NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

DELIVERING THE GM STRATEGY – THE PRIMARY CARE PROVIDER ROLE

OCTOBER 2025

1. PURPOSE

This document describes Primary Care providers central role in the delivery of the GM Strategy 2025 – 2035 and the NHS 10 Year Plan, setting out our specific offer to support the delivery of key national and system ambitions by describing the structures and systems we have in place to deliver at the GM spatial planning and delivery levels of neighbourhoods, localities (place) and GM and our ask of the GM system and partners as we move through the next period of change.

This is a document for all Primary Care practitioners and staff so they understand how PCB infrastructure will work on their behalf during this next period of transition, as well as colleagues across the GM system to reiterate the opportunity PCB and Primary Care at Scale provides to realise our system ambitions.

It builds on the PCB response to the national ICB Blueprint (May 2025 - it is recommended that it is read in conjunction with this) and the feedback from attendees at the GMPCB Summit (08.10.25)

The document is framed in the context of key assertions which are summarised below:

- We are ready and able to hold Neighbourhood service contracts and multi-neighbourhood service contracts
- We are ready to be the solution to some of our GM performance issues and to receive any delegated functions
- We have an agreed strategy for Primary Care in GM – the Primary Care Blueprint - which was signed off in public by the Board of NHS GM and the GM ICP (both September 2023). The content of the Blueprint is closely aligned to the NHS 10-year plan and requires resources to deliver.
- We are co-designing the primary care role in Live Well and the prevention demonstrator
- We support the left shift of services and the expectant shift of resources to be demonstrated with an increase in system spend on primary care providers year on year and expect more long-term commissioning rather than short-term contracting.
- Learning from one of the Canterbury (NZ) system success factors which was the need to empower primary care and that all leaders in the system demonstrate their commitment to that.

We frame this document in a summary form of our offer and our ask and with a more detailed annex for background

2. OUR OFFER and OUR ASKS

2.1. OUR OFFER.

Our Mandate

The Greater Manchester Primary Care Board was established 10 years ago and was formally recognised as a voting member of the devolved GM Health and Care System. This mandate has remained throughout the iterations of our system governance over the last decade and as this paper describes, the PCB has matured and developed considerably over this time. It brings together the four primary care disciplines of community pharmacy, dentistry, general practice and optometry, providing a collective voice for PC and PC Providers. It offers a connection point into PC for system partners and continues to deliver many transformation and quality improvement programmes.

The infrastructure is well established. The GM PCB has the infrastructure and ability to assume a range of accountabilities and responsibilities (as appropriate) across the system. PCB and its sub-Boards, supported by the Delivery Team and locality leads.

The GM PC Provider Board, working at locality and GM level, stands ready to play a full role in the design and delivery of GM and Place ambitions/plans representing the 1800 PC providers across GM. This means that primary care providers can play a lead role in the design and delivery of agreed solutions – true co-production with us.

Closely associated to the boards are strong at scale service provider federations as companies limited by guarantee and Community interest companies. ***All of the Provider companies can hold contracts centrally and deliver anywhere from a single practice to a PCN/Neighbourhood to Locality/multi neighbourhood and at GM scale***

Primary Eyecare Services (PES) is a not-for-profit Primary Eyecare provider that has a large corporate infrastructure and currently contracts nationally with over 30 ICBs and some Trusts. It has its own board and operates in lockstep with the GM Optometry Provider Board. It has offices in the northern quarter of Manchester city centre which are shared with PCB.

Greater Manchester Primary Care (GMPC) CIC is a Community Interest Company made up of locality operating vehicles (alliances/federations or equivalent) and as such is made up of member GP provider practices. This enables secure data sharing and enabling infrastructure. The Board operates in lockstep with the GM GP Provider Board. They have central Manchester offices and are regarded nationally as an exemplar of mature collaboration, with an established digital and data infrastructure.

Community Pharmacy Greater Manchester - CPGM Healthcare Limited (CHL) is not-for-profit organisation empowering healthcare providers to deliver quality health services and achieve improved health outcomes. It is the host provider for the GM Community Pharmacy Provider Board and Community Pharmacy Greater Manchester (CPGM) and is independent from CPGM with its own board of directors. CHL contract with commissioners and sub-contract with providers managing contractual arrangements, payments, reporting and invoicing on behalf of the commissioner. CHLs role as a contracting organisation is distinct from the statutory representative role of CPGM and the CPPB, which interfaces and collaborates with the GM system and wider partners.

