

# Primary Care Blueprint Delivery Plan – Year 1

2024 - 2025

## Executive Summary

This delivery plan describes the approach to agreeing the actions to be taken in order to meet the ambitions outlined in the GM Primary Care Blueprint, and a summary of key practical actions to be taken across all Blueprint Chapters in Year 1 (2024/25). It also describes the approach to the rolling review of the plan and references the role of the Blueprint Delivery Unit in the coordination, reporting, and risk and assurance processes which will support the effective system-wide engagement with and delivery of the actions.

## Introduction

The Greater Manchester (GM) Primary Care Blueprint is a five-year plan for Primary Care across Greater Manchester. It describes how we plan to address the risks to the stability and sustainability of primary care as highlighted in the Fuller Stocktake (2022) and sets out our prescription for change.

Developed in a truly collaborative way across our primary care family in Greater Manchester, each of the nine chapters of the Blueprint has been widely engaged across sectors and localities and written by a triumvirate partnership of chapter leads representing different parts of the system. The Blueprint is fully inclusive of community pharmacy, dentistry, general practice, and optometry, and it has been developed through extensive consultation with the Voluntary, Community and Social Enterprise sector, the Alternative Provider Collaborative, and the public; therefore, referencing the key areas of primary care in Greater Manchester. The Blueprint was formally signed off by the GM system at the GM Integrated Partnership Board on 29th September 2023, and the final version can be found [here](#).

## Purpose

Where the blueprint sets out the agreed ambitions of Greater Manchester's Primary Care system, the delivery plan describes the underpinning actions which will be taken in order to meet these ambitions. Given the iterative and evolving nature of the blueprint, it has been proposed that a yearly delivery plan is developed as opposed to a 5-year view of the totality of the period of 2024 - 2029. This will enable teams to continually review their progress toward agreed deliverables with the opportunity to flex the approach in response to changes and challenges in the system.

This delivery plan was developed following extensive review of documentation from the blueprint work-up in summer 2023 and engagement with the triumvirate chapter leads and broader colleagues across the GM primary care system throughout late 2023. This document is intended to act as an accessible summary of the wealth of information gathered during this scoping exercise regarding the key actions that support the delivery of the blueprint ambitions. It is also helpful to recognise that whilst this delivery plan references the key transformational

aspects of work both planned and underway, there remains a wealth of work being undertaken as business as usual across the entire system. Summaries of the key actions per deliverable over the first year of the plan are featured as the main body of this document. Also featured is a high-level view of accountable boards, planning groups and areas of the delivery of actions. For further information on resourcing and risks, please contact [england.primarycaretransformation@nhs.net](mailto:england.primarycaretransformation@nhs.net)

Progress is being made to identify the output and outcome measures to be expected from the completion of these pieces of work in the interest of consistently evaluating the extent of success and process taken to achieve the blueprint ambitions.

Given the current financial challenges being faced by the system, the actions featured in this delivery plan focus mostly on what may be achievable in year 1, though there remain references to longer term ambitions where appropriate. The scope of a number of year 1 actions have been changed in the event where little or partial resource is available. This is to prioritise scoping and baselining how the system currently operates to better understand the gap between where we are now and where we would like to be. It also ensures that work can still be carried out actively with existing resource and teams at this early stage. Links between Year 1 action outputs and overall ambitions of the blueprint will be identified throughout the operation of this delivery plan.

There is an appreciation of the current flux and sustained pressure in the system, and the delivery plan has been developed in a way which will enable individual programmes to flag where they need to change so that work can be delivered according to need whilst ensuring stability and sustainability for providers.

## **Delivery of Actions**

As with the drafting of the Primary Care Blueprint, the success and delivery of the actions in the delivery plan includes all who are involved in the planning, commissioning and delivery of Primary Care services in Greater Manchester. This collective involvement is referenced as the Blueprint Delivery Unit.

Coordination, reporting, assurance, risk management and monitoring interdependencies and cross cutting programmes will be supported by a central Blueprint Delivery Unit Programme Management Office (PMO). This is a small team who will be supporting the programme teams in delivering on the blueprint actions, as well as providing a link into GM Primary Care governance in support of driving implementation, decision making, engagement, supporting alleviation of challenges and management of risks. The Delivery Unit PMO will regularly liaise with the teams carrying out the actions, as well as making connections between the work and drawing in support from senior strategic leaders, subject matter experts and locality leaders where appropriate.

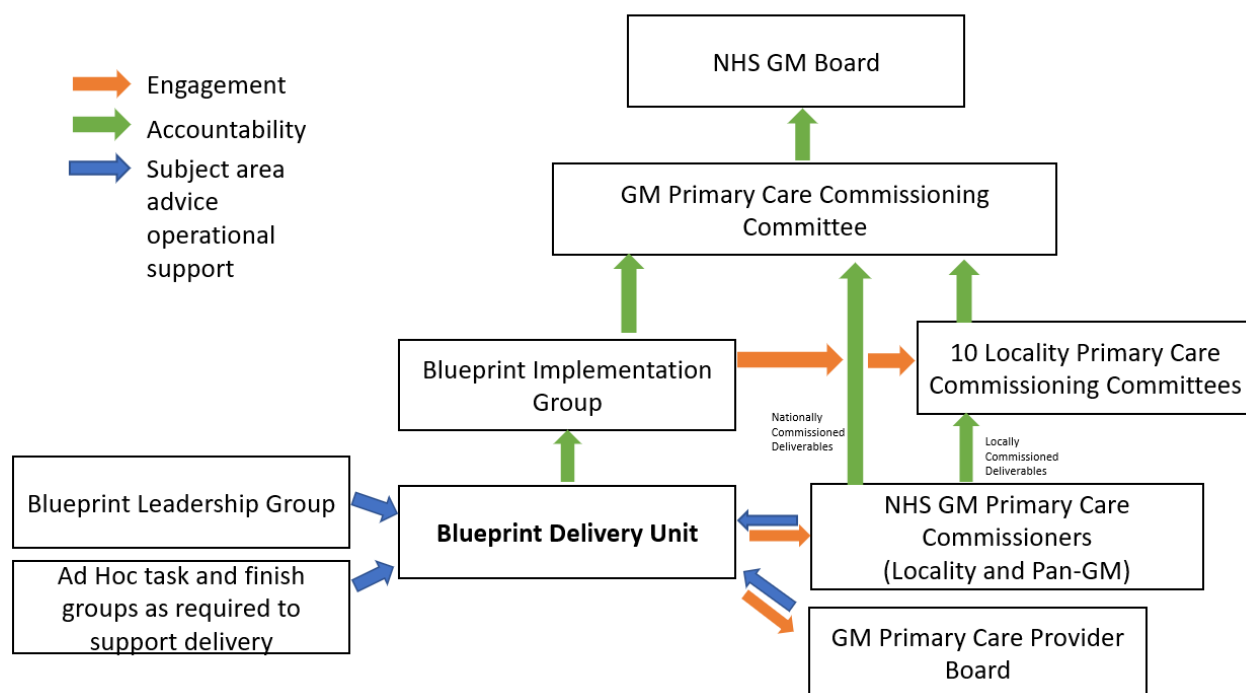
A key function of this PMO is to provide a central method by which we can continue to tell the

story and demonstrate the benefit of our unified primary care system – recognising and speaking up about areas of good practice, as well as supporting the adoption, adaptation and spread of things that work well.

The Blueprint Delivery Unit PMO will report into the Blueprint Implementation Group (formerly known as the Primary Care System Board Operational, attended by providers and commissioners) which shall be accountable to the Primary Care Commissioning Committee (PCCC) and therefore, the Board of NHS GM. The Blueprint Delivery Unit will also undertake ongoing engagement regularly with Greater Manchester Primary Care Provider Board (PCPB) and NHS GM commissioning colleagues.

