

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 18 July 2017

Subject: Primary Care Standards 2017-18

Report of: Dr Manisha Kumar – Clinical Director, Manchester Health and Care Commissioning
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Summary

This report will provide background and context to the development of the Manchester Primary Care Standards.

In addition, this report will provide detail on our achievements to date and an overview of the next phase of implementation; and the expected outcomes for 2017-18.

Recommendations

Members of the Committee are asked to:

1. Note the contents of this report including achievement against the Primary Care Standards in 2016-17; and the approach for further implementation in 2017-18.
 2. Receive further updates on the Primary Care Standards Scheme; and the wider primary care investment programme throughout 2017-18.
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Wards Affected: The Manchester Primary Care Standards aim to provide a population offer to Manchester which will cover all persons registered with a GP in Manchester Neighbourhoods / Wards.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Manchester Locality Plan <http://manchester-ccg-intranet.verseone.com/key-documents>
- LCO Prospectus
<https://healthiermanchesterorg.files.wordpress.com/2017/03/manchester-local-care-organisation-prospectus-10-march-2017-final.pdf>
- GM Primary Care Standards <https://nww.bi.manchester.nhs.uk/gpwiki/>
- Manchester Primary Care Neighbourhood Development Scheme 2017-18
<https://nww.bi.manchester.nhs.uk/gpwiki/>

1.0 Summary

This report will provide background and context to the development of the Manchester Primary Care Standards.

In addition, this report will provide detail on our achievements to date and an overview of the next phase of implementation; and the expected outcomes for 2017-18.

2.0 Context

Manchester, as outlined in our Locality Plan and the Local Care Organisation Prospectus, has ambitious plans to transform primary care and improve the health outcomes of our local population.

Fundamental to the delivery of our transformation plans is a consistent, high quality population offer; and a primary care system that is resilient and can operate at scale, in neighbourhood arrangements, to provide federated approaches to delivery.

Primary care is a complex, diverse system with over 90% of all contacts with the NHS occurring in general practice¹ ranging from minor ailments to management of patients with multiple long term conditions and co-morbidities. The current model of primary care, made up of numerous individual providers, means that there can be variation in quality, service delivery and the 'offer' available to patients. Whilst a degree of variation is acceptable, and in many ways should be embraced, as it reflects GP practices understanding of their patient needs, there is also a degree of unwarranted variation that needs to be removed.

To reduce this unwarranted variation and improve quality of care, a set of Primary Care Standards have been developed across Greater Manchester (GM).

The agreed GM Standards focus on:

1. Improving access and responsiveness to General Practice
2. Improving health outcomes for patients with mental illness, Dementia, Learning Disabilities (LD) & military veterans
3. Improving cancer survival rates and earlier diagnosis
4. Ensure a pro-active approach to health improvement and early detection of disease
5. Improving the health and wellbeing of carers
6. Improving outcomes for people with a long term condition
7. Embedding a culture of safety
8. Improving outcomes in children – childhood asthma
9. Pro-active disease management to improve outcomes

The standards aim to deliver:

- Improved quality

¹ BMA_PressBriefingGeneralPracticeInTheUK_July2014

- Improved health outcomes
- Optimum use of resources
- A reduction in health inequalities

Manchester Health and Commissioning (MHCC), under the previous arrangements of the three Manchester CCG's, agreed that the GM standards should be used as the basis of a set of standards for Manchester. Through a citywide approach these would be adapted and added to, where appropriate, to reflect local additional requirements. It was also agreed that the standards would not be a short term aspiration but would be phased over a number of years to improve quality and the health outcomes of Manchester patients.

3.0 Primary Care Standards 2016-17

In 2016-17, through a prioritisation process including clinicians and non-clinicians, the priorities were agreed as:

1. Improving access to primary care
6. Improving outcomes for people with long term conditions
9. Member Practice engagement

In July 2016, the Primary Care Standards Scheme for 2016-17 was implemented across Central and North Manchester; with South Manchester following in August 2017 upon completion of their previous engagement scheme.

Uptake of the standards across the city is shown in figure 1 below:

Standard	Number of practices signed up
1 - Improving access to primary care	82 (91%)
6 - Improving outcomes for people with long term conditions	87 (97%)
9 - Member engagement	87 (97%)

Figure1: Uptake of 2016-17 Primary Care Standards

The 2016-17 Scheme ended on 30th June 2017 and data for the final quarter of the scheme is currently being collated.

However, there are a number of areas that have seen significant achievement based on the data available for July 2016 – April 2017.

