

**GREATER MANCHESTER HEALTH AND SOCIAL CARE  
STRATEGIC PARTNERSHIP BOARD**

Date: 30 September 2016

Subject: Primary Care Strategy: For Approval

Report of: Gaynor Mullins Chief Operating Officer – Stockport CCG  
Dharmesh Patel Chair – Primary Care Advisory Group  
Dr Tracey Vell PCAG representative on SPB Executive  
Rob Bellingham GM Health and Social Care Partnership Team

---

**PURPOSE OF REPORT:**

The attached Primary Care strategy is presented to the Strategic Partnership Board for its approval. The document has been through a detailed development and review process and has been endorsed for presentation to this Board by the Strategic Partnership Board Executive and the Joint Commissioning Board.

The strategy makes clear its links to the GM Strategic Plan, “Taking Charge of our Health and Social Care”, emphasising primary care’s connectivity to the wider integrated care agenda. It should be read in this context, sitting alongside and complementing our strategies for Mental Health, Children and Young people and other key priority areas

The strategy has been co-produced by the Association of GM CCGs, the GM Primary Care Advisory Group and the GM Health and Social Care Partnership. In this spirit, these partners are running a major event for Primary Care practitioners on 5th October where, subject to sign off by the SPB, this strategy will be formally launched.

As part of the process of development, engagement has taken place with other key stakeholder groups, including providers, social care, public health and others. Following formal approval and adoption by the SPB, we intend to produce a final production version, incorporating a list of key signatories and supporters to reflect these levels of engagement.

Work is already well advanced to ensure appropriate delivery and monitoring arrangements are in place. The Joint Commissioning Board will receive regular progress reports and updates will be presented to the Strategic Partnership Board and Executive as defined and required.

**RECOMMENDATIONS:**

The Strategic Partnership Board is asked to:

- Consider the attached Primary Care Strategy for approval

**CONTACT OFFICERS:**

**Rob Bellingham**

robbellingham@nhs.net

Delivering Integrated Care  
Across Greater Manchester



# The Primary Care Contribution

Our Primary Care Strategy  
2016 - 2021



# Greater Manchester Health and Social Care Partnership

## Contents

- Foreword ..... 3
- The Greater Manchester Context ..... 5
  - About this strategy ..... 5
  - The health challenge ..... 5
- Key principles ..... 12
  - Theme 1: People powered changes in health and behaviour ..... 12
  - Theme 2: Population based models of care ..... 14
- High level objectives ..... 16
  - Theme 3: Consistently high quality care ..... 16
  - Theme 4: Inter professional working ..... 18
  - Theme 5: Research & Innovation ..... 19
- Enabling better care ..... 21
  - Primary care estate ..... 21
  - Technology ..... 21
  - Finance, contracts and incentives ..... 21
  - Workforce ..... 21
  - Provider and market development ..... 21
  - Communications and engagement ..... 22
- Our vision – illustrative diagram to follow ..... 23
- How we will deliver ..... 24
- Appendix: further reading ..... 25

If you need this document in large print, braille, audio or a different language, please email: [gm.hsc@nhs.net](mailto:gm.hsc@nhs.net)



# Foreword

---

**As we have built our devolved health and social care system in Greater Manchester, the critical role of primary care has been emphasised throughout. This has been further underlined as the 10 areas of Greater Manchester have developed their locality plans. Primary Care is now increasingly viewed as a core component of an integrated, community based, care system rather than a separate stand-alone entity.**

In publishing this document, we do not seek to emphasise the distinctions between primary care and the rest of the health and care system but rather to describe the ways in which they will join up to form part of these new models of integrated care.

This document builds upon the original GM Primary Care Strategy from 2014. Despite the fact that this original version was published relatively recently, there have been a number of profound changes to our system and the strategic context, which have necessitated this refresh. These include:

- GM Health and Social Care devolution, the publication of our Strategic Plan “Taking Charge”, development of the 10 Locality Plans and our securing of a £450m GM Transformation Fund
- The formal incorporation of Primary Care as full voting members within GM Devolution, via the Primary Care Advisory Group, (providers) and the Association of GM CCGs, (commissioners)
- The programme to develop Local Care Organisations, (LCOs), in all parts of Greater Manchester, with primary care at their heart
- Implementation of the Healthier Together commitment to additional access to primary care, which was subsequently adopted as an early implementation priority for health and social care devolution
- Agreement of Primary Medical Care standards for GM and work to extend these to all parts of primary care
- The publication of the NHS 5 year forward view and associated GP Forward View
- Our identification as an early implementation area for the new national Multispecialty Community Provider, (MCP) contract
- All 12 CCGs in Greater Manchester taking on the delegated commissioning of General Medical Services

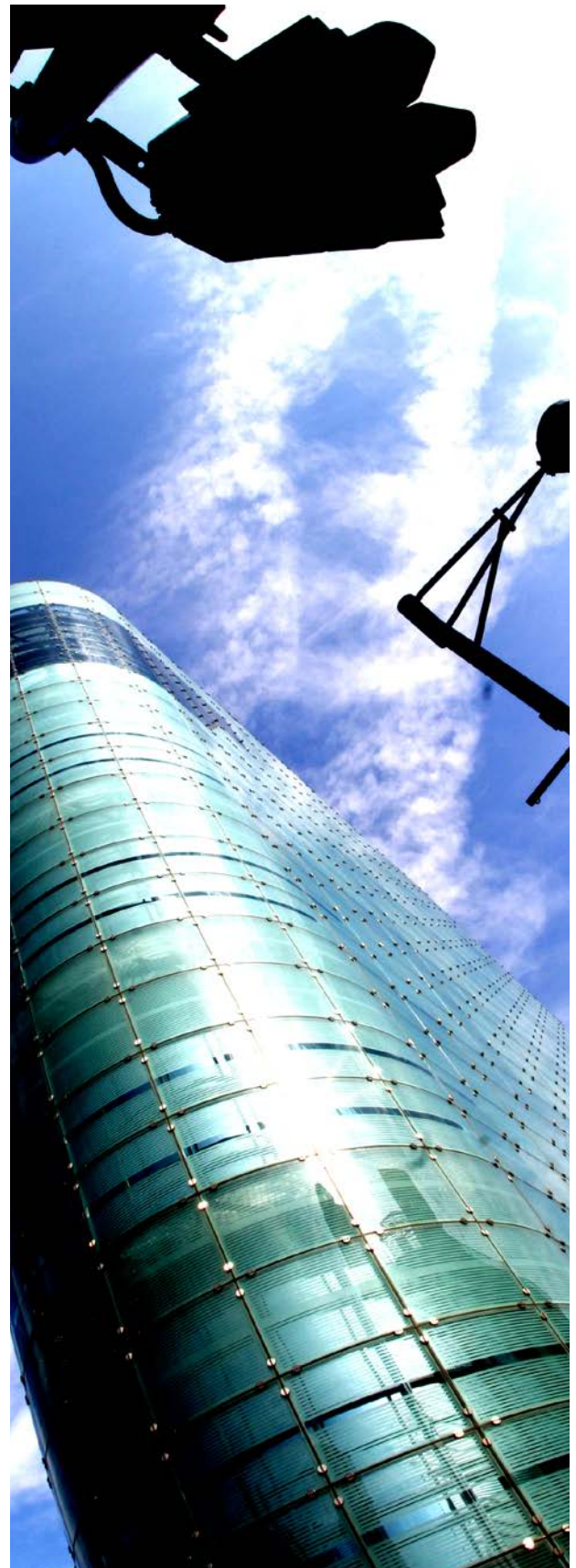
When we make reference to primary care in this document we are referring to the following four areas:

