

Evaluation report

Greater Manchester Primary Care Summit 2024 – Thursday, 21 March The Village Hotel, Ashton

Introduction

Since the official launch of the **Greater Manchester Primary Care Blueprint** in October 2023, Greater Manchester Primary Care Provider Board (GMPCB) has been working in collaboration with NHS Greater Manchester on the five-year plan for primary care.

A dedicated team has been established - known as the delivery unit - which is focused on the priorities identified in the blueprint and aims to support the development of primary care as a cornerstone of our health and care system. **The Blueprint Delivery Unit** reports to a Blueprint Implementation Group (formerly the operational Primary Care System Board) with continued engagement with commissioners at GM and in localities, and GMPCB.

The aim of the **Greater Manchester Primary Care Summit 2024** was to give primary care providers and wider health and care partners the chance to hear our plans to date, learn from each other, and leave the event feeling better equipped for the future.

The event also showcased a range of ideas, support and tools to help colleagues survive and thrive in primary care.

The day was divided into repeated morning and afternoon sessions, with a plenary session of keynote speakers and an update on the Blueprint Delivery Unit. In addition, there was a marketplace featuring stallholders showing best practice and an option of four breakout workshops covering the following topics: responding well to conflict; creating better partnerships in primary care; what is the purpose of primary care; and developing leadership – a blueprint for leadership in primary care.

Around **300 people** from all disciplines of primary care and wider health and care partners attended the event.

Publicising the event

Promotion of the event began in January with an initial 'save the date' email invitation sent via the GMPCB communications cascade to each of the four provider boards (community pharmacy, dentistry, general practice and optometry) and PCB members, plus via the GM primary care team cascade to all primary care colleagues, the GM executive team, Health Innovation Manchester, the VCSE sector via the Voluntary Provider Board, OOH providers and locality blueprint chapter leads.

In addition, this was published on the GMPCB website as a news story and shared via its social media channels and in a monthly publication to all providers (Provider Update), as well as included in the NHS GM stakeholder bulletin and the GM GP newsletter.

Two further dedicated emails were issued in February and March, containing more details about the event and online registration instructions. The GMPCB social channels, website and Provider Update featured regular reminders.



GMPCB also delivered live social media updates on the day and a round-up of photos and a news story post-event.

Feedback and evaluation summary

Survey

An evaluation survey was publicised via the communications cascade listed above for three weeks after the event, with a total of 43 respondents – mostly from general practice.

Most people had heard about the event via **email invitation** (65 per cent), followed by a primary care newsletter, then social media and word of mouth.

Most people attended to **gain a better understanding of the GM Primary Care Blueprint** (56 per cent), followed by networking with colleagues, then to learn more about best practice across the system.

Overall, people were divided over whether the event met their expectations with 49 per cent agreeing that it did and 51 per cent disagreeing.

However, when asked about their overall satisfaction with specific aspects of the day the majority provided positive feedback:

Aspect of summit	Percentage of respondents who thought it was excellent, very good or good
Ease of registration	98%
Venue	93%
Speakers	79%
Marketplace experience	57%
Workshops	67%
Refreshments	86%
Organisation on the day	72%
Delegate pack	52%
Overall experience of the event	77%

When asked an open-ended question about which part of the day they enjoyed the most/found most useful, **networking** and the **breakout sessions/workshops** were listed the most in equal measure, followed by **speakers** and **updates about the blueprint**, then the **marketplace**. We received two comments about the event being ‘a waste of time’ and ‘not useful’.

When asked an open-ended question about what part of the day could be improved, most people said the **marketplace**, due to limited time available, followed by **having to stand** for the speeches. Some people felt their **workshop** didn’t meet expectations and some expected more clarity around the **blueprint** and next steps.

The full survey results can be [viewed here](#).

Ad-hoc feedback

Feedback was also collated on the day via a series of ‘vox-pops’, in workshops and some individuals emailed their thoughts afterwards.



A **sample of comments** included:

“The Responding Well to Conflict workshop was amazing! This is what we’ve needed for so long.”

