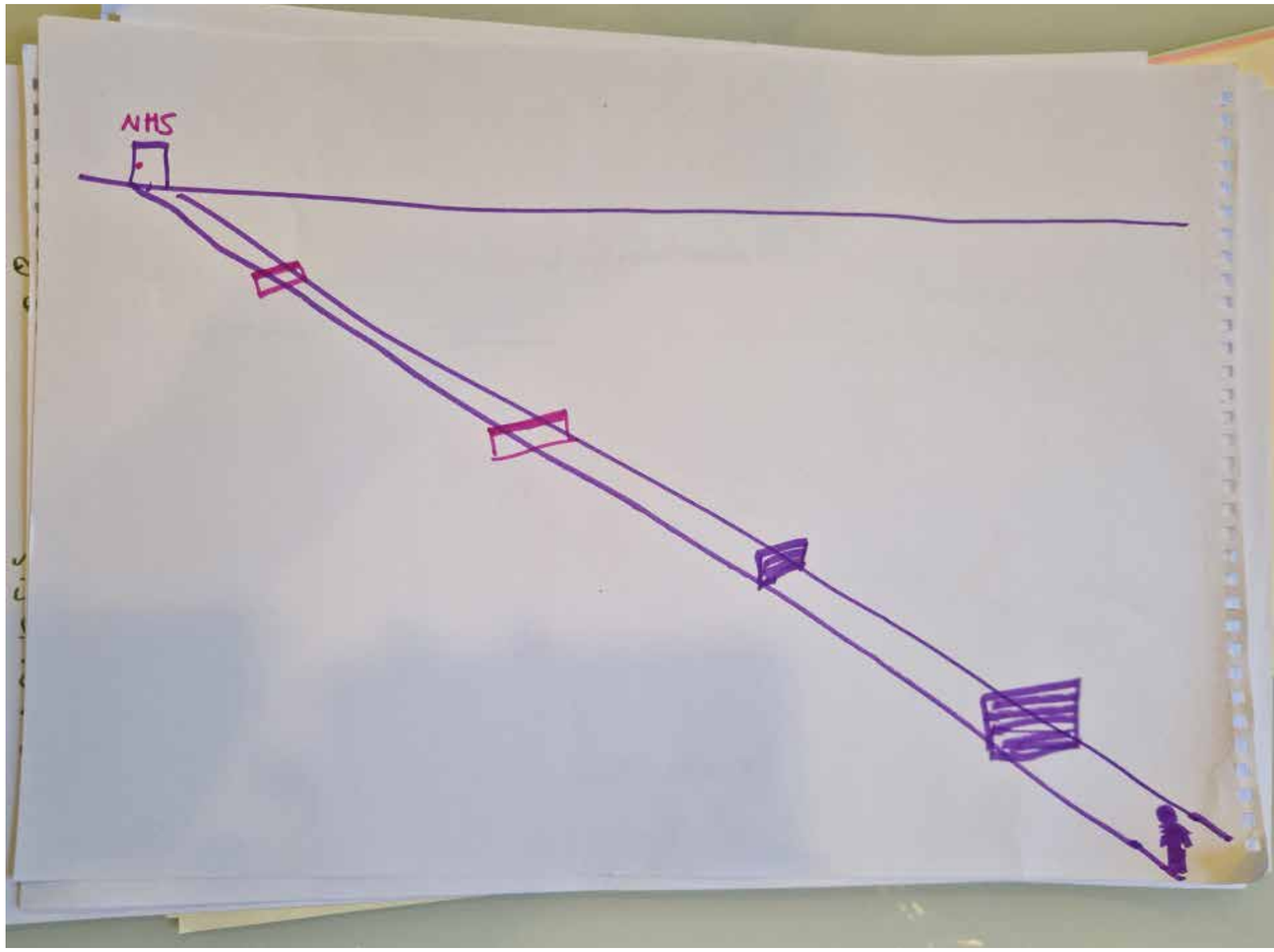
- Using trusted local organisations (e.g., Wai Yin Society, CAHN).
- Peer-to-peer awareness programme's

Innovation in health screening

- Novel therapies and technologies to bridge the gap between patient and health institutions
- Mobile screening units in deprived areas.

