NHS
Greater Manchester

Agenda

Part 1 - Heywood, Middleton and Rochdale - Primary Care Commissioning Committee

Date: 27 March 2026
Time: 11.00 to 12.00

Venue: Virtual via Microsoft Teams

Item No.	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	Welcome, Introductions and Apologies	Verbal 1	Record	Chair
2.	Declarations of Interest	Verbal 2	Record	Chair
3.	Minutes of the previous meeting on 21 November 2025	Paper 3	Approve	Chair
4.	Action Log	Paper 4	Approve	Chair
5.	Chairs Action - Enhanced Access - Pennines PCN final	Verbal 5	Information	Chair
6.	Risk Register	Paper 6	Decision / Discussion	Sarah Crossley
7.	Additional Roles Reimbursement Scheme (ARRS)	Paper 7	Decision / Discussion	Sarah Crossley
8.	Quality Improvement Programme	Paper 8	Approve	Jackie Woodall
9.	Quality Improvement Shared Learning for Practices	Paper 9	Approve	Jackie Woodall
10.	Update from: • Local Pharmaceutical Committee (LPC) • Local Optometry Committee (LOC) • Local Medical Committee (LMC) • Local Dental Committee (LDC)	Verbal 10	Discussion	Wesley Jones Chloe Lloyd Dr Mo Jiva Dr Mushtaq
11.	Finance Report	Paper 11	Discussion	Simon O'Hare / Damian Mercer
12.	IM&T Report	Paper 12	Discussion	Chris Upton
13.	Healthwatch Rochdale Update	Verbal 13	Discussion	Kate Jones

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14.	Primary Care Operational Group	Verbal 14	Discussion	Sarah Crossley
15.	Quality, Safety and Safeguarding Update	Paper 15	Discussion	Sue Calvert
16.	GP Contract Changes	Presentation 16 on the day	Discussion	Sarah Crossley
17.	Public Questions	Verbal 17	Discussion	Chair
18.	Any other business	Verbal 18	Information	Chair

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Minutes

Part 1 Place Based Primary Care Commissioning Committee (Heywood, Middleton and Rochdale)

Date: 21 November 2025

Time: 10:30 – 11:30

Venue: Virtual via Microsoft Teams

Present	Apologies
Nichola Thompson, Director of Health & Care Integration (DASS & Deputy Place Lead), Rochdale Borough Council / NHS GM HMR **(CHAIR)** **Dr Zahir Mohammed,** Clinical Director, Heywood Primary Care Network (PCN) **Nadia Dove**, Associate Director of Transformation and Delivery, NHS GM HMR **Sarah Crossley,** Head of Primary Care, Community & Neighbourhoods, NHS GM HMR **Dr Venk Mallya,** Clinical Director Pennines Primary Care Network (PCN) **Chris Upton,** Head of IT and Assurance, NHS GM HMR **Dr Louise Thompson,** Clinical Director Canalside Primary Care Network (PCN) **Simon O'Hare,** Interim Associate Director of Finance**,** NHS GM HMR **IN ATTENDANCE:** **Stacey Comer**, Minutes, NHS GM HMR **Bev Schofield,** Patient Safety Incident Officer, NHS GM HMR *(on behalf of Sue Calvert)*	**Alison Kelly,** Associate Director of Nursing, Quality and Safety, NHS GM HMR **Sue Calvert**, Head of Quality Improvement and Safety, NHS GM HMR **Jackie Woodall,** Transformation & Delivery Lead, Primary Care, Neighbourhoods & Community, NHS GM HMR **Claire McKeown,** Transformation Manager, NHS GM HMR **Wesley Jones,** LPC Representative **Mina Patel,** Director of Finance, Rochdale Care Organisation, Northern Care Alliance (NCA) **Steve Taylor**, Chief Officer, Rochdale Care Organisation, Northern Care Alliance (NCA) **Dr Mo Jiva**, Local Medical Council Representative **Damian Mercer,** Head of Finance - Management Accounts, NHS GM HMR **Chloe Lloyd**, HMR Locality Lead LLC **Dr Haroon Sadique**, Clinical Director, Bridge Primary Care Network (PCN) **Dr Salman Shahid,** Associate Medical Director, NHS GM HMR **Cllr Dalaat Ali,** Portfolio Holder for Healthy Lives Rochdale Borough Council **Dr Richard Darling,** Clinical Director, Rochdale North Primary Care Network **Moira Auchterlonie,** Healthwatch

Item No.	Topic	Action
1.	**Welcome and Apologies** Members and attendees were welcomed to the meeting. Introductions	

	were given and apologies noted.	
2.	**Declarations of Interest** 2.1 Members were reminded of their obligation to declare any interest they may have which might conflict with the business of NHS GM Integrated Care (Heywood, Middleton and Rochdale). 2.2 The Chair requested any declarations of interests relating to today's agenda. 2.3 A declaration was received by Dr Zahir Mohammed regarding item 8 Quality Improvement Programme as his practice is referenced in the report. 2.4 It was agreed that no action was required as this is a public meeting. 2.5 **The Committee agreed to note that there are no declarations of interest.**	
3.	**Minutes of the previous meeting on 19 September 2025** 3.1 The minutes were reviewed and agreed as a true and accurate record. **3.2 The Committee agreed to approve the minutes.**	
4.	**Action Log / Matters Arising** 4.1 The Action Log was reviewed and discussed.	
5.	**Chairs Action** 5.1 It was noted that there have been no chairs actions since the last meeting. 5.2 **The Committee noted that there have been no chairs actions since the last meeting.**	
6.	**Risk Register** 6.1 The content of the report was summarised. 6.2 Since last reported there is an amendment relating to reducing the following risk scores: - 089 PCN Maturity – score reduction from 12 to a 9	

	- 371 The Hive Primary Care Estate – score reduction from 9 to a 6 6.3 Members were asked for any comments or questions. 6.4 No further discussions took place. 6.5 **The Committee agreed to note the content of the report and approve the reduction of risk 089 PCN Maturity and 371 The Hive Primary Care Estate.**	
7.	**LCS Q2 Update** 7.1 The content of the report was summarised 7.2 Key areas of progress were highlighted, including the introduction of a bespoke dashboard designed to provide a single point of access for tracking progress. 7.3 The balancing payment has been adjusted from 30% to 20% in recognition of delays, and most practices and PCNs are performing well at the Q2 point. 7.4 Action plans have been implemented for practices requiring additional support, and assurance was given that where improvements are needed, support will be provided and external factors affecting delivery will be taken into account. 7.5 Work is underway on planning for the 2026/27 BECCOR scheme, with the ambition of implementing a single consistent scheme across Greater Manchester from 1 April next year. 7.6 Four areas of consistency have already been agreed, and progress is accelerating. The next milestone for the six pillars is the submission of a business case to GM governance at the end of the month. 7.7 Risks were noted, including tight timescales, challenges in operationalising new schemes, the need for clarity on funding flows, and limited time for engagement with practices. 7.8 It was also noted that usual planning for next year's priorities has not yet commenced due to the ongoing GM work. 7.9 Members were asked for any comments or questions. 7.10 Following a question, it was confirmed that the 2026/27 scheme will operate as a 100% Greater Manchester model, with all localities required to deliver against the same pillars,	

	while still retaining some scope for local decision-making. 7.11 Further clarity is expected once the business case has been considered. 7.12 It was confirmed that the neighbourhood work, including NNHIP, is not expected to impact LCS funding flows, and there has been no indication of any changes arising from this programme. 7.13 Members noted the importance of receiving the business case outcome as soon as possible to support planning. 7.14 A query was raised regarding whether the timescales and need for clarification should be escalated to GM, and it was agreed that this should be included as a risk. 7.15 **The Committee agreed to approve the final indicator set for 2024/25 Core + scheme.**	Sarah Crossley
8.	**Quality Improvement Programme** **DECLARATION OF INTEREST:** Dr Zahir Mohammed declared an interest as his practice is referenced in the report. **Action:** it was agreed that no action was required as this is a public meeting. 8.1 The report was summarised, noting that the programme operates as a supportive scheme. 8.2 Practices are assigned a Red, Amber or Green status to identify the level of support required. 8.3 Ten visits have taken place since the previous report, with all practices rated Green prior to the visits; action plans have been developed and included within the paper, and examples of best practice were highlighted. 8.4 The programme was discussed at PCOG, which recommended approval of nine of the ten action plans, with those practices remaining Green, and proposed that one practice should move to Amber status. 8.5 The positive nature of the process was emphasised throughout the discussion. 8.6 Members were asked for any comments or questions. No further discussions took place.	

	8.7 **The Committee agreed to approve the Practices Quality Improvement Update plans for Practice Quality Visits undertaken from 1 April 2025 to 31 August 2025.**	
9.	**UEC Capacity and Demand Funding** 9.1 The content of the report was outlined. 9.2 An update was provided on utilisation at Phoenix, where work is underway to understand whether any further actions could improve usage, with current assumptions suggesting location may be a contributing factor. 9.3 The second section of the report outlined plans for the UEC Demand funding, noting that a system-wide process had been followed in which all partners were invited to submit bids, culminating in a “dragons’ den” assessment. 9.4 Three primary care schemes were approved, covering additional practice appointments, an extra AVS car due to commence in December, and increased out-of-hours capacity. 9.5 It was confirmed that reporting will follow the mandated process as well as being overseen through the HMR UEC Programme Group. 9.6 Members were invited to comment or raise questions. 9.7 A query was raised regarding whether unused bank holiday funding would be recycled locally, with ongoing discussions taking place to retain this within the locality. 9.8 It was also noted that HMR has been recognised as best practice for the dragons’ den approach used across all capacity and demand funding streams. 9.9 **The Committee agreed to retrospectively approve the Urgent Emergency Care (UEC) Capacity & Demand 2025/26.**	
10.	**Quality, Safety and Safeguarding Update** 10.1 The content of the report was summarised. 10.2 Quality site visits are currently being undertaken at PCFT, and safeguarding assurance visits continue across HMR care homes. 10.3 An IPC day was held at Number One Riverside, where the	

	team presented to a well-attended audience. 10.4 The QI nurse is engaged in work with the hospice, and three practice safeguarding reviews are in progress. Themes and reviews are being developed as part of the ongoing quality work. 10.5 An event is scheduled for 20 January at Rochdale Gateway Leisure. **10.6 The Committee agreed to note the content of the report and the update provided.**	
11.	**Updates** • **Local Medical Committee (LMC)** • **Local Pharmaceutical Committee (LPC)** • **Local Optometry Committee (LOC)** • **Local Dental Committee (LDC)** **LMC** 11.1 A verbal update was provided. 11.2 The LMC Conference took place last week where lots of discussions took place regarding online consultations and the impact of this. 11.3 Following a question, it was confirmed that practices are not feeling a positive impact of online consultations. **LPC** 11.4 No update was provided due to apologies. **LOC** 11.5 No update was provided due to apologies. **LDC** 11.6 No update was provided due to apologies. **11.7 The Committee noted the verbal update provided.**	
12.	**Finance Report** 12.1 The report was summarised, and it was noted that this report updates the Primary Care Commissioning Committee on the financial position at month 06. 12.2 It was noted that all local budgets are currently forecast to break even, with expectations that all Locality Cost Savings will be delivered.	

	12.3 Prescribing expenditure is running below levels seen in previous years, which was viewed positively, though further work is planned to understand the basis of the prescribing forecast in more detail. 12.4 Budget-setting for the next financial year is about to begin, with clarification required on which elements will sit with localities and which will be managed at the Greater Manchester level; more definitive guidance is anticipated at the January meeting. 12.5 It was also acknowledged that decisions will need to be made on how best to use the overall Greater Manchester resource, recognising that the financial position remains highly challenging. 12.6 Members were asked for any comments or questions. No further discussions took place. 12.7 **The Committee agreed to note the content of the report.**	
13.	**IM&T Report** 13.1 The content of the report was summarised, and the following key areas highlighted. - Aging hardware issues - Procurement and upgrade barriers - Business continuity risks - Need for strategic investment - Unused devices / cyclic refresh - Network upgrades - EMIS System Enhancements - Docman Share Contract renewal - Cloud based telephony - AI Policy and Compliance - Digital Transformation - GM Care Record EPACCS plans - North East Sector alignment 13.2 Members were asked for any comments or questions. 13.3 Discussions took place regarding a series of operational and digital infrastructure issues affecting practices. 13.4 It was noted that hardware problems have become significant, with considerable difficulty in securing replacements. Questions were raised about whether Greater Manchester intends to commission any AI tools; it was confirmed that there is currently no funding available within the existing financial	

	envelope, meaning practices would need to self-fund any such tools, subject to ICB governance approval. 13.5 An update was provided on GM's communication regarding scribe technology, which has been approved in principle but requires appropriate governance processes. It was confirmed that this can be progressed at Primary Care Network level. 13.6 Concerns were also raised about the ongoing challenges with EMIS system speed, which continues to be reported frequently; reducing the volume of outstanding tasks was suggested as a potential mitigation. 13.7 The group discussed the difficulties some practices face in operating without adequate connectivity, and work is underway to identify a viable solution. It was proposed that a formal risk register be developed to capture issues relating to hardware, copper wire vulnerabilities, EMIS performance, and wider IT risks, with associated mitigations. 13.8 **The Committee agreed to note the content of the report.**	Sarah Crossley
14.	**Healthwatch Rochdale Update** 14.1 Item deferred due to apologies.	
15.	**Primary Care Operational Group (PCOG) Update** 15.1 The content of the report was summarised. 15.2 It was highlighted that key discussions focussed on: • Medicines Optimisation Scheme 2025/26 • Antimicrobial Stewardship • Shared Care of Medicines • LCO Performance Report • Medicines Safety • Value for Monay / Financial Sustainability 15.3 Members were asked for any comments or questions. No further discussions took place. 15.4 **The Committee agreed to note the content of the report.**	
16.	**Public Questions** 16.1 It was noted that there have been no public questions since the last meeting. 16.2 **The Committee agreed to note the verbal update.**	

17.1	**AOB** **NHS GM ICB - Redundancy** 17.1 An update was provided on the recent national announcement on redundancies effective from 24 November 2025, after which Greater Manchester will enter a collective consultation and engagement period running until 1 April 2025. 17.2 The process will take place in three stages. From 24 November there will be a two-week window for staff to apply for voluntary redundancy, with any agreed departures taking effect by 31 January 2026. 17.3 In January a new structure will be issued for consultation, accompanied by a further opportunity for voluntary redundancy. 17.4 If, by 31 March 2026, the required reduction in headcount has not been achieved, compulsory redundancy will then be considered. 17.5 The overall target is a reduction of approximately 400 WTE, and members were asked to reflect on the implications of this. **17.6 The Committee agreed to note the verbal update provided.**	

Action Log

Part 1 - Place Based Primary Care Commissioning Committee (Heywood, Middleton and Rochdale)

Date: 21 November 2025
Time: 10:30 – 12:00
Venue: Microsoft Teams

Meeting Date	Agenda Item	Item Name	Action	Owner	Due Date	Comments/Updates
21/03/25	13	IM&T Report	To meet and discuss NHS App versions and updates and the impact this may have on patients.	Chris Upton / Kate Jones	March 2026	**IN PROGRESS** 7/7/25 requested an update
19/09/25	9	Vaccinations Update	To provide an update on uptake at a future meeting.	Zoe Farrar	Date TBC	**NOT DUE**
21/11/25	7	LCS Q2 Update	To raise a new risk relating to delays in timescales and need for clarification.	Sarah Crossley	March 2026	**COMPLETED**
21/11/25	13	IM&T Update	To raise a new risk / formal risk register relating to capture practice issues relating to hardware, copper wire vulnerabilities, EMIS performance, and wider IT risks, with associated mitigations.	Sarah Crossley	March 2026	**COMPLETED**

NHS Greater Manchester

MEETING: Heywood, Middleton and Rochdale (HMR) Primary Care Operational Group (PCOG)

ITEM NUMBER: 6

DATE: 27 March 2026

REPORT TITLE:	Primary Care Risk Report			
REPORT AUTHOR:	Louise Entwistle			
EXECUTIVE SUMMARY: The purpose of this paper is to update the Primary Care Commissioning Committee (PCCC) on any changes to the primary care risk register. In the last reporting period, there are seven proposed changes to the risk register, these are to close three risks and the addition of four new risks, one escalating and three non-escalating. Further details regarding all risks managed by the locality Primary Care Commissioning Committee are included the paper.				
RECOMMENDATIONS:	The committee is asked to review and approve the contents of the paper.			
OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☒	**Assurance** ☐	**Discussion** ☒	**Information** ☐
CONSIDERATIONS				
Please include a brief synopsis of any considerations or implications the Board should be made aware of: ☐**Risk implications;** ☐**Financial implications;** ☐**Clinical implications**; ☐**Impact on Inequalities**; ☐**Communication/Public Engagement**; ☐**Legal Implications;** ☐**Workforce Implications**;				

1.0 Overview

1.1 Risk Register

The current primary care risk register is included (Appendix 1) for the Primary Care Commissioning Committee to review and approve proposed changes. The primary care elements of the risk register are reviewed monthly, and any proposed changes are discussed either at the Primary Care Operational group (PCOG) or at PCCC. The primary care risks form part of locality risk register and are also regularly reported and reviewed via LCO and wider governance processes and the locality risk register process informs how risks are identified and escalated. Escalating risks scoring 15 or over are reported to LCO Board and Integrated Care Partnership Committee (ICPC) on a quarterly basis.

The purpose of this paper is to update the Primary Care Commissioning Committee on any proposed changes to the primary care section of the risk register and for the Primary Care Commissioning Committee to review and support these changes.

It is also an opportunity for the Primary Care Commissioning Committee to review, discuss and make any further changes to the risk register.

2.0 Risk update

In summary in the last reporting period there are seven proposed changes to the risk register, these are to close three risks and the addition of four new risks. The rational for the closure of the risks can be found below in section 3.0 and the new risks in section 2.1.1 for escalating risks and section 2.2.1 for non-escalating risks.
The Primary Care Commissioning Committee is asked to review and approve the rational for the new and closed risks.

2.1 Escalating Risks

This section highlights the current highest scoring risks on the primary care risk register. There is currently one escalating risk on the risk register, which is a new risk scoring 16. The risk is summarised below and full details can be found in appendix 1 at the end of this document.

2.1.1 New Escalating Risk

There is one new escalating risk in this reporting period.

- **405 - Transition to New NHS GM operating model**

IF robust transition plans are not in place in a timely manner THEN there is a risk that appropriate governance arrangements, contract management and appropriate communication with providers will not be implemented and this may impact on direct patient care.

Mitigating actions include communication circulated with providers with as much information as possible and discussions with locality finance to provide updates on the process.

2.2 Non-Escalating Risks

There are nine risks on the register that are not escalating, two risks have reduced and seven have not changed, which are summarised below, and full details can be found in appendix 1 at the end of this document.

2.2.1 New Risks

There are three new non-escalating risks that has been identified in this reporting period.

- **402 - Beyond Core Contract Review (BeCCoR) 2026/27 - 12**

If GM do not identify a date by which locality teams will be certain that the BeCCoR phase 3 programme of work will be going ahead for 26/27 period starting from 1st April 2026 THEN this will impact the following
- Adequate time to operationalise the contract
- Detail regarding funding flows and any associated transition process
- Timely and robust communication out to General practice

Mitigating actions include paper for additional funding to support levelling up being taken to GM Executive team, HMR primary care team members involved in the design groups for the programme and communications circulated to practices as soon as information is available to share.

- **403 - EMIS Function – 9**

IF the number of outstanding tasks on EMIS which are affecting system speed are not resolved in a timely manner THEN practice will continue to face connectivity issues affecting patient consultations

Mitigating actions are ongoing work from locality IT team and DF Programme with practices to support the reduction in the number of outstanding tasks.

- **404 – GP IT Equipment – 12**

IF practice concerns regarding hardware, copper wire vulnerabilities, EMIS performance, and wider IT infrastructure risks are not resolved or provided with temporary solutions THEN practices will continue to have IT issues which will affect patient care

Mitigating action are IT hardware refresh programme underway, alternative connectivity options are being investigated.

2.2.2 Unchanged Risks

There are eight unchanged risks in this reporting period.

- **089 PCN Maturity – 9**
- **090 Primary Care Workforce – 12**
- **091 - Primary Care Demand – 9.**
- **099 - COVID-19 mass vaccinations – vaccine inequality – 6**
- **103 - Primary Care Estates – 6**
- **225 - Digital Interoperability in Enhanced Access – 9**
- **371 The Hive Primary Care Estate – 12**
- **389 - Antimicrobial resistance and poor infection prevention control – 8**

3.0 Closed Risks

There are three risks being closed

- **101 - Primary Care – Respiratory Diagnostics – 9**

IF we are unable to recruit to vacant positions within the Primary Care team THEN this will continue to impact on the ability of the primary care team to deliver locality and central workplans.

- **102 - NHS GM Primary Care Team Recruitment – 9**

IF there remains a lack of respiratory diagnostic testing in primary care, THEN this will impact on the quality of diagnosis of respiratory conditions and potentially reduce the effectiveness and efficacy of patient care, as well as putting additional pressure on secondary care for diagnostic tests

- **401 - Primary Care Academy 25/26 – 8**

IF the funding for Primary Care Academy continues to be reduced for 25/26 THEN there is an increased risk that recruitment, retention and training initiatives will be able to be delivered and this may impact of the sustainability and quality of HMR primary care workforce

4.0 Recommendation

The Primary Care Commissioning Committee group is asked to review and approve the contents of the paper.