Commissioning and delivery of nationally directed and statutory work shall be accountable to the GM Primary Care Commissioning Committee (GM PCCC). Development and implementation of local services shall be governed through, locality Primary Care Commissioning committees who are accountable and report into the GM PCCC. However, where progress on this type of work impacts blueprint delivery (see deliverable 5.1), it shall be reported through to the Blueprint Implementation Group.

The work of the Blueprint Delivery Unit is supported by a Blueprint Leadership Group comprised of a small number of senior colleagues in the system and will establish time-limited task and finish groups to provide specialist advice and support to pieces of work where required (see Figure 1).



**Figure 1:** Governance to show accountability and engagement of the Blueprint Delivery Unit

## Summary of Chapter Structure

The following chapters describe the agreed year 1 actions to meet the ambitions outlined in the blueprint. Year 2 actions are mentioned where appropriate. Information regarding the nature of resources available to deliver on the actions, such as funding sources and teams and system level groups assigned to the work, is held by the Blueprint Delivery Unit PMO.

Throughout the workup of this plan it was recognised that in many cases, implementing new programmes and transforming services can lead to double running, which has an impact on the bandwidth of staff and teams to deliver. This pressure is recognised as a key risk to the delivery of the blueprint as a whole. The Blueprint Delivery Unit PMO will work with teams to identify where this becomes an issue and flag to system leaders in the governance to support where possible to do so.

In the right-hand side column, details are given as to the relative levels of accountability, planning, and delivery of the actions. Actions relating to specific provider disciplines and groups are colour coded to enable colleagues to see relevant discipline and provider-level actions at a glance.

General Practice  
Community Pharmacy  
Dental  
Optometry  
PCNs

## Chapter 1: Demand, access and capacity

*Providing timely appropriate access to care delivered by a system which has sufficient capacity to meet the needs of service users, where processes are simple and straightforward and operate in a neighbourhood which promotes prevention, self-care and early diagnosis.*

Deliverable	Year 1 Action 2024/25	Accountability, Planning, and Delivery
<b>1.1 Dental: Promote and expand access to NHS Dentistry via the continuing delivery of our Dental Quality Access Scheme, building on the initial success achieved during 23/24.</b>	1 <sup>st</sup> Year launch June 2023 Review of initial implementation March 2024, with planning for 24/25 budget commitment and continuation.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network. <b>Delivered by:</b> <a href="#">Dental practices</a>
<b>1.2 Dental: An improvement in children's dental health services.</b>	Increase the number of Child Friendly Dental Practices (CFDP) to reduce the number of children being referred to dental extraction under General Anaesthetic.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network. <b>Delivered by:</b> <a href="#">Dental practices</a>
	Complete the Oral Health Needs Assessment to determine re-investment of resources as a result of contract hand backs.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network. <b>Delivered by:</b> <a href="#">Dental practices</a>
	Maintain the pathway for looked after children being referred into Dental Practices and ensure that they have a dental home.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network. <b>Delivered by:</b> <a href="#">Dental practices</a>
	Increase the number of children accessing NHS dental practices who receive fluoride varnish application.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network. <b>Delivered by:</b> <a href="#">Dental practices</a>

<p><b>1.3 Dental: Increase number of healthy living dental practices</b></p>	<p>Around 80 practices were signed up to deliver the scheme in 2023/24. Gold standard practices to share the learning so far. Continuation is a part of commissioning intentions and planning for 24/25.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> GM Dental Provider Board, NHS GM Dental Team, Local Dental Network.  <b>Delivered by:</b> <a href="#">Dental practices</a></p>
<p><b>1.4 Community Pharmacy: Expand community pharmacy services across GM in line with National Recovery Plan and NHSE Pharmacy First.</b></p>	<p>Expand Urgent and Emergency Care (UEC) Pharmacy First by as an additional referral route with a Community Pharmacist for a minor illness or urgent meds supply.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy Providers</a> and Urgent Care Providers</p>
	<p>Increase provision of Pharmacy contraception service (1st December Tier 2)</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy providers with support from General Practice</a></p>
	<p>Increase provision of Blood Pressure Check services.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy providers with support from General Practice</a></p>
	<p>Deliver Pharmacy First (Clinical Pathways) service from 31<sup>st</sup> Jan 2024, offering self-care advice, minor illness support and supply of NHS medicines for 7 conditions under PGD.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy providers with support from General Practice</a></p>
	<p>Continuing and embedding the Discharge Medicines Service - supporting optimisation of medication and reducing hospital readmission post discharge.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee</p>

		<p><b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy providers</a> and secondary care providers when discharging patients.</p>
	<p>Continuing implementation of other nationally commissioned services such as New Medicines Service and Smoking Cessation Service.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board via Community Pharmacy Services Working Group  <b>Delivered by:</b> <a href="#">Community Pharmacy providers</a>, Trusts</p>
<p><b>1.5 Optometry: Promote and increase the number of patients accessing community urgent eye care service (CUES) without going to their GP.</b></p>	<p>NHS 111 redirection pilot to happen over winter 23/24 – continued into Q1 2024 - 25</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> GM Optometry Provider Board, GM Optometry Team, GMLOCs  <b>Delivered by:</b> NHS 111 and <a href="#">Optometry providers</a></p>
	<p>Continuing to develop links with the <i>Get to know where to go</i> comms campaign in order to boost profile of the service.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> GM Optometry Provider Board, GM Optometry Team, GMLOCs  <b>Delivered by:</b> GM Communications team, with campaign assets to be displayed in <a href="#">optometry provider premises</a></p>
	<p>Ongoing work to expand the Independent Prescribers in Optometry work - LEHN working with the confederation of GMLMCs. (Links with CP, Workforce) - work to continue year on year to expand and develop - ensuring funding pots are aligned/grouped appropriately.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Local Eye Health Network, working with Confederation of GM LMCs.  <b>Delivered by:</b> GM PC Workforce team, <a href="#">Optometry providers</a></p>
	<p>24/25 piece of work with general practice to maximise consistency in messaging across comms channels for the CUES service. Care navigation, websites etc to be explored (important as deflection from GP is a key output).</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> NHS GM optometry Provider Board and general practice teams.  <b>Delivered by:</b> <a href="#">Optometry providers</a> and <a href="#">General Practice providers</a></p>



<b>1.6 Optometry: Expand access to GERS (Glaucoma Enhanced Referral Service) including use of a single point of access to support capacity and demand management in GERS practices across GM</b>	<p>Ensuring workforce are in place, trained and resilient in order to meet demand via the SPOA referrals. Further geographical spread is required in future to maximise the impact of the service. Continuation of work with provider to understand where the work is happening, supporting and promoting practices to increase numbers of practitioners trained and providing the service.</p> <p>Refreshed mapping work to develop a baseline from which to measure increase in coverage.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> GM Optometry Provider Board, NHS GM optometry team, Local Eye Health Network.</p> <p><b>Delivered by:</b> <a href="#">Optometry providers and GERS Single Point of Access</a></p>
	<p>Facilitating access routes to ensure that practices can refer people into the service more easily.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> NHS GM optometry team</p> <p><b>Delivered by:</b> <a href="#">Optometry providers, optometry Single Point of Access, general practice providers</a></p>
<b>1.7 General Practice: Ensure same day urgent access to General Practice where clinically warranted</b>	<p>Launch in year 1 in line with national Primary Care Access Recovery Programme (PCARP) requirements</p> <p>Multi-Faceted programme:</p> <ul style="list-style-type: none"> <li>- Digital First - triage system to be developed and embedded to prioritise what is clinically warranted, supported by BI colleagues to understand data in place.</li> <li>- Operational - practices to confirm they have capacity to meet the demand for urgent access.</li> </ul>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> GM Capacity and Access Plans Group</p> <p><b>Delivered by:</b> <a href="#">General Practices</a> supported by locality teams.</p>