This includes 91% of practices across Manchester working to provide responsive access and improve availability as follows:

- All patients are able to access appointments in core hours 8am – 6:30pm Monday to Friday
- Provide a minimum of 10 bookable in-hours sessions (one am and one pm Monday - Friday). Out of Hours cover should not be utilised between 8am – 6.30pm Monday to Friday
- Offer appropriate access to both male and female clinicians
- Provide a minimum of 75 face to face, telephone or video consultations per week per 1000 population with a clinician with prescribing rights (not triaging appointments)
- Offer pre-bookable appointments with a GP one month in advance

Further data, specific to the management of long term conditions, is shown in figure 2 below:

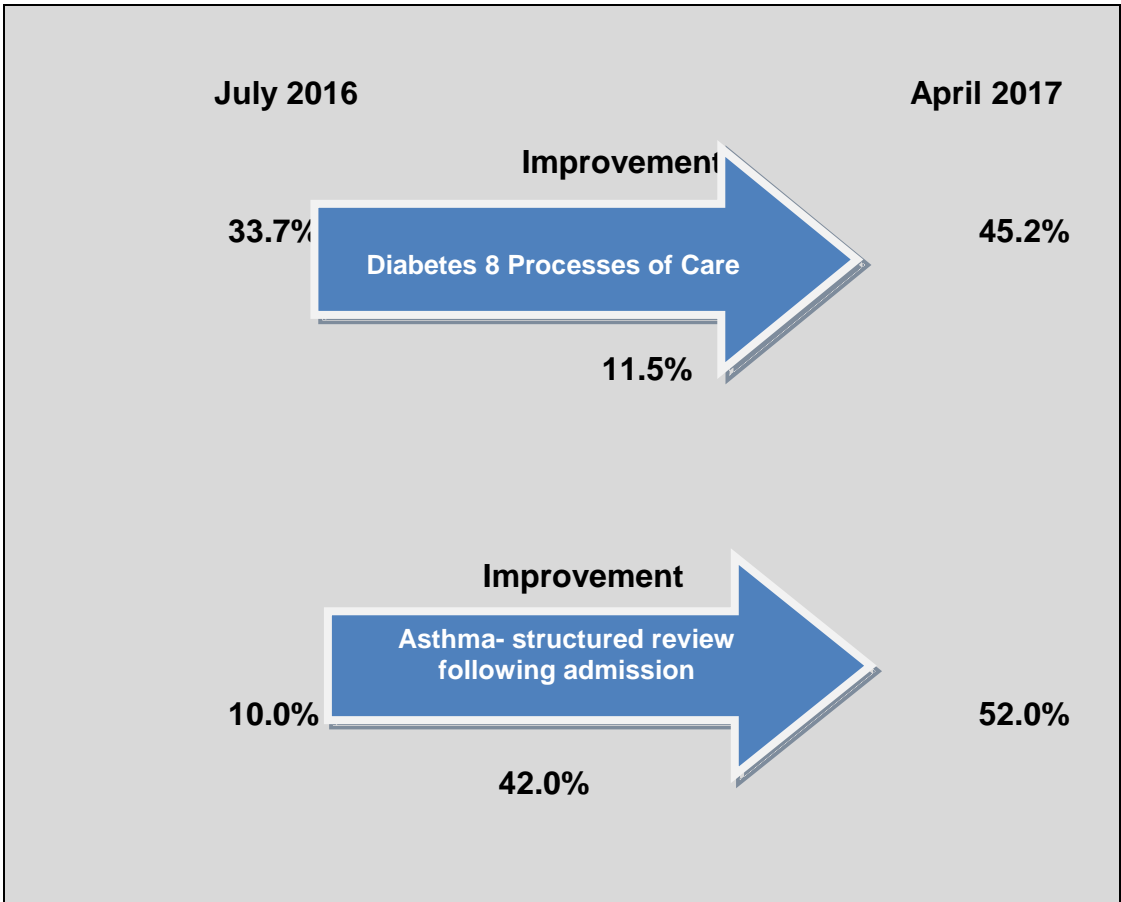


Figure 2: Primary Care Standards achievement - specific to long term condition management (July 2016- April 2017)

4.0 Primary Care Standards 2017-18

In response to the challenge from GM, and the need to refresh and identify our priorities for 2017-18, MHCC established a citywide Primary Care Standards Working Group to develop our approach for 2017-18.

Through a process of co-design with clinicians from MHCC and the GP Federations, together with early engagement from the LMC, the standards scheme for 2017-18 reflects our current position and our plans to transform primary care at a local level. To ensure a consistent, high quality population offer for 2017-18 the Primary Care Standards, and all enhanced primary care, will be delivered through a federated approach based on neighbourhood arrangements. This will see practices buddying up and working with their respective GP Federations to deliver innovative solutions that ensure that a patient, regardless of which GP practice they are registered with, will receive the same primary care 'offer'.