Risk Number	Risk Title	Source	Risk Owner	Risk Description	Inherent Risk Score			Trend	Risk Proximity	Controls	Gaps in Controls	Current Risk Score			Q3 Dec	Q3 Cl	Q4 Ma	Q4 Cl	Q4 Cha	Actions	Progress Against Actions	Action Owner	Completion Date for actions	Assurances	Gaps in Assurances
Number to identify risk	*Risk Title*	*The source of the risk*	*Job title of the person responsible for the*	*A statement describing the risk event, cause and impact*	Likelihood	Impact	RAG Status	*The trend indicates*	*Timescale as to when the risk*	*Please describe the controls in place to manage/reduce the risk*	*Please describe any gaps in controls to manage/reduce the risk*	Likelihood	Impact	RAG Status						*The actions and activities planned to take place that will when implemented or completed reduce, eliminate or minimise the risk*	*Progress updates against actions*	*Job title of the person*	*Each action should have a completion*	*Please describe the assurance(s) in place to*	*Please describe any gaps in the assurance(s) in place to*
090	Primary Care Workforce	Primary Care Operational Group (PCOG)	Sarah Crossley	IF we do not have a fully staffed and resilient primary care workforce, THEN this will: (a) reduce capacity in primary care, (b) reduce the resilience of primary care staff (c) put additional pressure on the wider health and care system (d) limit the system's ability to deliver key programmes of work programmes	4	4	16	↔	0-3 months	1. Primary Care Business Plan has a priority dedicated to primary care workforce resilience and retention via Primary Care Academy and GM ICS. 2. The HMR Primary Care Academy continues to support sustainability of the workforce through its programme of training and development. 3. The Academy has led on the development of a primary care workforce (Lantum) bank which can provide both clinical and admin staff to support practices in need 4. Increase of retention and recruitment activities through GP retention monies. 5. Keeping abreast of new and innovative roles which will compliment the GP role. 6. Robust data collection and monitoring of number of GPs, planned retirement and development of action plans to support recruitment and retention and introduce new roles. 7. Wider system partners are part of the workforce group 8. Reporting / updates on primary care initiatives to be a regular items at the workforce subcommittee.	1. National and GM shortage of health care professional roles. 2. Limited capacity within the BI and Primary care team to validate the data.	4	3	12	12	↔	12	↔	1. Validate data around GPs, Practice Manager and Practice Nurses being eligible for retirement. 2. Work to support the process to enable the validation of the data and understand the full picture of eligibility for retirement from key roles over the next 2-5 years. 3. Increase practice engagement with the Good Workforce Charter (subject to successful recruitment)		Head of Primary Care	1. Q4 2. Q1 26/27 3. ongoing	1. Primary Care Workforce Mandate Delivery Group, 2. Quarterly ARRS submissions, 3. LCO Exec, 4. PCOG (Primary Care Operational Group), 5.PCCC, 6. Regular assurance meetings between LCO, ICB Workforce Groups. 7. People Committee	None
102	NHS GM Primary Care Team recruitment	Primary Care Operational Group (PCOG)	Sarah Crossley	IF we are unable to recruit to vacant positions within the Primary Care team THEN this will continue to impact on the ability of the primary care team to deliver locality and central workplans.	3	4	12	↓	0-3 months	1. Recruited to two vacant roles (1 x Band 8A, 1 x Band 7) has been provided by GM. 2. Interim arrangement for support from member of Bridging team member (band 6) vaccancy for Band 7 3. Interim support for the locality vaccines and imms programme is in place for 25/26	1. GM ICB approval to recruit 2. HR recruitment timescales and notice periods. 3. GM freeze on recruitment	3	3	9	9	↔	9	CLOSE	1. Recruitment to all roles. 2. Permission continues to be sought for external recruitment of longstanding vacant whole standing 1.4 x Band 7	1. 1x 8A role has been recruited to and 1 x 7 part time role has been recruited. 2. Permission continues to be sort.	Head of Primary Care	1. Ongoing 2. Ongoing	1. LCO Exec, 2. PCCC, 3. Deputy Place Lead 4. GM Exec	None
089	PCN maturity	Primary Care Operational Group (PCOG)	Sarah Crossley	IF Primary Care Networks (PCNs) do not further develop partnership working between practices and leadership skills among their members, THEN they will not be able to deliver services this may impact on their ability to deliver transformational system change within their PCN and with wider health and care partners.	3	4	12	↔	0-3 months	1. RHA / Academy and GM ICS primary care team to continue to support PCN monthly meetings and business planning 2. GM ICB GP excellence and workforce programme linking with GM primary care workforce lead, promoting engagement and access to PCN clinical leadership training.	1. PCNs are independent delivery groups so the GM Integrated Care does not have direct control over their approach to business planning and development	3	3	9	9	↓	12	↔	1. Development of a system-approach to the development of PCNs this include identifying interdependencies with the primary care element of the LCO business plan, neighbourhoods programme and the clinical and professional leadership programme 2. Primary Care team PCN leads continue to link in with CDs to support PCN meeting this includes linking in with the GP Excellence development programmes and GM offers. (Ongoing) 3. Throughout CAIP in 25/26 additional training opportunities will be available and PCNs are engaged.		Head of Primary Care	1. Ongoing 2. Ongoing 3.Ongoing	1. Primary Care Mandate - monthly highlight reporting, 2.PCOG (Primary Care Operational Group), 3. PCCC, 4. LCO Exec, 5. Locality Construct	None
371	The Hive Primary Care estate	Primary Care Operational Group (PCOG)	Sarah Crossley	IF the development plan for new Hive GP practice is not agreed by NHS GM THEN this will mean that GP services will continue to be delivered from a building that is no longer fit for purpose this MAY affect the practices ability to continue to operate safely and deliver a high quality service to patients and impact on staff morale, recruitment & retention . Further delays may also result in land purchased for the new build practice planning permission lapsing and MAY result in compulsory purchase order by RBC.	5	4	20	↔	0-3 months	1. Identified within the local estates plan based on GM PCN toolkit baseline findings as immediate requirement. 2. Issues escalated to PCCC & SEG 3. Meeting taken place with GM and The Hive practice to discuss next steps 4. Links in place between PC and RBC 5. PID has been submitted (June 25) and supported at GM Estates Steering Group and will progress to region. 6. Grant Agreements is being progressed to support PID at region and national. 7. Engagement with Project Management company to coordinate all relevant consultants and professionals. 8. PID has been refreshed with additional costing for project management and to achieve BREEM outstanding status, alongside increased material costs.	1. GM ICB decisions making process 2. Awaiting outcomes of prioritisation process across GM	4	3	12	12	↔	12	↔	1. Next steps meeting to take place with GM, the practice and RBC. 2. NHS GM Representative to take to NHS E for final sign off	1. Meetings have and continue to take place.	Head of Primary Care	1. Ongoing 2. March 26	1. HMR PCOG 2. HMR PCCC 3. HMR Estates OWG 4. HMR SEG	None
091	Primary Care demand	Primary Care Operational Group (PCOG)	Sarah Crossley	IF primary care demand continues to exceed capacity THEN this will increase pressure on other parts of the health and care system.	4	4	16	↔	0-3 months	1. All practices have business continuity plans 2. All practices have formed buddying arrangements with other practices to boost resilience. 3. Sit rep reporting, with targeted locality support for practices who are struggling. 4. Urgent Primary Care Access Hub providing further capacity and further system wide offer 5. UEC capacity and discharge funding invested into primary care additional schemes providing additional face 2 face appointments from November - March. 6. System pressure meetings take place 3 x per week 7. Daily monitoring of the Sit Rep report November - April.	1. Not possible to accurately measure or control level of demand 2.GP appointment data is reported by GM but this does not include the appointments at Whitehall Street and the Enhanced Primary Care Access hubs.	3	3	9	9	↔	9	↔	1. Continue to monitor pulse check 2.Request GM Primary Care team to include these appointments in the current dashboard	1.Pulse Checks continue 2. Work is ongoing to understand the number of appointment missing, which will be shared with GM	Transformation and Delivery Manger	1. Ongoing 2. TBC	1. PCOG (Primary Care Operational Group), 2.PCCC 3. GM PCCC 4. UEC Programme Group	None
101	Primary care - respiratory diagnostics	Primary Care Operational Group (PCOG)	Sarah Crossley	IF there remains a lack of respiratory diagnostic testing in primary care, THEN this will impact on the quality of diagnosis of respiratory conditions and potentially reduce the effectiveness and efficacy of patient care, as well as putting additional pressure on secondary care for diagnostic tests.	4	3	12	↔	0-3 months	1. Planning underway for development of a spirometry offer in line with GM quality assured model 2. Some spirometory/ FeNo are taking place as per interim arrangements. 3. Primary Care Academy undertook risk assessments, training needs analysis and updated training of appropriate staff to support interim arrangements. 4. Spiro & FeNO is included in the 25/26 Locally Commissioned Scheme. Each PCN submitted a proposal by end of Q1, work contnues to agree transitition plans for a PCN quality assured model to be rolled out across HMR in Q3 - 4.	1. No dedicated funding to deliver new models of diagnostic tests. 2. No control over GM planning for diagnostic hubs (both delivery timescales and inclusion criteria). 3. This is a national delivery problem as spirometry is aerosol generating.	3	3	9	9	↔	9	CLOSED			Head of Primary Care	1. Q2	1.PCOG (Primary Care Operational Group), 2.PCCC, 3. HMR Planned Care Board,	None
103	Primary care estates	Primary Care Operational Group (PCOG)	Sarah Crossley	IF general practice and primary care estates are not fit for purpose THEN there will be an impact on quality and safety of service delivery to patients and staff.	3	3	9	↔	0-3 months	1. Local estates plan based on GM PCN toolkit baseline findings has been developed for projects identified as immediate and medium term. 2. HMR primary care locality team support PCNs and GP practices with improvement bids 3. Utilisation and modernatisation funding has been made available to practices for development of additional clinical rooms within the current practice footprint. 8 practice applied, 7 have been funded. 4. Practice visits are taking place to understand needs and opportunities. 5. Addiitonal UMF funding is available for the next 4 years (2026/27 - 2029/30) 6. UMF Pids for 2026/27 funding have been submitted (4 practices)	1. NHS England have limited funding for primary care estates improvement programme 2. GM engagement in estates conversations outside of PCN toolkit work.	2	3	6	6	↓	6	↔	1. Development of PCN and LCO estates strategy once GM have published their Estates Strategy 2. Develop local estates plan, which covers all practices		Head of Primary Care	1. Awaiting GM Strategy date 2. ongoing	1. PCCC 2. HMR Strategic Estates Group 3. GM Strategic Estates Group 4. HMR Operational Estates Group	None
225	Digital Interoperability in Enhanced Access	Primary Care Operational Group (PCOG)	Sarah Crossley	IF current digital interoperability issues in relation to enhanced access with EMIS are not resolved THEN patient access to enhanced services bookings online and on the day will continue to be effected and put additional pressure on GP practices to support appointment facilitation.	3	3	9	↔	0-3 months	1. Manual work arounds have been put in place wherever possible to support, still awaiting national guidance 2. Still awaiting national solution ffor NHS 111 direct booking, local work around still in place for appointment bookings and cancellations.	1. EMIS function and resource to fix national issue 2.NHS E	3	3	9	9	↔	9	↔					1. HMR PCCC 2. LCO Exec 3. Locality Board 4. GM PCCC	None
401	Primary Care Academy 25/26	Primary Care Operational Group (PCOG)	Sarah Crossley	IF the funding for Primary Care Academy continues to be reduced for 25/26 THEN there is an increased risk that recruitment, retention and training initiatives will be able to be delivered and this may impact of the sustainability and quality of HMR primary care workforce	4	3	12	New	12 + months	1.Continue to work with the Academy & wider system partners to prioritise schemes and identify other funding sources & matrix working opportunities to maximise limited resources 2. Continue to engage with NHS GM, regional and national schemes 3. Contract service review undertaken	1. May impact some practices more than others dependent on staffing structures/retirement age/staff movement	4	2	8	8	↔	8	CLOSED					1. HMR PCCC 2. HMR PCOG 3. HMR People Group 4. LCO Performance & Delivery Group	None
099	COVID-19 mass vaccinations - vaccine inequality	Primary Care Operational Group (PCOG)	Sarah Crossley	IF vaccine uptake in some vulnerable population groups (including BAME communities and areas of deprivation) remains lower than local and national averages, THEN vulnerable members of the community will be at greater risk of serious illness and hospitalisation from COVID-19 and flu.	3	3	9	↔	0-3 months	1. Plans in place for health inequalities workplan working with Action together to raise uptake, awareness and engagement across various community groups. 2. Plans for targeted intervention are in place where uptake is low. 3. Vaccine group meetings are in place to oversee equality work. 4. Interim support for the locality vaccines and imms programme is in place for 25/26 and 26/27 5. Inequalities lead in post to deliver on Access & inequaliites funding bid within low uptake communities	1.Patient choice 2. Vaccine hesitancy.	3	2	6	6	↔	6	↔					1. HMR Vaccination Working Group, 2. Gold, 3. Silver	None

402	Beyond Core Contract Review (BeCCoR) 2026/27	Primary Care Commissioning Committee	Sarah Crossley	If GM do not identify a date by which locality teams will be certian that the BeCCoR phase 3 programme of work will be going ahead for 26/27 period starting from 1st April 2026 THEN this will impact the following - Adequate time to operationalise the contract - Detail regarding funding flows and any associated transition process - Timely and robust communication out to General practice	4	4	16	New	3-6 months	1. Paper to GM Executive (4th March) Meeting for additional funding to support leveling up 2. HMR Primary Care team members involved in design groups 3. Communications circulated to practices with information available	1. NHS Reform	4	3	12	[redacted]	12	New					1. HMR PCCC 2. GM PCCC 3. BeCCoR meetings	
403	EMIS Function	Primary Care Commissioning Committee	Chris Upton	IF the number of outstanding tasks on EMIS which are affecting system speed are not resolved in a timely manner THEN practice will continue to face connectivity issues affecting paitent consultations	3	3	9	New	0-3 months	1. Ongoing work with locality IT Team and DF programme to assist practices in reducing the number of outstanding tasks.	1. EMIS	3	3	9	[redacted]	9	New	Ongoing work to support practices to reduce tasks		Chris Upton	Ongoing	1. HMR PCCC 2. GM PCCC 3. GM IM&T	
404	GP IT equipment	Primary Care Commissioning Committee	Chris Upton	IF practice concerns regarding hardware, copper wire vulnerabilities, EMIS performance, and wider IT infrastructure risks are not resolved or provided with tempoarary solutions THEN pratices will contiune to have IT issues which will affect patient care	3	4	12	New	0-3 months	1. IT hardware refresh programme underway. 2. Alternative connectivity options currently being investigated	1. GM ICB finances	3	4	12	[redacted]	12	New	Hardware Refresh, COIN 3, 5G connectivity		Chris Upton	Ongoing	1. HMR PCCC 2. GM PCCC 3. GM IM&T	
405	Transition to New NHS GM operating model	Primary Care Commissioning Committee	Sarah Crossley	IF robust transistion plans are not in place in a timeley mannar THEN there is a risk that appropriate governance arrangements, contract management and appropriate communication with providers will not be implemented and this may impact on direct patitent care.	4	5	20	New	0-3 months	1. Communication circulated with providers with as much information as possible 2. Discussions with locality finance to provide updates on process.	1. NHS Reform	4	4	16	[redacted]	16	New					1. GM Exec	Limited

MEETING: Heywood, Middleton and Rochdale (HMR) Place Based Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 7

DATE: 27 March 2026

REPORT TITLE:	Funding position for Additional Roles Reimbursement Scheme (ARRS) - March 2026			
REPORT AUTHOR:	Reehana Khan, Transformation and Delivery Manager			
EXECUTIVE SUMMARY: The purpose of this paper is to update the committee on the end of year financial position for ARRS funding across all Heywood, Middleton & Rochdale PCNs as at March 2026.				
RECOMMENDATIONS:	1. To note the 2025/26 end of year financial position including any underspend, overspend and utilisation rate against total allocation			
OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒

CONSIDERATIONS

Please include a brief synopsis of any considerations or implications the Board should be made aware of:

☐**Risk implications;**
☒**Financial implications;**
☒**Clinical implications**;
☒**Impact on Inequalities**;
☐**Communication/Public Engagement**;
☐**Legal Implications;**
☒**Workforce Implications**;

1. Background

Under the Network Contract DES, Primary Care Networks (PCNs) are entitled to funding to recruit additional staff to deliver healthcare services. This is known as the Additional Roles Reimbursement Scheme (ARRS). Within the scheme a PCN can claim reimbursement for the salaries of a number of additional roles such as pharmacy technician, care co-ordinator, social prescribing link worker, paramedic etc. A full list of roles can be seen here NHS England » Additional roles: A quick reference summary.

To qualify for funding the roles must provide additionality as compared against a baseline agreed by commissioners during 2019. These roles may be employed directly by the PCN or by a GP Federation, Voluntary Sector, Local Authority or Trust.

Funding for the roles is allocated at an ICB level. PCNs then upload their monthly reimbursement costs for roles to the National Workforce Reporting System (NWRS).

2. 2025/26 contract changes

In 2025/26 the Additional Roles Reimbursement Scheme (ARRS) was made more flexible with the following changes:

Continuation of funding into 2025/26, including for the cohort of ARRS GPs recruited during 2024/25, combining the GP ARRS funding with the main ARRS pot (removing the GP ARRS ringfence); and from that combined funding pot, allowing PCNs to claim reimbursement for GPs alongside existing ARRS roles, plus Practice Nurse roles which were added to the scheme.

The eligibility criteria for GPs remained to those individuals who had obtained the CCT within the last two years (at the point of recruitment) and who had not been previously substantively employed as a GP in general practice. The salary element of the maximum reimbursement amount that PCNs could claim was to £82,418 reflecting that some GPs will be entering their second year on the scheme.

Commissioners are responsible in overseeing the implementation and management of the scheme to ensure its effectiveness. From a financial perspective commissioners manage the claims process ensuring the scheme remains financially sustainable.

In HMR 5 out of 6 PCNs subcontract the employment of ARRS roles to Rochdale Health Alliance. One PCN runs this scheme in-house. In either instance PCNs are required to submit monthly claims to the national portal and provide commissioners with forecasted utilisation, also on a monthly basis.

3. Aims

The aims of this paper are to provide the committee with the most up to date financial position of the scheme, providing details of any overspend, underspend and reasons for this.

4. Financial entitlement

Each PCN is allocated a total reimbursement sum for the year based on PCN weighted list sizes. 2025/26 funding was allocated based on weighted list size as at 1st January 2025.

The table below shows the entitlement for each PCN using the formula agreed within the Network Contract DES.

It is to be noted that there is one practice, namely the Family Practice that is part of The Bridge PCN however have a branch surgery in Middleton PCN. The ARRS funds for this practice are allocated to The Bridge PCN and a financial adjustment is made at year to enable payment to Middleton PCN.

PCN Name	PCN Weighted List Size 1/1/25	2025/26 PCN Entitlement (£26.848 * WLS @ Jan 25)
MIDDLETON PCN	49,238.22	1,321,948
CANALSIDE PCN	50,152.26	1,346,488
PENNINES PCN	40,067.77	1,075,740
ROCHDALE NORTH PCN	64,483.45	1,731,252
HEYWOOD PCN	37,260.19	1,000,361
THE BRIDGE PCN	22,360.96	600,347

5. Financial position March 2026

The table below shows the PCN utilisation as at month 9. It is to be noted that this is the formal reporting position from all PCNs as at month 9 (December 2025).

4 out of 6 PCNs have a projected funding utilisation of 99-100%. However there are two PCNs which are reporting an underspend bringing the over HMR utilisation to 96%.

For the two PCNs claiming less than 100%, ie Rochdale North and The Bridge, it is understood that there is a delay with receipt of invoices and claims forms which account for the underspend. Both PCNs however, are projecting to utilise 100% of their funding.

It should be noted that this position could change by 31st March 2026. The committee is asked to review on the basis of the formal reported position by the PCNs at this time. In the meantime the ICB will continue to work with both PCNs to ensure that, if required, robust contingency plans are in place should they not achieve, thereby supporting planning for early next year.

Month 9 – Most up to date formal utilisation position

PCN Name	PCN Weighted List Size @ Jan 25	2025/26 PCN Entitlement (£26.848 * WLS @ Jan 25)	2025/26 PCN Forecast	Entitlement variance to forecast	2025/26 PCN % utilisation of Entitlement
MIDDLETON PCN	49,238.22	1,321,948	1,321,946.50	1.29	100%
CANALSIDE PCN	50,152.26	1,346,488	1,341,734.35	4,753.60	100%
PENNINES PCN	40,067.77	1,075,740	1,075,738.00	1.61	100%
ROCHDALE NORTH PCN	64,483.45	1,731,252	1,585,239.00	146,012.61	92%
HEYWOOD PCN	37,260.19	1,000,361	990,332.00	10,029.45	99%
THE BRIDGE PCN	22,360.96	600,347	511,189.00	89,158.09	85%
Total	**263,563**	**7,076,135**	**6,826,179**	**249,957**	**96%**

6. 2026/27 changes

There are a number of changes to the 2026/27 Network Contract DES impacting on the ARRS roles.

PCNs will now be able to claim for GPs at any stage in their career and so the current restrictions on only being able to recruit newly qualified GPs will be lifted. The maximum reimbursement that PCNs can claim for GPs employed via the ARRS will be increased to reflect that the recruited GPs will not only be those who have recently qualified.

PCNs will be allowed to recruit to other non-patient facing roles (roles that are not set out in the role specifications in the DES), with commissioner agreement.

7. Recommendations

The committee are asked review and note the contents of the paper. Noting that there may be an increase in the utilisation but that this is the current formal position commissioners can report on to date.

MEETING: Heywood, Middleton and Rochdale (HMR) Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 8

DATE: 27 March 2026

REPORT TITLE:	Quality Improvement Programme – Practice Updates
REPORT AUTHOR:	Jackie Woodall Transformation and Delivery Lead

EXECUTIVE SUMMARY:

The Integrated Care System (ICS) holds delegated authority for the commissioning and contracting of GP services and for overseeing the quality of those services. While individual GP practices remain accountable for the quality and safety of care they deliver, they are expected to operate robust internal quality monitoring and improvement arrangements. NHS England and the ICS share responsibility for providing system assurance on the quality of primary care services.

Following discussions with NHS Greater Manchester (GM) Central Quality Leads and the Data, Intelligence and Insight Team, a locality-wide plan and phased approach was agreed to recommence the Heywood, Middleton and Rochdale (HMR) Primary Care Quality Improvement Programme (QIP) during 2024/25. As a result of this preparatory work, the QIP has been fully reinstated for 2025/26.

This paper provides an update to the Primary Care Commissioning Committee (PCCC) on the Quality Improvement Action Plans developed following practice quality visits undertaken between 1 October 2025 and 31 January 2026. A previous update was presented to PCCC in November 2025, covering practices visited between 1 April 2025 and 30 September 2025.

During the current reporting period (1 October 2025 – 31 January 2026), 14 GP practice quality visits have been completed. Each visit resulted in a Practice-specific Quality Improvement Action Plan, focused on addressing identified risks, strengthening governance arrangements and supporting continuous improvement. The plans form a core element of the HMR Primary Care Quality Improvement Programme and are monitored through established follow-up and escalation processes.

The Primary Care Commissioning Committee is asked to:

- Review and approve the Quality Improvement Action Plans arising from the 14 practice visits undertaken between October 2025 and January 2026; and

• Note and provide oversight of the outcomes of these visits as part of our ongoing assurance of primary care quality.				
RECOMMENDATIONS:	To review and approve the Practice Quality Improvement Action Plans, and to note the outcomes of Practice Quality Visits undertaken between 1 October 2025 and 31 January 2026.			
OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☒	**Assurance** ☐	**Discussion** ☒	**Information** ☐
CONSIDERATIONS				
Please include a brief synopsis of any considerations or implications the Board should be made aware of: ☒**Risk implications;** ☐**Financial implications;** ☒**Clinical implications**; ☒**Impact on Inequalities**; ☐**Communication/Public Engagement**; ☐**Legal Implications;** ☒**Workforce Implications**;				

1.0 Background

1.1 The Integrated Care Board (ICB) holds delegated authority for contracting with GP services and for monitoring the quality of these services. While GP Practices are accountable for the quality of care they deliver, they are required to have their own quality monitoring systems in place. NHS England and the ICS share responsibility for assuring the quality of primary care services. The Quality Improvement Programme (QIP) is HMR ICB's approach to this.

1.2 Following discussions with NHS Greater Manchester (GM) Central Team Quality Leads and the Data, Intelligence, and Insight Team, a locality plan and phased approach to restart the HMR Quality Improvement Programme was developed for 2024/25. As a result the QIP has been fully reinstated for 2025/26.

1.3 At the point of forming NHS GM ICS, each of the 10 ICS localities continued to operate its own version of a quality indicator dashboard and supporting quality-monitoring programme. While these dashboards and programme's met local needs, there were significant variations in data sources, indicators, formats, and update frequencies. Over the last financial year, a programme of work was initiated to review and align these locality-based schemes, resulting in the development and rollout of a single overarching NHS GM dashboard which incorporates the NHSE GP Dashboard indicators to maintain alignment and transparency. HMR Locality adopted this new dashboard in September 2025, at the point of rollout, as part of its Quality Improvement Programme. Although all 10 GM localities now have access to the single NHS GM dashboard, the way in which it is implemented and the extent to which a consistent quality monitoring approach will be applied across all localities, has yet to be determined.