- General Dental Services (circa 450 practices)
- General Practice (circa 500 GP Practices)
- Community Optometry (circa 300 Optometry practices (opticians))
- Community Pharmacy (circa 700 pharmacies)

This means that there are around 2,000 points of delivery for primary care across GM, with somewhere over 90% of all NHS patient contacts taking place therein. We want to expand on the traditional concept of primary care to foster a much wider primary care system including, for example; physiotherapy, midwifery, podiatry, social care along with voluntary organisations in order to enable people to access the most appropriate professional and service directly.

The Greater Manchester vision focusses on the place and the people who live in it, rather than the needs of specific organisations and professional groups. This will require close working between patients, service users, local communities and front line staff, not just in health and care, but across public health, housing, education and skills, leisure, welfare and benefits, with the aim of achieving properly integrated public services.

This document sets out the contribution that primary care can make to the achievement of our vision. It is hoped that readers will find it a useful companion to the documents referred to above, which it is intended to complement and act as a facilitator for their delivery. The document should also be viewed alongside other key enabling strategies that have been developed as part of our joint planning work, including our Mental Health and Early Years strategies.



# The Greater Manchester Context

---

## About this strategy

Building on the original Greater Manchester primary care strategy, this refreshed version aims to provide a bold vision and clear roadmap for key reforms to our primary care system in Greater Manchester. We have an opportunity to redefine what we mean by primary care and to locate it in the context of place based systems. It highlights the important principles behind our plans; the benefits we hope the changes will bring to patients, the general public, health and care staff and the local economy as a whole. One section focuses on the 'enablers' needed to make change happen, such as technology. We have also considered the financial implications of not embracing these new ways of working, particularly in the light of the pressure on all NHS services to do more for less.

This strategy aims to set the direction of travel for primary care transformation going forward and is aligned to the 10 Greater Manchester locality plans. It will outline the primary care contribution to the Greater Manchester Strategic Plan - particularly in the delivery of Transformation Theme 2 (Transforming community based care & support). It does not set targets, as we recognise the importance of local decision making to reflect a neighbourhood's particular needs. Many of these will reflect changes in behaviour, including how people use services, as well as a direct impact on the population's health and wellbeing.

The revised strategy draws on a wide collection of research, evidence and best practice. We are grateful to the many stakeholders who have had an input into the development of this document.

**A further reading appendix to this strategy includes links to source materials as well as organisations, incentives and publications referred to in this document.**

The health challenge in Greater Manchester:

---

## The case for change

Primary care – whether provided by doctors, dentists, optometrists, pharmacists or other health and care practitioners who support people outside hospital – already benefits our local population. It offers easy access, high-quality care from professionals who know their patients and can make a big difference to health outcomes.

But there are many health and care related issues facing Greater Manchester that could be addressed by improvements both to primary care generally and to specific services, In particular by ensuring we all work together and make the most of every opportunity to give people the right support close to where they live.

## Our population's health

As elsewhere, our population is ageing, with a predicted 29% increase in the proportion of people over 65 by 2032 and the proportion of over-85s expected to double. Increasing numbers of people have more than one long-term condition. This has led to increased complexity in the care provided to our populations within primary care. At the same time, we have higher than average numbers of children and younger adults, with under-19 year olds accounting for 24% of the Greater Manchester population.

Greater Manchester has suffered some of the poorest health in the country in the past. We still face significant health inequalities, with unfair differences in the health of groups of people, because of social, environmental and economic conditions that increase their risk of becoming ill and make it harder for them to stay healthy and get the right treatment when they need it.

For instance, national public health figures

show higher levels of deprivation in parts of Greater Manchester than in other areas of England. Three local CCGs are in the bottom 10 nationally for healthy life expectancy at birth.

## Pressure on current services

How people use – or do not use – primary care and other health services in Greater Manchester is a further indication of the scale of the challenge ahead, and where the whole range of primary care services could do more to benefit patients.

Thousands of people are treated in hospital when their needs could be better met in the community; care isn't joined up between teams and not always of a consistent quality. In Greater Manchester people diagnosed with 'ambulatory care sensitive' conditions such as diabetes, asthma and hypertension, which can be actively managed, are more likely to be admitted to hospital as an emergency case when this could have been avoided.

General practices vary a lot, both across Greater Manchester and within localities. According to the 2015 national GP survey, nearly three quarters of Greater Manchester patients report a good overall experience of getting a GP appointment, but 12.5% were unable to make an appointment at some stage. Other research has found the proportion of patients who have a 'poor' experience of making an appointment varies significantly by locality.

## Additional challenges facing primary care

Primary care, both in our region and nationally, faces a variety of challenges, with new ones emerging all the time.

### Workforce capacity and capability

There is pressure on primary care from other parts of the health system, resulting in increased workload. According to one survey, nine in 10 GPs feel their heavy workload has a negative impact on the quality of care they give their patients.

Problems recruiting and retaining GPs create further workforce difficulties. Between 2002 and 2013, GP numbers only increased by 14%, compared with a 48% rise in hospital consultants. A third of GPs hope to retire within the next five years, and a fifth of current GP trainees plan to move abroad. Other parts of the primary care workforce face similar challenges, for example in practice nursing, over 64% of practice nurses are over 50, and only 3% are under 40.

This strategy recognises that there are a number of health care professionals e.g. pharmacists that could be better utilised to support these challenges. We will also expand on the traditional concept of primary care to foster a much wider primary care system including, for example; physiotherapy, midwifery, podiatry and social care along with voluntary organisations in order to enable people to access the most appropriate professional and service directly.