Improved communication and outreach

- Culturally adapted materials in multiple languages.
- Personalised patient engagement (e.g., through religious or community leaders).



Drawing produced by member of the public at LGBT Foundation Pride in Aging engagement event around barriers and enablers to accessing health screening

PROMINENT THEMES IDENTIFIED WITHIN EACH COMMUNITY GROUP

The themes presented here reflect the strongest trends observed within each group, but they do not exclude their applicability to others. Addressing these insights collectively can help create more inclusive, effective, and culturally responsive healthcare engagement.

SOUTH ASIAN COMMUNITY

- Personal testimonies, spiritual elements, and **culturally appropriate** greetings help engage the South Asian community.
- Engagement is more effective when promoted by respected **community leaders** and prominent members.
- Promotional materials, language, gender-sensitive arrangements, and prayer spaces should align with community expectations.

CHINESE COMMUNITY

- **Accessibility** to screening information and screening clinics in Chinese language and trusted community organizations
- Services must be **accessible** for non-digital users, there is a strong preference for face-to-face appointments
- Acknowledgement of traditional **medicinal practices**

BLACK, AFRICAN AND CARIBBEAN COMMUNITIES

- **Trust & transparency** from researchers, Industry, and health providers regarding data.
- Services must be **accessible** for non-digital users.
- **Local access** to care
- 'African' and 'Caribbean' encompass diverse cultures, languages, and behaviors.

HOMELESSNESS / AT RISK OF HOMELESSNESS, ROUGH SLEEPERS

- **Accessibility** to screening information and screening clinics via community outreach programmes
- **Acceptance, openness** and **inclusivity**

EASTERN EUROPEAN COMMUNITIES

- **Accessibility** and Language translation – being able to communicate with healthcare providers.
- Services must be **accessible** for non-digital users and **flexibility with appointment** schedules outside of usual working hours.
- **Smoking cessation sessions in voluntary and community centers** where the Polish community attend.

INDIVIDUALS IN SOCIAL HOUSING

- Address language barriers by providing interpreters during appointments.
- Provide accessible health information through videos, visuals, and detailed screening explanations.
- Build trust through health champions who understand local needs and empower by making healthcare more relatable and accessible.

LGBTQ+ COMMUNITY

- Healthcare professionals need training on intersectionality, understanding the relationship between ethnicity, culture, religion, sexual orientation, and gender identity.
- Build confidence and trust, ensure that they are being listened to
- Offer choice of male / female professionals where possible to ensure comfort
- Ensure screenings in accessible, community-based locations

WHITE, WORKING-CLASS MALE COMMUNITY

- Clear communication and awareness - Provide more information on what screening involves, including duration, procedures, and preparation
- Provide screening in accessible community locations and ensure flexibility with appointment times due to work commitments
- Ensure clear guidance on where to go for specific health concerns (e.g., whether to visit a GP for liver health issues).

JEWISH COMMUNITY

- Recognise cultural and religious sensitivities and nuances when engaging about health
- Some community members have mixed trust in NHS services, due to poor responsiveness and lack of accessibility for their needs
- While digital communication is growing, printed media and community out-reach remains influential for this group.

