Heywood, Middleton and Rochdale
Clinical Commissioning Group

Clinical Commissioning Group (CCG) Governing Body 2019/2020 – Part 1

Date of Meeting:	08 November 2019
Agenda Item:	5.1
Subject:	Greater Manchester Primary Care Strategy
Reporting Officer:	Sarah Crossley
Aim of Paper:	To update PCCC members in respect of the Greater Manchester Primary Care Strategy 2019-2014

Governance route prior to Governing Body	**Meeting Date**	**Objective/Outcome**
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Strategic Place Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Governing Body Resolution Required:	For Information Only
Recommendation	The committee are asked to note the contents of the paper

Link to Strategic Objectives		**Contributes to:** (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of **Prevention and Access** (Prevention and Self Care)	No
SO3:	To deliver on the outcomes of the Locality Plan in respect of **Neighbourhoods & Primary Care** (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Planned** (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Urgent Care** (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of **Children, young people and families**	No
SO7:	To deliver on the outcomes of the Locality Plan in respect of **Mental Health**	No

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	Any risks are being managed as part of the overall Programme.

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Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Director of Operations / Executive Nurse, Karen Hurley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

This paper is provided to the Primary Care Commissioning Committee to update them in relation to the recently published draft Greater Manchester Primary Care Strategy 2019-2024.

Background

The Greater Manchester Primary Care Strategy has been written by the Greater Manchester Health and Social Care Partnership. The document aims to support the long-term vision for Primary Care across Manchester with a view to improving the health and wellbeing of Greater Manchester residents along with contributing to the economic viability of the region.

The plan was co-produced, and input has been provided from the patients and public, primary care commissioners, GP, dental, optometry and pharmacy providers, the VCSE sector, acute trusts.

The plan has been through the GM internal governance with the paper being taken to the Joint Commissioning Body and the Directors of Commissioning meetings and is now being shared with CCG Primary Care Commissioning Committees to ensure everyone is kept abreast of the changes ahead.

Summary

The document, attached, describes the achievements to date in line with the previous strategy such as £41.2m of the GM transformation fund being invested in primary care, patients being able to access appointments in the evenings and weekends etc.

It highlights the challenges we face across Greater Manchester such as oral health, cardiovascular, respiratory and cancer and the need to improve access in community to optometry and community pharmacy.

With all this in mind, GMHSCP have refreshed the strategy to ensure continuous improvement across the region with the plan closely aligning to the Greater Manchester Model of Unified Services bringing services together to respond to residents needs. Also, GMHSCP felt that the focus on neighbourhoods and place-based working provided an ideal opportunity to refresh the existing plan.

The recently revised plan covers the following:

Thinking Locally
Ensuring services work more closely together and relationships are strengthened between INTs, Primary Care (including wider primary care services), LCOs etc.

Primary Care Networks
Supporting the development of PCNs and ensuring shared outcomes via truly integrated care.

Continuity of Care
Facilitating the sharing of records across providers and rolling out group consultations to support those with Long Term Conditions.

Digitally Enabled Primary Care
Embracing new technologies such as online consultations, the NHS App, patient access to their health records.

Prevention and Early Detection
Peer support for people managing Long Term Conditions, increasing the number of professionals who can support these patients in the community and aligning health campaigns to the outcomes of the GM Population Health Plan e.g. oral health, obesity cancer and smoking.

Targeting those at Risk
Increasing early identification of a range of conditions and the implementation of the GM Community Sight Loss Framework

Encouraging Self-care
Developing a whole-system approach to self-care across GM and ensuring patient feel empowered in relation to their own care.

Health and Wellbeing Support
Providing full coverage of the Healthy Living Programme across GM.

Person and Community Centred Approaches
Easier access to non-clinical support where appropriate, development of training for health professionals relating to different types of primary care consultations e.g. social prescribing/health coaching and the development of relationships with the Voluntary Community and Social Enterprise Sector

New Models of Care
Sharing the learning from models such as focused care, high impact primary care etc to support seamless care that supports the avoidance of unnecessary admissions to ensure people are supported within the community when it is appropriate.

Urgent Primary Care
Ensuring same day interventions where necessary, offering general practice appointments during evenings and weekends, connecting patients with minor illnesses to a community pharmacy, rolling out the GM Urgent Dental Telephony and Clinical service, ensuring there is an integrated urgent care service with a single point of access in each of the Manchester localities etc.

Estates
Being innovative in the use of existing estates to ensure providers have the flexibility to meet patient needs and to support the delivery of 'place-based services'.

Public Engagement
Embedding person centred conversations within primary care

Reducing Inconsistency
Use of the primary care dashboard to highlight unwarranted variation and the development of metrics to support assurance across wider primary care; specific areas to address are mentioned such as further reductions in anti-biotic prescribing.

Tacking Inequalities
Full population coverage regarding Pride in Practice, embracing the GM Carers Charter, rolling out the Enhanced Heath in Care Homes framework etc.

Communities of Interest
Ensuring communications and engagement strategies better target people who share an identity such as ethnicity or those who share an experience such as homelessness and creating opportunities for peer support and social networking.

Support for Primary Care Excellence
Continued roll out of the GP Excellence Programme and the development of a model for GM Primary Care Excellence.

Using Information for Improvement
Using real time data to support decision making, developing an automated workforce data collection tool to highlight any gaps and scaling up the Electronic Pharmacy Referral System pilot across GM

Seamless Care
This links to the point above regarding scaling up the Electronic Pharmacy Referral System pilot across GM to improve the transfer of information relating to medicines from secondary care to community settings. Also enabling retinal images to be transferred between primary and secondary care.

Raising Medical Standards
Reviewing the implementation of the GM Primary Care Medical Standards to focus on outcomes rather than processes and linking this to PCNs to ensure the identification and reduction of unwarranted variation across individual neighbourhoods.

Sustainable Primary Care
Implementation of the GM Primary Care Workforce Strategy, scaling up the GP Retention and international Recruitment programmes across GM, reviewing the impact of the GM Primary Care Reform Programme etc.

Environmental Sustainability
Ensuring GM is a healthy place to live and work by addressing wider environmental issues such as the NHS carbon footprint.

Workforce

Establishing an integrated training hub in each GM locality, embedding new roles such as Physician Associates, exploring opportunities for pharmacy technician led services and maximising opportunities in relation to the return to practices and retire to work programmes etc all in an attempt to support recruitment and retention across GM.

Improved Relationships

Improving relationships between the Primary, Community and Secondary workforce to support them to work together and communicate in ways that support an integrated, co-ordinated and person-centred approach to patient care.

Strengthening System Leadership

Facilitating organisational development across primary care to ensure leaders have the expertise required to support the changing shape of primary care in GM.

Care Closer to Home

Ensuring primary care providers have the necessary skills and competencies to deliver a range of services in the community that may have traditionally been provided in secondary care.

Next Steps

A workshop was held week commencing 21st October 2019 to determine next steps. During this session it was agreed that an implementation plan would be developed with the final strategy and a draft implementation plan being taken to the Partnership Exec Board at the end of November.

Recommendation

The committee are asked to note the contents of the paper.

Greater Manchester Health and Social Care Partnership

GREATER MANCHESTER PRIMARY CARE STRATEGY

2019 - 2024

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

CONTENTS

OUR VISION FOR PRIMARY CARE

Across Greater Manchester (GM) we aim to deliver the fastest and greatest improvement in the health and wellbeing of our whole population, creating a strong, safe and sustainable health and care system that is fit for the future.

This five-year primary care strategy aims to expand the traditional concept of primary care to create a much wider integrated health system to achieve the broader, long-term vision for Greater Manchester. This will improve the health and wellbeing of GM residents and contribute to the further economic viability of the region. The traditional model of primary care will evolve, with more focus on digitally enabled, multidisciplinary, integrated and preventative support, based in the right place for local populations. This will not only improve the quality of primary care delivery and improved population health outcomes, it will also ensure its future sustainability.

The NHS Long Term Plan describes how digitally enabled, Primary Care Networks (PCNs) will take a proactive approach to managing population health and better identify those that would benefit from more targeted support, including dedicated support to care home residents. It states that fully Integrated community-based health care will be provided by multidisciplinary teams including GPs, pharmacists, district nurses, and allied health professionals, working across primary care and hospitals.

In Greater Manchester, we will deliver this and much more.

Our people and communities will have access to high quality, fully integrated, place-based care and be provided across neighbourhoods of 30-50,000 people. The power of our 67 Primary Care Networks (PCNs) will be integral to the design and delivery of these and will collaboratively, as a vital part of their local communities, with general practice, pharmacy, dentistry and optometry operating as a single system. Multidisciplinary working will be commonplace, with strong relationships and seamless care across primary, community and secondary care, Local Care Organisations and the VCSE sector.

People will be able to be proactively manage and take more responsibility for their own physical and mental wellbeing, supported by their local community, the VCSE sector and a broad range of health and care professionals. People in GM will live well and to their full potential, with more people in employment, living healthier lifestyles and with good mental health.

