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

GM Live Well: Primary Care Engagement

BRIEFING NOTE - **July 2025**

SUMMARY

GM Primary Care Board (PCB) was asked to work with NHS GM to engage across Primary Care (all 4 disciplines) in GM to ensure Primary Care is fully engaged in the design and implementation of Live Well across Greater Manchester.

The engagement sought to understand, from frontline staff, their colleagues, and senior leaders:

- What Live Well might mean to them, and what the benefits could be from their perspective
- What is possible, and how the core elements of Live Well would need to be shaped to enable this
- What would make it easier for them to contribute and play a full role, including what would need to change for this to be possible.

During March – June, conversations happened in multiple forums and formats with over 300 GPs, Dentists, Opticians, Community Pharmacists, GP Practice Managers, Care Coordinators, Social Prescribing Link Workers, commissioners and locality teams.

This briefing note summaries what people across Primary Care told us as part of the engagement and it is being shared with key stakeholders to socialise what was heard and how we can use the feedback that was received.

In summary the feedback was that Primary Care:

- operates at the heart of local communities and is a key 'touchpoint'
- sees and is impacted by the wider determinants driving ill health in its communities
- is already embedding "Health beyond medicine" approach
- innovative and integrated models have been developed but are fragile and/or isolated
- further work is needed on strategy and policy across GM, so this becomes the model of delivery
- The Live Well title can be confusing
- Live Well not just be centred around the main identified 'Live Well Centres'
- Primary Care across all 4 disciplines can see its future as part of Live Well

Next steps are to look at key opportunities, ideas and actions that was feedback during the engagement to ensure that we are either addressing them through existing work and plans or how we might take them forward – an action plan.

Key stakeholders will be kept updated on this.

An accessible summary of Live Well will also be produced to share with stakeholders and frontline teams.

Live Well is Greater Manchester's commitment to great everyday support in every neighbourhood. It is our movement focused on tackling health, social and economic inequalities by changing how partners work together across public services, voluntary organisations and communities. Its aim is to ensure people in every neighbourhood can access the right support, at the right time, in the right place. This includes integrated access to financial, employment, wellbeing, health and social support through Live Well centres, spaces and offers, backed by a connected and proactive workforce.

The approach follows what's already working across Greater Manchester's neighbourhoods and aims 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. However, this approach is inconsistent, not yet widespread and therefore is not something all of our staff and residents can access. 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.

Introduction:

To ensure Primary Care is fully engaged in the design and implementation of Live Well across Greater Manchester, a structured engagement process was launched in March 2025. Co-led by the GM Primary Care Board and NHS GM, with the support of GMCA, this initiative involved in-depth consultation with Primary Care professionals to contribute to the co-design of the Live Well model and strategy as it moves into its implementation stage.

It was agreed through the ICP that this engagement only covered Primary Care specialties, and it did not cover wider Voluntary Community Faith and Social Enterprise (VCFSE) providers.

This paper outlines the engagement process, the issues discussed, the key themes from the consultation and gives recommendations for what should be done next. It summarises the engagement across all 4 Primary Care disciplines – more detail about this means for each of the disciplines has also been documented and shared through the relevant governance.

Live Well Primary Care Engagement:

Primary Care delivery in Greater Manchester follows a collaborative "triumvirate" approach involving the GM Primary Care Provider Board (PCB), the Integrated Care Board (NHS GM), and local place-based teams. This model has shaped the Primary Care Blueprint and now guides the integration of the Live Well initiative.

The engagement aimed to strengthen shared leadership around this agenda, promote understanding of Live Well's core components and benefits, and ensure alignment with broader GM health strategies. Outputs from the engagement were to be used to inform the development of the GM Live Well Neighbourhood approach and a programme of activity to support the integration of Primary Care into the development of the Live Well model.

The work was premised on the understanding that Primary Care is a critical 'front door' of support for GM residents. We know there are many examples of innovative 'Live Well' approaches being led through Primary Care, where holistic practice, incorporating both a social and medical response, delivered with local partners, is enabling people to thrive. However, it was recognised that these had been developed in addition to core delivery, and often despite the prevailing conditions and operating environment. One key line of enquiry was to start to identify what changes it would take to spread these across our city-region.

