GM PRIMARY CARE STRATEGY

Implementation Plan
<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
<th>Date</th>
<th>By</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>V0.1</td>
<td>Document creation</td>
<td>25.10.19</td>
<td>A. Osei</td>
<td></td>
</tr>
<tr>
<td>V0.2</td>
<td>Alignment with co-production workshop. Inclusion of programme governance and</td>
<td>31.10.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td></td>
<td>funding streams</td>
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<tr>
<td>V0.3</td>
<td>Update to programmes and projects</td>
<td>01.11.19</td>
<td>A. Osei</td>
<td>Inclusion of outcomes framework and metrics</td>
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<tr>
<td>V0.4</td>
<td>Amendment to project slides</td>
<td>04.11.19</td>
<td>C. Wildgoose</td>
<td>Incorporation of feedback from LCO Chief Officers Group</td>
</tr>
<tr>
<td>V0.5</td>
<td>Inclusion of we aim to statements</td>
<td>05.11.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td>V0.6</td>
<td>Update to programmes and project</td>
<td>07.11.19</td>
<td>A. Osei</td>
<td>Inclusion of programme reporting, meeting demand and research projects</td>
</tr>
<tr>
<td>V0.7</td>
<td>Inclusion of contents, title slides, minor amendments</td>
<td>07.11.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td>V0.8</td>
<td>Inclusion of children’s dental management slide</td>
<td>08.11.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td>V0.9</td>
<td>Inclusion of “Ask of GM”, “Ask of Localities”</td>
<td>12.11.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td>V1.0</td>
<td>Removal of milestones pre-November 2019</td>
<td>13.11.19</td>
<td>C. Wildgoose</td>
<td>Full implementation plan review</td>
</tr>
<tr>
<td>V1.1</td>
<td>Inclusion of further pharmacy projects and revised metrics</td>
<td>02.12.2019</td>
<td>C. Wildgoose / A. Osei</td>
<td>Full implementation plan review</td>
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<tr>
<td>V1.2</td>
<td>Refinement of milestones and inclusion of additional project</td>
<td>08.01.20</td>
<td>A. Osei</td>
<td>Inclusion of additional content</td>
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The purpose of the implementation plan is to provide a structure and framework for the delivery of the primary care strategy.

It describes the scope, programme governance, risks, and high level timescales.
Vision

Across Greater Manchester (GM) we aim to deliver the fastest and greatest improvement in the health and wellbeing of our whole population, creating a strong, safe and sustainable health and care system that is fit for the future.

The GM prospectus looks at where further improvement over the next few years might take us and what fresh relationships we’ll need to develop. We hope it will be a starting point for discussions with those potential partners. It particularly explores how the Greater Manchester model can make rapid progress in improving population health, creating a sustainable health and care system, and contribute to achieving the region’s economic potential.
SCOPE

In Scope

• General practice developments
• General dentistry developments
• Community optometry developments
• Community pharmacy developments
• Alignment of primary care and PCNs with the GM neighbourhood model

Out of Scope

• Community services redesign
• Acute services transformation
• Locality commissioning intentions
• Contract changes
• GM programmes and workstreams where primary care contributes but does not lead, e.g. frailty, mental health

Note: Although community services redesign and acute services transformation is out of scope of the implementation plan, primary care will collaborate with the wider system where changes are being agreed and primary care would be impacted and / or required to deliver services.

No financial commitments have been made in the strategy or implementation plan on behalf of localities. Where there is a commissioning request, this has been detailed in the ‘ask’ of localities and will progress through the usual GM governance arrangements for approval/agreement.
PROGRAMME OVERVIEW
PROGRAMME REPORTING AND CONTROLS

• Proposed programme governance (page 9)

• Bi-monthly highlight reports will be provided

• GM Primary Care Strategy Task and Finish Group will oversee the implementation of the GM primary care strategy

• Briefing updates provided to Joint Commissioning Board and Primary Care Provider Board on an agreed reporting basis

• Application of the use of agreed project methodology including risk and issues management

• Change management process will be in place for delayed or deferred projects
PROGRAMME LEADERSHIP (GM)

Programme Sponsor - Responsible for authorising the programme and resolving cross programme issues.

Programme Director - Responsible for ongoing management on behalf of the SRO ensuring desired programme outcomes and objectives are delivered.

Business Change Manager - Responsible for assessing progress and achieving measured improvements in business operations.

Programme Manager - Responsible for planning and governance for overseeing the successful delivery of the programmes' outputs.

Senior Responsible Officer (SRO) - Accountable for the programme, ensuring that it meets its objectives and realises expected benefits.

Chief Officer, GMHSCP

Executive Lead for Population Health and Commissioning

Deputy Director of Commissioning (Primary Care)

Head of Primary Care Operations

Head of Primary Care Transformation

Primary Care Programme Management Office

PMO - Responsible for setting up programme processes, planning, tracking and reporting on outputs and outcomes.
Note: the GM enabler workstreams (digital, workforce, estates) also have their own governance structures.
<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>LEAD</th>
<th>FUNDING</th>
<th>SOURCE</th>
<th>RECURRENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCN Development</td>
<td>Locality/GM</td>
<td>£2.3m 19/20 £2.6m 20/21</td>
<td>NHS England (national)</td>
<td>Yes</td>
</tr>
<tr>
<td>Leadership and OD (wider primary care)</td>
<td>Locality/ GM</td>
<td>£200k 19/20</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>TBA</td>
</tr>
<tr>
<td>Estates</td>
<td>GM</td>
<td>ETTF - £1,914k (19/20 &amp; 20/21) BAU - £3,340k (19/20 &amp; 20/21)</td>
<td>NHS England (national) – BAU and ETTF</td>
<td>Yes (BAU only)</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td>Locality</td>
<td>N/A</td>
<td>Locality funded / PCN DES (new roles)</td>
<td>TBA</td>
</tr>
<tr>
<td>Group Consultations</td>
<td>GM</td>
<td>£150k</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>N/A</td>
</tr>
<tr>
<td>Use of GP Online Services</td>
<td>GM</td>
<td>N/A</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>N/A</td>
</tr>
<tr>
<td>Direct Booking</td>
<td>GM</td>
<td>Cost implication is TBA. Awaiting further information from NHS Digital</td>
<td>TBA</td>
<td>N/A</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>GM</td>
<td>ETTF - £2,286k (19/20 &amp; 20/21) BAU - £3,082k (19/20 &amp; 20/21)</td>
<td>NHS England (national) – BAU and ETTF</td>
<td>Yes (BAU only)</td>
</tr>
<tr>
<td>Primary Care Platform</td>
<td>GM</td>
<td>£22k 19/20 / £15k 20/21</td>
<td>NHS England (GP Retention)</td>
<td>Yes – year 2 onwards</td>
</tr>
<tr>
<td>Online Consultations</td>
<td>Locality</td>
<td>£890k (19/20)</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>No</td>
</tr>
<tr>
<td>Seamless Care</td>
<td>GM</td>
<td>TBA</td>
<td>GMHSCP (Direct Commissioning)</td>
<td>TBA</td>
</tr>
<tr>
<td>Eye Health IT Enabler</td>
<td>GM / LOCs</td>
<td>£685k</td>
<td>GMHSCP (Direct Commissioning)</td>
<td>No</td>
</tr>
<tr>
<td>Improving Access to General Practice</td>
<td>Locality</td>
<td>£9.8m</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>CCG baselines from 2020</td>
</tr>
<tr>
<td>Primary Eye Care Service Framework</td>
<td>GM</td>
<td>TBA</td>
<td>Locality commissioned (subject to approval)</td>
<td>TBA</td>
</tr>
<tr>
<td>Healthy Living Framework</td>
<td>GM</td>
<td>N/A</td>
<td>GMHSCP (Direct Commissioning)</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary Care Health Campaigns</td>
<td>GM</td>
<td>£2600 for 19/20</td>
<td>GMHSCP (Direct Commissioning)</td>
<td>TBA</td>
</tr>
<tr>
<td>Increased uptake to sight tests</td>
<td>GM</td>
<td>N/A for LEHN project Sight tests funding included overall optometry direct commissioning budget</td>
<td>N/A GMHSCP (Direct Commissioning)</td>
<td>TBA</td>
</tr>
<tr>
<td>Sight Loss Framework</td>
<td>GM</td>
<td>TBA</td>
<td>Locality commissioned (subject to approval)</td>
<td>TBA</td>
</tr>
<tr>
<td>Pride in practice</td>
<td>GM</td>
<td>£100k 19/20, £65k 20/21</td>
<td>GMHSCP (Direct Commissioning)</td>
<td>TBA</td>
</tr>
<tr>
<td>Transgender Health Service</td>
<td>GM</td>
<td>£61k 19/20 / £61k 20/21</td>
<td>Localities (Agreed by DOCs)</td>
<td>National procurement underway</td>
</tr>
<tr>
<td>Primary care in care homes</td>
<td>GM</td>
<td>TBA</td>
<td>Locality commissioning (subject to approval)</td>
<td>TBA</td>
</tr>
<tr>
<td>Oral Health in Older People</td>
<td>GM</td>
<td>£96k (2018/19)</td>
<td>GMHSCP (Direct Commissioning)/ HEE</td>
<td>No</td>
</tr>
<tr>
<td>GM Excellence</td>
<td>GM</td>
<td>£636k 19/20 / £694k 20/21</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>TBA</td>
</tr>
<tr>
<td>Primary Care Standards</td>
<td>GM</td>
<td>N/A</td>
<td>Locality commissioned</td>
<td>TBA</td>
</tr>
<tr>
<td>Primary Care Dashboard</td>
<td>GM</td>
<td>N/A</td>
<td>GM Transformation Fund</td>
<td>TBA</td>
</tr>
<tr>
<td>GP Workforce Visualisation Tool</td>
<td>GM</td>
<td>£200k</td>
<td>GM Transformation Fund (PC Reform Programme)</td>
<td>No</td>
</tr>
<tr>
<td>General Practice Retention</td>
<td>GM</td>
<td>£600k</td>
<td>NHS England (regional)</td>
<td>Yes</td>
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<tr>
<td>Developing expanded primary care team</td>
<td>GM</td>
<td>c£720k</td>
<td>NHS England/HEE (various roles)</td>
<td>TBA</td>
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</table>
DISCOVERY TO DELIVERY - DEFINITION

Each project has been mapped to a ‘stage’ within the internal delivery and assurance framework (based on a 5-stage design methodology):

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Discover</td>
<td>Case for change, high level plan</td>
</tr>
<tr>
<td>Define</td>
<td>Project Initiation Document, outline business case (if applicable)</td>
</tr>
<tr>
<td>Design &amp; Develop</td>
<td>Cost benefit analysis (if applicable), detailed project/implementation plan</td>
</tr>
<tr>
<td>Deliver</td>
<td>Continuous monitoring, operational handover, sustainability plan</td>
</tr>
<tr>
<td>Evaluate</td>
<td>Benefits realisation, post project review, lessons learnt</td>
</tr>
</tbody>
</table>
Projects

- PCN development
- Leadership and OD
- Communication and engagement
- Estates
- Social prescribing
- Group consultations
- Digital First Primary Care
- Use of GP online services
- Direct booking
- Information management & technology
- Primary care platform
- Online and video consultations
- Seamless care
- Eye health IT enabler projects
- Meeting demand
- Community Pharmacist Consultation Service
- 7 day access to general practice
- Primary eye care service framework
- Proactive children’s dental management
- Contraceptive services in community pharmacy
- Healthy Living Framework
- Primary care health campaigns
- Environmental sustainability
- MenACWY vaccinations
- Increased uptake of sight tests
- Sight loss framework
- Pride in Practice
- Transgender health service
- Primary care contribution to adult social care
- Oral health in older people
- Hypertension and AF find and treat
- Asthma review in community pharmacy
- GM Excellence
- Primary care standards
- Research in primary care
- Primary care dashboard
- GP workforce visualisation
- Retention
- Developing an expanded primary care team

Programmes

- Integrated Neighbourhood Working
- Person and Community Centred Approaches
- Digitally Enabled Primary Care
- Improved Access to Primary Care
- Population Health
- Tackling Health Inequalities
- Improving Quality in Primary Care
- Information for Improvement
- Workforce Development

Themes

- Model of Care
- Quality
- Sustainability

Primary Care Strategy
WE AIM TO: MODELS OF CARE

The GM Primary Care Strategy details a number of aims that will be undertaken in order to achieve the ambition for primary care. These statements have been mapped against the programmes of work within the implementation plan.

<table>
<thead>
<tr>
<th>“We aim to” statement</th>
<th>Programme: Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extend the original concept of integrated health and social care to recognise the important role of family, community and place in promoting the health and wellbeing of our population</td>
<td>Integrated Neighbourhood Working</td>
</tr>
<tr>
<td>Develop good relationships between integrated neighbourhood teams, primary care, local care organisations and hospital teams to provide seamless care</td>
<td>Integrated Neighbourhood Working</td>
</tr>
<tr>
<td>Improve and strengthen the links between general practice, community pharmacy, general dentistry and optometry, making best use of all of these professional groups</td>
<td>Integrated Neighbourhood Working</td>
</tr>
<tr>
<td>Support the development of Primary Care Networks as part of the GM neighbourhood model</td>
<td>Integrated Neighbourhood Working: Primary Care Network development</td>
</tr>
<tr>
<td>Facilitate the delivery of the national Primary Care Network Directed Enhanced Service alongside the GM commissioning-led model</td>
<td>Integrated Neighbourhood Working: Primary Care Network development</td>
</tr>
<tr>
<td>Work with commissioners and providers to develop shared outcome and aligned incentives</td>
<td>Integrated Neighbourhood Working: Primary Care Network development</td>
</tr>
<tr>
<td>Use the opportunity devolution gives GM to go further and faster with wider primary care to deliver truly integrated care</td>
<td>Integrated Neighbourhood Working: Primary Care Network development</td>
</tr>
<tr>
<td>Facilitate the sharing of patient owned records across providers who are providing direct care</td>
<td>Digitally Enabled Primary Care</td>
</tr>
<tr>
<td>Enable the roll out of group consultations as a routine model for supporting people with long-term conditions</td>
<td>Person and Community Centred Approaches: Group consultations</td>
</tr>
<tr>
<td>Support the workforce to embrace and utilise new technologies</td>
<td>Digitally Enabled Primary Care</td>
</tr>
<tr>
<td>Roll out full population coverage of online consultations by April 2020 and video consultations by April 2021</td>
<td>Digitally Enabled Primary Care: online consultations</td>
</tr>
<tr>
<td>Improve utilisation of digital apps for transactional services such as appointment booking and repeat prescriptions</td>
<td>Digitally Enabled Primary Care: GP online services</td>
</tr>
</tbody>
</table>
### “We aim to” statement

<table>
<thead>
<tr>
<th>“We aim to” statement</th>
<th>Programme: Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure Graphnet is integrated into all organisation electronic patient records with a single sign in by 2020</td>
<td>Digitally Enabled Primary Care</td>
</tr>
<tr>
<td>Encourage people to access their personal health record</td>
<td>Digitally Enabled Primary Care</td>
</tr>
<tr>
<td>Facilitate seamless care across primary, community and secondary care, enabled by technology</td>
<td>Digitally Enabled Primary Care: Seamless care</td>
</tr>
<tr>
<td>Encourage peer support to enable people to manage their own long-term conditions</td>
<td>Person and Community Centred Approaches: Group consultations</td>
</tr>
<tr>
<td>Increase the number of professionals that are able to support people to manage their long-term conditions in the community</td>
<td>Population Health: Healthy Living Framework</td>
</tr>
<tr>
<td>Align our primary care health campaigns to the outcomes of the GM Population Health Plan</td>
<td>Population Health: Healthy Living Framework</td>
</tr>
<tr>
<td>Increase early identification of a range of conditions through improving the uptake to the NHS health check</td>
<td>Tackling Health Inequalities</td>
</tr>
<tr>
<td>Work with commissioners, providers and the Voluntary, Community and Social Enterprise sector to implement the GM Community Sight Loss Framework</td>
<td>Tackling Health Inequalities: Sight loss framework</td>
</tr>
<tr>
<td>Provide full population coverage of the Healthy Living programme across primary care</td>
<td>Population Health: Healthy Living Framework</td>
</tr>
<tr>
<td>Make it easier for people to access non-clinical support that gives them the skills, knowledge and confidence to improve their health and wellbeing</td>
<td>Person and Community Centred Approaches: Social Prescribing</td>
</tr>
<tr>
<td>Train our health professionals to enable the provision of different types of primary care consultation, covering aspects of care such as health coaching and shared decision making.</td>
<td>Person and Community Centred Approaches: Group consultations</td>
</tr>
<tr>
<td>Develop relationships with the Voluntary, Community and Social Enterprise sector – making them partners in improving the health and wellbeing of our communities</td>
<td>Person and Community Centred Approaches: Social Prescribing</td>
</tr>
<tr>
<td>Bridge the gap between primary, community and secondary care by supporting high risk patients through intensive proactive care</td>
<td>Tackling Health Inequalities</td>
</tr>
</tbody>
</table>
WE AIM TO: MODELS OF CARE

