

## Greater Manchester Joint Commissioning Board

Date: 20 July 2021

Subject: Supporting Primary Care to Manage the Increase in Demand

Report of: Rob Bellingham, Managing Director, Greater Manchester Joint Commissioning Team

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### PURPOSE OF REPORT:

The purpose of this report is to provide an update to the Joint Commissioning Board regarding progress to support primary care with an unprecedented increase in demand.

### KEY ISSUES TO BE DISCUSSED:

Over the past few months, primary care (along with the rest of the health and care system) has experienced a significant rise in demand. Although the demand has been rapidly increasing, primary care is still the right place to support the majority of patients be it through holistic care, preventative care, supporting complex care and, when needed, providing urgent care.

In order to be truly effective some of the proposed interventions will require system engagement and potentially investment.

### RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of this paper and progress to date
- Support the proposed approach
- Note the considerations

### CONTACT OFFICERS:

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## **SYSTEM ENGAGEMENT**

Please complete the information below to outline the discussion with sectoral governance groups prior to submitting to the GM Joint Commissioning Board. If it is not appropriate / deemed necessary for a discussion with a particular group please state why.

### **PRIMARY CARE PROVIDER BOARD (PCB)**

Has the paper been discussed by PCAG? No.

If no please outline the reason: PCB representation on task & finish group.

### **PROVIDER FEDERATION BOARD (PFB)**

Has the paper been discussed by PFB? No.

### **WIDER LEADERSHIP TEAM (WLT)**

Has the paper been discussed by WLT? No.

### **STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)**

Has the paper been discussed by PEB? No.

If no please outline the reason: Regular reporting to Community Co-ordination Cell.

### **GM CCG DIRECTORS OF COMMISSIONING (DOCS)**

Has the paper been discussed by DoCs? No.

If no please outline the reason: DMOG representation on task and finish group.

### **GM CCG CHIEF FINANCE OFFERS (CFOS)**

Has the paper been discussed by CFOs? No.

If no please outline the reason: CCG finance leads representation on task and finish group

### **GM LA HEADS OF COMMISSIONING (HOCS)**

Has the paper been discussed by HoCs? No.

## **SUPPORTING PRIMARY CARE TO MANAGE THE INCREASE IN DEMAND**

### **1.0 INTRODUCTION / BACKGROUND**

- 1.1. The increased pressure and demand in primary care has been widely reported with GPs, Dentists, Community Pharmacists and Optometrists all reporting a significant rise in demand in recent months. Appointments and patient contacts often exceed capacity which has already been impacted upon as a result of new working arrangements to see and treat patients safely and in accordance to infection, prevention and control procedures, (IPC). Throughout the pandemic, primary care has been open and continued to see and treat patients albeit in some instances, via different means, such as digital and telephone consultations.
- 1.2. Dental practices have been prioritising patients based on clinical need and urgency. There are 92 Urgent Dental Centres (UDCs) operating across GM. The UDCs support the system to ensure that any patient requiring urgent treatment are deflected away from A&E and other Primary Care Services.
- 1.3. While this has been a challenging time for patients and primary care alike, patient satisfaction in accessing primary care is generally positive although it is appreciated that this is not the case in all areas or across all primary care contractors. Access to NHS dental services has been particularly challenging during COVID due to the IPC requirements involved, particularly with aerosol generated procedures.

### **2.0 THE PRIMARY CARE PULSE CHECK AND ‘SITREP’**

- 2.1. While data exists both nationally and locally, it is often incomplete and not sufficiently timely enough to be responsive. The need therefore to understand the pressures faced by primary care colleagues and in real time so that the system can act, has been critical.
- 2.2. At the start of the pandemic, Greater Manchester implemented a regular situation report, ‘SITREP’ for all four primary care contractors which is formally reported twice weekly via the Community Co-ordination Cell. This takes direct feedback from each of the 2000 points of contact across primary care to understand the pressures, such as access to correct PPE, availability of workforce and overall resilience. In recent months, this has been enhanced for General Practice to incorporate the ‘GM Pulse Check’ which was originally developed by Manchester Health and Care Commissioning

and serves as a temperature check of current demand and pressures facing General Practice who self-declare their current status by indicating low – normal demand rising to significantly increased demand and critical.