How the engagement took place

As GM PCB works on behalf of and represents all 4 Primary Care disciplines (Community Pharmacy, Dentists, General Practice and Optometrists), the scope of the engagement included all 4. A structured engagement framework was developed to understand, from frontline staff, their colleagues, and senior leaders:

- What Live Well might mean to them, and what the benefits could be from their perspective
- What is possible, and how the core elements of Live Well would need to be shaped to enable this
- What would make it easier for them to contribute and play a full role, including what would need to change for this to be possible.

The engagement took place between March and June 2025 and was delivered through:

- Existing forums and meetings – at a GM and locality level across clinicians, managers and commissioners
- A dedicated online workshop advertised across primary care
- A survey shared across Primary Care
- A 'kick off' meeting for a Live Well Champions network
- A PCB and VCSFE Roundtable.

The full detail of the engagement is in the appendix. During the 3 months, the team **engaged with over 300 people** from **across the 4 Primary Care disciplines** including GPs, Dentists, Opticians, Community Pharmacists, GP Practice Managers, Care Coordinators, Social Prescribing Link Workers, commissioners and locality teams. The engagement aimed to reach into all 10 localities to enhance people's understanding of Live Well, what it could mean for them and how they could be involved. This engagement heard from a range of clinicians, managers and commissioners including some people who we don't normally hear from.

Key themes from the engagement:

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

All four disciplines are keen to engage with and shape their role in the Live Well model. As key anchors in communities, Primary Care provides a continuity of trusted relationships to individuals and acts as the default contact point for many for clinical and non-clinical needs.

For example, Community Pharmacies are one of the most frequented health care settings in England, with 1.2 million health-related visits in the UK every day without the need for an appointment and all 618 Community Pharmacies in GM are accredited as Healthy Living Pharmacies providing healthy living advice. In 2024 across GM, there were:

- 14.4m appointments in General Practice (source GPAC) with c.75% of the GM population accessing General Practice. This is compared to 30% acute and 30% community.
- Almost 650,000 health-related pharmacy visits in GM (*extrapolating the UK figure*)
- 754,274 sight tests carried out by Opticians, of which 65,138 were domiciliary.
- Almost 2.5m courses of dental treatment.

Primary Care sees and is impacted by the wider determinants driving ill health in its communities:

Primary Care professionals recognise the assertion that around 30% of demand relates to non-medical issues and clinicians are spending time seeing people for social issues that other partners could and would be better placed to support. Live Well will help Primary Care to surface unmet need and work with others to resolve such issues through trusted third-party support, rather than trying to resolve themselves.

GM residents experience significant inequalities - which means that when they present to General Practice there are often a range of additional issues exacerbating their health condition – and often they don't present when they ideally would. Live Well is not seen as a replacement for Primary Care (or an immediate solution for the '8am rush'), but as a way to complement it by allowing clinicians to focus on medical care while social or welfare issues can be addressed by an integrated team that encompasses coaching skills to support people to address what matters to them in a person-centred approach.

Participants were able easily to give an account of the wider health and care issues presenting in Primary Care, often arising from mental health issues, dementia, loneliness and broader healthy living concerns, exacerbated by inequalities and deprivation. In terms of the wider system and navigation role they played participants identified included a wide range such as:

- Fit notes and recommendation letters (including a rise in teenagers needing Fit notes);
- PiP appeals.
- ADHD assessment and letters of confirmation and diagnoses and what next.
- applications – blue badge or passport.
- housing; benefits and welfare.
- employment and supporting people in difficulty.
- safeguarding.
- support for non-English speaking patients and asylum seekers.

They were often a point of contact and advocacy when their patients experienced other health and care service access issues and delays, i.e. around Packages of Care starting, Supported Housing, funding disputes, access to dentists and limited capacity in some Community Health services.