<p><b>1.8 General Practice:</b>  <b>Agree an appropriate response at first contact for all non-urgent appointments, ensuring all patients are seen within 2 weeks</b></p>	<p>Launch in year 1 in line with PCARP requirements</p> <ul style="list-style-type: none"> <li>- Understanding how to demonstrate improvement - and where initial resource goes to support delivery and to stay on track.</li> </ul>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Capacity and Access Plans Group  <b>Delivered by:</b> <a href="#">General Practices</a> supported by locality teams.</p>
<p><b>1.9 General Practice:</b>  <b>Fully implement cloud-based telephony across General Practice to facilitate a more effective patient experience in contacting the practice</b></p>	<p>Launch in year 1 in line with PCARP requirements, of which there are two elements:</p> <ul style="list-style-type: none"> <li>- Switching to cloud based telephony - hardware and procurement.</li> <li>- OD and culture change needed to utilise it in practice.</li> </ul> <p>Deadline for switch to CBT due to analogue switchover in 2025.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Capacity and Access Plans Group  <b>Delivered by:</b> <a href="#">General Practices</a>, with support from GM Information Management &amp; Technology, Digital and Organisational Development teams</p>
<p><b>1.10 General Practice: Ensuring full use of the NHS App across all practices, including for repeat prescriptions, booking and access to notes</b></p>	<p>Launch in year 1 in line with PCARP requirements</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> Patient Led Ordering Group  <b>Delivered by:</b> <a href="#">General practice</a> and <a href="#">Community Pharmacy Providers</a>, with app publicly available. System and locality comms to support messaging to the public supported by Digital First.</p>

## Chapter 2: Integrated working in neighbourhoods

*Part of a wider neighbourhood team, where individuals and communities are supported to take more control over their own health and where providers work together with the shared aim of improving the health of the population.*

Deliverable	Year 1 Action 2024/2025	Accountability, Planning, and Delivery
<p><b>2.1 Each PCN to address health inequalities, identifying those patients who do not engage in mainstream health and care or those who are high intensity users of services, often as a result of wider social determinants.</b></p>	<p>Following success and evaluation of phase 1 in 2023/24, phase 2 of the Proactive Care Support Package for a second cohort of 20 PCNs, concentrating on CVD and diabetes in line with GM Population Health strategic priorities, the Local Enhanced Services and links with the BeCCoR review.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at and delivered by:</b> Primary Care Provider Board, Proactive Care Group  <b>PCNs</b> to receive the support package.</p>
<p><b>2.2 Ensure outreach/ neighbourhood-based activities are in place, e.g. at least one session per month being delivered from a community venue(s), partnership working with the VCSE.</b></p>	<p>Scoping exercise via GM PC Board to understand the current extent and magnitude of neighbourhood based and outreach activities taking place in the localities.</p> <p>This measure will outline delivery in year 2.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at and delivered by:</b> GM Primary Care Provider Board, ultimately with Primary Care Networks to deliver from year 2.</p>
	<p>Cohort 1 of the Advanced System Leadership Programme for PCN Clinical Directors and Clinical Managers (2023/24) will enter phase 2 of the programme in support of developing skills around wider system thinking, integrated working with wider community assets.</p> <p>Cohort 2 (new intake) of the Advanced System Leadership for PCN Clinical Directors and PCN Managers.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Provider Board  <b>Delivered by:</b> GM Primary Care Provider Board  <b>PCNs</b> to receive the leadership programme.</p>

	Development of a Greater Manchester Primary Care Leadership Community. Initial focus on general practice (Year 1).	
	PCN Development days will continue throughout year 1 of the Blueprint. Covering workforce, inequalities, integrated neighbourhood working as examples.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned at:</b> GM Primary Care Provider Board <b>Delivered by:</b> GM Primary Care Provider Board Delivery Team, <b>PCN colleagues.</b>
<b>2.3 To work collaboratively across all primary care providers as part of integrated neighbourhood working – each neighbourhood to identify key stakeholders from across the four PC contractors and agree shared objectives.</b>	Localities to ensure they have parity of primary care representation locally.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned at:</b> NHS GM Commissioning colleagues at locality level, and Primary Care Provider Board <b>Delivered by:</b> Discipline specific provider boards and locality primary care boards.
	Seek to identify and promote opportunities for collaborative working and share examples of where this is working well.	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned at:</b> NHS GM Commissioning colleagues at locality level, and Primary Care Provider Board <b>Delivered by:</b> Discipline specific provider boards and locality primary care boards.

## Chapter 3: Health Inequalities

*We have a system of shared accountability for creating fairer health and tackling the root causes of inequalities, working in partnership with our communities to create healthier, greener and fairer places.*

Deliverable	Year 1 Action – 2024/2025	Accountability, Planning, and Delivery
<p><b>3.1 Provide a targeted business support offer to Primary Care partnerships (VCSE, GP, Optometry, dentistry and Pharmacy) to enable integrated neighbourhood working and implementation of the VCSE Accord and commissioning framework) in line with the ICP strategy Strengthen Communities mission.</b></p>	<p>Identify a network of GM Communities of Practice on integrated neighbourhood working to engage with primary care providers, VCSE and wider neighbourhood public sector partners and agree business support requirements. This CoP will be developed to:</p> <ul style="list-style-type: none"> <li>• Understand barriers and facilitators to implementing the VCSE Accord</li> <li>• Identify resource requirements for implementation of the Accord in primary care</li> <li>• Agree standards for co-production for developing access points to primary care</li> <li>• Review capacity for primary care to engage with neighbourhood boards and consider needs and assets within local community.</li> </ul>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> Integrated Neighbourhood Working Community Of Practice            (To be developed with support from Population Health and Primary Care teams)  <b>Delivered by:</b> Locality Boards and <b>Primary Care Networks</b></p>
	<p><b>Year 2:</b> Scoping exercise to understand the areas of the system where this is already working, how it works and to develop an understanding of the resource needed to develop a Community of Practice.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee, GM Population Health Committee.  <b>Planned at:</b> Working group to be established with support from PCCA, Proactive Care, Population Health and Primary Care Teams.  <b>Delivered by:</b> Locality Boards and <b>Primary Care Networks</b></p>
	<p><b>Year 2:</b> Develop a tangible offer for primary care partnership support and delivery routes.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee, GM Population Health Committee.  <b>Planned at:</b> GM Primary Care Provider Board  <b>Delivered by:</b> Locality Boards and <b>Primary Care Networks</b></p>

<p><b>3.2 Co-design a Population Health Management (PHM) approach to Primary Care that enables primary care providers and partnerships to understand needs and assets of different communities of interest, identity and geography and the impact on access, experience and outcomes of care.</b></p>	<p>Co-design of intelligence, performance, finance, workforce development and governance tools and policies that build capacity/capability for PHM at all spatial levels and across all partners.</p>	<p><b>Accountable Board:</b> GM Population Health Committee.  <b>Planned at:</b> GM Population Health Delivery Programme Groups.  <b>Delivered at:</b> All levels – System, Locality, PCN, Providers to be able to use the developed tools.</p>
<p><b>3.3 Establish funding and governance processes that enable a Population Health Management approach, redistribution of primary care resources according to need at neighbourhood, Locality and GM, and shared accountability for Health Inequalities.</b></p> <p><b>(Enabler to 3.2)</b></p>	<p>Develop GM good practice advice for Inclusion health and agree sustainable funding options (commissioning for Inclusion) and investment in prevention (for all adult and children CORE20PLUS5 pathways) that builds on the learning from the CORE20PLUS5 community connector and the PCN-VCSE test and learn programmes.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee, GM Population Health Committee.  <b>Planned at:</b> GM Population Health Delivery Programme Groups.  <b>Delivered by:</b> Locality Boards and Primary Care Networks</p>
	<p>Undertake an options appraisal of alternative funding models aimed at shifting funding towards prevention and early intervention, reducing inequalities, and offer enhanced and tailored support to those living in the most deprived communities.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee, Population Health Committee  <b>Planned at:</b> GM Population Health Delivery Programme Groups, GM Primary Care Blueprint Implementation Group</p>
	<p>Agree role requirements and workforce development plan for named Health Inequalities lead in all organisations to facilitate community engagement, integrated neighbourhood working and develop shared Health Inequality priorities.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Population Health Delivery Programme Groups, GM Primary Care Workforce programme team.  <b>Delivered by:</b> Primary Care Networks</p>
<p><b>3.4 Co-design cross-sectoral workforce development and leadership approach to enable Fairer Health for All</b></p>	<p>Co-design primary care Fairer Health for All fellowship model  20 Fairer Health for All Fellowships</p>	<p><b>Accountable Board:</b> GM Population Health Committee, Primary Care Commissioning Committee.  <b>Planned at:</b> Fairer Health For All Oversight Group  <b>Delivered at:</b> System wide colleagues can participate</p>