The 3 Primary Care providers are actively exploring how they work together to support the GM Primary care system; 3 Primary Care providers at scale working together within PCB infrastructure.

Our **offer** is that we will continue to be a **key leader** and system partner as we move through the implementation of the GM Strategy and NHS 10-Year Plan; through PCB supporting partners to navigate Primary Care, advocating for and articulating the collective voice of over 1800 Primary Care providers.

The offer is that we will continue to represent the perspectives of Primary Care into GM delivery and engage with all Primary Care providers through our at scale provision, and that we will continue to demonstrate the impact on finance, performance and quality that Primary Care providers deliver in GM and we will do that at both a GM, Locality and Neighbourhood level.

Getting the basics right

As Primary Care Providers, we recognise that as well as setting out our offer for an expanded role for PC in the GM delivery system, it is also important for us to reaffirm our commitment to continue to meet our core contractual duties across all four disciplines. Programmes such as Primary Care Excellence, delivered by the PCB, offer practical support in this regard. Equally, we expect the funds allocated for this purpose to be properly directed as intended, ensuring that underspends in Primary Care are not routinely used to support pressures in other service areas.

We want to lead and support the delivery of system ambitions, and we can contribute to the work to address system delivery challenges.

We understand the performance and can continue to play our part to contribute to work that addresses these challenges. We understand the financial challenges facing the GM system through our participation in groups such as Elective Reform, System Leaders and the ICP Board, as well our infrastructure established in the 10 Localities of GM

We are ready to take a lead role in the design and delivery of the left shift ambitions; our at scale Provider arms can enable GM to quickly realise the 3 national ambitions (hospital to community, analogue to digital, treatment to prevention) in the key service pathways (Ophthalmology, community gynaecology, ENT and others) working with acute Trusts and VCFSE, we can improve performance, access and reduce health inequalities.

The PCB infrastructure of Locality Primary Care and GP Boards is embedded and recognised across GM, albeit to varying degrees, but we will commit as PCB to work with our leaders to ensure that those Boards are fully representative of all 4 Primary care disciplines, that those Boards are fully included in the Place-Based governance and representatives from those Boards are able to advocate for Primary care in their Place and connect Place partners to the frontline Primary care providers.

Primary Care representation will need to be resourced appropriately, and their inclusion should not be tokenistic, but fully embedded in the decision-making infrastructure.

We are building strategic and tactical delivery partnerships

We are actively working to establish cross-provider sector collaborative approaches with the Trust Provider Collaborative, VCFSE (APC and 10GM) and ICB transformation teams acknowledging the drive nationally for providers to collaborate and work across sectors and provides a solid foundation to the GM strategy and NHS 10 Year plan forward and ensure

continuity of service design and delivery in light of the national ICB reforms. This approach is also replicated by Primary Care leads in some Localities with their local providers and our ambition would be to enable this consistently in each Place.

Primary Care track record of delivery of GM and national ambitions.
We can demonstrate quality improvement results in CQC assessments and lead a highly nationally recognised pro-active care programme. We have undertaken significant transformation producing and delivering dental recovery and access scheme and developing and delivering the community urgent eyecare service CUES. We can demonstrate a very significant level of strategic alignment between our GM PC Blueprint, Live Well, the nationally endorsed GM Prevention Demonstrator and the NHS 10 Year Plan. We can demonstrate impact through agreed and measurable outcomes through our contractual responsibilities and delivery of GM and Locality programmes. The PCB approach will always be data-driven, person-centred and in support of our Frontline providers.

Primary Care assets
GM has a breadth and depth of Primary Care assets that are organised to enable collaboration at GM, Locality and Neighbourhood level, supporting the individual practitioners in their practices. Some examples to highlight are (not exhaustive):

- Locality and at scale federations and Advisory Committees – brought together through PCB governance arrangements.
- Linked board infrastructure and PC provider collaborative
- Leadership:
    - Data controller boards and leadership of PC digital board
    - Administer PCN advisory board and PC collaborative group
    - Co-chair blueprint implementation group (BIG)
- Infrastructure:
    - GPIT: We have leadership infrastructure (digital and data subgroup) across GMPC, consisting of GP fed leads bringing at scale to front line. CIO and CCIO leading on developments and requirements of new services from hardware to software to implementation. finance and HR infrastructure in place.
    - Digital: Community Pharmacy – Providers have implemented patient led ordering, supporting patients to order repeat medicines via the NHS app and worked with HInM to rollout out access to the GM care record enabling 200 pharmacies to support prescribing and optimising care.