"*We have patients asking us for financial advice, signing passport photos, immigration advice, signposting to legal services and often ask us to translate private letters. We also get a lot of patients who need reassurance that medicines aren't going to harm them, or they don't contravene religious practices/rules. We do much more than supply medicines and provide healthcare advice. We see at least 10 people a week with such issues – sometimes quite serious problems like homelessness or no money to put food on the table*"
(Pharmacist Manager, Rochdale)

Many in Primary Care report a lack of connection and confidence in securing support for their patients from non-medical support services. In our survey most felt 'somewhat' or 'not very' connected to local community organisations and key services such as Housing or Jobcentre Plus. All specialities recognise their roles as community anchors and as employers. They are in a unique position to offer career options through schemes such as the 10-week GM pharmacy bootcamp supporting new entrants to pharmacy with a pathway to progress to an apprenticeship scheme/role in a GM Community Pharmacy, or the 'Step up to Primary Care' Dental programme supporting the next generation of dental nurses, or General Practice providing apprenticeships to people from disadvantaged backgrounds supporting them into careers from reception to HCA level 3 and into Nursing degrees. Recognising work as a health outcome provides the opportunity for Primary Care to support social mobility and allows the sector to reduce inequalities through their role as employers and anchors.

Primary Care is already embedding "Health beyond medicine" approach to address this:

To support and address many of these issues GPs and other Primary Care staff are already working day to day alongside non-medical roles like social prescribing link workers and health coaches.

At the end of 2024/25 there were 158 Whole Time Equivalent (WTE) ARRS (Additional Roles Reimbursement Scheme) funded Social Prescribing Link Workers across Greater Manchester, and approximately 90 additional Social Prescribing Link Workers funded from other sources. There were also 368 WTE ARRS funded Care Coordinators and 61 WTE ARRS funded Health and Wellbeing Coaches. Recent data shows that these numbers are beginning to drop – from funding cuts for non-ARRS funded roles from ICBs/ Councils and a shift in ARRS investment towards qualified roles to meet core demand.

In the year 2024/25 there were almost 33,000 social prescribing referrals made by PCNs across Greater Manchester. Referrals are also received via other routes, which means that the total activity for the year was over 50,000 referrals.

Responses to a survey of providers that receive referrals from several sources (including PCNs and beyond Primary Care) showed that people were referred for a range of reasons, with some of the most common reasons for referral being social isolation, depression/anxiety, mental health and financial advice.

As above, investment in social prescribing link workers is starting to decrease, and funding for community activities and opportunities that people might get supported onto is fragile – with survey respondents wanting to see more of these, including free or easy to access ones, available for their population.

Innovative and integrated models have been developed but are fragile and/or isolated: In several places more developed new models and approaches have been built out from this – with partnerships with communities and the VCFSE. However, the more developed models highlighted across Greater Manchester, such as Focused Care, Healthy Hyde, the Alvanley Practice in Stockport or schemes to improve access for people to wider Primary Care services, 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. This results in patchy implementation driven by passionate individuals, leading to inequities in access and delivery.

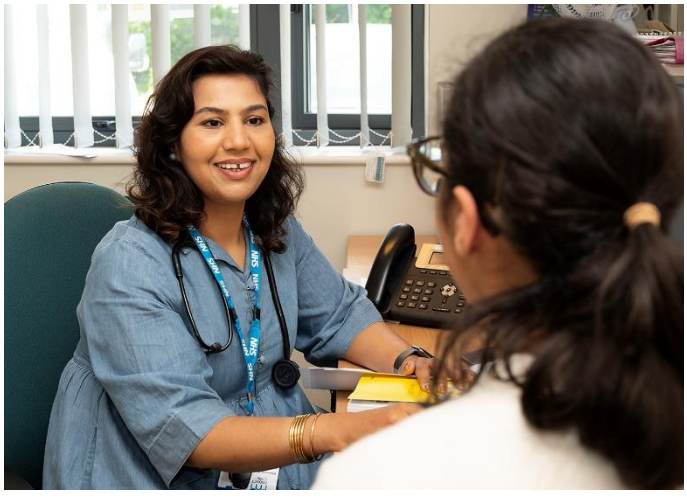
There is a strong call to scale successful practices, reduce duplication, and clarify how Live Well integrates with existing models, such as Neighbourhood working and Work Well. Primary Care staff want better communication, alignment, and sustained investment to ensure Live Well is built on what already works and achieves consistent, equitable access for all residents.