The primary care workforce will be much broader in terms of roles and skills. They will feel recognised and valued, with parity of esteem across organisations and sectors. They will enjoy fulfilling work that provides opportunities for development and career progression.

This primary care strategy signals a renewed focus on integrated delivery across neighbourhoods, population health and working at scale, while making the best use of the collective skills in primary care and the community to meet current challenges and maximise the opportunities to improve people's healthy life outcomes. It is about people and places, not organisations and boundaries.

INTRODUCTION

On 1 April 2016 Greater Manchester became the first region in the country to have devolved control over integrated health and social care budgets, a sum of more than £6bn. A year later, Greater Manchester got a mayor and extra powers to make decisions locally to tackle wider problems that affect people's health and everyday life.

Greater Manchester Context

Greater Manchester (GM) has many strengths as well as many challenges. With around 2.8 million people living in GM, the population grew over 170,000 in the last decade. There is a £7 million gap between public spend and tax income. Around 65,000 people are out of out of work, which includes 1/4 of 16-19 year olds. Currently the life expectancy of women in GM is 81.3 years compared to the England average of 83.1. For men, the life expectancy in GM is 77.8 which is below the England average of 79.5. Around 441,000 of GM residents are aged 65 and over. That figure grew by over 50,000 in the last 25 years. 268 people are rough sleeping in GM, with another 18,000 at risk of becoming homeless.

Across GM we have 10 local authorities, over 15,000 voluntary organisations, community groups and social enterprises, 15 NHS trusts, a GM police service, a GM fire and rescue service, 10 Clinical Commissioning Groups and over 2000 points of primary care delivery (including general practice, community pharmacy, community optometry and general dental service). As the only city region with health devolution, we are able to remake the connection between health and other public services that has been lost over the years.

The basis for change

Because devolution means decisions are now made right here, in Greater Manchester, we can do something about the issues that affect all 2.8 million of us – such as helping children have the best start in life, improving our physical and mental health and helping us stay well for as long as possible. Primary care has a major role to play in this.

The GM plans for devolution reflect a clear and distinct philosophy – that the NHS is part of a wider system of population health, accountable to the people through the framework of local democracy. Devolution continues to offer the unique opportunity to take charge and do things differently to meet local people's needs.

'Taking charge of our health and social care in Greater Manchester'[1] (2015). Described primary care as the driving force behind a new approach focused on predicting and preventing ill health, and at the heart of new models of care that enable this approach to be embedded in all 10 Greater Manchester localities.

The GM five-year primary care strategy was launched in early 2016 – 'Delivering integrated care across Greater Manchester: The primary

[1] Taking Charge http://www.gmhsc.org.uk/wp-content/uploads/2018/05/The-big-plan-Taking-Charge.pdf

care contribution'[2] – outlined how our providers and professionals could collectively work towards achieving the Greater Manchester ambition.

What we have achieved already

We want to build on what has been achieved in line with our earlier primary care strategy. The three areas of focus in this updated version expand on many of the successes outlined below.

£41.2m of the Greater Manchester Transformation Fund has been invested in general practice, over four years, to deliver the Primary Care Reform Programme – the GM response to the GP Forward View. Primary care will continue to drive forward this ambitious programme as a system to support general practice and facilitate transformational change.

People can now access general practice for routine appointment as well as urgent contact any day of the week, with all Greater Manchester localities offering full population coverage during evening and weekends. This means general practice is providing **1,500 hours** of time from GPs, nurses, Health Care Assistants and Pharmacists during evenings and weekends. This also means there is greater scope to provide a wider range of services outside of traditional daytime hours.

It is also easier for people to see a pharmacist, either in their community or in general practice. There are over **700** community pharmacies across Greater Manchester, with the majority open during weekends and many open from 6am until midnight. There are now over **100** pharmacists working as part of general practice teams, providing direct patient care for both acute and long-term conditions with a particular emphasis on supporting patients to get the best outcomes from their medicines. This makes pharmacists a very accessible community asset.

Over **700 Early Years settings** in four targeted localities have joined in the supervised tooth brushing scheme that forms a key part of our oral health transformation programme for under-fives in Greater Manchester. The ambition is to achieve this across the whole of GM.

Nearly 99% of community pharmacies have trained patient-facing staff to be 'dementia friendly'. This is an estimated **2500 dementia friends** in community pharmacies. A similar programme has commenced in dental practices, with further plans to roll out to optical practices. This has contributed to Greater Manchester being officially recognised as an 'age-friendly' city-region (the first in the UK). It is our ambition for all primary care providers to be 'dementia friendly' by 2021.

So far, **5,000** primary care professionals have been trained as part of the Pride in Practice[3] (PiP) quality assurance service that supports primary care providers to strengthen relationships with the lesbian, gay, bisexual and transgender (LGBT) community. As a result, according to our 2018 patient survey, 100% of transgender patients at PiP-accredited general practices felt their GP was supportive of their gender identity and medical transition. All 2000 primary care providers will have achieved Pride in Practice status by 2022.

Across GM we have rolled out enhanced sight tests for people with learning disabilities. This means that accredited community optical

[2] The primary care contribution http://www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSC-Partnership-Primary-Care-Strategy.pdf

[3] Pride in Practice https://lgbt.foundation/prideinpractice

practices can offer longer or split appointments and people with learning disabilities know where they can go and get onward referral and treatment if needed.

Administrative and clerical staff at Greater Manchester general practices are better prepared to actively signpost people to appropriate services and manage clinical correspondence, with over **1,700** of them having received specialist training. Care navigation and active signposting services are increasing the use of services out in the Community, reducing GP appointment times and ensuring people receive the appropriate care in the right place at the right time.

Primary care providers are doing more to deliver holistic messages and advice. The 'Healthy Living' programme recognises the valuable role that providers can play in supporting people to live healthier lives and in promoting health and wellbeing. Already **95%** of community pharmacies in Greater Manchester are 'Healthy Living' pharmacies. The Healthy Living Framework has also been developed for optical and dental practices with the roll out commencing during 2019 and fully embedded by 2022.

Across GM we are actively promoting primary care to new recruits through initiatives such as the first Greater Manchester-wide primary care careers event, which was attended by more than **100 school and college** aged young people.

Our GP Excellence Programme, in partnership with the Royal College of General Practitioners (RCGP), is supporting general practice in important areas such as rescue, resilience, improvement and excellence. So far this has included helping GP practices with their Care Quality Commission (CQC) compliance, delivering organisational resilience, development and GP management training and courses on 'working at scale'. At least **160 practice managers** are supported in management development and education through diploma courses. Our ambition is to expand GP Excellence to all primary care providers by 2021.

The Greater Manchester Health Care Academy has been established to provide training and support to Community Pharmacists and their wider teams, to ensure that the workforce going forward is fit for purpose, its potential maximised, and staff are developed and supported to meet the needs of the population. Although developed for community pharmacies, there is scope to extend this model to all primary care.

These achievements show that GM is on the right track. So does the 'NHS Long Term Plan' (LTP), published by NHS England in January 2019, which echoes the Greater Manchester ambition to do things differently. It focuses on prevention and health inequalities, supporting the workforce and making better use of data and technology. It also places primary care at the centre, setting out an ambition to give everyone the best start in life, provide world-class care for major health problems and support people to age well.

The national plan also highlights some specific areas where the Greater Manchester approach is proving successful, such as our stop-smoking services and lung health checks in community settings.

Responding to fresh opportunities

Although we are already seeing a difference in Greater Manchester's primary care provision, we cannot stand still. The LTP, wider shifts in the local landscape and ambitions will have an impact, including creating fresh opportunities for primary care to improve our population's health and wellbeing. This is why we have reviewed and updated our primary care strategy.

In early 2019 the original strategic plan was refreshed and updated. 'Taking charge: The next five years: Our prospectus' sets out the next steps to improve people's health, create a sustainable health and care system and help achieve the region's economic potential. Specific elements of this new plan include rethinking how primary care services are commissioned, transferring more planned treatment to primary care and community settings, and introducing multidisciplinary teams as part of primary care networks to support people with conditions such as heart failure and heart disease.

This latest plan will be closely aligned to the new Greater Manchester model of unified public services (known as the 'GM Model'). This aims to bring all public services closer together, integrating their response to people's individual needs so that we can address wider health determinants such as housing, employment, policing and transport. We want to work in partnership to build on the principles of early intervention and prevention and take a more proactive approach that supports people to become healthier, resilient and empowered, and to achieve their full potential.

The GM Model is also about transforming how information is used, empowering our frontline workforce to make more informed decisions about how and when they work with individuals and families, and deliver the appropriate services at the right time.

At the heart of all these plans, including how they relate to primary care provision, is the place-based integrated care approach, built around our 'neighbourhood model' that focuses on delivering services that meet the particular needs of local populations of 30-50,000 people.

The big health challenges we face

Although we have made significant steps already, there are still big challenges to address to improve our population's health.

One is poor oral health, which can be a barometer for wider health issues. It has an impact on language development and school readiness in children, diabetes control in adults, and respiratory conditions in older adults. Seven of the 10 Greater Manchester localities are among the top 30 in England with the highest levels of dental decay in five-year-olds. We want everyone to enjoy good oral health, be able to speak and socialise without pain or discomfort, and to be able to easily access the dental care they need.