### Sustainability and affordability

Investment had fallen from 10% of total NHS funding in 2010 to 7.9% in 2014/15. The financial constraints on the NHS are likely to continue and are another reason why primary and secondary care needs to change. In Greater Manchester, £6billion of health and social care expenditure accounts for nearly one third of total public sector spending.

### Expectations and attitudes

There is rising demand for medical care and patients have increased expectations regarding the care offered to them. We need to manage demand effectively to deliver high-quality, sustainable care for Greater Manchester.

Primary care practitioners have a critical role to play in delivering short, medium and long-term interventions to improve the health of local people. Whether by finding and treating the right patients, building resilience and enabling recovery in particular patient groups, or enabling the best start in life for all, primary care must contribute to the reduction of preventable demand.

'Organisational inertia' can be a barrier to different ways of working to improve service delivery and the quality of care. So too can cultural and professional resistance to change. Leadership at all levels, throughout the system, is increasingly important in developing and implementing new approaches to primary care.

## How we are already changing

We have begun to address all these challenges but further transformation is necessary, including the effective integration of community, primary and secondary care.

### Improving access

In 2014, as part of the Healthier Together programme, we said that: "By the end of 2015, everyone living in Greater Manchester who needs medical help will have same-day access to primary care services, supported by diagnostic tests, seven days a week." We have built on the success of our demonstrators by opening a number of primary care hubs offering 7 day additional access across Greater Manchester.

### Setting higher standards

NHS England and the 12 CCGs of Greater Manchester have collaborated to develop nine Greater Manchester Primary Care Medical Standards, which will be implemented by

December 2017 (see section 2 for details). These are based on the Bolton Quality Contract, which commenced in April 2015, covering aspects of service delivery such as appointments, prescriptions, vaccinations and mental health care.

We have worked with GP practice staff to develop best practice guidance for offering improved access; including managing demands for urgent care during practice opening hours and helping patients understand their electronic health record and online health services.

### Utilising community pharmacy

In response to the 2014 national Improving care through community pharmacy call to action, the Greater Manchester Pharmacy Local Professional Network (LPN) engaged with healthcare professionals and the public to explore the best way to use what community pharmacy has to offer.

The network has revised its strategy in response and developed a six-point transformation plan that recognises how pharmacy can contribute to transforming health and social care services. With every local person visiting a pharmacy on average five times each year, there are real opportunities to deliver healthcare messages to the public directly.

Medicines-related problems contribute to demand for acute and emergency care, with around 6.5 per cent of hospital admissions associated with adverse drug reactions and significantly more resulting from exacerbations of conditions due to medicines not being used as recommended or sub-optimal prescribing. For example, 30% and 50% of people aged over 65 and 80 years respectively suffer a fall at least once

a year and these episodes are often related to the medication that they are taking and/or symptoms of their long term condition. In a recent study, patients on four or more medicines benefited from a reduction in risk of having a fall due to the intervention of a community pharmacist.

Pharmacists already help patients get the most from their treatment. Further joint working across health and social care will ensure that all patients on long-term medication have the chance to discuss their medication with a pharmacist and set their own targets.

### Proactive and practical pharmacy support

#### Reablement service

Evaluation of a reablement service involving community pharmacy over a period of two years resulted in a:

37% reduction in re-admissions

63% reduction in total number of admissions

67.5% reduction in hospital bed days

48.4% reduction in average length of stay.

The community pharmacist visited the patient at home within an agreed time frame to underpin the support, reinforce the benefits, and reassess how patients are managing whilst in their own home.

### Four or More Medicines Support Service

620 patients were recruited into a pharmacist-led support service for those over 65 years, with at least one LTC.

Patients received consultations relating to medicines adherence, pain, falls risk, and general health. Prescribing was reviewed with relation to the STOPP-START criteria.

Consultations continued every two months for six months and the service was independently evaluated.

142 prescribing recommendations were made.

Improvements were shown in:

- Number of falls
- Medicines adherence

### Tackling oral health in children

The Greater Manchester Dental Local Professional Network's Baby teeth DO matter campaign to encourage oral hygiene routine in under-fives, has led to better quality, more easily accessed preventive primary dental care.

Oral health improvement teams, local school nurses and safeguarding teams are working together as part of the 'buddy practice' scheme, currently operating in one Greater Manchester locality. This has increased access, identified unmet need and delivered significantly improved outcomes for a number of vulnerable children.

### Greater efficiency cuts dental check waits

There are opportunities to improve the quality and efficiency of dental services. For example, a review of primary care orthodontic contracts has helped reduce the number of inefficient, repeat checks and cut average waiting times for a child's first dental assessment to 30 days. This means we can treat more children within existing resources.

### Reducing the risk of sight loss

The Local Eye Health Network has collaborated with Health Education England (HEE) to develop the first, funded, non-medical prescribers programme for optometrists to enable them to better manage minor eye conditions in the community. To encourage care closer to home, the network has agreed a common pathway for glaucoma-related and cataract referrals. Implementation of these schemes and similar community eye care initiatives at scale across Greater Manchester would significantly reduce unnecessary referrals to hospital.

Innovative models of shared care for patients with long-term eye conditions are being developed. Greater integration of primary care optometry and hospital eye services would offer elderly patients in particular, timely care closer to home. These patients require a lot of follow-up care, so developing this at scale across Greater Manchester will significantly reduce demand for hospital eye services and help prioritise specialist care.

This transformation will help make high street opticians – which are increasingly open in the evenings and at weekends – people's first port of call for eye care problems, especially minor ones, relieving pressure on both A&Es and general practice.



# Our vision for primary care



## GM Health and Social Care Devolution: Transformational change themes

**This strategy describes the ambition of primary care and its contribution to Greater Manchester Health and Social Care Devolution. By 2021 we want everyone in Greater Manchester to have the opportunity to proactively manage their own physical and mental health and wellbeing. And to do this, they will have access to high-quality, integrated care, underpinned by the best possible technology, a sustainable workforce and an estate that is fit for purpose.**

We want to encourage a population based approach to improving health and care through the delivery of place based care. This would include the alignment with the other public services e.g. housing and the police, in order to address the wider social determinants of physical and mental health. By removing silos of provision, we will incentivise providers over health outcomes not levels of activity, working together in an integrated delivery model. Reducing silo networks and systems will enable people and information to flow across Greater Manchester. We will develop and upskill a sustainable primary care workforce with a focus on wellbeing, prevention and restorative health, whilst empowering our patients, carers and communities to take greater responsibility in their health and wellbeing. The development of robust systems will support the primary care workforce to deliver consistently high quality care, assured against evidence based standards.