1.4 The GM Quality Framework dashboard was developed using input from locality teams and aligned with national and regional reporting requirements. NHS England has made available to ICBs a GP Dashboard, which is designed to support benchmarking and insight information to identify any performance variations, assess risk and inform local contract reviews and improvement initiatives. The GM Quality Framework dashboard captures the indicators used by NHSE, that they are using to monitor Practices, in order to be open and transparent. This updated version of the dashboard was approved by the Primary Care Commissioning Committee and was piloted during a small number of Practice Quality Visits undertaken in September 2025. The dashboard has since been implemented for all Practice Quality Visits undertaken between 1 October 2025 and 31 January 2026.

1.5 As outlined in previous reports shared with this committee, the ICB uses a dashboard as the foundation for supporting Practices. RAG ratings and the topics for discussion are determined by which indicators on the dashboard are triggered.

Classification	Link
Review	In dev
Review	Link
Review	Link
Review	Link
Review	Link
Review	Link
Review	Link
Review	Link
Review	In dev
Review	Link
Review	Link
Review	Link
Review	In dev
None	Link
None	Link
None	Link
None	Link
None	Link
None	Link
None	Link
None	In dev
None	Link
None	Link
None	Link
None	Link
Excelling	Link

The locality Primary Care Team reviews the dashboards every quarter because a Practice's trigger profile in the classification column may change between reviews. The number of triggered indicators affects when visits are scheduled. See the table below for more detail.

Dashboard Triggers	**RAG Status**	**Monitoring/Support Level**
Greater than 17	Red - includes practices with a CQC inspection outcome of Requires Improvement or Inadequate	Stage 3 – Advanced Monthly visits
Between 9-16	Amber	Stage 2 – Enhanced Quarterly Visits

Less than 8	Green	Stage 1 – Routine Annual/18 monthly

The flowchart at Appendix 1a provides the detail of HMR's Quality Improvement Programme (QIP), including a copy of the GM Quality Dashboard (1b).

1.6 The QIP is part of a supportive process to ensure there is ongoing dialogue between practices and the ICB regarding quality improvements. The aim is to enhance quality across all HMR practices and to provide assurance to the ICB in terms of any outlier areas with a view to reducing unwarranted variation.

1.7 Action plan compilation and follow up:

- The ICB collaborates with each Practice to identify and record the specific items to include in its action plan. They have 3 months in which to comply with the agreed actions.
- Practices judged Green (Stage 1 Routine) at the end of a visit are expected to implement their action plan within 3 months and provide an update to the ICB. They will have progress reviewed at their next annual visit.
- Practices judged Amber (Stage 2 Enhanced) or Red (Stage 3 Advanced) will have their action plans reviewed and discussed at every follow-up meeting (Quarterly/monthly) until the required improvements are achieved.

2.0 QIP Visits Update

2.1 From 1 October 2025 through to 31 January 2026 a total of 14 practice visits were carried out.

2.2 An example pack used for these visits can be found at Appendix 2.

2.3 Following any visit the practice completes a Quality Improvement action plan as shown in Appendix 3.

2.4 The following sections provide an overview of the key themes and trends emerging from the visit outcomes and the resultant action plans. All action plans have been anonymised and are included at Appendix 4. The committee is asked to:

- Note and understand the actions that have been put in place, and consider whether they are adequate; and
- Agree that the actions identified align with the key themes and emerging trends identified in the next sections.

2.5 Key Themes and Trends

Theme	Description
Patient Participation Groups (PPGs) & Engagement	Practices consistently struggle with recruiting, diversifying, or maintaining engagement in PPGs. Many are trying events,

	Healthwatch support, or thematic sessions to reach wider cohorts.
Digital Access, Inclusion & Uptake (NHS App, PATCHS, PLO)	Strong theme: patients are slow to adopt digital tools. Practices require support with promoting PATCHS, NHS App, digital triage, and patient-led ordering. Many emphasise digital inclusion sessions and support from the ICB Digital & IT Team.
Workforce Pressures & Data Quality	Practices highlight admin/reception staffing shortages, workforce data inaccuracies, and competing PM priorities (too many system meetings). Many need to validate FTE figures and maintain regular updates.
Access & Appointment Management	Barriers include telephony issues, unmet needs in appointments, interpreter processes adding delays, and uncertainty around additional appointment funding. Practices want clearer pathways and telephony optimisation.
Governance, Compliance & Indicators (CQC, QoF, SLF, Dashboards)	Many practices need clarity on indicators, require CQC preparation support, or must improve documentation (e.g., PCA coding). Several are working through SLF action plans or need support understanding dashboards.
Community & Cohort-Specific Needs (Language, Cultural Groups, Deaf Patients)	Practices highlight the need to better understand and engage diverse groups, especially where interpreter use is high or specific patient cohorts are poorly understood.
System Alignment & External Support Needs	Practices seek more consistent ICB guidance, peer learning (e.g., linking with other practices), clearer expectations on targets, dashboard navigation, cancer pathways, and digital support.

2.4 Emerging Trends

Across the practices, several positive and consistent trends have emerged:

- **Growing focus on digital inclusion rather than just digital uptake:**
  A need for hands-on, on-site digital support, often involving the ICB or community partners.
- **Increased use of Healthwatch as a partner**
  Healthwatch as a key enabler in patient engagement and PPG revitalisation.
- **Greater emphasis on understanding workforce data and admin FTE accuracy**
  Practices recognise workforce data accuracy as foundational to improvement planning and funding justification.
- **Telephony modernisation (including digital options)**
  Telephony redesign is beginning to shift from call-back functionality toward integrated multi-channel access.
- **Move toward system alignment and shared learning**
  Practices have a growing appetite for peer learning and standardised support, rather than operating in isolation.

2.5 Overall Action Plan Summary

The review of practice action plans highlights consistent system wide themes, including the need to strengthen digital transformation and inclusion, particularly improving uptake of tools such as the NHS App, PATCHS and patient-led ordering, as many practices continue to face barriers in shifting digitally excluded groups toward online access. Practices also report ongoing pressures around access and capacity, with challenges relating to telephone systems, interpreter processes, unmet appointment needs and administrative workforce gaps impacting service performance. Patient and community engagement remains under developed across the locality, with most practices seeking to rebuild or diversify their PPGs and improve engagement with varied demographic cohorts, often with support from Healthwatch. Governance and data quality issues are also frequently mentioned, with practices requiring clearer guidance on indicators, improved documentation, and strengthened compliance processes including CQC readiness and accurate workforce submissions. Collectively, the action plans reflect a clear need for greater system alignment, more consistent ICB support and enhanced shared learning to help practices achieve sustained improvements in access, digital capability and patient-centred care.

2.6 Rationale for RAG Rating

The table below outlines the RAG rating and monitoring stage assigned to each Practice prior to their Quality Visit. The Primary Care Team determined that all Practices scheduled for a version were Green. This classification was based on the low number of indicators each Practice was triggering on the HMR Dashboard at the start of the year, along with quarterly monitoring using the newly implemented GM Dashboard, during which none of the Practices triggered more than eight indicators, meaning none of the practices triggered Amber/Red thresholds during the quarterly review. The overall low number of triggered indicators also explains why these Practices were scheduled for visits later in the year. Higher risk practices had been seen earlier in the year.

Following each visit, the monitoring status was reviewed and updated based on the resulting action plans, the level of risk and detail associated with the actions to be addressed, and any updated submissions of the 3 monthly plan returned to the Primary Care Team. The revised status is shown alongside the original rating in the table for comparison. This updated status reflects discussions around the indicators triggered and the progress made against the agreed actions.

The Primary Care Team recommends following RAG/Status as an outcome of the Practice's visit:

Anonymised Practice	RAG Status Prior to Visit	RAG Status – Post Visit
K	Routine	Routine
L	Routine	Routine
A	Routine	Routine
M	Routine	Routine
B	Routine	Routine
C	Routine	Routine

D	Routine	Routine
J	Routine	Routine
G	Routine	Routine
N	Routine	Routine
E	Routine	Routine
F	Routine	Routine
I	Routine	Routine
H	Routine	Routine

All practices are recommended for a Green RAG rating (routine monitoring) on the following basis:

- Robust and achievable improvement plans are in place.
- No additional actions have been identified for the practice to address, or existing actions are being progressed through other improvement mechanisms (eg Support Level Framework).
- Clear evidence of progress and proactive work is demonstrated through the updated 3 monthly action plans submitted to the Primary Care Team.
- No significant patient safety or governance risks have been identified.
- The practice shows strong engagement with the ICB and other external support functions.
- There is demonstrable improvement in digital capability, access, and workforce sustainability.

2.7 The expectation is that the identified actions are implemented, and this is verified at the next annual visit.

2.8 The anonymised resultant actions plans for all 14 Practices who had a planned visit are included in Appendix 4.

3.0 Learning and Best Practice

3.1 As part of the QIP, practices are also asked to share any potential learning in relation to areas where they are in the top three indicators in terms of achievement. This information is collated and shared with all practices as part of our drive for continuous improvement. During visits, the ICB records examples of good practice it observes and gain permission to share these with other parties as relevant. The primary care team will proactively share relevant insights and examples of good practice to support other practices as the need arises.

3.2 In addition it is proposed this local intelligence and best practices example information gathering will be collated by the primary care team in quarter 4 reporting period once all practices have had a quality visit and will be shared with this committee in the form of an annual report.

3.3 After committee approval, the report will be shared with all Practices and shared on NHS Futures platform enabling all practices to have oversight of all areas of learning/good practice.

4.0 Next Steps

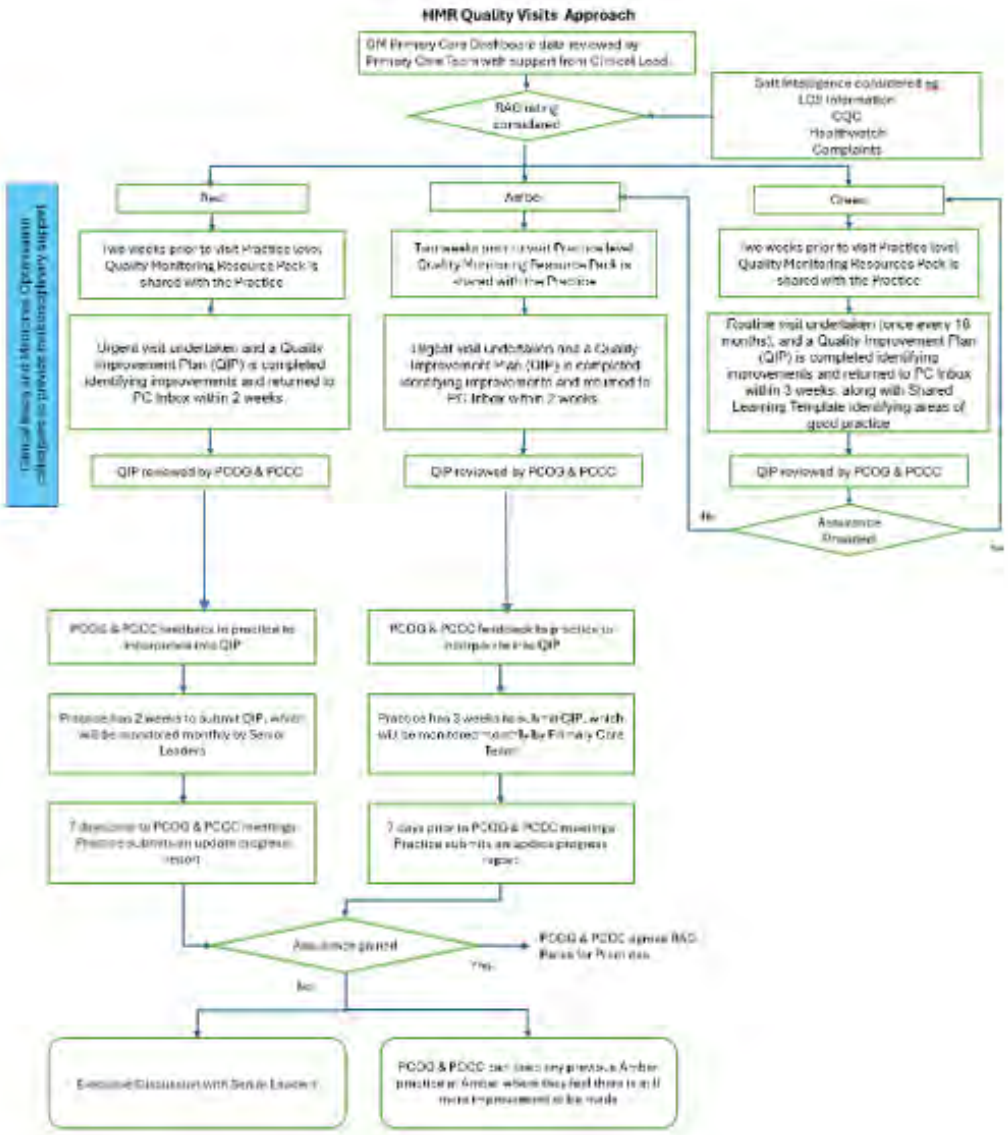
The next stages of the Quality Improvement Programme will be taken forward through the transition planning processes associated with the ICB reforms and the development of the new operating model.

5.0 Recommendations

5.1 The Primary Care Commissioning Committee members are asked:

- To review and approve the Practice Quality Improvement Action Plan - see appendix 4 for the anonymised plans which practices have 3 months to implement and update the Primary Care Team.
- To agree that the actions identified are aligned with the key themes and emerging trends outlined in the report.
- To consider and approve the suggested RAG rating which determines the monitoring status for each practice going forwards. Note the outcome monitoring status of Practice Quality Visits undertaken between 1 October 2025 and 31 January 2026, along with the rationale for the ratings is provided in section 2.6.
- To note next steps, which will mean HMR's QIP approaches may be subject to change as the NHS Reforms are implemented.

Appendix 1a – HMR's Quality Improvement Programme Flowchart



NHS Greater Manchester

Appendix 1b – NHS Greater Manchester GP Quality Framework

Coversheet | Background and Methodology | Change Log | Indicators | Summary | Domain Detail | Individual Measure | Practice Summary | Practice Drill Down

Practice Summary

Framework: GM - Core | GM Locality: (All) | Practice:

Name	Domain	Day of Snapshot	Direction Of Travel	Value	Lower Threshold	Upper Threshold	Classification	Link
High dose opioids per 1,000 patients	Medicines Management	31 May 2025	Decrease	2.46	0.50	1.50	Review	In dev
Asthma QOF reviews (clinical exceptions only)	Clinical Outcomes and Care Quality	30 June 2025	Increase	42.2%	60.0%	80.0%	Review	Link
1 dose of MMR at 24 months	Vaccinations and Screening	30 June 2025	Increase	65.9%	80.0%	100.0%	Review	Link
2 doses of Pneumococcal at 24 months	Vaccinations and Screening	30 June 2025	Increase	65.9%	80.0%	100.0%	Review	Link
COPD QOF reviews (clinical exceptions only)	Clinical Outcomes and Care Quality	31 May 2025	Increase	57.5%	70.0%	90.0%	Review	Link
Hypertension Blood Pressure Control	Clinical Outcomes and Care Quality	31 May 2025	Increase	59.7%	65.0%	80.0%	Review	Link
Dementia reviews (clinical exceptions only)	Clinical Outcomes and Care Quality	31 May 2025	Increase	63.2%	70.0%	90.0%	Review	Link
Appointments not usually booked in advance seen within 14 da..	Access and Experience	30 June 2025	Increase	74.2%	80.0%	99.0%	Review	Link
New Cancers Treated after urgent suspect cancer referral	Clinical Outcomes and Care Quality	31 July 2025	Increase	37.5%	45.0%	80.0%	Review	In dev
Overall Experience of contacting GP Practice on this occasion as..	Access and Experience	31 March 2025	Increase	54.4%	60.0%	90.0%	Review	Link
Online consultations per 1,000 patients	Access and Experience	30 June 2025	Increase	0.70	5.00	180.00	Review	Link
Cervical Cancer Screening (Age 25 to 49) (clinical exceptions onl..	Vaccinations and Screening	30 June 2025	Increase	59.7%	60.0%	85.0%	Review	Link
CQC Overall Practice Rating	Clinical Outcomes and Care Quality	6 July 2025	Increase	Requires improveme..	Requires improvement	Outstanding	Review	In dev
Overall Experience of GP Practice as Very Good or Good (GPPS)	Access and Experience	31 March 2025	Increase	63.5%	60.0%	90.0%	None	Link
Patients per GP FTE	Workforce	30 June 2025	Decrease	3,159.93	1,000.00	3,500.00	None	Link
Cervical Cancer Screening (Age 50 to 64) (clinical exceptions onl..	Vaccinations and Screening	30 June 2025	Increase	63.6%	60.0%	85.0%	None	Link
Patients per Direct Patient Care FTE	Workforce	30 June 2025	Decrease	653.12	400.00	750.00	None	Link
SMI Physical Health Checks	Clinical Outcomes and Care Quality	30 June 2025	Increase	41.7%	25.0%	85.0%	None	Link
Patients per Fully Qualified GP FTE	Workforce	30 June 2025	Decrease	3,159.93	1,500.00	4,000.00	None	Link
3 doses of 6-in-1 (DTaP/IPV/Hib/HepB) at 12 months	Vaccinations and Screening	30 June 2025	Increase	89.4%	80.0%	100.0%	None	Link
% antibiotics that are co-amoxiclav, cephalosporins or quinolon..	Medicines Management	31 March 2025	Decrease	6.7%	4.4%	10.0%	None	In dev
Patients per Admin FTE	Workforce	30 June 2025	Decrease	823.28	650.00	1,300.00	None	Link
Diabetes QOF HbA1c control (moderate or severe frailty)	Clinical Outcomes and Care Quality	31 May 2025	Increase	83.3%	50.0%	95.0%	None	Link
Learning Disability Health Checks	Clinical Outcomes and Care Quality	30 June 2025	Increase	74.4%	15.0%	90.0%	None	Link
% of QOF points achieved	Clinical Outcomes and Care Quality	30 June 2025	Increase	98.5%	85.8%	99.2%	None	Link
Diabetes QOF HbA1c control (without moderate or severe frailt..	Clinical Outcomes and Care Quality	31 May 2025	Increase	83.3%	50.0%	80.0%	Excelling	Link

GP Quality Framework viewed at 07/08/2025, data version 202507_0.058_202506_0.647_202505_0.205_202503_0.088

APPENDIX 2

NHS Greater Manchester Integrated Care

Primary Care Quality Monitoring Programme

Practice Pack

Date of Quality Visit
22 February 2025 (Follow Up Visit)

P-Code & Name of Practice
P86014 Dr I K Babar

Dashboard Score (Higher Total is indicative of higher support requirement)	RAG Status Assigned (Red, Amber or Green)	Monitoring/Support Level
8 out of possible 26	**Amber**	**Advanced**

Contents

Contents

NHS Greater Manchester Integrated Care

GP Quality Improvement Programme: Contract Areas

Name of GP Practice	Dr I K Babar
Date of Visit	3 February 2025

Area for Consideration	**Practice Response/ Description of Process/ Evidence**
Patient Registration	
Patient ID: • Please describe your policy re asking for patient ID • Please describe the steps taken if a patient is unable to produce ID	Practice stated they ask for Photo ID ie driving licence/passport as well as utility bill. If patient can't provide this then they can still register the practice won't refuse on this basis. Practice have had a few homeless registrations, they have attended once and not been seen again. The surgery address has been used as registration address and mobiles are the only way of contacting them. JW asked how long does it take for a patient to register with the practice? There is one member of staff who oversees. There are 2 members who are aware of the process, but one does this regularly. There is a maximum of 2 week wait. If it is urgent they advise to try elsewhere. List size went down, and this is continuing to decrease when Reehana checked. This is something for the Practice to action. Clinical involvement and support for Yasmin would be helpful and asked for a GP to attend the next meeting for assurance. **Action – Quarterly Meetings to be implemented to support – Dec2025 or early Jan 2026 – JW sent diary invite for Monday 22nd December 2025.**
Overseas visitors: • Please describe the process you follow when an overseas visitor attempts to register at your practice • Please describe what steps you would take in an overseas visitor required a referral to secondary care or another community service	Practice stated overseas visitors are registered as normal patients. End of year checks can be a problem and practice have to make contact to ascertain if they are still in the country or have returned.

Children Registering Without Parental Guardian: • Please describe the steps you would take if a child under 16yrs attempted to register alone or with an adult that does not have parental responsibility	Practice stated they ideally ask for a parent/guardian/carer to register as some staff are hesitant to register. 14 year olds can be an issue. There is an issue with parents who are registered at a different surgery asking to register their newborn at this practice. The Practice was asked to share with us: Safeguarding Policy and evidence staff have read the policy and completed the relevant training for their roles Your process for undertaking DBS checks for staff and evidence that these have been completed. The ICB confirmed that this also applied to volunteer roles. Your GDPR policy and what training staff complete – again evidence to provide the ICB with assurance that staff have read the policy and completed training.
Screening and Immunisations	
Who is your lead for screening and immunisations?	Practice Nurse
Maternity	
Do you offer postnatal checks for new mothers:	Practice stated when mothers attend for the baby's 8 week examination they are given a double appointment and done at same time.
Partnership Issues (*Not a Contractual Requirement*)	
Partnership Agreement: • Does the practice have a partnership agreement in place?	Practice stated this is uptodate.
CQC Registration	

Registered Manager: • Is your CQC Registered Manager up to date on the CQC Website?	Practice stated this is all up to date. Their last visit was 3 years ago so anticipating another visit. Discussed the impact on the Practice of a negative outcome of RI/Inadequate rating by CQC, which Yasmin has previously experience upon starting in role. The ICB is keen to work with the Practice to support. Recently a practice in HMR received RI at their last inspection and would be a good practice to link to see what work they have undertaken. CQC preparation work would support the practice.
Patient Engagement	
Patient Participation Groups: • How often to you hold your PPG • What is the format (face to face/on-line) • Provide an example of something the PPG have supported you/your patients with in the last 12 months (before the pandemic)	Moira from health watch was present for this element. Practice stated PPG has dwindled, there are only 2 patients left, the patient who lead group has left surgery. Practice are looking to recruit more people. Currently they have a regular coffee with the 2 remaining individuals and look at access, being able to book appointments when patients want. Website feedback has been good and online registrations feedback has been positive. Moira questioned how feedback is encouraged Practice stated this is via FFT with a paper version given at appointments, any other informal feedback is logged via reception, not sure if suggestions box is still there, practice do complete "you said we did" following complaints/suggestions. Practice have asked for support with restarting PPG. Have previously had someone come to talk to the practice. There is a screening event at Castlemere. ICB advised to use PCN engagement event as an opportunity to involve patient members
Friends and Family Test (FFT) • Have you included the new 2022/23 question?	Practice stated this is being used to capture feedback.
Reasonable Adjustments	
• Describe where you have made reasonable adjustments to support a patient to meet their individual needs in the last 12 months	1 GP has been informally learning sign language to support deaf patients on LD register Normally would book sign language interpreter If wheelchair users have problems with lifts not functioning then consulting rooms have been used on the ground floor

Digital Offer	
Can you confirm you have the following in place; • online consultations • the ability to hold a video consultation between patients, carers and clinicians • two-way secure written communication between patients, carers and practices • an up to date accessible online presence • signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications • shared record access, including patients being able to add to their record • request and management of prescriptions online • online appointment booking.	Have been promoting NHS app for online prescriptions and appointment booking. ICB stated currently practice has 51% of patients registered for the app which is above the 50% PCN average. Appointment booking on the NHS app is excellent, practice stated all appointments are available on the app and they are looking to add the nurse appointments on too. Practice are 3rd in the PCN when looking at number of registrations per 1000 patients. Practice migrated to new website template and this was kept uptodate, a new member of staff is now responsible for the website and will liaise with supplier for support to make updates. The website has nhs.uk self care information. Patchs is used for video consultations, online consultations and 2 way secure written communication between patient and practice. There were 2 consultations completed using Patchs in December 2024. Currently the "clinical" section of Patchs is switched off, this may be off putting to patients who might be lead to think that the whole Patchs system is off. PM will look to switching this back on. ICB suggested switching Patchs on outside of core hours to increase uptake as well as advertising via posters in reception, staff re-directing regular queries eg sick notes to Patchs In terms of telephony, practice have migrated to Babblevoice. They can see number of calls waiting etc. Practice may want to consider changing call flows to give patients options such as using the NHS app, using Patchs or call back features. This may reduce pressure on telephone lines and enable patients to self serve where applicable. PM to speak to IT Lead to initiate any changes. Practice have recently completed a lot of work on increasing Patchs uptake. Dr Zaman has been actively involved in this from a clinical perspective and Yasmin and the team are looking at ways of actively promoting this with patients. A digital event has been organised for 7th October for patients to further encourage uptake.