Further work is needed on strategy and policy across GM, so this becomes the model of delivery: Live Well is referenced as an exemplar for Neighbourhood Health and the NHS 10-Year Plan all signal the direction of travel and ambition. However more work needs be done in the next phases to drill down into the strategies and incentives that would support and drive that change and make the 'pockets of good practice' the way we do things round here. As well as what Primary Care could do it would need to identify what they could stop doing, or do less of, to target insight driven care.

The Live Well title is confusing: While many welcomed the opportunity to share feedback, there was significant confusion about Live Well's identity and how it differs from similar local models like Be Well or Work Well. Awareness of Live Well varied widely, contributing to misunderstandings and duplication and a lack of confidence to drive and implement at scale

It will be important that **Live Well not just be centred around the main identified 'Live Well Centre'** each locality has been asked to identify, but that there are spaces and outreach approaches in a range of local communities and especially where there is higher deprivation, and that Live Well is a network of great neighbourhood support, rather than just a 'place'.

Primary Care across all 4 disciplines can see its future as part of Live Well: Once in place in localities, partners could 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.



What Primary Care colleagues are saying would enable their full contribution to the development and delivery of Live Well

A framework for local delivery

Those engaging were not sure if Live Well is a model to be implemented or a principle and way of working. Irrespective of clarity on 'what' Live Well was, it was agreed that Primary Care should play a key role in delivering Live Well by identifying needs, signposting or referring to appropriate services, supporting prevention and holistic health, collaborating with other sectors, and empowering patients. However, they stressed that this should be done within realistic resource limits, respecting core delivery responsibilities and pressures and in partnership with other organisations.

Local discussions about the development of neighbourhood working, and Live Well, need to be aligned with **the full engagement of Primary Care**. Primary Care requires clarity and practical support to participate effectively. They want clearly designed local pathways and integrated provision with more accessible and reliable referral routes:

- agreed roles and responsibilities
- good understanding and realistic expectations of respective offers
- trust that services have the capacity to support patients
- feedback loops on progress and next steps; to grow confidence that patients were getting what they needed
- existing social prescribing link workers being part of Live Well offers, working closely alongside other 'Live Well workers'
- fully developed and integrated neighbourhood leadership teams working to support people with complex care needs
- all partners being able to refer into health support beyond General Practice, such as physio; support from schools (e.g. around ADHD); better access to welfare rights workers, and clarity on what GPs can do to support welfare issues; broader range of options to support people with low level issues; closer working between VCFSE and Primary Care. Primary care is a trusted place with continuity that lends itself to a supportive environment.

These would be underpinned by **good relationships and sources of up-to-date information** about the opportunities and services available – so that it is easy to support people into the right solution for them, and there is a realistic expectation of services across a neighbourhood rather than people getting passed on and 'bouncing back'. Positive current examples of this are the dental access scheme for vulnerable cohorts, work with RNIB to support people with sight loss to access benefits and volunteering, or the role of Community Pharmacy to support people with Health and Wellbeing advice and the Public Health services they provide such as emergency contraception, stop smoking support and needle exchange schemes.

They would be underpinned by **common practice approaches** (such as health coaching and navigation) and **agreed policies;** e.g. safeguarding pathways to be formalised across all of Primary Care providers.

Shift contractual and financial frameworks to support and incentivise Live Well working

- Participants were keen that Live Well approaches and provision were supported by long term sustainable funding; and that we sustain investment in Social Prescribing and Focused Care models as well as ensure universal coverage
- It was recognised that this would see a further shift towards supporting social prescribing approaches and focused care models of provision
- Participants want to retain the strong commissioning and contracting relationships that exist between providers and commissioners at a GM level, recognising that core contracts should remain national, but with the ability to look at how additional or non-core Primary Care budgets could be used to be bold on how we spend the money and where it has the greatest impact for staff and citizens.
- Maximise the opportunity to build from and look at future use of local commissioning opportunities such as BECCoR (BEyond Core Contract Review for GP contracting) and access and innovation access schemes in Dental and Optometry. The ambition would be that this is scaled, consistent and where appropriate all/any could provide.