Co-design cross-sectoral leadership approach to Fairer Health for All and grow distributed leadership across primary care

**Accountable Board:** Primary Care Provider Board, Population Health Committee,

**Planned at:** Fairer Health For All Oversight Group

**Delivered at:** System-wide colleagues can participate

## Chapter 4: Prevention

*In Greater Manchester, we aim to deliver a primary care system which helps people to stay well and focuses on the prevention and early detection of ill health, and the effective management of long-term conditions.*

Deliverable	Year 1 Action	Accountability, Planning, and Delivery
<b>4.1 Develop pathways, tools and resources to support primary care to provide care that is person-centred, trauma-responsive, health promoting and integrated with broader welfare, financial, emotional, and social support</b>	In line with GM LiveWell ambitions, to Support PCNs to maximise the impact of Personalised Care ARRS roles including to: <ul style="list-style-type: none"> <li>• Support learning and data quality to grow the evidence base</li> <li>• Expand community wellbeing offers to new cohorts</li> <li>• Create easier referral routes into social prescribing</li> <li>• Grow green social prescribing and creative health offers</li> </ul>	<b>Accountable Board:</b> GM Population Health Committee, Primary Care Commissioning Committee, GMCA <b>Planned at:</b> LiveWell Subgroup, Operational support from GM Primary Care Board <b>Delivered at:</b> PCNs
	In line with GM LiveWell ambitions, map the current training offer and associated resources, and identify the training/ approaches that are currently working well, and the potential gaps in provision. Agree what an effective training offer relating to person-centred, trauma-responsive and health promoting care could look like across the Primary Care workforce, and develop a plan to progress this (including resources required)	<b>Accountable Board:</b> GM Population Health Committee, Primary Care Commissioning Committee <b>Planned at and delivered by:</b> GM Primary Care Board, GM Primary Care workforce team, PCCA team.
	Scope out the opportunities for optimising the role played by primary care in tackling poverty	<b>Accountable Board:</b> Greater Manchester Combined Authority, GM Population Health Committee, Primary Care Commissioning Committee with operational development support from Primary Care Board. <b>Planned at:</b> Tackling Poverty Action Group <b>Delivered by:</b> Primary Care Providers and localities to support this work as it develops.



<b>4.2 Improve the early detection and management of risk factors for ill health (focusing on CORE20+5 populations and conditions)</b>	Scope and develop tools, resources, and approaches to increase the uptake, reach, quality, and impact of NHS health checks across GM, with an initial focus on high-risk and inclusion health groups. (Years 1 and 2)	<b>Accountable Board:</b> GM Population Health Committee, Primary Care Commissioning Committee <b>Planned at:</b> NHS Health Checks Steering Group <b>Delivered at:</b> <a href="#">General Practice Providers</a>
	Continue to embed the optometry Easy Eye Care Learning Disability Pathway	<b>Accountable Board:</b> GM Primary Care Commissioning Committee <b>Planned by:</b> GM Optometry Provider Board, GM Optometry Team, GMLOCs <b>Delivered by:</b> <a href="#">Optometry providers</a>
	Increase the proportion of cancers diagnosed at an early stage through optimisation of the early cancer diagnosis DES in line with national target (2030)(Years 1-5). <ul style="list-style-type: none"> <li>- Seven pathways prioritised by GM Cancer Alliance based on: volume of presentation; proportion of early diagnosis; deprivation and inequality gaps; and relative position of GM against other Alliances. Specifically for Primary Care the focus will be upon bowel , lung and breast.</li> <li>- Embedding of Primary Care and Early Diagnosis Facilitators within PCNs to support early diagnosis.</li> <li>- Cancer leads identified for all PCNs with financial incentive to support delivery and engagement.</li> <li>- Circulation and embedding of toolkits and templates to support diagnosis.</li> <li>- Link with localities and CVS with particular focus on inequalities.</li> <li>- Commission innovate approaches.</li> <li>- Identify opportunities with pharmacy and dental and progress pilot schemes of work.</li> </ul>	<b>Accountable Board:</b> GM Cancer Board, Screening and Imms Oversight Group <b>Planned at:</b> Locality Level with support from NHS GM (national DES), GM Cancer Alliance <b>Delivered by:</b> Locality implementation of National DES with <a href="#">GP provider</a> and trust delivery.

	Develop tools and resources to increase the uptake, reach, quality, and impact of LD and SMI health checks (including increasing the use of point of care testing kits and training).	<p><b>Planned at:</b> GM Mental Health Programme Board, GM Primary Care Commissioning Committee</p> <p><b>Planned by:</b> PH SMI Working Group, Workforce, Primary Care Provider Board</p> <p><b>Delivered at:</b> GP Provider Level, with Point of Care Testing available at PCNs</p>
<b>4.3 Improve the management of long-term health conditions (focusing on CORE20+5 populations and conditions)</b>	Develop tools and resources to support evidence-based management of cardiovascular risk factors (lipids, hypertension, AF) across all patient populations.(Years 1 and 2)	<p><b>Accountable Board:</b> GM Strategic Clinical Network – Cardiovascular</p> <p><b>Planned at:</b> CVD Prevention Group</p> <p><b>Delivered by:</b> Toolkit to be used at all spatial levels.</p>
	Improve the diagnosis of COPD and asthma by improving access to quality assured spirometry at a neighbourhood level.	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> Delegated Management Oversight Group (DMOG) (Locally Commissioned services)</p> <p><b>Delivered at:</b> Locality and PCN level</p>
<b>4.4 Increase vaccination uptake, especially among target populations (focusing on COVID-19, influenza, pneumonia, and childhood vaccination)</b>	Re-establish a GM screening and immunisation oversight group to improve governance and links between localities and the central GM screening and immunisation team to drive improvement at a local level.	<p><b>Accountable Board:</b> GM Population Health Committee, Directors of Public Health, GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> GM Screening and Immunisations team</p> <p><b>Delivered at:</b> PCNs, General Practice and Community Pharmacy providers</p>
	Work with system partners to implement GM MMR elimination plans.	<p><b>Accountable Board:</b> GM Population Health Committee, Directors of Public Health, GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> GM Screening and Immunisations team</p> <p><b>Delivered at:</b> PCNs, General Practice and Community Pharmacy providers</p>
	Support PCNs to develop plans to improve uptake of vaccinations among target groups and address inequalities through the provision of detailed data and intelligence.	<p><b>Accountable Board:</b> GM Population Health Committee, Directors of Public Health, GM Primary Care Commissioning Committee</p> <p><b>Planned at:</b> GM Screening and Immunisations team</p> <p><b>Delivered at:</b> PCNs, General Practice and Community Pharmacy providers</p>