6. Recommendations

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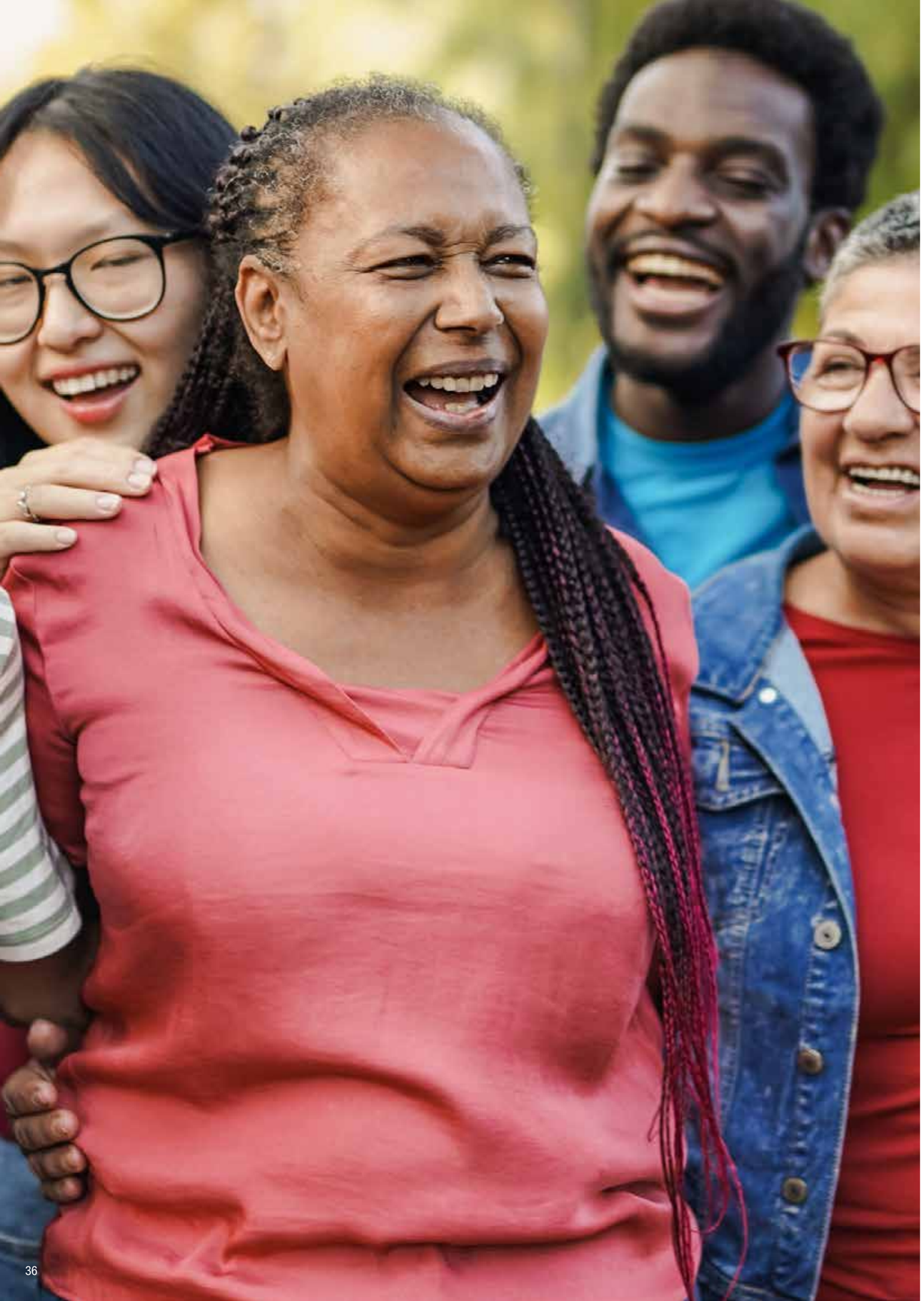

RECOMMENDATIONS FOR FUTURE HINM PUBLIC ENGAGEMENT

ENSURE THAT 'CO-PRODUCTION AND ENGAGEMENT' APPROACH IS COMMUNITY LED & CULTURALLY RESPONSIVE

- Healthcare initiatives should be led and informed by community needs and trusted community leaders
- Engagement should take place in community-informed settings

ENHANCE TRUST AND ACCESSIBILITY

- Involve communities in recruitment and awareness strategies to ensure that they are culturally informed.
- Improve accessibility by prioritising local outreach and care where possible.

BESPOKE & INCLUSIVE ENGAGEMENT

- Address language barriers by providing appropriate interpretation, translation, and clear, inclusive communication.

7. Outputs

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As part of the project activity the co-production and engagement team worked with communities to produce outputs that represented their experiences. Personas were co-developed to present fictionalised representations of people's real experiences and challenges. The Early-HF case study demonstrates how the engagement activity promoted involvement in research. Patient stories and films were developed to illustrate the value of taking part in research, health screening, and public engagement across the HIA projects.