We want to deliver 'place-based' care by moving to a neighbourhood model. This will see multi-disciplinary teams serving natural populations of around 30,000-50,000 people, and making the most of 'community assets' such as voluntary and community groups within neighbourhoods.



We plan to increase early detection of disease and find the thousands of local people with a condition that has not yet been diagnosed. We will use integrated patient information 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.

We want a system that understands the relationship between health and the wider determinants of health, ensuring access to support to address issues such as employment, fuel poverty and social isolation are as embedded as writing a prescription or making a referral to secondary care.

### Key principles

Our plans for transforming primary care are rooted in doing things differently and based on two key principles. The first is that improvements are most likely to be successful when led by people themselves. We have described this as **'People-powered change'** and we must make sure our public receive the right support to take more control of their own health and behaviours. The second is that changes must be delivered to meet local needs and make the best possible use of what resources are available not just across Greater Manchester but within its different localities and neighbourhoods; we have described this as: **Care delivered by population - based models.**

# Theme 1: People-powered changes in health & behaviour

---

In Greater Manchester we want to create a primary care system that more proactively supports people and communities to take charge - and responsibility for - managing their own health and wellbeing, whether they are well or ill. This will draw on and scale up a range of approaches that have already been tested in Greater Manchester including work to improve health literacy and to draw on the strengths and assets that exist in communities.

Our ambition is to move beyond integrated care models to population health systems, with the core aims of reducing health inequalities and securing radical reductions in the demands on our health and care services. Our aim is to see a reformed health and social care system playing its full role in the wider determinants of health as much as in prevention and treatment.

We are proposing a placed based, person-centred model of proactive community based care, closer to home, with primary care at its heart. This entails not just integrating health and social care but a joined up approach with education and skills, welfare and benefits, leisure, housing and employment programmes to deliver a more appropriate mix of medical and social interventions to tackle the root cause of health inequalities.

This fresh approach will mean people will better understand how they contribute to their own health and wellbeing and can make the most of available services. They will have the information they need to prevent ill health, manage any conditions and access the right support in their local neighbourhood when they need it.

There are great examples of best practice in prevention and early intervention in Greater Manchester but we continue to face significant challenges. We will optimise prevention and early intervention through the 2000 points of delivery in primary care. There is already a growing number of accredited Healthy Living Pharmacies (HLPs) in Greater Manchester. At the heart of the HLP concept is pharmacy's greater commitment to delivering public health services to a consistently high quality. HLP teams have dedicated 'Health Champions' who are immediately identifiable to everyone visiting the pharmacy. They are specially trained to provide services such as helping patients to stop smoking or change their diet. We have already embarked on an ambitious programme to roll out HLP across Greater Manchester.

The Healthy Living Framework will be rolled out to all community pharmacies in Greater Manchester and to all optical and dental practices by April 2018, increasing the number of outlets where people are able to access health improvement advice and services.

Routine sight tests also offer a huge untapped wider public health opportunity. Many 'well' patients who go to an optometrist may not have visited any other health professional, including their GP, for several years. This is a chance to identify people at high risk of developing particular conditions, such as hypertension and diabetes. Screening could make early intervention possible, including education and treatment to prevent complications. Diabetic eye screening by optical practices will contribute to more collaborative care for people with diabetes by a range of primary care professionals.

Patients being able to access their own records can also be very empowering. Informed, engaged patients tend to manage their health more effectively, and are involved in joint decision-making about their care. In Greater Manchester we aim to deliver consistent digital and online services to the population and further enhance the high quality care patients and carers already receive in order for them to take charge of their own health and wellbeing.

### More than medicine

A people powered NHS is a health and care system that is for the people, by the people and with the people. According to the 2015 report by innovation charity Nesta, More than medicine: new services for people powered health, 'more than medicine' means non clinical support that gives people the skills, knowledge and confidence to improve their health and wellbeing.

Individuals vary in their ability to access and understand basic health information; known as **health literacy**. Limited health literacy restricts people's opportunities to be actively involved in decisions about their own health and care, undermining their ability to take control of their overall health and the conditions that affect it. We aim to build on existing work in Greater Manchester to improve health literacy by making it easier for people to get appropriate information in ways they understand.

Asset based approaches allow wider community resources to be utilised, engaging citizens in non-traditional ways and settings, making the most of peer support and other techniques. In Greater Manchester we have embarked on a strategic programme to explore the development of an asset-based

approach to primary care, linking into wider asset-based care work across our health and care system.

We will continue to make every contact with public services count by ensuring our staff are able to understand the needs of the people they come into contact with and signpost to the most appropriate service(s) for their needs.

To achieve a truly 'people powered' health and care system that offers more than medicine, we will:

- Enable different consultations. This would include more direct personal contact with patients and the public such as one-to-one conversations to improve health literacy, care planning, health coaching and shared decision making
- Expand the primary care workforce. Building existing good practice in Greater Manchester e.g. the use of Health Trainers in Bolton and volunteer 'neighbourhood connectors' in Salford to provide support to people in the community
- Connect people to non-clinical support (community assets). This would include expanding the opportunities for social prescribing in primary care to refer patients to community based initiatives and group education programmes such as 'Weight Matters' and 'Cook and Eat' in Tameside and Glossop, housing energy and efficiency measures, skills and employment support, debt advice
- Move beyond primary care. Employing targeted interventions outside of a healthcare setting and using social marketing beyond traditional health channels

# Theme 2: Population based models of care

---

There is fragmentation in our health and care services. This is seen most clearly:

- in referral into acute hospital services and on discharge from them
- between primary and social care
- between health and social care and wider public services that can enhance health outcomes or prevent poor health, such as housing, fire and rescue, and employment services.

Primary care is working to integrate and lead a wider public service community-based model, than currently exists.

We intend to provide the opportunity to test the implementation of new contractual models in shadow form during 2016/17. Our planned approach is for the 10 Greater Manchester localities, and the neighbourhoods within them, to develop and design delivery models that fit the needs of their population. We will agree the core characteristics, common standards and key outcomes that those models will aim to deliver. This is reflected in the Greater Manchester Strategic Plan and each of the locality plans.

We will invest in moving care from hospitals to a place closer to the patients' home. Primary care will provide a simple care pathway for patients. This will involve developing opportunities for new contractual models of care that build on the 'place-based approach' to delivery, and extend across primary, community and social care to elements of secondary care, mental health and third sector provision. More integrated models of care will mean people only need to tell their story once, and their assessment and treatment is less likely to be duplicated.