<b>4.5 Ensure equitable access to high quality contraceptive services, and support system work to reach zero new transmissions of HIV and hepatitis.</b>	Audit against NICE quality standards for HIV testing in general practice in areas of high and extremely high HIV prevalence. Develop quality improvement activities depending on the findings.	<b>Accountable Board:</b> GM Population Health Committee, Primary Care Commissioning Committee <b>Planned at:</b> Operational development support from Primary Care Board, Directors of Public Health, GM Screening and Immunisations team, GM Sexual Health Team <b>Delivered at:</b> PCNs and General Practice providers
	Continue promotion of Long-Acting Reversible Contraception (LARC) in line with the GM Women's Health strategy.	<b>Accountable Board:</b> GM Population Health Board, Primary Care Commissioning Committee with operational development support from Primary Care Board, Directors of Public Health <b>Planned at:</b> GM Sexual Health Team <b>Delivered at:</b> PCNs and General Practice providers
<b>4.6 Optimise primary and secondary prevention programmes to improve oral health.</b>	Delivery of an Oral health improvement programme, working with local authorities for 0-5 year olds. (Years 1-5) Potential expansion from initial 4 localities to full GM coverage.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> NHS GM Dental Team, Local Dental Network <b>Delivered by:</b> Dental practices
	Delivery of an Oral Health improvement programme with local authorities for customers of the Working Well (Work and Health) programme for unemployed people with health conditions or disabilities, and those in long-term unemployment. (Years 1-2)	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> NHS GM Dental Team, Local Dental Network, GMCA Working Well programme. <b>Delivered by:</b> Dental practices

## Chapter 5: Sustainability

*A Primary Care system which is viable for the long term, ensuring that services are available when and where needed.*

*Achieving a Net Zero NHS GM Integrated Care Carbon Footprint by 2038.*

Deliverable	Year 1 Action	Accountability, Planning, and Delivery
<p><b>5.1 Viability: To ensure a viable primary care system in Greater Manchester, equipped to deliver the wider vision and deliverables set out in this blueprint, including:</b></p> <ul style="list-style-type: none"> <li>. Influencing national contractual review processes</li> <li>. Creating investible propositions which will secure necessary funding injections and where necessary will shift investment into primary care from other parts of our system.</li> </ul> <p><b>Financially, to ensure regular reviews of tariffs and funding arrangements for services commissioned under NHS standard contracts, and that primary care is appropriately resourced to meet business cost and can support its workforce. Services should understand service cost and be able to reduce variation and develop new models of care.</b></p>	<p>Primary Care Board and Primary Care Commissioning Committee colleagues are to develop a method to generate consistency around service specifications.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Delivered by:</b> GM Primary Care Provider Board to assign group to lead development.</p>
	<p>Delivery of a consistent Minor Ailments Service during the PC Winter Surge (From 11th December 2023) will be a proof of concept for this and lessons learnt will be utilised in other pieces of work and set out in commissioning intentions in the new year.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned at:</b> Operational development supported by Primary Care Board, GM Community Pharmacy Provider Board and Medicines Optimisation colleagues.  <b>Delivered at:</b> Community Pharmacy providers via locality level plans</p>
	<p>To continue to engage with and influence national discussions regarding future of contracting.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee with operational development supported by Primary Care Board</p>

<p><b>5.2 Transformation: Develop new clinical delivery models in order to meet demand, altering the approach and culture in which the primary care system in GM operates and interacts with individuals, families and local communities. Work in partnership and collaboration as primary care providers within an Integrated Care System and at a locality level with colleagues in social care and the voluntary sector - deciding which work will be shared and which work will be undertaken by individual organisations.</b></p>	<p>Developing our understanding as a primary care system how to consistently and operationally split outputs of pieces of GM work into localities where they will ultimately be delivered.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned by:</b> operational development supported by Primary Care Board, Locality colleagues in GM ICB</p>
	<p>A project to understand how accountability is played back into GM from the 10 localities.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned by:</b> Operational development supported by Primary Care Board, Locality colleagues in GM ICB</p>
	<p>Development of a framework or terms of engagement whereby there is a single GM spec where agreed, with a series of agreed, consistent outcomes and reporting, which can be implemented and actioned as per local need. E.g., using 2023/24 winter surge plan evaluation to support definition of these principles.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned by:</b> Operational development supported by Primary Care Board, Locality colleagues in GM ICB</p>
	<p>To progress the work on and engagement with the Primary Care/Secondary care interface following system support of interface principles in 2023 - in four key areas: Onward Referral, Complete Care, Call and Recall, Clear Points of Contact</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned at:</b> PC/SC Interface System level working group and locality level interface groups.  <b>Delivered by:</b> Primary and Secondary Care providers</p>
	<p>To implement system recommendations of the General Practice/Community Pharmacy interface principles (initially through separate, new programmes such as patient led ordering)</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Pressures Group  <b>Delivered by:</b> <a href="#">Community Pharmacy</a> and <a href="#">General Practice Providers</a></p>

	<p>Delivery of Primary Care Winter Surge Plan and learning from this to be used as proof of concept to advise approach to future system level clinical delivery</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Pressures Group  <b>Delivered by:</b> Community Pharmacy, Optometry and General Practice Providers  <b>Evaluated by:</b> NHS GM Primary Care team.</p>
	<p>Progressing the work started in 2023 to ensure that a timely, effective phlebotomy service is in place in all localities, building on good practice and addressing gaps where they are found to exist.</p>	<p><b>Accountable Board:</b> NHS GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Pressures Group, Delegated Management Oversight Group (DMOG), Locality Leads  <b>Delivered at:</b> PCNs and General Practice Providers</p>
<p><b>5.3 To achieve a Net Zero NHS GM Integrated Care Carbon Footprint by 2038 – this target is the science-based approach outlined in the GMCA 5-Year Environment Plan. We will seek assurance that providers are delivering against their own plans, whilst focusing on priorities that we can deliver most effectively by working together.</b>  <b>To achieve a net zero NHS GM Integrated Care Carbon Footprint Plus by 2045 – this is a national NHS target to eliminate the carbon impact of the goods and services we buy. We will work closely with national and regional partners to achieve this.</b></p>	<p><b>Training and workforce</b>  Develop or identify and rollout a suitable ‘Climate and Healthcare’ training module for primary and secondary care.</p> <p>Ensure training and briefing materials on the health benefits of exercise and social prescribing available to all Primary Care Networks</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group, TfGM, GM Moving, NHS GM IC Primary Care System development, with locality roll out and individual provider uptake</p>
	<p><b>Culture Change</b>  Link with commissioners, Providers, patients, the public and wider partners to embed carbon reduction considerations, in addition to improving quality of care/accessibility, into up to five care pathways.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> System Development with locality rollout.</p>
	<p><b>Carbon footprint and estates</b>  Calculate carbon footprint changes from virtual healthcare delivery encompassing universal access to virtual GP consultations.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> Health Innovation Agency, Business Intelligence team, System development with individual provider uptake</p>

	<p>Identify and implement existing decarbonisation initiatives across the primary care estate to deliver early benefits to the sector.</p>	
	<p><b>Travel and transport</b>  Promote low carbon travel options to staff via: a staff / business travel portal, cycle-to-work leads embedded in every trust/primary care network, improved messaging, and a travel buddy system, tied in with the 'Live the NHS' values.</p> <p>Collaborate with local authorities, providers and other partners to review staff private car behaviours to explore incentivising sustainable alternatives such as shared car use/mobility opportunities, car clubs, shorter journeys, reimbursement for grey fleet activity and public transit use.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group, TfGM, GM Moving.  <b>Delivered by:</b> System development, with locality roll out and individual provider uptake</p>
	<p><b>Medicines</b>  Implement Green Inhaler approach to prescribing across GM, ensuring only 25% of non-salbutamol inhalers are MDI's and reducing the mean life-cycle carbon intensity of salbutamol inhalers to 13.4 kg.</p> <p>Support medicines waste reduction projects and projects tackling overprescribing through carbon footprint impact calculation.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> System development, with locality roll out and individual provider uptake</p>
	<p>Expand the uptake of green social prescribing referrals by 10% in each locality against 2019/20 baseline, and collate and promote green social prescribing opportunities being delivered across GM.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> System development, with locality roll out and individual provider uptake</p>
	<p><b>Procurement and commissioning</b></p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board</p>