2.2. Our ASK

As GM moves through this period of transition in the NHS and wider system, it is our ask that the PCB infrastructure continues to be championed and supported, that all 4 disciplines of Primary Care are treated equitably and all are enabled to continue to ensure that primary Care is central to the growth and development of our system, and that Primary Care practitioners are appropriately resourced to do this.

Ensure PC providers (all 4 disciplines) are fully involved and engaged in the design and deliver plans at all the spatial levels and resourced.
It is particularly important to ensure that all the disciplines are represented in the Place-Based Partnerships and Neighbourhood health governance. This would build on GP representation in our Places, but it is critical that all the PC disciplines are involved in the Place and Neighbourhood governance, and specifically the decision-making governance regarding implementation of Live Well and Neighbourhood health. PCB is an enabler of PC delivery at Place and in neighbourhoods and PC is an integral part of the Place and neighbourhood constructs, as such PC should be clearly reflected and recognised in future locality

governance structures to ensure that the 4 PC sectors have parity of esteem in decisions and future developments re transformation and models of care.

The expectation is for General Practice to hold neighbourhood contracts.

As a GM system, we follow up on our ambitions to secure a 'left shift' ensuring service delivery (appropriately) moves into community, that our services are digitally focused and that prevention is at the heart of our service design.
The financial reform must consider longer term multi-year contracting to replace non-recurrent single year schemes and the continued development of digital infrastructure across Primary care providers.

Commitment to invest in the delivery of the PC strategy as approved through the PC Blueprint; the agreed plan for Primary Care in GM. GM needs to reaffirm its commitment and agree a clear implementation plan to realise our ambition and ensure it is understood by all partners across health and care and wider public services. It is important to ensure sustained and continued investment into primary care workforce development and training (as per the Blueprint) to enable them to continue to play a leadership role in the delivery of the GMS and 10 Year Plan. This would include the delivery and supporting infrastructure and the ability for all Primary Care providers across the 4 disciplines to meaningfully represent their colleagues in Place and GM work.

Commit that any further phases of BeCCoR deliver on ambition to level up investment in GP in localities and this investment should be recurrent. This commitment should extend to the application of the framework and equitable investment to Community Pharmacy, Dentistry and Optometry.

Recognition of the potential impact of the emerging provider partnerships across PC, VCFSE and Trusts in GM.
Formal partnerships maybe embryonic in nature, but they are built on strong and historical alignment between Primary care and VCFSE in our Place and with secondary care on the design of pathways. This paper demonstrates the impact to date and the potential impact for our frontline staff, patients, residents and service sustainability. Our VCFSE partners state:

'We welcome the publication of this paper and support the asks and offers contained therein.

The round tables we have held over recent months have illustrated the significant overlap between our respective priorities. We are clear that working closely together will be a pre-requisite for the successful neighbourhood led implementation of our GM Live Well model and the prevention demonstrator. We also recognise our duty to the people of GM to work collaboratively to realise the ambitions of the NHS 10 year plan including the delivery of a system wide, focussed approach to prevention.'

Warren Escadale – Chair of the GM VCFSE Leadership Group (for and on behalf of its members)

This document confirms that Primary Care providers in Greater Manchester stand ready to play a full part in delivering our GM strategy for health improvement, and are actively developing collaborative working approaches with key provider sectors such as VCFSE and

TPC, recognising that the publication of the national 10 Year Plan gives us an opportunity to redouble our efforts in delivering a system which moves us from:

- Hospitals to Community
- Sickness to Prevention
- Analogue to Digital

We would welcome any follow up discussions.

OCTOBER 2025

Dharmesh Patel:
CEO Primary Eyecare Services

Tim Dalton:
Chair GM GP Board

Tracey Vell:
Chief Executive GM PCB

Ian Owen:
Chair GM PC CiC

Don McGrath:
Chair GM Dental Board

Luvjit Kandula

Luvjit Kandula:
Chair GMPCB
Chair CPPB

Peter Marks:
Chairman and Director: CHL

Julia Maiden:
Vice Chair GM Optometry Board

ANNEX

The rest of this paper provides more detail to the summary section above and should be considered in conjunction with sections 1 and 2.

