NHS
Greater Manchester

Primary Care Blueprint Update

July 2024

Part of Greater Manchester
Integrated Care Partnership

NHS Greater Manchester

MEETING:	***Integrated Care Board***
TITLE OF REPORT:	Primary Care Blueprint Update
DATE OF MEETING:	17th July 2024
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: FINAL 04/07/2024
AUTHOR/S:	Conor Dowling, Stephanie Fernley
HAS THERE BEEN PUBLIC OR CLINICAL ENGAGEMENT?	Yes
HAS THERE BEEN AN ANALYSIS OF ANY IMPACTS ON EQUALITY?	Yes
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	Yes
HAS FINANCIAL OR LEGAL ADVICE BEEN OBTAINED? (IF YES, PLEASE STATE THE NAME OF THE FINANCE OFFICER WHO HAS PROVIDED THE SUPPORT)	N/A
HAS THIS BEEN TO ANY GROUPS OR COMMITTEES FOR ENGAGEMENT, COMMENTS OR APPROVAL?	Yes
ARE THERE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER? (IF YES, HOW WILL THEY BE MANAGED)	N/A
PRESENTED BY:	Rob Bellingham - Chief Officer for Commissioning and Population Health

PURPOSE OF PAPER:

Decision Requested:	**Yes** ☐	**No** ☐
For Discussion:	**Yes** ☐	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
For public meeting agenda (if item is for private agenda please provide rationale as to why)	**Yes** ☒	**No** ☐

This paper relates to the following BAF risks:	
Workforce challenges including shortages in many roles across the whole health & care sector & staff wellbeing & efficiency	☒
Demand exceeds available capacity to deliver services in a timely and effective way	☒
Failure to deliver Financial Balance both for NHS GM organisationally and as an ICS	☒
Widening health inequalities due to a reduced focus on prevention for the GM population	☒
Sustaining a strong market for community-based services (including adult social care and primary care)	☒
An emergency could overwhelm NHS GM's ability to respond effectively	☒
There is a risk failure to comply with our statutory duties for quality assurance in Quality and Patient Safety within the NHS GM system	☒

EXECUTIVE SUMMARY INCLUDING KEY MESSAGES:

- The GM Primary Care Blueprint was formally supported in September 2023 and was an ICB first in terms of developing a unified primary care strategy that was supported by all 4 disciplines – general practice, community pharmacy, dentistry, and optometry. This update demonstrates the impact of working in a unified way in terms of access, capacity and service quality.

- The Blueprint includes our commitment to the actions set out in the NHSE Primary Care Access Recovery Plan (PCARP). Significant progress has been made against this in 23/24 and further information can be found in Appendix 1.

- The strategy is supported by a comprehensive delivery plan, which includes a series of actions set across the 9 themed chapters of the GM Primary Care blueprint, a summary of progress is featured in Appendix 2.

- Alongside core contract funding for primary care services, a proportion of System Development Funding has been received to support primary care development, although like other areas, there is a limit to how far the funding can go. A focus in the delivery plan has been to prioritise national deliverables with existing funding streams and low or no cost activities that will enable transformation.

- Alongside funding, key risks to delivery of the GM Primary Care blueprint are primary care capacity to support transformation alongside business as usual, workforce recruitment and retention and estates re-purposing and utilisation.

1.0 BACKGROUND – THE GREATER MANCHESTER PRIMARY CARE BLUEPRINT

1.1 The Greater Manchester (GM) Primary Care Blueprint is a five-year strategy 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. The ambitions set out in national programmes NHSE Primary Care Access and Recovery Plan (PCARP) are also embedded within the Blueprint.

1.2 The Blueprint references a number of deliverables and actions across 9 themed chapters described in the figure below and is fully inclusive of community pharmacy, dentistry, general practice, and optometry. It has been developed through extensive consultation with the Voluntary, Community and Social Enterprise sector, the Alternative Provider Collaborative, and the public. The Blueprint was formally supported at the GM Integrated Partnership Board on 29th September 2023, and the final version can be found on the GM ICP website here.

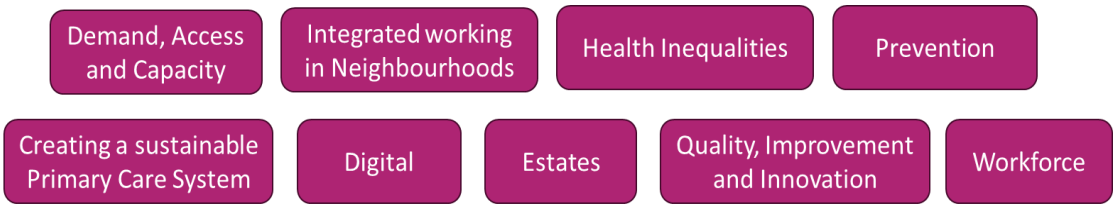

Figure 1: *A summary view of chapter titles in the GM Primary Care Blueprint.*

2.0 DEVELOPMENT AND PUBLICATION OF THE DELIVERY PLAN – YEAR 1

2.1. The blueprint outlines the agreed ambitions of Greater Manchester's Primary Care system and is now supported by a Delivery Plan, which describes the underpinning actions and implementation approach which will be taken to progress toward the meeting of these ambitions.

2.2. The Blueprint officially entered its Delivery Phase at a Primary Care Summit in March 2024, which was attended by a broad range of colleagues across the Greater Manchester Primary Care Assembly; our primary care community which brings together ICB, locality and provider colleagues, via the GM Primary Care Provider Board, into a single collaborative space. Since this launch it has been recognised that there is a large amount of work already underway across each chapter – the section below outlines key areas of progress across each primary care discipline in relation to the overall blueprint ambitions, with additional information featured in Appendix 2.

3.0 BLUEPRINT PROGRESS UPDATE

3.1. General practice providers continue to increase the number of available appointments across the city region. Locality reported data shows an average of 1,499,705 appointments per month were delivered for the first 4 months of 2024 compared to averages of 1,326,830 and 1,193,045 per month across the same period of 2023 and 2019 respectively.

3.2. GP quality across GM is tracking higher than the national average, the percentage of practices rated at each of the Care Quality Commission categories is highlighted in the table below, with Greater Manchester having a higher percentage of *Good* and *Outstanding* rated practices than the national average, and a lower number of *Requires Improvement* or *Inadequate* practices.