The practice nurse is looking to vary the types of appointments that can be conducted. This is causing some pressures on practice. ICB to support where possible.

NHS
Greater Manchester
Integrated Care

GP Quality Improvement Programme: Overview

Framework: NHS England Dashboard | GM Locality: Heywood, Middleton and Rochdale | Practice: Croft Shifa Health Centre (P86014)

Name	Domain	Day of Snapshot	Direction Of Travel	Value	Lower Threshold	Upper Threshold	Classification	Link
Dementia reviews	Clinical Outcomes and Care Quality	31 August 2025	Increase	29.6%	75.0%	100.0%	Review	Link
Overall Experience of contacting GP Practice on this occasion as..	Access and Experience	31 March 2025	Increase	33.8%	60.0%	90.0%	Review	Link
% of QOF points achieved	Clinical Outcomes and Care Quality	31 May 2025	Increase	76.2%	85.8%	99.2%	Review	Link
Overall Experience of GP Practice as Very Good or Good (GPPS)	Access and Experience	31 March 2025	Increase	44.6%	60.0%	90.0%	Review**	Link
Hypertension Blood Pressure Control	Clinical Outcomes and Care Quality	31 May 2025	Increase	59.9%	65.0%	80.0%	Review	Link
New Cancers Treated after urgent suspect cancer referral	Clinical Outcomes and Care Quality	31 August 2025	Increase	41.4%	45.0%	80.0%	Review	In dev
COPD QOF reviews	Clinical Outcomes and Care Quality	31 August 2025	Increase	78.8%	80.0%	100.0%	Review	Link
Online consultations per 1,000 patients	Access and Experience	31 July 2025	Increase	3.90	5.00	180.00	Review	Link
GP appointments per 1,000 patients	Access and Experience	31 July 2025	Increase	354.40	300.00	700.00	None	Link
Learning Disability Health Checks	Clinical Outcomes and Care Quality	30 June 2025	Increase	28.8%	15.0%	90.0%	None	Link
Patients per Admin FTE	Workforce	31 July 2025	Decrease	1,134.71	650.00	1,300.00	None	Link
Patients per Nurse FTE	Workforce	31 July 2025	Decrease	7,943.00	2,000.00	10,000.00	None	Link
Diabetes QOF HbA1c control (without moderate or severe frailt..	Clinical Outcomes and Care Quality	31 August 2025	Increase	57.9%	50.0%	80.0%	None	Link
3 doses of 6-in-1 (DTaP/IPV/Hib/HepB) at 12 months	Vaccinations and Screening	31 August 2025	Increase	87.3%	80.0%	100.0%	None	Link
Patients per Direct Patient Care FTE	Workforce	31 July 2025	Decrease	611.00	400.00	750.00	None	Link
2 doses of Pneumococcal at 24 months	Vaccinations and Screening	31 August 2025	Increase	88.9%	80.0%	100.0%	None	Link
Cervical Cancer Screening (Age 25 to 64)	Vaccinations and Screening	31 August 2025	Increase	71.8%	60.0%	85.0%	None	Link
CQC Overall Practice Rating	Clinical Outcomes and Care Quality	31 August 2025	Increase	Good	Requires improvement	Outstanding	None***	In dev
SMI Physical Health Checks	Clinical Outcomes and Care Quality	30 June 2025	Increase	58.9%	25.0%	85.0%	None	Link
1 dose of MMR at 24 months	Vaccinations and Screening	31 August 2025	Increase	92.2%	80.0%	100.0%	None	Link
% antibiotics that are co-amoxiclav, cephalosporins or quinolon..	Medicines Management	30 June 2025	Decrease	6.1%	4.4%	10.0%	None**	In dev
Diabetes QOF HbA1c control (moderate or severe frailty)	Clinical Outcomes and Care Quality	31 August 2025	Increase	81.8%	50.0%	95.0%	None	Link
Patients per GP FTE	Workforce	31 July 2025	Decrease	1,588.60	1,000.00	3,500.00	None	Link
Patients per Fully Qualified GP FTE	Workforce	31 July 2025	Decrease	1,588.60	1,500.00	4,000.00	None**	Link
GP appointments with a GP	Access and Experience	31 July 2025	Increase	70.2%	25.0%	70.0%	Excelling	Link
Appointments not usually booked in advance seen within 14 da..	Access and Experience	31 July 2025	Increase	99.3%	80.0%	99.0%	Excelling	Link
High dose opioids per 1,000 patients	Medicines Management	31 May 2025	Decrease	0.25	0.50	1.50	Excelling	In dev

Summary of indicators the practice has triggered

The following table counts the number of indicators you have triggered (i.e. the number of indicators reported as not met the required target)

#	Indicator	Domain	Comments
1	Dementia Reviews	Clinical Outcomes and Care Quality	GP has been off for 2 weeks. There is a plan to focus on this area, along with LD Reviews.
2	Breast Cancer Screening (Age 50-70) (Clinical Exceptions only)	Vaccinations & Screening	Breast and Bowel screening there is a general PCN action plan. DNAs share messages why it is important to book. Struggling to re-book Breast screening which is outside of the Practice's control. Where there is a language barrier, staff members have tried to re-book breast screening on behalf of the patient, but GDPR is a barrier as it has to be the patients who books. Cervical smears, there is a plan with a dedicated member of staff. They telephone, send letters and phone patients. Noted that PCN has been selected to have in place an action plan, but nothing has been done. Action – Reehana Khan supports the Bridge PCN and agreed to raise/question the progress. – Update, discussion at the Bridge LCS meeting on 23/9/25 highlighted that public health are supporting the practice to develop specific actions in order to improve uptake and reduce exceptions where possible
3	Overall experience of contacting the GP Practice on this occasion as very good or good	Access & Experience	Confirmed PPG is established and have looked at the GP survey results - 67 responses. They are an active group in the local community. The practice does receive letters of thanks from its patients. The Chair has stepped down and the Practice does push on-line for engagement. Suggested that PM chairs in the

			interim until new chair is allocated. Also recommended linking with Mark St Surgery who have a well established PPG, introduction emails have been sent by ICB.
4	% of QOF Points achieved	Clinical Outcomes and Care Quality	The expectation is that these will start to increase as we start to progress to the second half of the year.
5	COPD QOF Reviews	Clinical Outcomes and Care Quality	See Asthma below.
6	Asthma QOF Reviews (clinical exceptions only)	Clinical Outcomes and Care Quality	Confirmed that Asthma review are a focus at the school holidays. Since the Practice Nurse has returned from Maternity Leave she is now only working two days and just covers children. The Practice has struggled to recruit and has gone out to agency to cover 1 day a week. RHA is more expensive. Janine from Durnford is currently providing 1 day of support. They are covering Asthma. COPD and Diabetes. Foot checks is the issue and bloods. Practice to look at their cohorts and break these down looking at what works and replicate this for effort and engagement. PCN support and GPs call.
7	Diabetes 8 care processes	Clinical Outcomes and Care Quality	See above.
8	Overall experience of GP Practice as very good or good	Access & Experience	See above.
9	Hypertension Blood Pressure Control	Clinical Outcomes and Care Quality	This is covered by the HCA in the Practice and will be followed up.
10	New Cancers treated after urgent suspected cancer referral	Clinical Outcomes and Care Quality	PCN Cancer Action Plan to be progressed.
11.	Bowel Cancer Screening (Age 60 – 74) (Clinical Exceptions only)	Vaccinations & Screening	See Breast screening.
12.	Online consultations per 1,000 patients	Access & Experience	Discussed in detail at a recent support meeting with the ICB. Actions put in place to increase uptake

Comments / Narrative

Medicines Optimisation

Vaccination and Immunisation

Clinical

Digital

GP Survey

Summary of Indicators with potential for Shared Learning

The following indicators are those where you are in the top three in terms of achievement.

#	Indicator	Domain	Indicators for shared learning (in the top 3 performers across HMR) *Indicators with * are those where target not met*
1	Appointments not usually booked in advance seen within 14 days of booking	Access & Experience	
2	High dose opioids per 1,000 patients	Medicines Management	

As part of our on-going commitment to share learning across the borough, at the end of each year the Primary Care Team will produce a report which will be shared with all practices to support borough-wide learning. This will highlight areas of good practice as well as general themes for areas of improvement, with learning from action plans e.g. what worked well to improve an area of concern and what had little or no effect. Practices can then use this information to help them review and improve their own internal process to ensure continuous quality improvement.

To support this shared learning, we would ask that you complete the embedded Shared Learning Template to advise what processes and procedures you have implemented within your practice that you feel has enabled you to deliver on these indicators.

Primary Care Quality Monitoring: Shared Learning Template

Shared Learning Template: to be submitted within 1 week 1st practice visit			
Area	**What processes have you got in place that have helped you achieve this target**	**Benefits Observed**	**Shared Learning** (Please describe what worked well and what didn't for shared learning across the borough)

Practice: Dr Babar

Date: 22 September 2025

Primary Care Quality Improvement Plan

Practice: Dr Babar **Date of 1st Visit: 22 September 2025** **Page 1 of 1**

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
PCN Cancer Action Plan	Support from the PCN practices to work together to progress the identified actions,		Reehana Khan to raise questions of progress of the Bridge PCN
Practice to monitor the Patient List size	Negative feedback on the GP annual survey.	Develop a practice action plan with support from PPG members to influence the declining list size.	
Practice to focus practice on the key indicators flagging for review.	Staffing capacity has influenced.		ICB to meet with the Practice on a quarterly basis – next meeting booked for December 2025.
Practice to share Safeguarding, GDPR and DBS policies/Processes, including evidence staff are up to date with training and reading the policy document	All volunteers to be included in DBS checks due to the sensitivity of the information accessed.		Sharing this information provides assurance to the ICB.
Digital support – Practice to engage with the offers of support on offer	This is a whole practice approach and there is a need to support each other.		Attend MGP Webinars and take up the offer of support available from Peer Ambassador Role and the ICB IT Team

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?

Primary Care Quality Improvement Plan: Update

UPDATE TO BE COMPLETED 3 MONTHS AFTER VISIT

Practice: Dr Babar **Date of 1st Visit: Add Date** **Page 1 of x**

Primary Care Quality Improvement Plan PART 2: to be completed within 2 months of submission of Part 1			
Area	Update on Practice Actions	Update on External Support (where appropriate)	Shared Learning

Quality Monitoring Programme Feedback Form

Following today's visit please feel free to complete the below feedback form which should be returned to gmicb-hmr.primarycareteam@nhs.net

Practice: (optional) **Name: (optional)**		
Statement	**Yes**	**No**
The Practice Visits felt supportive		
The Follow-up monitoring and feedback was helpful/supportive		
The process stimulated internal discussion within the practice		
The process has supported process improvements within the practice		
The process has supported improvements in patient care		
The practice has benefited from the shared learning from other practices		

With regard to the dashboard, are there any indicators you feel should be removed or changed? Please provide details and rationale	
With regard to the dashboard, are there any indicators you feel are missing? Please provide details and rationale	
Is there anything we can do to improve the overall Quality Monitoring Programme process? Please provide details	
Additional Comments	

GP Quality

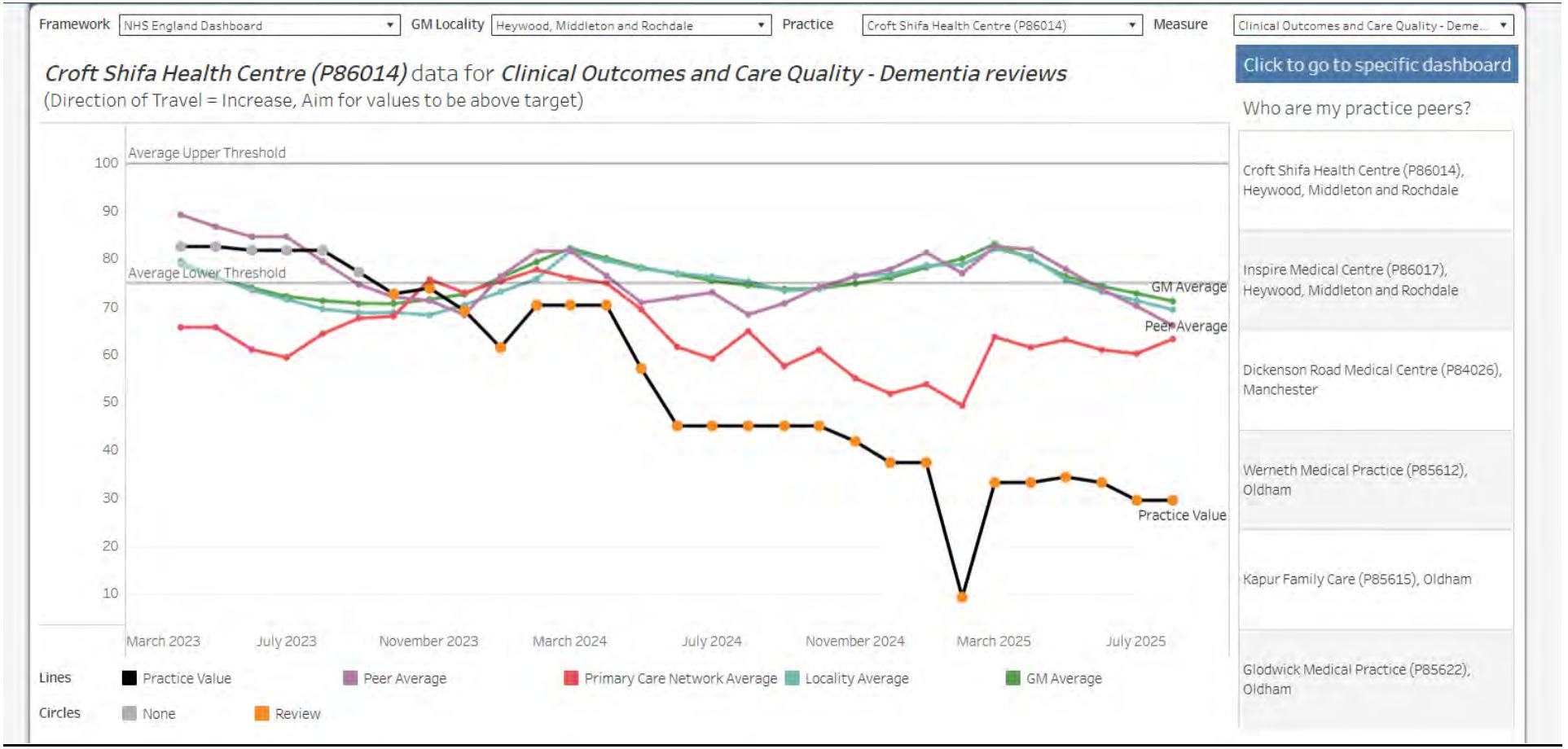
Financial Stability
How do we know that a practice is financially stable?

Workforce
Staff up to date with mandatory training
Staff have access to supervision/support
What is your vacancy and turnover rates
Do all staff have a current DBS check

Patient Experience
Example case studies
What are the themes around Complaints/concerns & Incidents/concerns

Activity/Performance
Key data -pulled from Curator
Can you identify patients who are at high risk of avoidable unplanned admissions, establish a minimum two per cent case management register, and proactively manage these patients
Do you know the numbers of patients who have been through the hospital discharge process for patients and been involved in co-ordinating delivery of care
Do you undertake internal practice reviews of emergency admissions and A&E attendances from your practice?
Does your annual health check ensure patients have seen/are registered with a dentist and optician in the last 12 months? Who gets an annual health check – what criteria is applied?
Do you check the frequency of patients going to pharmacies for support?
Do you know how many MDTs your practice is involved with in the last 12 months? - This is the LTC cohort being managed by INTs.

Quality Improvement
What does the practice do to support patients to be as healthy as possible and are active and involved?


Framework
NHS England Dashboard
GM Locality
Heywood, Middleton and Rochdale
Practice
Croft Shifa Health Centre (P86014)
Measure
Clinical Outcomes and Care Quality - Deme...
Croft Shifa Health Centre (P86014) data for Clinical Outcomes and Care Quality - Dementia reviews
(Direction of Travel = Increase, Aim for values to be above target)
Click to go to specific dashboard
Who are my practice peers?
Average Upper Threshold
Average Lower Threshold
100
90
80
70
60
50
40
30
20
10
GM Average
Peer Average
Practice Value
March 2023
July 2023
November 2023
March 2024
July 2024
November 2024
March 2025
July 2025
Lines
Practice Value
Peer Average
Primary Care Network Average
Locality Average
GM Average
Circles
None
Review
Croft Shifa Health Centre (P86014), Heywood, Middleton and Rochdale
Inspire Medical Centre (P86017), Heywood, Middleton and Rochdale
Dickenson Road Medical Centre (P84026), Manchester
Werneth Medical Practice (P85612), Oldham
Kapur Family Care (P85615), Oldham
Glodwick Medical Practice (P85622), Oldham

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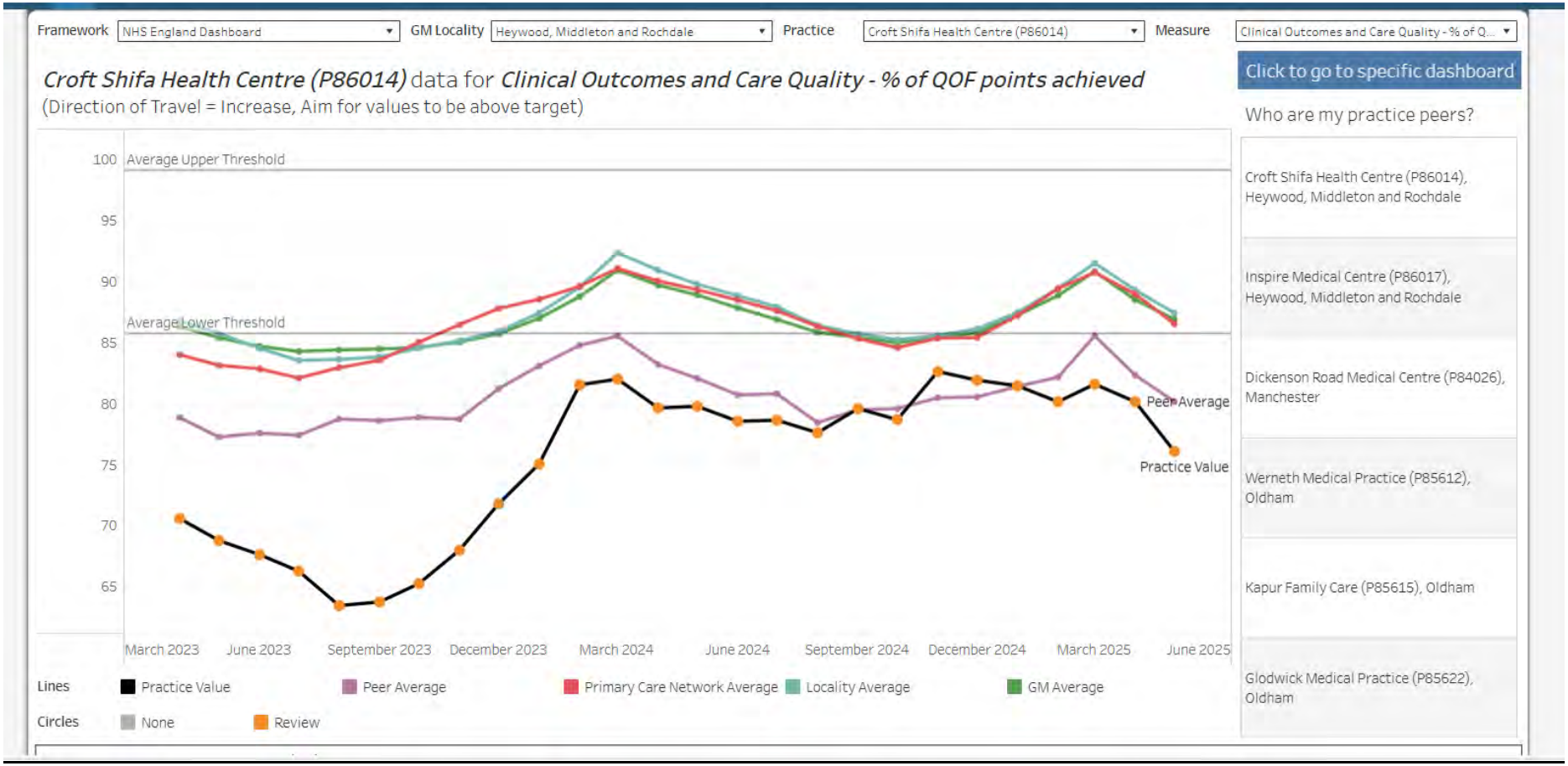