3. OUR OFFER

3.1 Delivering *Neighbourhood Health; Primary Care is ready to lead.*

GM system needs to deliver the NHS 10 Year Plan ambitions ensuring Neighbourhood health is available to every GM resident. We have a strong history of working in this way in GM as recognised by the 10 Year Plan, but GP Federations and Primary Care at scale are ready to lead on delivery of Neighbourhoods and support the realisation of the GM Live Well ambitions.

We are able to hold all Neighbourhood contracts.
We are already leading and part of MDTs in neighbourhoods working with partners in health and care.
We have delivered practice care models aligned to PHM 'targeted, data driven prevention'.

Primary Care providers deliver their services in our communities, neighbourhoods and places across GM and have played a leadership role working with key partners to support residents to live well and connect to key assets in their neighbourhoods.

All Primary Care providers operate as local providers in our communities or where they operate at scale – are employers of local people. They also offer apprenticeships and support to get people into work:

- The Step into Primary Care dental programme is 'designed to help unemployed individuals who are passionate to commence their careers in dental nursing.' This will launch in September and be and hosted in practices. It is open to anyone unemployed up to 18 years.
- A GM Community Pharmacy Apprenticeship scheme - A 10-week Pharmacy bootcamp identified new entrants into the profession, supporting them to become eligible for apprenticeship schemes for Community Pharmacy roles and identify candidates to work in Community Pharmacy. The scheme also allowed employers to upskill existing staff to support their career development.
- General Practice provide Care Navigator and Coordinator roles often employing local people.

We view Neighbourhood Health services as a key component to the realisation of the GM strategy and Live Well and prevention demonstrator ambitions and are clear that the approach follows what's already working across Greater Manchester's neighbourhoods to grow consistent, community-led, preventative models of support—reducing reliance on public, especially crisis, services and improving lives for individuals and communities.

The Live Well principles are already being practiced in all Greater Manchester localities with Primary Care professionals collaborating daily with key workers across public services and the VCFSE to address non-medical needs**.** Models such as Focused Care and Healthy Hyde or schemes such as BP testing in Opticians or access to dentists for vulnerable people such as veterans and those living with cancer, are often not sustainably commissioned but funded

by short term project funding or as a result of a passionate clinician / manager just making it work.

The contractual arrangements in all 4 Primary Care disciplines are key context to bear in mind as we progress through the implementation of the LW model in GM.

- 91 Optometry practices across GM have been delivering BP and irregular heartbeat testing to over 40's with no history of hypertension and no BP check in last 6 months, mirroring the approach in Community Pharmacy. 4600 patients screened to date at a cost of approximately £80k
- Dental access scheme provides dental treatment for key cohorts (Looked After Children, veterans and people living with cancer)
- Dental Buddy Practice Scheme links dentists to schools and evaluation shows positive results and has resulted in some children being signposted to register with a local dentist.
- The development of the Community Pharmacy GM Minor Ailments Scheme supports patients with low income and specific eligibility criteria to receive over the counter medicines free of charge, supporting delivery of Pharmacy First Delivery – this delivered over 100,000 consultations in 24/25. This scheme supports access, reduces inequalities and pressures/demand on UC and GP including out of hours.
- The GP BeCCor programme has supported 95,000 high risk individuals through a PHM / Proactive Care approach and prevented 180 MI and 200 strokes across GM.

3.2 Primary Care operates at the heart of local communities and is a key 'touchpoint'.

As key anchors in communities, Primary Care Providers offer a continuity of trusted relationships to individuals and acts as the default contact point for many experiencing significant inequalities, which means when they present to General Practice, the Dentist, their Optician or in their Community Pharmacy there are often a range of additional issues exacerbating their health condition. We understand that Live Well and Neighbourhood Health will enable us to focus on medical care while social or welfare issues can be addressed by an integrated team that we are part of to support people to address what matters to them in a person-centred approach.

Primary Care across all 4 disciplines can see its future as part of Live Well and wants to continue the leadership role it has cemented in the delivery of Neighbourhood working across GM. We can see the potential of working as part of a Live Well neighbourhood offer, e.g. bringing in Healthy Living Dentistry or Healthy Living Pharmacy to the Live Well family. It also provides the opportunity for a range of existing spaces to be Live Well spaces, such as Primary Care practice receptions, Neighbourhood Health Centres, Libraries and Citizen Advice Centres.