<table>
<thead>
<tr>
<th>“We aim to” statement</th>
<th>Programme: Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share the learning from new models of care including focused care, High Impact Primary Care and Extensivist Care models being tested across GM</td>
<td>Integrated Neighbourhood Working</td>
</tr>
<tr>
<td>Redesign pathways to ensure that every person who requires same day access to health advice receives it</td>
<td>Improved Access to Primary Care</td>
</tr>
<tr>
<td>Ensure seamless provision of routine and urgent and emergency primary care</td>
<td>Improved Access to Primary Care: Extended access</td>
</tr>
<tr>
<td>Routinely offer general practice appointments during evenings and weekends</td>
<td>Improved Access to Primary Care: Extended access</td>
</tr>
<tr>
<td>Roll out the Community Pharmacist Consultation Service, connecting patients with minor illnesses to a community pharmacist</td>
<td>Improved Access to Primary Care</td>
</tr>
<tr>
<td>Roll out of Greater Manchester Urgent Dental Telephony and Clinical service</td>
<td>Improved Access to Primary Care</td>
</tr>
<tr>
<td>“We aim to” statement</td>
<td>Programme: Project</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Optimise use, reduce the need for and unintentional exposure to antibiotics as well as support the development of new antimicrobials</td>
<td>Improving Quality in Primary Care</td>
</tr>
<tr>
<td>Standardise primary care provision, ensuring people receive a consistent offer no matter where they are in GM</td>
<td>Improved Access to Primary Care</td>
</tr>
<tr>
<td>Provide full population coverage of Pride in Practice across primary care by 2022</td>
<td>Tackling Health Inequalities: Pride in practice</td>
</tr>
<tr>
<td>Embrace the GM Carers’ Charter ensuring carers are supported to stay healthy and socially connected</td>
<td>Tackling Health Inequalities: Primary care contribution to adult social care</td>
</tr>
<tr>
<td>Roll out the Enhanced Health in Care Homes framework and develop a consistent primary care offer for residential and care homes</td>
<td>Tackling Health Inequalities: Primary care contribution to adult social care</td>
</tr>
<tr>
<td>Embed the general practice support for carers framework of quality markers</td>
<td>Tackling Health Inequalities: Primary care contribution to adult social care</td>
</tr>
<tr>
<td>Develop communications and engagement strategies that better target communities of Interest</td>
<td>Integrated Neighbourhood Working: Communications and engagement</td>
</tr>
<tr>
<td>Create opportunities for peer support and social networking</td>
<td>Integrated Neighbourhood Working: Communications and engagement</td>
</tr>
<tr>
<td>Continue to roll out the GP Excellence programme</td>
<td>Improving Quality in Primary Care: Primary care excellence</td>
</tr>
<tr>
<td>Develop a model for GM Primary Care Excellence</td>
<td>Improving Quality in Primary Care: Primary care excellence</td>
</tr>
<tr>
<td>Use near real-time data at a practice, neighbourhood, locality and GM level to make tactical decisions and deliver the highest quality patient care possible</td>
<td>Information for Improvement: Primary care dashboard</td>
</tr>
<tr>
<td>Develop an automated workforce data collection tool to understand our workforce and plan accordingly</td>
<td>Information for Improvement: General practice workforce visualisation tool</td>
</tr>
<tr>
<td>Take the learning from the Electronic Pharmacy Referral System pilot and scale up across Greater Manchester</td>
<td>Digitally Enabled Primary Care: Seamless care</td>
</tr>
<tr>
<td>Review the implementation of the GM Primary Care Medical Standards and ensure the learning is shared</td>
<td>Improving Quality in Primary Care: Primary Care Medical Standards</td>
</tr>
<tr>
<td>Develop the primary care standards ensuring that they are outcomes based</td>
<td>Improving Quality in Primary Care: Primary Care Standards</td>
</tr>
</tbody>
</table>
### WE AIM TO: SUSTAINABILITY

<table>
<thead>
<tr>
<th>“We aim to” statement</th>
<th>Programme: Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the Greater Manchester Primary Care Workforce Strategy</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Take the learning from the NHS England Regional GP Retention and International GP Recruitment programmes to extend to other key roles and scale up across Greater Manchester</td>
<td>Workforce Development: Retention</td>
</tr>
<tr>
<td>Review the impact of the implementation of the GM Primary Care Reform Programme and share the learning</td>
<td>Improved Access to Primary Care</td>
</tr>
<tr>
<td>Establish an integrated training hub in each locality</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Continuously engage with grass roots primary care clinicians</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Embed a number of new roles including Nurse Associates, Physician Associates and apprenticeships</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Explore the opportunity for pharmacy technician led services to free up the pharmacists’ time</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Continue to maximise the opportunities in general practice through ‘return to practice’, ‘retire and return’ programmes, and greater utilisation of the General Practice Nurse Resource Pack</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Create opportunities to improve interprofessional relationships between primary, community and secondary care workforce</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Facilitate organisational development and leadership development across the whole of primary care</td>
<td>Integrated Neighbourhood Working: Leadership and organisational development</td>
</tr>
</tbody>
</table>
The implementation plan captures the entirety of the primary care programme. However, the following projects and programmes were prioritised during the implementation plan workshop:

- **Integrated neighbourhood working** – including PCN development, comms and engagement, OD and leadership and estates

- **Digitally enabled primary care** – including online and video consultations and seamless care between secondary, community and primary care

- **Workforce development** – recruitment and retention across all primary care

- **Improving access to primary care** – including urgent and emergency care and extended 7-day access
### GMHSCP Priorities

<table>
<thead>
<tr>
<th>GMHSCP Priorities</th>
<th>Additional Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and OD</td>
<td>Development of support at GM level that mirrors PCN development support</td>
</tr>
<tr>
<td>Direct Booking</td>
<td>National direction, GM led, locality implementation</td>
</tr>
<tr>
<td>Primary Care Platform</td>
<td></td>
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<tr>
<td>Seamless Care</td>
<td>Led by GM Local Professional Network</td>
</tr>
<tr>
<td>Eye Health IT Enabler</td>
<td></td>
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<tr>
<td>Proactive Children’s Dental Management</td>
<td></td>
</tr>
<tr>
<td>Healthy Living Framework</td>
<td>Led by GM Local Professional Network</td>
</tr>
<tr>
<td>Primary Care Health Campaigns</td>
<td>Led by GM Local Professional Network</td>
</tr>
<tr>
<td>Environmental Sustainability</td>
<td></td>
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<tr>
<td>Pride in Practice</td>
<td>Led by GM Local Professional Network</td>
</tr>
<tr>
<td>Transgender Health Service</td>
<td>National pilot</td>
</tr>
<tr>
<td>Increased Uptake to Sight Tests</td>
<td>Led by GM Local Professional Network</td>
</tr>
<tr>
<td>Primary Care in Care Homes</td>
<td></td>
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<tr>
<td>Oral Health in Older People</td>
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<tr>
<td>GM Excellence</td>
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<td>GM Standards</td>
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<tr>
<td>Research in primary care</td>
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<tr>
<td>Primary Care Dashboard</td>
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<tr>
<td>GP Workforce Visualisation</td>
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<tr>
<td>Retention</td>
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<tr>
<td>International Recruitment</td>
<td>National programme</td>
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</table>

### Locality Priorities

<table>
<thead>
<tr>
<th>Locality Priorities</th>
<th>Additional Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCN Development</td>
<td>Funding split between GM and localities but locality led</td>
</tr>
<tr>
<td>Estates</td>
<td>Capital funding is held at GM but spend is determined by localities</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td>Locality funded and locality driven</td>
</tr>
<tr>
<td>Group Consultations</td>
<td>Locality developed schemes</td>
</tr>
<tr>
<td>GP Online Services</td>
<td>National direction, locality implementation</td>
</tr>
<tr>
<td>Online Consultations</td>
<td>GM funded, locality implemented</td>
</tr>
<tr>
<td>Meeting Demand</td>
<td></td>
</tr>
<tr>
<td>7 Day Access</td>
<td>GM funded (until Mar 2020), locality developed</td>
</tr>
<tr>
<td>Primary Eye Care Service Framework</td>
<td>Delegated to localities once approved</td>
</tr>
<tr>
<td>Embedding new roles</td>
<td>Via PCN DES</td>
</tr>
</tbody>
</table>

### GM OR LOCALITY LED DELIVERY
PRIMARY CARE DELIVERY PROGRAMME
GM is working hard to break down the silos which exist between public services that can lead to isolated decision making and a narrow focus to service delivery. Teams working more closely will reduce the number of people being passed from service to service without the services truly understanding what people and communities really need.

**Primary care projects include:**
- Primary Care Network Development
- Leadership and Organisational Development
- Communications and Engagement
- Estates
Aims,
Objectives
The aim of this programme is to ensure that primary care is firmly embedded into the GM neighbourhood model, working alongside LCOs, community and secondary care to deliver the best outcomes for local communities. This includes:
• Supporting the development and evolution of the 67 PCNs
• Facilitating the delivery of the national PCN DES alongside a GM led commissioning model
• Using the opportunity that devolution gives GM to go further and faster with wider primary care to deliver truly integrated care

Expected
outcomes
• The development of PCNs is intended to provide stability to general practice
• New roles and opportunities for development will improve skill mix
• PCNs will dissolve of divide between primary care and community care and improved links between primary and secondary care
• There will be provision of more proactive, co-ordinated care and improved outcomes for patients and the wider population
• This will lead to better health and reduced health inequalities

Benefits /
Rationale
• More sustainable and satisfying roles for the workforce
• Development of multi-professional teams working across traditional boundaries
• Reduced pressure on General Practice and a more balanced workload
• Better utilisation of all primary care
• Reflection of the priorities of local people including better urgent care access and improved digital services

Delivery
Activities (to
date)
• A quarterly GM Local Leaders Network has been established. The clinically led network provides a safe space for PCN Clinical Directors and Neighbourhood Clinical Leads and an opportunity for peer support and development.
• A task and finish group has been established to agree a collective approach to the roll out of PCN development funding
• Each locality has submitted details of their local PCN development plans
• Agreement and allocation of development funding to PCNs
• Agreement and development of GM support to PCNs

Milestones /
commitments
• Development of assurance framework for locality PCN development – January 2019
• Local leaders network event – January 2020
• Broaden Local Leaders Network membership to wider primary care – March 2020
• Receipt of locality assurance re PCN development fund – April 2020

Risks
• PCNs are new entities and many clinical directors are new to system leadership
• Engagement of PCNs and the neighbourhoods may not be sufficient to deliver the GM neighbourhood model
• PCN capacity to engage at a GM level when already doing so at locality level

Lead(s)
• Locality led
• GM GP Excellence Programme, GM Health and Social Care Partnership

The 67 Primary Care Networks (PCNs) will be integral to the design and delivery of the GM neighbourhood model. PCNs will work collaboratively, as a vital part of their local communities, operating as a single system along with pharmacy, dentistry and optometry. Multidisciplinary working will be commonplace, with strong relationships and seamless care across primary, community and secondary care, Local Care Organisations and the VCSE sector.
Some of the most wide-ranging changes are occurring in primary care. To meet the needs of a changing population, adopt vital innovations, redesign for greater sustainability and support increasing personalised and integrated care, primary care teams will need to evolve the way they work. These are leadership challenges of unprecedented scale and complexity which require that primary care professionals are inspired, equipped and supported in leadership roles.

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<tr>
<th>Discovery</th>
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<th>Design &amp; Develop</th>
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Ask of GM: Development of leadership opportunities for wider primary care, which is aligned to the PCN support

Ask of Localities: Identification of local leaders in dentistry, pharmacy and optometry, facilitation of engagement with clinical directors and neighbourhood leads

This project aims to:
- Facilitate organisational development and leadership across the whole of primary care
- Understand the needs of emerging leaders across dental, optometry and pharmacy
- Create development opportunities in line with PCN and ‘one public service’ development

Expected outcomes
- The emergence of identifiable system leads in dentistry, optometry and pharmacy
- Primary care leaders have the skills and expertise required to lead a ‘place’ across organisational and professional boundaries

Benefits / Rationale
- Primary care leaders better able to facilitate and implement change, influence others and build resilience

Delivery Activities (to date)
- Identification of funding to support the development of leadership in wider primary care
- Initial enquiries with the North West Leadership Academy

Milestones / commitments
- Development of a leadership offer for wider primary care – January 2020
- Roll out of leadership offer pilot – February-March – 2020
- Evaluation of leadership development and agreement of next steps – May 2020

Risks
- There is no resource in place for emerging pharmacy, dentistry and optometry leaders in 19/20. However, in 20/21 the PCN Development Fund will cover the breadth of primary care.

Lead(s)
- GM Local Professional Network Chairs (dental, eye health, pharmacy)
COMMUNICATIONS AND ENGAGEMENT

Ask of GM: Support to the GM Citizens Network, promotion of primary care developments and achievements
Ask of Localities: Identification and sharing of primary care developments and achievements with stakeholders and local governance groups, e.g. Primary Care Commissioning Committees.

For our plans to succeed, all commissioners, providers and users of primary care need to be fully engaged as we work towards our aim of achieving properly integrated public services. Our communications and engagement activities must clearly show patients, the public and our workforce the benefits of transforming the way that services are currently delivered. This means sending out the right messages, in the right way, to develop meaningful dialogue with all our stakeholders.

Aims, Objectives

The aim of the communications and engagement plan is to support the implementation of the primary care strategy through strong stakeholder relationships and effective two-way communications. This will be achieved by the following objectives:

- The development and maintenance of a comprehensive stakeholder database
- The establishment of appropriate methods of communication to ensure the sharing of best practice and primary care developments
- Ensuring effective means of communication between the primary care and stakeholders
- Establishment and ongoing support of a GM Citizens’ Network to build an active network of stakeholders committed to improving health and wellbeing in GM localities and communities.

Expected outcomes

- Improved engagement with stakeholders in relation to primary care development
- Inclusion of a patient and public voice to influence emerging plans for primary care services across GM to improve services and the health of residents.
- Alignment of local plans with GM messages.

Benefits / Rationale

- Improved communications ensuring stakeholders have accurate information
- High quality and diverse two-way communications system meaning we can reach a wider range of stakeholders
- Creation of a shared purpose that stakeholders are fully engaged with

Delivery Activities (to date)

- A new GM Citizen’s Network has been established to make a valuable contribution to the work of the Primary Care Provider Board in improving health and social care services across Greater Manchester. The network is comprised of enthusiastic volunteers and patients from across the 10 boroughs of Greater Manchester who engage virtually with their own local networks and can ensure the public and patient voice shapes the strategic direction of primary care.
- The 7th Greater Manchester Primary Care Summit, highlighting the theme ‘Primary Care is Changing’, was held on 11th April 2019, bringing together a range of health and care colleagues from across Greater Manchester and beyond.
- Development of primary care delivery programme newsletter and reporting mechanism.
- Development of a 2018/19 Primary Care Delivery Programme Annual Report

Milestones / commitments

- Presentation of the refreshed GM Primary Care Strategy and implementation plan to the GM Health and Care Board – January 2020
- Establishment of online engagement/feedback mechanism with citizens network members – March 2020
- Publication of Primary Care Delivery Programme end of strategy report – April 2020
- Development of online stakeholder engagement mechanism – April 2020
- To develop clear governance mechanisms to steer feedback through appropriate channels – April 2020
- Continue to promote and raise profile of Citizens’ Network to other teams for meaningful engagement - Ongoing
- To broaden membership of the Citizens’ Network and be inclusive of all communities and localities across GM – April 2020 / Ongoing

Risks

- Lack of engagement with stakeholders could adversely impact on the delivery of the primary care delivery programme.
- Poor communication will risk staff and patient/public confidence in the primary care delivery programme.
- Poor staff engagement could hinder patient/public adopting new ways of working and therefore delay the delivery of the primary care strategy.

Lead(s)

- Primary Care, GM Health and Social Care Partnership
- Locality communications and engagement teams
**Aims, Objectives**
- Development of clear capital programme and pipeline to ensure schemes are properly prioritised, areas receive the appropriate allocations and new builds can evidence how it delivers more efficient primary and community services.
- This programme aims to support new ways of working by:
  - Facilitating utilisation of BAU capital
  - Facilitation utilisation of ETTF primary care capital
  - Supporting the development of ‘hub based working’ in localities
  - Transforming premises to support Integrated working

**Expected outcomes**
- Improved GP facilities across GM which offer fit for purpose premises for patients and staff
- Improved integration of services at one site, offering patients a more streamlined joined up service
- Increased utilisation of public sector estate across GM were possible and rationalisation of estates where premises are no longer fit for purpose.