Region	Inadequate	Requires Improvement	Good	Outstanding	No Published Rating
National	0.9%	4.6%	87.2%	4.5%	2.8%
Greater Manchester	0.7%	2.2%	89.1%	6.8%	1.2%

Figure 2: *Table to show the relative percentage per category of CQC ratings of GM GPs vs national average.*

3.3. Positive progress is reported regarding the adoption of the Modern General Practice Access model and use of digital means to support patients with their care. 52% of the eligible GM population is now registered for the NHS App, with monthly logins increasing from 1,636,000 in April to 1,726,762 in May. The number of NHS App medical record views has also increased by 17% (771,090 to 903,151) between April and May 2024. An increased rate of patient led medications ordering via the App has been reported, with a 6% increase (186,960 to 197,863) in prescriptions being ordered directly from the app between April and May 2024. The Digital First Primary Care programme continues to support patients and staff with the adoption and use of digital means to take more control of their own care, whilst ensuring that accessible routes remain available for those who are digitally excluded or require additional support. A detailed summary of our positive progress against the digital areas of the Primary Care Access Recovery Programme is included in Appendix 1.

3.4. The important role played by community pharmacy providers continues to expand in addition to the approximately 270,000 'informal' consultations offered by these providers across the city region each month. Greater Manchester is currently ranked as the second highest performing out of the forty-two systems in the country regarding the delivery of the new national Pharmacy First programme – which enables community pharmacies to provide prescription medications for seven common conditions and supplies of urgent medications. It also involves closer working with general practice and the urgent care system to support availability of capacity at these providers.

3.5. From the launch of the Pharmacy First programme at the end of January 2024, community pharmacies have already delivered 89,344 Pharmacy First consultations following referral into the service via GP surgeries, North West Ambulance Service, NHS 111 and urgent care centres in addition to walk-in consultations. This early progress has demonstrated the effectiveness of the business model of community pharmacies in the provision of an accessible and convenient ways for people to manage their own care where appropriate to do so, whilst supporting capacity in other parts of the health system through deflection of demand.

3.6. Progress is also being made to develop the role that community pharmacy plays in preventative care. From January to May of this year, 58,148 people have been

supported by the community pharmacy hypertension case finding service, whereby people with high blood pressure are identified and signposted to their GP for ongoing review and management, reducing the chances of exacerbations and serious health issues such as heart attack and stroke. As these programmes further embed in the system, focus will be applied to increasing the consultations across the emerging community pharmacy oral contraceptive service and the GM Minor Ailments Scheme.

3.7. As of April 2024, all 340 of Greater Manchester's dental practices were signed up to either the local Dental Quality Access Schemes or the national New Patient Premium offer, in order to ensure that there is an increase in dental capacity for GM citizens. The Dental Quality Access Scheme alone, launched in June 2023, has delivered over 200,000 additional appointments at a time where dental capacity is operating under high pressure.

3.8. In addition to the high number of sight tests conducted by optometry providers across GM (676,960 in 2023), optometrists across Greater Manchester are supporting citizens with urgent eye symptoms via the Community Urgent Eyecare Service (CUES). This service helps people reporting one of a series of common urgent eye related symptoms to receive rapid assessment, treatment, or referral with an accredited optometrist without the need to see a GP first. Between 2023 and 2024, 56,851 patient episodes were reported from over 200 optometry practices. The CUES showcases optometry as another area supporting with the reduction of demand on GP and urgent care services where appropriate to do so. The walk-in nature of optometry providers in GM also enables accessible support to be given to vulnerable and at-risk groups, such as through the optometry Easy Eye Care programme for people living with learning disabilities and autism, as well as continuing to offer homeless and asylum seeker services.

4.0 ENABLERS TO DELIVERY

4.1. Our unified primary care system, the first of its kind for an integrated care system, is seen as a key enabler to the delivery of the Primary Care Blueprint. The approach to the development and delivery of the blueprint is done in partnership between the Greater Manchester Integrated Care team and the Primary Care Provider Board – ensuring that decisions and programmes are engaged with and advised by clinical leaders and subject matter experts across all disciplines.

4.2. This structure also enables effective integrated working with colleagues across areas the Integrated Care Board, such as population health and secondary care. Expanded information in appendix 2 detail actions pertaining to primary care's crucial contribution in the reduction of health inequalities across the city region through adoption of Inclusion Health and Fairer Health for All principles, and utilising the neighbourhood team working model to increase the focus and wraparound support to citizens in support of primary and secondary prevention of ill health – an approach currently being tested through a series of Proactive Care pilots amongst Greater Manchester's Primary Care Networks.

4.3. The high-level progress described in the previous section is underpinned by a series of enablers across the themes of digital, estates, sustainability, quality and workforce – further details on current and planned actions against each of these themes is featured in appendix 2.

5.0 RISKS TO DELIVERY

5.1. Delivery of the primary care blueprint is supported by an assurance and risk management function. The highest scoring risks to the delivery of the blueprint are summarised below:

- The current financial deficit and priority requirements of Greater Manchester's Single Improvement Plan are being responded to across the GM Health and Care system which may impact the ICB's ability to invest in new models of care which focus on expansion of Primary Care's role in population health management, prevention and early intervention.

- Workforce - despite the work being done to recruit, retain and develop our staff, there remain significant risks surrounding all parts of our workforce, all of which will require ongoing attention for us to successfully implement the Blueprint.

- Change Management capacity and capability – delivering the changes and improvements set out in this Blueprint, will place additional pressures onto an already stretched system, as well as requiring NHS GM Teams to ensure appropriate support is in place to help manage the change process.

5.2. A robust management approach is taken across both action teams and the Blueprint programme to ensure that these risks are mitigated against as much as possible, with key risks flagged to senior leadership and governance for attention and support.

6.0 NEXT STEPS

6.1. Another reporting round is due to take place from July to September to understand the progress that has been made since the launch of the blueprint in April. The Delivery Unit programme team will also continue to develop and enact a communications plan to ensure that the system is regularly briefed on areas of progress and good practice.