DIANE

Black African British woman living in Trafford, age 62

Personal Circumstances

Diane has adult children, one of whom still lives at home and the other lives close by.

Diane is an active member of her local community and her church community. Diane was born in Greater Manchester and feels strong ties to her African heritage.

What's important to Diane

Diane doesn't tend to worry about going to doctors unless something is really impacting her life. She will only attend an appointment if she feels she knows what it is for, and what's going to happen.

She's had bad experiences with healthcare in the past and has a deep mistrust of medical practices based on her own experiences and the historic treatment of her community.

Health Needs and Challenges

Diane has had pain in her knee for some time, though she has only recently sought medical help for this. This is her main health concern at the moment.

Diane probably wouldn't bother to attend a screening appointment unless she felt something was wrong, she has other priorities.

When Diane did attend a breast screening recently, she wasn't aware of how rough and uncomfortable the process would be. This has put her off attending again.

Environment/Context

In GM (Apr 2019 to Feb 2022) only 34% of invitees attended a Lung Health Check (LHC). [1]

LHC uptake was highest among the individuals in the least deprived cohort (48%) and lowest among the most deprived cohort (38%).

Uptake was higher among White people (64%) than those of other ethnicities (53%).

Lung cancer incidence rates in England in females are 174% higher in the most deprived populations compared with the least, and in males are 168% higher in the most deprived populations compared with the least (2013-2017). [2]

Earlier diagnosis is linked with longer survival rates and duration.

1 Targeted lung health check programme, Evaluation progress report: June 2022, Ipsos (shared by NHSCP team)

2 https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer#heading-Zero

LINDA

Aged 56, Female, Smoker, Chinese Living in Manchester

Personal Circumstances

Linda speaks a little English. She lives with her family and is supported by her children and grandchildren.

Linda has diabetes, thyroid problems and reduced mobility.

What's important to Linda

Linda has a big family and enjoys spending time with them.

She likes to keep healthy and tries to walk regularly. She wants to have a long, healthy life.

Health Needs and Challenges

Accessing healthcare feels complicated and overwhelming: 'I don't know anything so it's hard to work it all out'

Language barriers make this especially difficult, and she can feel excluded when healthcare letters come with other language options but not Chinese.
She would like the NHS to provide more support, especially around smoking.

She wishes she had more information about her health needs and nutrition and that she could get more health checks, though she doesn't know why she would be invited for a lung health check now 'I've smoked for 10-20 years, why should I go now?'

She is not confident using technology, she uses the internet a little but doesn't use apps and her family normally support her with digital communications. Following up on appointments and information sent by SMS, app or email is difficult due to technology and language difficulties. Having to wait for help with this has meant she's missed appointments in the past because she didn't get the information in time.

Getting a GP appointment is very frustrating – since COVID her GP practice has switched to predominantly online access, which asks you to select/describe what's wrong or what you need: "but I don't know what I want because I don't know what's wrong!"

LILITH

Ex-smoker, White British,
LGBT+ woman ,
Aged 73, Living in Oldham

Personal Circumstances

Lilith has a family of choice; she has no children and has been rejected by her biological family due to her sexual identity.

She is financially secure but worries about her future care as she has very supportive and close friends, but they are all old have their own health issues.

What's important to Lilith

Lilith enjoys clubbing and dancing, travelling, her cats and being in nature. She wants to stay healthy and active and in control of life.

Health Needs and Challenges

Lilith is a stroke survivor and has osteoporosis, she is quite physically active and is an engaged member of a local LGBT+ group.

She is an ex-smoker but previously smoked for 30+ years, often using smoking as a way to deal with anxiety around stressful life circumstances.

She wants to know early on about any problems with her health and to receive early interventions to deal with any concerns. However, she wouldn't go to the GP unless she was really worried about something as she doesn't want to take the appointment from someone who may need it more than her.