**Benefits / Rationale**
- Rationalisation of surplus estate
- Use property as a catalyst for service transformation and integration
- Efficient management and utilisation of primary care estate
- Support improved health and social care outcomes

**Delivery Activities (to date)**
- Facilitation of BAU and ETTF capital process
- Collation of hub locations from localities and completion of some 6 facet surveys
- Mapping of GP practices (including condition of estate) completed by New Economy
- Establishment of estates task and finish group
- Establishment of Strategic Estates Group (SEG) Chairs forum to share best practice
- A further £790k has been committed to improve GP premises across GM.
- The system has already submitted plans for learning disability schemes for 2020/21 and these are currently under review.
- Report of neighbourhood asset reviews

**Milestones / commitments**
- Fully utilise the ETTF and BAU capital allocations - **March 2020**
- 2 pre-committed schemes progressing this year (Unsworth & Horwich scheme in Bolton) - awaiting further costings before they can progress to the next stage – **March 2020**
- Further approved ETTF schemes are expected to commence (Coldalhurst in Wigan and Kearsley scheme in Bolton) – **March 2020**
- 2 pre-committed large BAU schemes are progressing well (Royton in Oldham and Pennygate in Wigan) – **March 2020**.
- Three learning disability schemes expected to complete this year in Manchester, Bury and Trafford – **March 2020**

**Risks**
- LD schemes have been given priority but delays in finding adequate premises may result in capital slippage later in the year.
- Procurement of building contractors and planning permission for large scheme could result in delays, this would increase underspends on the capital allocations.

**Lead(s)**
- Primary Care, GM Health and Social Care Partnership
PERSON AND COMMUNITY CENTRED APPROACHES

Primary care is working with the GM system to develop health solutions that are much more than medicine and involve connecting people to non-medical care, support, information, advice and activities in the community. The consideration of issues that affect people’s health, such as employment, fuel poverty and social isolation, will become as embedded in primary care provision as writing a prescription or making a referral to secondary care.

Primary care projects include:

• Social Prescribing
• Group Consultations
**SOCIAL PRESCRIBING**

<table>
<thead>
<tr>
<th>Discovery</th>
<th>Define</th>
<th>Design &amp; Develop</th>
<th>Deliver</th>
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**Ask of GM:** Sharing of learning and best practice  
**Ask of Localities:** Development and roll out of system wide social prescribing schemes. Embedding new social prescribing link workers into existing models

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### Aims, Objectives

- Social prescribing aims to support people who frequently attend primary or secondary health care to access non medical support which is more suited to their needs.
- Existing social prescribing schemes and new PCN social prescribing link workers will work with patients to:
  - Assess and evaluate whether health and wellbeing needs can be met by services and other opportunities in the community
  - Co-produce a simple personalised care and support plan to address the patient’s health and wellbeing needs by introducing or reconnecting people to community groups and statutory services;
  - Provide personalised support to individuals, their families and carers to take control of their health and wellbeing, live independently and improve their health outcomes;
  - Develop trusting relationships by giving people time and focus on ‘what matters to them’; and take a holistic approach, based on the person’s priorities, and the wider determinants of health.

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### Expected outcomes

- Reduced pressure on clinicians and public sector services
- Improved timely access to health services and strengthening of community resilience
- Better ability to meet the needs of diverse and multi-cultural communities
- Sustainability of social prescribing and community investment within placed-based integration and PCN

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### Benefits / Rationale

- Improved quality of life and emotional wellbeing
- Improved ability to manage practical issues, such as debt, housing and mobility
- Better connections to others, including less social isolation
- Improved ability to manage their own health and wellbeing

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### Delivery Activities (to date)

- Local models for social prescribing have been established across GM. E.g. Wigan Borough Community Link Workers are in place, working as part of the Integrated Teams supporting practices and patients within the place. These link workers work directly with practices, and give the opportunity for patients to be referred to them, picking up the wider needs (non medical) that can support an individual to be in control of their health and care.
- A GM Social Prescribing Network has also been established.
- From the 1st July, PCNs have been able to begin the recruitment of a pharmacist and social prescribing link worker, which will constitute the first elements of an extended primary care workforce.

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### Milestones / commitments

- In 2019/20 social prescribing link workers will take referrals from the PCN members, expanding from 2020/21 to take referrals from a wide range of agencies, to support the health and wellbeing of patients.
- 13,000 referrals by **March 2020**
- Social Prescribing IT platform to record & track activity/outcomes – **March 2020**
- GM Toolkit for Social Prescribing – **March 2020**

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### Risks

- There is a risk that social prescribing will increasingly be viewed as a quick and easy fix to several of the major issues currently facing the NHS (e.g. rising demand and inadequate funding).
- There is a risk that established social prescribing schemes in localities may become destabilised.
- Increased utilisation of VCSE services, without suitable investment may destabilise the sector

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### Lead(s)

- General Practice via Primary Care Networks
- VCSE sector

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Recognising that people’s health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way. Social prescribing is a way to refer people to a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations (e.g. gardening, healthy eating advice), as well as other health and care services (e.g. health trainers, stop smoking services).
**GROUP CONSULTATIONS**

<table>
<thead>
<tr>
<th>Discovery</th>
<th>Define</th>
<th>Design &amp; Develop</th>
<th>Deliver</th>
<th>Evaluate</th>
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**Ask of GM:** Support identification of funding to facilitate GM wide coverage of group consultations  
**Ask of Localities:** Develop the group consultation model and embed as routine model of long term conditions management

**Aims, Objectives**

To enable patients:
- to spend longer with a clinician who knows them because they gain confidence from this regular connection; feel better supported and more confident to self-care when they regularly see a clinician whom they know and trust.
- to receive proactive routine follow up and review because this helps them to take control; reassures them; reduces their anxiety and prevents them “falling through the net”
- to set goals together with practice clinicians both around what they can do to help themselves and what the clinical team can do to help them
- to review these goals regularly (a robust, proactive care planning approach)
- to connect with people with the same condition because it gives them confidence, hope and inspires them to change and take control.

In the future we would like to:
- see group consultations as the routine model for supporting people with long term conditions across primary care networks and neighbourhoods.
- expand the workforce that delivers group consultations, so that these consultations can be delivered by a range of roles, including pharmacists and community paramedics

**Expected outcomes**

- Enhanced patient experience
- Improved clinical outcomes
- Reduction in hospital admissions
- Reduction in A&E attendance

**Benefits / Rationale**

Research has found that group consultations:
- Create efficiency and time savings
- Improve access to continuity of care and increase perceived time spent with clinicians
- Improve access to routine care for people with long term health issues
- Systematise care planning follow up and review
- Seed and build peer connection and peer led support groups: people connect with the rest of the group.
- Activate confident self-management in those who need to build confidence and self esteem
- Reduce or streamline GP appointments
- Improve person and family care experience and satisfaction.

**Delivery Activities (to date)**

- Greater Manchester General Practice Nurses were among the first in the country to trial group consultations, these are an alternative way to deliver planned clinical care to people with long-term conditions that supports continuity and consistency of care and benefits both patients and professionals.
- Identified funding for roll out

**Milestones / commitments**

- Scoping work includes:
  - Design and share options appraisal - **January 2020**
  - CCG to determine preferred approach and detail implementation plan - **February 2020**
  - Funding released - **March 2020**
  - Monitoring of uptake across GM - **2020/21**

**Risks**

- There is a risk that there will not be adequate funding for training in group consultations for enable this model to be rolled out across GM.

**Lead(s)**

- GM Primary Care Workforce Programme
- Locality Workforce Leads
DIGITALLY ENABLED PRIMARY CARE

Digital technology has the potential to transform the way we deliver health and care services. Online services will help people to manage their health and wellbeing needs, backed up by face-to-face care when needed. We will develop digital solutions to promote healthy living and self-management. Most importantly, people will be able to choose how they access services.

**Primary care projects include:**
- Increased Use of Online services
- Direct Booking
- Information Management and Technology
- Primary Care Platform
- Online and video consultations
- Seamless Care
- Eye Health IT Enabler
INCREASING THE USE OF GP ONLINE SERVICES

Ask of GM: Monitoring of uptake and usage across GM
Ask of Localities: Commissioners and providers to work together to increase sign up and usage of online services. Providers to proactively promote online services to patients.

GP online services is an NHS England programme designed to support general practices to confidently offer these online services to patients, increasing choice and convenience for patients and responding to their needs. These services include:
- booking and cancelling of appointments
- ordering of repeat prescriptions
- viewing of their GP record (which includes coded information about allergies, immunisations, diagnoses, medication and test results).

<table>
<thead>
<tr>
<th>Aims, Objectives</th>
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<tbody>
<tr>
<td>• Enable patients to go online to book appointments, order repeat prescriptions and view their own health records within their GP practice.</td>
</tr>
<tr>
<td>• Allocate 25% of a practice’s current appointments to provide an alternative route for patients to access the booking of appointments.</td>
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<table>
<thead>
<tr>
<th>Expected outcomes</th>
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<tbody>
<tr>
<td>• Evidence shows that patients who are informed and involved in their own care have better outcomes and are less likely to be hospitalised.</td>
</tr>
<tr>
<td>• Releasing appointments for online booking as part of the book on the day allocation may reduce the pressure on telephone lines and reduce work for receptionists.</td>
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<table>
<thead>
<tr>
<th>Benefits / Rationale</th>
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<tbody>
<tr>
<td><strong>Benefits to GP practices:</strong></td>
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<tr>
<td>• Receiving repeat prescription requests online rather than via the telephone may be easier for staff because it avoids opportunities for error when taking down information over the phone.</td>
</tr>
<tr>
<td>• Fewer phone calls and face-to-face transactions with patients which releases time for reception and administration staff to be deployed on other tasks.</td>
</tr>
<tr>
<td>• Free up phone lines for patients who still wish to contact the practice using the telephone.</td>
</tr>
<tr>
<td>• Easier for patients to cancel or re-book appointments, resulting in reduced “did not attends” (DNAs).</td>
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<table>
<thead>
<tr>
<th>Benefits to patients:</th>
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<tbody>
<tr>
<td>• Anywhere, anytime access – 24 hours a day, 7 days a week.</td>
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<tr>
<td>• Reduces visits and phone calls to the practice.</td>
</tr>
<tr>
<td>• Able to give permission to an authorised proxy to manage their appointments and prescription ordering.</td>
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<tr>
<td>• Able to check which medication they should be taking and when and verify that the medication they are taking regularly is put on repeat prescription.</td>
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<tr>
<th>Delivery Activities (to date)</th>
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<tbody>
<tr>
<td>• 95 practices across GM are reporting that over 30% of their registered patients are enabled to use one or more GP online service (July 2019)</td>
</tr>
<tr>
<td>• All EMIS and TPP practices are connected to the NHS App. NHS App has been rolled out to 86% of GM GP practices.</td>
</tr>
<tr>
<td>• Testing continues with Vision. Time frames for connection to this supplier system has not yet been confirmed.</td>
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<tr>
<th>Milestones / commitments</th>
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<tbody>
<tr>
<td>• As a default, all practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate.</td>
</tr>
<tr>
<td>• All practices will ensure at least 25% of appointments are available for online booking.</td>
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<thead>
<tr>
<th>Risks</th>
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</thead>
<tbody>
<tr>
<td>• There are c200 practices across GM that are reporting that less than 20% of their registered patients are enabled to use one or more GP online service (July 2019). This means that there is not a consistent offer for patients for online GP services across GM.</td>
</tr>
<tr>
<td>• There is a risk that there will not be enough appointments allocated to online booking and patients will continue to book appointments via more traditional methods – in person, telephone – thus not releasing receptionist time.</td>
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<tr>
<th>Lead(s)</th>
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<tbody>
<tr>
<td>• GM locality commissioners</td>
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<td>• GM GP Provider Board</td>
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**DIRECT BOOKING**

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</table>
| **Ask of GM:** Facilitate discussions between NHS Digital and localities  
**Ask of Localities:** Commissioners to work with eligible practices and extended access providers to facilitate direct booking via NHS 111 and other local urgent care services. |

### Aims, Objectives
- Make unscheduled primary care services easier to use and better for patients.
- Get patients to the right care more quickly – reducing unnecessary steps.
- Make using the NHS for unscheduled primary care less complex and confusing.
- Support NHS 111 with IT that helps the sharing of patient records, referrals and booking of appointments as part of an integrated system.

### Expected outcomes
- **Right care, right place from people with the right skills:** Improve access to unplanned primary care so the right care is in place for a patients’ needs.
- **Help people to recover from episodes of ill-health or following an injury:** NHS 111 responds to a patient’s immediate need in a timely fashion and arranges for any follow-up care and support required in one go.
- **Ensure people have a positive experience of care:** Patients get information and options for self-care and are supported to manage an acute or long-term physical or mental condition.

### Benefits / Rationale
- There are many benefits connected with Direct Booking for the patient, the GP Practice, NHS 111 and the wider healthcare economy:
  - Patients are more likely to adhere to the advice given by NHS 111 and attend the most appropriate service when they have a booked appointment.
  - Provides a seamless ‘patient-friendly’ experience – one call, not multiples to book appointment.
  - Supports access to, and the delivery of, relevant clinical care.
  - Patients are given appointments in their own surgery.
  - Improved use of GP Practice reception time – due to less calls to book appointments.
  - A timely appointment in line with clinical dispositions – with flexibility to move to most appropriate clinician, as necessary.
  - Reduces footfall into EDs, Urgent Treatment Centres and calls into a GP practice improving the wider healthcare economy.

### Delivery Activities (to date)
- Direct booking from 111 into extended access hubs is currently taking place in **Oldham** and **Manchester**.
- Within GM, two practices have enabled direct booking to date.
- CCGs have a list of all their eligible practices and all the guidance for getting started with GP Connect. CCGs have been asked to:
  - Contact their practices highlighting the contractual and technical requirements around GP Connect.
  - Support their practices in getting started by completing a web based GP Connect enquiry form to put them in touch with the GP Connect team.

### Milestones / commitments
- Practices are required to make available 1 appointment per 3,000 patients per day for NHS 111 to book directly into practice appointments. This is provided that the functionality and governance exist.
- CCGs should by **March 2020** be able to direct appointments via 111 to an extended access service when that clinical path is identified for 100% of its population.

### Risks
- General practice may not fulfil new contract requirements in relation to taking same-day bookings direct from NHS 111 when clinically appropriate.

### Lead(s)
- NHS Digital
- Primary Care Team, GM Health and Social Care Partnership
- Local commissioners and providers
Embracing advances in technology will enable us to deliver primary care in new ways. We want to use digital technology to improve how people access care, particularly to their GP, while making best use of resources. Digital technology will also mean records can be shared across care providers. If we can get the fundamentals of interoperability right, we will have the foundations in place to deliver our ambitions both to become ‘paper-free’ at the point of care and to strengthen primary care to create easier access to services that fit around the patient’s family and work life.

**Ask of GM:** Management and oversight of GM Capital Pipeline and ETTF Fund

**Ask of Localities:** Identification of suitable schemes for developments and ensure appropriate representation on local digital / IT groups.

| Aims, Objectives | This programme aims to facilitate a common approach to information and technology for all of primary care. Including
|                  | • Supporting the development of the right information governance ensuring the appropriate legal/ethical framework for sharing information
|                  | • Supporting the development of interoperability across organisations and geographical boundaries |

| Expected outcomes | • Improving patients’ lives by using digital technology to give patients the access to their information and their health and care.
|                   | • To increase the toolkit for health and care professionals to better manage workloads
|                   | • To use digital technology to analyse information and provide better evidence for clinical and commissioning decisions |

| Benefits / Rationale | • Co-ordinated approach to IM&T developments
|                     | • Improve patient self-management and access to primary care services
|                     | • Create multi-modal opportunities for care; increasing the clinical toolkit.
|                     | • Delivering improvements aligned to the Long Term Plan. |

| Delivery Activities (to date) | • Agreed GPIT priorities for 2019/20
|                             | • Digital fund assurance panel took place to review submitted bids – **August 2019**
|                             | • Facilitation of the ETTF and Digital Fund
|                             | • £790k of pre-committed technology schemes have been supported this year through ETTF with a further £1.5m of schemes approved in 2019/20
|                             | • Pre-commitments of £2m GPIT have been supported this year with a further £0.5m recently approved. |

| Milestones / commitments | • GM are fully committed to utilise the whole of their capital allocations in 2019/20 across GPIT/IT. |

| Risks | • Low adoption which could lead to difficulties in delivery.
|       | • Technology increasingly has a revenue annual cost; and this needs to be recognised in funding.
|       | • Deprivation can cause challenges with adopting technology where the technology is not available to hard-to-reach groups |

| Lead(s) | Primary Care Transformation Team, GM Health and Social Care Partnership |
The development and ongoing promotion of an online Greater Manchester Primary Care Platform, which brings together general practice, dentistry, optometry and pharmacy. This website would help to address the recruitment and retention challenges we are experiencing across all primary care sectors in GM.