	<p>Primary Care: Embed net zero into future procurements/ commissioning.</p> <p>Primary Care: Undertake spend analytics and benchmarking at pilot sites to identify areas of high-carbon-generating procurements and investigate funding opportunities for widespread uptake.</p>	<p><b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> GM Primary Care commissioning colleagues.  Benchmarking project is a System level pilot</p>
	<p><b>Comms and messaging</b>  Provide strong and consistent messaging/materials about the risks to health from climate change and air pollution and the need for individual and collective action to address this.</p>	<p><b>Accountable Board:</b> GM Net Zero Delivery Board  <b>Planned by:</b> Primary Care Sustainability Group  <b>Delivered by:</b> System development, with locality roll out and individual provider uptake</p>



## Chapter 6: Digital

*Empowering citizens and providers with high quality, digitally enabled Primary Care.*

Deliverable	Year 1 Action	Accountability, Planning, and Delivery
<p><b>6.1 Following a pan-GM baselining exercise on hardware, infrastructure and software in Primary Care, construct a comprehensive picture of the full digital ecosystem in primary care. This will identify areas where investment is needed to support digital transformation</b></p>	<p>Completion of Digital First questionnaire regarding online consultations and platform usage, links to PCARP and digital pathways framework.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Planned by:</b> operational delivery supported by Primary Care Board and Primary Care Digital Board.  <b>Delivered by:</b> Locality IM&amp;T teams, with support from Digital First where appropriate.</p>
	<p>Plan and begin development of method to understand current functionality, tools, digital maturity across the region. To feature information on all 4 PC Disciplines.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Planned by:</b> Operational delivery supported by Primary Care Board and Primary Care Digital Board.  <b>Delivered by:</b> System-level team to be established to deliver this work.</p>
<p><b>6.2 Work in collaboration with local authorities and clinical providers to tackle digital exclusion, collating and building on existing work done across localities and PCNs .</b></p>	<p>Identify how to evidence collaboration between local authorities and clinical providers in addressing digital exclusion, collating, and building on existing work done across localities and PCNs.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Planned by:</b> Operational delivery supported by Primary Care Board, Primary Care Digital Board, Digital First Programme and Health Digital Inclusion action network.  <b>Delivered by:</b> Locality teams and local authorities to support providers.</p>
	<p>Deliver a comms campaign to patients on how and when to access care digitally.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Planned by:</b> Operational delivery supported by Primary Care Board, Primary Care Digital Board, Digital First Programme and GM Communications team.</p>

	Digital inclusion will be a prominent section of equality impact assessments for all programmes of work in primary care – this is in place already but needs greater emphasis in Business As Usual work.	<b>Accountable Board:</b> Primary Care Commissioning Committee with Planned by: operational delivery supported by Primary Care Board, Primary Care Digital Board, Digital First Programme and GM Primary Care team.
<b>6.3 Create a GM Primary Care Digital Centre of Excellence.</b>	System-level scoping to understand the breadth of Academy and skills-based workforce offers, with a view to incorporate some digital skills training into what already exists.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> Operational delivery supported by Primary Care Board, Primary Care Digital Board and Digital First Programme
	Establishment of the GM Primary Care Digital Centre of Excellence – collation and promotion of best practice and innovation in digital Primary Care across GM on a managed platform/via currently existing means to ensure the system can access.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> operational delivery supported by Primary Care Board, Primary Care Digital Board and Digital First Programme Delivery of the Centre for Excellence TBC.
<b>6.4 Enhanced digital access to general practice.</b>	Actions associated with Year 1 PCARP (links to Chapter 1): - Rollout of NHS App - Enhanced Telephony support - Cloud based telephony - Development of comms plan	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> operational delivery supported by Primary Care Board, Primary Care Digital Board and Digital First Programme <b>Delivered by:</b> Locality IM&T Teams, individual providers ( <a href="#">General Practice</a> )
	Associated piece of work to understand if PC websites are accessible and usable (e.g. User interface makes sense when accessing GP website for medical needs). Making primary care's 'digital front door' more attractive.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned by:</b> operational delivery supported by Primary Care Board, Primary Care Digital Board and Digital First Programme <b>Delivered by:</b> Primary Care Providers.
<b>6.5 Digitisation of GP Lloyd George records</b>	Plan for the digitisation of more Lloyd George notes in the case that funding is received - Baseline activity across localities.	<b>Accountable Board:</b> Primary Care Commissioning Committee

		<p><b>Planned by:</b> Operational delivery supported by Primary Care Board, Primary Care Digital Board and Digital First Programme</p> <p><b>Delivered by:</b> Primary Care Providers</p>
<p><b>6.6 Development and expansion of GM Care Record to ensure that primary care providers have the appropriate information to provide excellent care in GM.</b></p>	<p>GMCR access for Community Pharmacy across GM.</p> <p>Continuing to roll out and embed care plans on the GMCR in GM localities, including those for Electronic Palliative Care Coordination Systems (EPaCCs), dementia, frailty and heart failure.</p>	<p><b>Accountable Board:</b> GM Digital Transformation Board</p> <p><b>Planned by:</b> GMCR Oversight Board, reports sent to Primary Care Digital Board</p> <p><b>Delivered by:</b> Health Innovation Manchester, individual providers to access</p>
<p><b>6.7 Alignment with Capacity and Access chapter for deliverables on digital access routes.</b></p>	<p>Connections with access chapter to be facilitated by Blueprint Delivery Unit</p>	
<p><b>6.8 Alignment with GMCA pledge to make GM a 100% digitally enabled city region, including understanding and actions towards improvement of GM-wide internet connectivity and data availability.</b></p>	<p>As an enabler to deliverable 6.2; work to develop a digital inclusion strategy for GM Primary Care in line with GMCA strategy.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee</p> <p><b>Planned by:</b> Operational delivery supported by Primary Care Board, Primary Care Digital Board, Digital First Programme and GM Communications team.</p>
<p><b>6.9 Electronic prescribing availability to all prescribers.</b></p>	<p>Progression of early work to scope pilot sites and departments for electronic prescribing from secondary care in line with GM Digital Strategy.</p>	<p><b>Accountable Board:</b> GM Digital Transformation Board</p> <p><b>Planned by:</b> Group to be assigned following further pilot details.</p> <p><b>Delivered By:</b> Trusts and Primary Care Providers</p>

## Chapter 7: Estates

*Services delivered from facilities which are appropriate for the provision of 21<sup>st</sup> century Primary Care.*

Deliverable	Year 1 Action	Accountability, Planning, and Delivery
<b>7.1 Maximise use of the wider public sector estate to promote integrated working and deliver improved efficiency regarding building usage</b>	Completion of PCN Clinical plans and estates strategies by End of December 2023.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned at:</b> GM Primary Care Estates team <b>Delivered at:</b> System, locality and <b>PCN level.</b>
	Development of prioritisation plans at locality and GM level.	
	Development of a suite of aide memoires to assist GP primary care on estates related processes, procedures and developing policies including a prioritisation tool to enable capital funding to be assigned to schemes/areas with the greatest need.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned at:</b> GM Primary Care Estates team <b>Delivered by:</b> <a href="#">General Practice Providers to utilise aide memoires.</a>
	Completion and engagement with aide memoires to proceed throughout year 1.	
	Agree ICB estates utilisation principles, processes and procedures (As of December 2023 this is currently out for comment with strategic group. Broader engagement with localities and NHS Providers in May 2024).	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned at:</b> Primary Care Commissioning Committee, GM Primary Care Estates team <b>Delivered at:</b> System and Locality level.
	Establish and improve accommodation utilisation levels to achieve financial efficiencies and more effective and appropriate use of the estate.	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned at:</b> GM Primary Care Estates team <b>Delivered at:</b> System and Locality level.
Completion of core/flex/tail property assessments - Health estate assessment	<b>Accountable Board:</b> Primary Care Commissioning Committee <b>Planned at:</b> GM Primary Care Estates team <b>Delivered at:</b> System and Locality level.	