“It was good to network with people, it was good to hear people’s challenges and what they thought about how the blueprint would be translated into what we’re actually doing on the ground.”

“It’s been great to see such a diverse range of people who work across primary care. It’s really good for the profession and the system to get together in this kind of way.”

“I can only speak for the participants of our group, but the consensus was that we were all very upset and frustrated by many, many things and concern was expressed that a blueprint would be ratified without being ratified by the workforce who are tasked with delivering it.”

“The breakout room was very interesting - I don't think it went to plan. There were a number of GPs present who raised concerns that they didn't feel that they had been engaged to discuss the blueprint, and that it didn't really support them in their daily delivery of care.”

“There’s too many ‘layers’ across GM to let this really work.”

“How are we taking things forward from today? Getting the messages across? Making things really happen?”

“What’s the real role of the ICB in this? Isn't it the role of primary care to lead and enact the transformation?”

Further comments and suggestions about primary care contracts, processes and engagement have been shared with the Blueprint Delivery Unit for consideration.

Digital channels

GMPCB recorded increased engagement via their digital channels (social media and website) during the period January to end of March.

Our social media followers rose on X from **981** in February to **1,029** in March and on LinkedIn from **554** to **637** during the same period.

An average post on our social channels usually receives between 150 to 500 individual views. The number of views, or impressions, represents the total number of individuals who saw the post on our channels.

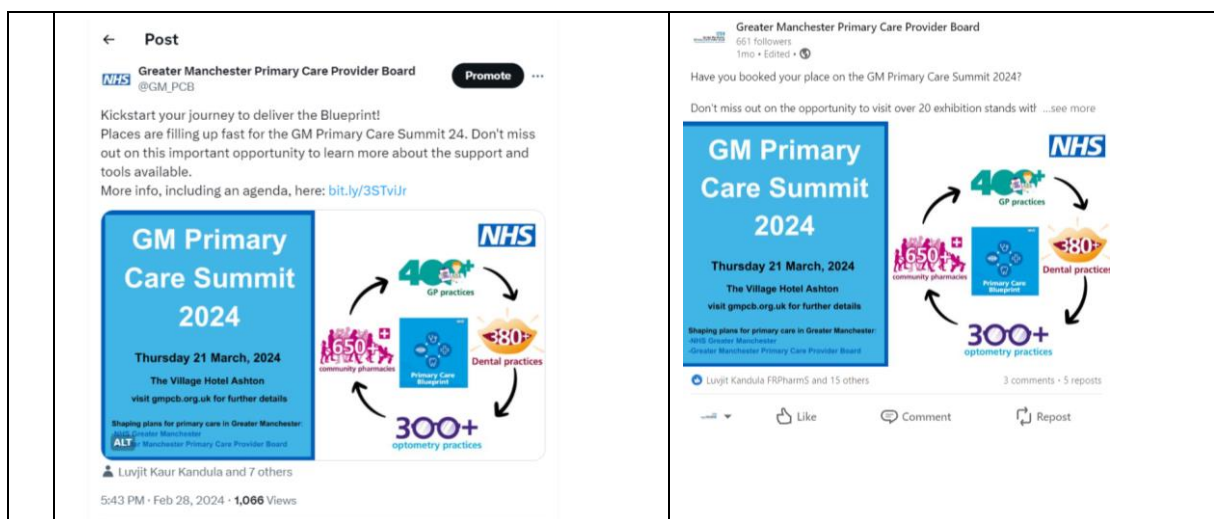
Our top performing posts were as follows:

	Twitter / X	LinkedIn
1	Intro to break-out session speakers Luvjit, Manisha and Claire (19/03/2024) 2,659 impressions (views), 4 shares, 17 likes or reactions	Tracey and Rob post summit news item (25/03/2024)