## Fully integrated locality care organisations (LCOs)

Achieving our vision of a place-based, person-centred model of proactive care closer to home will require a radical, new model for delivery. This goes beyond the traditional model of health and care which we see now and will entail closer working between patients, service users, local education and skills and wider public services to allow early intervention lifestyle support. We want to put people and communities genuinely in control of their own health and care and this will require a paradigm shift. We want to strengthen wider primary care provision to pro-actively manage patients in the community and see the shift in people attending hospital who could be better supported in the community.

---

To bring this together, fully integrated Locality Care Organisations (LCOs) will be established in each part of Greater Manchester. These Organisations, including all health and social care providers in a locality will work together collaboratively to provide care to a defined population with primary care at the centre, predicated on the GP registered list. Each area will develop and design their own delivery models however there will be core features of these new organisations. The new Greater Manchester LCOs will:

- Provide the focus, approach and capability to make radical reductions in demand
- Connect health and care reform with supporting adults of working age to connect to economic opportunity through quality and sustainable work
- Provide a focal point for connecting wider place based integration involving the full range of partners across housing, fire, police, employment, education etc to maximise health benefit alongside improved life chances
- Support new relationships between the public, their public services and local community & third sector organisations by using the full capacity and assets of the local community;
- Lead the way in reducing avoidable mortality, for example through better early diagnosis of diseases such as cancer;
- Provide redesigned and more accessible urgent care services in the community, in line with the urgent and emergency care review; Enable more care to be delivered in and closer to home.

- It combines core primary medical care services with wider community-based NHS services and social care. For example, district nursing and health visiting, pharmacy, dentistry, mental health, step-down beds, re-ablement and domiciliary care services.
- Provide in-reach services to other settings of care: for example into care homes or services within local community hospitals, or providing some services within, or conceivably running sections of district general hospitals. It could involve GPs with admitting rights within hospitals

The development of LCOs will see a fundamental shift in the delivery of care within the community and go beyond delivering primary care at scale. The establishment of LCOs will enable conditions to be managed at home and in the community. Through pro-active risk stratification and population segmentation, locality teams will identify patients who require community needs management. Services and care pathways will then be deployed based on the needs of these cohorts.

The model is equally applicable for children as it is for elderly adults. For children multidisciplinary neighbourhood team networks would include, for example, health visitors, child nurses, children's social workers, consultant paediatricians and children's charities.

Stockport and Manchester will be part of the national early adopters of these new models of care.

# Theme 3: Consistent high-quality care

**High-quality care should be safe, effective, person-centred, accessible, inclusive and result in the best possible outcome for the individual.**

**The quality of most primary care is good, but there are wide and often unwarranted variations in performance. We need to reduce this inconsistency so our patients, the public and our professional colleagues across the health and social care system are assured that all primary care in Greater Manchester is of the highest possible quality.**

## Setting standards for primary care

A suite of GM primary care standards have been agreed that aim to transform the delivery of primary care to reduce unwarranted variation, adopt a more pro-active approach to health improvement and early detection in order to improve health outcomes for our patient population. The Greater Manchester Primary Care Medical Standards have been collectively agreed with their prioritisation based on sound evidence and reasoning and will be implemented across Greater Manchester by 2017. The standards are focused on improving health outcomes and reducing health inequalities for the population of Greater Manchester. Similar standards are also being developed in dental, optometry and pharmacy, all of which will contribute to the earlier detection of disease, pro-active management within the community and supporting patients to self-care.

We will embark on a programme of work throughout 2016/17 to refine the standards, ensuring they contribute to the outcomes of the Greater Manchester Health and Social Care Strategic Plan. We will engage and support primary care to deliver the standards, ensuring the necessary support and

infrastructure is in place to enable providers to meet the deliverables.

The nine Greater Manchester Primary Care Medical Standards are:

1. Improving access to general practice
2. Improving health outcomes for patients with mental illness
3. Improving cancer survival rates and earlier diagnosis
4. Ensuring a proactive approach to health improvement and early detection
5. Improving the health and wellbeing of carers
6. Improving outcomes for people with long-term conditions
7. Embedding a culture of medication safety
8. Improving outcomes in childhood asthma
9. Proactive disease management to improve outcomes

NHS Bolton CCG developed a set of standards, known as the Bolton Quality Contract. This brought investment into general practice, improving prescribing practice, implement strategies for reducing waste and achieve cost effective use of clinical resources. So far Bolton CCG have seen a number of positive outcomes including improved access in core hours, better access to male and female GPs, children being assessed by a clinician on the same day they seek an appointment, reduction in GP elective and non -elective referrals and reduction in prescribing wastage.

In December 2015 there were 35 primary care locations offering 7 day access across Greater Manchester, with more to open in 2016

## Improved outcomes for patients with mental illness

The stark reality currently in GM is that people diagnosed with a chronic mental health illness are likely to die 15 years younger than their neighbour. This is an unacceptable health inequality and highlights the need for us to better co-ordinate and target both physical and mental health care needs. It is also understood that patients with mental health illness, who have other chronic conditions, such as diabetes and asthma, have significantly better outcomes at a lower overall cost, when appropriate psychological support is built into the care they receive.

In developing this Primary Care Strategy, we have sought to achieve alignment with the GM Mental Health Strategy, offering a concerted and consistent call to arms to improve the overall health of some of the most deprived and vulnerable of GM's citizens.

Through the development of our Mental Health Strategy, Greater Manchester is working towards a whole system approach to the delivery of mental health and well-being services that support holistic needs of individuals and their families within communities. In Primary Care we will support people with mental illness in a number of ways. This includes the monitoring of their physical health through case registers, comprehensive health checks and healthy eating, physical activity and stop smoking programmes. Everyone on mental health and learning disability registers will be offered an annual health check, including appropriate eye examinations.