<p><b>7.2 Patient records digitalisation to enable vacated space to be converted/reconfigured into clinical accommodation</b></p>	<p>Plans for the conversion of former patient records storage footprint in GP Practice premises to increase clinical capacity with no revenue consequence</p> <p>Assessing broader estate which have the potential to be converted.</p>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Estates team  <b>Delivered at:</b> System, Localities and <a href="#">General Practice Providers</a>.</p>
<p><b>7.3 To develop a consistent funding strategy toward one-off cost elements.</b></p>	<p>One off costs of:</p> <ul style="list-style-type: none"> <li>- Stamp duty land tax</li> <li>- Corporate estate proposals</li> <li>- Progressing GP practice lease completions resulting in one off costs such as legals and SDLT.</li> <li>- DVS, legals and other professional costs in general</li> <li>- Decommissioning and commissioning and premises dilapidations.</li> <li>- Open Space Model: two parts, 1. developing a funding model for open space work</li> <li>2. Decommissioning premises dilapidations - financial approach needed for each scenario.</li> </ul>	<p><b>Accountable Board:</b> GM Finance Committee, Primary Care Commissioning Committee  <b>Planned at and delivered by:</b> Capital Steering Group</p>

## Chapter 8: Quality, improvement and innovation.

*Delivering safe, effective services, with a focus on quality improvement*

Deliverable	Year 1 Action	Accountability, Planning, and Delivery
<b>8.1 Medical Examiner community rollout process for implementation confirmed across GM</b>	Establishing shared, inclusive learning networks, linking to delivery of patient safety strategy.	<b>Accountable Board:</b> GM Integrated Care Board <b>Planned at:</b> Patient Safety Steering Group (with reports into Primary Care Governance) <b>Delivered at:</b> Trusts, <a href="#">with input at GP practice level</a> as key record holders.
<b>8.2 Seek to ensure that all GP Practices are CQC rated Good or Outstanding</b>	This deliverable was seen as an output/outcome of the other deliverables in this chapter – this is captured in the programme documentation.	
<b>8.3 Comprehensive review of current 'quality contract'/ LCS arrangements, inc. baseline data collection, option appraisal with preferred option / recommendation for commissioning from 2024/25 to be identified and agreed.</b>	Completion of mapping of quality related activities and services across Greater Manchester.	<b>Accountable board:</b> Primary Care Commissioning Committee <b>Planned at and delivered by:</b> BeCCoR Working Group
	Development of a GM quality contract for GP (As led by outputs from BeCCoR)	<b>Accountable board:</b> Primary Care Commissioning Committee <b>Planned at:</b> BeCCoR Working Group. <b>Delivered by:</b> <a href="#">General Practice providers</a> to implement quality contract.

<b>8.4 Development of a consistent set of GM Primary Care Quality Standards, applied to all four disciplines as appropriate to the relative commissioning opportunities and regulatory frameworks that exist.</b>	<b>Year 2 Action:</b> Development of GM Quality standards applied to all 4 primary care disciplines (following implementation at GP providers as per Deliverable 8.3)	<b>Accountable board:</b> Primary Care Commissioning Committee <b>Planned at:</b> Primary Care Quality Group. <b>Delivered by:</b> Initially <b>General Practice</b> and <b>Community Pharmacy</b> providers to implement quality contract – for broader expansion after year 2.
	Rollout of the LFPSE system across primary care (Patient safety system), initially with general practice and community pharmacy, linked to PSIRF (patient safety incident response framework) implementation.	<b>Accountable board:</b> Primary Care Commissioning Committee <b>Planned at:</b> Primary Care Quality Group <b>Delivered By:</b> Initially <b>General Practice</b> and <b>Community Pharmacy</b> providers – for broader expansion after year 1.
<b>8.5 Explore future quality contracting arrangement options for Pharmacy, Optometry and Dental - initiate work</b>	Ongoing work into quality through optometry excellence and continued development of the Dental Quality Scheme to name examples.	As per relevant actions in Chapter 1.
<b>8.6 Identify funding stream to roll out Employee Assistance Programme offer to PC</b>	Work in train to identify connections within the Workforce chapter	
<b>8.7 Establish clear governance for the escalation and reporting of PC quality matters for NHS GM</b>	To explore and develop links with locality quality governance and PC Board, aligning quality governance reporting to the NHS GM escalation and assurance framework, ensuring that it is relevant and applicable to Primary Care.	<b>Accountable Board:</b> Primary Care Commissioning Committee, System Quality Group <b>Planned at:</b> Primary Care Quality Group <b>Delivered by:</b> Primary Care Quality Leads Network
	Ongoing review of the PC sitrep, contributing to SCC, including system response to support resolution (Years 1-5) Escalation framework in place aligned to ICB governance.	<b>Accountable Board:</b> System Coordination Centre <b>Reported to:</b> Blueprint Implementation Group Primary Care Pressures Group <b>Sitrep completed by:</b> Primary Care Providers – <b>GP</b> , <b>Community Pharmacy</b> , <b>Dental</b> and <b>Optometry</b> .

## Chapter 9: Workforce

*Greater Manchester Primary Care is recognised as a career destination for a happy, healthy and engaged workforce, trained to a consistent standard with knowledge and expertise to meet the needs of our population and provide timely, exemplar services.*

At time of publication, the actions detailed below are based on the outputs of a series of collaborative workshops hosted in early 2024. Further mapping and confirmation of actions relating to this chapter is due to take place throughout 2024/25 Q1 and this chapter will be updated accordingly as work proceeds.

Deliverable	Year 1 Action	Levels of accountability, planning and delivery
<b>9.1 Retention: Developing the Temperature Check</b>	<b>Exploring options for a discipline-focused workforce survey to support listening to and supporting all PC Staff</b> <ul style="list-style-type: none"> <li>- Develop a task and finish group to take forward responses to key themes found in survey results ('you said - we did' approach).</li> <li>- Developing a live feedback mechanism for staff exit interviews and temperature checks to support engagement/staff feel listened to.</li> </ul>	<b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group <b>Planned at:</b> Subgroup to be established to report into Primary Care Retention Group and on to Primary Care Workforce Steering Group <b>Delivered by:</b> Individual surveys stay with the disciplines.
<b>9.2 Retention: Joint Appointments/Flexible Roles</b>	<p>Task and finish group to be developed at GM to perform a piece of work to define the deliverable and scope in year 1.            Led by workforce survey, to better understand the needs of the workforce, analysing existing intelligence/identify gaps where further survey may be needed</p> <p>Scoping process to understand current flexible roles across GM and/or nationally - what works and what can be adopted in system as a next step – advising year 2 plans.</p>	<b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group <b>Planned at:</b> Subgroup to be established to report into Primary Care Retention Group and on to Primary Care Workforce Steering Group Provider Board to support dissemination



