

## Greater Manchester Primary Care Summit

### Insights and Themes Report

October 2025

#### 1. Introduction

On 8<sup>th</sup> October 2025, the Greater Manchester Primary Care Provider Board held a Primary Care Summit bringing together over 200 attendees from across the four primary care disciplines, along with colleagues from VCFSE organisations and GM ICB. The event marked the 10<sup>th</sup> anniversary of the Greater Manchester Primary Care Provider Board and looked ahead to what the next decade might hold.

Andy Burnham, Mayor of Greater Manchester, delivered a keynote speech outlining his vision for *Live Well*, describing his optimism and ambition for the next 10 years in GM and the importance of Primary Care providers being critical to the delivery of that ambition.

This was preceded by a Prevention-themed fireside chat with Mark Fisher, Warren Heppolette and Dr Viren Mehta, where they discussed what we have achieved in GM so far and how we can continue to build prevention into our approach to deliver the Greater Manchester Strategy and the NHS 10 Year Plan.

During the summit, there were lots of opportunities for networking and collaboration, but delegates took part in two interactive table-top exercises exploring the NHS 10-Year Plan and neighbourhood working, with reflections and ideas shared through Menti, capturing a wide range of perspectives from Greater Manchester's primary care and VCFSE leaders and providers. Insights from VCFSE colleagues enriched the conversation, underscoring the value of community and voluntary partnerships within the primary care ecosystem.

It was a really strong message that all primary care disciplines and providers were at the Summit from across GM and that the VCFSE leadership and provider sector was so well represented to continue to build the connection between primary care and the VCFSE.

For the purpose of this report, the term primary care refers collectively to general practice, community pharmacy, dentistry, and optometry, as well as VCFSE partners where relevant.

#### 2. Approach

The interactive sessions invited delegates to discuss three key questions for each topic and submit their views via Menti. Responses were thematically analysed to identify the key opportunities, concerns, and insights emerging from across the system.



The following sections summarise the most prominent themes.

### 3. NHS 10-Year Plan

#### 3.1 What Excites Delegates

- Reducing inequalities and improving access, particularly for those currently under-served, with the VCFSE sector seen as a vital partner.
- Opportunities for collaboration, alignment of contracts, and genuine parity across all four primary care disciplines.
- Integration through neighbourhood working with wider system and Place partners and design of services around citizens from the outset.
- Emphasis on prevention, population health, and reducing duplication.
- Innovation through AI and digital transformation, alongside new relationships with industry and communities.

Quotes:

*“As Pharmacists & Optometrists we are excited to be able to provide access to preventative healthcare to people who don’t always access traditional GP practices.”*

*“Reducing inequalities and reaching people not currently reached. VCFSE role is huge.”*

#### 3.2 What Worries Delegates

- Insufficient funding and infrastructure to deliver ambitions, particularly estates, digital / IT and Workforce investment.
- Risk that digital-first approaches may widen inequalities for vulnerable populations.
- Workforce capacity and recruitment challenges.
- Fragmented IT systems, inconsistent and short-term contracting, and lack of interoperability.
- Power imbalances within our GM and Place systems especially around Acute Trusts and concerns perceived plans for vertical integration.
- Unclear implementation pathways and short-term funding cycles creating uncertainty.

Quotes:



*“How we achieve left shift, prevention and balancing transformation with delivering existing services in the existing challenging environment.”*

*“VCFSE funding very precarious and unlikely to stabilise soon. More communities being left behind and patients falling through the cracks.”*

*“Digital could widen inequalities for some people.”*

### 3.3 What's Missing

- Clear delivery plans and measurable timelines (1–5 year horizon).
- Recurrent, multi-year (at least 3 years) sustainable funding for prevention and innovation.
- Digital, estates and workforce strategies, plus integration of independent contractors.
- Inclusion of VCFSE partners as strategic, funded collaborators.
- Greater clarity on neighbourhood definitions and governance arrangements.

*“Clarity and safeguards for GP and independent practitioner status.”*

*“Dental practices lacking IT connectivity to secondary care.”*

*“Education for patients.”*

## 4. Neighbourhood Working

### 4.1 Questions for NHS England

- Clarity on the definition of a ‘neighbourhood’ and alignment with local structures.
- Sustainable funding, governance, and data sharing frameworks.
- Integration of Primary care, community and VCFSE partners in design and delivery.
- Assurance that neighbourhood models will not increase burden without resource.

Quotes:

*“What does neighbourhood mean?”*

*“How do we bring the data and facts together with residents' wants and needs?”*

### 4.2 Vision for Neighbourhoods



- Locally defined, person-centred, inclusive of both place-based and communities of identity.
- Shared budgets, equitable funding, and local decision-making.
- Provider representation by all 4 disciplines in governance structure
- Integrated services across health, local authority, and voluntary sectors.
- Empowered, sustainable primary care at the heart of neighbourhood working.

Quotes:

*“Everybody working together.”*

*“Having infrastructure to deliver what is needed – the estates to work together, parity between partners.”*

*“GM frameworks which can be picked up at locality or neighbourhood level based on local population need.”*

*“Connect up health and LA services together (e.g. Oral health).”*

### 4.3 Red Lines

- Avoiding trust-led contracting that disempowers primary care.
- No unfunded or unresourced additional work.
- Protection of provider independence and parity.
- Genuine co-design and local leadership required before commitment.

Quote: *“To be asked to do anything above & beyond our core contract without the appropriate remuneration.”*

### 5. Cross-Cutting Themes

- Commitment to collaboration and parity across the four primary care disciplines.
- Transparency in finance and commissioning around the opportunities for innovation, visible to all Primary Care
- Stable, multi-year funding settlements to enable prevention and transformation.
- Digital interoperability as a core enabler of integrated care.



- Empowered local leadership and shared accountability within neighbourhood models.

Quote: *“Equitable funding across providers to maximise the full utilisation of all primary care capabilities in neighbourhood working and communications with population.”*

## 6. Next Steps

The findings from the Summit will be shared by the Greater Manchester Primary Care Provider Board with NHS GM, and through the strategic partnerships the PCB is developing with VCFSE Leadership Group and the Trust Provider Collaborative to inform strategic planning and future collaborative programmes.

The discussion demonstrated a shared commitment across all primary care professions and VCFSE partners to improving access, integration, and patient outcomes. The insights will also be shared with delegates to maintain transparency and collective ownership of next steps.

The Summit insights will also inform (and this paper should be considered in conjunction with) the PCB paper: *‘Delivering the Greater Manchester Strategy and the NHS 10 Year Plan’* that has been developed through the PCB governance and the 3 PC Provider arms (GMPC, PES and CHL)

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