GM has an ageing population and we know we need to focus on helping older people stay well longer and supporting them to

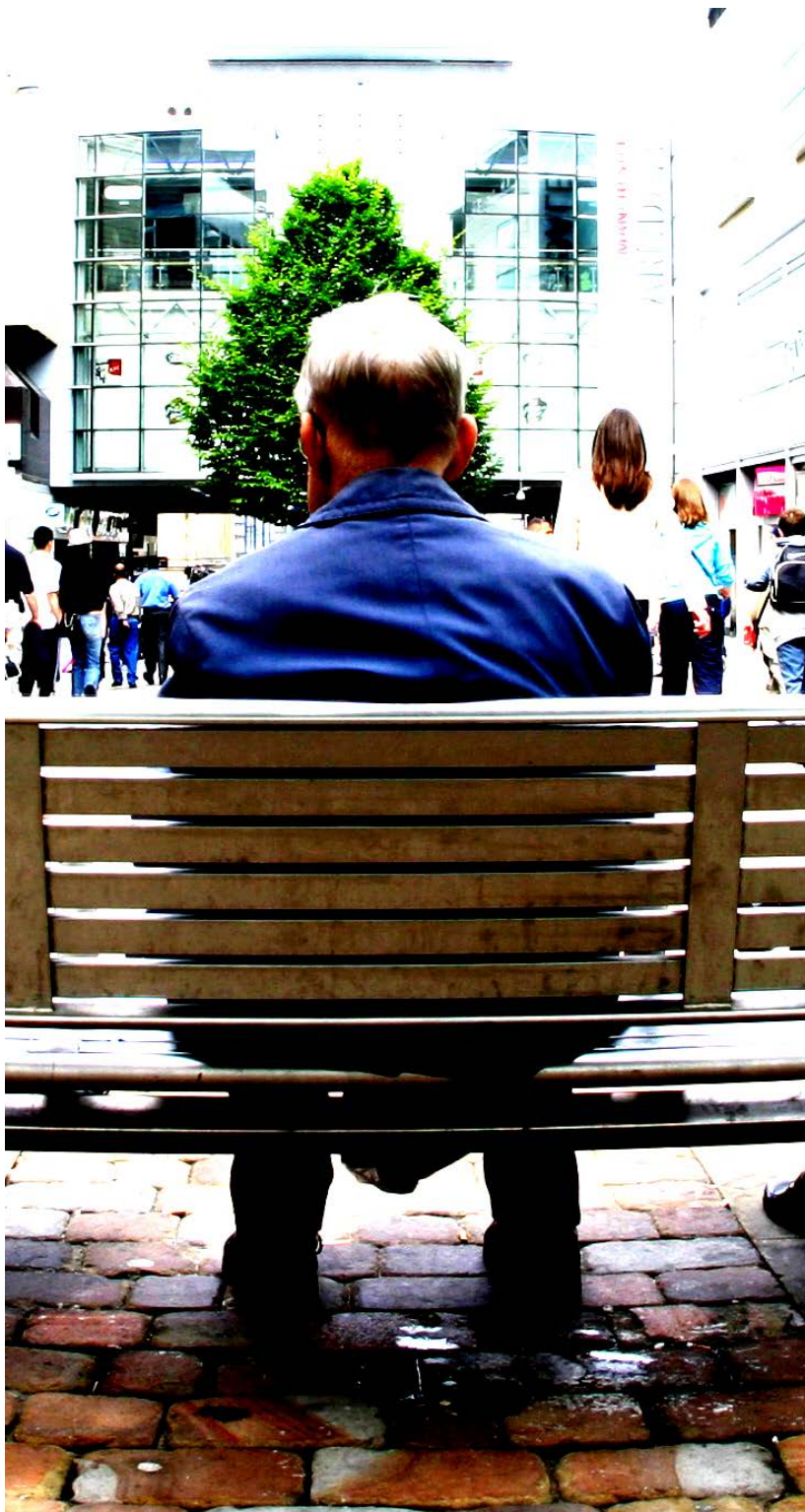
cope better if they have a long term illness, especially dementia. By 2021, it is estimated there will be nearly 35,000 people living with dementia in GM, a quarter (25 per cent) with mild symptoms, almost half (45 per cent) with moderate symptoms and nearly a third (30 per cent) with severe symptoms, requiring 24 hour care. Integrated services are vital, without early diagnosis, good access, good co-ordination, and good support, suffering is increased and costs rise. We will pay particular attention to people with dementia. We need to identify them as early as possible to ensure they get appropriate treatment and support. This is a challenge nationally, with under half of people with dementia being diagnosed every year. Across the 12 CCGs there is an unexplained variation in diagnosis rates from 63% to 90% (of possible cases).

As part of our strategy, we will identify patients early, supporting them to live well and manage their health in line with the national enhanced service. We will aim to reduce variation between predicted and actual prevalence.

We have prioritised improving outcomes for patients with mental illness in our GM Primary Care Medical Standards, with this forming one of the nine agreed areas.

We will build on the pilot work of the Greater Manchester Pharmacy LPN in developing a 'dementia friendly practice' checklist. This supports the ambitions of the 'Dementia United', the Greater Manchester Dementia Programme, to improve the lived experiences of people with dementia and their carers. This will be rolled out to all primary care contractors who will be able to complete a self-accredited framework to become 'dementia friendly'.

# Theme 4: Inter-professional working



We want to improve the way different health and care professionals work together to get the most from what each profession brings to primary care services and individual patient care. Our aim is for all the various professions to contribute to both the preventative and healthcare delivery agendas, to maintain independent living for the maximum number of people – which will help ‘spread the load’ across both health and social care – and embed best practice in all services across Greater Manchester. We also want to foster closer working with the acute sector (including hospital pharmacists) to improve the way patients are discharged to the community.

---

More effective inter-professional working will enable patients and carers to access a greater range of health services locally. There will still be continuity of care even if they use services in alternative settings to their registered general practice. Patients will benefit from seamless care that does not duplicate assessments and treatments unnecessarily.

### **Managing minor conditions**

Community services that can manage minor conditions will relieve pressure on both general practices and hospitals. For example, better use of high street opticians' skills, capacity and equipment will help monitor long-term eye conditions in the community. This will transform the way eye care is delivered closer to home.

A core role for community pharmacists is to advise patients on self-care, but pharmacies are not always people's first port of call for help with minor conditions, choosing instead to see their GP. This accounts for around 57m GP appointments in England every year, costing the NHS £2bn. We will work with localities to explore alternative options to access primary care such as the Minor Ailments Scheme to help free up GP appointments and provide a consistent service .

### **Increased capacity within General Practice**

The potential for clinical pharmacists to reduce the burden on GPs and increase capacity within primary care is already being demonstrated. Oldham, Bury and South Manchester CCGs are among pilot sites that will test the role of clinical pharmacists working as part of a general practice team to resolve day-to-day medicine issues and offer patient consultations to optimise the use of medicines. This includes providing extra help for patients to manage long-term conditions, advice for those on multiple medication and better access to health checks.

Overall we plan to do more in Greater Manchester to develop strong links to community pharmacy from general practice and other services and make better use of pharmacists' skills across care settings.

# Theme 5: Research & Innovation

---

## Establishing a repository of best practice

There are great examples of innovative practice taking place across Greater Manchester and beyond. We will provide a repository of best practice to connect people with these examples, to generate ideas, address challenges and to innovate at scale.