6.2. Work will take place with locality leaders in July to understand how locality governance is arranged in relation to the blueprint and how local teams can further support the objectives within.

7.0 RECOMMENDATIONS

7.1. The Integrated Care Board is asked to:

- Note the report for information.

Appendices
Appendix 1: Update on Primary Care Access Recovery Programme – Supported by GM Primary Care Commissioning Committee in June 2024.

NHS Greater Manchester

MEETING:	***GM Primary Care Commissioning Committee***
TITLE OF REPORT:	GM Update: NHSE Primary Care Access and Recovery Plan (PCARP)
DATE OF MEETING:	24/05/2024
FILE CLASSIFICATION:	Final
FILE VERSION NUMBER/DATE:	Version: v3 24/05/2024
AUTHOR/S:	Stephanie Fernley Conor Dowling
HAS THERE BEEN PUBLIC OR CLINICAL ENGAGEMENT?	Clinical and public engagement through delivery of the work that sits under PCARP
HAS THERE BEEN AN ANALYSIS OF ANY IMPACTS ON EQUALITY?	This has been undertaken in respect of workstreams that sit under PCARP, particularly in respect of access to primary care and digital inclusion
HAVE THE ENVIRONMENTAL SUSTAINABILITY IMPACTS BEEN CONSIDERED AND ADDRESSED?	Sustainability is a key theme which sits within the GM Primary Care blueprint, which PCARP is embedded within.
HAS FINANCIAL OR LEGAL ADVICE BEEN OBTAINED? (IF YES, PLEASE STATE THE NAME OF THE FINANCE OFFICER WHO HAS PROVIDED THE SUPPORT)	No
HAS THIS BEEN TO ANY GROUPS OR COMMITTEES FOR ENGAGEMENT, COMMENTS OR APPROVAL?	The areas covered in the paper have been discussed with locality primary care commissioning colleagues via Delegated Management Oversight Group (DMOG). A paper on the Primary and Secondary Care interface work has gone to ICB Board in May 2024.
ARE THERE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER? (IF YES, HOW WILL THEY BE MANAGED)	No
PRESENTED BY:	Ben Squires

PURPOSE OF PAPER:		
Decision Requested:	**Yes** ☐	**No** ☒
For Discussion:	**Yes** ☒	**No** ☐
For Noting/Information:	**Yes** ☒	**No** ☐
For public meeting agenda (if item is for private agenda please provide rationale as to why)	**Yes** ☒	**No** ☐

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EXECUTIVE SUMMARY INCLUDING KEY MESSAGES:

- NHS GM has made strong progress on delivery of the Primary Care Access Recovery Plan (PCARP) in 23/24, which is embedded within the GM Primary Care Blueprint.
- PCARP will continue into 2024/25 with associated service delivery funding (SDF) to support this, particularly for building capability, growing and supporting the workforce
- The NHSE PCARP and reporting have now been broken down into 10 key areas, which Integrated Care Boards (ICBs) are measured against.
- NHSE are affording high-priority to improving the primary and secondary care interface as a key measure of success for systems.
- A more substantive update on PCARP and delivery of the Primary Care Blueprint will be brought back to the Board in November 2024.

1.0 BACKGROUND

1.1. This paper is an update to the Board on the NHS GM contribution to the delivery of the NHSE Primary Care Access and Recovery Plan (PCARP). This follows on from an update to the Board in November 2023 on GM Primary Care Access Improvement Plans (CAIP), which is part of the GM response to primary care access and recovery.

1.2. In May 2023, NHS England (NHSE) published the national delivery plan for recovering access to primary care or also known as the Primary Care Access and

Recovery Plan (PCARP). Integrated Care Boards were required to develop system-level access improvement plans. This aligns with their leadership responsibilities and accountability for commissioning general practice services and delivery as well as, community pharmacy, dental and optometry services.

1.3. On 9th April 2024, NHSE released an update on the PCARP and actions for systems in 2024/25, asking systems to go further on the aspirations it outlines. The main ambitions of the PCARP are to:

- **Empower Patients** by improving the NHS app functionality; increasing self-directed care and expanding the range of services
- **Implement A New Modern General Practice Approach** by the roll out of better digital telephony; making it simpler to make online requests; faster navigation, assessment and response
- **Build Capacity** by establishing larger, multidisciplinary teams; have more new Doctors in General Practice and support the transition of Doctors to General Practice; retention and return of GPs, and higher priority for primary care in new housing developments
- **Cut Bureaucracy** by improving the primary and secondary interface and building on the 'Bureaucracy Busting Concordat'

1.4. PCARP and the deliverables within it (which includes Primary Care Access and Improvement Plans [PCAIP]) are embedded within the NHS GM Primary Care Blueprint, which was presented and approved by the NHS GM Integrated Care Board in September 2024. The Blueprint sets out the Primary Care contribution to delivery of the GM Integrated Care Partnership (ICP) strategy. The overall aim of the Primary Care Blueprint is to ensure that Primary Care survives and thrives, allowing us to address the needs of our citizens and communities as part of our wider GM Integrated Care Partnership. We will focus equally on the Physical and Mental Health of our citizens, with all elements of the Blueprint focussing on these twin priorities.

1.5. The NHSE PCARP and reporting have now been broken down into 10 key areas, which Integrated Care Boards (ICBs) are measured against. The remainder of this report will provide an update on progress against each of these key areas.

2.0 CUTTING BUREAUCRACY

Primary Care and Secondary Care Interface

2.1. Improving this interface is a key measure of success for systems. The relationship between these services is vital to our objectives to recover access and productivity by improving patient flow in and out of hospital and better managing patients in the community. Nationally, practices estimate they spend 10% to 20% of their time on interface work. Additionally, the Policy Exchange Report published 29th June 2023 estimates "at least 15 million GP appointments each year are wasted due to the poor interface between GPs and hospitals. Therefore, cutting bureaucracy and reducing time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface will allow practice teams more capacity to focus on patients' clinical needs.

2.2. To improve interface working, NHS England commissioned the Academy of Medical Royal Colleges (AoMRC) to undertake a rapid and clinically led review. Their report – General Practice and Secondary Care: Working Better Together – is published alongside the delivery plan. It is a compendium of more than 50 practical solutions designed by local systems that have resulted in improved working between primary and secondary care. The solutions are low or no cost and have been proven.