JAN

Aged 65, Male , Polish, Ex-smoker,
now vapes, Living in Prestwich

Personal Circumstances

Jan speaks some English. He has worked hard but now has a lot of medical conditions and cannot work due to pain. He has family close by who help with his daily activities where they can, but they all work.

What's important to Jan

Jan is worried about his finances, he would like to use some money to pay for private healthcare, but he can't afford it. He just wants to be well, support himself and have a roof over his head.

He enjoys watching films and walking, though he can't do that as much as he used to due to his health. He has an aquarium which he enjoys tending.

Health Needs and Challenges

Jan suffers with depression, hip pain, rheumatoid pain and COPD. He has sought treatment for these conditions but has often ended up travelling to Poland to pay for treatments that aren't offered or accessible in Manchester.

Jan's biggest frustration is that he doesn't feel heard by the healthcare professionals he sees. He often doesn't understand why a particular treatment is being offered which doesn't seem to resolve his problem and it takes multiple treatments and referrals to get to the treatment which will actually impact on his quality of life. 'I need to ask for everything, x-rays, blood tests... it's not proactive, and they don't follow up with me'. It seems that the process takes too long, and his condition just gets worse in the meantime 'When you have a serious condition small steps waste time, get to the thing that helps to improve my life'. I trust the doctors, but it should have been resolved earlier, quicker'.

This frustration can be compounded by the long waiting times experienced and not understanding the rationale for a particular treatment. Jan has had good experiences with doctors who have been eager to help and 'get things done'. He has moved to a new GP who now follows his long-term care plan 'I'm lucky to have a good GP who listens and doesn't kick me out after 10 minutes'. Language barriers also add to this, and if he needs an interpreter the quality is very variable and tends to be worse when using phone interpreters.

Jan would go for NHS screening appointments if invited, even though he doesn't want to know about more negative things, he knows it's important and he has to go.

RON

Smoker, experiencing homelessness

Personal Circumstances

No access to a GP and did not know he could access a GP via a homelessness charity.

Ron has no mobile phone or access to the internet so he could not receive invites to, or information about appointments. Even if he could access GP services, if he needed a referral somewhere else, he'd struggle to keep the appointment or even receive information about it.

What's important to Ron

Lilith enjoys clubbing and dancing, travelling, her cats and Ron's focus is about getting through the day, so health issues are put to the back of his mind.

When you're homeless you can feel like no-one cares about you, so you stop caring about yourself. Mental health is a big problem for Ron, but he has been waiting so long for help.

Ron does worry about his lungs, but trying not to use tobacco and other substances can lead to withdrawal and social isolation because it means you have to stay away from places where other people are smoking, even if that's where the health care is.

Health Needs and Challenges

Ron struggles to look after his health, his substance misuse can also mask signs and symptoms of ill health.

If Ron does see a GP it's always someone different, it can feel 'cold' and unfriendly, and it's not nice having to re-state your personal information to an unfamiliar person over and over. He can also feel self conscious about attending appointments as he's unable to wash or change his clothes as often as someone who has stable accommodation.

He might take up health screening if it was offered at a location he already attends (like Cornerstones) to put any worries at ease.

LEUNG

Aged 67, Male
Smoker, Chinese
Living in Cheetham Hill, Manchester

Personal Circumstances

Leung lives alone but has family nearby and friends at the local community centre. He speaks some English but struggles with reading English and with more complicated medical discussions, so often requires an interpreter. His family and people at the community centre will help him with translation and digital access.

What's important to Leung

Leung likes walking and playing badminton and mahjong. He wants to enjoy life to the full and be healthy. He enjoys having fun with his family, a good chat with friends and going for dim sum.

Health Needs and Challenges

Leung has lung disease, mobility difficulties, physical and psychological needs. He has frequent hospital appointments and wishes getting to hospital appointments was easier.

Language is the biggest barrier to healthcare for Leung. He relies on his family and community support but this isn't ideal, he often has to wait for someone to help him out and this can mean missing out on urgent information. He's tried using apps but dexterity and his struggles with using digital technology often means this is very frustrating or ineffective. The interpreter services offered at hospital and GP appointments can be very variable in quality and reliability.