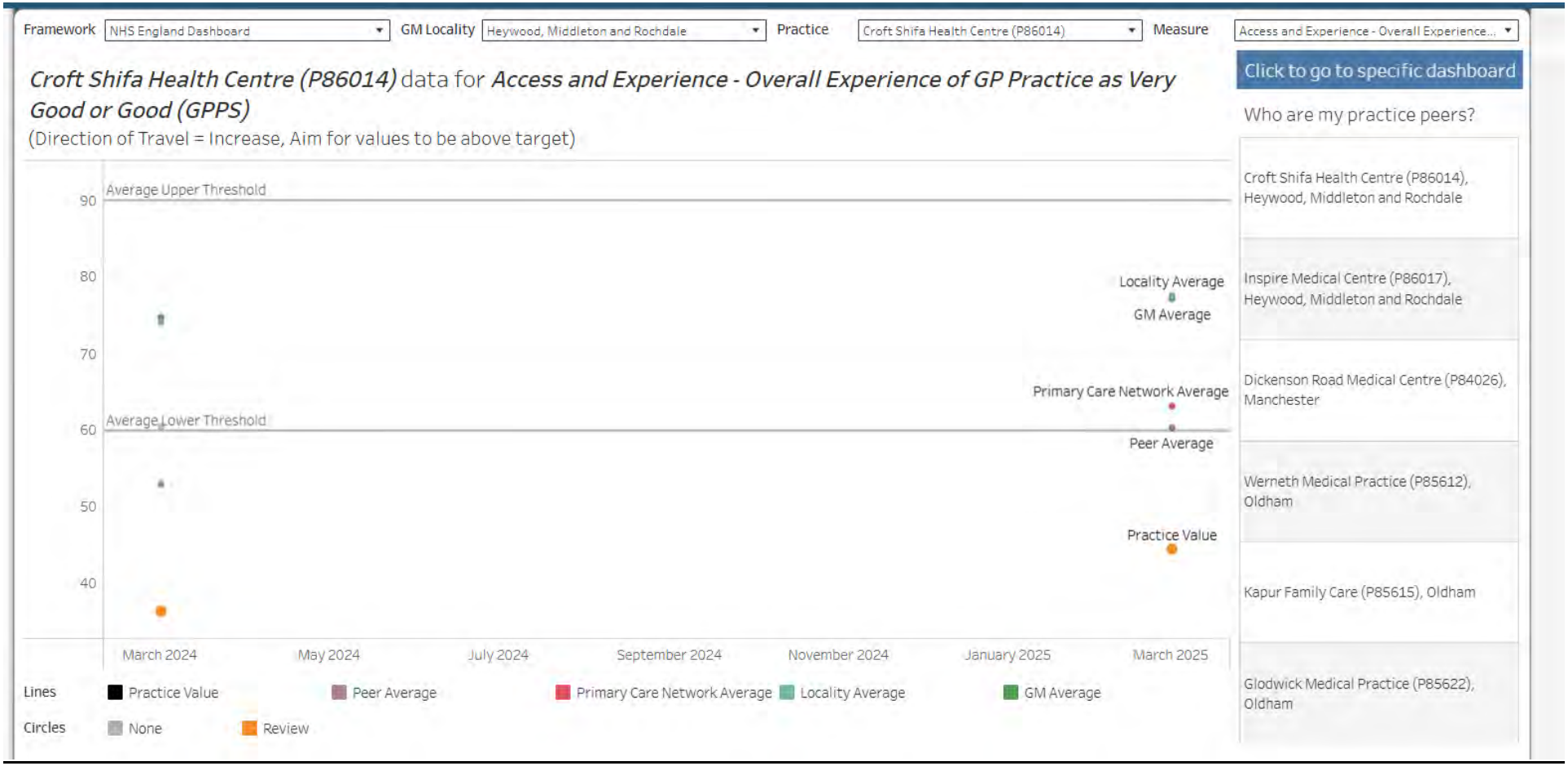
Framework
NHS England Dashboard
GM Locality
Heywood, Middleton and Rochdale
Practice
Croft Shifa Health Centre (P86014)
Measure
Access and Experience - Overall Experience...
Croft Shifa Health Centre (P86014) data for Access and Experience - Overall Experience of GP Practice as Very Good or Good (GPPS)
(Direction of Travel = Increase, Aim for values to be above target)
Click to go to specific dashboard
Who are my practice peers?
Average Upper Threshold
Average Lower Threshold
90
80
70
60
50
40
Locality Average
GM Average
Primary Care Network Average
Peer Average
Practice Value
March 2024
May 2024
July 2024
September 2024
November 2024
January 2025
March 2025
Lines
Practice Value
Peer Average
Primary Care Network Average
Locality Average
GM Average
Circles
None
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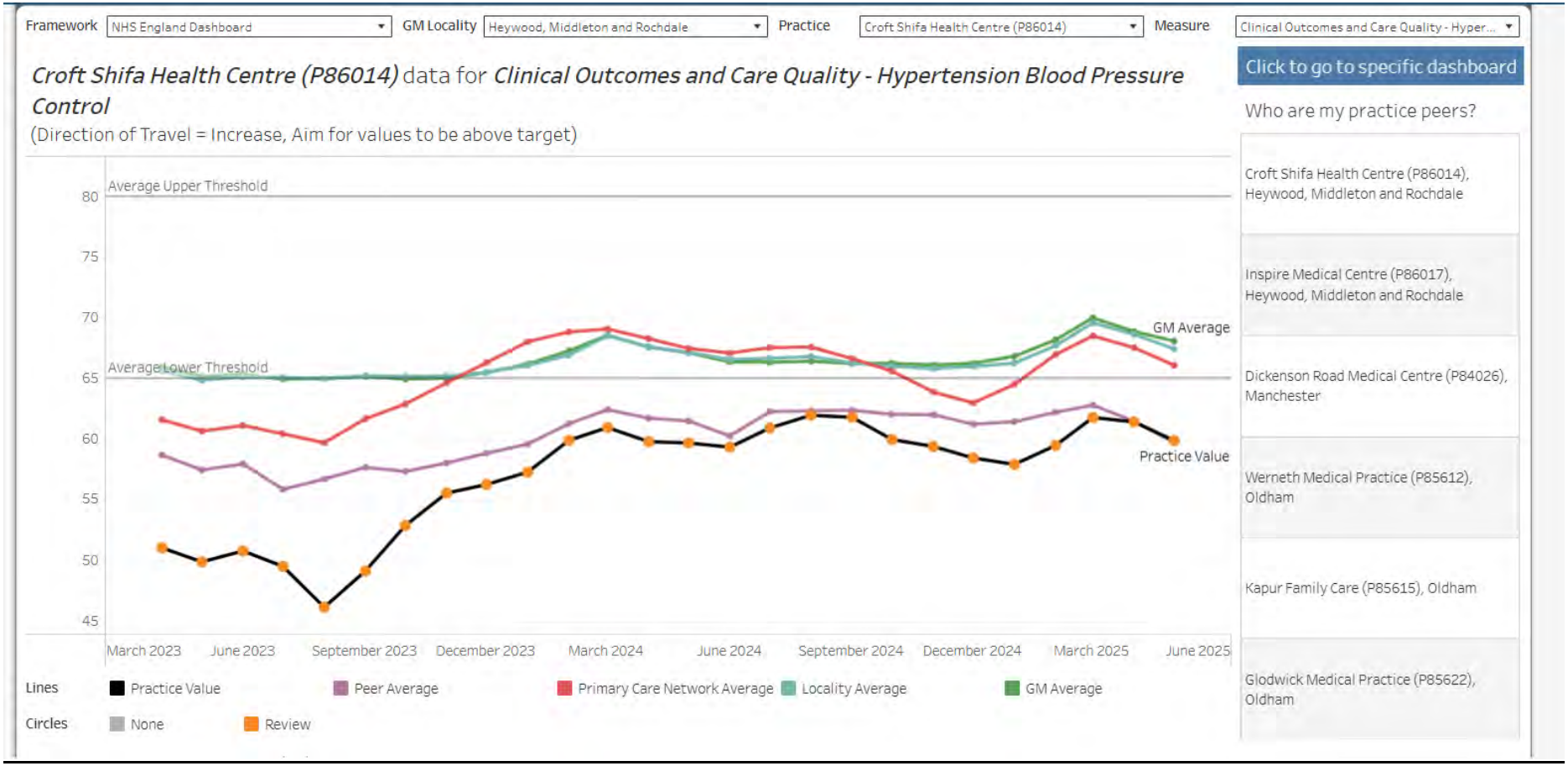
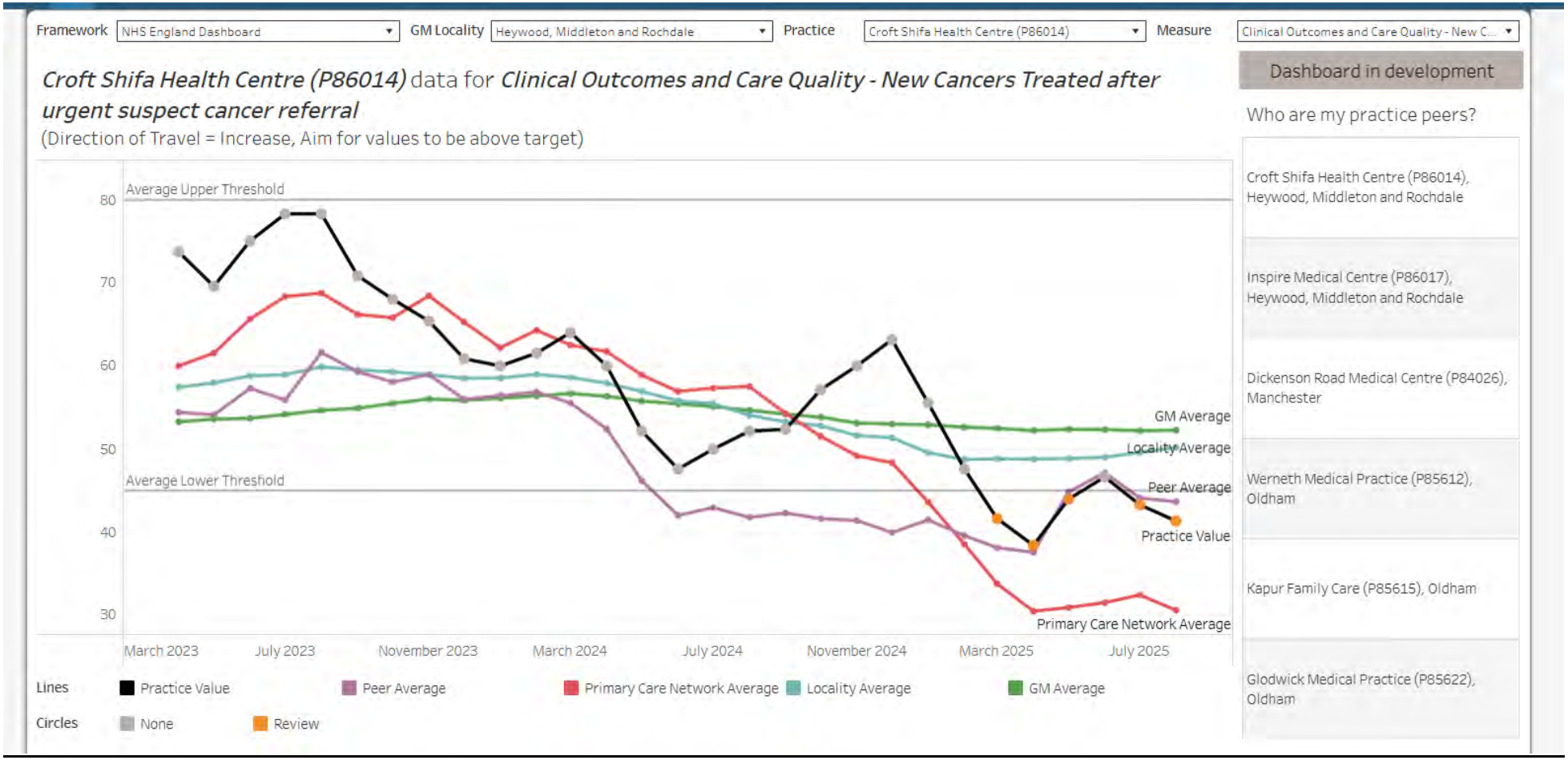
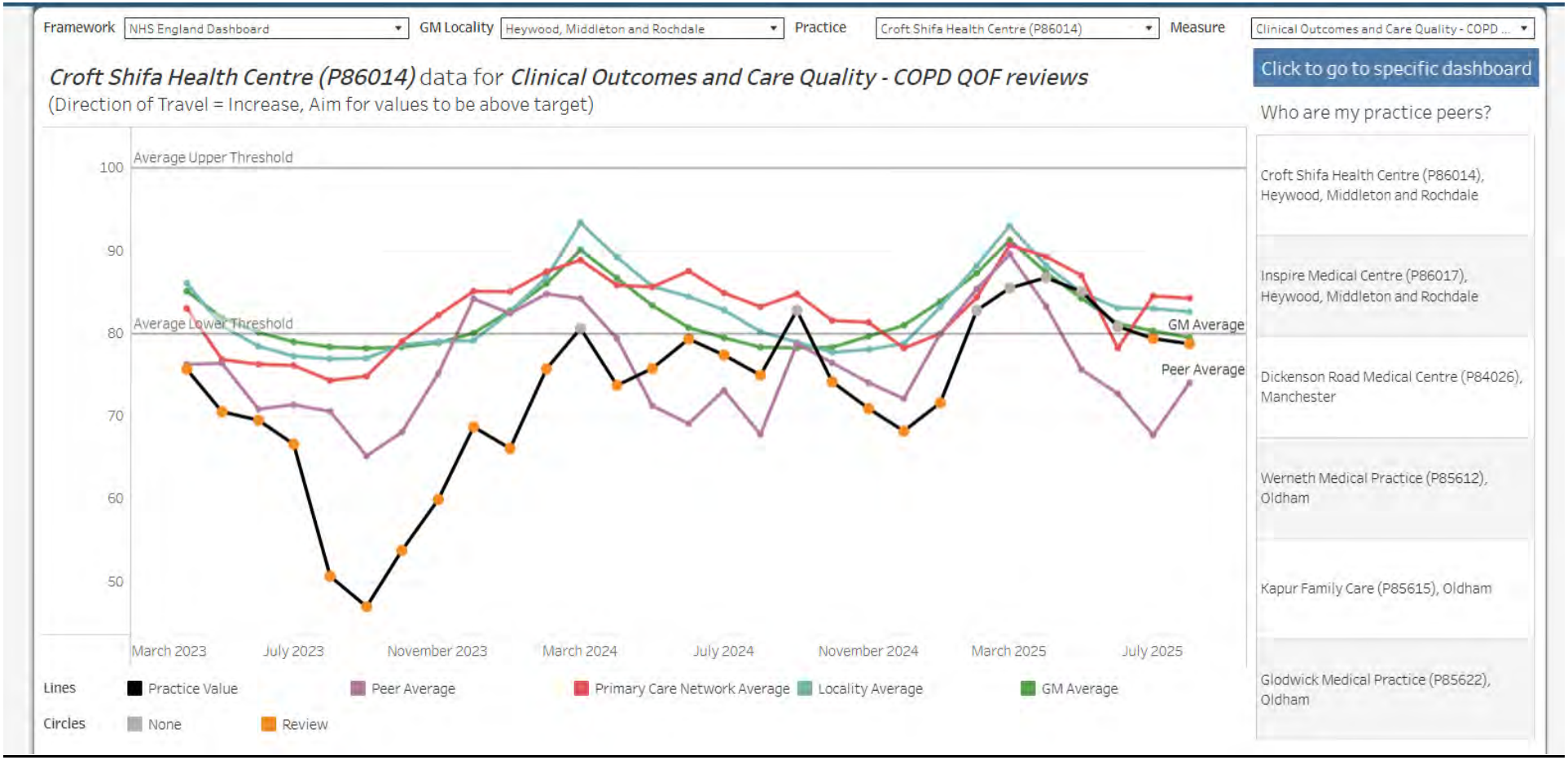



Framework
NHS England Dashboard
GM Locality
Heywood, Middleton and Rochdale
Practice
Croft Shifa Health Centre (P86014)
Measure
Clinical Outcomes and Care Quality - New C...
Croft Shifa Health Centre (P86014) data for Clinical Outcomes and Care Quality - New Cancers Treated after urgent suspect cancer referral
(Direction of Travel = Increase, Aim for values to be above target)
Dashboard in development
Who are my practice peers?
Croft Shifa Health Centre (P86014), Heywood, Middleton and Rochdale
Inspire Medical Centre (P86017), Heywood, Middleton and Rochdale
Dickenson Road Medical Centre (P84026), Manchester
Werneth Medical Practice (P85612), Oldham
Kapur Family Care (P85615), Oldham
Glodwick Medical Practice (P85622), Oldham
Average Upper Threshold
Average Lower Threshold
80
70
60
50
40
30
GM Average
Locality Average
Peer Average
Practice Value
Primary Care Network Average
March 2023
July 2023
November 2023
March 2024
July 2024
November 2024
March 2025
July 2025
Lines
Practice Value
Peer Average
Primary Care Network Average
Locality Average
GM Average
Circles
None
Review


Framework
NHS England Dashboard
GM Locality
Heywood, Middleton and Rochdale
Practice
Croft Shifa Health Centre (P86014)
Measure
Clinical Outcomes and Care Quality - COPD ...
Croft Shifa Health Centre (P86014) data for Clinical Outcomes and Care Quality - COPD QOF reviews
(Direction of Travel = Increase, Aim for values to be above target)
Click to go to specific dashboard
Who are my practice peers?
Average Upper Threshold
Average Lower Threshold
GM Average
Peer Average
100
90
80
70
60
50
March 2023
July 2023
November 2023
March 2024
July 2024
November 2024
March 2025
July 2025
Lines
Practice Value
Peer Average
Primary Care Network Average
Locality Average
GM Average
Circles
None
Review
Croft Shifa Health Centre (P86014), Heywood, Middleton and Rochdale
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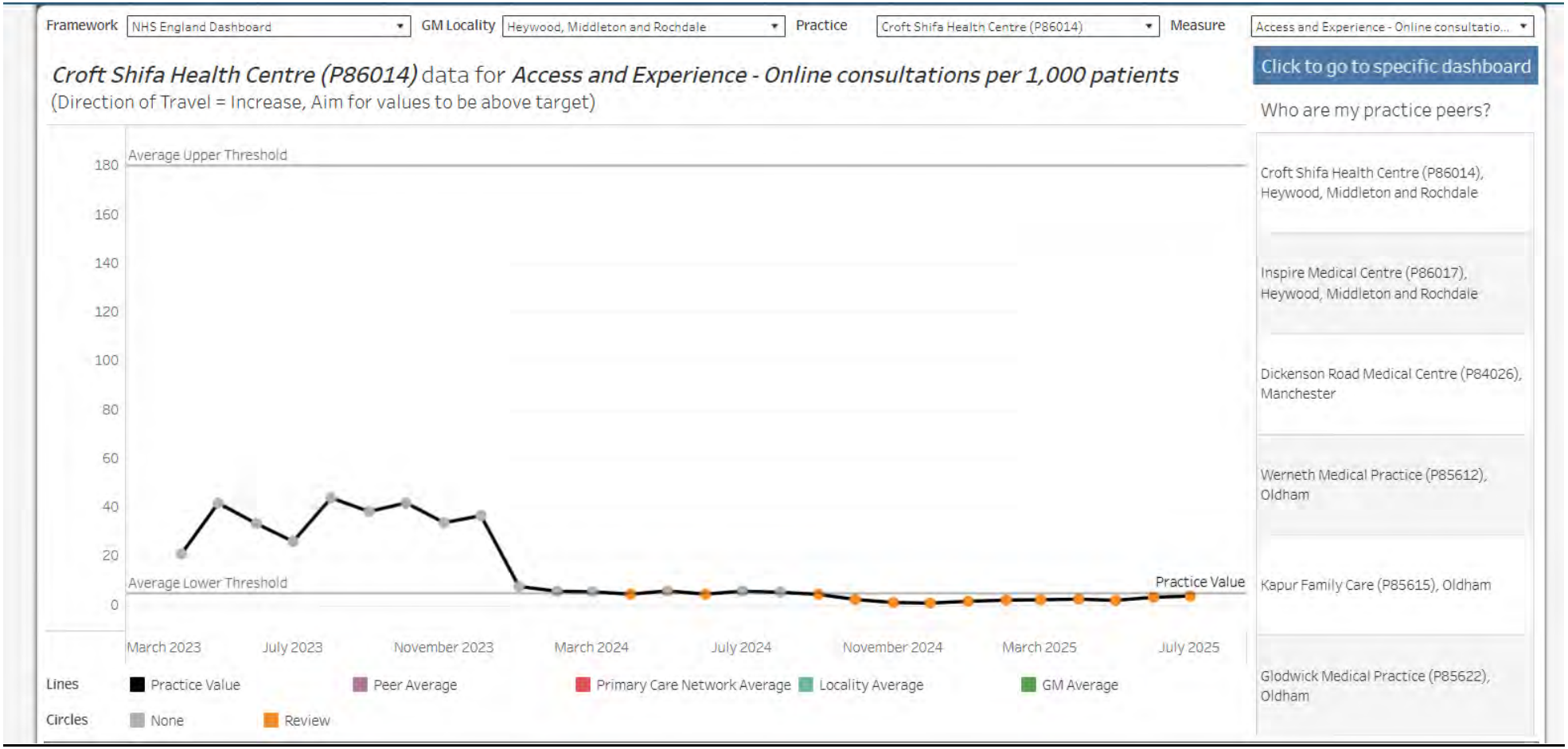
NHS
Greater Manchester
Integrated Care



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Appendix 3 – Quality Improvement Plan

Primary Care Quality Improvement Plan (To be completed and returned 3 weeks following visit)

Practice: XX Practice **Date of 1st Visit:** August 2025 **Page 1 of x**

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?

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Appendix 4 – Quality Improvement Plans for Practice Visits undertaken between 1 April 2025 and 30 September 2025:

Primary Care Quality Improvement Plan

Practice: A

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Improve engagement and understanding of patient needs with the multiple community groups registered at the practice	Inability to tailoring care to the cultural, social, and linguistic needs of different groups which can lead the Practice towards effective treatment and improved patient satisfaction.		ICB to enquire if there is a Community Engagement Officer at the LA who can support.
Understanding different patient cohorts registered with the Practice and in particular those patients who are deaf.	Unaware of the total numbers of patients who are deaf that are registered at the practice.	Practice Manager to look at the patient numbers to have more insight into this cohort at the practice.	
Utilising the GPIP programme to help the Practice achieve the most suitable outcomes within the remaining timeframe.	There is a concern that the programme may be increasingly tailored to address the priorities of other Practices within the cohort, potentially limiting its relevance and impact for our own Practice.	The Practice Manager will develop and communicate a clear plan outlining her priorities and expectations for the programme over the coming months, ensuring it delivers maximum benefit to the Practice. Suggested linking with Edenfield re their clinical triage model and any learning.	
CQC preparations		Healey Surgery have Practice Index and have completed the self-assessment to support the CQC element – link in with this Practice to find the benefits/pitfalls of utilising this tool.	
Public Health Diabetes Intelligence	Public Health have provided the Practice with key diabetes metrics to identify areas	To discuss with relevant staff within the Practice and provide general	

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
	of focus for improving processes and patient outcomes.	feedback/overview to PH on actions to be taken by the Practice.	

Primary Care Quality Improvement Plan

Practice: B

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Interpreter usage is very high in the practice	Additional step in booking face to face is frustrating when aware that this works best for the patients.		ICB to consider flexibility in their process to accommodate meeting this practice's patient need.
Reception staff	Turnover/sickness of reception staff	Continue with wellbeing events in practice to support staff wellbeing eg Pizza lunches, Staff recognition etc	Training programmes to support the receptionist role in general practice.
Attendance at meetings	Due to significant numbers of meetings, this is pulling the role of PM away from supporting the Practice and staff.		Planning consideration given to frequency of meetings requiring attendance of Practice Managers.

Primary Care Quality Improvement Plan

Practice: C

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Review workforce hours on the systems.	Check the workforce submission system to ensure this accurately reflects the range of staff supporting the practice.	Workforce submission now updated this was done 30th September	
Implement Patch's action plan and monitor the impact.	Patients like to come into the Practice.	Digital & IT Team member from ICB attended PPG meeting in September to discuss benefits of Digital platforms Practice is holding a Digital invite with ICB at the practice on 13th October patients have been invited to attend and we our running this alongside the flu and covid clinics to try to attract the older cohort of patients	ICB HMR Digital & IT team to support an NHS App session with patients.

Primary Care Quality Improvement Plan

Practice: D

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
PPG – Increasing membership	Different approaches have been trialled to increase PPG membership, with limited success		Arrange a meeting with Healthwatch to explore further ways of increasing PPG engagement and membership.
Support Level Framework	Focus during Q3 has been on other priority areas within the practice.	The SLF action plan to be prioritised during Q4 to ensure completion and implementation.	
Appointments – Winter funds	Uncertainty regarding whether claims for winter funds may be duplicated.		Practice Manager to discuss the remit of winter funds with the ICB Winter Funds lead, particularly in relation to the work undertaken by the member of staff.
Patient Led Ordering	Unclear steps required with the ICB to ensure systems reflect that the practice is live with patient-led ordering.	The practice has implemented patient-led ordering; however, this is not reflected within ICB systems.	ICB to follow up and confirm the practice is correctly flagged as live for patient-led ordering.