Although Greater Manchester has one of the fastest growing economies in the country, people here die younger than in other parts of England. Cardiovascular, respiratory illnesses and cancer contribute to this shortened life expectancy. The good news is that treatments are improving, and figures suggest there will be a 29% increase in the proportion of people aged over 65 in Greater Manchester by 2032 and the number of over-85s is expected to double. However, this could potentially increase our population's need for more complex care.

Over 1 million of our residents live in areas among the 20% most deprived in England. Around one in three children each year start school not ready to learn and around 150,000 people are out of work due to health reasons.

The complexity of the challenges our communities face, combined with significant pressures on resources mean GM cannot respond with the same thinking and same ways of working as we have always done.

The continuing contribution of primary care

There is still significant work to do. Although we are part way through the delivery of the existing primary care strategy, the LTP, the focus of neighbourhoods and place-based working provides opportunity to renew the primary care ambition, build on what has already been achieved and continue to address challenges.

Primary care will be more responsive to what people need, whether they require urgent care, have a long-term condition or complex needs requiring a focused package of care and support. People will experience more joined-up services and have greater involvement in decisions about their care. There will be better access to a wider range of professionals in the community, with different ways of accessing advice and treatment such as digital, telephone and physical services.

By removing silos of provision, health and care professionals will be able to work together with local communities to deliver changes to people's life outcomes rather than services or programmes. This will also enable care and information to flow seamlessly across Greater Manchester. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer.

Collaboration in primary care will include sharing buildings, resources and expertise. This will help teams provide continuity of care between patients, their carers and their families in a resilient way, and share accountability.

This refreshed strategy provides the opportunity to redefine what we mean by primary care in the context of place-based systems. A move away from the traditional approach will enable people to access the most appropriate professional and service directly. This might include physiotherapy, midwifery, podiatry, work advisers or social care, as well as voluntary, community and social enterprise (VCSE) organisations. New and enhanced roles in primary care, such as pharmacists in General Practice, social prescribing link workers and physician associates, will further ensure that people are always seen by the most appropriate professional, and in the most appropriate setting.

The primary care workforce in Greater Manchester will be able to concentrate on what they do best i.e. to provide high quality and accessible care for patients. This will provide not just better care for our population but offer our workforce more satisfying work and improve their work-life balance.

To make these plans a reality, our new strategy focuses on:

- Developing a **model of primary care** based on a neighbourhood approach to provide care closer to home
- Supporting **personalised care** through trusted relationships developed over time
- Improving **primary care quality** across Greater Manchester, reducing unwarranted variation and supporting better health and wellbeing for everyone
- Making our system **sustainable,** so primary care provision can manage both current and future demand.

This strategy has been co-produced via a task and finish group including primary care commissioners and providers, population health and person and community centred approaches. it incorporates views of a range of stakeholders including GP, dental, optometry and pharmacy providers, commissioners, local care organisations, the VCSE sector, acute trusts and patients and the public.

OUR MODEL OF CARE

Although access in the community is improving, too many of our residents are being treated in hospital when their needs could be better met elsewhere. 90% of health and wellbeing is determined by factors such as housing, income, education, relationships and behaviours. Care between teams is often not joined up effectively and is not always of a consistent quality.

In Greater Manchester we want to create a system that understands the relationship between health and the wider determinants of health. This will mean people can access support to identify and address their medical, social and emotional needs in one process, so they receive more timely and appropriate help from the professionals and services best placed to provide it. Primary care will embrace the opportunities for the VCSE sector to be partners in the delivery of health and wellbeing.

Thinking locally

GM is working hard to break down the silos which exist between public services that can lead to isolated decision making and a narrow focus to service delivery. Services working more closely will reduce the number of people being passed from team to team without truly understanding what people and communities need.

As a devolved region, the GM strategy goes beyond the improvement of NHS services. the vision is for a far-reaching improvement in our populations' health and wellbeing.

Our ‘place’ or neighbourhood approach recognises that people’s health, wellbeing and ability to live independently starts with living well day to day, supported by their families and wider community. So, we need to use and build on the strengths and resources (or ‘assets’) available to them. GM will take a local approach to care, knowing that people want care as close to home as possible.

If people are supported to live well in their community, connected to family, friends and activities in an environment in which they feel safe and included, they are more likely to sustain a good quality of life and less likely to see a deterioration in their health and independence.

We aim to:

- **Extend the original concept of integrated health and social care to recognise the important role of family, community and place in promoting the health and wellbeing of our population**
- **Develop good relationships between integrated neighbourhood teams, primary care, local care organisations and hospital teams to provide seamless care**
- **Improve and strengthen the links between general practice, community pharmacy, general dentistry and optometry, making best use of all of these professional groups**

Each of Greater Manchester’s 10 localities now has an established Local Care Organisation (LCO) driving the integration of service provision, based on neighbourhoods of 30-50,000 people. LCOs aim to improve the health of local people, working as one team across traditional organisational boundaries. The formation of LCOs and neighbourhoods will

enable conditions to be managed at home and in the community, provide alternatives to A&E, support effective discharge from hospital and help people to return home and stay well. General practice is central in LCO provision, co-ordinating much of the neighbourhood delivery. Practically, this mean health and care teams (e.g. district nurses, social care and primary care) are co-located, working in integrated teams taking a joint approach to care.

LCOs are built on neighbourhoods, and it is through these neighbourhoods that health and care will connect with the full range of public services in Greater Manchester and the voluntary, community and social enterprise (VCSE) sector. For example, at a neighbourhood level dental practices could work more closely with local schools, pharmacies and care homes to achieve good oral health and facilitate access to dental care, particularly for children and vulnerable older people.

Primary care is ideally placed to help develop a wider community-based approach. It will mean aligning with the other local public services, such as housing and the police, to address the wider social determinants of physical and mental health. Neighbourhood working will retain the very best of how primary care operates, while finding improved ways to deliver care locally that can benefit residents, clinicians and primary care teams. Many people choose to access dental, pharmacy and optical services close to work or leisure. The neighbourhood model will reflect how people access health and care, ensuring that people can access care in the right place for them regardless of geographical boundaries. The neighbourhood approach will help ensure that teams work together around the needs of local people.

The three GM Local Professional Networks (dental, eye health and pharmacy) are starting to work collaboratively to support the development of an integrated place-based system.

Primary care networks

Since 1 July 2019, GP practices across England have come together to form Primary Care Networks (PCNs). These PCNs are based on GP-registered lists, typically serving natural communities of around 30-50,000 – as described in our Greater Manchester neighbourhood model, they are small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system. There are 67 newly formed primary care networks across Greater Manchester.

These networks support groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services. PCNs are intended to create more integrated services for the local population, improve quality of care and support the sustainability of general practice. Network agreements will enable PCNs to work more closely with community pharmacy, dentistry and community optometry.

We aim to:

- **Support the development of Primary Care Networks as part of the GM neighbourhood model**
- **Facilitate the delivery of the national Primary Care Network Directed Enhanced Service alongside the GM commissioning-led model**
- **Work with commissioners and providers to develop shared outcome and aligned incentives**
- **Use the opportunity devolution gives GM to go further and faster with wider primary care to deliver truly integrated care**

GM will embrace the evolution of PCNs, as an integral part of the GM model of integrated neighbourhood working. PCNs and the neighbourhood model present opportunities for integration with wider primary care and public sector services to create 'one public service'. They also present opportunities for our workforce to operate differently – such as GPs, pharmacists and nurses working in rotating roles across general practice, community settings and the acute sector.

The NHS Long Term Plan highlights a number of key areas where PCNs can make a difference such as embedding new and enhanced roles, delivering additional access, improved crisis response and support to care homes.

The increased capacity and resource brought by the establishment of the PCNs will enable more personalised care, longer GP consultations and support early diagnosis. It is important to note that although PCNs are a national construct, each PCN and surrounding neighbourhood is individual and will need to develop models of care specific to their local needs. As the PCNs become more established they will be able to bring in specialists, for example paediatric consultants or drugs and alcohol workers, on a subcontracting arrangement to tackle the specific health inequalities in their local neighbourhood.

In GM we will deliver the national 'ask' of PCNs as a minimum. However, our neighbourhoods will deliver a much wider vision in order to tackle the true determinants of health. Local Care Organisations, working closely with Primary Care Networks, community pharmacy, general dentistry and optometry, are critical enablers to the delivery of the GM neighbourhood model.

PCNs will be able to access national development resource to support the establishment of PCNs, organisational development support, change management, quality and culture, leadership development, population health, collaborative working and asset-based approaches. We will work with emerging leaders from community pharmacy, optometry and dentistry to develop similar support.

Continuity of care

Our neighbourhood model of care will ensure patients receive continuity of care. This covers both continuity in their relationships with providers and professionals through ongoing, holistic and trusted person-centred care, and continuity in how their care is managed, underpinned by effective information sharing and care planning across providers. Our multi-professional teams, enabled by technology, will work together across organisational boundaries to deliver care.