**Discovery**

<table>
<thead>
<tr>
<th>Aims, Objectives</th>
<th>Expected outcomes</th>
<th>Benefits / Rationale</th>
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<tr>
<td>This online portal is intended to be the first port of call for workforce-related matters across all primary care sectors and would be used to:</td>
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<td>- Offer an additional recruitment method for primary care sites and an alternative search mechanism for jobseekers, which is GM-specific (at no cost to either audience).</td>
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<td>- Provide a single point of access for users looking for careers/workforce-related information.</td>
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<td>- Host information for all role disciplines within primary care.</td>
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<td>- Provide guidance around schemes and initiatives (e.g. GP Retention Scheme, I&amp;R Scheme, GP Career Support Pack) which are not currently hosted anywhere at a GM-level.</td>
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<td>- Clearly signpost users to related GM websites which may already host the information they require.</td>
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<td>- Allow stakeholders such as CCGs to have their own section and promote their area of GM accordingly.</td>
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<tr>
<td>- Offer a ‘Contact us’ function, allowing users to communicate with the GM workforce team in order to ask questions and/or request support.</td>
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<td>- Through marketing of the platform, communicate new national, regional and local initiatives, in addition to content updates, which support recruitment and retention within GM. Promotion would also encourage both employers and job-seekers to make use of the vacancy functionality.</td>
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<tr>
<td>- Improve the recruitment and retention of key roles and skills across primary care</td>
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<td>- Ensure staff are aware of opportunities for development in Greater Manchester</td>
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<td>- Help to ensure that primary care is seen as the ‘career of choice’ and GM is the ‘region of choice’.</td>
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**Expected outcomes**

- The platform is intended to help address recruitment and retention challenges across the whole of primary care in GM. Primary care staff both within and outside of GM will be able to access GM vacancies and find out more about what a career within GM can offer. They will be signposted quickly and easily to partner websites where necessary. If staff feel informed and engaged with, and they can easily access information pertaining to their career development, this would encourage them to continue working in GM as opposed to seeking opportunities elsewhere.

**Benefits / Rationale**

- Project agreed by the GM Primary Care Core Steering Group and Primary Care Oversight and Delivery Group.

**Milestones / commitments**

- Development of primary care platform: specification developed – **January 2020**
- Development of primary care platform: launch – **March 2020**

**Risks**

- There is a risk that promotion to jobseekers will be difficult, especially to anyone outside of GM, unless there is a comprehensive comms and marketing plan. If practices do not receive applicants quickly, they may be reluctant to use the platform again, thus continuous engagement is key.
- As the vacancy section is expected to be ‘self-service’ for employers, there is a risk that the content and presentation of job advertisements could vary greatly, so templates and guidance may be required. However there is likely to be a feed from NHS jobs so this will provide some standardisation and will mitigate some of the risk.

**Lead(s)**

- Primary Care Workforce Managers, GM Health and Social Care Partnership
Online and Video Consultations

Ask of GM: Funding via Primary Care Reform Programme
Ask of Localities: Identification of suitable supplier and roll out to all practices. Providers to proactively promote and offer alternative consultations and make an appropriate number of appointments available.

Aims, Objectives

Through GM Primary Care Reform Programme funding, roll out an online consultation solution to all practices across GM, ensuring that the chosen systems have the following features:

- Connection via web browser, mobile app or both. Apps should be accessible to patients without payment.
- Functionality to allow the patient to enter a query, symptoms or other information and for this to be transmitted securely to their registered GP practice.
- Information provided by patients used for clinical purposes must be capable of being imported back into the GP practice system with minimal manual intervention.
- Optionally, the system may provide functionality to provide or signpost the patient to information relating to their query or symptoms. This may include information about conditions and treatment or about local health, care and support services.

Expected Outcomes

- Reduction in face-to-face contacts and free up GP time
- Improving access for patients.

Benefits / Rationale

- These systems are proving to be popular with patients of all ages. Many enable the patient to access information about symptoms, conditions and treatments, and connect to self-help options. They free up time for GPs, allowing them to spend more time managing complex needs. Some issues are resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, with about a third of online consultations being followed up with a face to face consultation.

Delivery Activities (to date)

- The service in Wigan is delivered through the GP Alliance at a borough-wide level which is available to all patients, rather than an individual practice model. The CCG is also working with individual practices to look at how practice level online consultations can also improve patient access.
- Nine out of ten localities in GM have identified a provider for their online consultation solution.
- 132 general practices across GM are offering online consultations to their patients.

Milestones / commitments

- NHS App integration with online service providers will be completed by January 2020.
- CCGs are expected to work with their practices to ensure that by March 2020, 100% of practices are offering online consultations to their patients.
- Delivery of an online consultation offer in each practice by April 2020
- Delivery of video consultation offer in each practice by April 2021

Risks

- There is a risk that procured online consultation software will not be compatible with the new NHS App and other software.
- There is a risk that the functionality of solutions that have been commissioned do not meet expectations.

Lead(s)

- GM locality commissioners
- GM GP Provider Board
This project will introduce an electronic pharmacy referral system to improve the transfer of information about medicines from a secondary care setting into community pharmacies. The project will also include communication from community pharmacies to secondary care teams so that the full team is aware that actions have been completed. As the project progresses, pharmacy teams working in general practice will be included so that there is a full overview of the patient’s journey in relation to their medicines.

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<thead>
<tr>
<th>Aims, Objectives</th>
<th>This project will:</th>
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<tr>
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<td>• Identify the benefits and requirements of an electronic referral system.</td>
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<td>• Develop a specification for procurement initially focusing on referral between hospital and mental health trusts and community pharmacies but with the capability for further development to include pharmacy teams working in general practices.</td>
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<td>• Manage the implementation of the electronic referral system across GM</td>
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| Expected outcomes | • Improved medicines optimisation and hence safety (reduction of harm) |
|                  | • A direct improvement in the transition of care between secondary and primary care. |
|                  | • Reduced medicines wastage |
|                  | • Reduce non-elective hospital re-admissions for medicines related issues following discharge. |
|                  | • Improved patient and carer experience of care and increased patient empowerment. |
|                  | • Cost savings to the GM health economy through reduced hospital readmission, delayed discharge and medicines wastage. |

| Benefits / Rationale | • Between 30-70% of patients experience an error or unintended change to their medications when transferred across care settings. Issues often occur when patients are discharged from secondary care back to primary care. |

| Delivery Activities (to date) | • The GMHSC Partnership pharmacy contracts team commissioned Healthwatch to work with patients who had been discharged from hospital in the last two years to understand their experience of their medicines whilst in hospital and when they were discharged. Healthwatch undertook online patient surveys and 7 focus groups in 18 locations across Greater Manchester. 256 respondents participated in the survey and 85 people participated in the interviews and workshops. |
|                            | • A pilot has commenced in Salford where an electronic referral system about medicines has been implemented. From the commencement of the pilot in February through to the end of April, 237 referrals have been made by Salford Royal Hospital pharmacy to community pharmacies. |

| Milestones / commitments | • Discussions with Tameside and Glossop, Stockport and Bolton continue and these localities are expected to go live from January 2020 |

| Risks | • There is a risk that GM will become an outlier if this project is not implemented as it has been identified as a priority area for other Academic Health Science Networks (AHSNs) in England. |

| Lead(s) | • Local Pharmacy Network |
|         | • Health Innovation Manchester |
|         | • GMLPC |
The IT Connectivity project for Optometry practices in Greater Manchester aims to enable optometrists to access services, such as the Summary Care Record (SCR) and enable referrals to and from GP practices through the NHS Spine. The project also includes the development of a solution to allow for information / clinic letters to be sent electronically to GPs.

### Aims, Objectives

The GM Connectivity project is of 3 years duration (commencing in early 2018) and was agreed to deliver the following objectives:

- Improve clarity and quality of referrals (i.e. reduce unwarranted variation)
- Enable ability to identify referral trends and ability for workforce development
- Enable secure methods of communication
- Reduce duplication
- Introduce use of standard NHS identifier of patients (NHS number)
- Enable access to elements of wider GP patient record(s) to support care in optical practice and quality of care and referrals
- Enable integration/interoperability with ophthalmology and other GM IM&T systems

### Expected outcomes

- Improved clarity and quality of referrals
- Increased number of optical practices making referrals via ERS
- Improved patient journey and access to services by streamlining and digitalising patient referrals and enable optometrists to access patient summary care records.

### Benefits / Rationale

The project will:

- enable electronic referral of patients directly into GP workflows and directly to ophthalmology services. It will also ensure timely flow of clinical information back to the referring optometrist and access patient summary care records supporting more holistic patient care.
- support the harmonisation and standardisation of referral process and access to patient records across the whole of GM.
- Support community optometry services to play a stronger role and be more integrated in community-based services.
- support better integrated care by breaking down national system barriers and enable the delivery of key GM IT strategies.

### Delivery Activities (to date)

- The technical development has been completed for the patient referral module, enabling direct electronic referrals from optometry practices to GP practices and secondary care ophthalmology services. The developed IT platform will also enable optometrists to access services such as Summary Care Records via the NHS Spine to enhance patient care.
- The referral module is live and being rolled out in a phased approach across GM localities.
- A significant level of stakeholder engagement and coordination with secondary care ophthalmology departments and ophthalmology service commissioning across GM has been undertaken to establish referral pathways.

### Milestones / commitments

- Roll out of NHS Mail to optical practices – **January 2020**
- Scope additional IT infrastructure / integration for community orthoptists and third sector – **March 2020**

### Risks

- Potential delay in NHS mail roll owing to complexities of co-ordinating 315 optometry practices and optometrist performers across GM
- Obtaining 100% uptake in optometry practices utilising the Electronic Referral Platform and wider engagement with the multiple optometry practices.

### Lead(s)

- GM Eye Health Network
- Primary Care, GM Health and Social Care Partnership
IMPROVED ACCESS TO PRIMARY CARE

Providing great urgent care is one of the biggest determinants to how the whole health and care system responds to people’s needs – and to how people perceive their interaction with health and care. Primary care is especially well placed to provide an early response to healthcare needs, and early intervention in illness that can stop many serious conditions from becoming worse, and even life threatening, as well as offering simple, timely, reassurance when that is appropriate.

**Primary care projects include:**

- Meeting demand
- NHS Community Pharmacist Consultation Service (CPCS)
- 7 day access to general practice
- Primary Eye Care Service Framework
- Proactive children’s dental management
- Contraceptive services in community pharmacy
MEETING DEMAND

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**Ask of GM:** Ensure locality models utilise the breadth of primary care

**Ask of Localities:** Localities to develop and implement integrated urgent care models

The 10 GM localities are developing plans to streamline urgent and emergency care services. This is intended to create seamless provision between routine and urgent and emergency care, as well as reduce the burden on A&E departments. GM has an established UEC Improvement and Transformation Programme which aims to:

- Develop and deliver GM standards of care for the whole urgent and emergency care pathway,
- Provide an equitable and fully integrated UEC service,
- Harness technology and collaborative working and information sharing and year on year,
- reduce in A&E attendances and length of stay.

**Aims, Objectives**

This programme aims to support people to stay well and to provide the highest quality urgent and emergency care that is safe, co-ordinated and person centred. This will be delivered by:

- Locality development and implementation of integrated urgent care models
- Roll out of primary care led urgent treatment centres
- Implementation of co-designed GM Clinical Assessment Service and community based MDT response

**Expected outcomes**

- Reduction in duplication across localities and rationalisation of services where possible
- Reduction in A&E attendances
- Better utilisation of 7 day additional General Practice services

**Benefits / Rationale**

- Better utilisation of workforce
- When people need access to urgent or emergency care that the right care can be accessed at home or as close to home as possible
- Reduction in the requirement for urgent and emergency escalation, improving outcomes for patients and the GM system

**Delivery Activities (to date)**

- A 90 day test of change was run in 7 localities to provide a proof of concept for the ‘pushing’ an agreed set of Category 3 and 4 999 codes out to a single Clinical Assessment Service (CAS) that is integrated with an urgent care response in the locality

**Milestones**

- Completion of CAS cost benefit analysis – **January 2020**
- Roll out of urgent treatment centres by **Autumn 2020**
- GM commissioning intentions for future CAS delivery – **March 2020**
- Exploration of inclusion of Community Pharmacist Consultation service into GM CAS service – **May 2020**

**Risks**

- There is a risk that localities will not commission service

**Lead(s)**

- Led by localities
### NHS Community Pharmacist Consultation Service (CPCS)

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</table>
| **Ask of GM:** Ensure locality models utilise the breadth of primary care  
**Ask of Localities:** Providers to deliver the CPCS within localities and participate in local pilots where appropriate and ensure service is included in any local directory of services |

- **Aims, Objectives**
  - To expand the scope of the nationally commissioned Community Pharmacist Consultation Service in GM to better support the provision of urgent care across the system
  - To include referral from GP practices to pharmacies across GM
  - To include referral from Clinical Assessment Service (CAS) to pharmacies
  - To enable communication across the GM system about the Community Pharmacist Consultation Service

- **Expected outcomes**
  - Reduced demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
  - To increase patient awareness of the role of community pharmacy as the ‘first port of call’ for low acuity conditions and for medicines access and advice
  - To be cost effective for the NHS when supporting patients with low acuity conditions
  - To reduce the use of primary medical services for the referral of low acuity conditions from NHS 111 and the need to generate urgent prescriptions

- **Benefits / Rationale**
  - The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.
  - The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.
  - As a devolved health economy, GM has the ability to commission services from community pharmacies and not to have to wait for nationally commissioned services
  - Following success in local pilots of GP referrals, it is anticipated that a GM rollout would significantly reduce winter pressures on the GM system

- **Delivery Activities (to date)**
  - Nationally commissioned service live on 29th October 2019 – 580 of 692 pharmacies signed up (84%) with 1151 urgent medicine referrals and 586 minor illness referrals in the first 3 weeks of service
  - Local pilot for GP referrals live on 2nd July 2019 – 3 of 6 GP practices live, with 6 of 8 pharmacies live in Radcliffe, 62 referrals to date
  - GM is also piloting NHS 111 referrals

- **Milestones**
  - Scope the GM GP referral plan and GM CAS plan and highlight where community pharmacies can make a contribution.
  - Engagement and communications across the system
  - Source funding
  - Project signed off and implementation commences

- **Risks**
  - There is a risk that appropriate funding will not be identified to roll out the service further following the conclusion of the pilots.

- **Lead(s)**
  - Primary Care, GM Health and Social Care Partnership
  - GM & Bolton Local Pharmaceutical Committees

- The NHS Community Pharmacist Consultation Service (CPCS) launched on 29th October 2019 as an Advanced Service. The service, which replaced the NHS Urgent Medicines Supply Advanced service (NUMSAS) and the Digital Minor Illness Referral Service (DMIRS) pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.
- The CPCS takes referrals to community pharmacy from NHS 111, but there are plans for referrals to be taken from other parts of the NHS in time.
Ask of GM: funding via Primary Care Reform Programme
Ask of Localities: Localities are required to meet the 7 national core requirements and ensure that it is embedded in the neighbourhood model.

Aims, Objectives
Localities were required to meet seven core requirements for improving access:
• Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) and at weekends
• Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.
• A minimum additional 30 minutes consultation capacity per 1000 population
• Ensure practices are measuring appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.
• Ensure services are advertised to patients so that it is clear to patients how they can access these appointments and associated service.
• Ensure all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
• Ensure patients are offered a choice of evening or weekend appointments on an equal footing to core hours appointments.
• Use of digital approaches to support new models of care in general practice
• Issues of inequalities in patients’ experience of accessing general practice identified by local evidence and actions to resolve in place.

Expected outcomes
• Improved and more convenient access for patients
• Alleviate pressures in core general practice
• Enable target interventions
• Reduction in A&E attendances
• Support admissions avoidance/discharge at evenings and weekends

Benefits / Rationale
Benefits of GP extended access services include:
• appointments at more convenient times
• additional appointments per week for patients
• greater scope to provide a wider range of services outside of traditional daytime hours.

Discovery   Define   Design & Develop   Deliver   Evaluate

Risks
• There is a risk that these services will be under-utilised if they are not appropriately offered to patients and well advertised.
• There is a risk regarding cost effectiveness and utilisation of workforce where there is less demand, e.g. Sundays / Christmas Day

Lead(s)
• GM locality commissioners
• GM GP Provider Board

The General Practice Forward View published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.
The Local Eye Health Network transformation plan—‘Delivering improved Eye Health across Greater Manchester’—describes the approach to transforming the eye health of the population of Greater Manchester. This project aims to standardise extended primary care and community services by developing single operating model/pathways for primary care and community services; developing Primary Eye Care Service Framework for GM and developing GM Optometry Standards.