Primary Care Quality Improvement Plan

Practice: E

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
NHS App/Patchs		Practice is to consider holding an event for patients.	ICB HMR Digital & IT team can provide support. Practice could consider using students on work placements to engage with patients.
PPG Engagement	Reaching wider cohorts of patients	Practice to look at what themes they could offer to patients to support wider engagement.	
Practice Roles		Practice to share staff roles on the website to support patients in understanding the different types of support they can access both within the Practice & PCN.	ICB to share South Sefton's website link - **https://southseftonpcn.nhs.uk/**
Improved communications with Children's Social Care			ICB to share email address for Head of Service, Early Help and First Response - completed

Primary Care Quality Improvement Plan

Practice: F

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Support Level Framework – working through the action plan in place to support the digital access.	Presently patients are not eager to engage with the NHS app, but practice continues to push digital access.	Implement actions identified in the SLF action plan and share learning across Hope Citadel practices.	
PPG – use the feedback from Healthwatch to increase patient engagement.		Utilise events to gain feedback.	PM has spoken with Healthwatch who confirms the practice is taking all the right approaches for engage with patients.

Primary Care Quality Improvement Plan

Practice: G

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
New cancers treated after urgent suspect cancer referral	Being clear exactly what is being measured.		Primary Care team to clarify what is being measured for this indicator.
Share 0-5 app			Primary Care Team
Share link to the NHSE appointment dashboard			Primary Care Team
Practice to familiarise themselves with the NHSE appointment dashboard			
Invite ICB Primary Care team to PCN practice managers meeting to discuss the dashboards.			Primary Care Team

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Primary Care Quality Improvement Plan

Practice: H

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Monitor indicators that are currently triggering (Q3) due to timing	Practice does not complete its annual reviews until the Q4.	Practice is expecting to meet its targets later in the year.	

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Primary Care Quality Improvement Plan

Practice: I

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Patient Participation Group (PPG)		Rebuilt the PPG following management changes. Re-engage with previous Chair and/or recruit new members.	

Primary Care Quality Improvement Plan

Practice: J

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Patients per Admin FTE	Admin staffing level reflect the needs of the practice population.	Review and validate the patient per admin FTE workforce submission to ensure this is accurately capturing and recording the admin staff at the practice.	
PPG		Actively gather and use patient stories to inform service improvement. Continue redesign of the PPG to improve consistent engagement and effectiveness and ensure this is led by them.	
Digital Access & Inclusion		Share outcomes from the PCN digital inclusion event at Neighbourhood meetings. Deliver SLF action plan.	

Primary Care Quality Improvement Plan

Practice: K

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Practice wants to diversify its PPG makeup by targeting different age groups and patients of different backgrounds and ethnicity			Healthwatch are able to support Practices.
Practice to look at utilising direct booking functionality within Patchs to assess how this might support with booking specific cohorts of patients into specific clinics			Patchs help article sent by ICB
NHS app promotion event to support PLO and NHS app uptake			Link with ICB Medicines Management Team Link with ICB HMR Digital & IT team
Consider adding other digital options to telephony system eg NHS app for appointment cancellations/test results			

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Primary Care Quality Improvement Plan

Practice: L

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
PPG – practice agreed to share results of FFT with PPG	No issues/barriers identified	Practice to share results via PPG meeting	
COPD reviews	New practice nurse employed	New practice nurse to start these reviews with support	
Review workforce data and ensure this is updated monthly		Practice to start updating this at the same time as updating FFTs	
Only 10% of new cancers referred via suspected cancer pathway			

Primary Care Quality Improvement Plan

Practice: M

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Practice to offer Durnford Street PM opportunity to observe a PPG session	PM from Durnford unable to attend previous PPG meeting due to prior engagements, invite to next meeting.		
Healthwatch Report to be reviewed and completed	Not received		
Practice to continue to implement Support Level Framework action plan	Ongoing	All actions in place, SLF actions are a work in progress	None

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Primary Care Quality Improvement Plan

Practice: N

Area	What issues/barriers do you feel may be preventing you from achieving the target(s)	What internal practice actions do you propose are put in place to support achievement	What external support do you feel may be of benefit to support in this area?
Telephone access – explore ways to strengthen telephone access			
Appointments – review cases where needs were not fully met and identify themes			
F&FT/Patient Feedback – Ensure FFT qualitative feedback is regularly reviewed, themed and used in quality improvement work.			
Telephony -implement or reactive priority/vulnerable call handling lists. Develop a structured process for telephony data – decision making - improvement			
Patch (digital triage) – review patterns, demand and ensure safe triage capacity			

MEETING: Heywood, Middleton and Rochdale (HMR) Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 9

DATE: 27 March 2026

REPORT TITLE:	Quality Improvement Programme – Shared Learning for Practices
REPORT AUTHOR:	Jackie Woodall Transformation and Delivery Lead

EXECUTIVE SUMMARY:

This paper presents an overview of the shared learning, good practice, challenges and key themes identified through the 2025–2026 cycle of HMR Quality Improvement Programme (QIP) practice visits. It summarises the findings from all quality visits completed between April 2025 and January 2026 and outlines how this learning is being used to strengthen quality, equity and resilience across HMR GP practices. The report also highlights the impact of the QIP to date and sets out system-level considerations as the NHS moves towards a new assurance framework as part of wider national reforms.

The 2025–2026 Quality Improvement Programme (QIP) successfully delivered a full cycle of supportive quality visits across all Heywood, Middleton and Rochdale (HMR) GP practices., Following a temporary pause during the transition from CCG to ICS due to changes to local BI capacity, the refreshed programme was fully operational from April 2025, underpinned by the newly standardised NHS Greater Manchester (GM) Quality Framework Dashboard from September 2025.

A total of 35 in-person visits and 1 desktop review were completed, using a consistent, data-driven methodology based on HMR Dashboard, and for later visits the GM dashboard, triggers and wider soft intelligence. Practices with higher numbers of red/amber (HMR Dashboard) and subsequently amber triggers on the GM Dashboard were prioritised to ensure timely support and risk mitigation.

The programme has strengthened relationships between practices and the ICB, provided greater transparency around performance, and enabled targeted actions in areas such as digital access, medicines safety, screening uptake, and workforce planning. Quality visits also enabled the identification and spread of good practice, particularly in digital innovation, opioid reduction, screening recall systems, and development of Patient Participation Groups (PPGs).

Key themes identified include:

- **Digital Transformation:** Wide variation in PATCHS use, online appointment availability, and staff confidence. Digital champions and structured patient support clinics deliver measurable improvement.
- **Medicines Safety:** Clear evidence of strong practice, particularly around opioid reduction and systematic pharmacist-led reviews.
- **Screening & Immunisation:** High-performing practices use nurse-led recall, proactive follow-up, and collaborative working with Public Health.
- **Access & Telephony:** Variability in configuration and resilience; practices using blended appointment models perform best.
- **PPGs & Patient Engagement:** Mature PPGs drive improved patient experience; several practices still require foundational support.

Reasonable Adjustments & Inequalities: Good models exist but require standardisation across practices.

The QIP has provided a structured model for sharing learning, identifying risks early, and offering tailored support. However, national uncertainty around future assurance models means the approach may require adaptation next year pending NHS reforms.

The Primary Care Commissioning Committee (PCCC) is asked to:

- Review and approve the proposed recommendations arising from this cycle of visits, including the temporary pause of full supportive visits pending national guidance.
- Endorse the continued use of dashboard triggers, soft intelligence and CQC outcomes to maintain safe oversight during the transition period.
- Support the formalisation of mechanisms to share learning and good practice across all HMR practices.

Note the ongoing monitoring of practices with higher-risk profiles and the actions in place to ensure continued assurance.

RECOMMENDATIONS:	PCCC Members are asked to approve: • Quality Improvement Programme (QIP): Pause the full programme of supportive quality visits until national NHS reform direction is clear, while continuing to prioritise oversight using CQC outcomes, dashboard triggers, and soft intelligence. • Sharing Good Practice: Formalise mechanisms—such as GP newsletters and NHS Futures—to ensure learning and good practice identified through QIP visits is shared consistently across the borough. • Oversight of Higher-Risk Practices: Maintain enhanced monitoring for practices with more than 17 dashboard triggers to ensure early identification and mitigation of risks.

OUTCOME REQUIRED *(Please Indicate)*	Approval ☒	Assurance ☐	Discussion ☒	Information ☐
CONSIDERATIONS				
Please include a brief synopsis of any considerations or implications the Board should be made aware of: ☒**Risk implications;** ☐**Financial implications;** ☒**Clinical implications**; ☒**Impact on Inequalities**; ☐**Communication/Public Engagement**; ☐**Legal Implications;** ☒**Workforce Implications**;				

1.0 Background

1.1 Introduction

The purpose of this report is to provide the Primary Care Commissioning Committee (PCCC) with a comprehensive summary of the shared learning, good practice, and themes identified from the Quality Improvement Programme (QIP) visits undertaken across all HMR GP practices between April 2025 and January 2026. The report brings together the insight gathered through the full programme of individual practice visits, supported by dashboard intelligence, CQC outcomes, local soft intelligence and wider system feedback, to present an overview of the strengths, challenges and areas for improvement identified across the locality.

This paper also outlines how this learning will be used to support continuous improvement, reduce unwarranted variation and strengthen both quality and patient experience across the primary care system. In addition, the report provides an update on the impact of the QIP, describes emerging inequality themes, and highlights the considerations required as the NHS transitions through the NHS Reforms.

The committee is asked to:

- Approve the recommendations set out in Section 4, including the proposed approach to pausing the developmental model of visits ahead of national reform guidance.
- Consider and endorse the mechanisms proposed to support systematic sharing of good practice across HMR.
- Note the arrangements for maintaining oversight of higher-risk practices and ensuring appropriate assurance is retained.
- Take account of the key themes, learning and system-level considerations presented in the report.

1.2 Why the ICB undertakes Quality Visits

The NHS Greater Manchester Integrated Care Board (ICB) holds delegated responsibility for contracting with, and assuring the quality of, GP services. While GP practices remain responsible for the quality of care they provide, the ICB supports this through a structured Quality Improvement Programme (QIP), which includes an onsite Quality Visit.

The programme was reinstated in January 2025 following a temporary pause during the transition from CCGs to ICBs and was fully implemented from April 2025 to March 2026. During this period, all HMR practices received a Quality Visit, with the exception of one practice where a desktop review was undertaken due to a partnership breakdown.

The GM Framework dashboard indicators for this practice were very strong, and it was therefore agreed that an initial desktop review would be an appropriate and proportionate approach. This provided additional assurance, and the outcomes confirmed that although the partners were in dispute, there were no indications that this was impacting the quality of care or the delivery of patient services.

The desktop review considered a range of quality indicators, including:

- Patient feedback
- 2025 GP Patient Survey results
- Friends and Family Test outcomes
- Complaints shared with the ICB's complaints team
- List size trends
- GM Quality Dashboard performance (2 indicators triggering and 8 excelling)
- QOF outcomes
- Current CQC rating (Good)
- Digital and IT position

However, given that the partnership dispute remains ongoing and relates to the running of the practice, the Primary Care team will continue to monitor the practice as part of the ongoing QIP process.

1.2 What the Visits Aim to Achieve

The QIP visits are designed to support practices in strengthening the quality and safety of care. Key aims include:

- Identifying and sharing good practice across the locality.
- Understanding challenges, pressures, and barriers impacting quality.
- Reviewing performance indicators and areas of variation.
- Co-producing realistic improvement actions with practices.
- Drawing on wider ICB expertise (e.g., digital, medicines optimisation, workforce) where relevant.
- Promoting continuous improvement and reducing unwarranted variation.

These visits also form the basis of the shared learning presented in this report.

1.3 Approach taken this year

All practices were invited to participate in a structured visit supported by a practice resource pack. HMR's QIP drew on existing GM dashboards to ensure standardised, consistent measures were used to guide discussions and identify learning.

2.0. Methodology

2.1 Number of practices visited

Ten practices were visited between January - March 2025, followed by 25 further visits between April 2025 and January 2026. One practice received a desktop review (instead of a full visit) due to concerns arising from a partnership dispute. Although the practice was performing well against dashboard indicators, the review was undertaken to provide additional assurance. No issues affecting quality of care or patient safety were identified; however, the practice will remain under routine QIP oversight given the ongoing nature of the partnership dispute.

Dashboard triggers are reviewed quarterly. Practices with higher numbers of triggers are visited sooner; those with fewer triggers are scheduled later. The RAG status is included to support prioritisation.

Dashboard Triggers	**RAG Status**	**Monitoring/Support Level**
Greater than 17	Red - includes practices with a CQC inspection outcome of Requires Improvement or Inadequate	Stage 3 – Advanced Monthly visits
Between 9-16	Amber	Stage 2 – Enhanced Quarterly Visits
Less than 8	Green	Stage 1 – Routine Annual/18 monthly

2.2 How the visits were conducted

The visits were all conducted in person with some supported by a clinical lead and medicines optimisation team, particularly where they were trigging a number of medicines safety measures.

2.3 Data sources used

A single NHS GM dashboard, aligned with NHSE's GP Dashboard indicators, was introduced in September 2025 to ensure consistent performance reporting across all localities. Before adoption, HMR used its own locality dashboard. Practices continue to be monitored using dashboard intelligence alongside soft intelligence received through routine Primary Care Team channels.

2.4 How learning was gathered and produced

Learning was generated from the QIP visits by using dashboard insights as a starting point for discussion, then working with practice teams to understand both the challenges they faced and the reasons behind areas of strong performance.
During each visit, the team:

- Reviewed data quality and indicator performance.
- Explored areas where practices triggered indicators, gaining assurance on mitigating actions.
- Identified areas of excellence and the factors underpinning them.
- Observed practice environments and workflows to contextualise findings.
- Captured examples of innovative or effective practice that could be shared across the locality.

2.5 Overview of Key Themes Identified

Following the completion of 12 months of practice visits, the findings have been grouped into a number of key themes to provide the committee with a clear and structured overview of the learning identified. Each theme summarises common patterns observed across practices, highlighting both areas of challenge and areas of strength, with further detail provided under each theme heading.

Once approved by PCCC members, this report will be shared with all practices and will clearly outline the learning that practices may wish to consider either individually or at PCN level, supported through targeted quality improvement activity. Practices will also receive a practice-specific breakdown of findings, enabling peer-to-peer support and shared learning. This information will be disseminated via GP Newsletters and NHS Futures.

The key findings identified by the Primary Care Team are outlined below.

2.6 Areas of Good Practice

Digital Excellence

Practices with 66–71% NHS App uptake used:

- Digital champions
- Regular clinics or drop-ins
- Direct online booking for selected appointment types

Learning to be considered by Practices:

- Use digital champions and run patient digital drop-ins.
- Provide consistent online appointment availability.
- Streamline PATCHS workflows and embed triage rules.

Medicines Safety Exemplars

Top performers in opioid reduction and ACE/loop diuretic monitoring showed:

- Monthly searches
- Pharmacist-led oversight

- Strict follow-up systems

Learning to be considered by Practices:
- Monthly automated searches for high-risk cohorts.
- Pharmacy-led reviews reduce errors and variation.

Access & Appointment Flow
Top performers in appointments within 14 days:
- Used blended booking models
- Had consistent recall processes
- Maintained high GP availability despite pressures

Learning to be considered by Practices:
- Use mixed appointment models (pre-bookable + same day).
- Clear care navigation protocols increase efficiency.

Screening & Immunisation
Best practices did the following:
- Nurse-led cervical screening follow-up
- Weekend child immunisation clinics
- Public Health partnership models

Learning to be considered by Practices:
- Early recalls and nurse-led follow-up improve compliance.
- Public Health partnership boosts coverage.

PPG Models
Exemplary PPGs had:
- Bi-monthly structured sessions
- Feedback cycles ("You said, we did")
- Use of PPG skills in community sessions

Learning to be considered by Practices:
- Structured agendas and themed meetings strengthen engagement.
- Share PPG best practice from high-performing sites (e.g., Mark Street).

Inclusivity & Reasonable Adjustments
Practices implementing:
- Pre-appointment preparation for neurodiverse patients
- One-clinician models for LD checks
- Trauma-informed cervical screening

Learning to be considered by Practices:
- Create flexible, personalised adjustment plans for LD, MH, and complex needs.
- Trauma-informed approaches improve screening uptake.

2.7 Challenges

While the majority of practices demonstrated strong performance and positive progress, discussions during practice visits also highlighted a small number of areas where challenges continue to persist. These issues were raised by a minority of practices but are important to acknowledge. The themes below reflect operational pressures, system constraints, and process gaps identified collaboratively with practices during the visits and were included in each Practice's action plan as areas requiring attention. The sharing of updated action plans with the Primary Care Team provides assurance that work has taken place and the issues have been addressed, or in the case of PPG development, are moving forwards. They are presented here to demonstrate the targeted quality improvement underway.

Digital Access Gaps

- PATCHS usage below target in a couple of practices - *Engagement has been good, but this relates to older adults, non-English speakers, and digitally unconfident patients.*
- Inconsistent availability of online appointments, some for several months – *work has been ongoing to support Practices with the Locality Digital Lead and through the LCS scheme.*
- Need for more staff training in digital triage – *further training has been delivered to support staff in embedding the triage rules and standardise workflows.*

Workforce Constraints

- High admin workload and shortage of non-clinical FTE
- Need for workforce planning and skill-mix reviews.
  Workforce mapping undertaken and review of workforce submissions.

Telephony Issues

Outages and configuration problems - *Liaised with IT team to resolve outages and system failures.*

- Poor signposting within call flows in some practices – *further training on care navigation and use of analysis of call analytics to identify peaks and troughs.*

Screening Variation

- Significant variation in coverage for breast, bowel, and cervical screening
- Some practices require better coding and structured recall.
  Practices supported to improve recall processes via searches and EMIS tools. Public Health colleagues also supporting practices.

Registration & Safeguarding

Some practices lack robust processes for:

- Overseas visitors – *Provided with updated guidance for registering overseas visitors include entitlement checks.*
- Child safeguarding at registration – *Reinforced child safeguarding requirements at the point of registration.*
- Handling PDS mismatches – *discussed resolving and when to escalate.*

PPG Underdevelopment

- Several practices rebuilding PPGs from scratch – *support offered to practices to re-establish PPGs from Healthwatch and sharing of good practice examples identified through visits.*

- Lack of consistent patient involvement in service design - *Practices encouraged to embed PPG input into all service reviews.*

2.8 Health inequalities

Across practices, recurring inequality issues included:

Digital Exclusion

- Older adults, non-English speakers, and digitally unconfident patients at higher risk.
- Practices mitigating this with:
  - Digital support sessions
  - Interpreter use
  - Alternative access routes

Language & Communication Barriers

- Use of interpreters and visual aids improves engagement.

Learning Disabilities

- Consistent clinician assignment improves continuity and outcomes.

Safeguarding

- Children in vulnerable circumstances benefit from stronger registration and follow-up pathways.

Socioeconomic Barriers

- Practices using community partnerships (schools, faith groups, local charities) see improved engagement.

2.9 Summary of Recommendations for Next Steps

Learning from the 2025–2026 Quality Visits highlights the need to continue strengthening digital access and inclusion, enhance workforce planning and administrative resilience, and improve telephony reliability and care navigation across practices. Consistent, structured recall systems are required to reduce variation in screening, supported by accurate coding and close collaboration with Public Health. The visits also identified the importance of standardising registration and safeguarding processes, further developing PPGs to embed meaningful patient involvement, and ensuring personalised reasonable adjustments are routinely applied to improve equity. To sustain progress, it is recommended that this report, along with the separately captured individual practice-level learning, is shared with all Practices to support the dissemination of good practice. Practices should also continue to use PCN forums to spread effective models identified through the learning outlined in this report.

2.10 Impact of the Quality Visits

Quality visits have resulted in:

Improved Insight & Transparency

- Practices gain clarity on performance indicators and triggers.
- Identification of gaps previously unknown to the practice.

Targeted Improvement Plans

- Visits lead to specific actions e.g., telephony reviews, digital redesign, safety audits.

Strengthened Relationships

- Enhanced collaboration between practices, PCNs, ICB teams, and Public Health.

Spread of Good Practice

- Exemplars identified (eg digital champions, LD models, cervical screening approaches) are now being shared borough wide.

Boost to Morale

- Recognition of strengths which increases staff confidence and motivation.

3.0 Forward Plan for the Next Year

Due to the ongoing NHS reforms, there remains significant uncertainty regarding how Quality Visits will be taken forward in the coming year. At this stage, it is not yet clear what future model or framework will be adopted, whether the existing approach will be adapted, or whether Quality Visits will continue in their current form, or if at all. As any guidance evolves, we will review emerging requirements and adjust our plans accordingly to ensure that any future quality assurance processes are aligned with the new NHS planning and deliver the appropriate level of oversight and assurance accordingly.

4.0 Recommendations:

PCCC members are asked to consider and approve:

4.1 QIP Approach

- Pause the supportive, developmental model of quality visits until further direction is issued and outcomes of NHS reform are clear for Localities.
- In the interim continue prioritising practices based on CQC outcomes, dashboard triggers and soft intelligence.

4.2 Continue Sharing of Good Practice Identified Through QIP Visits

- ICB formalise mechanisms (GP Newsletters, NHS Futures) to ensure borough-wide dissemination of learning/good practice.

4.3 Maintain Oversight of Practices with Higher Risk Profiles

- Continue enhanced monitoring of practices with >17 dashboard triggers.
- For the practice recently issued CQC notices, maintain close oversight until the final inspection report is published. From this ensure they meet the ICB contractual compliance elements, and any improvement plan has oversight to provide the assurance.

MEETING: Heywood, Middleton and Rochdale (HMR) Place Based Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 11

DATE: 27 March 2026

REPORT TITLE:	Finance Report			
REPORT AUTHOR:	Damian Mercer			
EXECUTIVE SUMMARY: This report updates the Primary Care Commissioning Committee on the financial position at quarter 3 (December) of the 2025/26 financial year. At the end of quarter 3, the Primary Care Budgets were forecasting to breakeven as a result of the majority of the contracts being block contracts.				
RECOMMENDATIONS:	**To note the contents of this report**			
OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
CONSIDERATIONS				
Please include a brief synopsis of any considerations or implications the Board should be made aware of: ☐**Risk implications;** ☒**Financial implications;** ☐**Clinical implications**; ☐**Impact on Inequalities**; ☐**Communication/Public Engagement**; ☐**Legal Implications;** ☐**Workforce Implications**;				

Introduction

This report updates the Primary Care Commissioning Committee on the financial position at quarter 3 (December) of the 2025/26 financial year.

At the end of quarter 3, the Primary Care Budgets were forecasting to breakeven as a result of the majority of the contracts being block contracts.

Month 09 Financial Position

Table 1: Month 09 Finance Position

	YTD Budget (£000)	YTD Actuals (£000)	YTD Variance (£000)	Annual Budget (£000)	Forecast (£000)	Variance (£000)
Primary Care						
Core Plus	3,407	3,407	0	4,542	4,542	0
Clinical Services	525	525	0	701	701	0
Public Health Contribution to Clinical Services	-201	-201	0	-268	-268	0
Locally Commissioned Schemes	551	551	0	735	735	0
Integrated Out of Hours	2,097	2,097	0	2,796	2,796	0
Total	**6,379**	**6,379**	**0**	**8,506**	**8,506**	**0**

Core Plus

Core Plus is the locality scheme that was previously commissioned with the Local Care Organisation (LCO), now commissioned directly with the Primary Care Networks. 80% of the core plus contract is paid to PCNs throughout the year on a monthly basis, with the remaining 20% paid upon achievement of the contract. The locality is prudently forecasting that all Core Plus targets will be achieved and that the full £4.5m will be utilised.