We aim to:

- **Facilitate the sharing of patient owned records across providers who are providing direct care**
- **Enable the roll out of group consultations as a routine model for supporting people with long-term conditions**

Greater Manchester has gained Local Health and Care Record Exemplar (LHCRE) status as part of its progress towards truly integrated care records. This will enable frontline staff to share a person's health and care information safely and securely as someone moves between different parts of system.

Each professional involved in providing care will have the appropriate access to shared records. Providers will share data as necessary to improve the direct care people receive. People will be made aware of what information sharing means and give them choices about how their data is used.

Continuity of care becomes increasingly important as people age, develop multiple conditions and complex problems or become socially or psychologically vulnerable.

To support real continuity of care we want to make every contact someone has with public services count. Each contact a person makes is a potential opportunity for small conversations or interventions to inspire healthier, happier lifestyles. This means ensuring all our staff are able to understand the needs of the people they come into contact with, and to signpost them to the most appropriate service(s) for their specific needs.

Leigh Warblers

There is a high prevalence of chronic obstructive pulmonary disease (COPD) in Leigh. The lead Practice Nurse in the area tested a model of 'group-based consultations' with the aim of empowering people to manage their long-term conditions and provide connections to wider support. Leigh Warblers, a singing group for people with breathing difficulties, was established with support from Wigan Council's Community Investment Fund.

The fortnightly sessions led by a practice nurse and a breathing leader accredited through the British Lung Foundation. The sessions cover a variety of breathing exercises and songs designed to be enjoying and stimulating and help with symptoms the people may be experiencing.

The sessions provide a new approach to self-management through an asset-based approach, connecting individuals to wider community activities and support as well as sharing skills and expertise across Leigh GP practices.

In group consultations, clinicians can see up to 10 patients at a time in a supportive group setting, usually in one 40-60 minute session. Working this way not only doubles nurses' capacity to deliver high-quality care, it systemises proactive follow-up care and is an opportunity to integrate primary care specialist and community services.

The approach gives patients more time to discuss their concerns, and eases the pressure on nurses, which helps with their own wellbeing. We hope this will support better retention among the practice nursing and wider workforce.

Group Consultations – supporting people with long term conditions

Greater Manchester General Practice Nurses were among the first in the country to trial group consultations, these are an alternative way to deliver planned clinical care to people with long-term conditions that supports continuity and consistency of care and benefits both patients and professionals.

In the future Group Consultations could be the routine model for supporting people with long term conditions across primary care networks and neighbourhoods. We would also like to expand the workforce that delivers group consultations, so that these consultations can be delivered by a range of roles, including pharmacists and community paramedics.

Digitally enabled primary care

Digital technology is a part of our everyday lives, improving the way we socialise, shop and work. It also has the potential to transform the way we deliver health and care services. We will deliver consistent digital and online services to the population of Greater Manchester. People will be able to choose how they access services. Online services will help people to manage their health and wellbeing needs, backed up by face-to-face care when needed. We will develop digital solutions to promote healthy living and self-management.

We aim to:

- **Support the workforce to embrace and utilise new technologies**
- **Roll out full population coverage of online consultations by April 2020 and video consultations by April 2021**
- **Improve utilisation of digital apps for transactional services such as appointment booking and repeat prescriptions**
- **Ensure Graphnet is integrated into all organisation electronic patient records with a single sign in by 2020**
- **Encourage people to access their personal health record**
- **Facilitate seamless care across primary, community and secondary care, enabled by technology**

We want to go further, faster – providing virtual as well as face-to-face services via a computer or smartphone. Increased use of technology will promote wellness and encourage people to attend appointments and stick to their medication. Technology will also be able to remind people to undertake routine appointments for screening and vaccinations such as flu or shingles. It will encourage people to keep moving throughout the day, offer health advice through push notifications and be key in supporting people to self-care.

Embracing digital technology will require a culture change for patients and our workforce. We will support our workforce to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all. Digitally enabling primary care will free up frontline staff to focus on providing care navigation and active signposting.

GM will continue to embed online consultations as part of the GM Primary Care Reform Programme and support the roll out of video consultations. Most practices in Greater Manchester are already connected to the new NHS App, and we will help them to encourage people to use it to book and manage appointments, order repeat prescriptions, view their own care record and choose how their data is used. The NHS App also enables people to check their symptoms, offers advice, signposts them to urgent care and connect to professionals, including through telephone consultations and the roll out of video consultations. People using the NHS app (or similar) will be directed to the most convenient service for them. It will also be the 'front door' to a GM primary care digital offer. Community pharmacy now has access to the Summary Care Record, which has begun to bridge the gap between data sharing and the transfer of information. GM will encourage the uptake of the electronic repeat dispensing service to improve practice workload and flow through community pharmacies.

By providing health and care teams with the right technology we will support them to complete administrative tasks more efficiently, freeing up time to spend with patients.

When asked about data sharing across public services, 79% of people thought that GP records being shared with hospital doctors when a patient is being admitted in an emergency was always acceptable.

Giving people easy access to their own records can be very empowering. More informed and engaged people tend to manage their health more effectively and get involved in joint decision-making about their care.

Proactive not reactive

A shift from reactively providing appointments to patients to proactively caring for people and communities is a major aspect of the vision for primary care. This means doing much more to

prevent ill health, diagnose it early and treat it quickly.

In particular, a priority will be to identify and address potentially serious conditions before they worsen. In Greater Manchester there are 356 premature cardiovascular disease (CVD) deaths each year. GM spends £11.2m more on non-elective admissions associated with circulatory conditions compared to 10 similar clinical commissioning groups (CCGs). There are opportunities for dentists, optometrists and pharmacists to continue their contribution to the prevention agenda.

Prevention and early detection

Primary care providers play a very important role in prevention and early detection. Community pharmacy and GP practices already deliver many prevention services like flu immunisation and cancer screening programmes. Regular eye or dental checks can identify the initial indications of some health conditions such as diabetes, high blood pressure and cancer. The advice and support of pharmacists can help people at higher risk to self-care or better manage medicines to protect themselves. This could be extended to community pharmacist non-medical prescribers managing some stable long-term conditions in the community.

We aim to:

- **Encourage peer support to enable people to manage their own long-term conditions**
- **Increase the number of professionals that are able to support people to manage their long-term conditions in the community**
- **Align our primary care health campaigns to the outcomes of the GM Population Health Plan**

In Salford, Community Pharmacies have actively been managing care plans for people with long term and/or complex conditions. Being available without an appointment, being a familiar face and utilising their expertise around healthy living has proved to be a hugely beneficial service, actively improving the lifestyle of patients and their experience of the system. Going forward this could be expanded to other localities across GM.

Healthy Living Framework providers will continue to proactively support and promote behaviour change across Greater Manchester to prevent ill health. They actively engage the local population in health campaigns aligned to the GM Population Health Plan[4] and providing brief interventions on various topics such as Oral health, obesity Cancer screening and smoking. The 2018 Oral Health Campaign took place during National Smile Month, with nearly **1000 interventions** taking place within community pharmacies.

Dental disease costs Greater Manchester £220m annually, even though much of it is preventable. Every year around 3,438 children locally have to go into hospital to have teeth removed, which costs around £3.4m.

We will build on the success of our programme to prevent poor oral health among children under five by increasing coverage and uptake. As part of our supervised brushing scheme, children in Early Years settings and schools get help to clean their teeth with a fluoride toothbrush and toothpaste, developing good oral health habits that can continue at home.

[4] The GM Population Health Plan https://www.gmhsc.org.uk/wp-content/uploads/2018/05/Population-Health-Plan-2017-2021.pdf

Health visitors provide oral health packs and advice to parents and carers, including important messages about weaning, healthy eating, cleaning teeth with fluoride toothpaste and visiting a dentist.

Targeting those at risk

Finding people who already have, or who are at risk of developing, disease and then successfully managing their condition(s) is crucial to prevent illnesses across Greater Manchester and to reduce mortality, morbidity and inequalities in health.

Prevention and early detection programmes are more effective when delivered at scale and with some targeted elements. So, we will plan to develop a targeted offer that will invite those at most risk for a face-to-face health check, in a range of settings and support those at less risk with advice and signposting to appropriate services

We aim to:

- **Increase early identification of a range of conditions through improving the uptake to the NHS health check**
- **Work with commissioners, providers and the VCSE sector to implement the GM Community Sight Loss Framework**

The free NHS Health Check, offered to adults aged 40-74, is designed to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. Unfortunately, around half of those invited for an NHS Health Check do not attend, and about 594,000 eligible adults in Greater Manchester have never had one.

Better use of data will help us actively find the thousands of local people with an as yet undiagnosed condition. Integrated patient information will make it easier to identify those with patterns of symptoms, or at particularly high risk of developing conditions, who will benefit from follow-up, lifestyle intervention or screening.

It is established that over 75,000 people in GM are living with sight loss, with the number expected to rise to over 100,000 by 2030. Providing easily accessible and local provision of eye care giving early detection and treatment is paramount. As described in the GM Community Sight Loss Framework, with intervention and support at the right time and with good services in place, the impact of sight loss can be lessened and managed effectively.