Aims, Objectives
The main objectives of a Greater Manchester wide Primary Eye Care Service are:
• Provision of safe and effective care by appropriately trained and competent professionals.
• Delivery of high quality clinical services that ensure patient safety and a positive patient experience.
• Ongoing development of the current and future workforce supported by receipt of feedback to the practitioner following referral.
• Reconfiguration of patient flows to make best use of available resources and skills.
• Provision of clinical services in a setting closer to home or work.
• Reduction of referrals to HES to reduce waiting times for outpatient appointments and/or enable greater capacity for the care of higher risk patients.
• Empowerment of patients through education and self-care.
• Elimination of postcode lottery and resolution of boundary issues.

Stakeholder Engagement
• The Optometry Advisory Group meets on a regular basis and aims to provide overarching system leadership for optometry and eye health improvement as a part of the wider Local Eye Health Network and provide a unified voice for primary eye care in Greater Manchester (GM).
• Primary Eye Care Service Framework shared with all Ophthalmology trusts and commissioners.

Benefits / Rationale
The primary eye care service in its totality, including the clinical elements, public health contributions and participation in enabling projects will together transform eye health and service across Greater Manchester. The key outcomes from the Primary Eye Care service are:
• Improved access and choice.
• Services delivered consistently across an area and integrated with the rest of the pathway.
• Less duplication and waste (fewer inappropriate and low-quality referrals, and more patients with relatively low risk conditions managed in Primary Care).

Delivery Activities (to date)
• Development of the framework with the incorporation of non-commissioned services – Healthy Living Optical Framework, optometry standards, compliance with IT project.
• Development of optometry standards.
• Framework presented to GM Directors of Commissioning with updated information – September 2019.

Milestones / commitments
• Decision on framework from Directors of Commissioning – March 2020.
• Implementation of Primary Eye Care Service Framework from 1st April 2020.

Risks
• There is a risk that the framework will not be commissioned: there are a number of other projects that are dependent on the agreement and implementation of the framework – it is a critical enabler for the whole eye health transformation plan.

Lead(s)
• GM Eye Health Network
• Primary Care, GM Health and Social Care Partnership
• Locality commissioners
The **proactive dental management of young children** is a multifaceted programme including the work of the Paediatric Managed Clinical Network, Baby Teeth DO Matter, oral health improvement and reduction in children’s GAs and the implementation of Dental Checks by One. This project overview focuses on **Baby Teeth DO Matter and Dental Checks by One**.

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**Ask of GM:** Lead and development of programme

**Ask of Localities:** Ensure programme is embedded as part of local neighbourhood model, with particular focus on oral health in early years

### Aims, Objectives

- The aim of the Baby Teeth DO Matter Programme is to ensure all young children in GM have access to proactive general dental care by
  - Increasing the proportion of children below the age of 5 years who regularly attend a general dental practice
  - Increase proportion of children under 5 receiving ‘DBOH advice’ using benchmarking and feedback on BSA indicator
  - Increase proportion of children under 5 receiving Fluoride varnish using benchmarking and feedback on BSA indicator
- The Dental Checks by One (DCby1) is a national programme that aims to get parents of babies to bring them to the dentist before their first birthday. This is to provide preventive dental advice, prevent dental problems early and establish a longer term relationship with dental care.

### Expected outcomes

- Increase in proportion of children under 5 years old attending a dentist
- Increase in proportion of children receiving preventative interventions (e.g. fluoride varnish)
- Reduction in children requiring specialist dental services, e.g. GAs
- Improved quality of life, reduced pain and infection, leading to improved school readiness

### Benefits / Rationale

- Improved children’s oral health across GM.
- Consistent quality of care, including increased access to prevention such as fluoride varnish.
- Reduced general anaesthetic activity for the extraction of children’s teeth.
- Facilitates greater engagement with community colleagues / neighbourhood working.
- Contributes to the improvement of school readiness and reduces number of school days missed (toothache/treatment).

### Delivery Activities (to date)

- Access to primary dental care for children has improved in the four priority localities. The application of fluoride varnish has also increased.
- The introduction of the Oral Health Improvement Team has increased engagement with dental practices being commissioned.
- Discussions are taking place to agree a future model of commissioning prevention initiatives in primary dental care (flexible commissioning arrangements).

### Milestones / commitments

- Agree dental commissioning intentions for secondary care – **January 2020**
- Agree future model of commissioning prevention initiatives in primary dental care – **March 2020**
- Introduction of child friendly practice model across all 10 localities in GM – **April 2020**
- Review and agree provision of specialist community dental service – **October 2020**

### Risk

- Further to the strategic decision for Pennine Care FT to focus on mental health provision and divest of other services, there is a requirement to safely transfer specialist community dental services to an alternative provider in advance of planned GM-wide procurement. There is a risk that no access to dental care for vulnerable patient groups presents additional pressures across wider specialist services already under considerable pressure.

### Lead(s)

- Primary Care, GM Health and Social Care Partnership
Across GM, Local Authorities commission and fund emergency hormonal contraception services to ensure that their residents have ease of access to this provision. This will contribute to achieving a reduction in the number of unintended conceptions to women of all ages. The aim of this project is to explore expanding this provision within community pharmacies to include regular contraceptive methods.

**Aims, Objectives**

- To scope, secure funding and implement a quick start contraceptive service across GM where pharmacists supplying EHC can also initiate a regular contraceptive with a client.
- To scope, secure funding and implement a complete contraceptive service from community pharmacy which includes:
  - Contraceptive choices consultation
  - Provision of oral contraception, including repeat supplies
  - Provision of LARC contraception including depo and implant, including repeat and removal

**Expected outcomes**

- Increase the uptake of regular contraception by women across GM due to increased accessibility of community pharmacy
- Increase uptake of regular contraception following a supply of EHC
- Increase accessibility for women to contraceptive services
- Reduce unintended pregnancies
- Increase and publicise the role of community pharmacy in contraceptive services

**Benefits / Rationale**

- Pharmacists are already commissioned to supply Emergency Hormonal Contraception (EHC) under Patient Group Direction (PGD) in all GM localities but are not able to complete an effective consultation by initiating regular contraception
- Over 81,000 people visit Greater Manchester community pharmacies each day and over 90% of interactions with an NHS health professional are in a community pharmacy. Across Greater Manchester, pharmacies are open between 6am and midnight and currently 70% of pharmacies are open on a Saturday or a Sunday.

**Delivery Activities (to date)**

- Initial discussions have taken place at Sexual Health Steering Group meeting.

**Milestones / commitments**

- Funding to be secured
- Project planning and mobilisation including:
  - Commissioning arrangements
  - Data collection to be identified & arranged
  - Service specification / Service level agreement to be defined and created
  - Training

**Risk**

- Contraceptive implant fitting and removal in community pharmacy setting needs further investigation.
- There is a risk that appropriate funding will not be identified to roll out a designed service.

**Lead(s)**

- GM & Bolton Local Pharmaceutical Committees
- CPGM Healthcare (CHL)
A shift from reactively providing appointments to patients to proactively caring for people and communities is a major aspect of the vision for primary care. This means doing much more to prevent ill health, diagnose it early and treat it quickly. Primary care providers play a very important role in prevention and early detection.

**Primary care projects include:**
- Roll out of Healthy Living Framework and Dementia Friendly Primary Care
- Primary Care Health Campaigns
- Environmental sustainability
- MenACWY catch up vaccinations
## HEALTHY LIVING FRAMEWORK & DEMENTIA FRIENDLY PRIMARY CARE

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**Ask of GM:** Lead and management of programme  
**Ask of Localities:** Primary care providers to undertake Healthy Living accreditation and dementia friendly training, Healthy Living providers to be included in any local directory of services/social prescribing schemes. Other local providers to signpost to health living providers.

**Aims, Objectives**
- Develop and upskill a sustainable primary care workforce with a focus on wellbeing, prevention and restorative health.
- Empower patients, carers and communities to take greater responsibility for their health and wellbeing.
- Increase early detection of disease and find the thousands of local people with a condition that has not yet been diagnosed.

**Expected outcomes**
- Empowered patients more able to self care and take responsibility for their own health  
- Upskilled staff leading to increased staff motivation and retention and greater engagement with patients  
- Improved wellbeing of individuals  
- Increased access to a range of health promotion services in locations that are convenient to the patient.  
- People affected by dementia feel understood and included and empowered to still do the things they have always done such as shopping or travelling.

**Benefits / Rationale**
- This approach will mean people will better understand how they contribute to their own health and wellbeing and can make the most of available services. They will have the information they need to prevent ill health, manage any conditions and access the right support (including screening, wellness and prevention services) in their local neighbourhood when they need it. Every contact people have with health and care professionals will be an opportunity to promote good health and prevention.

**Delivery Activities (to date)**
- 95% of community pharmacies in Greater Manchester have achieved Healthy Living Pharmacy Level 1.
- 37 dental practices have been accredited under the Healthy Living Dentistry programme with further training to increase this planned in 2019/20.
- Nearly 99% of community pharmacies have trained patient-facing staff to be dementia friendly – an estimated 2500 dementia friends.
- Over 400 dementia friends trained with 112 dental practices signed up to the dementia friendly dentistry scheme.
- The Healthy Living Optical Practice Framework and dementia friendly optical practices are elements of the GM Primary Eye Care Service Framework.

**Milestones / commitments**
- All pharmacies required to be accredited Level 1 Healthy Living Pharmacies by **April 2020**.
- Ambition for all primary care providers to be ‘dementia friendly’ by **2021**.
- Healthy Living Framework for optical and dental practices to be fully embedded by **2022**.

**Risks**
- The Healthy Living Optical Practice (HLOP) framework is an element of the GM Primary Eye Care Service Framework. The service framework makes a request for eye care services to be commissioned collaboratively across GM and should this request not be supported, the implementation of the HLOP Framework may stall.

**Lead(s)**
- Primary Care, Greater Manchester Health & Social Care Partnership  
- GM Local Professional Networks for Pharmacy, Eye Health and Dental

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- The **Healthy Living Framework** is an accreditation programme that encourages community providers to deliver a broad range of services that promote healthy lifestyles and encourage self-care. The framework is designed to meet local needs, improve the health and wellbeing of the local population, and help to reduce health inequalities.

- The **Dementia Friends Initiative** was launched by Alzheimer’s Society in 2012 to tackle the stigma and lack of understanding that meant many people with the condition experience loneliness and social exclusion. It was recognised that there was a need to create more communities and businesses that are dementia friendly.
**PRIMARY CARE HEALTH CAMPAIGNS**

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**Ask of GM:** Development and roll out of resources, facilitate agreement of health campaigns calendar

**Ask of Localities:** Primary Care providers to undertake health campaigns locally. Other local providers to signpost to health living providers.

**Aims, Objectives**

Primary care providers will pro-actively take part in and contribute to national/local campaigns for patients and the general public during the campaign period, including giving advice to people on the campaign issues. This advice may be supplemented by provision of written information and in-store displays. This activity aims to:

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the ‘hard to reach’ sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

**Expected outcomes**

- Empowered patients more able to self care and take responsibility for their own health
- Upskilled staff leading to increased staff motivation and retention and greater engagement with patients
- Improved wellbeing of individuals
- Aligned campaigns across all four disciplines of primary care with same key messages & training/supporting information

**Benefits / Rationale**

- As part of the Community Pharmacy Contractual Framework, each year pharmacies are required to participate in six mandated campaigns at the request of NHS England.
- Active participation in these campaigns by primary care providers can help maintain and improve the local population’s physical and mental health and wellbeing, especially those living with a long-term condition.

**Delivery Activities (to date)**

- In 2018, health campaigns focussed on bowel cancer screening, dementia awareness, oral health, physical health, Stoptober with 7500 personal interactions recorded for these campaigns with patients being offered support around stopping smoking and discussing the importance of physical activity, screening programmes and oral health with pharmacy staff, give staff to engage in webinars, evening training and share best practices with dental teams in the collaborative oral health campaign.
- In 2019 to date, over 10,800 health conversations have been recorded covering cervical cancer, bowel cancer, oral health, breast cancer and Stoptober. Following an intervention, over 50% of patients agreed to participate in cancer screening programmes or attempt to stop smoking.
- Planning for the GM 2020 calendar has commenced.

**Milestones / commitments**

- Develop 2020 campaigns calendar and align primary care health campaigns to the outcomes of the GM Population Health Plan – **December 2019**
- Roll out health campaigns calendar across all primary care contractor groups – **April 2020**

**Risks**

- There is a risk that people who initially agree to participate in a cancer screening programme or attempt to stop smoking during the health conversation may not follow it up in the future.

**Lead(s)**

- Primary Care, Greater Manchester Health & Social Care Partnership
- GM Local Professional Networks for Pharmacy, Eye Health and Dental

Healthy Living Framework providers will continue to proactively support and promote behaviour change across Greater Manchester to prevent ill health. They actively engage the local population in health campaigns aligned to the GM Population Health Plan and providing brief interventions on various topics such as Oral health, obesity Cancer screening and smoking.
The Greater Manchester Health and Social Care Partnership (GMHSCP) recognises that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population and a climate emergency was declared on the 29th August by GMHSCP NHS providers. GM has also outlined ambitions for carbon neutrality and other environmental goals that will impact service delivery as the NHS reduces its carbon footprint.

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<td><strong>Ask of GM:</strong> Facilitate carbon literacy training for primary care providers, development of environmental impact assessment to be used when undertaking projects and programmes.</td>
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<tr>
<td><strong>Ask of Localities:</strong> Primary care providers to undertake carbon literacy training and consider environmental impact when providing services or implementing initiatives locally.</td>
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### Aims, Objectives

This project aims to increase awareness of environmental sustainability across the whole of primary care, by:

- Ensuring providers and commissioners of primary care have undertaken Carbon Literacy training
- Development of environmental impact assessment
- Embedding environmental impact into the primary care transformation programme

### Expected outcomes

- Improved carbon literacy among commissioners and providers of primary care
- System engagement of GM environmental issues – challenges and benefits

### Benefits / Rationale

There are significant population health benefits from environmental action including:

- More active lifestyles and healthier eating
- Healthier children and reduced inequalities
- Sustainable economies

### Delivery Activities (to date)

- Commissioning, population health and adult social care GM teams undertaken carbon literacy training – **November 2019**

### Milestones

- Development of project plan – **March 2020**
- Carbon Literacy session at Local Leaders network – **June 2020**
- Development of environmental impact assessment – **September 2020**
- Environmental impact fully embedded into primary care programme – **March 2021**

### Risks

- Primary care not prepared/equipped to support vulnerable populations

### Lead(s)

- TBA
### MENACWY CATCH UP VACCINATIONS

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**Ask of GM:** Lead and manage the project through CPGM Healthcare and the LPCs  
**Ask of Localities:** Providers to participate in local pilots where appropriate

**Aims, Objectives**
- Aim to increase uptake of MenACWY vaccine in the 18 – 24-year-old catch up cohort (currently nationally commissioned through GP practices)
- Increase opportunistic access for 18 – 24-year-olds by community pharmacy delivering the service
- Access for 18 – 24-year-olds attending university and 18 – 24-year-olds who are not attending university

**Expected outcomes**
- Increase the number of contractors offering the service across GM
- Increase in number of patients in the target age group vaccinated
- Increase the uptake of associated services e.g. chlamydia screening, emergency hormonal contraception

**Benefits / Rationale**
- Up to 10% of patient who contract invasive meningococcal disease (IMD) die
- Up to 20% of survivors of meningococcal meningitis suffer long term consequences
- Adolescents and young adults (16-24 years old) show the highest asymptomatic carriage rates with up to 25% of 19-year-olds carrying the bacteria at any one time
- For GM, there are 112,677 eligible patients in the target age group cohort, assuming 39% coverage, this gives a target of 69,068 patients in the gap. The table below shows the status of GP coverage in GM.

**Delivery Activities (to date)**
- This project is still in the early scoping stage.
- This service has been delivered in London and GM will be using the learning from their experience to support project development and agree outcomes.

**Milestones / commitments**
- Funding to be secured
- Project planning and mobilisation including:
  - Commissioning arrangements
  - Data collection to be identified and arranged
  - Service specification / Service level agreement to be defined & created
  - Training

**Risks**
- As Immform stock is currently only available to GP practices and school age vaccination providers, discussions will need to take place regarding the availability of stock for community pharmacies using the learning from London.

**Lead(s)**
- GM & Bolton Local Pharmaceutical Committees
- CPGM Healthcare (CHL)

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**Meningococcal disease** (meningitis and septicaemia) is a rare but life-threatening disease caused by meningococcal bacteria.  
**Older teenagers and new university students** are at higher risk of infection because many of them mix closely with lots of new people, some of whom may unknowingly carry the meningococcal bacteria at the back of their noses and throats.  
Anyone who is eligible for the MenACWY vaccine should have it, even if they've previously had the MenC vaccine.  
The MenACWY vaccine is highly effective in preventing illness caused by the 4 meningococcal strains, including the highly virulent MenW strain.
TACKLING HEALTH INEQUALITIES

In order for local providers of health and care to really engage with their residents. They need to understand how personal identities can influence behaviour. ‘One size does not fit all’, including when it comes to primary care provision in neighbourhoods. Greater Manchester has a diverse population and it is important to recognise how this diversity is dispersed across our localities and neighbourhoods as this can lead to significant inequality.