2.3. A cross system working group of clinical leaders has been established to agree the scope of our ambition for GM and to drive the delivery of this work, chaired by the Deputy Chief Medical Officer. Membership of the group includes stakeholders and leaders from across localities and from primary and secondary care; associate medical directors from the ten places, executive medical directors from acute and mental health trusts and colleagues from pharmacy and other community services. The group is supported by representation from the GM Association of LMCs. The group oversees the delivery and implementation of this work.

2.4. The working group identified key actions for the GM system across the 4 priority domains of onward referral, complete care, call and recall and clear pints of contact. Each locality is being supported to establish its own local working group: the improvements to the primary care/ secondary care will be achieved by local partnerships sharing good practice and finding solutions to problems, and these working groups will be forums to build on existing professional relationships and communication pathways.

2.5. Acute and mental health provider trusts have been asked to complete a detailed assurance form, which will allow progress towards achieving the agreed actions to be understood.

2.6. The system wide working group will meet monthly to support colleagues' work, to monitor progress against they key actions, to bring in additional expertise where needed (for example where data and digital solutions require specialist opinion) and to report on progress to the ICB Board.

Make Online Registration Available in all Practices by October 2024

2.7. The commitment for 2,000 practices to be using this service was met in November 2023, one month ahead of schedule. More than 1 million patients have used a national online service to register with a GP since its launch 18 months ago. In 2024/25, we will roll this out to all practices by 31 December 2024 with more than 90% practices to be using the online registration system by the end of 2024.

3.0 EMPOWERING THE PATIENT

NHS App usage and digital channels

3.1. There was and continues to be a national commitment is to enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App (originally by March 2024). This is measured by looking at increases in NHS App record views. The ambition has been

increased nationally from 9.9 million views per month to 15 million views per month. It is also measured by observed increases in NHS App repeat prescription numbers. The target was to reach 2.7 million nationally and has now increased to 3.5 million per month nationally by March 2025.

NHS App Record Views

2023/24			2024/25	
National ambition	GM Target	GM Activity	National ambition	GM Target
9.9m	507,870	705,370	15m	769,500

NHS Repeat Prescription Numbers

2023/24			2024/25	
National ambition	GM Target	GM Activity	National ambition	GM Target
2.7m	138,510	173,696	3.5m	179,550

*GM targets in this paper have been calculated based on GM being 5.13% of the England population
*GM activity taken from NHS Digital reports from data for up to March 2024

3.2. Figures indicate that GM is doing well in encouraging use of the NHS App and functionality such as repeat prescription ordering. Digital facilitators that are supporting practices with implementation of cloud-based telephony services and have also been able to support practices with encouraging use of the NHS App. Whilst engagement is continuing to encourage practices to promote the NHSE App, attention is being paid to where patients navigate to from the app. More communications have also been developed to support PCNs with standard operating procedures for patient led ordering.

Continue to Expand Self-Referrals

3.3. Self-referrals to community services are viewed as a way to reduce the burden on primary care by enabling referral to 7 types of services. These are podiatry, weight management, audiology, musculoskeletal and physiotherapy, community equipment services, falls and wheelchair services. Like other ICBs, NHS GM has inherited legacy community services, previously commissioned through CCGs and LA's and so there is variation in respect of self-referrals. Furthermore, a number of these services are already facing unprecedented demand and so are working collaboratively with providers to understand / manage any impact of self-referral in line with the national guidance/directive.

3.4. Our trajectory to date has been on track to increase self-referrals to 50% (where this is in place) but we have seen a decline in recent months. However, the most recent data from February 2024 shows GM self-referrals increasing to 3371 from 1978 in December 2024. This is consistent with seasonal trends in self-referrals seen in previous years. Work will continue to expand the self-referral pathways where clinically appropriate over the course of 2024/25.

Expanding uptake of Pharmacy First Services

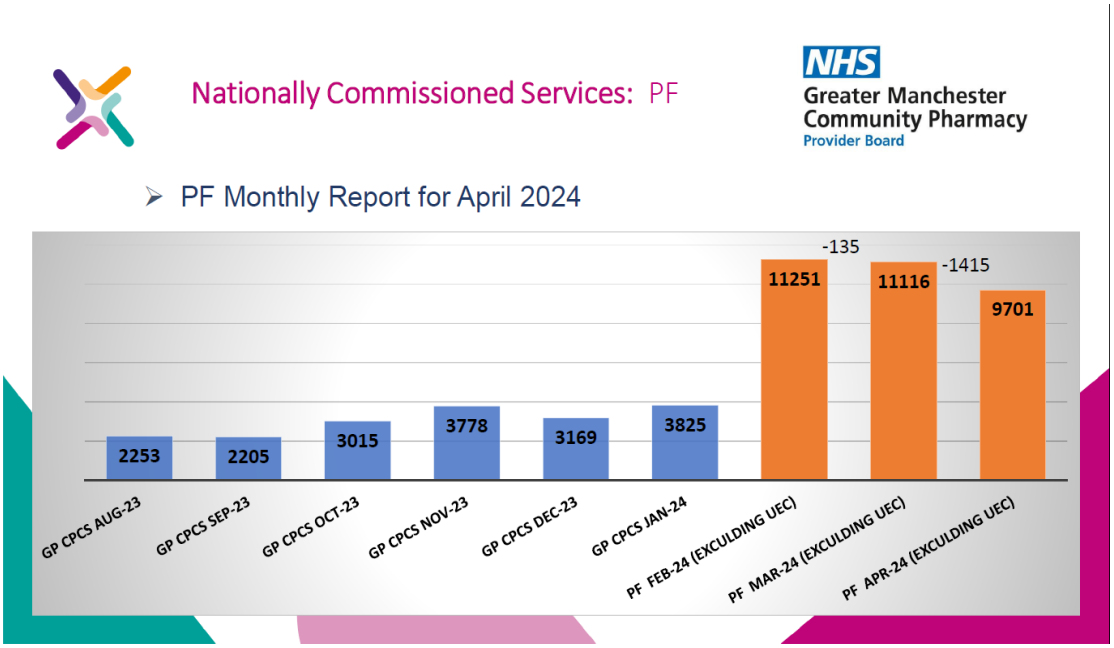
3.5. The Community Pharmacy Advanced Service: 'Pharmacy First' launched on 31st January 2024 replacing the Community Pharmacist Consultation Service (CPCS). The full service consists of 3 elements:

Pharmacy First (clinical pathways)	Pharmacy First (urgent repeat medicine supply)	Pharmacy First (NHS referrals for minor illness)
• new element • includes patient walk-ins • supply via PGD if gateway criteria met	• previously commissioned as the CPCS • referrals only • 111 and UEC	• previously commissioned as the CPCS • referrals only • 111, UEC and GP

3.6. The 'Clinical Pathways' element includes 7 new clinical pathways which enables patients to be referred to a community pharmacist for advice and first line treatment for a series of conditions: Acute Otitis Media, Acute Sinusitis, Acute Sore Throat, Impetigo, Infected Insect Bites, Shingles and Uncomplicated UTI.

3.7. There is a national ambition to increase the number of Pharmacy First pathway consultation appointments per month by at least 320,000 by March 2025, this translates to a GM weighted proportion of 18,560/month.

3.8. As shown in the graph below, there has been a significant and sustained increase in referrals to the service from General Practice, showing improved engagement and uptake since the launch of the national service.

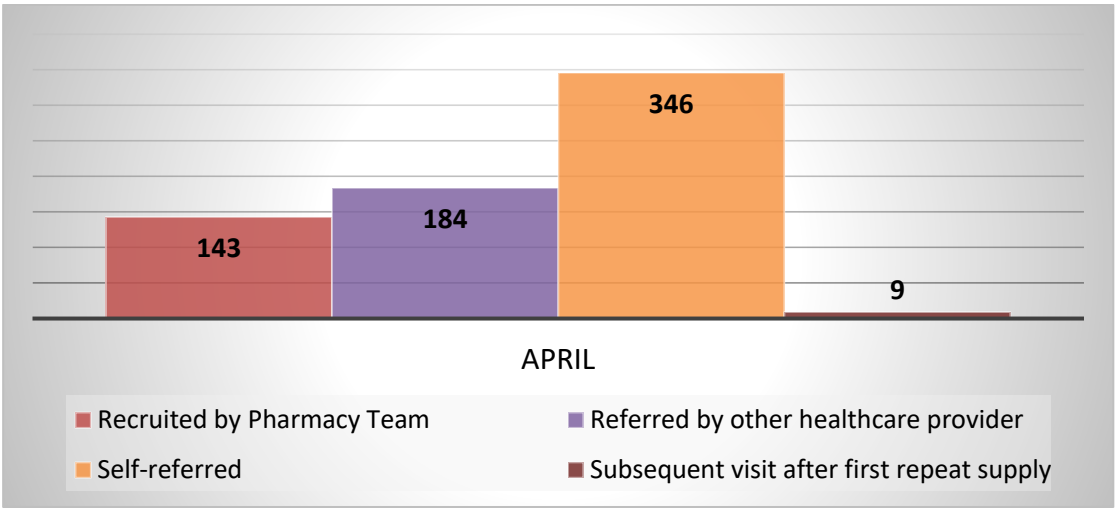


3.9. Circa 77% of the referrals for April had been completed by Community Pharmacy. Work continues at system and provider level to continue to embed this new service and to maximise completed referrals to ensure that patients are able to access care services most appropriate for their needs.

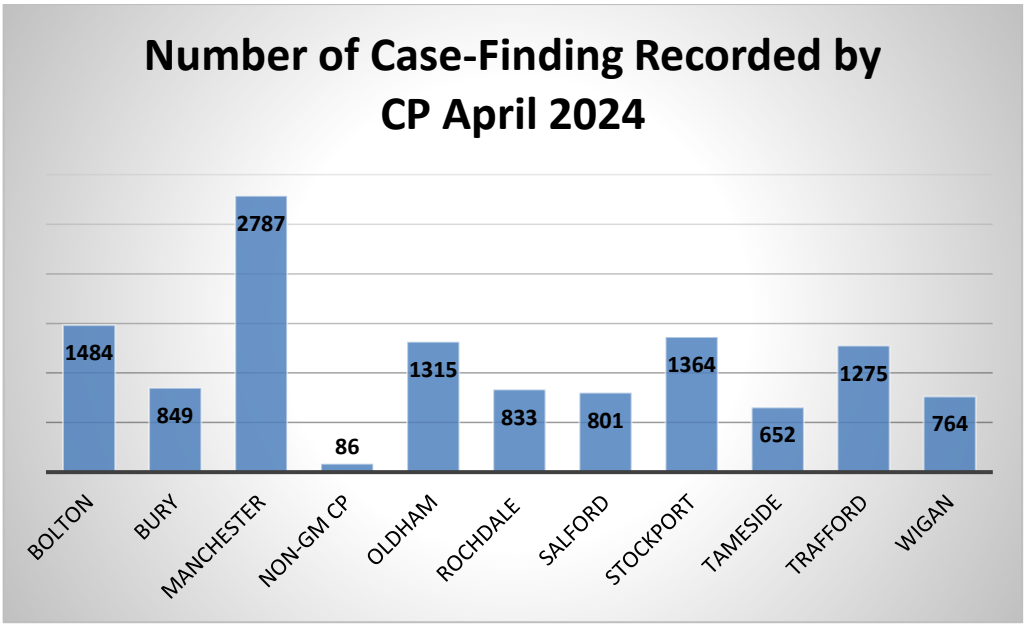
3.10. Progression of the Pharmacy First programme continues alongside the ambitions to expand the Community Pharmacy Oral Contraception (OC) and Blood pressure (BP)

community pharmacy advanced services this year to increase access and convenience for patients, as well as to support prevention through increasing hypertension case finding. Respectively the national monthly ambition for the number of oral contraception prescriptions coming directly from a community pharmacy without GP referral by March 2025 is at least 25,800, translating to 1324 for GM. The number of community pharmacy blood pressure check appointments is 71,000, meaning the target for GM is 3678 (taking GM as 5.13% of the population of England).