Innovation through the Prime Minister's GP Access Fund has provided many examples of how to use digital technology to deliver care can improve both patient and professional satisfaction. Developing a repository that draws on local and national initiatives such as the Vanguard sites, will enable us to explore and share best practice and learning across Greater Manchester.

The Innovation into Practice programme led by the Academic Health Science Network (AHSN) will provide a pipeline of innovation implementation proposals with twin aims of improved health outcomes and cost effectiveness. Oversight of this programme by the Joint Commissioning Board will ensure the focus of this work aligns with this strategy.

## Using intelligence and research

Working with the new Health Innovation Manchester partnership and our local academic institutions, we will explore the opportunities offered through academic research and industry partnership. Health Innovation Manchester has been established to accelerate the discovery, development and implementation of new treatments and approaches, with a focus on improving health outcomes and generating economic growth. This will be achieved in a number of ways including:

- Building on groundbreaking work in integrated health data systems to extend to the whole of Greater Manchester - providing more joined-up information to GPs and hospitals
- Improving the ability to use personalised medicine, for more targeted treatment for those who will benefit the most from them
- Enhancing the testing of new medicines or treatments to enable those with the biggest positive impact to be identified and introduced into routine clinical practice as quickly as possible

Greater Manchester has taken this unique step to accelerate health innovation into the local health and social care system. It is already in a strong position with three teaching hospitals, a research-led university base, a number of life science firms and skilled workers, and a large and diverse population.

## Using technology

Embracing advances in technology will enable us to deliver primary care in new ways. We want to use digital technology to improve how people access care, particularly to their GP, while making best use of resources. According to the NHS Five Year Forward View, 86% of adults use the internet but only 2% report using it to contact their GP.

2015 study Making time in General Practice concludes that if 30% of patients in a 10,000 patient practice accessed their records twice a year, this would save 4,747 appointments and 8,020 telephone calls, with a cost saving of £29 per patient.

Digital technology will also mean records can be shared across care providers. If we can get the fundamentals of interoperability right, we will have the foundations in place to deliver our ambitions both to become 'paper-free' at the point of care and to strengthen primary care to create easier access to services that fit around the patient's family and work life. We anticipate the continued development and roll out of the 'Datawell' platform which will enable integrated shared records across health and social care. This will facilitate better, more co-ordinated care across organisations to tackle multiple and often complex needs. Datawell is a programme of activity led at the GM level by the Academic Health Sciences Network, (AHSN).

## SharetoCare saves patients time and stress

Patients and carers don't want to have to tell their story every time they see a different doctor or nurse or visit a different care setting; this can be stressful and time consuming. In Wigan 'SharetoCare' means this can be avoided. It brings together patient information and shares it with the professional who is providing care - once the patient or their carer has given their permission.

We especially want make the most of opportunities to improve people's access to advice and treatment through technology, such as online, real-time video consultation with a GP. The use of technology is being used more to conduct consultations as an alternative to face to face appointments. Applications such as 'Push Doctor' which has recently been tested in parts of Oldham enable patients to talk to a GP at times and locations convenient to them.

# Enabling better care

---



**We have identified key enablers that will make it possible to deliver our plans for primary care transformation. In particular we will need to invest in better information systems and technologies, improved primary care estates, the right incentives and support for providers, significant workforce development and effective communications and engagement.**

---

## Primary care estate

The estate varies significantly in terms of quality, condition and suitability. Some of the primary care estate is in excellent condition providing state of the art facilities, whilst at the other end of the scale there are a lot of properties that are in very poor condition and no-longer fit for purpose.

Our primary care estate needs to cope with increasing patient activity as more services are developed outside of hospital. We want to ensure patients have access to the right services in the right location at the right time.

Our vision is to make the most of existing community assets and other facilities and is not just about creating new buildings; and 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. As detailed in the Greater Manchester Strategic Plan (P44), The 'GM One Public Estate' initiative is aimed at using public sector property assets as a single resource across organisations.

Our vision is aligned to the emerging future model of primary care. The core of this approach is collaboration and partnership working across the primary care system, underpinned by an integrated health and social care team at a locality level.

The primary care estate must be of good quality and fit for purpose to support our planned model of care and ensure primary care providers have the flexibility to meet local patients' needs. It should maximise existing community assets and embrace technology to enable patients to access local diagnostic and treatment services in different ways.

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, including patients' own homes, local community centres, traditional primary care facilities and other public sector premises.

Implementing our vision means patients will be able to access a greater range of health services locally, including specialist consultation, diagnostics and urgent care. Staff will benefit from a better working environment and opportunities to interact with a broader range of health and social care professionals, resulting in improved patient care. A Memorandum of Understanding has been developed and agreed amongst GM partners with the aim of facilitating an estates solution.

## Technology

How we use technology and manage information across the health and social care sector is a key part of our aspirations to transform primary care services in Greater Manchester and achieve specific objectives.

## Finance, contracts and incentives

The successful delivery of new models of health and care at locality and GM level will need to be driven through new, innovative, evidence-based contracting models and pricing mechanisms. The scope of these will need to be broad and cover all sectors and a wide range of providers.

## Workforce

Our primary care strategy must be built on population needs, not the workforce we currently have. As noted in the case for change, there are already challenges around recruitment, retention and service delivery and the Greater Manchester primary care workforce need to be enabled to deliver new models of care to high quality standards. The shortage of GPs, Practice Managers and Practice Nurses is well documented. Although work is ongoing nationally to address these issues, this will not happen overnight. While planning for the workforce of the future, we will look to identify early wins to alleviate some of the pressures on our workforce now.

## Provider and market development

A programme of organisational development for primary care will cultivate local primary care leaders who can provide system leadership as well as support for frontline staff. It will help ensure that both the formal and informal workforce (including carers and volunteers) is engaged with proposed new ways of working and models of care.

This programme will also encourage and support the development of new organisations where providers collaborate to deliver primary care services at scale, both within localities and across Greater Manchester, to support different models of care.

We will support the development of associations that bring together representative organisations and provider arms to ensure a collaborative approach and shared learning. Providers will join in the Primary Care Advisory Group (PCAG) to provide input and influence the GM process and execute their right to vote on new change. We will work with providers to consider how to share infrastructure between organisations, at scale and in an appropriate way. This will further support economies of scale and the readiness of the marketplace to deliver new models of primary care.

## Communications and engagement

For our plans to succeed, all commissioners, providers and users of primary care need to be fully engaged as we work towards our aim of achieving properly integrated public services. Our communications and engagement activities must clearly show patients, the public and our workforce the benefits of transforming the way that services are currently delivered. This means sending out the right messages, in the right way, to develop meaningful dialogue with all our stakeholders.