- 2.3. The pulse check also intends to provide a pro-active response to support practices. For those practices who self-declare a significant increase in demand, i.e. 7 or above on the pulse check, will trigger a call of support from their CCG. It is also the intention to develop a similar pulse check for the other primary care contractor groups.
- 2.4. Over recent months, we have seen through the SITREP and pulse check, a significant shift to increasing demand with currently:
  - 218 General Practices reporting that whilst they are generally coping, they are feeling an increased pressure/demand.
  - 75 General Practice reporting a significant increase in pressure and demand, and 1 practice expressing extreme demand.
  - 110 of Optometry sites indicating that they are challenged but coping with 11 reporting they are significantly challenged.
  - 151 of Dental Practices indicating that they are challenged but coping with 26 reporting they are significantly challenged.
  - 164 of Community Pharmacies indicating that they are challenged but coping with 8 reporting they are significantly challenged.

### **3.0 PRIORITIES – SUPPORTING PRIMARY CARE PRESSURES**

- 3.1. At the request of the GM Primary Care Cell, a Task and Finish Group has been established to rapidly implement plans to support primary care (general practice, community pharmacy, optometry and dental). This is due to the increased demand for primary care services, along with increased demand in other parts of the system such as UEC and elective care. These plans aim to support primary care in managing demand now, while implementing longer term changes that will enable primary care to manage demand in the future.
- 3.2. Primary care providers and the task and finish group were asked to identify 4-5 priorities they felt would make a difference to the current situation. Those priorities were developed into a draft action plan under the following themes:
- 3.3. Improving Access

3.3.1. This includes better utilisation of system capacity and improved integration of services, ensuring seamless care for citizens. Clear visibility of all access points and equitability of access – including consideration of non-English speakers, people with learning disabilities and digital access/literacy.

3.4. Health and wellbeing

3.4.1. This includes a relaunch of health and wellbeing resources ensuring the primary care workforce is aware of what is available. There will also be utilisation of national resource to embed a GM wide health and wellbeing offer for all primary care staff.

### 3.5. Communications and engagement

3.5.1. The need to refresh communications and engagement was noted by all parts of the system, including:

- Details of what the primary care service offer is
- Clear messages about choosing the right service at the right time
- Details on how and when to use online digital services
- Clarity and consistency of language e.g. 'open' and 'urgent'
- Highlighting that the new blended model of working was a planned strategy, not as a result of COVID
- Support to self-care

### 3.6. Workforce development

3.6.1. This includes supporting patients through new models of care such as through group consultations. The utilisation of Additional Roles Reimbursement Scheme (ARRS) to support primary care with the rising demand and working with PCNs to ensure they maximise the opportunities of the ARRS roles working across PCNs. Ensuring primary care have the knowledge of and are accessing the GM Workforce Banks to provide more capacity in primary care.

### 3.7. Urgent Care

3.7.1. This includes ensuring improved links, integration and navigation across all urgent care services and maintaining urgent and routine dental services.

3.8. Following the agreement of priorities, the task and finish group has been refining the action plan. The plan has been streamlined to only include actions that the group are able to influence directly and quickly. As such, it excludes national policy changes, changes to contracts etc. The plan is an iterative document and will continue to be updated in line with system priorities.

## 4.0 **PROGRESS TO DATE**

### 4.1. **System Leadership**

4.1.1. Following discussions at the Primary Care Cell and Community Co-ordination Cells a more system-wide, targeted approach has been adopted to support this work.