Communities of interest

'Communities of interests' describe groups of people who share an identity e.g. ethnicity or those that share an experience e.g. homelessness. People can identify with each other in a range of experiences such as values, social class, gender etc. In order for local providers of health and care to really engage with their residents. They need to understand how personal identities can influence behaviour. Communications and engagement based solely on geographical neighbourhoods may not be meaningful for everyone. Thinking of people in terms of where they live but through their 'communities of interest' can provide a richer vein of engagement and encourage greater participation in local life.

We aim to:

- **Develop communications and engagement strategies that better target communities of Interest**
- **Create opportunities for peer support and social networking**

Communities of interest are able to support each other to do things better, quicker or cheaper than if they worked alone.

Encouraging self-care

We want to encourage and enable everyone in Greater Manchester to take greater control of their own health and wellbeing.

Our ambition is to develop a whole-system approach to self-care that can be adopted across all 10 localities. This may entail changes in commissioning, organisational and clinical processes, workforce development and the support provided to individuals and communities. Greater Manchester is already committed to developing place-based integrated commissioning arrangements that enable community-based integrated health and care provision, particularly focused on the neighbourhood model. We want the people of Greater Manchester to feel empowered and experts in their own care.

We want to see more people designing their own support, using integrated personal budgets – where their needs are more complex or round the clock – to ensure they are tailored to the individual.

Health and wellbeing support

The Healthy Living programme recognises the valuable role that primary care can play in self-care and supporting people to live healthy lives. Our framework is designed to meet local needs, improve the health and wellbeing of the local population, and help to reduce health inequalities. It will help us create a primary care system that more proactively supports people and communities to take charge of, and responsibility for, managing their own health and wellbeing, whether they are well or ill.

We aim to:

- **Provide full population coverage of the Healthy Living programme across primary care**

All Healthy Living practices have specially trained 'health champions'. They are immediately identifiable and can provide people with health and wellbeing advice as well as signposting them to other community services.

We will continue to develop the role of Healthy Living champions across primary care, giving our non-clinical workforce additional skills in offering brief advice and interventions on a range of population health topics such as smoking and weight management.

The Healthy Living Framework is at the core of the GM Health Care Academy. The Academy has also worked collaboratively with Dental and Optometry in this area and will be a key enabler in providing an environment for all Primary Care colleagues to interact and develop alongside one another and support integrated service delivery models going forward.

Helping People Lead Healthier Lives

Primary care Health Champions have completed special training and are skilled at advising people on health and wellbeing.

Anne-Marie and Sharon, from Centre Pharmacy in Cheadle Hulme, are two of the Health Champions making a huge difference to people's lives through their Healthy Living Pharmacy work. *"One man said he'd had a bowel cancer screening kit in the post but didn't fancy using it,"* says Anne-Marie. *"I explained it was free, only took two seconds and that I'd definitely do it if I got one because it could save my life. I convinced him and he went home and did it."*

"We don't lecture people or tell them what to do," Anne-Marie explains. *"Most of us know we need to eat healthier or lose a bit of weight, but it's not always easy to make a change. Our role is to listen to people and offer advice and information that will help them live a healthier, happier life."*

Person and community centred approaches

The GM approach is both person and community-centred. It allows the use of wider community assets, engage local people in non-traditional ways and settings, and adopt peer support and other techniques.

Across primary care we are developing health solutions that are much more than medicine and involve connecting people to non-medical care, support, information, advice and activities in the community. We want to see the consideration of issues that affect people's health, such as employment, fuel poverty and social isolation, become as embedded in primary care provision as writing a prescription or making a referral to secondary care.

This asset-based approach recognises and builds on the strengths of our Greater Manchester communities and will also help develop and sustain a strong and vibrant local voluntary, community and social enterprise (VCSE) sector. It Is noted that a clear commissioning and investment strategy will be necessary so that VCSE groups and organisations have the capacity to provide the support local people need.

We aim to:

- **Make it easier for people to access non-clinical support that gives them the skills, knowledge and confidence to improve their health and wellbeing**
- **Train our health professionals to enable the provision of different types of primary care consultation, covering aspects of care such as health coaching and shared decision making.**
- **Develop relationships with the Voluntary, Community and Social Enterprise sector – making them partners in improving the health and wellbeing of our communities**

Plans include expanding the primary care workforce to include health trainers and social prescribing link workers and developing the role of health champions through the Healthy Living Framework (see above). This will provide a wider range of support for people in their own communities.

Social prescribing, for example, aims to provide support for all aspects of people's emotional, social and physical wellbeing by connecting people with non-clinical community-based groups and activities that will help them feel better, such as befriending schemes, physical activities, social clubs, and housing and debt support.

People can be referred to a social prescribing link worker by a range of health, care and community-based people and teams. Social Prescribers will have a face-to-face conversation with the individual to discuss their particular needs and what opportunities are available locally that could meet these, empowering the person to design their own personal solutions.

Social prescribing schemes are now up and running in most parts of Greater Manchester. The adoption of social prescribing in the LTP brings additional resource to deliver the GM ambition to make person and community centred approached the standard approach to care in primary care

Care Navigation in Salford

A 37 year old patient was seen four times over a period of two months, for acute back pain, but showed little sign of improvement. The practice care navigator directed the patient to Go2Physio for an urgent appointment and review. They received a full assessment within a week and provided with exercises, advice and guidance. After 3 weeks the patient was able to return to normal activities and did not require further input from the GP or physio service.

As well as changing what primary care can offer, it should be easier for people to find out what is available and how to access it. Care navigation makes it easy for people to find the right help for them. This can be via digital access such as NHS 111, pharmacy health champions or a range of other groups and services.

Care navigation was introduced in Salford in 2018 and is now available at a number of local providers, including community pharmacies. The community pharmacy service focuses on a range of minor ailments, conditions and symptoms, such as acne, fever, hay fever, infantile colic and conjunctivitis. Care navigation is also an important aspect of the Minor Eye Conditions Service pathway. Patients are referred by GP practice staff, NHS111, pharmacies, freeing up GP time and ensuring patients are seen in the right place for them. We will continue to upskill all our non-clinical primary care workforce to be effective care navigators.

New models of care

We know that seamless care across primary and secondary care could be improved to avoid unnecessary admission or readmission to hospital, for people whose care could be better managed in the community. Discharge from hospital needs to be faster with better care packages and ongoing management and support in place.

We aim to:

- **Bridge the gap between primary, community and secondary care by supporting high risk patients through intensive proactive care**
- **Share the learning from new models of care such as Focused Care, High Impact Primary Care and Extensivist Care models being tested across GM**

In Greater Manchester, areas such as the City of Manchester and Tameside and Glossop have been exploring innovative ways to provide care. 'High Impact Primary Care' or 'Extensivist care' focuses on self-management, wellbeing and preventing illness, by helping people to live as independently as possible.

The Manchester pilot has seen a 53% reduction in GP practice appointments for patients engaged with the service and a 25.8% reduction of admission length (bed days). Outcomes continue to improve in terms of measurable impact including a reduction in unplanned A&E admissions.

High Impact Primary Care in Manchester

A man with multiple health issues was referred by his GP Practice to the HIPC team. He'd had multiple falls and was a regular attender at hospital. When the team first became involved, he did not get out of bed, and was very negative about his situation. The HIPC GP and Pharmacist reviewed the person's medication to improve pain management and his sleep, as these were major barriers for him in getting up and walking around his property. His priority and goals were to increase his independence, so he could go out, meet friends and even go on holiday. The HIPC Wellbeing Adviser built a relationship with the person, and over a period of 5 months supported him to become more active, to think about his diet, sleep and stress management, and to become more engaged with others. There was a substantial improvement to his quality of life by the end of the HIPC team involvement. In addition to now cooking meals for his wife and actively engaging in social activities, he is more physically active, less breathless, and the family have booked a holiday to Spain.

Focused Care aims to make invisible patients visible, reducing barriers to universal services. People are referred by general practice staff, community workers and in some cases the police. The Focused Care Practitioner then

works with the Individual and their household to understand their situation, assess their needs and works with local health and community contacts to bring stability to an often chaotic situation. Results found that families who had accessed focused care presented at A&E less often in the year following focused care support than in the year before it.

Focused Care in Practice

A 49 year old woman, with complex medical and mental health needs was referred jointly to Focused Care by the Police and her own GP – both due to inappropriate and frequent contacts. Living alone in a flat, she was regularly contacting the police concerned about her neighbours, whether or not there was an actual problem found. Since engaging with the Focused Care Practitioner, she has found a safe point of contact and support, which has meant that she is now in touch with the Police less. She is supported to her medical appointments with the Focused Care Practitioner and is more appropriately contacting health services. This is an ongoing case, for which there is no easy solution, but the help provided by a Focused Care Practitioner has enabled positive changes to be made.

Meeting demand

Providing great urgent care is one of the biggest determinants to how the whole health and care system responds to people's needs – and to how people perceive their interaction with health and care.