3.11. Now 361 pharmacies (out of 628 in GM) 57% are now signed up to deliver the oral contraceptive (OC) service, and as of April 2024, 682 consultations had taken place and 526 prescriptions for oral contraceptive had been provided by community pharmacies. The graph below demonstrates this by type of OC use.



3.12. To date, 91% of GM pharmacies (570 of 628) are signed up to deliver the hypertension case finding service. April data suggests a total of 12,124 blood pressure checks have been conducted in GM community pharmacies in April 2024.



3.13. Continued development and engagement with Community Pharmacy Advanced Services in GM is supported by a GM Community Pharmacy Services Oversight Group. As of April 2024, a group is being establish to take forward the implementation and embedding of a series of demand management principles to support partnership working between general practice and community pharmacy, in the interest of supporting demand at the front door.

4.0 IMPLEMENTING MODERN GENERAL PRACTICE ACCESS

4.1. The Capacity and Access Improvement Payments (CAIP) to PCNs for 23/24 are tied to the criteria of experience of contact, ease of access and demand management and accuracy of recording in appointment books. However, a practice did not necessarily need to be implementing Modern General Practice (MGP) to be eligible for the CAIP payment. Localities are in the process of receiving PCN reports on the implementation of CAIP criteria and will assess these before CAIP payments for 23/24 are confirmed at Primary Care Commissioning Committee in June 2024. The payment process for 23/24 must be concluded by August 2024.

4.2. In 2024/25, the CAIP payments are contingent on the implementation of MGP and are explicitly tied to this. The national indication is that the CAIP payment process for 24/25 should be light touch. PCN Clinical Directors will be asked to make a declaration to the ICB when they have achieved either one or more of the 3 modern general practice criteria, to enable payment for that criteria to start flowing. Localities will oversee this process, so they are fully sighted on which PCNs have implemented components of the MGP approach. This will support local discussions on improving access and identifying practices that may benefit from national and GM support offers to enable implementation of MGP.

4.3. Whilst implementation of MGP brings significant benefits, anecdotal feedback from practices and PCNs indicates that it is a significant undertaking, and the move can create initial increased demand and pressures within the practice at a time when general practice is busier than ever. In some instances, there have also been issues around cost of changing telephony as the cost of cloud-based telephony is often higher than some practices were previously paying.

Better Digital Telephony

4.4. The ambition is to support all practices on analogue lines to move to digital telephony, including call back functionality, if they had signed up by July 2023 and currently continues in 2024.

4.5. Digital facilitators across greater Manchester are working with practices to fully exploit the functionality in existing tools such as call back functions in telephony where available. This work will continue as practices move from their existing suppliers to a new cloud-based telephony suppliers.

4.6. At time of writing, 50 analogue practices have progressed through contract signature stage. 29 analogue practices are now live and actively using their new systems and

14 further practices will be installed by the end of April 2024. Seven practices have deployment dates within May 2024. The ICB team continues to support providers where delays are indicated due to issues relating to complex cabling and provider lines. Work is also continuing at pace to bring Bolton PCNs onto the programme to move to a cloud-based telephony solution.

Online Journeys For Patients and Faster Care Navigation

4.7. This commitment is to provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.

4.8. An engagement process regarding Online and Virtual consultation software procurement is currently in progress. Practices were asked to complete a survey by the end of February 2024 with support from IT leads to show if they were happy with their existing provider or wished to change over in support of improving convenience and functionality. Results from the survey suggested that most practices were happy with their existing supplier and functionality. Work is also underway to review practice websites and offer advice and support around improvements. A second round of website audits is underway and all practices which have been supported to improve following the initial audit have significantly improved their scores around functionality and patient accessibility.

National Transformation and Improvement Support

4.9. The General Practice Improvement Programme (GPIP) is designed to scale learning and strengthen locally owned delivery of transformation support in partnership with ICBs. To provide an online support offer alongside flexible, hands-on support to a proportion of practices as part of the transition to a system-owned delivery model. In 2023/24, 79 practices across GM engaged with the programme by signing up to the practice level offer that was delivered through a series of phases. Bolton and Manchester localities have the highest number of practices who have taken up the offer to date and across GM, a total of 30 practices have completed the programme, with a further 38 practices currently participating and receiving support until the end of July. There will be further analysis to look at the 11 practices who withdrew or deferred their engagement with the programme, to see if they would want to join in 2024/25.

4.10. So far, a majority of general practices across GM have participated in this national offer to varying degrees depending on need. A stocktake to understand any gaps within the localities is currently underway and support from local teams will be requested in order to ensure that practices are receiving national and local support packages where the requirement is indicated.

4.11. GM ICB has now been matched with Qualitas, a GPIP Delivery Partner with a first webinar for interested practices taking place on 5th June 2024. Further webinars are being scheduled to enable a stream of practices to join the programme over 4 phases of delivery.

4.12. Clinical leaders across the 4 primary care disciplines have been invited to participate in the national Clinical Peer Ambassadors programme, supporting regional and national insights about transformational approaches to implementation of modern general practice across the system.

5.0 BUILDING CAPACITY

Delivering Associated Actions within the NHS England Long Term Workforce Plan

5.1. Nationally, £385 million was made available in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019). For GM (based on GM as 5.13%), this translated to 1334 roles.

5.2. In 2023/24, a total of 1933 WTE additional staff were recruited via the Additional Roles Reimbursement Scheme (ARRS), which is a 96% utilisation of the GM maximum entitlement under this scheme. There is monthly oversight of ARRS spend against allocation by each locality to ensure full utilisation of the monies available. Localities have been supported by the GM team on areas such as underspend, looking at different employment models and also with retention activities.

5.3. The national commitment as part of the 2024/25 PCARP action update is to increase the number of GP training places by 50% up to 6000 by 2031/32. Through the NHS Long Term Workforce Plan (LTWP), there will be a focus on growing GP specialty training by 500 places this year, timed so that more newly qualifying doctors can train in primary care.

5.4. The primary care workforce workplan for 2024/25 is currently being reviewed to ensure complete alignment with the LTWP and delivery of the GM Primary Care Blueprint, supported by service delivery funding (SDF). A priority will also be utilising data from the recent operational planning round to demonstrate progress in year.