Develop digital and data capabilities to support Live Well

- Digital – develop digital capability so that there are clear pathways and services available to refer to and colleagues across different services can message each other easily
- Develop consistent coding between Primary Care and VCFSE so that we understand who is getting a Live Well offer, what for, and the impact and outcomes of that
- Ensure the wealth of information in Primary Care is used to evidence approaches and support the triangulation of research, expertise and funding to focus on outcomes and not inputs.
- Progress data sharing between key stakeholders so that people only need to tell their story once, people can be well supported across different services and keep practitioners up to date with what happens for people referred on (track), and also the impact of what we do and these models. Take up the opportunity to influence nationally the wider utilisation of the NHS App to build in sign posting and resources
- Develop and adopt shared metrics to track and improve outcomes
- Specifically improve interoperability between EMIS and relevant platforms (such as Elemental and Joy) which is variable across Greater Manchester

Establish effective inclusive governance and decision making

- Simplified, consistent and proportionate governance at locality level – in each locality, and across GM forums where this is developed and implemented with all stakeholders. From a Primary Care sector there will be a need to organise to ensure all Primary Care providers are represented in the locality governance supporting Live Well and wider Neighbourhood delivery
- Clarity on any funding available, what it is for and can be aligned into existing ways of working in localities is critical. This will give Primary Care providers access to resources and accountability in the design and delivery of new ways of working.

Support clear communications

- Raise the profile of Live Well and help practitioners understand their part in it, and where they can connect to
- Help residents understand what they can access and where – don't just rely on the professionals
- Develop clear communications about what Live Well is, how it aligns with other agendas, and how it is progressing. Make sure this is communicated to all partners at the same time
- Make better use of communication devices in Primary Care receptions e.g. television screens in dental practices that give out messages. An agreed comms campaign could be rolled out across GM supporting the development of Live Well, with support provided to practice staff on how to follow up with residents. E.g. 'Need support with housing issues?... your local Live Well Centre is located at…'

Invest in the potential of our workforce

- Spread common practice approaches such as health coaching and navigation across the Live Well partners with easily accessible GM-specific training and support for all
- Embrace the role of frontline Primary Care staff as Live Well and patient advocates.
- Invest in training for social prescribing link workers
- Reframe role of reception staff as patient advocates and enable them to connect to someone (in practice) who can support them to support people or have dedicated places in practice where staff can discuss wider support with residents.
- Skill up practice staff to have confident coaching conversations with people, and support them onto reliable opportunities and support
- Use the skills of the wider Practice Manager community.
- Support those who are pioneering Live Well practices and models – help them sustain this work and share it for others to adopt it.

Develop our estates

- Make existing spaces more sustainable by investing in what we have and where possible build new
- Build the connections to Family Hubs – making Live Well an approach across the life course.
- Maximise co-habiting – we are one system; not just about General Practice, Community Pharmacy, Dentists and Optometry practices, but where the wider system comes together for residents. 'This will be core and will make things happen.'

Next Steps

The following next steps are in train:

1. Key leads from Primary Care Board, NHS GM and GMCA teams will consider the detailed feedback and agree how and in what timescale the issues or ideas can be actioned. A more detailed programme plan will be developed to progress key priorities, and will be agreed through Blueprint governance.
2. Primary Care Board can support local connections into the Locality Live Well governance

to embed Primary Care leadership in the design and delivery of this model in each Place, and will take their place on GM wide governance fora.

3. Primary Care Board will work through outcomes from their parallel engagement with VCFSE sector leadership, and compare themes and understand where there is synergy to inform greater collaboration.
4. Next steps for the Live Well Champions Network – an informal group of innovative Primary care leaders – will be determined.

Appendices

Appendix 1 – List of those involved in the engagement (by sector and locality)
Appendix 2 – Summary Report of online Survey undertaken as part of the engagement process
Appendix 3 – Data report on social prescribing across Greater Manchester, July 2025

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