Clinical Services

Clinical services refers to the practice level services for Special Allocation Scheme, Ring Pessary, PSA, Minor Surgery and Public Health services. This was combined with the Core Plus contract previously but has been commissioned separately this year. It is anticipated that full budget will be spent at month 9, particularly as this is the first year that these services have been monitored directly by the ICB rather than as part of the overall Core Plus Contract.

Locally Commissioned Schemes

These schemes include the Primary Care Enhanced hubs, Homeless Alliance Response Team (HART) and the Prescribing Incentive Scheme as well as the Minor Ailment Service and Minor Eye Care Service. Most of these contracts are agreed block contracts so there is no financial risk to the forecast position.

Integrated Out of Hours

The Integrated Out of Hours service is commissioned with BARDOC. This consists of the main Out of Hours Contract as well as the Acute Visiting Service (AVS) and Alternative to Transfer Service (ATT).

Recommendation

The PCCC are asked to note the contents of this report.

MEETING: Heywood, Middleton and Rochdale (HMR) Place Based Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 12

DATE: 27 March 2026

REPORT TITLE:	IM&T Update			
REPORT AUTHOR:	Chris Upton, Head of IT & Assurance			
EXECUTIVE SUMMARY: This report outlines key digital and operational updates across HMR and the wider North East Sector. Ongoing NHS reforms have slowed several digital programmes, with potential impact (TBC) around delivery capacity and engagement. Progress continues in key areas including procurement of Online Consultation/Video Consultation tools, EMIS performance work, the hardware refresh programme, and enhancements to the GM Care Record. AI governance requirements remain a priority, with several tools approved and a supporting process in place for clinical safety, IG, and onboarding. NHS App engagement also continues, with HMR performing close to the GM average.				
RECOMMENDATIONS:	The Board is asked to accept the contents of this report.			
OUTCOME REQUIRED (Please Indicate)	Approval ☐	Assurance ☐	Discussion ☐	Information ☒
CONSIDERATIONS				

Please include a brief synopsis of any considerations or implications the Board should be made aware of:

☐**Risk implications;**
☐**Financial implications;**
☐**Clinical implications**;
☐**Impact on Inequalities**;
☐**Communication/Public Engagement**;
☐**Legal Implications;**
☐**Workforce Implications**;

North East Sector (NCA footprint)
Responsibility for the Bury, HMR, Oldham and Salford locality IT remits now sits with Chris Upton, Head of IT and Assurance.

The North East Sector IT Team participates in and provides updates as appropriate to a range of senior leadership and primary care management meetings.

The North East Sector IT Team also links with the Digital Facilitator teams and has shared responsibility for the delivery of associated programmes of work.

NHS reforms
Ongoing NHS reform, including financial recovery programmes, workforce constraints, and a renewed focus on statutory core functions, has had a material impact on NHS Greater Manchester ICB digital portfolios. As a result, a number of ICB-led activities and digital programmes have been paused, slowed, or discontinued in order to realign delivery with the Model ICB Blueprint and national priorities set by NHS England.

The immediate impact of this realignment is a slower pace of visible digital transformation at place and neighbourhood level, an increased risk of partner organisation disengagement, and delays to benefits realisation from in-flight digital strategy and programme activity.

In the context of the current organisational restructure, there is a significant risk of losing specialist digital expertise, alongside a potential mismatch between the future digital ambition set out in the Model ICB Blueprint and the delivery capability retained within the ICB. While this transition period represents a consolidation and realignment of strategy rather than a retreat from digital transformation, there however remains uncertainty at this stage regarding the scale

and shape of the ICB's future digital capability. It is expected that further clarity on this will be defined as part of the reform/Consultation process.

Online Consultation/Video Consultation (OCVC) Framework

NHS GM is progressing the procurement of Online Consultation, Triage, Messaging, and Booking tools to support the Modern General Practice model. Details of the selected solutions will be shared when work on the model is completed.

Once the final selection is confirmed, the IT and Digital Facilitation teams as appropriate will schedule online supplier demonstrations for practices.

For 2026/27, the number of NHS GM-funded solutions will be streamlined to reduce complexity while maintaining high standards of patient care and meeting funding constraints. Practices wishing to use these funded solutions can opt-in.

Any practices choosing not to proceed with any of the funded solutions from the framework will need to self-fund an alternative, compliant solution available through an NHS procurement framework.

With fewer solutions available, some practices may need to change systems.

There may be a short period of dual running to support practices through transition.

Practices will be advised around requirements for training and onboarding once the framework model is complete.

EMIS issues

Outstanding workflow tasks statistics have been received showing large numbers of tasks in some practices and this will impact on EMIS performance. Practices are advised that reducing workflow tasks to under 4,000 will help improve performance.

As a general guide the average number of outstanding tasks across all GM practices is 4,824. There are 147 practices across GM with over 4000 active tasks.

Networking
GM ICB Network teams are considering GM wide networks and a rethink of replacement of COIN 2 with virtual networking and resilient 5G mobile connectivity to reduce the dependency of cabled infrastructure serving practices.

Cloud Based Telephony
6 practices have volunteered to take part in a pilot to optimise call menu configuration. Dr Jonti Hudson from Durnford practice produced an IVR model as a basis for others to follow. This has been used as an example for others to follow. Practices have fed back various different approaches to the use of smart functions bespoke to their service delivery. The IT team continues to provide support and advice as required.

Lloyd George Digitisation/National Document Repository
Whilst there is no active funding stream for the digitisation of Lloyd George records, practices may still wish to convert their paper records.

NHS England has circulated information on a new National Document Repository which presents practices with a platform to access and store digital patient documents either in house or via a third party provider. Information about the service and advice on how practices can use it can be found here: National Document Repository (NDR): Access and store digital patient documents - NHS England Digital

GP website contract renewals
GPs who have contracts with My Surgery Website are being asked to sign their contract renewal. Each practice has been contacted by Karl Dean from MSW to initiate this process. Practices are asked to respond to Karl on karl@mysurgerywebsite.co.uk to confirm intentions or raise queries. Practices that have not signed their renewed contract by 30th May risk their website being inaccessible after that date.

AI policy and onboarding process
AI is a developing science that introduces a range of risks in a range of ways such as clinical risk, information governance, cybersecurity, data quality, etc. as well as presenting ethical issues. NHS organisations wishing to implement an AI solution must comply with applicable laws and standards that have been introduced to manage IG, cybersecurity and clinical risks.

It is important to note that a Clinical Safety Review is a formal process requiring specific documentation and activities relating to the DCB0160 standard – it is not sufficient for a clinician to approve using an AI product without ensuring legal compliance.

An AI policy is available via the ICB intranet site at gmintegratedcare.sharepoint.com/sites/IntranetSite/Shared Documents/Forms/Main view tiles.aspx?id=%2Fsites%2FIntranetSite%2FShared Documents%2FGuidance%2FIT Policies%2FNHS GM Robotic Process Automation and Artificial Intelligence Policy%2Epdf&parent=%2Fsites%2FIntranetSite%2FShared Documents%2FGuidance%2FIT Policies

Practices wishing to implement an AI solution should raise a request to deploy the software via ServiceNow. The ICB AI oversight committee will assess the request and recommend any necessary actions.

Some AI products have already been approved:

- Heidi AI (Free version)
- Health Tech
- Accurx Scribe
- X-On / Tortus
- Abtrace
- Deontics Lipid Optimisation Tool

Additionally practices who implement any AI tool must complete necessary due diligence including:

- Nomination of a Clinical Safety Officer (CSO), who should complete the relevant E-LFH training: https://digital.nhs.uk/services/clinical-safety/clinical-risk-management-training
- Completion of a Data Protection Impact Assessment (DPIA)
- Completion of an Equality Impact Assessment (EIA) – to ensure that any newly implemented solution does not discriminate against any patient cohort, with appropriate provisions made where needed.
- Completion of a Hazard Log (to be signed off by your organisations nominated CSO)
- Updated Business Continuity Plan in the event of system failure and potential over-reliance.

- Updated Privacy Notice to include information around your organisations use of transcribing solutions.
- Ensure quality checks and audits are being regularly undertaken to ensure your chosen solution is working as expected, and for accuracy. Frequency to be decided by individual organisation.
- Inform your organisations insurance provider of any newly implemented AI solutions.
- Log your use of a new AI/RPA solution on the IT Self Service Portal to maintain an internal register of solutions being used across GM: https://nwcsu.service-now.com/gmss?id=gmss_request_catalogue_item&sys_id=45935e4e37173200909584f643990e00

The AI Oversight Group continue to work towards permitting further RPA/AI solutions and will notify practices of any new additions to the permitted list in due course.

Hardware refresh and associated risks

The ICB IT desktop and laptop hardware refresh programme is addressing a legacy of underinvestment that has left a proportion of end-user devices operating beyond their recommended lifecycle.

Historically, ageing hardware across several practices has resulted in reduced system performance, increased device failure rates, and constraints in supporting current clinical systems, security updates, and modern ways of working. This has contributed to operational disruption within practices and increased pressure on local IT support services.

Funding has now been secured, and a hardware refresh programme is underway, which will progressively mitigate these risks; however, until refresh activity is fully implemented and embedded as a rolling programme, there remains a residual risk to productivity, staff experience, cyber security posture, and the reliable delivery of digital primary care services.

Where new equipment may be requested by practices, It should be noted that practices that have a device to user ratio higher than 1:1 will not be able to request further equipment from the servicenow portal.

GM Care Record

EPaCCS

A cross locality workgroup is being established to bring together the Bury, HMR, Oldham and Salford localities along with NCA colleagues to work toward a consistent approach aligned with the NCA footprint. Part of this work will include phasing out Statements of Intent, with advice from Tameside colleagues where this has already been completed and with support and involvement from Health Innovation Manchester.

Childrens Social Care

The Salford Childrens social care team is working to integrate the Liquid Logic childrens system with the GM Care Record. This will include:

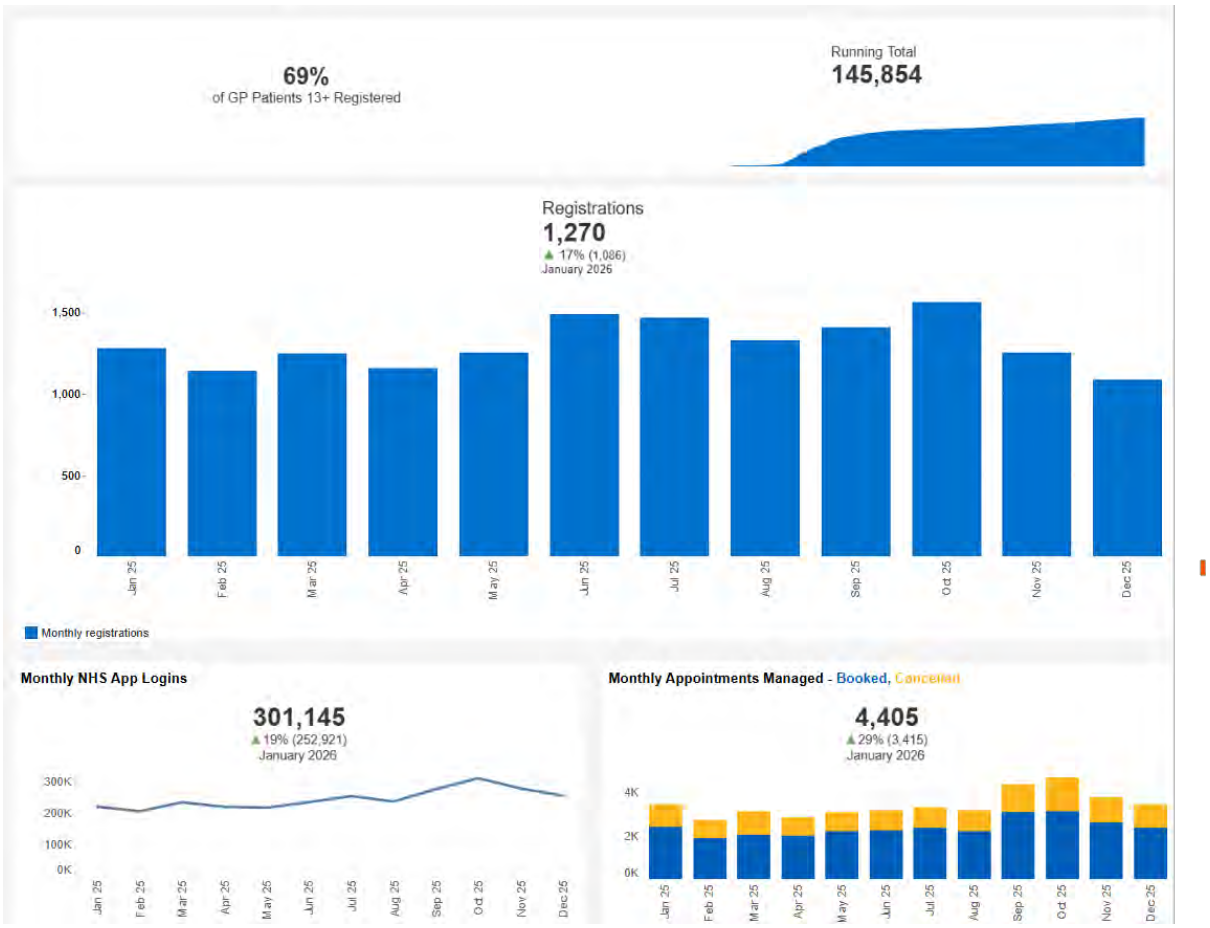
- Single Sign On to enable social care staff to access the GMCR
    - A PO has now been raised for this work so that it can now proceed in March
- Bringing together social care and IG to develop a minimised data set and enable a data feed into the GMCR so that high level information can be viewed by NHS staff
    - This is under way; a schema has been agreed and is being formatted for Liquid Logic to implement
    - No costs are involved
    - Following successful implementation, this would then lead to HMR and other localities being able to implement similar feeds. (HMR already has single sign on but paused the feed due to GM wide IG concerns which have subsequently been resolved).
    - Other localities may choose to use the data feed schema as a pre-approved model and thereby reduce the time to deployment.

NHS App onboarding & engagement

The IT and Digital First teams offer a programme of engagement with practices to deliver NHS App events and support patients face to face with downloading and installing the App.

The national target for NHS App onboarding of patients age 13+ is 75%. The national average level of take up is 73%.

The GM average is 68%; in HMR this is 69%



Primary Care Digital Transformation/Maturity Model

The IM&T Team continues to work with commissioners, PCNs and practices to support digital services within practices in line with locality, regional and national initiatives. This includes elements of reporting on key metrics such as online consultation activity or NHS App uptake as detailed above. The approach also reflects aspects of locality work to support the GM Digital First Primary Care programme. Since October 2025 Curator dashboards have been implemented to support monitoring OCVC activity but detailed activity reports are still produced by the IT team to support practices and PCNs in service management.

		NHS App Utilistion																	Friends and Family Submissions								Patches Utilisaton					Websites and DC			
Practice Name	List Size	% Patients Regis	Q1 2023/24 NHS App Appts Booke	Q2 2023/24 NHS App Appts Booke	Q3 2023/24 NHS App Appts Booke	Q4 2023/24 NHS App Appts Booke	Q1 2023/24 NHS App Appts Cancelle	Q2 2023/24 NHS App Appts Cancelle	Q3 2023/24 NHS App Appts Cancelle	Q4 2023/24 NHS App Appts Cancelle	Q1 2023/24 NHS App Rx Reque	Q2 2023/24 NHS App Rx Reque	Q3 2023/24 NHS App Rx Reque	Q4 2023/24 NHS App Rx Reque	Q1 2023/24 NHS App Log	Q2 2023/24 NHS App Log	Q3 2023/24 NHS App Log	Q4 2023/24 NHS App Log	F&F Q1 Submissions 202	F&F Q2 Submissions 2023	F&F Q3 Submissions 2023	F&F Q4 Submissions 2023	Q1 % who would recommend the pra	Q2 % who would recommend the pra	Q3 % who would recommend the pra Oct & Nov	Q4 % who would recommend the pra	Patches Utilisation Q4 2022/	Patches Utilisation Q1 2023/	Patches Utilisation Q2 2023/	Patches Utilisation Q3 2023/	Patches Utilisation Q4 2023/	Digital Cham	Digital Champion Eng	The practice has migrated to Local Website Platform (where agreed)	Website Audit Complete
Praceice name redacted	8936	64.1	407	376	688	16.5	41	49	88	1.99	871	722	855	27.4	####	####	18115	558	598	969	1199	31	92%	91%	94%	92%	153	190	167	295	9.01	Yes	Yes	Yes	
Praceice name redacted	11419	61.1	33	34	18	0.74	6	8	8	0.19	1010	872	1111	26.2	7389	7808	9337	215	2553	2759	2671	69.9	94%	92%	94%	93%	32	16	38	84	1.49	No	No	Yes	
Praceice name redacted	8618	61	758	593	692	23.7	181	128	184	5.72	1951	1616	1918	63.6	####	####	####	726	447	535	845	21.2	94%	93%	95%	94%	557	515	530	641	26	Yes	Yes	Yes	
Praceice name redacted	8672	57.5	275	182	198	7.55	85	55	58	2.28	1129	1006	1261	39.2	####	16191	####	554	683	837	829	27.1	98%	96%	98%	97%	700	648	601	594	29.3	Yes	Yes	Yes	
Praceice name redacted	8833	57.3	279	200	258	8.34	108	94	127	3.72	980	670	1054	30.6	8956	####	11614	354	633	783	940	26.7	95%	96%	98%	96%	146	229	244	490	12.6	Yes	Yes	Yes	
Praceice name redacted	5508	55	257	266	205	13.2	116	97	105	5.77	872	754	892	45.7	7797	9294	####	509	1172	221	1109	45.4	92%	97%	99%	96%	129	134	105	122	8.9	Yes	Yes	N/A	
Praceice name redacted	6395	54.8	0	0	4	0.06	4	4	7	0.23	643	533	639	28.4	4071	4357	4438	201	443	478	602	23.8	94%	96%	97%	95%	13	7	6	27	0.83	Yes	Yes	N/A	
Praceice name redacted	4412	54.3	11	12	8	0.7	8	5	7	0.45	550	431	538	34.4	4851	5097	4772	334	898	873	1292	69.4	94%	96%	97%	96%	9	26	18	46	2.24	Yes	Yes	Yes	
Praceice name redacted	7468	53.9	137	108	110	4.75	91	59	69	2.93	883	794	1059	36.6	6842	7868	####	340	1613	1763	1328	63	97%	98%	99%	98%	227	233	200	236	12	Yes	Yes	Yes	
Praceice name redacted	8742	53.5	0	0	22	0.25	0	0	12	0.14	1623	1296	1613	51.8	7341	9312	8436	287	412	722	790	22	93%	95%	97%	95%	1027	1012	1073	938	46.3	Yes	No	Yes	
Praceice name redacted	3491	53.1	10	8	9	0.77	4	1	4	0.26	365	300	391	30.2	2854	2938	3945	279	264	228	359	24.4	98%	98%	99%	99%	23	15	18	48	2.98	Yes	Yes	Yes	
Praceice name redacted	4171	52.3	48	35	46	3.09	16	20	24	1.44	696	572	658	46.2	3553	3935	4826	295	1383	1448	1374	101	98%	98%	98%	98%	83	88	94	100	8.75	Yes	Yes	Yes	
Praceice name redacted	8837	50.6	2	0	3	0.06	7	5	11	0.26	1105	962	1151	36.4	7429	7822	8632	270	419	283	665	15.5	94%	95%	####	96%	482	569	750	758	29	Yes	Yes	Yes	
Praceice name redacted	3808	50.5	69	146	122	8.85	21	33	35	2.34	357	346	667	36	3124	5407	6658	399	654	733	429	47.7	93%	94%	97%	95%	195	181	136	191	18.5	Yes	Yes	Yes	
Praceice name redacted	8734	50.2	0	20	32	0.6	16	11	23	0.57	1365	1104	1371	44	7312	7781	8959	275	191	125	676	11.4	95%	94%	98%	96%	293	312	290	320	13.9	Yes	Yes	N/A	
Praceice name redacted	4863	50	76	72	77	4.63	34	34	15	1.71	217	162	198	11.9	2120	2997	2739	162	43	39	156	4.89	70%	82%	97%	83%	394	343	421	512	34.3	Yes	Yes	Yes	
Praceice name redacted	3357	49.2	0	0	0	0	6	2	1	0.27	442	379	459	38.1	2029	2246	2462	201	247	314	466	30.6	97%	96%	99%	97%	0	0	0	13	0.39	No	No	Yes	
Praceice name redacted	9737	49	285	238	269	8.13	60	56	73	1.94	1343	797	1360	35.9	7401	7528	8923	245	149	129	202	4.93	95%	96%	99%	97%	15	24	185	235	4.71	Yes	Yes	Yes	
Praceice name redacted	6602	47.9	0	3	0	0.05	6	0	4	0.15	180	182	220	8.82	2383	2099	3105	115	385	432	440	19	89%	91%	94%	91%	27	13	10	47	1.47	Yes	No	Yes	
Praceice name redacted	15963	47.8	143	276	170	3.69	108	63	91	1.64	1534	1300	1679	28.3	####	####	####	328	761	481	1452	16.9	94%	95%	97%	95%	160	231	184	216	4.96	Yes	Yes	Yes	
Praceice name redacted	9962	47.2	135	118	99	3.53	49	29	56	1.35	1464	521	1163	31.6	8157	8512	####	277	317	439	511	12.7	96%	95%	95%	96%	79	107	109	133	4.3	Yes	Yes	Yes	
Praceice name redacted	4698	47.2	37	36	41	2.43	41	37	39	2.49	479	385	557	30.2	4361	4721	5989	321	119	245	636	21.3	92%	94%	98%	95%	0	114	72	105	6.19	Yes	Yes	Yes	
Praceice name redacted	7620	47.1	102	79	86	3.5	43	21	26	1.18	664	610	698	25.9	6392	6115	6728	252	380	485	733	21	93%	95%	95%	95%	20	23	22	27	1.21	Yes	Yes	Yes	
Praceice name redacted	3767	46.7	1	0	1	0.05	8	6	10	0.64	243	229	650	29.8	2714	3876	5740	327	437	426	549	37.5	92%	93%	97%	94%	1	3	16	102	3.24	Yes	Yes	N/A	
Praceice name redacted	13305	46.5	0	11	28	0.29	23	30	47	0.75	1430	1473	2314	39.2	####	####	####	394	804	887	1238	22	92%	89%	93%	91%	661	497	1003	1317	26.1	Yes	Yes	N/A	
Praceice name redacted	8348	46.2	124	126	100	4.19	27	24	15	0.79	502	399	508	16.9	4319	4217	4519	156	0	0	0	0	-			####	0	0	3	0	0.04	Yes	Yes	Yes	
Praceice name redacted	6267	45.3	0	22	43	1.04	19	30	30	1.26	824	716	929	39.4	4832	5084	6275	258	578	573	577	27.6	96%	95%	95%	95%	132	103	113	206	8.84	Yes	Yes	N/A	
Praceice name redacted	8976	44.7	20	43	40	1.15	11	10	24	0.5	636	530	600	19.7	5160	5545	6528	192	1062	1114	1111	36.6	93%	93%	94%	93%	611	642	684	713	29.5	Yes	Yes	Yes	
Praceice name redacted	1556	44.6	3	6	2	0.71	4	2	1	0.45	102	88	103	18.8	1215	1634	1692	292	22	108	599	46.9	91%	82%	98%	90%	0	0	0	0	0	Yes	Yes	Yes	
Praceice name redacted	9812	44	78	46	62	1.9	48	27	48	1.25	710	577	749	20.8	6590	6495	7564	210	1331	1860	1591	48.7	91%	95%	93%	93%	503	541	593	589	22.7	Yes	Yes	Yes	
Praceice name redacted	4906	42.7	0	0	0	0	4	4	13	0.43	533	436	533	30.6	3427	3926	4566	243	410	786	1138	47.6	91%	93%	96%	94%	292	64	46	60	9.42	Yes	Yes	N/A	
Praceice name redacted	2740	41.8	0	0	0	0	5	5	2	0.44	166	141	209	18.8	1600	1985	2442	220	160	161	192	18.7	92%	95%	96%	94%	143	97	102	107	16.4	Yes	Yes	Yes	
Praceice name redacted	2397	41	6	0	2	0.33	1	1	2	0.17	54	40	72	6.93	699	581	868	89.6	28	38	314	15.9	86%	84%	97%	89%	0	0	0	7	0.29	Yes	Yes	Yes	
Praceice name redacted	4612	40.8	49	29	51	2.8	16	11	18	0.98	147	119	148	8.98	2156	2071	2682	150	34	40	297	8.04	88%	85%	99%	91%	14	11	8	24	1.24	Yes	Yes	Yes	
Praceice name redacted	4892	40	5	11	4	0.41	2	5	5	0.25	330	281	332	19.3	2524	3159	3176	181	292	392	557	25.4	92%	92%	96%	94%	54	67	51	77	5.09	Yes	Yes	N/A	
Praceice name redacted	4142	34.8	0	0	0	0	15	14	13	1.01	314	255	335	21.8	3125	4047	4431	280	213	321	315	20.5	93%	91%	94%	93%	33	32	30	35	3.14	Yes	No	Yes	

MEETING: Heywood, Middleton and Rochdale (HMR) Place Based Primary Care Commissioning Committee (PCCC)

ITEM NUMBER: 15

DATE: 27th March 2026

REPORT TITLE:	Quality and Safeguarding update			
REPORT AUTHOR:	Susan Calvert Head of Quality Improvement and Safety GMIC (HMR)			
EXECUTIVE SUMMARY: The team continue to provide quality, safety and safeguarding advice, support, and leadership to colleagues at locality as well as leading on bespoke projects and assurance in GM.				
RECOMMENDATIONS:	The committee is asked to review and note the contents of the paper			
OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
CONSIDERATIONS				
Please include a brief synopsis of any considerations or implications the Board should be made aware of: ☐**Risk implications;** ☐**Financial implications;** ☐**Clinical implications**; ☐**Impact on Inequalities**; ☐**Communication/Public Engagement**; ☐**Legal Implications;** ☐**Workforce Implications**;				

This report provides an overview and update from the Quality, Safety and Safeguarding workstreams across NHS GMIC HMR Locality.