In order for Primary Care leaders to realise this ambition, we need to be consolidated as a key stakeholder in the decision-making in each Place, reflecting the role we already hold at a GM level.

There is concern across Primary Care leadership that the recent Neighbourhood Implementation bids did not involve all 4 Primary care disciplines consistently in each Place

(Locality) and we are hoping through this paper that we can secure more consistent approaches moving forwards.

3.3 We want to lead and support the delivery of system ambitions, and we can contribute to the work to address system delivery challenges.

We understand the performance and financial challenges facing the GM system through our participation in groups such as Elective Reform, System Leaders and the ICP Board. We have and can continue to play our part to contribute to work that addresses these challenges.

3.3.1 Key GM challenges and delivery requirements; how Primary Care can support.

- Current **RTT performance** is a challenge, especially with 65, 52 week and total waiting list size. 52-week waiters were described as a 'growing concern'. (Elective Recovery and Reform Board- August 2025)

GM GP has recently secured a Direct award to deliver the GM Community Gynaecology service and in phase 1 the focus is on supporting the reducing the number of women who have been waiting over 52 weeks in the Trusts.

GM PCB is also in discussions with the ICB to secure support to the ENT and Ophthalmology waiting times. Ophthalmology can deliver a shift of 200000 Glaucoma follow up appointments from secondary to primary care.

All of these developments support the ambitions in the NHS 10-year Plan.

- It is a GM priority to **reduce referrals into secondary care** and secure an increase in Advice and Guidance, improving access to services.

GM PCB through the GP Board and the Primary Care Provider arms are supporting the delivery of the GM BeCCoR approach, enabling reach into each Place and frontline delivery and securing alternatives to referring to secondary care

- Delivering **'diagnostic-led pathways'** is a priority for GM.

GM PCB has started to work with the TPC, and this is a common joint deliverable for both primary care and the Trusts. Together we can support an increase in the development of community-based diagnostics.

- The outcomes of the 24/25 clinical validation pilot showed that >9000 pathways could have started **treatment in specialist advice or community services** (source Elective papers).

GM PCB and the primary care provider arms are already working in 3 of the areas (ENT, gynaecology and we bid for Dermatology). Cardiology is also identified – Primary Care providers have already led the delivery of prevention pathways through the Proactive Care work (focused on CVD) and would be in a position to support the design of pathways into community working with secondary care providers.

We need to establish an agreed approach to contracting and procurement that delivers the intent of the GM strategy and NHS 10 Year Plan. We need to secure internal system partners as service providers and support them e.g. improved interface with core GP both relational and digital allowing for a peer-based improvement in referrals and activity and a better knowledge of the local population following the learning from PHM and Proactive Care This would enable a more holistic and cost effective approach to chronic disease and acute disease rather than siloed clinical settings.

We are able to take a lead role in the design and delivery of the left shift ambitions; our at scale Provider arms can enable GM to quickly realise the 3 national ambitions (hospital to community, analogue to digital, treatment to prevention) in the key service pathways. We commence with a direct award for Community Gynaecology service and look to develop Ophthalmology, community gynaecology, ENT and other services. Our ask is that we have multi- year contracts as for staffing purposes and sustainability short term non-recurrent contracting damages our infrastructure.

3.3.2 Delivery of GM Primary Care Blueprint which is aligned to national developments

The GM Primary Care Blueprint was approved by the NHS GM Board in September 2023 and was further endorsed by the GM Integrated Care Partnership later the same month. We believe that the content and themes contained in the PC Blueprint are highly consistent with those set out in the 10 Year Plan and means we already have a strong, board approved direction for PC in GM.

As a GM system, particularly the ICB, we need to resource the delivery of these key objectives.

The NHS 10 Year Plan and its "three shifts" has been extensively summarised elsewhere, so we have not attempted to do so here. However, it is important to acknowledge that there is a striking resemblance between key themes in the 10 Year Plan and the PC Blueprint, as briefly summarised in the table below:

Theme	NHS 10-Year Plan	GM Primary Care Blueprint
1. Hospital > Community Care > Neighbourhood Teams	Introduces Neighbourhood Health Services and expands out of hospital care.	Chapter 2: Builds integrated neighbourhood teams across GP, pharmacy, dental, optometry, social care and VCFSE.
2. Access & Capacity	Same-day GP access, expanded general practice workforce.	Chapter 1: Tackles urgent access and the "8 am demand surge"; use of "Ask My GP" type services, pharmacy triage and Cues
3. Prevention and Inequalities	Public health measures targeting obesity, smoking, vaccinations; prevention-first system.	Chapters 3 & 4: Focuses on reducing health inequalities, early detection, and condition management.
4. Digital Transformation	Expand NHS App capabilities, unified patient record by 2028.	Chapter 6: Deploys GM Care Record, cloud telephony, NHS App integration, and digital minimum standards.
5. Sustainability & Estates	Modernise infrastructure; capital investment for community hubs.	Chapters 5 & 7: Net zero by 2038, greener primary care, modern integrated estates.
6. Quality & Innovation	Outcomes-based funding, innovation passports, genomic medicine insights.	Chapter 8: Shared quality standards, peer learning, PSIRF, and performance dashboards.

7. Workforce	Train more GPs, improve workforce morale.	Chapter 9: Workforce hub, training, wellbeing programmes, ARRS roles, and support for international clinicians.

The GM PC Blueprint describes how primary care will:

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

This closely aligns with the 10 Year Plan' vision of a neighbourhood health service which:

"will bring care into local communities; convene professionals into patient-centred teams; end fragmentation and abolish the NHS default of one size fits all"

The NHS 10 Year Plan describes how Neighbourhood Health Services will become the backbone of care, bringing services closer to where people live and there will be 2 new GP contracts:

- Single Neighbourhood Providers (serving ~50,000 people)
- Multi-Neighbourhood Providers (serving ~250,000 people)

These providers will deliver more coordinated, personalised care and support struggling practices.

4. HOW WE COLLABORATE

4.1 Spatial planning and delivery levels

There are:

- **380 Dental Practices in GM who delivered almost 2.5m courses of dental treatment (24/25).**
- **650 Community Pharmacists who delivered 650,000 health-related pharmacy visits (24/25); along with over 100,00 Pharmacy First Consultations, over 65.000 Blood pressure checks, and over 5000 patients supported on discharge from hospital to prevent hospital admissions.**
- **300 Opticians who delivered 754,274 sight tests in 24/25 and 65,138 were domiciliary.**
- **400+ GP practices who delivered 14.4m appointments in General Practice accessed by 75% of the GM population; this is compared to about 30% acute and 30% community activity.**

From a primary care perspective, we understand that the spatial levels at which strategy, commissioning and implementation takes place, that delivery is firmly rooted in neighbourhoods and Place, whilst ensuring a consistency, (as opposed to uniformity), of approach at a GM level.

Nationally negotiated PC contracts for all 4 disciplines – Managed and operated at the GM level via the NHS GM PC team (as is currently the case):

- There is also discretionary or non-core funding that is managed by the local ICB Primary Care contracting team and this is used to support delivery of a more targeted approach at a GM, Locality and even Neighbourhood level.
- There is additional funding from system partners or SDF

Recently, we have seen reductions in SDF PC funding, local funding and other additional funding e.g. UEC whilst recognising the difficult financial position we also would like the ICB to consider not recurrently reducing PC funding but contracting recurrently for longer periods to prevent the overall GM % of funding reducing in PC across the GM system.
Primary Care providers operate collaboratively and independently at all of these spatial levels and are ready to engage in and lead on the delivery of neighbourhoods, place and GM.

We collaborate as providers in our disciplines across GM and for services and contracting through the provider arms.

- GMGP CiC is made up of all the place-based federations and alliances all of which have a governing director on the CIC Board.
- Primary Eyecare Services (PES) is a large national federation based in Manchester and
- CHL serves community pharmacy so we can contract once and deliver at any place or any organisational footprint.

Place and Neighbourhoods – we can contract as place based federations or alliances which are member organisations. Our real strength lies in the reach into our 1800 providers located in communities and neighbourhoods in all of the 10 Places of GM; we're on the High Street and in Neighbourhoods, but also operate at Place and across GM – our USP

Our Federations are given oversight from their own boards but also the discipline provider boards under PCB to ensure that our collaboration is strong.