<p>← Post</p> <p>Greater Manchester Primary Care Provider Board @GM_PCB Promote</p> <p>1) Introducing PCB Chair Luvjit Kandula, NHS GM Chief Medical Officer Prof. Manisha Kumar and NHS GM Deputy Chief Medical Officer Dr Claire Lake who will deliver a session on 'developing leadership - a blueprint for leadership in primary care' at the #GMPCSummit24 on Thursday.</p> <p>Luvjit Kaur Kandula and 2 others</p> <p>4:23 PM · Mar 19, 2024 · 2,659 Views</p>	<p>1,503 impressions (views), 4 shares, 41 likes or reactions</p> <p>ns</p>
<p>2 'Save the date' initial comms (24/01/2024) 1,624 views, 9 shares, 10 likes or reactions</p> <p>← Post</p> <p>*SAVE THE DATE*</p> <p>You are invited to save the date for the GM Primary Care Summit 2024:</p> <ul style="list-style-type: none"> Thurs 21 March Village Hotel Ashton Morning or afternoon session <p>Find out more and book your place: gmpcb.org.uk/save-the-date-... #GMBBlueprint #GMPrimaryCare</p> <p>NHS Greater Manchester</p> <p>1:51 PM · Jan 24, 2024 · 1,624 Views</p>	<p>Photo collage thanking people for attending (22/03/2024) 1,250 views, 7 shares, 1 comment, 43 likes or reactions</p> <p>Luvjit Kandula FRPharmS and 42 others</p> <p>1 comment · 7 reposts</p>
<p>3 'Kickstart your journey..' news item with agenda and break-out session info (28/02/2024) 1,066 views, 8 shares, 3 likes or reactions</p>	<p>Follow up post encouraging people to book (04/03/2024) 911 views, 5 shares, 3 comments, 16 likes or reactions</p>





We created two new website pages for the summit: [Blueprint](#) (including blueprint case studies and year one deliverables) and [summit information](#), and published three news items.

Visitors to the PCB website pages and news items between February and March 2024 are as follows:

	Page / news item	Page views (single views of a website page)
1	'Save the date' news item	1,246
2	Summit page	688
3	'GM Primary Care Summit addresses improvements.....'	335
4	Blueprint page	579
5	'Kickstart your journey..' news item	304

On the day of the event, 70 people visited the summit page and 21 visited the blueprint page.

Conclusion and lessons learned

Given the event coincided with 'year end', the number of people who attended was as expected and there was high energy on the day, with a 'buzzy' atmosphere. As a result, the channels used to publicise the event and the amount of publicity used seems appropriate.

As with many events of this nature, the majority of attendees were from the general practice area of primary care – this was also reflected in the type of survey respondents. As a result, it is recommended that we explore different ways of engaging community pharmacy, dentistry and optometry and canvass their views.

The number of survey respondents was disappointing in comparison to the number of attendees. The survey was publicised on the day and circulated directly on email and on social media after the event. As a result, it is recommended to review ways in which we can drive up engagement.



The most popular reason given for attending the event was 'to gain a better understanding of the GM Primary Care Blueprint' which was the intended purpose. As a result, the communications surrounding the event clearly explained the intended purpose.

When asked if the event met their expectations, people were divided. However, later in the survey when asked about their overall experience of the event, 77 per cent thought it was excellent, very good or good which could be viewed as a contradiction. Other options included okay, poor and N/A. In addition, when asked about specific aspects of the event, people responded positively to all aspects. As a result, it is recommended to review the survey questions for future events to ensure the most useful responses.

Some useful feedback was provided in the two open-ended questions around what was considered the most useful/enjoyable part of the day and what could be improved. As a result, it is recommended that comments are taken on board for future events.

Further comments made during some of the workshops demonstrated an element of frustration and a sense of lack of engagement/involvement with the blueprint. Questions were also raised about the purpose/role of the Blueprint Delivery Unit. As a result, feedback has been shared with the Blueprint Delivery Unit and it is recommended that consideration should be given to communications around its role and the active role of primary care in delivering the blueprint.

The PCB digital channels experienced increased engagement during the period leading up to the event. As a result, it is acknowledged that the channels played a significant role in generating interest and attendance.

Overall, we believe the event achieved its aim to share information about the blueprint and generate engagement and debate about its delivery. We value everyone's feedback and will take comments and suggestions on board for future events.

ENDS