**Primary care projects include:**

- Increased Uptake of Sight Tests
- Community Sight Loss Framework
- Pride in Practice
- Transgender Health Service
- Primary Care Contribution to Adult Social Care
- Oral Health in Older People
- Hypertension and Atrial Fibrillation (AF) Find and Treat
- Asthma Review in Community Pharmacy
INCREASED UPTAKE OF SIGHT TESTS

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<td><strong>Ask of GM:</strong> Lead the programme on behalf of GM&lt;br&gt;<strong>Ask of Localities:</strong> Local optical committees to roll out See More, Learn More, Go Further. Localities to embed within the local neighbourhood model and signpost to local optical practices.</td>
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### Aims, Objectives
- Develop and embed an awareness programme within schools to increase awareness of eye care and encourage referral of children who may be suffering from vision difficulties for sight tests.
- Develop and embed an awareness programme with GM employers (including the NHS) to increase awareness of eye care in working age population.
- Link with school screening system and community orthoptic services to reinforce the message of regular sight tests starting at an early age and ensure access to and uptake of sight tests for children in special education needs (SEN) schools.
- Improve uptake of sight tests for hard to reach groups such as those with learning disabilities and people who are homeless.
- Share the signs and symptoms of sight problems with social care services to promote timely access to sight tests for at risk groups.

### Expected outcomes
- Reduction in preventable sight loss
- Improved update of sight tests in different population groups
- Improved eye health of children, working age population and those in social care.
- Increase in educational attainment
- Early detection of eye conditions such as glaucoma and cataracts

### Benefits / Rationale
The Greater Manchester area has a level of sight testing comparable with other areas in the North West overall; however, detailed analysis identifies a lower uptake of sight tests in children and those of working age compared to other similar parts of England. This project aims to:
- Increase the uptake of sight tests in children, in the working population, for patients with learning disabilities and for patients with dementia.
- Increase support for eye health for people in social care services e.g. care homes; and
- Improve eye health of children, working age population and those in social care.

### Delivery Activities (to date)
- Development of a (draft) ‘Framework for Transforming Eye Health Services for People with Learning Disabilities. This report outlines the reasons why targeted eye care needs to be in place for people with a learning disability from birth to older age, how it fits into the wider Greater Manchester health and social care strategy and the positive financial and social impact.
- Across GM, enhanced sight tests for people with learning disabilities have been rolled out. This means that accredited community optical practices can offer longer or split appointments and people with learning disabilities know where they can go and get onward referral and treatment if needed.
- The roll out of the “See More, Learn More, Go Further” project to raise awareness of the importance of good eye health and regular sight tests amongst children in GM. To continue to build on the early success of the project and reinforce the initial messages, a step by step guide to has been produced to support the local implementation of the project resources.

### Milestones / commitments
- Agree contractual delivery of homeless service – **December 2019**
- Scoping of current service provision in special educational schools across GM – **December 2019**
- Development of materials for the Department of Work and Pensions – **March 2020**
- Commissioning of homeless service – **April 2020**

### Risks
- There is a risk that more serious eye conditions are not detected early leading to damage to the eye and / or loss of vision.

### Lead(s)
- GM Eye Health Network
- Primary Care, GM Health and Social Care Partnership
GM COMMUNITY SIGHT LOSS SERVICE

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Ask of GM: worked with stakeholders to develop the sight loss service
Ask of Localities: Commission and implement GM Community Sight Loss Service locally and embed within local neighbourhood model to ensure signposting to appropriate services.

In order to provide coordinated and holistic care for patients with sight loss, as outlined in the Eye Health Transformation Plan – ‘Delivering Improved Eye Health across Greater Manchester’, to increase “care closer to home” and to harmonise pathways, the Greater Manchester Eye Health Network recommends the implementation of a GM Community Sight Loss framework.

### Aims, Objectives

- The primary aim of the GM Community Sight Loss framework is to set out the standards for commissioners of services to enable people with sight loss to regain or maintain as much independence and autonomy as possible in their community. Sight loss services achieve this through a wide range of services, focusing on individual needs, including; rehabilitation, visual aids, digital aids and emotional support and advice.
- The implementation of the Community Sight Loss Framework will recognise the potential to transform the landscape of eye health care in primary and community care. It is recognised that the third sector is an equal partner in the care and support of people living with sight loss as they provide coordinated and holistic care for patients with sight loss as outlined in the GM Eye Health Transformation Plan.

### Expected outcomes

- Improved mental health and wellbeing of individuals experiencing sight loss.
- Reduction in falls
- Increased independence

### Benefits / Rationale

- Sight Loss affects every aspect of someone’s life, from the ability to prepare food to recognising friends’ faces. Approximately half of the population with sight loss experience problems outside the home and are three times more likely to have difficulty accessing health care services. People with sight loss are also less likely than the rest of the working age population to be in employment, all of which significantly affects their independence and wellbeing.
- Many people with sight loss never go out because the social care system does not meet their needs. Cost of transport and access difficulties reduces mobility. Public buildings are often not designed to be accessible, leading to the isolation and social exclusion of blind and partially sighted people.
- Sight loss services in Greater Manchester are fractured and uncoordinated. At a time when all resources are stretched and strained, there has never been more willingness for organisations to collaborate rather than compete to ensure better outcomes for visually impaired people.

### Delivery Activities (to date)

- Mapped existing sight loss services
- Patient and practitioner engagement undertaken
- Identified workforce issues in rehabilitation services – scoping of potential new role with HEE underway.
- Development of a (draft) GM Sight Loss Service Framework: Supporting Independence in Adults with Sight Loss; the implementation of which will provide co-ordinated and holistic care for patients with sight loss, to increase care closer to home and to harmonise pathways.

### Milestones / commitments

- Framework to progress through GM governance – **January 2020**
- Implementation of sight loss service framework – **April 2020**

### Risks

If the framework is not supported by locality commissioners:
- There is a risk that people who experience sight loss will not receive the necessary support and assistance they require and will continue to experience difficulties accessing health care services.
- Unwarranted variation across GM localities will continue.

### Lead(s)

- GM Eye Health Network
- Primary Care Team, GM Health and Social Care Partnership
**PRIDE IN PRACTICE**

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**Ask of GM:** Facilitation of roll out to primary care providers

**Ask of Localities:** Primary care providers to undertake pride in practice accreditation. Pride in practice providers to be included in local directories of service/social prescribing models. Other local providers to signpost to health living providers.

Pride in Practice is a quality assurance and social prescribing programme for primary care services and lesbian, gay, bisexual and trans (LGBT) communities. It develops and strengthens relationships between clinicians and patients and enables primary care services to link with community assets and utilise strength based approaches to community healthcare delivery.

*Pride in Practice* is endorsed by the Royal College of General Practitioners, Greater Manchester Local Pharmaceutical Committee, the Northern Optometric Society and is part of the Healthy Living Dentistry Framework.

**Aims, Objectives**

Ensure that all lesbian, gay, bisexual and trans people have access to primary care services that are LGBT inclusive and understand the needs of our communities and this will be achieved by:

- Access to training around LGBT inclusion, Sexual Orientation and Trans Status Monitoring and myth-busting
- Access to a Pride in Practice compendium, which includes a wealth of information on high prevalence areas and referral pathways for LGBT people
- An accreditation award, including a wall plaque and Pride in Practice logos for letterheads and websites
- Support to deliver effective active signposting and social prescribing for LGBT communities, linking services with a range of LGBT-affirmative local community assets to facilitate holistic approaches to care
- Access to posters, rainbow lanyards and a suite of LGBT information resources for display in primary care services
- LGBT patient insight so that services can be proactive about meeting LGBT patients’ needs
- Support reviewing Equality & Diversity policies and inclusivity statements
- Practical support, guidance and confidence-building for staff members on how to implement the Sexual Orientation Monitoring Information Standard
- Celebration of awarded primary care services within LGBT communities

**Expected outcomes**

- Increase in LGBT people accessing primary care services
- Increased confidence of primary care staff when working with LGBT communities.

**Benefits / Rationale**

Lesbian, gay, bisexual and trans (LGBT) people consistently experience poorer health outcomes and worse health care than heterosexual people. It is reported that barriers are often experienced by LGBT people in their use of universal public services and many have low expectations about how they are going to be treated by health care workers. The majority of LGBT people who experience worse health care feel unable to challenge or report it because they feel too vulnerable or afraid to do so.

**Delivery Activities (to date)***

- Since 2016, Pride in Practice has empowered GM’s primary care workforce to support LGBT communities. It has been rolled out across 445 primary care services (348 GP practices, 47 dental practices, 17 optical practices and 33 pharmacies), reaching 2 million patients across GM.
- To date, over 5,100 health professionals have been trained and can evidence improvements within their service as a result of Pride in Practice.
- According to 2018 GP patient survey, 100% of transgender patients at PiP-accredited general practices felt their GP was supportive of their gender identity and medical transition.

**Milestones / commitments**

- All 2000 primary care providers will have achieved Pride in Practice status by 2022.

**Risks**

- There is a risk that poorer health outcomes for lesbian, gay, bisexual and trans (LGBT) people will continue.

**Lead(s)**

- Primary Care Team, GM Health and Social Care Partnership
- GM Primary Care Provider Board
**TRANSGENDER HEALTH SERVICE**

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**Ask of GM:** Development and implementation of transgender health service pilot on behalf of GM

**Ask of Localities:** Provided funding to maintain existing services. Ensure people are being referred into the service once rolled out.

### Aims, Objectives

- Undertake a full review of existing commissioned services and proposals to realign pathways
- Development of GM-wide standards e.g. for hormone prescribing, storage of gametes and hair treatment
- Procurement and mobilisation of provider for GM Primary Care led transgender health service in conjunction with NHS England
- Oversee the commissioning and ongoing monitoring/evaluation of the pilot (both through formal external evaluation and real-time feedback from service users)

### Expected outcomes

- Improved patient care, experience and outcomes for individuals.
- Reducing waiting times.
- Reduced variation: there are inconsistent and inequitable approaches to commissioning and delivery of services.
- Equity of access and quality of care
- Improved access to initiation of Hormone Replacement Therapy for Trans and Gender Diverse people, impacting the drive to self medicating (buying hormones online) and reducing the associated medical risks.

### Benefits / Rationale

- A GM primary care gender identity service will aim to offer patients local and prompt access to assessment and non-surgical packages of care, reducing unnecessary barriers in accessing services, specifically hormone therapies and improving health outcomes in the primary care setting. The service will also provide management of aftercare following gender identity clinics discharge as well as direct referral onto specialist gender identity clinics for consideration of surgical packages.

### Delivery Activities (to date)

- Successful stakeholder engagement events have been held with the local trans and non-binary population that have informed the design of the GM Transgender Health Service
- GM Transgender Working Group established to oversee the design/development, representation from the VCSE sector, Primary Care, Commissioners and those with lived experience; an exemplar of co-design.
- Prior Information Notice (PIN) published for the GM Trans Health Service to seek formal expressions of interest (informal market testing has demonstrated that there is significant interest within GM).
- Agreement reached by GM commissioners to funding the continuation of local Trans services delivered by LGBT Foundation (previously due to end in October 2019)

### Milestones / commitments

- Procurement and mobilisation of provider for GM Primary Care led THS service in conjunction with NHS England – **Q2 2020/21**
- Service commencement – **Q2/Q3 2020/21 pending procurement**

### Risks

- A risk has been identified relating to managing expectations because the timeframe to procure has been delayed by NHS England.

### Lead(s)

- Primary Care, GM Health and Social Care Partnership
- NHS England – Specialised Commissioning Team

In January 2019, GM was approved as an early adopter pilot site that will evaluate how the service delivered by a Gender Dysphoria Clinic can be delivered by a primary care team in a local setting, adapted to meet the specific needs of the population of Greater Manchester.
There is currently no standard offer from primary care to support people living in care homes, living well at home, carers and people with learning disabilities. Although localities provide some provision, it is not standardised across GM. There are some nationally provided primary care services (e.g. seasonal flu) but they are not specific to adult social care services. This project aims to provide some consistency.

**Aims, Objectives**

This project aims to provide a consistent primary care offer for people living in care homes, living well at home, carers and people with learning disabilities

- Map and establish a baseline of current primary care input into adult social care services
- Development of a costed best practice model for the primary care offer to care homes, living well at home, carers and learning disabilities
- Analysis of localities trajectory from present state to delivery of model

**Expected outcomes**

- Consistent and co-ordinated primary care input into adult social care
- Reduction in unplanned admissions
- Improved care planning
- Greater opportunities for people to be involved in decisions about their care

**Benefits / Rationale**

- Improved quality of life
- Improved use of local resources

**Delivery Activities (to date)**

- Initial meeting held to develop joint project with development of T&F group terms of reference
- Engagement with Care homes/living well at home delivery group
- Establishment of task and finish group to develop the model

**Milestones / commitments**

- Completion of mapping/baselining exercise – **December 2019**
- Development of best practice model and cost benefit analysis – **March 2020**
- Engagement and ratification via joint commissioning board – **May 2020**
- Commencement of roll out (subject to JCB approval) – **October 2020**

**Risks**

- Alignment with Enhanced Health in Care Homes framework, which is general practice only
- Any provision over and above core primary care contracts would need to be commissioned separately
- Agreement from commissioners to roll out a consistent service

**Lead(s)**

- Primary Care, GM Health and Social Care Partnership
- Adult Social Care, GM Health and Social Care Partnership
Dental care pathways for older people must span the whole ‘patient journey’, supporting good daily mouth care, enabling patients to benefit from prevention and early detection, and ensuring timely access to clinical care where required. Therefore, work is in development to explore a care delivery model which links general dental practices with adult social care providers to improve daily home care, increase access to evidence-based daily prevention and facilitate timely access to general and specialist dental care where necessary.

Aims, Objectives
- Information and support for older people and their carers to maintain their oral health.
- Better training, guidance and resources to help carers provide good mouth care, keeping people independent for longer.
- Better access to appropriate dental care - prevention and treatment.
- Strategic dental and oral health contribution to adult social care and wider neighbourhood developments.
- Training and support for dental teams on care planning of vulnerable older people.

Expected outcomes
- Quality compliance with CQC and NICE guidance
- Mouth Care Matters toolkit implemented by dental teams in delivery of care to vulnerable older people
- Improvement in oral health care regimes in care homes
- Improvement in overall general health and dignity
- Reduced demand on health and care services resulting from poor oral health (including inappropriate referrals into secondary care)

Benefits / Rationale
- The programme is demonstrating impact on quality of care and peoples’ lives and is making a difference to local people by enabling improvements in quality of life and function whilst presenting indicative cost savings.

Delivery Activities (to date)
- The Dental foundation training pilot has increased confidence of young dentists and dental nurses in providing care for vulnerable older people and increased access.
- A GM training resource on mouthcare for care homes and agencies has been developed and tested.
- Mouthcare Matters training and improvements in nursing care has commenced in all acute trusts.
- The Dental foundation training pilot has increased confidence of young dentists and dental nurses in providing care for vulnerable older people and increased access.
- Health Education England and Local Authorities have commissioned local training for care staff to improve mouthcare for vulnerable older people.

Milestones / commitments
- Further milestones for this programme will be agreed once the new Consultant in Dental Public Health is in post in January 2020.
- The dental foundation care link programme evaluation has been completed and Health Education England funding has been secured to roll it out in 2019/20 – March 2020

Risks
- There is a risk that there will not be appropriate resources and funding available for the delivery of this programme across GM, however flexible commissioning arrangements are currently being explored that may mitigate this risk in the coming months.

Lead(s)
Local Dental Network supported by:
- Primary Care, GM Health and Social Care Partnership
- Health Education England
- Consultant in Dental Public Health, Public Health England
Early detection and prevention of long-term conditions is a key feature of the NHS Long Term Plan, Public Health England’s five-year strategy and Community Pharmacy’s Contractual Framework. There is good evidence at national level that detecting atrial fibrillation and hypertension early and initiating treatment reduces complications and saves money.

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**Ask of GM:** Lead and manage the project through CPGM Healthcare

**Ask of localities:** Providers to participate in pilots as appropriate.

### Aims, Objectives
- To find and support the treatment of undiagnosed AF and hypertensive people in community pharmacies.
- Eligible patients walking in to the pharmacy will be screened for hypertension and AF.
- Lifestyle support and goal setting will be given to patients with borderline hypertension with a view to supporting a reduction in blood pressure.
- Those patients whose blood pressure is resistant to lifestyle intervention, or whose blood pressure is over 180/110, or who have an irregular pulse indicating AF, will be referred to their GP for diagnosis and treatment initiation.
- Once treatment has been initiated by the GP, patients will be supported and followed up by the community pharmacy to ensure medicines are optimised, patients are concordant with prescribed regimes and conditions are appropriately controlled.