In planning for 2017-18, the Manchester Standards Scheme for 2016-17 was reviewed; the indicators were updated to ensure they meet the needs and priorities of the population locally and that they align with the refreshed GM Standards. As a result the MHCC priorities for 2017-18 have been agreed as:

- 1 Improving access to primary care
- 2 Mental Health specific to Learning Disabilities
- 3 Cancer
- 6 Improving outcomes for people with Long Term Conditions: with specific focus on
 - Respiratory: COPD and Asthma
 - This incorporates elements of the GM Standard 8 – Improving outcomes in children: Childhood Asthma
 - Diabetes

Further detail on each of the standards listed above is available in Appendix 1.

In previous years, GP member engagement has formed part of our Primary Care Standards scheme. For 2017-18 we have removed this element as it will be resourced separately from primary care investments; along with other enablers such as estates, IM&T and workforce.

An additional amount of funding has also been agreed for implementation of further standard(s) throughout 2017-18. Once the further standard(s) have been prioritised, within the next couple of months, they will be rolled out across general practice.

For 2017-18, it was agreed that access to primary care and management of long term conditions remain priorities and that they would be supplemented with further standards: Mental Health (specific to Learning Disabilities) and Cancer. These two areas were prioritised to improve the poor health outcomes for people with learning disabilities and to build on the excellent work undertaken by Macmillan to improve the outcomes of people diagnosed with Cancer.

The Primary Care Standards Scheme for 2017-18 was launched to practices, as part of a Neighbourhood Development Scheme, at an event on 7th June 2017. Following a period of engagement the 2017-18 Scheme launched across the city on 1st July 2017.

5.0 Next Steps

As mentioned above, the Primary Care Standards for 2017-18 have been launched as part of a Neighbourhood Development Scheme. This is one element of an overall investment package to improve quality in primary care for 2017-18 and will be supported by further implementation of standard(s), services to support vulnerable groups (Homeless People and Vulnerable Migrants), workforce and estates developments and a scheme to support primary care transformation and resilience.

6.0 Improving Quality

Underpinning the quality improvement agenda is a Primary Care Dashboard and a draft Quality Assurance Framework. The dashboard triangulates all data on primary care and will be supported by the Quality Assurance Framework, once complete, to identify outlying areas and pro-actively identify GP practices for support. Members may be interested in the current primary care quality in the city, as assessed by the Care Quality Commission (Figure 3 below):

Rating	Number of GP practices	Per cent
Outstanding	3	3%
Good	78	87%
Requires Improvement	3	3%
Inadequate	5	6%
Not yet inspected	1	1%

Figure 3: Manchester GP Practice CQC Ratings (correct at 05.07.17)

7.0 Recommendations

Members of the Committee are asked to:

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Appendix 1

Standard 1 – Improving Access to Primary Care

Purpose:-

Support Primary care to deliver effective access and responsiveness to the public of Manchester

Main elements:-

Pre-bookable appointments 5 days per week

Continuity

Same day responsiveness to urgent need

Online booking and prescriptions

Alternative forms of consultation

Choice of clinician

Standard 2 - Mental Health (Learning Disabilities)

Purpose:-

Increase numbers of eligible people receiving health checks

Reducing variation in quality of care and delivery

Main elements:-

Practice Learning Disabilities Champions

Peer review & shared learning in neighbourhoods

Working with advocate groups, stakeholders and community services

Standard 3 - Cancer

Purpose:-

Improve patient outcomes

Reduce early cancer deaths related to delayed / late presentation - building on successful Macmillan Locally Commissioned Service

Main elements:-

Promote improved uptake in neighbourhoods for screening / target hard to reach groups

Proactively follow up patients who DNA screening/diagnostics/appointments

Peer review Significant Event Analyses

Workforce training & development

Standard 6 - Improving outcomes for people with Long Term Condition(s) Respiratory

Purpose:-

Improve patient outcomes

Reduce variation in quality & unplanned admissions

Main elements:-

Increase early uptake of pneumococcal/flu vaccinations

COPD patients – Rescue packs / patient information / offer pulmonary rehab /refer to Community Teams

Patient reviews & care plans

Children's Asthma

- Register for those between 2 and 8
- Care plans 2-17

Neighbourhood working – peer review and improvement

Standard 6 - Improving outcomes for people with Long Term Condition(s) Diabetes

Purpose:-

Improve proactive patient care, and outcomes

Prevention

Empower patients through education to help them self-manage

Main elements:-

Eight care processes

Clinician and patient education

Proactive screening and management for pre-diabetic patients