SUMMARY

The ambition for primary care is for people in Greater Manchester to live well and to their full potential, with more people in employment, living healthier lifestyles and with good mental health.

The Greater Manchester (GM) five-year primary care strategy was launched in early 2016. It described how providers and commissioners could collectively work towards achieving the Greater Manchester ambition. This plan refreshes that strategy.

Although we are part way through the delivery of the existing primary care strategy, the subsequent arrival of the NHS Long Term Plan (LTP), the focus of neighbourhoods and place-based working provides opportunity to renew the primary care ambition, build on what has already been achieved and continue to address challenges.

KEY MESSAGES:

Greater Manchester aims to provide the best primary care to the population, as well as ensure we have the adaptability and underlying support to continue to do so for many years to come. However, certain things are necessary to achieve this level of sustainability. We need the right number and types of organisations, in the right setting, as well as the right workforce to provide primary care. We need leaders who can work across Primary Care Networks, neighbourhoods, localities and GM to develop systems and local responses fit for both current and future needs. We must also have the infrastructure in place to meet the changing demands of primary care provision as it evolves over time. This includes understanding the environmental impact of everything we do.
The GM primary care strategy and primary care workforce strategy aims to achieve this by expanding the traditional concept of primary care with more focus on digitally enabled, multidisciplinary, integrated preventative support, based in the right place for local populations. This will not only aim to improve the quality of primary care delivery and improved population health outcomes, it will also help to ensure its future sustainability.

PURPOSE OF REPORT

The purpose of this paper is to raise awareness of the refreshed Greater Manchester primary care strategy and primary care workforce strategy. Both strategies describe the renewed ambition for primary care and its contribution to the delivery of Taking charge: The next five years: Our prospectus’. 

RECOMMENDATIONS

The Greater Manchester Health and Care Board is asked to:

- Note progress to date
- Agree the refreshed Primary Care Strategy
- Agree the Primary Care Workforce Strategy

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1.0 INTRODUCTION

1.1. The refreshed primary care strategy aims to deliver the best outcomes for the GM population as well as the workforce. It describes the renewed ambition for primary care and its contribution to the delivery of ‘Taking Charge’, with everyone in Greater Manchester having the opportunity to proactively manage and take more responsibility for their own physical and mental health and wellbeing. This means giving them easily accessible timely access to good quality primary care, seven days a week, in familiar settings close to where they live.

1.2. The NHS Long Term Plan describes how digitally enabled Primary Care Networks (PCNs), will take a proactive approach to managing population health and better identify those that would benefit from more targeted support, including dedicated support to care home residents. It states that fully integrated community-based health care will be provided by multidisciplinary teams including GPs, pharmacists, district nurses, and allied health professionals, working across primary care and hospitals. In Greater Manchester, our ambition exceeds this.

1.3. People and communities in GM will have access to high quality, fully integrated, place-based care and be provided across neighbourhoods of 30-50,000 people. The power of the 67 PCNs will be integral to the design and delivery of these neighbourhoods and will collaborate, as a vital part of their local communities, with general practice, pharmacy, dentistry and optometry operating within a single system.

1.4. With the introduction of new roles working in PCNs, the primary care workforce will be much broader in terms of roles and skills. They will feel recognised and valued, with parity of esteem across organisations and sectors. They will enjoy fulfilling work that provides opportunities for development and career progression.

1.5. Both strategies aim to provide an overarching framework for the whole of primary care (general practice, dentistry, optometry and pharmacy) which is flexible enough to be interpreted at a locality level to meet local needs.

2.0 BACKGROUND

2.1. GM launched its five-year primary care strategy in early 2016 – ‘Delivering integrated care across Greater Manchester: The primary care contribution’ – which outlined how primary care providers and commissioners could collectively work towards achieving the ambition for Greater Manchester.
2.2. The refreshed primary care strategy builds on previous successes, including the roll out of 7-day extended access, training of over 1700 general practice administration and clerical staff, supervised tooth brushing schemes in over 700 early years settings, over 2500 ‘dementia friends’ in community pharmacy and the roll out of enhanced sight tests for people with learning disabilities. These are just a few of the highlights.

2.3. Although we are near the end of the current primary care strategy, it is appropriate to review and reflect on progress in the context of neighbourhoods, place-based working and the publication of the NHS Long Term Plan. This offers a chance to build on what has already been achieved and continue to address the challenges that GM still faces.

2.4. With more responsive primary care, people will experience more joined-up services and have greater involvement in decisions about their care. There will be better access to a wider range of professionals in the community, with different ways of accessing advice and treatment such as digital, telephone and physical services. This place-based approach will redefine services and place individuals, families and communities at the heart.

2.5. The aim is for our GM workforce to experience more satisfying work by concentrating on what they do best – providing high quality health and care to the 2.8m population of Greater Manchester. The outcome of this will be to provide better care for the population and offer the workforce improved work-life balance.