6.0 SUMMARY

6.1. GM remains committed to the national ambitions for primary care recovery. This paper also demonstrates significant progress in delivery of PCARP, with GM exceeding national targets in many areas. However, we are cognisant there is more to do. High priority is being afforded to work to improve the primary and secondary care interface to improve service efficiency, effectiveness and ultimately outcomes for the people using GM services. There is also more to look at around areas such as self-referral – both to understand the data and consider clinically appropriate models to expand this.

6.2. Linking back to the start of this report, the PCARP is embedded within the GM Primary Care Blueprint, which makes commitments to recovering access, whilst also seeking to go further on areas such as prevention, reducing health inequalities and the sustainability of our primary care system. A more substantive update on delivery of our GM Primary Care strategy and PCARP will be brought forward to ICB Board in November 2024.

7.0 RECOMMENDATIONS

5.1 GM Primary Care Commissioning Committee is asked to:

- Note the contents of the report
- Offer their continued support to enable the delivery of the Primary Care Access Recovery Plan and GM Primary Care Blueprint

Appendix 2: Blueprint Highlight report summary – April – June 2024

1.0 ACCESS, CAPACITY AND DEMAND

1.1. Chapter 1 of the blueprint focuses on our ambition to provide 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. The core of this chapter focuses on our response to the national Primary Care Access Recovery Programme, including the positive progress made on the move to Modern General Practice and the implementation of Pharmacy First.

1.2. This chapter is inclusive of ongoing efforts to improve dental access across Greater Manchester. As of April 2024, all 340 dental practices across the city region have signed up to deliver either the local Dental Quality Access Scheme or the national New Patient Premium offer.

1.3. In line with the continuation of the successful pilot of the GM Child Friendly Dental Practice programme, community dental services are also being mobilised to manage and stabilise the oral health of high-need children and young people who had been referred to specialist dental services within Children's or Hospital dental services, receiving preventative support through timely access to primary care clinicians who confident and experienced in treating children.

1.4. During the winter surge period of 2023/24 an optometry provider received funding to trial a service which redirects NHS 111 callers to the most appropriate optometry service when reporting urgent eye issues without the need for a GP appointment where appropriate. An evaluation of this pilot programme showed very positive information and patient experience data. This new service pathway will now continue with periodic reviews of the activity moving through Community Urgent Eyecare services (CUES) to understand any sustained impact.

1.5. Positive practice has also been reported in relation to the role that optometry services play in support of providing sight tests and glasses to homeless and asylum seeker populations. These programmes have been embedded across GM since 2021 In both above cases there is no cost to the patient, and glasses are issued where the prescription indicates a need. Very positive feedback from the staff and service users is reported from the locality sites which accommodate these services.

2.0 INTEGRATED WORKING IN NEIGHBOURHOODS

2.1. This year the first cohort of 15 Primary Care Networks completed their own pilot Proactive Care projects involving developing new models of care to move from a reactive, episodic model to a proactive, preventative approach across three key patient groups: People living with dementia, frailty and people who interact with primary medical services frequently. A series of case studies have been developed from these projects and will be shared with the system and used to support local

practice. Cohort 2 of the programme launched in June this year with 30 PCNs engaged. This group will focus on methods to support people living with Cardiovascular Diseases (CVD) and Diabetes.

2.2. Future work will focus on strengthening the connections between primary care providers and the voluntary, community, faith and social enterprise (VCFSE) sector across neighbourhoods, expanding wrap-around care which supports the management and prevention of ill health. The Blueprint Delivery Programme team are underway with scoping out existing work and communities of practice, including identifying best practice examples that support delivery of integrated neighbourhood working.

3.0 HEALTH INEQUALITIES

3.1. Chapter 3 of the blueprint focuses on developing a system of shared accountability for creating fairer health and tackling the root causes of inequalities, and working in partnership with our communities to create healthier, greener and fairer places.

3.2. In support of this, an Inclusion Health Toolkit has been developed by colleagues in the population health team which provides commissioners and providers with a series of principles to utilise when supporting vulnerable and underserved groups in our communities. The toolkit is currently in testing phase which will inform a larger rollout later this year.

3.3. The first cohort of the Fairer Health for All fellowship, a programme to support colleagues across primary care and the VCSE to develop their knowledge and skills in population health, equality and sustainability, has been live since February 2024 and will support the system to build workforce capacity and capability to deliver Fairer Health ambitions for GM. A second cohort is due to go live this September.

3.4. Work continues in partnership with the GM Population Health team to link blueprint actions into the Fairer Health for All delivery plan to ensure there is connection and focus in this area across the system.

4.0 PREVENTION

4.1. Closely linked with the integrated approach to reducing health inequalities across the city region, this chapter focuses on the prevention and early detection of ill health, and the effective management of long-term conditions. The section below lists a number of examples of areas in which primary care providers play a key role in supporting citizens across a series of condition types.

4.2. Work is ongoing to support and grow the impact of personalised care Additional Roles Reimbursement Scheme (ARRS) staff. Current need has been identified through completion of a recent survey which will advise the rollout of training. Connection has been established with the GM Work Well programme, where social prescribers work to support citizens in danger of leaving work or who have recently left work with a

focus on people living with severe mental illness and musculoskeletal diagnoses. Emerging work will focus on supporting children and young people with personalised care offers, with primary care playing a part in this support.

4.3. The role played by the NHS and primary care in the reduction of poverty is a key focus of several locality plans; work is underway at GM level to align these plans to understand the totality of the contribution that the sector can make in support of citizens who are facing poverty across the region.

4.4. Primary Care providers also play a key role in the delivery and administration of COVID and flu vaccinations, a new national vaccination strategy was released earlier this year which has outlined activities for community pharmacy to become more involved in in this space. Primary care providers are also linked into ongoing efforts to eliminate Measles, Mumps and Rubella across the city region by increasing vaccination rates.

4.5. The majority of work and contacts in support the physical health of people living with severe mental illness (PHSMI) occurs in Primary Care. GM recently recorded its highest yearly rate of people on a PHSMI register who were supported with a health check, with engagement workers facilitating these checks on long-term conditions and running diagnostics such as blood tests in the community. This work has also been supported and led by mental health charities in the city region. Work continues to review registers to understand barriers to access, and proactive in-reach work is being targeted toward supporting people to uptake this offer in future in line with a broader programme being managed via the GM Mental Health programme team.