<b>9.3 Recruitment: Grow our Own</b>	<p><b>Developing Pathways into Primary Care Roles (including apprenticeships).</b></p> <ul style="list-style-type: none"> <li>- Establish oversight arrangements and steering group to take the workstream forward, featuring all disciplines, to map out offers and progression available across primary care</li> <li>- Increasing access to the apprenticeship levy across all disciplines and a clear process in place to support this, with all disciplines engaged and involved in pathway development so there are clear pathways available for each area/profession.</li> </ul>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group – with links to Greater Manchester Combined Authority.  <b>Planned at:</b> New to Primary Care Group.</p>
	<p><b>Engaging and influencing across all areas of workforce supply outputs. Understanding good practice areas and what can be learned from:</b></p> <ul style="list-style-type: none"> <li>- Mapping education routes including 'nonstandard' pathways</li> <li>- Work experience and placements within structure/framework</li> <li>- Explore single point of access for primary care - arranging placements</li> <li>- GM-wide 'how to' guide' development.</li> </ul>	
	<p><b>Career options/placements/learning environments.</b></p> <p>Development of a framework for use across GM localities following effective pilot work in multiple localities re: supporting people into work in PC with DWP support. T+F Group to be developed to develop this.</p>	
	<p>Commitment to support ongoing training and education standards for CP independent prescribers to provider more clinical services. Identifying Designated Prescribing Practitioners with support from North West HEE team.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned by:</b> Community Pharmacy Provider Board/GM Primary Care workforce team/Health Education England  <b>Delivered by:</b> <a href="#">Community Pharmacy Providers</a></p>
<b>9.4 Education and Development: Career Pathways</b>	<p><b>Clear demonstrable career progress and supporting training</b></p> <p>New to Primary Care Programme offer to be broadened across all 4 disciplines.</p> <ul style="list-style-type: none"> <li>- Exploring if budgets/fellowship can be aligned to develop a bespoke GM offer. Training hub to lead on this work.</li> </ul>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group – with links to Greater Manchester Combined Authority.</p>

	<ul style="list-style-type: none"> <li>- Fellowship opportunities to support all new or newly qualified staff to understand GM and access peer support/mentorship</li> <li>- Cancer fellows - opportunity to expand work beyond cancer (use of model as template for different disciplines)</li> </ul>	<p><b>Planned at:</b> New to Primary Care Group with links to GM PC Workforce Retention Group</p>
<p><b>9.5 Education and Development: Learning Environment Expansion</b></p>	<p><b>Creating accredited learning environments across neighbourhoods to support all disciplines</b></p> <ul style="list-style-type: none"> <li>- Evaluation of cancer pilot (due to end August 2024)</li> <li>- Leading to a process to understand gaps in primary care beyond cancer specific</li> <li>- Co create offer and engagement with practices/providers</li> <li>- Identify funding source and roll out from March 2025</li> </ul>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group  <b>Planned at:</b> CPD Group</p>
	<ul style="list-style-type: none"> <li>- Develop clarity around models</li> <li>- Develop narrative to promote benefits/evidence/data</li> <li>- Identify areas to adapt pilot, featuring all provider areas in delivery.</li> <li>- Framework developed that can be adapted at a locality level</li> </ul>	
	<p>Specific focus on Practice Manager development programme via GM Primary Care Excellence.</p>	<p><b>Accountable Board:</b> GM Primary Care Commissioning Committee  <b>Planned at:</b> GM Primary Care Provider Board  <b>Delivered by:</b> GM Primary Care Provider Board Delivery Team – GM GPEX/Primary Care Excellence</p>
<p><b>9.6 Education and Development: GM Passport</b></p>	<p><b>Recognised and equitable access to training.</b></p> <ul style="list-style-type: none"> <li>- Develop a single access point to bring all offers together, based on recognition that the current system is complex to navigate and identify available offers – e.g., expansion of GM Workforce Connect.</li> <li>- Expand new to primary care offer to all disciplines.</li> <li>- Explore opportunities to ensure protected learning time for all disciplines.</li> </ul>	<p><b>Accountable Board:</b> Primary Care Commissioning Committee, People and Culture Health and Care Group  <b>Planned at:</b> New to Primary Care Group with links to GM PC Workforce Retention Group</p>

## Assurance, Reporting and Risk

The Blueprint Delivery Unit PMO will capture and monitor key risks against each chapter and supporting programme teams to implement mitigations and escalate issues to leaders in the ICB governance where appropriate. Programmes should be recording action-level risks within existing programme and project infrastructure, escalating key issues to the Blueprint Delivery Unit PMO where necessary.

Teams will be requested to submit a narrative in the form of a simple highlight report every three months. A draft reporting template and reporting timeline can be found in Appendices 1 and 2.

The highlight report will request updates on each action in the delivery plan and their sustained links to the overall deliverables featured, and any divergence from this. It will also request feedback on any high-level risks or issues, and feedback regarding good news and best practice from teams where work is underway to encourage adoption and spread where appropriate. The highlight report also features a section for chapter leads to flag areas requiring support from the Delivery Unit where appropriate.

In the spirit of the blueprint as an iterative strategy, reporting will be used to review programmes on a rolling basis and to understand if the courses of particular actions are required to shift in the event of receipt of additional resource or changes in scope in order to appropriately meet the deliverables.

It is understood that teams are currently being asked to operate and transform in the midst of sustained operational pressures. The Delivery Unit will therefore take steps to make the reporting aspect of this work 'soft-touch' where possible – e.g., utilising existing meeting notes/documents for highlight report updates, or utilising existing meetings with project teams.

Recognising and acting on the interdependent nature of each blueprint chapter will be paramount to the achievement of the deliverables. Highlight reporting will request teams to demonstrate how they have been engaging with the enabling and interdependent chapters where this is indicated in the delivery plan.

## Communications and Engagement

A Blueprint Leadership Group will be established to monitor progress, raise issues, and share learning, and will act as a regular touchpoint for engagement. This regular and action-focused meeting will be supported by the Blueprint Delivery Unit PMO.

The outputs of these meetings will be supported with regular communications to the system regarding progress of the blueprint delivery – including good practice and learning around

what is working. This will be supported via GM governance where appropriate – e.g. The Blueprint Implementation Group supporting the spread and adoption of good practice where it is recognised through regular reporting. Communications feature heavily as a key enabling factor to the blueprint, and communications team input will be sought in the blueprint delivery unit to ensure these links are maintained. Communications and sharing of good practice will also be supported via the Primary Care Provider Board and ICB website to encourage spread and adoption of ways of working. Further, a member of the GM Communications team will be embedded in the broader Blueprint Implementation Group to ensure that key messages are shared with the system.

## Next steps

Following support to this document from the GM Primary Care Commissioning Committee, the Blueprint Delivery Plan will be released to the system in May 2024.

The Blueprint Delivery Unit PMO will then conduct a ‘quarter zero’ reporting round to introduce and refine the highlight reporting process to programme teams and begin to report on and support progress where this is possible. The team will also continue development of the approach to communications, engagement and evaluation strategies, ensuring broad recognition and understanding of the work currently underway in our unified system.

Toward the end of calendar year 2024, work will commence on development of the Year 2 delivery plan, which will be advised by information from the year 1 reporting.

## Appendices

- Appendix 1: Draft reporting template (see next page)
- Appendix 2: Reporting timetable

## Appendix 1: Draft Highlight Report Template

Primary Care Blueprint Delivery Plan: Highlight Report			
CHAPTER:		CONTACT LEAD(S):	
DELIVERABLE:			
REPORTING PERIOD:	2024/25 Quarter 1	COMPLETED BY:	
PROGRESS IN LAST QUARTER		SUCCESSSES/ GOOD NEWS STORIES TO SHARE	
NEXT STEPS		POTENTIAL CHANGE TO PROGRAMME	
RISK(S)	RAG	MITIGATION(S)	
INTERDEPENDENCIES IDENTIFIED & CONSIDERED WITH ENABLING PROGRAMMES / OTHER CHAPTERS WHERE APPROPRIATE		REQUESTS OF THE BLUEPRINT DELIVERY UNIT	
Sustainability , Estates, Digital, Workforce, Quality , Integrated working in neighbourhoods, Health Inequalities, Prevention			

## Appendix 2: Timetable to show sequencing of quarterly reporting

Date	Activity
End of April 2024	Completed Y1 Delivery Plan circulated to the system
April – June 2024	'Quarter 0' reporting to be led by the BDU PMO to introduce the highlight reporting process and to develop a baseline of work so far.
July – September 2024	Quarter 1 reporting round
October – December 2024	Quarter 2 reporting round and beginning of Year 2 delivery plan drafting
January – March 2025	Quarter 3 reporting and development of Year 2 delivery plan
April – June 2025	Year 1 Quarter 4 reporting and summary progress report for Blueprint Year 1. Preparation for Year 2 first reporting.