Leung is not keen on going to hospitals, he feels hospitals are bad for you and doesn't like to admit that he has problems.

He would not attend health screenings as he feels that 'I have no problems, why should I go?', and if he had cancer he wouldn't want to know. He'd also be worried that the tests and treatment would harm the healthy cells.

EARLY HF – CASE STUDY

Detecting EARLY Heart Failure in Greater Manchester (EARLY-HF) is a pilot study aimed at developing and implementing this risk calculator within primary care in Greater Manchester. A key aim of the study is to recruit primary care patients from socioeconomically deprived and ethnically diverse backgrounds.

The co-production and engagement workstream played a significant role in the delivery of the EARLY-HF use case. Through targeted community engagement and patient co-production, the study successfully reached underserved populations.

Community events, such as those with the Wai Yin Society and the local event in Bolton, increased awareness among ethnically diverse communities. Recruitment materials were co-developed with community and public members from socioeconomically deprived and ethnically diverse backgrounds, ensuring cultural relevance and accessibility.

These were used in a digital campaign that generated over 1,000 expressions of interest. As a result, over half (53.3%) of participants were from the most deprived deciles in Greater Manchester, and 22.1% identified as belonging to ethnic minority groups—demonstrating the tangible impact of effective public involvement.

A link to the full Early HF report can be found here:

Click here >

Early–HF
EARLY DETECTION OF HEART FAILURE

PATIENT STORY

A link to the full story about Eric and the early detection of heart failure can be found here:

Click here >

> “I now know the condition of my heart and what Heart Failure is...”
>
> **Eric, Patient, 71**

Eric, aged 71 from Irlam in Greater Manchester, is a member of the Health Innovation Manchester Patient and Public Involvement and Engagement (PPIE) panel. He was made aware of the Early Detection of Heart Failure project and decided to find out more about how he could get involved in the study.

Following a consultation with the research team, Eric realised that he qualified for the study at Wythenshawe Hospital and booked an appointment to attend in June 2024. The criterion for this testing is that a patient must be over the age of 50, with health issues such as high blood pressure or high cholesterol and must reside in Greater Manchester.

Eric explains: ***“Taking part in this piece of research was straight forward, it was easy to do, and it didn’t take long. I went into the hospital with my wife for a 2pm appointment – the whole thing took an hour and five minutes, and then we spent about ten minutes talking to Dr Black who explained exactly how my heart was operating. I asked him if this was the normal process and he said that it absolutely was. So, if anyone does want to take part in this research, that’s what you can expect; allow for a couple of hours for the whole thing and then you’re home and dry.”***

Eric has a history of heart attack in his family and wanted to understand his own health and to help to contribute to this research project, for the benefit of communities across Greater Manchester.

Eric said: ***“I wanted to help actually – that was the first thing – I wanted to take part in research that might improve the lives of people in Manchester, and that’s because I know that heart failure is an issue for our region.”***

Patient stories

Eric (Early HF)

Click here >

Hamad (Lung Cancer)

Click here >

Debbie (Remote Spirometry)

Click here >

Fez (CKD)

Click here >

John (Chest-Pain POCT)

Click here >

Julie A & Julie C (Lung Cancer)

Click here >

South Asian community film

Click here >

LGBT Foundation film

Click here >

Valerie & Olayemi (Lipids

Click here >

Tony (ID Liver)

Click here >

Events/films

Bolton Health Awareness event

Health Innovation Manchester hosted its largest ever community event on Wednesday, 2 October with over 250 members of the South Asian community from Bolton in attendance. This was to raise awareness of the importance of the early diagnosis of liver and lung disease and heart failure. It also provided an opportunity for people to come together to celebrate the life of prominent members of the community.

Health Innovation Manchester hosts its largest ever community event to improve the early detection of liver, lung and heart disease. - Health Innovation Manchester:

Click here >

Acknowledgements

We extend our heartfelt gratitude to all the local people and community members who contributed, supported, and attended our activities and events. Your participation has been invaluable.