Nine out of 10 urgent care contacts occur in primary care. Greater Manchester primary care providers see around 10 times the urgent caseload of our A&E departments.

We aim to:

- **Redesign pathways to ensure that every person who requires same day access to health advice receives it**
- **Ensure seamless provision of routine and urgent and emergency primary care**
- **Routinely offer general practice appointments during evenings and weekends**
- **Roll out the Community Pharmacist Consultation Service, connecting patients with minor illnesses to a community pharmacist**
- **Roll out of Greater Manchester Urgent Dental Telephony and Clinical service**

The GM ambition is to commission services from the most appropriate professionals. For example, this could include the GM Minor Eye Conditions and Red Eye services, the GM minor ailments service and the Digital Minor Illness Referral Service (DMIRS).

The role of primary care in providing high-quality urgent care is a key element of the Greater Manchester Urgent and Emergency Care Improvement Programme, launched in 2018. It focuses on keeping people well, encouraging them to get treatment close to home rather than going to hospital, improving patient flow, and supporting discharge and recovery. It aims to create the most comprehensive integrated model of care in England to better manage and reduce the need for urgent and emergency care.

Integrated urgent care will offer a single point of access for care and treatment in each locality, with strong links into neighbourhood teams. People in their own home and in care homes will be able to get help more easily through a community-based service that responds to 111 and some 999 calls, and includes social care, mental health and VCSE support. There will be a seamless link to secondary care advice, local out of hours services and urgent treatment centres, all with shared records. This will reduce potentially avoidable attendances at A&E and support people to stay well at home.

Partners in GM have co-designed a fully integrated urgent care service model that brings together a single GM Clinical Assessment Service (CAS) and community-based MDT urgent care response within each locality, which will provide access to a wide range of health and care services.

Primary care is especially well placed to provide an early response to healthcare needs, and early intervention in illness that can stop many serious conditions from becoming worse, and even life threatening, as well as offering simple, timely, reassurance when that is appropriate.

Seeing the right health care professional, in the right place, and at the right time, is the most effective way of addressing a peoples' urgent needs.

This already exists in many areas through our well-established unscheduled dental, minor eye conditions and 'red eye' services. Our GM wide NHS Urgent Medicine Supply Advanced Service (NUMSAS) has positively impacted on GP out of hours services and A&E services. Between January and March 2019, community pharmacy received over 3000 referrals from NHS 111 to support patients with urgent repeat medication requests. So, we aim to make these services consistently available across Greater Manchester and easier for people to navigate. Urgent access may not always be face to face, with alternative methods such as online access and advice and telephone consultations available. From Autumn 2019, the new Community Pharmacy Consultation Service will replace the NUMSAS and DMIRS.

We want to provide access to local urgent and emergency primary care services spanning the whole of primary care to anyone who needs it. We are one of only three areas in the country to pilot the Digital Minor Illness Referral Service (DMIR) between general practices and community pharmacies in Bury so that patients are managed in the most appropriate place.

There are many additional primary care professionals we can empower to be the first point of contact for appropriate problems in areas such as podiatry, audiology, physiotherapy, mental health, and debt and benefit advice. This will broaden our primary care urgent offer and enable all such primary care professionals to operate to the full extent of their licence.

Estates

Our primary care estate is an enabler to the sustainability and transformation of primary care and as such, needs to cope with increasing patient activity as more services are developed outside hospital. However, some of our estate Is old, and would not meet the demands of a modern health and care service.

We want to make the most of existing community assets and other facilities. It is not just about creating new buildings – we want to target investment so that it has the greatest impact on improving the quality of primary care services and people's ability to access them. We know our capital funding is limited so we need to be innovative and use our existing premises in a different way.

The primary care estate must be of good quality, energy efficient and fit for purpose to support our planned model of care and ensure primary care providers have the flexibility to meet local patients' needs.

The Estates and Technology Transformation Fund (ETTF) has been able to support some improvements the GM general practice estate. This includes new consultation and treatment rooms, Improved reception and work areas and the development of new health centres providing a greater range of services.

We want to empower local primary care teams and their stakeholders to develop estate solutions that enable delivery of 'place-based'

services across a network of neighbourhood locations and make full use of buildings currently available. This would include patients' own homes, local community centres, the VCSE sector, traditional primary care facilities and other public sector premises.

We will work with our established Strategic Estates Groups (SEGs) across GM to enable wider and more targeted use of existing facilities and ensure neighbourhood provision is appropriate for patients and practical for staff. We will have up to date, accurate information about our existing and planned future estate to inform strategic planning across health and to utilise health data to inform strategic planning in other areas.

Public engagement

Engaging with and listening to what matters to people is a crucial aspect of our plans for primary care in Greater Manchester, and whether we can fully achieve these. On a practical level, we want to embed person-centred conversations in primary care provision. Individuals should have a care and support plan that takes a holistic approach to health and wellbeing, is based on their goals and motivations, and draws on support from their friends, family, carers and community, as well as health and care services.

We also need people to understand our strategic ambitions for primary care. All commissioners, providers and users of primary care services will need to be fully engaged with our plans for them to succeed. We must develop meaningful two-way communication with everyone involved or affected, which means sending out the right messages, in the right way.

GM Primary Care Citizen's Network

Our new Primary Care Citizen Network is a subgroup of the PCB. The network is made up of members of the public from across all 10 Greater Manchester localities, who engage virtually with their own local networks and can ensure the public and patient voice shapes the strategic direction of primary care. So far, the network has provided input into the primary care digital offer, shortlisting for the GM Health and Care Awards and new roles in primary care.

We will work with the Citizen Network to develop messages for the public, so they understand that '*primary care is changing'* and that this new approach means they will always see the professional that is right for them.

IMPROVING QUALITY

High-quality primary care services – including general medicine, general dentistry, pharmacy and optometry – have always had an essential role in supporting population health.

Quality means ensuring everyone gets equal access to consistently high standards of care, with services based on evidence of what benefits patients, and delivered in the best way possible by people with the right skills and experience. So, to keep improving the quality of primary care in Greater Manchester we need to address issues such as inconsistencies in care and health inequalities affecting sections of our population or specific localities or neighbourhoods.

We aim to:

- **Optimise use, reduce the need for and unintentional exposure to antibiotics as well as support the development of new antimicrobials**
- **Standardise primary care provision, ensuring people receive a consistent offer no matter where they are in GM**

Reducing inconsistency

High-quality primary care should be safe, effective, person-centred, accessible, and inclusive and result in the best possible outcome for the individual. The quality of most primary care in Greater Manchester is good, but there can be wide and often unwarranted variation, for example in access to services.

We need to reduce this inconsistency. Our patients, the public and our professional colleagues across the health and social care system should be confident that all primary care in Greater Manchester is of the highest possible quality.

We have developed our primary care dashboard to benchmark and highlight challenges and unwarranted variation across primary care. We are also developing metrics to assure service quality across primary care dental, optometry and pharmacy services, focusing on experience, outcomes and safety. Working in networks and neighbourhoods will bring together a range of different skills and perspectives from across organisations and teams, enabling people to learn from each other, challenge and consider variation across providers and improve services for our population. Primary care providers will be able to assess how they are performing against other networks and neighbourhoods. This will make it easier to see the impact they are having on the system and to reduce variation.

There are some specific areas of primary care quality and consistency we particularly want to address, such as prescribing and compliance with medication regimes. Although the number of antibiotic prescriptions dispensed in primary care has reduced by 13.2% in five years (between 2013 and 2017), further progress is required.

Medicine-related problems arising in primary care can lead to patients requiring acute and emergency care. Around 6.5% of hospital admissions in Greater Manchester are linked to adverse drug reactions. Significantly more result from people's conditions getting worse because they are not using their medicines as recommended or are not getting the most from it due to suboptimal prescribing that, for instance, does not follow local guidelines on

choice of medicine, dosage or frequency. If patients have access to a consultation with a pharmacist (in any sector) they should become more knowledgeable about their medicines and take them to achieve the outcomes they want but also clinical interventions by pharmacists will identify some medicines related issues before they cause harm. This can be achieved through improved referrals from primary care into other services for medicine reviews.

Tackling inequalities

Greater Manchester has lagged behind national and international comparators when it comes to key health outcomes for far too long. According to the Kings Fund[5] (2018), poverty rates in low-middle income families have increased by a third since the mid-1990s. The proportion of adults in GM with a long-term condition in employment is nearly 13% lower for the GM adult population as a whole. Deeply embedded health inequalities, often between communities little more than a stone's throw apart, have impacted individual lives and negatively affected our economy.

We aim to:

- **Provide full population coverage of Pride in Practice across primary care by 2022**
- **Embrace the GM Carers' Charter ensuring carers are supported to stay healthy and socially connected**
- **Roll out the Enhanced Health in Care Homes framework and develop a consistent primary care offer for residential and care homes**
- **Embed the general practice support for carers framework of quality markers**

Around 30,000 people are living with dementia in GM. It affects one in six people aged 80 and over. Digital technology means that dementia diagnoses will be recorded electronically and shared with health and care professionals. When care plans are created with people with dementia and their carers, the plans will be made electronically available. A 'lasting power of attorney for health and welfare' will also be included on the electronic record.