QUALITY AND SAFETY

GM Dermatology

The NHS GMIC quality team continue to support the dermatology mobilisation group. A quality site visit was carried out in February at the Oldham site. The team visited the site and discussed patient access, safety and the providers PSIRF plan- the site visit report will be shared with the mobilisation group, commissioners and the provider.

Priory High bank Centre- Bury

The quality team have recently conducted a site visit to the Priory High bank in Bury. The centre is a neurorehabilitation site with care home status. The team met with staff and residents to understand the facilities offered by the centre and how the therapeutic needs of residents is met. The centre has asked for support in accessing GP services in Bury for their longer staying residents- The NHS GMIC Quality team are supporting the centre with access and training needs.

Northern Care Alliance (NCA)

The NHSGMIC quality team are coordinating the monthly QuASAM (Quality and safety assurance) meetings with NCA. The meetings are attended by the NCA's medical director, chief nurse and director of governance. The meetings are a focal point to discuss escalations, CQC notices and high-level areas of concern. Recent meetings have discussed IPC goals and concerns, duty of candour compliance and Never Events. The NCA have commissioned an external agency to support with learning from their never events. This piece of work is expected to take 6 months. The findings and report will be shared with NHS GMIC and locality colleagues.

Equality Impact Assessments- Digital platform

Quality colleagues are working with the NHS GMIC Equality team to develop the Quality Impact Assessment (QIA) tool on the new digital platform. The designers have several tools to upload including the QIA so the quality team will continue to support and advise until the tool is uploaded.

Care Home Update

The NHS GMIC Quality Improvement Nurse has completed quality and safeguarding assurance visits across 47 HMR care homes to ensure that the quality of care to residents are safe, they are protected from abuse or neglect, and that each home is compliant with safeguarding policies, procedures, and all regulatory standards. These visits assess current quality and safeguarding practices, identify potential risks, and provide support and guidance to staff to strengthen protective measures. Additionally, they help ensure adherence to local authority and CQC requirements while promoting continuous improvement in the quality of care and resident safety across all homes.

The Head of Quality Improvement and Safety, GMIC HMR locality and the Quality Improvement Nurse are monitoring care home data which is received weekly showing residents' attendances into A&E departments across the GMIC footprint. It was recently noted that three attendances of residents with? sepsis. A deep dive was undertaken by the Quality Improvement Nurse on the identified three cases, two in January 2026 and 1 in March 2026. Out of the three cases identified none were confirmed as sepsis.

IPC

Two care homes are currently experiencing outbreaks of diarrhoea and vomiting (D&V). The Infection Prevention and Control (IPC) team are actively supporting these homes and providing ongoing guidance to manage and contain the outbreaks.

Adult Safeguarding

During Q1-Q3, Rochdale Borough Safeguarding Adult Board (RBSAB) received no Safeguarding Adult Review (SAR) screening referrals.

Following RBSAB awareness raising with partners, 6 referrals received in Q4.

4 of those referrals have been screened (1 case met criteria and a SAR will be commissioned, 2 did not meet criteria, 1 case under review), 2 will be screened in the week commencing 09.03.26.

Children Safeguarding

ICB reforms ongoing; safeguarding model moving to centralised approach; no statutory risks reported.

One Serious Incident progressed to a Child Safeguarding Practice Review (CSPR); themes include physical abuse, hidden adults, and cross-border issues.

A tabletop learning review was held for a previous Serious Incident Notification (SIN) with themes noted of child suicide, emotional health, and sexual abuse.

The 2026 Early Help and Safeguarding HUB (EHASH) strategic audit schedule has been agreed.

Complex safeguarding subgroup is to become a standalone board.

Families First: governance structure in place; targeted HV team started Jan 2026; GM health offer delayed.

Q3 provider safeguarding assurance completed, new quarterly process ongoing for large providers.

The 2024 Joint Targeted Area Inspection (JTAI) actions are progressing; an outstanding issue relates to HV read-only access to BadgerNet maternity system – a report has been requested from NCA leads.

Inspection of Local Authority Children's Services (ILACS) and Special Educational Needs and Disabilities (SEND) inspections are anticipated, working groups are active.

Cared For Children

There are currently 606 CFC with 185 placed outside Rochdale LA. 81 with SEND and 60 have an Education and Health Care Plan (EHCP).

Improvements have been seen in Q3, with timeliness of notifications received from children's social care (CSC) (usually within 2 working days).

Fortnightly Initial Health Assessments (IHA) and Review Health assessments (RHA) meetings continue between ICB, LA and provider.

New Corporate Parenting Board (CPB) strategy to be implemented from April 2026. The health action plan is in development following consultation on health and wellbeing as part of the CPB strategy. Annual report and youth friendly presentation for CPB to be completed and presented on the 28th April 2026.

Autism Acceptance Event 20thJanuary 2026

The Autism Acceptance Event was held on the 20th January 2026 at Rochdale Gateway Leisure, Kenion Street. The 2 ½ hour evening event was a collaboration between NHS Greater Manchester Integrated Care, Rochdale Borough Council and Heywood Middleton and Rochdale Integrated Care Partnership. The event welcomed autistic individuals, their families, friends and carers, alongside members of the general public and professionals. Whilst it was a structured event, it aimed to be informal, inviting and enabling people to be themselves and to contribute or take from it, what they wanted. The objective of the event was to promote understanding and acceptance of autism and autistic individuals.

The event was generally well received and well attended, with numbers exceeding what was expected. At the end of the evening, it was clear that attendees wanted to stay longer for discussions and opportunity for socialising and networking. Future events could accommodate this by extending the time frame by an hour.

Next Steps

- To hold these overarching *Autism Acceptance Events* biannually. To consider alternating between a daytime and evening event to reach out and accommodate the different lifestyles of autistic individuals and families.

- For autistic individuals to be instrumental in the design and delivery of these events.

- For feedback from this and all subsequent events to be presented to The Autism Partnership Board to consider.

Please see the full outcome report below.

Autism Event Report Final V2.docx

HMR PSIRF and LFPSE update

The Health Services Safety Investigations Body (HSSIB) are reviewing the Patient Safety Incident Response Framework (PSIRF) in relation to Mental Health. They are completing a review and have asked Pennine Care Foundation Trust (PCFT) if they would be involved. They will be completing a review of a Tatton Unit incident were the patient ended up in A&E. It fits well, as one of PCFT's Local Priorities is the deteriorating patient.

Northern Care Alliance (NCA) are doing a big push for all amber and red (overdue) Patient Safety Incident Investigations (PSII) to be closed by the end of March.

NCA are focused on overdue complaints and PALS and their related actions to be closed in accordance with policy timelines.

PCFT have submitted their updated PSIRF Policy and Plan for ratification at the GM ICB & PCFT Quality Overview Meeting next week.

Recommendations

Primary Care Commissioning Committee is asked to:

- Note the contents of the report.

NHS
Greater Manchester

Autism Acceptance Event

Author Nick Gainsborough

Date 10th February 2026

Part of Greater Manchester
Integrated Care Partnership

Introduction

The Autism Acceptance Event was held on the 20th January 2026 at Rochdale Gateway Leisure, Kenion Street. The 2 ½ hour evening event was a collaboration between NHS Greater Manchester Integrated Care, Rochdale Borough Council and Heywood Middleton and Rochdale Integrated Care Partnership. The event welcomed autistic individuals, their families, friends and carers, alongside members of the general public and professionals. Whilst it was a structured event, it aimed to be informal, inviting and enabling people to be themselves and to contribute or take from it, what they wanted.

The objective of the event was to promote understanding and acceptance of autism and autistic individuals. Following feedback from the autistic community and by design, the event did not cover learning disability (LD). This was in recognition that a common assumption and tendency is to merge autism and LD, and this can mis-represent autistic individuals who do not have an LD diagnosis.

The event included 4 key elements: contributions from and representation of autistic individuals, two presentations from professionals, and a 'table-top' exercise to gather the views of the attendees. In addition, and throughout the event, there was access to an information market-place, that provided attendees with information on a variety of local organisations and services.

In total 96 people attended the event - which includes 28 contributor

Key Elements of the Event

<u>Contributions from and representation of autistic individuals</u>

- In My Shoes Theatre Company are a disability led ensemble of ‘In My Shoes’ artists who create and perform original theatre. After some initial discussion with Artistic Director Emily Skeldon around themes/experiences of autistic people, Emily wrote and directed ‘Unmasking’ specifically for this event. Unmasking is an educational theatre piece; the concept is about not having to hide your true self to fit into society.

- Jacob, an autistic young man, shared his lived experience through a short film that depicted his journey, the challenges he faced and involvement with services. This was followed by a live question and answer session. This element proved very popular with the audience and not all questions could be taken within the allocated time slot, so Jacob stayed to speak with people during the break. Representatives from some of the organisations attending also asked if Jacob could attend their groups/events etc

- Neurospicy film - A short film by Media Active Projects – ‘Neurospicy’ invites everyone to truly value individuality and celebrate neurologically diverse ways of being. This influential film shares insight from and into the varied experience of young and established neurodiverse creatives as they navigate a world of opportunities designed by neurotypical people.

Presentation from professionals

- The Neurodiversity Hub – presentation by Siobhan Lever, providing information on this needs-led service and how it supports families of autistic children and young people.

- The Autism Coproduction (Gateway) Collaborative – presentation by Roxanne Sharp, providing information about the aims of this service and the opportunities for autistic individuals and families / carers to have a voice.

Information Market-Place – stalls and information provided by:

Neurodiversity Hub

SEND Advice Service

Pennine Care Foundation Trust (PCFT) – CAMHS

Rochdale Gateway Leisure, Adult Day Care Services

Rochdale Parent Carer Voice Forum

Rochdale Carers

Your Trust (A charity inspiring people to live more actively / healthy lives)

Exemplar Healthcare

Rochdale Association Football Club

Upturn (A social enterprise connecting people with communities and enterprise and they run a weekly neurodiverse youth club for16-25yrs)

Tabletop exercise

Attendees were put into 6 groups to discuss and leave written feedback evaluating support and services in Rochdale for autistic individuals. The questions posed for discussion and the feedback that was given is outlined below.

What are we doing well?	***What can we Improve?***	***What Innovation needs sharing?***
Lots of services in the area	Services after 25	Develop a means to encourage social environment
Lots of services supporting school	People are lost after college	Facilitate a social gathering
Easy to refer to services	Communication and co-ordination	More information needs sharing with service users.
Groups	More time with the information	Signposting
Newbarn Housing positive feedback (feel to be treated well)	Don't voice needs – improve support from primary	
Professionals who listen	Seeking employment	
Parent voice	Children having more time	
Neurodiversity hub	Misdiagnosis	
Everyone is different		

Conclusion

The event was generally well received and well attended, with numbers exceeding what was expected. At the end of the evening, it was clear that attendees wanted to stay longer for discussions and opportunity for socialising and networking. Future events could accommodate this by extending the time frame by an hour.

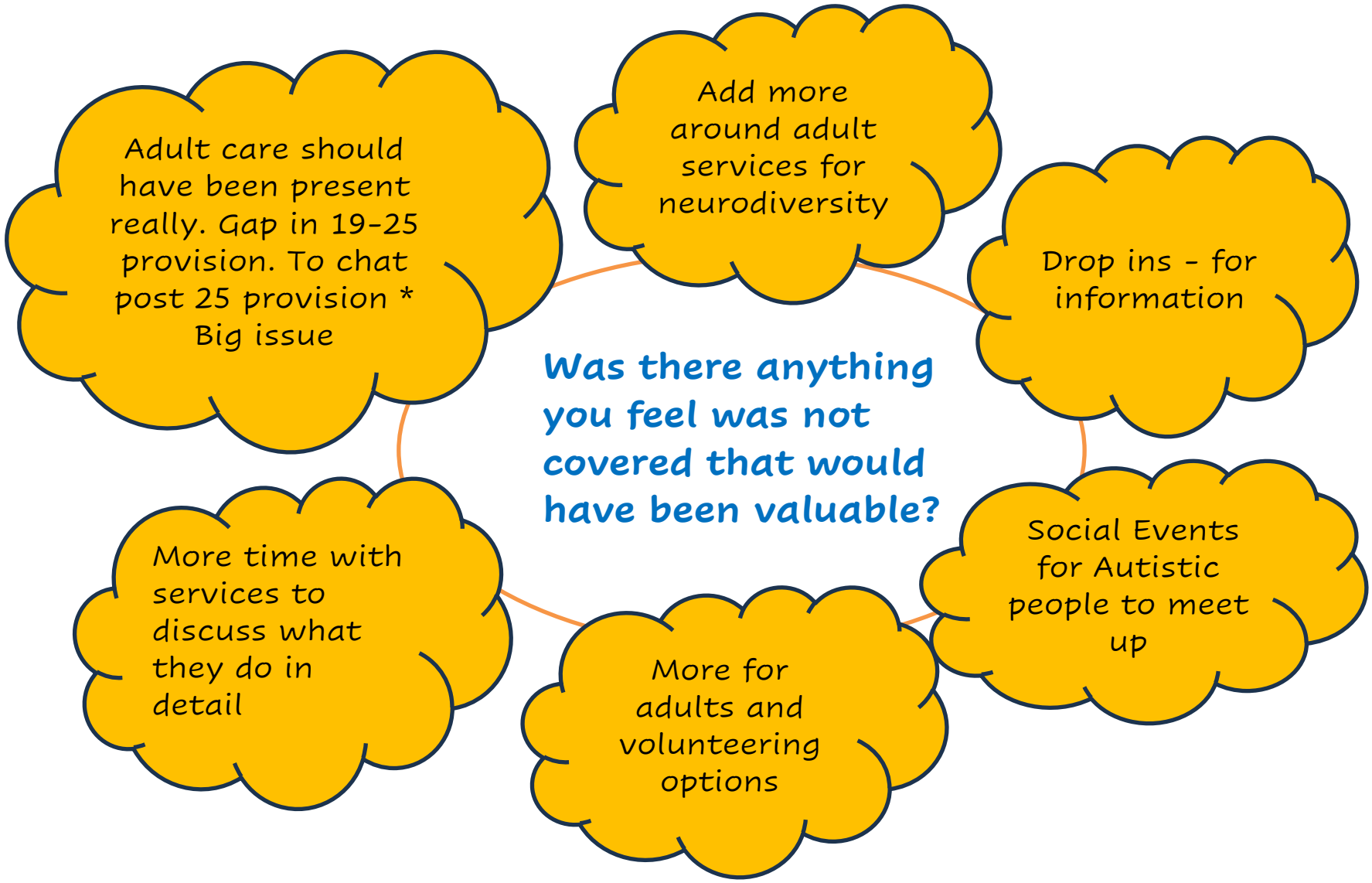
Whilst some of the feedback from the tabletop exercise lacks context or further detail that may provide useful information and clarity, it does contain some reoccurring themes that were discussed anecdotally at the event and echoed within the feedback gathered about the event itself. These themes are:

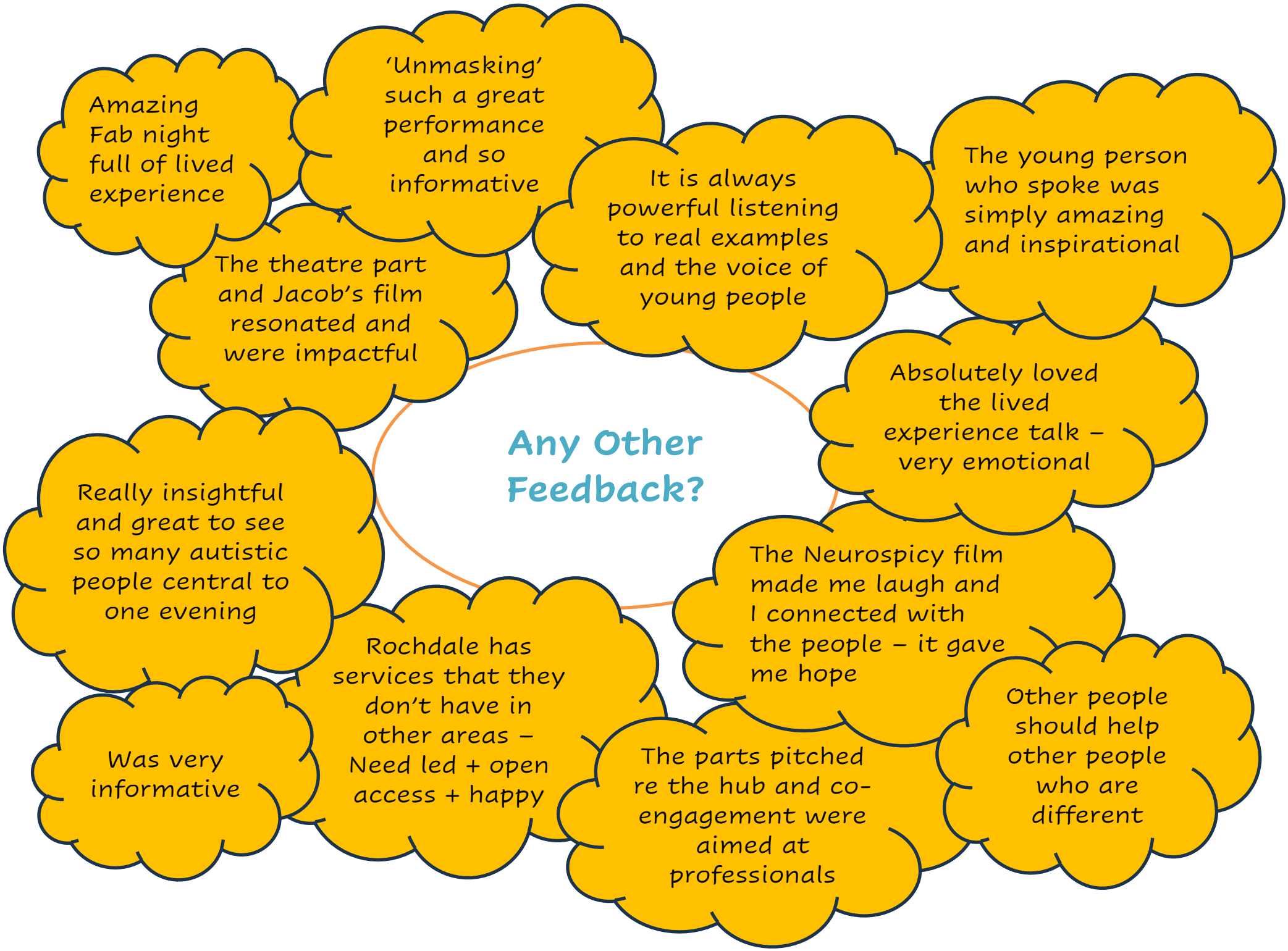
- Future events to ensure autistic individuals have the opportunity to influence the content and delivery.
- Having autistic people sharing their experiences is meaningful and authentic. Could services incorporate this more into their provision?
- Opportunities with some facilitation, for autistic adults to socialise and for peer support out and about in the community in everyday regular environments / activities.
- Support for autistic adults into purposeful activity – more opportunities re voluntary work and / or employment.
- To have a menu of support / services and regular drop-ins to provide clear and accessible information on what support is available for autistic individuals.

Next Steps

- To hold these overarching *Autism Acceptance Events* biannually. To consider alternating between a daytime and evening event to reach out and accommodate the different lifestyles of autistic individuals and families.
- For autistic individuals to be instrumental in the design and delivery of these events.
- For feedback from this and all subsequent events to be presented to The Autism Partnership Board to consider.

Event Feedback


Was there anything you feel was not covered that would have been valuable?
Add more around adult services for neurodiversity
Drop ins - for information
Social Events for Autistic people to meet up
More for adults and volunteering options
More time with services to discuss what they do in detail
Adult care should have been present really. Gap in 19-25 provision. To chat post 25 provision * Big issue


Any Other Feedback?
Amazing Fab night full of lived experience
'Unmasking' such a great performance and so informative
It is always powerful listening to real examples and the voice of young people
The young person who spoke was simply amazing and inspirational
The theatre part and Jacob's film resonated and were impactful
Absolutely loved the lived experience talk – very emotional
Really insightful and great to see so many autistic people central to one evening
The Neurospicy film made me laugh and I connected with the people – it gave me hope
Rochdale has services that they don't have in other areas – Need led + open access + happy
Other people should help other people who are different
Was very informative
The parts pitched re the hub and co-engagement were aimed at professionals