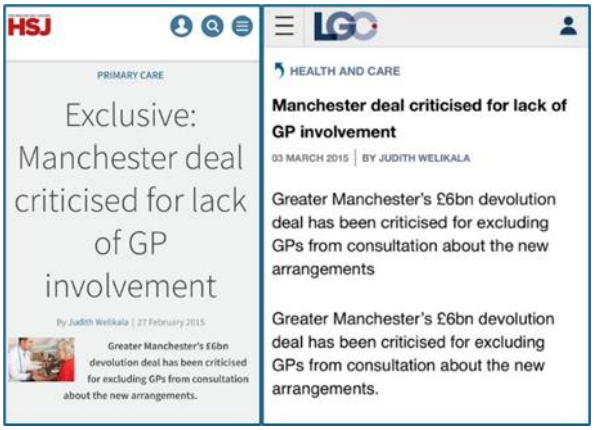
We believe we can, as providers give clinical assistance to commissioning without being employed by the commissioner and diluting the effect.

The GM Annual Plan and the GM strategy is clear on ambition to continue to address health inequalities for our residents and build on work such as PHM, Proactive Care, BeCCoR and work across our localities and Primary care is well placed to deliver this.

4.2 The infrastructure is well established

4.2.1 Representation in the change process

Colleagues who were involved in the GM Devolution programme in 2016/17 will recall the "false start" which occurred with regard to PC engagement in the programme, leading to headlines such as the ones below:



This was subsequently resolved, with PC providers being offered one of the five "votes" which characterised the GM Devolution governance.

This directly led to the establishment of the GM Primary Care Advisory Group, (PCAG), which subsequently became the GM PCB. We had a vote, and we still consider ourselves as voting members.

The PCB has the infrastructure and ability to assume a range of accountabilities and responsibilities (as appropriate) across the system. The Delivery Team supports the 4 discipline Boards, the Chairs and PCB, delivering the programmes of work for which it is commissioned. There are over 40 separate Programmes assuring PCB is well placed to take a lead role with regard to the Primary Care transformation agenda. Much of this has been to rescue, ensure resilience and quality improvement and leadership.

We recognise the impact through patient surveys and staff surveys.

The 2025 GP Patient Survey shows meaningful improvements in GP experience, contact, and online access, with ***exceptionally high satisfaction with pharmacy interactions***. Meanwhile, access to dentistry remains problematic, but the GM Dental Quality Access Scheme has enabled us to address this for key vulnerable patients.

While the data reflect progress, they also underscore the urgent need for better accessibility, equitable service provision, and meaningful reform—especially in dental care and communication pathways for vulnerable populations. There is more work to be done if resources are maintained.

4.2.2 Building strategic and tactical delivery partnerships

We are actively working to establish cross-provider sector collaborative approaches with the TPC, VCFSE (APC and 10GM) and ICB transformation teams ensuring Primary Care providers are able to influence the design of key 'Discovery' change programmes, such as pathway redesign in Community Gynaecology, diagnostics and developing the research capability of Primary care.

- **PCB and VCFSE**

Through the PCB, VSNW, APC and the Local Infrastructure Organisations (LIOs), we can collaborate at scale (GM and Locality), but we are also able to collaborate down to frontline service delivery, as VCFSE and Primary Care providers are based within communities on our High Streets.

- **Optometrists are working with the RNIB and other local charities to refer people for support as part of the RNIB's Waiting Well programme. GM is leading the way on a core component of the Eye Care Support pathway and supporting people on the elective waiting list.**
- **In the Oldham Family Practice, practice staff are delivering key health messages and services through VCFSE-led initiatives such as community exercise classes and cookery groups.**

Separately and together, we know what assets exist in communities and can support those assets to connect to the people they are aiming to serve and support.

❖ **PCB and the Trust Provider Collaborative (TPC)**

PCB is exploring opportunities for joint working with the TPC Delivery team, sharing our priorities for the next 18 months. Opportunities include joined up design and delivery of services and new care pathways, especially to deliver the 'left shift' ambition.

The opportunity this provides to the GM system is an agreed approach to the prioritisation of areas that will deliver the ambitions of the GMS and the 10 Year Plan, whilst marshalling our collective clinical, professional and managerial knowledge to assist commissioners to improve services and outcomes for staff and residents.

❖ **PCB and ICB**

PCB is working with the Sustainable Services, health and care review team and Elective Reform Teams, as well as the Primary Care commissioners to make best use of our resources to secure the ambitions in the Blueprint and therefore the ICB Annual Plan, GMS and NHS 10-year Plan.

Some of the focus being the left shift of services from hospital to community and ensuring prevention before treatment.

Primary Care providers are already working alongside and with acute colleagues partners in our Localities, but also at scale across GM:

- Manage pressures on the Community Gynae and ENT waiting lists are examples of how ICB, TPC and PCB (supporting GMGP) colleagues are working together to redesign and deliver new care pathways that honour the national planning ambitions.