Across GM we aim to identify and address the inequalities facing vulnerable and protected groups; this will in turn improve overall quality and outcomes, benefitting the wider population. We must keep in mind that 'one size does not fit all', including when it comes to primary care provision in neighbourhoods. Greater Manchester has a diverse population and it is important to recognise how this diversity is dispersed across our localities and neighbourhoods as this can lead to significant inequality.

In particular, we would like more of our dental practices to work with services that that provide care for currently under-represented vulnerable groups. These include people experiencing homelessness, substance misuse clients, refugees and asylum seekers. Consideration needs to be given to the additional access and inclusion requirements of certain other groups, such as disabled, deaf, lesbian, gay, bisexual and transgender (LGBT) people, young people, and people whose first language is not English.

For instance, we are already taking steps to improve the primary care experience of LGBT people in Greater Manchester. Many have low expectations of how health professionals will treat them, especially concerning transition and adoption processes. We will continue to roll out

[5] A vision for population health – Towards a healthier future https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf

Pride in Practice, a quality assurance support service created by the LGBT Foundation to help GP practices, dentists, pharmacies, and optometrists effectively and confidently meet the needs of their lesbian, gay, bisexual and transgender (LGBT) patients. Since 2016, Pride in Practice has already offered ongoing advice and support to c25% of primary care providers Greater Manchester, including training for clinicians, practice managers and other staff. The ambition is to have 100% coverage by 2022.

We will improve our support for veterans and their families, ensuring that veteran and reservists are recorded on practice-based systems as a minimum. As described in the NHS Long Term Plan, GP practices will undertake the Military Veterans Awareness Accreditation Scheme.

One in 10 people are known to be carers in Greater Manchester, yet there are many more who are unknown. Out of the 280,000 carers that we know about in GM, 70,000 of them spend 50 hours per week as carers. We believe that carers should be respected, valued and supported equally in their caring role, as experts for those they care for and as individuals in their own right. We will support the Greater Manchester Carers Charter[6], ensuring carers are identified as early as possible, have better access to annual health checks and supported to stay healthy and socially connected.

Across England, one in seven people aged 85 and over is living permanently in a care home. Building on the Enhanced Health in Care Homes Framework to include all of primary care, will create a comprehensive primary care offer that is person centred, focuses on holistic needs, prevention and proactive care and continuity of care. There are several tried and tested programmes across GM that support care homes. GM can learn from the best, such as 'Digital Pete' a nurse-led telemedicine service in Tameside and Glossop and scale up where possible.

Support for primary care excellence

There is an opportunity to expand the GP Excellence programme from its focus on general medical services to all primary care provision in Greater Manchester.

We aim to:

- **Continue to roll out the GP Excellence programme**
- **Develop a model for GM Primary Care Excellence**

The GP Excellence Programme, which we have offered in partnership with the Royal College of General Practitioners (RCGP) since 2017, currently supports general practices to become more sustainable, resilient and better placed to tackle the challenges they face now and into the future, and to secure continuing high-quality care for patients.

GP Excellence delivers a range of support to practices to help them through each stage of quality improvement, from 'rescue' to 'excellence'. As well as information, resources and tools, it offers access to peer support and opportunities to share good practice and innovation. Over time the programme creates positive engagement across the Greater Manchester system and develops an 'improvement culture' among practices.

GP Excellence supplements existing mechanisms of support and works with our localities to ensure that it aligns with other quality improvement initiatives. A future ambition of the programme is to develop more research and evaluation expertise to develop

[6] Carers charter for Greater Manchester http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf

real world evaluations of innovations into working life.

We now plan to build on the principles of GP Excellence and the GM Health Care Academy to create an extended 'GM Primary Care Excellence' programme that offers similar packages of support and development to all Greater Manchester dentistry, eye health and pharmacy providers and workforce.

Using information for improvement

Accessing and gathering data and intelligence about primary care services and the people who work in and use them, will enable that information to be used more effectively to support improvement.

All primary care providers to understand what is happening to patients and where we might need to shape services to meet their needs going forward. We will improve the quality of our data across primary care.

We aim to:

- **Use near real-time data at a practice, neighbourhood, locality and GM level to make tactical decisions and deliver the highest quality patient care possible**
- **Develop an automated workforce data collection tool to understand our workforce and plan accordingly**
- **Take the learning from the Electronic Pharmacy Referral System pilot and scale up across Greater Manchester**

We will build on existing data we have from various sources, such as the Quality and Outcomes Frameworks (QOF), public health, the national GP Patient Satisfaction survey, Community Pharmacy Patient Questionnaire and the Care Quality Commission (CQC), to include information for the whole of primary care.

Working with data and technology to better understand our workforce, enable GM and localities to plan for future models of care. Primary care providers will work closely to undertake system-wide workforce planning, making use of population health and activity trends, provide an understanding of the skills and competencies needed to deliver current and future primary care, enable a baseline of the current workforce to be established, and highlight the gaps in workforce and the most appropriate methods to fill those gaps.

Seamless care

Between 30-70% of patients experience an error or unintended change to their medications when transferred across care settings. Issues often occur when patients are discharged from secondary care back to primary care. The electronic pharmacy referral system will improve the transfer of information about medicines from a secondary care setting into the community. This will ensure that appropriate patients are signposted to supportive pharmacy services following their discharge from hospital. The referral system has the potential to improve medicine optimisation, reduce medication errors during transfers of care, reduce medication wastage, reduce non-elective admissions and improve efficiency.

Many optical practices have retinal imaging or scanning equipment, however if an abnormality is detected the patient is referred to secondary care to have repeat images and reviews from ophthalmologists. By enabling the transfer images between primary and secondary care would reduce false positive referrals and reduce the burden on secondary care with more people seen in the community.

Raising medical standards

Evidence based interventions, applied across primary care are essential to transform the health and wellbeing of the population.

We aim to:

- **Review the implementation of the GM Primary Care Medical Standards and ensure the learning is shared**
- **Refresh the primary care standard ensuring they are outcomes based**

Nine primary care medical standards were collectively developed in Greater Manchester, based on recognised evidence and reasoning.

The roll-out of the refreshed standards (implementation commenced from April 2018) focused on quality improvement and the delivery of outcomes for the population, rather than processes. We believe this contributes to real health outcomes, drives workforce transformation, and ensures seldom-heard groups are included. The standards also encouraged the use of data and intelligence to drive improvement and facilitate collaborative working. Importantly, the standards allowed each of the localities to achieve the same outcomes through different routes, taking into account practices working together or working with other primary care professionals. This moved the emphasis away from process and focused on the patient outcomes that really matter.

The emergence of PCNs and neighbourhood working provides an opportunity to review and strengthen the GM standards, ensuring they are even more outcomes focused, able to be delivered by anyone in a neighbourhood, but able to identify and reduce individual provider variation in a neighbourhood.

The GM Primary Care Medical Standards:

1. **Improving access and responsiveness in general practice**
2. **Improving health outcomes for patients with mental illness, dementia and learning disabilities and military veterans**
3. **Improving cancer survival rates and earlier diagnosis**
4. **Ensuring a proactive approach to health improvement and early detection of disease**
5. **Improving the health and wellbeing of carers**
6. **Improving outcomes for people with a long-term condition**
7. **Embedding a culture of safety**
8. **Improving outcomes in children, especially those with asthma**
9. **Proactive disease management to Improve outcomes**

SUSTAINABLE PRIMARY CARE

Primary care should be the best possible, most suitable, primary care for the 2.8 million population of Greater Manchester, ensuring it is adaptable and has underlying support to continue to be so for many years to come.

However, certain things are necessary to achieve this level of sustainability. First and foremost is having the right number and type of organisations and workforce to provide primary care. Primary care needs leaders who can develop systems and local responses fit for both current and future needs. It must have the infrastructure in place to meet the changing demands of primary care provision as it evolves over time. The GM primary care workforce strategy describes in detail, the plans for workforce. The implementation will begin to address the GM workforce challenges as well as prepare the workforce to adapt to new ways of working in the future.

We aim to:

- **Implement the Greater Manchester Primary Care Workforce Strategy**
- **Take the learning from the NHS England Regional GP Retention and International GP Recruitment programmes to extend to other key roles and scale up across Greater Manchester**
- **Review the impact of the implementation of the GM Primary Care Reform Programme and share the learning**

Environmental Sustainability

The Greater Manchester Health and Social Care Partnership (GMHSCP) recognises that climate change and environmental degradation are unprecedented threats to our health and wellbeing. To ensure the system is able to meet the primary care needs of the population, we recognise that GM must be a healthy place to live and work and addressing these wider environmental issues is necessary to achieve this goal. Greater Manchester is working hard to tackle air pollution, which contributes to 1200 deaths a year in GM and a wide range of health conditions. GM has also outlined ambitions for carbon neutrality and other environmental goals that will impact service delivery as the NHS reduces our carbon footprint.