4.1.2. There is now a joint chairing arrangement in place:

- Dr Vish Mehra, Clinical Director (Gorton & Levenshulme PCN) and Vice Chair of Manchester LMC will represent primary care providers
- Dr Tim Dalton, Clinical Chair of Wigan Borough CCG and Muhammed Imran, Clinical Chair of Trafford CCG will represent commissioners

4.1.3. The task and finish group includes primary care clinical leadership, financial leadership, system leads and commissioners (from eight out of 10 localities) to enable the delivery of a comprehensive plan.

## 4.2. Completed actions

- Review and understanding of extended access availability across localities.
- Successful bid for national funding to support a GM wide health and wellbeing offer for Primary Care. This investment of £300,000 will bring significant resource into GM to support the health and wellbeing of the primary care workforce.
- Refresh of communications regarding the GM Workforce Bank – include easy 3-step actions practices need to take to access the bank
- Establishment of smaller dedicated group (sub-group to CCG comms leads) to oversee the communications plan
- Outline proposal regarding GM Clinical Assessment Service supporting <2 hour disposition cases and direct booking. Discussions are underway with initial data shared with task & finish group. There is an opportunity for commissioning of activity through the CAS to deflect cases away from general practice

## 4.3. Upcoming activity

- Baselineing of draft proxy measures/indicators to demonstrate current situation
- Deep dive into GP practice operating models (one locality)
- Development of a Dental Workforce Bank

- Proposal to refresh the eligibility criteria of the Minor Ailment Service (MAS) to ensure a wider cohort of patients can access the MAS, reducing the burden on general practice
- Proposal to commission 'extended access' dental practices to offer NHS services to routine patients and development of a robust pathway for secondary care oral surgery long waiters to be seen and treated within primary care oral surgery services
- Extension of 'Child Friendly Dental Practices' across GM

## 5.0 GOVERNANCE

- 5.1. It is recognised that the task and finish group has been given sufficient freedom and responsibility to develop a plan to meet the needs of the people in GM, manage demand and focus on access and quality of care
- 5.2. The action plan is sponsored by the Primary Care Cell to enable discussions at Community Co-ordination Cell regarding enablers and interdependencies for implementation. This includes commissioning arrangements in GM and localities, service development and financial flows.
- 5.3. As such, recommendations will be brought to the Community Co-ordination Cell for further discussion and to agree next steps.

## 6.0 CONSIDERATIONS

### 6.1. Tackling inequalities

- 6.1.1. There needs to be equitable access for patients, with consideration of groups such as non-English speakers, people with learning disabilities and people with limited digital access/literacy.

### 6.2. Quality

It is essential that the principles of the Safety Siren are linked to this work. We need to be able to take the learning from the pandemic, using evidence to drive change, so we can identify the areas that will generate the most impact and make a difference for the population in the short, medium and long term.

### 6.3. The Role of the Neighbourhood

- 6.3.1. The neighbourhood construct has the potential to help ease pressures across the whole of primary care. This requires further exploration to



understand what can be done quickly and what requires longer term planning.

#### 6.4. The Citizen Voice

6.4.1. The patient/citizen voice must be captured and understood in order to inform how we shape services going forward. This could be done through utilising our neighbourhood community assets e.g. community champions, VCSE colleagues, social prescribing link workers etc.

#### 6.5. Resourcing

6.5.1. In order to make the most impact many of the proposed actions will require resourcing in terms of investment in service delivery/change and workforce to implement. Any priorities agreed through the task and finish group would be brought to the Community Co-ordination Cell for discussion and agreement of next steps.

### **7.0 NEXT STEPS**

7.1. Preparation of proposals regarding urgent dental services and the minor ailment service are in progress and will be brought to a future Community Co-ordination Cell meeting for discussion.

7.2. The task and finish group will continue to work closely with primary care leads and providers in localities to ensure there is no duplication and that we can learn from work that is already in progress. Where work is underway locally, the GM role will be to share best practice and support scaling up where appropriate.

7.3. A working group will be rapidly mobilised to determine the scope, timelines and refined costings for the GM health and wellbeing plan.

### **8.0 RECOMMENDATIONS**

8.1. The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of this paper and progress to date
- Support the approach being taken
- Note the considerations