5. CONCLUSION

This document confirms that Primary Care providers in Greater Manchester stand ready to play a full part in delivering our GM strategy for health improvement and are actively developing collaborative working approaches with key provider sectors such as VCFSE and TPC.

We require certain conditions to really show all of our capabilities and rely on financial reform, ICB reform and the 10-year plan to create the right environment.

It is worth noting that whilst the national plan sets out a clear set of ambitions, we are yet to see the publication of an implementation plan. We are keen to work with partners to develop a GM implementation which ensures that the government three shifts are delivered and the

opportunities inherent within the Live Well model, Neighbourhood Health, Place-Based Partnerships and the Prevention Demonstrator are grasped and delivered. The shifts in approach will also require shifts in where investment is made and we are keen to commence discussions in this regard as part of the implementation planning process.

We have also established a weekly Primary Care provider briefing meeting on ICB reform and the 10-year plan that enables PCB Delivery Team to ensure all of Primary care are updated on developments and to maintain a constant dialogue with front line providers.

Primary Care Providers

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The partnership of primary care providers

- Primary care Providers will continue to be **key leaders** and **system partners** as we move through the implementation of the GM Strategy and NHS 10-Year Plan; supporting partners to navigate Primary Care discussions through PCB, advocating for and articulating the collective voice of over 1800 Primary Care providers.

- PCB will continue to **represent the perspectives of Primary Care** into GM and national forums and **engage with all Primary Care providers** through the at scale provision, demonstrating the impact on finance, performance and quality that Primary Care providers deliver at a GM, Locality and Neighbourhood level.

- We all stand ready to **play a full part in delivering our GM strategy for health improvement**, whilst actively developing collaborative working approaches with key provider sectors such as VCFSE, LHinM, industry and acute providers.

- We will ensure that PCB infrastructure continues to be championed and supported, that **all 4 disciplines of Primary Care are treated equitably, and** all are **enabled** to deliver the GM strategy, Blueprint and 10-year Plan, ensuring **Primary Care is central to the growth and development of our system**, and that Primary Care practitioners are appropriately resourced to do this.

PCB will continue to work jointly with system partners to deliver our key strategic priorities and address key challenges, creating optimal conditions to leverage our key strengths and capability to deliver improved population health and patient outcomes. However, **we require certain conditions to really show all of our capabilities** and will rely on financial reform, ICB reform and the 10-year plan to create the right environment.

OUR OFFER

- ***We can lead and support the delivery of system ambitions, and address system delivery challenges.***
- ***We get the basics right***
- ***Primary Care (all 4) track record of delivery of GM and national ambitions***
- ***Primary Care assets operating at Practice, Neighbourhood, Place and GM***
- ***We work with system partners to improve population health, reduce inequalities and improve access***
- ***We have strong system relationships and are building strategic and tactical delivery partnerships, nationally, at GM and Place.***

OUR ASK

- ***Ensure Primary Care providers (4 disciplines) are fully involved in design and delivery of plans (GM and Place) and resourced for this***
- ***GM delivers our ambitions of 'left shift' with function and resource transfer to Community services as a result of national, GM and Place reform***
  - Recognise the pivotal leadership role of Primary Care in the delivery of GM Neighbourhood and Live Well models; enabling General Practice to hold neighbourhood contracts.
  - Commit to invest in the delivery of the Primary Care Blueprint, address workforce, estates, IT challenges and technology opportunities; securing the infrastructure support for Primary Care providers to deliver this.
  - Parity and proportionate treatment of providers in GM
  - Clarity on neighbourhood and Live Well definitions and governance
- ***Commit and deliver a sustainable and longer- term financial planning and contract approach for Primary care (all 4)***
  - Commit to the continued levelling up of investment in GP (e.g. BECCOR), agreeing recurrent multi-year investment; developing the Framework for Community Pharmacy, Optometry and Dentistry
  - We recognise the difficult financial position, want to acknowledge PC (Dentistry, Optometry, General Practice and Community Pharmacy) funding challenges; ICB to contract recurrently for a min of 3 years ensuring the overall GM % of funding in PC (all 4) is maintained.
  - Review and develop a consistent procurement approach to all providers in GM – embody the GM strategy
- ***Recognition of the impact of the emerging provider partnerships across PC (all 4), VCFSE and Acute Trusts in GM.***