### Expected outcomes
- Support QoF targets to close the prevalence gap.
- Improve health and delay complications through supporting concordance to prescribed medication.
- Improve health through proactive lifestyle interventions.
- Improve awareness of hypertension and AF.

### Benefits / Rationale
- Public Health England stated in 2014 that over 5 million people in England are unaware they have high blood pressure and that by reducing the blood pressure of the nation as a whole, £850 million of NHS and social care spend could be avoided over 10 years and if 15% more people were diagnosed, £120 million of NHS and social care spend could be avoided over 10 years.

### Delivery Activities (to date)
- Initial pilot ‘finding’ patients with AF and hypertension in Bury in one pharmacy.
- Second 18 month pilot with ‘finding & treating’ patients with hypertension including post diagnosis pathway and ‘finding’ patients with AF commenced in 8 pharmacies in North Manchester in September 2019.
- Health Innovation Manchester momentum fund bid submitted in November 2019 to support the full roll out of find and treat for both hypertension and AF.

### Milestones / commitments
- Decision on momentum fund - **February 2020**
- North Manchester pilot runs to **April 2021**
- Evaluation – **July 2021**

### Risks
- There is a risk that appropriate funding will not be identified to roll out the service further following the conclusion of the pilots.

### Lead(s)
- CPGM Healthcare (CHL)
The Asthma UK Annual Asthma Survey 2019 reported that nationally 81% of patients with asthma have uncontrolled symptoms, this results in a reduction in the patient’s quality of life and an associated risk of an exacerbation.

A large population of ‘poorly controlled’ asthmatics manage their symptoms alone, never accessing primary or secondary care.

Many children and adults do not attend their regular asthma reviews, only becoming known to the health system when they are having, sometimes fatal, exacerbations.

Aims, Objectives
- To undertake a proof of value pilot in one or two localities that will identify hard to reach patients who do not have an asthma review with their GP practice or have had a hospital admission or ED attendance due to asthma in previous 12 months and undertake a review within a community pharmacy setting.
- To review the use of metered dose inhalers (MDIs) versus dry powder inhalers (DPIs) and the recycling of inhalers.
- Demonstrate whether a new pathway of asthma care can be delivered within community pharmacy.
- Demonstrate community pharmacy’s value in supporting patients with long term conditions.
- Demonstrate interoperability between pharmacy and GP systems for the output of clinical consultations with patients.

Expected outcomes
- Improved standard of asthma care in the identified patient cohort resulting in an improvement in asthma control.
- Reduced hospital admissions and A&E visits.
- Improved quality of life for patients with asthma.

Benefits / Rationale
- 2017/18 QoF data shows that approximately 24.4% of patients with asthma do not attend an annual review within General Practice.
- Greater Manchester has some of the worst asthma outcomes in the country with asthma emergency admissions above the average for the North of England.
- Patients may not visit their GP practice for an asthma review due to working pattern, or as prescriptions are generated and sent electronically, but they do have to visit the pharmacy to collect their medication — patients who do not have their review at the practice can be opportunistically targeted for a review in the pharmacy when collecting their prescription.
- Opportunity to have their asthma medication optimised potentially leading to better asthma control and outcomes.
- Opportunity to have an asthma review at a more convenient time and/or place.
- The potential for reduced healthcare utilisation due to asthma including primary and secondary care.
- Increased number of annual asthma QoF reviews, including the difficult to reach patients who are usually exception coded.
- Opportunity to raise the profile of community pharmacy and the role they can play in delivering asthma care.

Delivery Activities (to date)
- Funding for proof of value secured in Joint Working Agreement between Health Innovation Manchester and GSK.
- CHL secured to deliver the pharmacy mobilisation and support.
- Potential localities to pilot project have been identified.
- GMHSCP IT team support secured to complete interoperability outcome.
- GMHSCP team support secured to commission service from pharmacies and provide PharmOutcomes licence for data & reporting.
- Initial project plan created and Project Steering Group in place and meeting regularly (weekly calls and monthly meetings).

Milestones / commitments
- Joint Working Agreement between Health Innovation Manchester and GSK to be signed – December 2019.
- Transfer of funding following Joint Working Agreement being signed.
- Work to commence on mobilisation following funds transfer.

Risks
- There may be a risk relating to the timescales for completing the interoperability element of the project.
- There is a risk that the identified patients do not attend their asthma review in community pharmacy.

Lead(s)
- CPGM Healthcare (CHL).
- Health Innovation Manchester.
- GSK.
- IT Team, GM Health and Social Care Partnership.
The emergence of PCNs and neighbourhood working provides an opportunity to review and strengthen the existing GM Primary Care Medical Standards, ensuring they are more outcomes focused, but able to identify and reduce individual practice unwarranted variation across a neighbourhood. At the same time, GM Excellence will build on the principles of GP Excellence and the GM Health Care Academy to offer support and development for the whole of primary care.

**Primary Care Projects include:**

- GM Excellence Programme
- Primary Care Standards
- Increasing Research in Primary Care
GM EXCELLENCE PROGRAMME

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**Ask of GM:** Lead and management of programme on behalf of GM, facilitate extension to wider primary care

**Ask of Localities:** Identify areas of support, attend available training and events. Signpost providers to the programme. Share learning and best practice with peers.

### Aims, Objectives

This programme aims to support primary care through every stage of quality improvement, from ‘Rescue’ to sustained quality ‘Excellence’ by

- Identifying best practice and areas of excellence from elsewhere, supporting primary care to develop these models locally
- Offering a coherent and consistent offer in terms of rescue, resilience and improvement.
- Providing a systematic response at a locality level however must also be responsive to individual provider requirements and crisis response
- Embracing the excellent practice which is taking place across Greater Manchester, ensuring mechanisms to share best practice
- Adopting a proactive approach to identifying improvements earlier rather than in the reactive sense, e.g. following CQC inspection
- Having an understanding of the needs of providers in order to be able to respond
- Fostering a sharing and learning environment across GM which will include a repository or portal of best practice, case studies and standard documentation that providers and commissioners can access
- Developing clinical leaders to enable them to offer peer support or more formal arrangements to support primary care
- Driving excellence across GM which will be enabled by business intelligence in order to facilitate peer to peer discussions, comparative analysis, identification of best practice and the development of quality pathways

### Expected outcomes

- To ensure sustainability of all primary care by building capacity and capability through continues Quality Improvement

### Benefits / Rationale

- The programme will help primary care to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and secure continuing high quality care for patients and the public

### Delivery Activities (to date)

- The first phase of the programme (GP Excellence), in partnership with the Royal College of General Practitioners (RCGP), is supporting general practice in important areas such as rescue, resilience, improvement and excellence. To date this has included helping GP practices with their Care Quality Commission (CQC) compliance, delivering organisational resilience, development and GP management training and courses on ‘working at scale’. At least 160 practice managers are supported in management development and education through diploma courses.
- In September 2018, the GP Excellence Programme launched a brand new website to host a range of information, resources, case studies, learning opportunities and tools designed for improvement and development of GP Practices across Greater Manchester
- The first GP Excellence Conference was held on 6th February 2019 with the aim of supporting practice managers to build Resilience in General Practice, Encourage Wellbeing and Leading Successful Teams. This event was attended by circa 200 practice managers across GM

### Milestones / commitments

- Further training opportunities for general practice staff throughout the remainder of 2019/20
- Second GM practice manager conference – **February 2020**
- Support ongoing development of PCNs and Clinical Directors – **ongoing**
- Expansion of programme to all primary care – 2021

### Risks

- There is a risk that the GP Excellence programme (phase 1) will not deliver the expected benefits. There is increasing pressure on primary care, with a number of GP practices struggling to deliver business as usual.
- There is a risk that there may not be sufficient to support the roll out to wider primary care (phase 2)

### Lead(s)

- Primary Care, GM Health and Social Care Partnership
- GM GP Excellence Programme (RCGP)

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The GM Excellence Programme will support primary care providers through the delivery of a wide menu of support that will help primary care to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. This programme supplements existing mechanisms of support to Primary Care and will work with localities to ensure alignment with existing quality improvement initiatives. The model has already been tried and tested across General Practice. The next phase of the programme will be to expand the model to all of primary care.
### Aims, Objectives

- Review the GM Primary Care Medical Standards to ascertain what has been implemented across GM
- Identify what learning and possible outcomes have been generated from the implementation of the standards and how can this be shared
- Agree how localities will hold themselves to account on this agreed work now that the AGG has ceased.
- Develop outcomes based standards that are deliverable at a neighbourhood level and better tackle inequalities e.g. mental health and children.

### Expected outcomes

- Reduction in variation in primary care provision in GM
- Improved standards of delivery in general practice

### Benefits / Rationale

- The implementation of the primary care standards will ensure that patients are seen by the right people for their needs.
- They will help to release capacity in General Practice and potentially contribute to the reduction in A&E attendances and unplanned admissions.
- Through the delivery of these standards, patients will be consistently and proactively managed, leading to a reduction in unwarranted variation and contributing to a reduction in premature mortality and increased prevalence.

### Delivery Activities (to date)

- A task and finish group, chaired by Dr Alan Dow, comprising of CCG commissioners (clinical and managerial), public health colleagues, GP Quality Lead, RCGP representative and GP provider representatives was established to review the original standards developed in 2015. The group reviewed each of the standards and key deliverables and made a number of recommendations together with a set of principles which underpinned the standards.
- Presentation to GM Directors of Commissioning providing a summary of the development of the GM Primary Care Medical Standards and progress to date across the 10 GM localities.

### Milestones / commitments

- Detailed review of implementation of the standards - March 2020
- Refresh of GM standards – July 2020
- Ratification from Joint Commissioning Board – October 2020

### Risks

- There is a risk that differing levels of investment agreed at locality level may result in continued unwarranted variation in quality and care and increased health inequalities.

### Lead(s)

- Primary Care, GM Health and Social Care Partnership
- Locality commissioners
This project will look to understand what research is currently being undertaken in localities. It will also seek to explore opportunities to bring more academic research into primary care. Working with Health Innovation Manchester and local academic institutions, will enable primary care to explore the opportunities offered through academic research and industry partnership.

### Aims, Objectives
This project aims to bring more research, innovation and sharing of good practice into primary care by:
- Understanding what research is currently taking place in primary care
- Developing relationships with Health Innovation Manchester and academic institutes
- Facilitating opportunities to bring more research into primary care
- Seeking and utilising primary care clinicians with an interest in research and innovation
- Development of a mechanism for sharing best practice

### Expected outcomes
- Localities enabled to ‘do things once’ where appropriate
- Creation of a learning culture across all primary care

### Benefits / Rationale
- Improved patient outcomes (Downing et al, 2017; Boaz et al, 2015)
- Lower patient mortality (Ozdemir et al, 2015)
- Long term financial returns (Glover et al, 2018)
- Higher levels of staff satisfaction (Royal College of Physicians, 2016)

### Delivery Activities (to date)
- Supported applications from localities to The Health Foundation
- Commissioned academic research from GM CLAHRC to evaluate the GM Demonstrator pilot
- Commissioned academic research from the University of Salford to evaluate the asset based approaches training pilot
- Commissioned academic research from GM CLAHRC to evaluate the roll out of extended access and exploration of primary care workforce
- Invited Health Innovation Manchester to the General Practice Board to generate discussions regarding research

### Milestones / commitments
- Project scoping and initiation – **September 2020**

### Risks
- General practice may not fulfil new contract requirements (#8. supporting research and testing future contract changes)

### Lead(s)
- TBA
Building on existing data from a variety of sources will provide a comprehensive picture of primary care, Data and technology will also enable system-wide workforce planning, making use of population health and activity trends, provide an understanding of the skills and competencies needed to deliver current and future primary care, enable a baseline of the current workforce to be established, and highlight the gaps in workforce and the most appropriate methods to fill those gaps.

**Primary Care Projects include:**
- Primary care dashboard
- General Practice Workforce Visualisation Tool
To make primary care indicators available online across GM, by Tableau, to support quality and improvement.

**Ask of GM:** Leading the development and roll out  
**Ask of Localities:** Utilisation across individual providers, PCNs / neighbourhoods and localities. Feedback to GM as prototype is tested.

### Aims, Objectives
- To make available information relating to quality and delivery of primary care services across Greater Manchester.  
- Use data at a practice, neighbourhood, locality and GM-level to make tactical decisions and deliver the highest quality patient care possible.  
- Embed tool in neighbourhood model, peer reference, use by GP / GM Excellence Programme, working with BI and Quality Leads to ensure that this compliments local systems.

### Expected outcomes
- Benchmarking to drive provider and neighbourhood improvements of care for local populations  
- Increase awareness and understanding across GM of wider primary care provision  
- Use of primary care data for tactical commissioning and development of integrated service provision across neighbourhoods and localities (e.g. by PCNs incorporating community pharmacy, dentistry and optometry)

### Benefits / Rationale
- Support reduction in inequalities  
- Identification and use of consistent datasets across primary care and GM  
- Consideration of wider primary care contribution to neighbourhood delivery

### Delivery Activities (to date)
- Datasets and design have been developed to present initial dashboard. There has been engagement of BI leads and PC Leads in concept and design of initial dashboards.  
- Scoping exercise of available datasets has been undertaken.  
- Pharmacy, dental and optometry quality metrics have been agreed.  
- Primary Care Sprint version 1

### Milestones / commitments
- Design and testing of GM Dashboard v1 – **January 2019**  
- Quality metric dashboard development for Pharmacy, Optometry and Dentistry - **March 2020**  
- Locality reporting of service delivery across GM - **September 2020**

### Risks
- There is a risk that the BI tool will duplicate local systems.  
- There is a risk that there is a lack of wider primary care data available and / or being used via the tool.

### Lead(s)
- GP Team, Primary Care, GM Health and Social Care Partnership
## GENERAL PRACTICE WORKFORCE VISUALISATION

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### Ask of GM: Leading the development and roll out

### Ask of Localities: Utilisation across individual providers, PCNs / neighbourhoods and localities. Feedback to GM as prototype is tested.

### Aims, Objectives

Utilise infrastructure, resource and learning from the VWIS project to provide a tool which will provide baseline intelligence, support workforce planning and support real time workforce management

- To provide general practice and PCNs with information to better inform workforce planning
- To provide simple process for practices to collate workforce data to avoid duplication while meeting local and national requirements
- To work with general practice to develop the tableau visualisation tool to support strategic decision making and inform workforce planning

### Expected outcomes

- Reduction in duplication in efforts to both satisfy mandatory collections which are required from national and regional teams whilst supporting the local requirement of the GM system
- Raised profile of the importance of understanding workforce data
- Creation of a suite of views (visualizations) within Tableau, accessible by designated parties which display practice and local system activity data
- Within a secure environment, practices will have the ability to view their workforce data and through information governance agreements will have an opportunity to view partners within a local system

### Benefits / Rationale

- Increase in quality of data inputted into the General Practice NWRS promoting more realistic picture of the GP workforce to NHS Digital
- Clear, robust visualisation of the primary care workforce across Greater Manchester which falls into primary care networks, allowing for clinical leaders, practices and decision makers to understand the workforce
- A readily available workforce report which can be utilised by practices, networks and providers when asked to report on the workforce
- A tool owned by general practice and led by the GP board with robust information governance arrangements which promotes trust and understanding between providers and commissioners

### Delivery Activities (to date)

- Engagement with general practice providers via the GM General Practice Board (and subsequent engagement with CCG Accountable Officers)
- Development of Project Initiation Document

### Milestones / commitments

- System wide engagement, pilot localities mapped, IG in place, commencement of development of tool - Jan-Mar 2020
- Testing and creation of standard operating model, development of ‘onboarding pack and readiness assessment, agree go live dates - Apr-Jun 2020
- Locality submissions, data validation and visualisation - Jul-Sep 2020
- Development of continuation and sustainability plan, final submissions received - Oct-Dec 2020

### Risks

- Agreement of a common dataset across 10 localities/67 PCNs/ 450 providers
- Technical developments may present unpredictable challenges, causing delays and requiring workarounds
- Alignment with other ongoing workforce developments

### Lead(s)

- Greater Manchester General Practice Board
- Programme Manager (Workforce Intelligence), GMHSCP
- Primary Care Transformation Team, GM Health and Social Care Partnership

An expansion of the current scope and reach of the Virtual Workforce Information System project to develop a web-based tool which can be utilised within general practice to support workforce visualisation, planning and HR management.
Primary care will not achieve its plans for transformation without a sustainable workforce. Consideration will be given to the shape of primary care teams and whether these are still appropriate for the population. A detailed 5 year primary care workforce strategy accompanies this strategy and describes how together, GM will tackle workforce challenges and develop a workforce that is fit for the future.

**Primary Care Projects include:**
- Retention
- Developing an expanded primary care team
Research shows that a complex combination of factors are leading to poor job satisfaction within general practice including workload, remuneration, perceived lack of recognition, increasing bureaucracy and lack of peer support. This is leading to an increase in the rate at which general practitioners are choosing to leave the workforce, or work on a more part-time basis. National funding only supports the retention of GPs. However, learning will be taken and shares/replicated across all of primary care.