Our communication and engagement plans will include:

- Communications - both internal and external communications, an online and social media presence to share best practice, news, case studies and invite feedback
- Continuous engagement - including mapping to understand who our stakeholders are (including groups of patients) and a commitment to continue to hold regular stakeholder engagement events such as the Primary Care Summits.



# How we will deliver

---

**The implementation of this strategy will be via Locality Plans however there are some initiatives which will be delivered at a Greater Manchester level. Clinical Commissioning Groups will ultimately drive this agenda, working with providers to co-produce the deliverables within each of their respective localities. The Primary Care Transformation Programme Team will work with commissioners, providers and other stakeholders to deliver the ambition to transform primary care at scale.**

A 3-5 year implementation plan will be developed to ensure that Greater Manchester is quick to demonstrate new ways of working and able to quantify the impact and benefits that result from these improvements



# Appendix: Further reading

---

This appendix provides links to the source of figures used in this strategy and to further information about initiatives and organisations referred to in the document.

## About this strategy

- Our five year strategy for improving primary care within Greater Manchester, supporting the development of community based care 2014-18 (NHS England Greater Manchester Area Team) **Available on request:** england.primarycaretransformation@nhs.net
- NHS England General Practice Forward View <https://www.england.nhs.uk/ourwork/gpfov/>
- Taking charge of our health and social care in Greater Manchester: The Plan (2015) <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

## The health challenge in Greater Manchester: The case for change

### Our population's health

- NHS England Primary Care Web Tool <https://www.primarycare.nhs.uk/>
- 2015 GP Patient Survey <https://gp-patient.co.uk/>
- Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) <https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view>

### Pressure on current services

- RCGP <http://www.rcgp.org.uk/news/2014/june/millions-facing-postcode-lottery-over-gp-appointments.aspx>
- Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) <https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view>

## How we are already changing

- NHS England (Greater Manchester) primary care demonstrator evaluation <http://clahrc-gm.nihr.ac.uk/our-work/primary-care/access-programme/demonstrator/>
- Healthier Together <https://healthiertogethergm.nhs.uk/>
- Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) <https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view>
- Greater Manchester Primary Care Medical Standards Available on request: [england.primarycaretransformation@nhs.net](mailto:england.primarycaretransformation@nhs.net)
- Bolton Quality Contract <http://www.boltonccg.nhs.uk/news-and-events/latest-news/721-update-how-we-re-making-your-gp-practice-better>
- Best practice guidance for improved 'in-hours/additional' access and patient record access. **Available on request:** [england.primarycaretransformation@nhs.net](mailto:england.primarycaretransformation@nhs.net)
- Improving care through community pharmacy – a call to action (NHS England, 2014) <https://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>
- Greater Manchester Local Professional Network for Pharmacy <https://www.networks.nhs.uk/nhs-networks/greater-manchester-local-professional-network-for-pharmacy/>
- Greater Manchester Dental Local Professional Network <https://www.networks.nhs.uk/nhs-networks/greater-manchester-dental-professional-network/>
- Baby teeth DO matter  
**Available on request:** [england.primarycaretransformation@nhs.net](mailto:england.primarycaretransformation@nhs.net)
- Greater Manchester Local Eye Health Network <https://www.networks.nhs.uk/nhs-networks/gm-lehn/>

## Key principles

### People-powered changes in health and behaviour

- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 9 (What we think is needed: Reaching a 'new deal' with the public)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>
- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 31 (Radical upgrade in population health prevention: Increasing early intervention at scale – finding the missing thousands)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>
- Healthy Living Pharmacy scheme <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>
- More than medicine: New services for people powered health (Nesta, 2015) <http://www.nesta.org.uk/publications/more-medicine-new-services-people-powered-health>
- Bolton health trainers <http://www.boltonft.nhs.uk/services/health-trainers/>
- Volunteer neighbourhood connectors <http://www.ageuk.org.uk/brandpartner/global/salfordvpp/volunteer-connectors-service-model.docx>

- Weight Matters/Cook and Eat – Tameside and Glossop <https://www.penninecare.nhs.uk/your-services/service-directory/tameside-and-glossop/health-improvement/health-improvement/tameside-health-improvement-service/>
- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 35 (The establishment of fully integrated locality care organisations)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

## Population-based models of care

- NHS Five Year Forward View page 12 (Empowering patients) <https://www.england.nhs.uk/ourwork/futurenhs/>
- NHS Five Year Forward View page 16 (Chapter 3 What will the future look like? New models of care) <https://www.england.nhs.uk/ourwork/futurenhs/>
- NHS England new care models vanguard sites <https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/>
- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 35 (The establishment of fully integrated locality care organisations)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

## High-level objectives

### Consistent high-quality care

- Armed Forces Covenant <https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information>
- General Medical Services contract <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services>
- Quality and Outcomes Framework <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework>
- Bolton Quality Contract <http://www.boltonccg.nhs.uk/news-and-events/latest-news/721-update-how-we-re-making-your-gp-practice-better>
- Enhanced service specification: Facilitating timely diagnosis and support for people with dementia (NHS England) <https://www.england.nhs.uk/wp-content/uploads/2014/11/timely-diag-ppl-dementia.pdf>
- NHS England's Actions for End of Life Care <https://www.england.nhs.uk/wp-content/uploads/2014/11/actions-eolc.pdf>

### Inter-professional working

- Clinical pharmacists in general practice pilot <https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/>
- Carers UK information for professionals <http://www.carersuk.org/for-professionals>

## Innovation

- Prime Minister's GP Access Fund <https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/>
- Health Innovation Manchester <http://www.healthinnovationmanchester.com/>
- NHS Five Year Forward View page 31 (We will exploit the digital revolution) <https://www.england.nhs.uk/ourwork/futurenhs/>
- Making time in general practice (NHS Alliance and Primary Care Foundation, 2015) <http://www.nhsalliance.org/mediacentre/making-time-in-general-practice/>
- SharetoCare <http://www.wigansharetocare.nhs.uk/>
- Push Doctor <https://www.pushdoctor.co.uk/>

## Enabling better care

### Primary care estate

- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 44 (Buildings)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

## Technology

- Information Governance Toolkit <https://www.igt.hscic.gov.uk/>

## Workforce

- Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 31-32 (More people managing health: people looking after themselves and each other)
- <http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>



To find out more or get in touch with us please go to:

Website: [www.gmhsc.org.uk](http://www.gmhsc.org.uk)

Email: [gm.hsc@nhs.net](mailto:gm.hsc@nhs.net)

Twitter: [@GMHSC\\_devo](https://twitter.com/GMHSC_devo)