A special thank you to all the VCFSE and community organisations who collaborated with us in co-curating events and awareness activities, and to the dedicated community leaders who guided and supported us throughout our journey.

We also deeply appreciate our industry partners, Mind Field and BGFG, for their integral work and unwavering support. Your contributions have been instrumental in making this initiative a success.

Thank you all!

HInM Team

All the citizens and members of the public who contributed, supported and attended the activities and events

VSCE and community groups

- Wai Yin Society
- Seek2Change
- LGBT Foundation Pride in Ageing Group
- Healthy Me, Healthy Communities
- CAHN
- Cornerstone
- Wobbly stamp
- Prophetic Path
- Awakening minds

The community champions and community/ faith leaders

- Circle Steele – Wai Yin
- Stella Chu – Wai Yin
- Nasrine Akhtar – Awakening Minds
- Fehmina Parveen Awakening Minds –
- Saiqa Ellahi Prophetic Path
- Rabbi Simon Grant Binoh of Manchester
- Russ Cowper HInM Public and Community Panel Member
- Hammaad Shafiq Seek2change

Industry Partners

- Mind Field - www.mindfieldadvertising.com/about-mind-field/
- BGFG - www.bgfg.co.uk/who-we-are/

Appendix

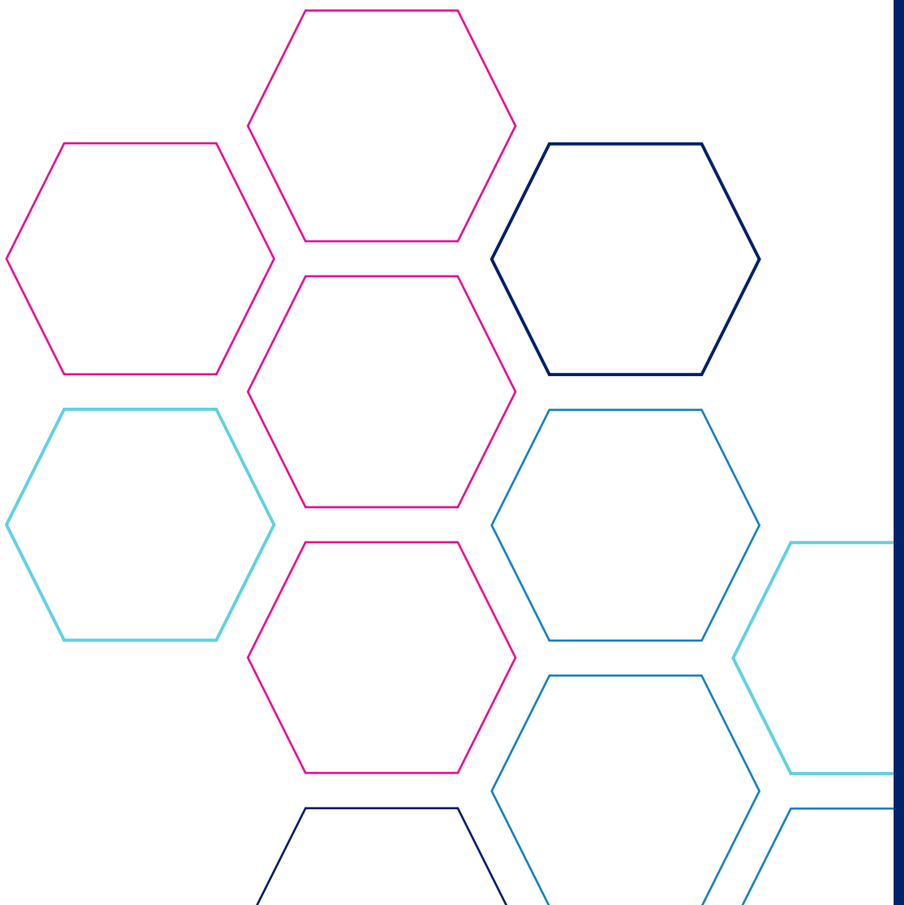
Resources & Links

Read more on the Health Innovation Accelerator here:

Click here >

Watch more on this here:

Click here >



Health Innovation Manchester

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