2.6. To make these plans a reality the refreshed primary care and primary care workforce strategies focus on:

- Delivering a neighbourhood, place-based approach, bringing care closer to home
- Supporting personalised care through trusted relationships developed over time
- Improving primary care quality across Greater Manchester, reducing unwarranted variation and supporting better health and wellbeing for everyone
- Making primary care sustainable, to be able to manage both current and future demand

3.0 THE GREATER MANCHESTER PRIMARY CARE STRATEGY AND PRIMARY CARE WORKFORCE STRATEGY

3.1. The refreshed primary care and primary care workforce strategies describe the future for primary care within the context of place-based, neighbourhood working.
3.2. The primary care strategy aims to move away from the traditional approach to health and care, meaning people will be able to access the most appropriate professionals and services locally. This might include physiotherapy, midwifery, district nurses, podiatry, work advisers, social care, or the c15,800 voluntary, community and social enterprise (VCSE) organisations in GM. The primary care workforce strategy aims to tackle the workforce challenges as well as develop a workforce that is fit for the future. New and enhanced roles in primary care, such as pharmacists in General Practice, social prescribing link workers and physician associates, will further ensure that people are always seen by the most appropriate professional, and in the most appropriate setting. Other roles such as community paramedics and first contact physiotherapists provide opportunities for rotational roles across primary, community and secondary care.

3.3. Delivering a Neighbourhood, Place-Based Approach

3.3.1. Both strategies describe the ambition to create a primary care system that understands the relationship between health and the wider determinants of health. This will mean people can access support to identify and address their medical, social and emotional needs in one process, so they receive more timely and appropriate help from the professionals and services best placed to provide it.

Increasingly primary care providers are expanding their services to accommodate the needs of people who would previously have been treated in hospital. Across Greater Manchester, the aim is for primary care to be upskilled to deliver these services. The workforce will be supported to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all. New roles, such as the nurse associate, will bring additional capacity and skill mix into primary care. New ways of providing care, such as group consultations, could become a routine model of care for people with long term conditions, and delivered by a much broader range of staff.

3.4. Primary Care Quality

3.4.1. Reducing unwarranted variation and improving quality continues to be a key priority for primary care. Quality means ensuring everyone gets equitable access to consistently high standards of care, with services based on evidence of what benefits patients and delivered in the best way possible by people with the right skills and experience. To keep improving the quality of primary care in Greater Manchester we need to address issues such as inconsistencies in care and health inequalities affecting sections of our population or specific localities and neighbourhoods. For example, improving child and adult mental health, narrowing the gap in life expectancy, and
ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of Greater Manchester communities.

3.5. **Sustainability**

3.5.1. Greater Manchester aims to provide the best primary care to the population as well as ensure they are able to do so for many years to come. To do this we need the right number and types of organisations, in the right setting, as well as the right workforce to provide primary care. We need leaders who can work across Primary Care Networks, neighbourhoods, localities and GM to develop systems and local responses fit for both current and future needs. We must also have the infrastructure in place to meet the changing demands of primary care provision as it evolves over time. This includes understanding the environmental impact of everything we do.

3.5.2. Improving the retention of existing staff will reduce the reliance on new staff or locums to meet increasing demands. Opportunities presented through from ‘Return to Practice’, Retire and Return programmes and International Recruitment will need to be maximised. The workforce will have opportunities to improve their skills which may include rotational working, opportunities to undertake research, mentoring and enabling backfill to undertake training.

4.0 **DEVELOPING THE STRATEGY AND LOCAL ENGAGEMENT**

4.1. An early draft of the primary care strategy was developed by a time limited working group with representation from primary care providers, commissioners, person and community centred approaches and population health.

4.2. Feedback from a range of health and care providers, commissioners and patients and the public was received and included in the strategy. The strategies are aligned to the GM locality plans, the transformation plans for the GM Local Professional Networks, as well as Taking Charge: The Next 5 Years and the NHS Long Term Plan.

4.3. Throughout the engagement process, thinking regarding the strategy has evolved. Through further iterations the strategies reflect the LCOs and PCNs as enablers to the GM neighbourhood model, as well as having greater emphasis on ‘place’ and the opportunities for greater secondary, community and primary care collaboration.

5.0 **IMPLEMENTATION PRIORITIES**

5.1. Across Greater Manchester a range of health and care colleagues attended a workshop to agree how the strategies would be delivered. The group
agreed that a focus on the following would provide the biggest impact while making the best use of limited resources. These include:

- Integrated neighbourhood working
- Digitally enabled primary care
- Improving access to primary care
- Identifying critical gaps in workforce
- New ways of working
- Development and sustainability of the nursing workforce
- Engagement of the temporary workforce (locums)

5.2. The implementation plan details the ‘ask’ of localities and the ‘ask’ of Greater Manchester. Funding, where known, is detailed in the plan. No financial commitments have been made in the strategy or implementation plan on behalf of localities. Where there is a commissioning requirement, this has been detailed in the locality ‘ask’ and will progress through the usual GM governance with no pre-commitments at this point.

5.3. Governance

5.4. Delivery of the primary care strategy will be managed by the GM Primary Care Strategy Implementation Group. The group will report into the Primary Care Provider Board and the Joint Commissioning Board. The Primary Care Workforce Strategy will report through the Primary Care Workforce Core Steering Group, which reports into the Strategic Workforce Collaborative Board.

6.0 RECOMMENDATIONS

6.1. The Greater Manchester Health and Care Board is asked to:

- Note progress to date
- Agree the refreshed Primary Care Strategy
- Agree the Primary Care Workforce Strategy