Aims, Objectives
- Support the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.
- For 2019/2020, £12 million is being made available to STPs to support GP retention, with similar funding to follow in 2020/21. The GM share for 2019/2020 is £640,000. This funding supports local systems to develop innovative local retention initiatives for:
  - GPs who are newly qualified or within their first five years of practice
  - GPs who are seriously considering leaving general practice or are considering changing their role or working hours.
  - GPs who are no longer clinically practicing in the NHS in England but remain on the National Medical Performers List.

Expected outcomes
A sustainable workforce across primary care through:
- the creation of satisfying roles for staff,
- development of multi-professional teams
- more balanced workload for all.

Benefits / Rationale
- GP retention is a key issue affecting many GPs and practices, and must be seen as a priority. The requirement for a well developed GP retention action plan is expected to feature prominently in all local primary care workforce strategies.

Delivery Activities (to date)
- In 2018/2019, NHS England invested £18 million to support GP retention, which was 80% more than originally planned. GMHSCP secured £516,750 of this funding, which was used to facilitate initiatives to enable GPs to stay in the workforce, through promoting new ways of working and providing a more flexible offer that will create a sustainable model within general practice.
- The majority of localities chose to appoint a GP Clinical Lead and a Nurse Clinical Lead, and to conduct focus groups to understand how clinicians could be supported on a local level. However some areas invested in innovative projects such as Wigan that chose to support educational Primary Care Podcasts, which are being produced by two GP Fellows.
- Funding released to localities for local retention schemes.

Milestones / commitments
STP-level initiatives for 2019/20 include:
- a GM Primary Care Platform (central online repository for vacancies and careers information (page 34)
- Encourage uptake of tier 2 license holders - March 2020
- a rolling engagement program for GP Trainees ongoing
- Group Consultations (page 29)
CCG Local Retention (LGPR) initiative scheme milestones:
- Scheme issued to CCG’s and Stakeholders - September 2019
- Scheme bids to be submitted, approved and MoU’s issued - November 2019
- Monitoring of schemes - quarterly monitoring in line with MoU commencing Q4 2019/20

Risks
- GM localities are at differing levels of maturity around workforce and may not have the capacity to get some of the retention schemes off the ground quickly, however the GM Primary Care Workforce Managers are supporting localities as much as possible, and are putting an MOU in place to agree deliverables/accountability.
- There is a risk that national data does not reflect skill mix in practice as it currently only captures GPs in post and GP vacancies.

Lead(s)
- Primary Care Workforce, GM Health and Social Care Partnership
- Workforce Leads in GM Localities
### DEVELOPING AN EXPANDED PRIMARY CARE TEAM

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<td><strong>Ask of GM:</strong> Leading the IGPR programme on behalf of GM, facilitation of relationships with GM Training Hub and Higher Education Institutes to facilitate change</td>
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<tr>
<td><strong>Ask of Localities:</strong> Facilitation of roll out of new roles across primary care</td>
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**Aims, Objectives**
To increase capacity and improve the skill mix in primary care. This will be achieved by
- Increasing the number of new roles in general practice through the implementation of the PCN DES
- Supporting family doctors who work in European Economic Area (EEA) countries to work in GM and streamlining application routes for GPs from Australia, Canada, New Zealand and South Africa
- Rolling out a Trainee Nurse Associate Pilot in primary care

**Expected outcomes**
- Creation of a more sustainable workforce
- Increased capacity in primary care through the introduction of new roles
- Increased number of GPs and nurses

**Benefits / Rationale**
- Over the coming years, PCNs will be supported in developing an expanded primary care team, with member practices also working alongside other organisations such as community trusts and the voluntary sector, to help alleviate workload pressures on practices and allow GPs to concentrate on the most complex patients.
- While GP training places are increasing year-on-year and many GPs are returning to practise, some practices continue to face recruitment issues and newly qualified GPs are often working temporarily at a practice (known as a locum) rather than joining as a permanent GP. Some older GPs are also leaving the profession early. This is leaving a gap between the number of GPs that practices want, and the numbers they are successfully recruiting and retaining.

**Delivery Activities (to date)**
- 7 candidates have been interviewed and offered a placement within GM under the International GP Recruitment programme, with 2 GPs having relocated to GM and started the scheme, 1 relocating in January 2020 and 2 others considering the offer. An additional 4 GPs are completing an English language programme with a view to starting the interview process in January 2020.
- 5 clinical pharmacy pilot sites have transferred their employed clinical pharmacists to the PCNs within their locality.

**Milestones / commitments**
- From **April 2020/21**, each PCN will be allocated a single combined maximum sum under the Additional Roles Reimbursement Scheme. This sum will be calculated on a weighted capitation basis (to be confirmed during 2019).
- PCNs will be able to recruit from within the five roles as they require to support delivery of the Network Contract DES requirements as follows:
  - from **April 2020** - clinical pharmacists, social prescribing link workers, physician associates and physiotherapists; and
  - from **April 2021** – additionally paramedics.
- International GP recruitment scheme had been extended until **2023/24**.
- Trainee Nurse Associate pilot to commence – **March 2020**

**Risks**
- To date, the recruitment supplier has been unable to provide the anticipated volumes of GPs and this has been further exacerbated by the uncertainty surrounding Brexit. This is recognised as a national issue; it is not limited to Greater Manchester.
- There is a risk that established services in localities may become destabilised as PCNs recruit to the new roles.

**Lead(s)**
- Primary Care, GM Health and Social Care Partnership
- Primary Care Workforce, GM Health and Social Care Partnership
- Primary Care Networks
OUTCOMES FRAMEWORK
Primary Care Vision
To improve the health and wellbeing of GM residents by providing digitally enabled, multidisciplinary, integrated and preventative support, based in the right place for local populations.

Overall
We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes.

Start Well
We will have the best possible start in life.

Live Well
We will all have the opportunity to live well and fulfil our potential.

Age Well
We will have the opportunity to age well and remain at home, safe and independent for as long as possible.

People are more informed and have greater involvement in their health and care

People's experience of primary care is improved

Primary care better addresses health inequalities

Primary care is better able to contribute to improving population health

Primary care is more responsive to people's needs

Primary care works seamlessly with LCOs, secondary care, community services and the VCSE sector

Primary care workforce is expanded and more integrated

Primary care infrastructure - physical and digital - is improved
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<td>PCN Development</td>
<td># of PCNs accessing development resource</td>
<td>PCN assurance framework</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people’s needs</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Leadership and OD</td>
<td># of primary care providers accessing leadership development support</td>
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<td></td>
<td>Primary care is better able to contribute to improving population health</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<td>Comms and Engagement</td>
<td># number of stakeholders reached through comms # number of stakeholders subscribing to newsletters # of people engaging with Citizens network (physically and virtually)</td>
<td>Mailchimp</td>
<td>Quarterly</td>
<td>People are more informed and have greater involvement in their health and care</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Estates</td>
<td># of approved schemes # of completed schemes</td>
<td>GM Business case and capital investment steering group</td>
<td>Monthly</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
<td>We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td># referrals to social prescribing services % reduction in demand for GP services % reduction in A&amp;E attendances</td>
<td>Elemental software</td>
<td>Quarterly</td>
<td>People are more informed and have greater involvement in their health and care</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Group Consultations</td>
<td>Increase in # of staff trained Increase in # of patients accessing group consultations % increase in patient experience</td>
<td>Programme reporting GP patient survey</td>
<td>Quarterly</td>
<td>Primary care workforce is expanded and more integrated</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Use of GP Online Services</td>
<td>Increase in # of patients registered for online services Increase in # of GP practices achieving 30% uptake target</td>
<td>POMI data (NHS Digital)</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people's needs</td>
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<tr>
<td>Direct Booking</td>
<td>Increase in # of extended access appointments booked through NHS111 Increase in # of practices that have enabled direct booking Increase in # of GP practice appointments booked through NHS111</td>
<td>eDeclaration Programme reporting</td>
<td>Quarterly</td>
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<tr>
<td>Information Management and Technology</td>
<td># of approved schemes # of completed schemes</td>
<td>GM Business case and capital investment steering group</td>
<td>Monthly</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
<td>We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes</td>
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<tr>
<td>PCN Development</td>
<td># of PCNs accessing development resource</td>
<td>PCN assurance framework</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people’s needs</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Leadership and OD</td>
<td># of primary care providers accessing leadership development support</td>
<td></td>
<td></td>
<td>Primary care is better able to contribute to improving population health</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Comms and Engagement</td>
<td># number of stakeholders reached through comms # number of stakeholders subscribing to newsletters # of people engaging with Citizens network (physically and virtually)</td>
<td>Mailchimp</td>
<td>Quarterly</td>
<td>People are more informed and have greater involvement in their health and care</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Estates</td>
<td># of approved schemes # of completed schemes</td>
<td>GM Business case and capital investment steering group</td>
<td>Monthly</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
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<tr>
<td>Social Prescribing</td>
<td># referrals to social prescribing services % reduction in demand for GP services % reduction in A&amp;E attendances</td>
<td>Elemental software</td>
<td>Quarterly</td>
<td>People are more informed and have greater involvement in their health and care</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Group Consultations</td>
<td>Increase in # of staff trained Increase in # of patients accessing group consultations % increase in patient experience</td>
<td>Programme reporting GP patient survey</td>
<td>Quarterly</td>
<td>Primary care workforce is expanded and more integrated</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Use of GP Online Services</td>
<td>Increase in # of patients registered for online services Increase in # of GP practices achieving 30% uptake target</td>
<td>POMI data (NHS Digital)</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people's needs</td>
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<tr>
<td>Primary Care Platform</td>
<td>Total users per month Sources of users # of new users per month # of sessions per month, average duration Average pages viewed and bounce rate Vacancies advertised Feedback from users Tracking referrals/traffic to other GM websites</td>
<td>Website host</td>
<td>Monthly</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
<td>We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes</td>
</tr>
<tr>
<td>Online and video consultations</td>
<td>Increase in # of practices offering online consultations Increase in # of online consultations being provided % increase in patient experience % reduction in demand for GP services</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td>Seamless care</td>
<td>Increase in # of electronic referrals made to secondary care Increase in # of secondary care settings to enable electronic referrals Increase in # of new medicine reviews as a result of electronic referrals</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care works seamlessly with LCOs, acutes, community, VCSE</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Eye Health IT Enabler Project</td>
<td>Increase in # of electronic referrals made to secondary care Increase in # of optical practices sending electronic information to general practice</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care works seamlessly with LCOs, acutes, community, VCSE</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Meeting Demand</td>
<td>% reduction in emergency admissions across GM % reduction in A&amp;E attendances</td>
<td>SUS data</td>
<td>Quarterly</td>
<td>People’s experience of primary care is improved</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>7 Day Access</td>
<td># of appointments available in extended access hubs % increase in utilisation % decrease in DNAs % improvement in patient experience % reduction in A&amp;E attendances</td>
<td>GM Primary Care Reform Programme monitoring GP Pt survey GM Primary Care Reform Programme monitoring GP Pt survey</td>
<td>Quarterly</td>
<td>People’s experience of primary care is improved</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Primary Eye Care Service Framework</td>
<td># of localities commissioning the service</td>
<td>Locality reported</td>
<td>Bi-annually</td>
<td>Primary care infrastructure - physical and digital - is improved</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Proactive Children’s Dental Management</td>
<td>% reduction in children’s dental related GAs % increase in proportion of children under 5 years old attending a dentist % increase in proportion of children receiving preventative interventions</td>
<td>PBR data (SLAM/SUS) NHS BSA Dental Access statistics/ prescribing data (NHS Digital)</td>
<td>Quarterly</td>
<td>Primary care better addresses health inequalities</td>
<td>We will have the best possible start in life</td>
</tr>
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| Community Pharmacist Consultation Service         | # of urgent medicine referrals  
# of minor illness referrals  
# of referrals from GP practices to community pharmacies  
# of referrals from NHS 111 to community pharmacies | Programme reporting        | Quarterly | People’s experience of primary care is improved                                      | We will all have the opportunity to live well and fulfil our potential                    |
| Contraceptive services in community pharmacy      | # of contraceptive choices consultations  
# of women starting a regular contraceptive following supply of EHC | Programme reporting        | Quarterly | Primary care is more responsive to people’s needs                                     | We will all have the opportunity to live well and fulfil our potential                    |
| Healthy Living Framework                         | Increase in # of 'healthy living' providers  
Increase in # of interventions per campaign  
Increase in # of health champions  
Increase in # of dementia friends | Pharmoutcomes LPCs  
Self declaration | Quarterly | Primary care is better able to contribute to improving population health | We will all have the opportunity to live well and fulfil our potential                    |
| Primary Care Health Campaigns                    | Increase in # of providers delivering joint health campaigns  
# of brief interventions per campaign | Pharmoutcomes Self declaration | Per campaign | People are more informed and have greater involvement in their health and care | We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes |
| Environmental Sustainability                     | # of providers undertaking carbon literacy training | Self declaration |           | Primary care is better able to contribute to improving population health | We will all have the opportunity to live well and fulfil our potential                    |
| MenACWY catch up vaccinations                     | # of contractors offering the service  
# of patients vaccinated | Programme reporting        | Quarterly | Primary care is better able to contribute to improving population health | We will all have the opportunity to live well and fulfil our potential                    |
| Increased uptake of sight tests                   | % increase in sight tests for children  
% increase in sight tests for people in employment  
% increase in sight tests for homeless people  
% increase in sight tests for people with learning disabilities | Programme reporting | Quarterly | Primary care better addresses health inequalities | We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes |
| Community sight loss framework                    | # of localities commissioning the service |                                |           | Primary care better addresses health inequalities | We will all have the opportunity to live well and fulfil our potential.                  |
| Pride in practice                                 | Increase in # of providers achieving pride in practice accreditation  
% increase in patient experience | Programme reporting GP Pt Survey | Quarterly | Primary care better addresses health inequalities | We will all have the opportunity to live well and fulfil our potential                   |
<p>| Transgender health service                        | # of referrals to service | Programme reporting |           |                                                                                     |                                                                                           |</p>
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<tr>
<td>Primary care input to adult social care</td>
<td># of localities commissioning service</td>
<td>Locality reported</td>
<td></td>
<td>Primary care better addresses health inequalities</td>
<td>We will have the opportunity to age well and remain at home, safe and independent for as long as possible.</td>
</tr>
<tr>
<td>Oral health in older people</td>
<td># of care home staff trained in oral health improvement</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care better addresses health inequalities</td>
<td>We will have the opportunity to age well and remain at home, safe and independent for as long as possible.</td>
</tr>
<tr>
<td>Hypertension and AF find and treat</td>
<td># of patients with AF identified</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care better addresses health inequalities</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
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<tr>
<td></td>
<td># of patients with hypertension identified</td>
<td></td>
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<tr>
<td></td>
<td># of patients with AF treated</td>
<td></td>
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<tr>
<td></td>
<td># of patients with hypertension treated</td>
<td></td>
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<tr>
<td>Asthma reviews in community pharmacy</td>
<td># of patients attending an asthma review with community pharmacy</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people’s needs</td>
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<tr>
<td>GM excellence</td>
<td>Increase in # of self referrers</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people’s needs</td>
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</tr>
<tr>
<td></td>
<td>increase in # of providers supported with bespoke packages</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Increase in # of staff trained / supported with education</td>
<td></td>
<td></td>
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<tr>
<td>Primary care standards</td>
<td>Collectively agreed performance and improvement measures (TBA)</td>
<td>Local business intelligence teams</td>
<td>Bi-annually</td>
<td>Primary care is more responsive to people’s needs</td>
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<tr>
<td>Increasing research</td>
<td>Increased # of primary care providers undertaking research</td>
<td></td>
<td></td>
<td>People’s experience of primary care is improved</td>
<td>We will all have the opportunity to live well and fulfil our potential</td>
</tr>
<tr>
<td>Primary care dashboard</td>
<td>Increase in # of providers accessing Tableau</td>
<td>Tableau</td>
<td>Quarterly</td>
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<tr>
<td>Workforce visualisation tool</td>
<td>Increase in # of practices submitting workforce data</td>
<td>NHS Digital Programme reporting</td>
<td>Quarterly</td>
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<tr>
<td></td>
<td>Increase in accuracy of data inputted to NWRS</td>
<td></td>
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<tr>
<td></td>
<td>Increase in usage of the tool</td>
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<tr>
<td>Retention</td>
<td># of primary care staff retained</td>
<td>Programme reporting</td>
<td>Quarterly</td>
<td>Primary care is more responsive to people’s needs</td>
<td>We will live longer and healthier lives, with the greatest improvements in the areas and groups which have the worst outcomes</td>
</tr>
<tr>
<td>Expanding the team</td>
<td>Increase in # of staff working in new roles</td>
<td>Programme reporting</td>
<td>Quarterly</td>
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