4.6. Connections are also established between the primary care community and the GM Cancer Alliance in support of early cancer diagnosis. Three key areas of focus for early diagnoses are bowel, lung and breast based on volume of presentations as well as deprivation, inequality gaps and the relative position of Greater Manchester's performance in these areas against other areas. Work will begin with the embedding of early diagnosis facilitators within Primary Care Networks to support teams with this approach.

4.7. Dentistry teams across the NHS and local authorities also contribute to prevention of poor dental health through the oral health improvement programme, whereby brush and paste packs are provided for children and young people across a number of GM localities. There is also an intention later in this year to continue the Working Well Oral Health programme, which supports referral of customers of the GMCA Working Well programme into dental hospitals for timely treatment and dental care advice from dental students.

5.0 SUSTAINABILITY

5.1. This chapter of the Blueprint focuses on actions to develop a Primary Care system which is viable for the long term both financially and contributing to Greater Manchester's net zero ambitions, ensuring that services are available when and where needed.

5.2. The Beyond Core Contract Review (BeCCoR) Group was established in June 2023 to review existing GP Quality Schemes and to recommend a way forward to move from 10 CCG commissioned schemes to a single GM scheme. The development of three areas of GM consistency for 2024/25, as a transition year towards a single scheme, has been the key output from the Phase 1 BeCCoR work, and specifications for CVD, diabetes and antimicrobial stewardship have been developed.

5.3. In recognition of the high levels of demand and pressure experienced across the whole system, a series of actions are being progressed to support joined up, integrated working between primary and secondary care, and across primary care provider disciplines such as GP and community pharmacy. These will also support the continued development of integrated neighbourhood working.

5.4. There are actions underway relating to the GM Primary Care system's contribution to the GM Net Zero strategy. Work continues to make the switch to 'greener', lower carbon emitting inhalers for people managing their respiratory conditions, with the Salford locality recently trialling the inclusion of green inhaler incentives in its local scheme in 2024/25. Learning from this will be shared with other localities in support of future rollout. Primary Care is also linked into the broader GM net zero actions such as promoting lower carbon and sustainable travel via Transport for Greater Manchester and GM Moving.

6.0 DIGITAL

6.1. This chapter of the blueprint highlights our efforts to empower the system and GM citizens with high quality and digitally enabled Primary Care. Early actions have begun with a baselining exercise to understand the digital means which exist across the system so we can better understand how to improve its use in the future.

6.2. Work continues between the Digital First Primary Care Programme, local authorities and the GM Combined Authority to ensure that citizens feel enabled to access care digitally featuring system wide communications and community in-reach from digital facilitators. The focus on digital inclusion also extends to primary care provider staff to ensure that they feel confident to interact with and operate new software and hardware as it is released into systems, particularly with relation to the Modern General Practice Access(a key tenant of the NHSE PCARP programme)..

6.3. A large project is currently underway via Health Innovation Manchester to extend the GM Care Record (GMCR) to community pharmacy to further support continuity of care. Work to accelerate development of the GMCR continues, with an increasing number of care plans for different conditions being built in. There is an initial focus on utilising the GMCR to support continuity of care for people living with dementia, frailty, and people receiving palliative care.

7.0 ESTATES

7.1. Development of PCN Clinical plans and estates strategies is complete and will be factored into existing locality and GM level prioritisation plans – the expected outcomes of planning in this way are to improve the utilisation of the existing primary care estate and to reduce void costs associated with underutilised buildings. Work will also play into the NHS GM Infrastructure strategy in the longer term where there is also a strong emphasis on optimising use of existing estate.

7.2. The outcomes of the PCN Estates Toolkit prioritisation programme will be incorporated into short, medium term and longer-term projects dependent upon affordability.

7.3. An aide memoires guide is being developed, providing assistance to GP practices when dealing with Premises Cost Directions and other estates matters. Estates plans are also developed to ensure alignment with GM's net zero aspirations as highlighted in section 6 above.

8.0 QUALITY, IMPROVEMENT AND INNOVATION

8.1. This chapter of the blueprint focuses on actions to be taken in the delivery of safe, effective primary care services, with a focus on quality improvement. At present, there is only a single General Practice rated as 'inadequate' by the Care Quality Commission (CQC) – showing that GM is currently performing above the national average in terms of this measure of quality. A piece of work has been commissioned from the Royal College of General Practitioners that is bespoke to GM; an in-depth CQC evidence plan has been developed for practices to work through to assure themselves that they have the right evidence available for their next CQC assessment.

8.2. Future plans for quality include the development and implementation of a consistent incident reporting approach across primary care over the course of this year. Localities will be supported to implement the Learning from Patient Safety Events platform to ensure a consistent approach is taken across GM Primary Care. In a separate but related action, a draft quality structure has been developed for pan-GM primary care quality functions with links to quality governance in localities. This structure is being embedded at present and will be reviewed periodically to ensure that it continues to be fit for purpose.

9.0 WORKFORCE

9.1. The workforce chapter describes a wide-ranging programme of work across all primary care disciplines. Actions are split into three key themes of focus: Retention, Recruitment and Training and Development.

9.2. Early retention actions include but are not limited to the continuation of the New to Primary Care programme to support the development of clinical staff following their

qualification and working to support the adoption of the GM Good Employment Charter across provider disciplines.

9.3. The recruitment chapter features early actions regarding the development of the Clinical Training Programme at Greater Manchester – providing clinical masterclasses for staff informed by priority need and linking in with secondary care colleagues to support delivery. Work is also underway on standardising the recruitment offer by simplifying the employment and onboarding processes for new staff, and the development of clinical and non-clinical career pathways, including further embedding of the GM Passport, Nursing Pathways, apprenticeships and Advanced Clinical Practitioners (ACPs).

9.4. Key areas of focus across the theme of training and development of staff involve the administration of CPD training and effective utilisation of budgets and increases in supervision and mentorship of staff across all disciplines.

9.5. The Primary Care workforce team are also progressing work on enabling actions to this chapter theme, such as improving the quality of workforce data so that areas requiring support can be better identified and strengthening the governance structures both at GM and locality level to better support decision making throughout the implementation of the blueprint.