However, we know that addressing environmental issues represents our greatest opportunity to improve population health and primary care will play a crucial role in these efforts. For example, primary care professionals can make recommendations to individuals for changes in behaviour that have environmental co-benefits. e.g. they can recommend increasing physical activity by shifting from motorised to active transport, healthier diets with low environmental impact including little or no red meat and high fruit and vegetable intake, and family planning. Changes in health care provision models can also have significant impacts on the environment. Engagement with patients using the new NICE guidelines on inhaler usage can have significant impacts on the release of greenhouse gases and the adoption of digital technology and the development of co-ordinated services bringing care closer to home will make efficient use of resources as well as reduce duplication of effort and travelling time. Primary care providers will also be key in the care or increased preparedness for vulnerable populations during

the extreme weather events we are experiencing as a result of climate change.

Workforce

Primary care will not achieve its plans for transformation without a sustainable workforce. Consideration will be given to the shape of primary care teams and whether these are still appropriate for the population. It is likely that primary care will look very different in the future, which Is already evident with the emergence of multidisciplinary, neighbourhood working. The GM primary care workforce strategy will tackle workforce challenges and develop a workforce that is fit for the future.

We aim to:

- **Establish an integrated training academy in each locality**
- **Continuously engage with local primary care clinicians**
- **Embed a number of new roles including Nurse Associates, Physician Associates and apprenticeships**
- **Explore the opportunity for pharmacy technician led services to free up the pharmacists' time**
- **Continue to maximise the opportunities in general practice through 'return to practice', 'retire and return' programmes, and greater utilisation of the General Practice Nurse Resource Pack**

Recruitment and retention continue to be a challenge in a number of key roles including GPs, Practice Nurses and Dental Practice Nurses. Across GM we will explore ways to increase capacity in primary care by utilising the vast range of skills of the wider primary care workforce out in the community, meaning general practice does not always need to be the first point of contact.

We want being part of the Greater Manchester primary care workforce to be seen as the 'career of choice' and believe the changes we have planned will help to attract and retain the best talent by providing flexible, multidisciplinary work options and opportunities for development and career progression.

In the future, care may be delivered in non-traditional settings, with blurred boundaries between primary care, community services, secondary care and the VCSE sector. We already have key roles such as general practitioners and pharmacists working in care home settings and emergency departments enhancing patient pathways.

The primary care workforce will be much broader in terms of skills and roles, crossing traditional boundaries of primary, community and secondary care.

We would like to see Integrated Training Hubs, spanning the breadth of primary care, in all 10 localities. This could be through the existing Enhanced Training Hubs, GP Federation or the Academy model and would provide the career and skills development of all staff, reducing the burden on individual practices or providers. These training hubs will provide an opportunity, working closely with Health Education England, to meet the educational and training needs of the multidisciplinary primary care workforce, working closely with PCNs and neighbourhoods to enable regular training rotations through primary care. These training hubs would also work closely with providers to facilitate consistent mandatory training and be supported by the Greater Manchester Training Hub.

Plans for the future will focus on developing talent and leadership across Greater Manchester primary care. This will involve investing in training and development, apprenticeships and addressing skills gaps through more flexible and integrated ways of working.

Where possible development of the care workforce will happen in partnership with other Greater Manchester public services, and also take advantage of the greater resources larger organisations have for organisational development.

HMR Primary Care Academy

Heywood, Middleton and Rochdale (HMR) has a diverse population which is growing in complexity. Alongside this, practices are faced with increased workload, funding pressures and difficulty in recruitment.

HMR CCG commissioned the HMR Primary Care Academy delivered by the One Rochdale Local Care Organisation and Rochdale Health Alliance (the local GP Federation).

One solution included promoting Rochdale as the employment destination of choice, highlighting the opportunities that exist within the borough.

- Liaising with local education providers
- Influencing educational programmes
- Promoting HMR as the destination of choice

As a result, the locality has a greater understanding of the issues that attract and deter people from coming to HMR.

Improved relationships

The way providers work together in providing care to patients and communicating with each other is essential to providing an integrated, co-ordinated, person-centred approach. Good person-centred care requires close collaboration between a range of multidisciplinary professionals to ensure care Is co-ordinated, appropriate, timely, avoids duplication or unnecessary interventions, and is cost effective. This is especially important across organisational and professional boundaries where technical, cultural and financial barriers that hinder effective communication.

There are not many opportunities for health and care professionals from different organisations, such as GPs and consultants, to meet. This reduces the potential for building understanding of each other's roles in order to share perspectives and problem solve.

We aim to:

- **Create opportunities to improve inter-professional relationships between the primary, community and secondary workforce**

With highly skilled staff and effective technology, holistic health and care can be provided in the community in ways that are easier for people to access. In order to reduce demand on acute hospital services health and care services will need to be much better integrated and co-ordinated, ensuring care is received in the right place at the right time.

Strengthening system leadership

Primary care leaders in GM will need specific expertise required to lead a 'place' across organisational and professional boundaries, and a system in which people take priority over process.

We aim to:

- **Facilitate organisational development and leadership development across the whole of primary care**

GM is developing programmes that supports emerging primary care system leaders to develop the skills and knowledge they will need. For instance, they will have to focus more on approaches that draw on local strengths.

The changing shape of primary care in Greater Manchester will present challenges to existing provider organisation models. This means we need to pay particular attention to our providers, their views and future development.

Given the breadth of providers and volume of service delivery in primary care, we will build effective engagement mechanisms so that

primary care has a consistent representative voice.

The Primary Care Provider Board will continue to be integral in ensuring that to ensure primary care is front and centre in considering the opportunities and implications of strategic change. The discipline-specific boards for general practice, pharmacy, optometry and dental, will continue to facilitate wider engagement (in conjunction with local professional networks). The GM Local Leaders Network will also continue to support primary care network and neighbourhood clinical leads.

Engagement with the workforce to support them through this period of culture change, will be essential in order to provide the necessary tools and competencies to enable new ways of working.

Care closer to home

Increasingly primary care providers are expanding their services to accommodate the needs of patients who would previously have been treated in hospital.

Over 90% of dental activity already takes place outside the hospital setting. Delivery of dental services in the community, where possible and appropriate, is supported through the demand management approach of Greater Manchester dental referral management and embedding clinical pathway models delivered by the GM dental managed clinical networks.

Population-level services are both cost effective and make a real difference to local people. Primary care providers have the necessary skills and competencies to deliver a range of services in the community may have traditionally been provided in hospital.

Provision of minor conditions, glaucoma repeat measures and pre and post cataract referrals will become commonplace in the community, as will ‘eye tests made easy’ for people with a moderate or severe learning disability who would benefit from adjustments such as an advance visit, easy read paperwork and longer appointments with a specially trained optician Other services such as dermatology, endoscopy, chemotherapy and musculoskeletal clinics will also be more accessible in the community. These are just a few examples of where secondary, community and primary care can work collectively to deliver services closer to home.

GM will support more of the workforce including nurses, pharmacists, optometrists, physiotherapists and optometrists to become independent prescribers. This will improve people’s access to treatment, making it easier for them to access medication.

Infrastructure

Developing and modernising the infrastructure across the whole of primary care will enable the improvement of local communities.

For primary care to succeed, It will need to have the infrastructure to support new forms of provision and services, including suitable locations and premises (our estate), funded by targeted investment, training to develop the primary care workforce, and technology to enable planned changes. However, we do note that national capital funding for estates development is limited and currently only for general practice and not primary care dental, optometry of pharmacy services.

Space for staff and training

The expansion of the primary care workforce into new professions places a huge burden on the general practice estate, which was built when training was restricted to a few disciplines on a one-on-one basis.

For example, there are advanced practice-based attachments throughout Medical School, Foundation years and in the Specialist Trainee

years. Alongside the GP training, practices now contribute to the community development of nursing and pharmacy prescribers, practice-based Paramedics, Physiotherapy First, Community Navigators, Physician Associates and Nurse Assistants. Even at a neighbourhood level, this requires more physical space.

The nature of our interactions with patients have also changed over time and a lack of provision of such space for link workers, voluntary sector and social provision to work beside health and changes to health delivery such as group consultations will require us to think differently about how we utilise our estate and local assets.

HOW WE WILL DELIVER THE STRATEGY

Implementing the vision means people will be able to access a greater range of health services locally, including specialist consultation, diagnostics, urgent care and non-medical care. The GM primary care workforce will experience greater resilience and improved work- life balance. Across Greater Manchester there will be a wider range of services delivered in the community.

The implementation of this strategy will be locality driven. However, it may make more sense that some initiatives are delivered once at a Greater Manchester level. The design and delivery of the strategy will happen at a system wide level.

The primary care team of the Greater Manchester Health and Social Care Partnership will work with stakeholders to deliver the ambition to transform primary care. A 3-5 year implementation plan will developed by the system (including both commissioners and providers). A series of process, output and outcome measures will be in place in order to quantify the benefits that result from the transformation of primary care.

GET IN TOUCH

England.primarycaretransformation@nhs.net
www.gmhsc.org.uk

@GM_HSC
@GMHSCPartnership
@GMHSCPartnership

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester