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**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 6 November 2013

**Subject:** Primary Care Commissioning Strategy

**Report of:** NHS England (Greater Manchester)

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**Summary**

Primary care exists to contribute to preventing ill health, providing early diagnosis and treatment, managing on going mental and physical health conditions and helping recovery from episodes of ill health and injury (Ref; NHS Mandate 2013). The Primary Care Commissioning Directorate, Greater Manchester Area Team NHS England, is fully committed to the principles of the NHS and sees our core function as commissioning quality health services delivered as close to home as possible and in the most cost effective way. Our aim over the next 5 years is to work with our co-commissioners to deliver transformed out of hospital care for all people of Greater Manchester. The draft Primary Care Commissioning Strategy identifies how primary care will be different in the future both to patients and to professionals. The Board is asked to endorse the draft Strategy.

**Recommendations**

The Board is asked to endorse the draft Primary Care Commissioning Strategy

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**Board Priority(s) Addressed:**

All

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**Contact Officers:**

Name: Warren Heppolette  
Position: Director of Operations & Delivery, NHS England (Greater Manchester)  
Telephone: 0161 625 7913  
Email: warren.Heppolette@nhs.net

**Background documents (available for public inspection):**

None

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*Staying Well, Living Well*

# Our 5 year strategy for improving primary care within Greater Manchester

## 2014 - 2018

NHS England Greater Manchester Area Team – Primary Care Commissioning  
Strategy

First published: May 2013

Updated: September 2013

Version: 11

## Letter from Dr. Anne Talbot and Mr. Rob Bellingham

Olwen  
Oldham resident

"I have two long term conditions and when struggling to manage my COPD recently, the nurse at my practice put me in touch with a local Breathe Easy Group. I've made friends and get lots of support and the confidence to better manage my condition. I have regular telephone consultations with my GP and feel in control of my life. It's great that the practice have links with vital support groups"

Central Manchester

Ingrid  
Tameside resident who has had access to her health records since 2006

"I can order repeat prescriptions direct from my pharmacist, check consultations & read hospital letters on line so I know exactly what I'm supposed to be doing. I can also check my blood test results and read a record of what happened when"

Margaret  
Stockport resident

'My GP practice now offers appointments with a neighbouring practice if I'm unable to see my own GP. I'm happy to travel to a nearby practice if it means I can be seen swiftly and locally'

Robin  
Bolton resident

told us that a nurse arranged a 24hr blood pressure monitor at short notice on a Friday lunchtime and came out on a Saturday to complete the process in order to ensure he was fit for an urgent operation. He said:

"From the stories I'd heard about the NHS, I found that this was a very refreshing and unexpected approach."

We have some excellent primary care in Greater Manchester. The patient stories above show the level of commitment, care and innovative practice available across general practice, pharmacy, dentistry and optometry. However, unfortunately, this is not currently available to all of us.

All of us in Greater Manchester should be able to access and receive excellent care. The Commissioning team for Greater Manchester is committed to delivering accessible and excellent primary care. This draft Primary Care Commissioning Strategy identifies how primary care will be different in the future: to patients and to professionals. Your feedback on how this strategy can be improved will be invaluable.

Dr. Anne Talbot  
GP and Associate Medical Director

Mr. Rob Bellingham  
Director of Commissioning, NHS England  
Greater Manchester Area Team

## Executive Summary

Primary Care exists to contribute to preventing ill health, providing early diagnosis and treatment, managing on going mental and physical health conditions and helping recovery from episodes of ill health and injury (Ref; NHS Mandate 2013). The Primary Care Commissioning Directorate, Greater Manchester Area Team NHS England, is fully committed to the principles of the NHS and sees our core function as commissioning quality health services delivered as close to home as possible and in the most cost effective way. Our aim over the next 5 years is to work with our co-commissioners to deliver transformed out of hospital care for all people of Greater Manchester.

## The case for improving out of hospital services

- Population changes are increasing demands on health care services and the resources available are not increasing at the same rate. As the population ages and the number of people with chronic conditions rises, the way we currently use our hospitals is becoming unsustainable
- Improving our out of hospital services will improve patient care and will cost less. Better care, closer to home is the only way to maintain quality of care in the face of increasing demand and limited resources
- Access to care and quality of care is variable across Greater Manchester. Improving primary and community services will require new and innovative ways of coordinating services, more investment and greater accountability.

## Greater Manchester Context

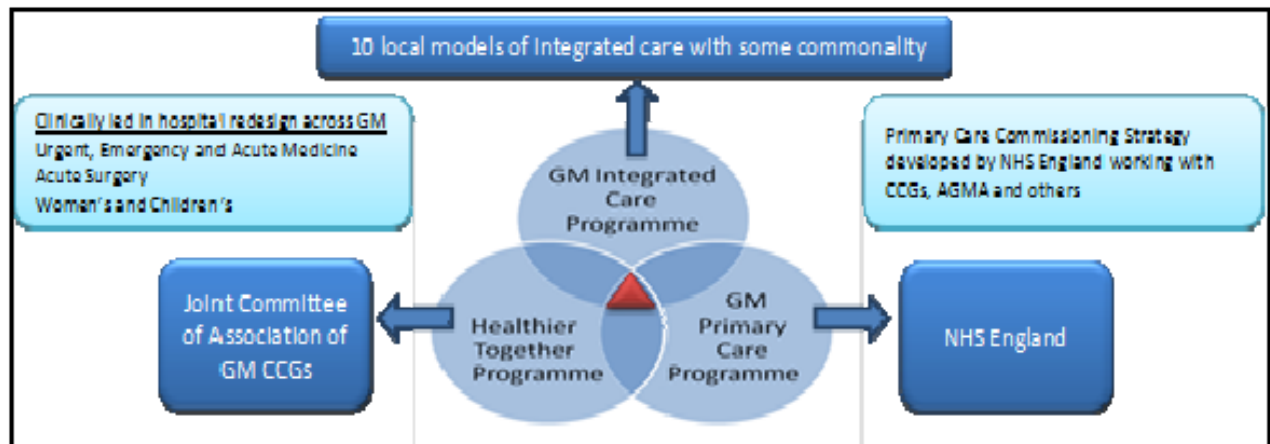
Greater Manchester local authorities and clinical leaders agreed the following in February 2013:

- People can expect services to support them to retain their independence and be in control of their lives, recognising the importance of family and community in supporting health and well being
- People should expect improved access to General Medical Practice, Primary Care Dentistry, Community Pharmacy and Community Optometry Practices
- Where people need services provided in their home by a number of different agencies they should expect these to be planned and delivered in a more joined up way
- When people need hospital services they should expect to receive high quality care that is safe and adheres to best practice – the right staff, doing the right things, at the right time
- Where possible we will bring more services closer to home (for example there are models of Christie led Cancer services delivered from local hospitals)
- For a relatively small number of patients (for example those requiring specialist surgery), highest quality outcomes are gained by centralizing some services onto a small number of hospital sites. Planning such services will take account of the sustainable transport needs of patients and carers.

In order to deliver this across Greater Manchester, an ambitious programme of health and social care reform programme was created. This includes three broad areas of service redesign: Primary Care; Integrated Care; and Secondary (Hospital) Care,

which collectively are referred to as 'Healthier Together'. How these fit together is demonstrated in Figure 1 below.

Figure 1 – Health and Social Care Reform in Greater Manchester



Together, the primary care and integrated care work programmes will contribute to a new model of out of hospital care. This strategy focuses on the primary care element of out of hospital care, but is set in the context of broader models of integrated health and social care and linked key strategies to ensure system wide ownership and a consistent, coherent drive for outcomes.

#### Our vision for how care will be different

Too often our residents do not receive the care and support they need to prevent ill health, maintain their health and to stay independent for as long as possible. Frequently, when ill, our patients do not know how to access the most appropriate care easily and report that they find care to be fragmented. Our vision is to empower communities in Greater Manchester to adopt healthy living practices, deliver care at the right time through integrated care pathways that coordinate input from the health, social, community and voluntary sectors.

Our five major primary care commitments focus on:

- Quality and safety

Primary care providers will consistently provide high quality and safe care as evidenced by appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will be expected to participate in incident reporting and peer review.

- Involvement in care

We will provide clear evidence informed preventative advice, understandable care pathways with the patient always at the centre. Patients will have choice, access to their own care records and be provided with accessible information in order to work as partners with professionals to manage their health.

- Multidisciplinary Care

Patients with long term conditions including those with multi morbidities will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.

- Access and responsiveness

There will be easy access to high quality, responsive, preventative primary care including a rapid response to urgent needs so that fewer patients reach crisis and need to access hospital emergency care.

- Increased out of hospital services

We will ensure patients can access a greater range of local health services within their communities easily and those services will work well together to ensure care remains out of hospital wherever clinically appropriate and safe.

### How we will deliver improved primary care closer to home

In order to achieve our commitments, we will need more new ways of working including a cultural shift in all health providers to think preventative at all levels whether primary, secondary and tertiary care, investment in better information systems and technology, improved primary care estate and significant workforce development. We will also need to put in place stronger governance systems to hold providers of out of hospital care to account and to assure the delivery of the commitments and standards to which we aspire. Therefore, in order to support this change, we have identified five key enablers:

- Governance and performance management
- Financial resource, contracts and incentives
- Information technology
- Organisational and workforce development including skill mix
- Estates

### Investing for the future

It is recognised that to deliver the aspirations set out in the Primary Care Commissioning Strategy and associated integrated care plans, there will need to be a step change in investment in care out of hospital. We will refine and further develop sources of evidence to inform the anticipated quantum shift of activity from hospital (and other care institutions) to primary and community based settings.

It is accepted that upfront investment in out of hospital care will be required to enable initial shift in activity to a new model of out of hospital care. Clear planning will be required to develop the mechanisms for the deployment of the £3.8bn spending review commitment to construct a pooled budget for integrated care with aligned prioritisation programme. Six Greater Manchester areas have been awarded 'Demonstrator Community Grants' as part the Primary Care Commissioning team's determination to support innovative integrated care proposals, including primary care. Evaluation of the clinical and financial outcomes from the primary care demonstrator sites will be a key enabler in the financial modelling of out of hospital care and resource prioritisation process.

### Next steps

This is a draft strategy and we are continuously updating it to reflect our engagement with partners and stakeholders. We are also working to understand the impact of the strategy and to develop implementation plans accordingly.

#### How to contribute to this strategy

The Healthier Together programme is reviewing health and social care provision in Greater Manchester. We want to provide the right care, in the right place, at the right time. We want to provide more services in primary care, the community and at home rather than in hospital. Involving professionals, patients, carers and the public is integral to the Healthier Together programme. We need your help in improving our services, and want your thoughts on how this can be achieved.

There are a number of ways you can get involved and make your views known including patient and carer panels and stakeholder workshops. Details of events can be found on the Healthier Together website:

<https://healthiertogethergm.nhs.uk/>



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## 1. Introduction

We know that the health needs and expectations of our population are changing and in order to meet these, the whole health and social care sector will need to move away from outdated divisions of care. Collectively, we are moving towards a system of integrated care, where clinicians work together in flexible teams formed around the needs of the patient, their families and the communities in which they live. We need the right people, in the right place, at the right time, in premises with technology that meet the needs of our workforce and patients. The aim is to deliver high quality, cost effective and resilient systems of care that achieve best health outcomes for the population of Greater Manchester.

Primary Care is the bedrock of our national health system. Therefore, whilst it is necessary to build a vision for out of hospital care in Greater Manchester, it is also necessary to have a detailed strategy for the primary care aspects of models of out of hospital care. For the purposes of this commissioning strategy, 'primary care' is defined as general practice, pharmacy, dentistry and optometry.

Whilst the quality of most primary care is good, there are wide variations in performance. We need to reduce unwarranted variation in primary care so our patients, the public and our professional colleagues across the health and social care system are assured that primary care in Greater Manchester is consistently of the highest quality. We need to ensure that vulnerable and at risk patients are identified to prevent ill health and ensure that their conditions are effectively managed to improve their independence and well-being; reduce unscheduled hospital attendance and admission; and improve health outcomes. We in primary care need to own the quality agenda and take on professional leadership for quality improvement in primary care. We will drive improvements in care and reduction in unwarranted variation by providing clinicians with the timely and accurate data, information and knowledge they need to identify and prioritise areas for quality improvement, ensuring that data is transparent and widely shared with patients and the public. We will ensure that this information includes views of patients and their families in order that their views are genuinely listened to and engaged with in improving their primary care services.

Where inequalities exist, these need to be addressed. Evidence shows our most deprived communities are least able to make the necessary changes in their lifestyle. A different approach is required to support these communities: one that better integrates primary care with social care, housing, education, leisure services and other determinants of health. Primary care is well placed to provide an important leadership role locally in driving this reform.

Delivery of enhanced and extended primary care, outside of the current working hours will require a radically different way of working, through collaboration and skill mixing across larger populations. This is particularly the case with patients who need support with urgent care needs and those receiving care outside hospital with complex needs or at their end-of-life.

Finally, we need to work closely with our patients and populations to achieve a primary care system that refocuses on wellbeing, prevention and restorative health.

We need to empower patients to take greater responsibility for their health and create a self-reliant, resilient and economically active population. Conversely, when in need of health care, it must be accessible and equitable and within a system in which our patients are valued and involved in shared decision-making.

## 2. Greater Manchester Context

Greater Manchester is leading public sector reform. A full programme of Health and Social Care reform is supported at the highest levels of local and national government and incorporates three significant change programmes. These are Primary Care, Integrated Care and the secondary care redesign programme: Healthier Together. The key messages for Primary Care within the Greater Manchester context of public sector reform are:

- Provide integrated strategic planning and provision of primary care services, closely aligned and linked with local in and out of hospital services across Greater Manchester
- Respond to the need to deliver enhanced and extended primary care, outside of the current working hours and week, such as that required to support urgent care, and facilitate continuity of care outside hospital for patients with complex needs or at their end-of-life
- Respond to patients' needs and wishes to have more convenient quality care, closer to home and the needs and wishes of Greater Manchester business community to have more accessible primary care for wider economic benefit
- Increase the range and scope of services provided in primary care by our range of primary care contractors utilising and developing the skill mix and competencies required to meet the changing level and needs of care outside hospital
- Promote wellness and prevent ill health by integrated working across the public sector to address the key determinants of poor health and influence lifestyle choices and access to wellness, screening and preventative services
- Offer early assistance when people become ill or develop a long term condition, provide optimum condition management, with patients and their families as empowered partners in their care, and enable patients to die in the place of their choosing when at the end of life
- Provide a broad and co-ordinated approach to ensure the wellbeing, independent living and best care of those in vulnerable groups.

In Greater Manchester, the total budget for Primary Care in 2013/14 is £690million. NHS England Greater Manchester Area Team is responsible for leading the development of the primary care commissioning strategy and it has embraced this challenge. However, the delivery of this strategy will be managed in different localities and communities as, for the strategy to succeed, it must be locally implemented by Local Authorities, Clinical Commissioning Groups, NHS Trusts and

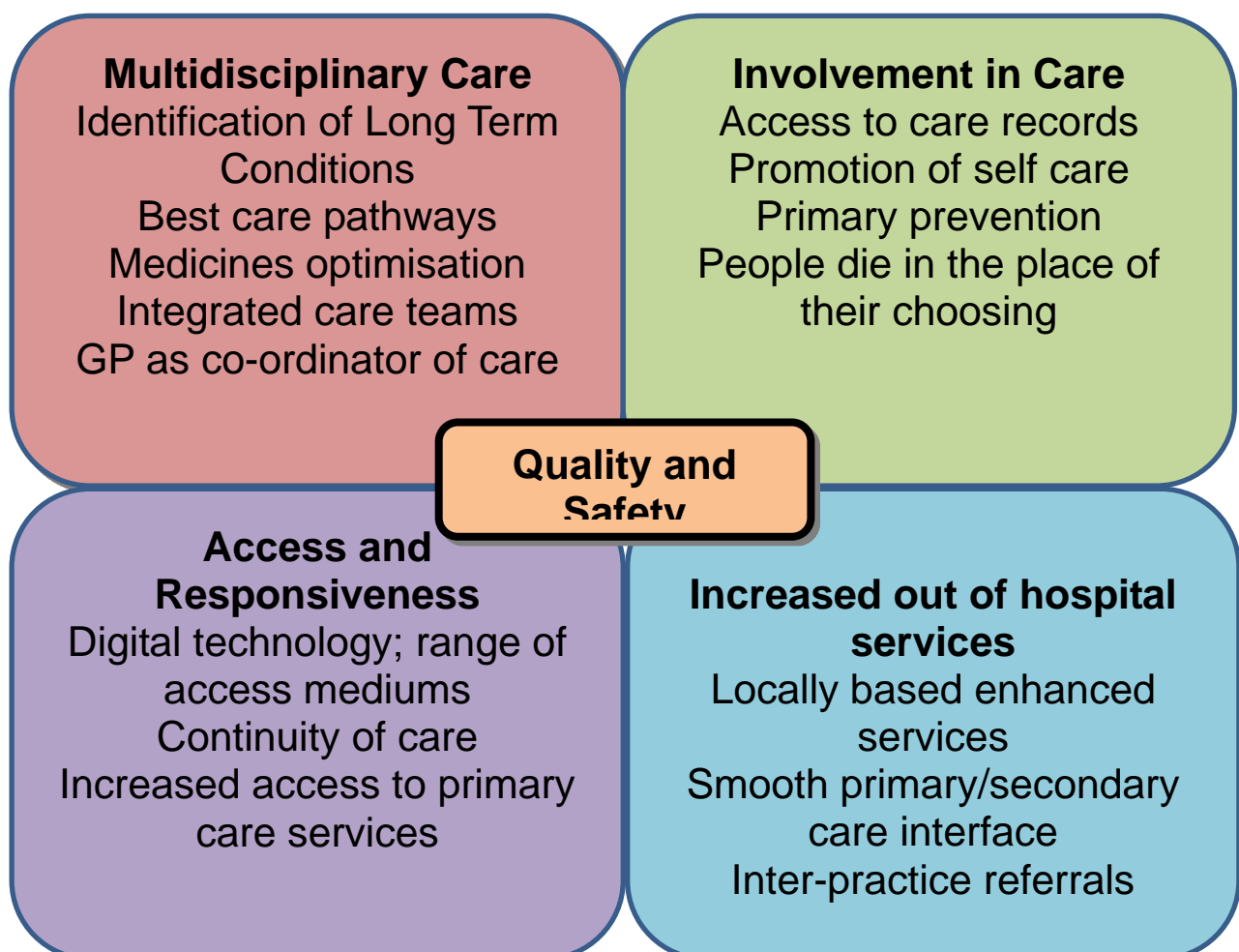
Foundation Trusts, Community Providers as well as the voluntary and private sectors in appropriate partnership arrangements in order to collectively provide a high quality, safe and sustainable local health and social care system.

Many excellent primary care improvements and developments are already happening across Greater Manchester. Unfortunately however, parts of the primary care system are not operating at a sufficiently high level to ensure an effective overall primary health care system. This Primary Care Commissioning Strategy aims to change this by defining the vision for primary care in the future and how these can be achieved across Greater Manchester population, at greater scale and pace.

### 3. Our vision of how care will be different

The success of Greater Manchester's health and social care reform programme is dependent on its ability to transform primary care. A key requirement of health and social care reform is the ability to move activity out of the acute hospital setting but for this shift to take place, primary care needs to change. NHS England Greater Manchester Area Team has worked collaboratively with CCGs, Local Representative Committees, Local Professional Networks, patient groups and a wide variety of stakeholders to develop primary care commitments which we will collectively deliver across Greater Manchester. The ambition for these commitments is that they inform standards for out of hospital care and resonate with the core business strategy of CCGs and their member practices. Working together to meet these commitments and standards, providing high quality care for patients as locally as possible, will be a key enabler of the transformation required of primary care.

Figure 1 - Our commitments for improving Primary Care



### 3.1 Commitment 1 - **Quality and Safety**

Primary care providers will consistently provide high quality and safe care as evidenced by through appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will participate in incident reporting and be engaged in peer review.

## **Quality and Safety**

What does this mean for patients?

- Everyone is assured that care and treatment in primary care is delivered to the highest quality and safety standards
- Patients can easily compare their services to elsewhere within Greater Manchester
- Patients receive information about medicines, their purpose, how to take them and their potential side effects and involvement in shared decision making about taking their medicines
- That the quality of services provided will be the same, wherever they access primary care services

What does this mean for primary care professionals?

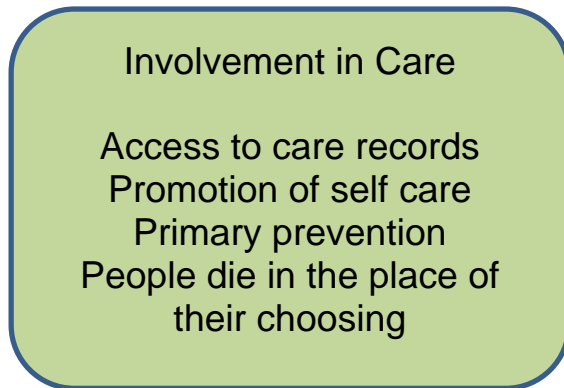
- All providers will enable relevant data to be available for the purposes of producing transparent benchmark data
- All providers will be fully engaged in reporting untoward incidents in primary care
- All providers will have up-to-date profiles on NHS Choices and the DoS (Directory of Services)
- There will be campaigns to identify patients who require public health advice and who do not currently engage in primary care

How will we measure whether we have succeeded?

- Patients report they feel safe in the care they receive
- % reduction in emergency admissions due to prescribing, dispensing or administration of medicines
- Reduction in the variation of outcomes across Greater Manchester in primary care
- Increased compliance with clinically evidenced best care protocols and pathways within primary care
- Outcomes based key performance indicators will be applied to all Primary Care contracts
- Reduction in medication errors whether reported by patients or professionals

### 3.2 Commitment 2 - [Involvement in Care](#)

We will provide clear, understandable, evidence informed preventative advice and care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with evidence based and accessible information in order to work as partners with professionals to manage their health.



What does this mean for patients?

- Patients will have access to their own integrated health and social care records
- Patients will have all information available to prevent ill health and ensure they can manage their condition and access appropriate support when required e.g.; care plan, crisis plan and including information relating to social prescription
- Patients will have all appropriate information to enable shared decision making alongside relevant professionals
- Patients will understand their own contribution to their health and well-being and use of health and social care services
- Patients will be confident that professionals who have access to their relevant patient information will treat it in confidence and conform to all Information Governance statutory guidance

What does this mean for primary care professionals?

- Staff will have access to a suite of tools to work with patients in order to promote good health and shared decision making
- All health and social care professionals will promote good health and prevention as part of every contact
- Access to Summary Care Records for all primary care professionals

How will we measure whether we have succeeded?

- Positive impact on health outcomes and a reduction in crisis use of emergency services
- Implementation of Greater Manchester Information Technology strategy which delivers integrated patient held health and social care records
- All patients are able to access their own records should they wish to do so
- GP Patient Survey shows improved results for patients reporting the ability to self-care
- Reports from web based reporting systems to demonstrate outcomes

### 3.3 Commitment 3 - **Multidisciplinary Care**

Patients with long term conditions will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.

#### **Multidisciplinary Care**

Identification of Long Term  
Conditions  
Best care pathways  
Medicines optimisation  
Integrated care teams  
GP as co-ordinator of care

What does this mean for patients?

- Patients and their carers will have good experience and outcomes from improved communication, knowledge and support in relation to their health and care
- Patients will be able to choose to die at home and then be enabled to do so
- Patients will receive a reduction in the duplication of assessment and treatment
- If diagnosed with a long term condition, you will have a care plan including a crisis plan if appropriate
- Patients will, where clinically appropriate and evidenced, have the opportunity to monitor their care in partnership with professionals via telehealth and telecare systems

What does this mean for primary care professionals?

- Increase in the amount of health and social care professionals interaction in the interests of patients
- All professionals to have the opportunity to access and use tools to help them plan patient care in conjunction with the patient
- Engagement with risk stratification tools in relation to understanding need and risk
- Different professionals will be able to provide screening and diagnostic services, commissioned by the Clinical Commissioning Groups, Local Authorities or other commissioners.

How will we measure whether we have succeeded?

- All patients who would benefit from a care plan will have one if appropriate
- % improvement of patient reported outcomes in the annual GP patient survey
- 100% of relevant patients know their care co-ordinator
- Reduction in A&E and Urgent Care setting attendances for long term conditions and mental health
- % patients dying in the place of their choosing
- There will be key performance indicators applied to all contracts to show clinical outcomes
- More effective use of resources in all Primary Care such as increasing skill mix utilization



### 3.4 Commitment 4 - [Access and Responsiveness](#)

There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care

#### **Access and Responsiveness**

Digital technology; range of access mediums  
Continuity of care  
Increased access to primary

What does this mean for patients?

- Everyone will have access to professional clinical advice 24 hours a day, 7 days a week
- All children under the age of 5 will be able to access general practice the same day
- All patients will be assured of access to primary care within 2 hours in case of urgent and within 6 hours in case of less urgent identified health need
- Patients will experience increased access to and availability of screening, wellness and prevention services
- Patients will have access to NHS Pharmaceutical Dental and NHS sight test services over extended periods
- All pre school children will be able to access eye tests or sooner if clinically indicated
- Patients will be able to access diagnostic tests quickly and closer to home
- Patients will be more informed about their health and understand their contribution to use of health and social care services
- Patients will be able to access primary care and subsequent clinical advice through a wider range of contact mediums
- All children to have NHS Dental advice

What does this mean for primary care professionals?

- Professionals will safely work across organisational boundaries, including across general practice boundaries, where appropriate in the best interests of patients and within a defined governance arrangement.
- All Primary Care professionals will have the opportunity to contribute to the provision of extended general practice, dental, pharmaceutical and ophthalmic services within defined communities
- There will be standardised contracts for provision of enhanced services for extended access
- Improved opportunity to identify safeguarding issues in relation to children and vulnerable adults

- Providers will have a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be immediately passed to the ambulance service
- Providers will be able to demonstrate that they have a clinically safe and effective system for prioritising patients and can provide assurance that patients will have access to primary medical services within 2 hours in case of urgent and within 6 hours for other identified urgent care needs.

How will we measure whether we have succeeded?

- Every general practice is open for a minimum of 52.5 hours per week within one year
- 90% of respondents in the GP annual patient survey by 2016/17 are very or fairly satisfied with their general practice opening hours
- Every defined community has access to extended general medical practice services, available 66 hours per week within two years
- Every defined community has access to extended dental and ophthalmic services within two years
- Every community has access to pharmaceutical care as defined by the Pharmaceutical Needs Assessments for each Health and Well-Being Board
- % reduction in attendances at A&Es across Greater Manchester for primary care conditions including dental, minor injuries and minor eye conditions
- % reduction in dental attendances at primary medical care services
- % increase in the take up of screening, vaccinations and stop smoking courses
- % increase of general practice services open 52.5 and 66 hours per week
- % increase in pre school children who have had an eye test

### 3.5 Commitment 5 - [Increased out of hospital services](#)

Patients will access enhanced local health services within their communities easily and those services will work well together to ensure care remains within primary and community care where ever appropriate.

#### **Increased out of hospital services**

Locally based enhanced services  
Smooth primary/secondary care  
interface  
Inter-practice referrals

What does this mean for patients?

- Patients will be able to access a greater range of health services locally: this may be access to specialists, diagnostics or to urgent care services
- Patients will not notice when the service they are receiving is delivered by an alternative provider

- Patients will be able to access primary care services in a variety of primary care settings other than at their registered general practice and retain continuity of care
- Patients will be able to access minor ailment services in most pharmacies regardless of where they live or are registered

What does this mean for primary care professionals?

- Primary care may need to locally review organisational arrangements across professional boundaries, to ensure delivery of specialist support, screening and diagnostics from a range of contractors, to larger population groups and communities
- Generalists will remain the key co-ordinator of care for the vast majority of patients, even when those patients are accessing secondary healthcare services
- Primary care will offer enhanced continuity of care
- Primary care staff will have the opportunity to further develop their specialist skills through working locally with specialists
- Primary care staff will have the opportunity to support specialists with managing the full breadth of a patient's condition
- The extended role of pharmacy, dental and optometry will enhance the skill mix within primary care and provide additional access points for services

How will we measure whether we have succeeded?

- Significant reduction in hospital based outpatient appointments
- % increase in diagnostics taking place in local communities/outside hospital settings
- Minor ailment services are available to all patients in Greater Manchester from community pharmacies by 2015
- Reduction in first hospital outpatient appointments and A&E attendances

#### 4. How we will deliver improved primary care

This strategy sets out the vision for the commissioning of the highest quality primary care within an integrated system of health and social care, focusing on both the individual patient and the improvement of population outcomes across Greater Manchester. To support the change, we will need more than new ways of working to be effective. We will need to invest in better information systems and technology, improved primary care estate and significant workforce development. We will also need to put in place stronger governance systems to hold providers of care out of hospital to account and to assure that the commitments and standards to which we aspire are delivered.

To support the change and the delivery of our primary care commissioning strategy we have identified five key enablers:

1. Governance and performance management
2. Financial resource, contracts and incentives
3. Information technology
4. Organisational and workforce development
5. Estates

##### 4.1 Governance and Performance Management

Working closely with CCGs, Local Authorities and the range of professionals providing care out of hospital now and in the future, we will develop a set of standards for care outside hospital. These standards will define an offer for out of hospital care that patients and the public can understand. They will provide a mechanism for reducing variation across primary care and measuring and, more importantly, improving quality. The high level standards will be underpinned by clear outcome measures and metrics and will provide a consistent approach to quality for out of hospital care across Greater Manchester which can be implemented locally. Aligned with the development of standards for out of hospital care, we will work closely with partners across Greater Manchester to ensure the development of appropriate governance structures to measure and monitor delivery against the agreed standards.

We will publish data relating to our out of hospital standards and about the performance of primary care services across Greater Manchester. We will support this by the development of an interactive publically facing website. We will ensure accurate and accessible data about out of hospital care services making it easy for patients to access information and for professionals to compare and thereby improve their performance in relation to their peers.

##### 4.2 Financial Resource, Contracts and Incentives

It is recognised that to deliver the aspirations set out in the Primary Care Commissioning Strategy and associated integrated care plans, there will need to be a step change in investment in care out of hospital. We will underpin this commissioning strategy with robust financial modelling, for which activity

assumptions can be based and for which financial shift of resource can be determined. It is accepted that upfront investment in out of hospital care will be required to enable initial shift of activity and the first implementation phase of this new model, including primary care. In supporting the proposed changes to out of hospital care, a prioritisation programme will be required to ensure changes resulting in maximal outcomes are prioritised. The primary care demonstrator sites will be enablers for this process.

We will need to have the right contracts and incentives in place to transform out of hospital care. Working with commissioning partners, we will align provider and patient interests by incentivising providers to meet the out of hospital standards, including compliance with best care protocols and pathways. We will encourage primary care providers to work collaboratively to share skills and resources by ensuring appropriate financial flows for outcomes delivered. We will use the experience and evaluation of our demonstrator sites to develop appropriately resourced contracts, linked with clear and monitored key performance indicators, for extended primary care services including those related to access.

#### 4.3 Information Technology

Information and communications technologies have the potential to revolutionise patient experience, transforming how and where care is delivered. We will work with partners in health and social care to align Greater Manchester's IT strategy as a key enabler of the Primary Care Commissioning Strategy and local integrated care plans. It is widely recognised that the ability to share data across health and social care, and critically with patients and their carers, will be a crucial success factor in the delivery and transformation of out of hospital care. We will work with key stakeholders across Greater Manchester in the delivery of integrated health and social care records.

We will capitalise on the transformational improvements in the quality of information technology to enable the delivery of the commitments aspired to within the Primary Care Commissioning Strategy. This includes the development of shared decision-making tools, transparent and public sharing of benchmarked data via the development of an interactive website and the development of mechanisms for patients to report their experiences of care and services. With partners, we will develop and deliver a digital technology strategy to drive down the level of unnecessary face to face contacts, enabling care to be delivered safely and more conveniently. We will increase the amount of standardised clinical pathways to make best use of telehealth and telemedicine where supported by clinical evidence.

#### 4.4 Organisational and Workforce Development

Based on a broader understanding of the quantum activity shift anticipated, work is underway with Health Education England to understand the workforce implication across the health and social care system. We recognise that the delivery of the Primary Care Commissioning strategy will require increase in workforce capacity within Primary Care. Whilst we are working closely with the Deanery to understand current trajectories for GP training, recruitment and retention, we also recognise that many of the developments described may be delivered by nursing, allied health and

social care professionals and other primary care professionals (with the exception of Dentistry), with the GP as the co-ordinator of care.

Our workforce development programme is supported initially by an externally commissioned baseline assessment. This will be further developed to encompass future primary care workforce projections and the shift of culture and leadership required to support front line staff to co-ordinate and deliver whole person focused interventions. It is recognised that a robustly developed and credible workforce plan, including transition plan, is a key requirement for the successful implementation of the Primary Care Commissioning Strategy.

#### 4.5 Estates

Based on a broader understanding of the quantum activity shift anticipated and transformation of care out of hospital, including primary care, work is underway with NHS Property Services and with Local Authority partners to understand the estates implication across the health and social care system. We will work closely with our partners to ensure that future estates strategies align with and enable the delivery of our Primary Care Commissioning strategy. Key considerations will be the development of facilities that promote and enable integrated working across organisational boundaries and the delivery of diagnostics and specialist care in out of hospital settings. We will work closely with our partners to ensure any urban development proposals consider the implications of out of hospital service developments.

## 5. Investing for the future

### 5.1 Demonstrator Communities

As part of the drive by the Primary Care Commissioning Team to invigorate and support innovative integrated care proposals, approximately £2M has been allocated to six Greater Manchester areas who have been awarded Demonstrator Community status. The areas and their projects are:

- Bolton CCG; Care Homes and GP Access
- Bury GP Federation; A Healthier Radcliffe
- Central Manchester CCG; Making a difference for our whole community
- Heywood (Federation); Pilot in Integrated Care
- Middleton GP Practices; Organisations in Partnership
- Stockport CCG; Development of an Integrated Locality Hub

This followed a rigorous bidding process which generated 18 strong bids from across Greater Manchester and the 6 projects recently funded are tasked with demonstrating benefits and outcomes by April 2014. NHS England is now working with the other bidders to define alternative methods of funding with the aim of increasing the numbers of demonstrator communities this year as well as ensuring opportunities for sharing of best practice.

### 5.2 How the money will move from secondary care to support greater primary/community care

To deliver the aspirations set out in the Primary Care Commissioning Strategy and associated integrated care plans, there will need to be a step change in investment in care out of hospital. We will refine and further develop sources of evidence to inform the anticipated quantum shift of activity from hospital (and other care institutions) to primary and community based settings. This includes:

- Understanding the effect of the agreed out of hospital standards on the potential shift of activity
- The outcome of a detailed national and international review of evidence behind models of integrated care and primary care
- A detailed submission from CCGs projected anticipated reductions in non-elective admissions, elective admissions and day case surgery over a 5 year period of net projected growth
- An assessment of the anticipated effect of the implementation of the in hospital models of care on out of hospital care
- The completion of a detailed cost benefit analysis framework by all localities across GM reflecting emerging understanding of the shift of activity anticipated between in hospital and out of hospital care

“Pump priming” in out of hospital care is likely to be required to enable initial shift in activity to a new model of out of hospital care. Clear planning will be required to develop the mechanisms for the deployment of the £3.8bn spending review commitment to construct a pooled budget for integrated care with aligned prioritisation programme. Evaluation of the clinical and financial outcomes from the

primary care demonstrator sites will be a key enabler in the financial modelling of out of hospital care and resource prioritisation process.



## 6. Next steps

This is a draft strategy and we are continuously updating it to reflect our engagement with partners and stakeholders. Next steps in the development of the strategy will include:

- Wider engagement with the public and professionals on the aims of the strategy
- Further refinement of a set of Out of Hospital Care standards
- Final agreement of the Primary care Commissioning Strategy post engagement
- Development of a public facing benchmarking tool
- Reviewing to 10 GM Integrated Care Plans
- Finance, activity and workforce modeling to accompany the strategy
- Alignment of Primary Care Commissioning Strategy with GM IT and estates strategies
- Development of a high level primary care implementation project plan, including transition plan
- Agreement of specific GM wide tasks and specific locality tasks
- Consultation on secondary care redesign in the context of this strategy
- Guidelines for CCG Commissioning Plans for 2014/15
- Determining assurance/performance monitoring arrangements to assess progress across GM

## 6. Your feedback is important – how to contact us

The Healthier Together programme is reviewing health and social care in Greater Manchester. We want to provide the right care, in the right place, at the right time. We want to provide more services in primary care, the community and at home rather than in hospital.

Involving professionals, patients, carers and the public is integral to the Healthier Together programme. We need your help in improving our services, and want your thoughts on how this can be achieved.

There are a number of ways you can get involved and make your views known:

- Patient and carer panels: Join a patient and carer panel to inform and advise clinical staff about your priorities and views.
- Stakeholder workshops: Come to a stakeholder workshop to give your views on current and future services. Upcoming events can be found on the events page on the Healthier Together website <https://healthiertogethergm.nhs.uk/>
- Newsletters, electronic surveys: These will give you the opportunity to have your say. If you want to be kept informed of any new surveys and receive newsletters, please send us your details via the contact us page on this site.
- Twitter: Follow us at [www.twitter.com/healthiergm](http://www.twitter.com/healthiergm) to read the latest news from the programme.

The first Healthier Together Primary Medical Care Summit took place at the Salford City Stadium in March 2013, attracting over 130 guests mainly comprising GPs, but also practice managers, paediatricians, geriatricians and representatives from local authorities to an afternoon of presentations, round table discussions and workshops.

Hosted by ex BBC journalist and TV presenter Gordon Burns, who also launched Healthier Together in February last year, the event was important in engaging with a wider group of primary care based professionals as this is a major thrust of the Healthier Together programme. It is widely acknowledged that the involvement of GPs is integral to the successful reconfiguration of health and care services currently available in Greater Manchester.

A Second Primary Care Summit is to be held on 25th September 2013. The purpose of this Summit is to share the draft Greater Manchester Primary Care Commissioning Strategy. Additionally, the Summit will highlight opportunities for developing translational research in patient safety in primary care, update on the CLAHRC (Collaboration for Leadership in Applied Health Research and Care) programme in primary care and present the successful demonstrator community sites from across Greater Manchester.

## Schedule 1: General Medical Practice Commissioning Response

### Quality and safety

*Primary care providers will consistently provide high quality and safe care as evidenced by through appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will participate in incident reporting and peer review.*

- Determine the consistent, effective use of practice list based registers, extending beyond long term conditions
- Facilitate data sharing for the purposes of producing public accessible benchmark data and peer review
- Make effective use of practice registers and the Quality and Outcome Framework to develop best care standards relating to wider determinants of health
- Make effective use of the NICE Outcome Framework
- Develop robust processes for the reporting of untoward incidents

### Involvement in care

*We will provide clear, understandable care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with evidence based and accessible information in order to work as partners with professionals to manage their health.*

- Develop a suite of tools with patients to promote shared decision making
- Engage in the development of patient held health and social care record
- Develop a GM Information Technology strategy which delivers optimizes technology to enable self care, self empowerment and choice

### Multidisciplinary Care

*Patients with long term conditions will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.*

- Facilitate data sharing across organisational and service boundaries
- Develop a suite of tools to help plan care in conjunction with the patient

### Access and Responsiveness

*There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care.*

- Develop contracts for the provision of enhanced services for extended access (LES)
- Facilitate the development of robust systems to provide a consistent primary medical urgent care response

### Increased out of hospital services

*Patients will access enhanced local health services within their communities easily and those services will work well together to ensure care remains within primary and community care where ever appropriate.*

- General Practice will need to review its organisational structures locally to ensure a sufficiently large population to effectively and efficiently develop traditionally secondary care services and diagnostics within primary care

- Creation of levers and incentives to facilitate collaboration within a range of primary medical care providers to offer an increased range of services within communities

## Schedule 2: Dentistry Commissioning Response

NHS England commission all dental services including secondary care. The Local Professional Dental Network (LPN) will support implementation of national strategy and policy at a local level and lead the agenda by working with local stakeholders on the development and delivery of local priorities and provide clinical leadership to demonstrate achievements in:

- High quality care
- Reducing service variation
- Reducing inequalities

### Quality and safety

*Primary care providers will consistently provide high quality and safe care as evidenced by through appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will participate in incident reporting and peer review.*

- Utilise the Dental Assurance framework tool to identify outliers in general and orthodontic practices and develop action plans to improve quality of care and increase access
- Link with the CQC and infection control to identify Practices with concern, put corrective measures in place to improve quality of care and assurance

### Involvement in care

*We will provide clear, understandable care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with evidence based and accessible information in order to work as partners with professionals to manage their health.*

- Build on the role of dentists to improve the oral health of children, vulnerable adults and adults to address inequalities in health and variation in access to services
- Engage other primary and community care health professionals to understand how to improve and maintain oral health by evidence informed practice

### Multidisciplinary Care

*Patients with long term conditions will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.*

- Integrate dentistry into pathways for patients with long term conditions to ensure evidence informed oral health care, advice and access to quality primary dental care is responsive to need and is available

### Access and responsiveness

*There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care.*

- Integrate a quality primary dental care response to urgent care to ensure there is timely access to urgent primary dental care and dental pain cases are not seen by primary medical practitioners or directed to A&E unless they have swelling or bleeding

### Increased out of hospital services

*Patients will access enhanced local health services within their communities easily and those services will work well together to ensure care remains within primary and community care where ever appropriate.*

- Increased provision of dental specialist services in primary care
- Redesign dental specialist pathways across primary and secondary care via a single operating model to improve consistency and outcomes of care.

## Schedule 3: Pharmacy Commissioning Response

### Quality and safety

*Primary care providers will consistently provide high quality and safe care as evidenced by through appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will participate in incident reporting and peer review.*

- The Local Professional Network to lead the agenda on quality and safety
- Create a 'kite mark' for quality through the development of Healthy Living Pharmacies

### Involvement in care

*We will provide clear, understandable care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with evidence based and accessible information in order to work as partners with professionals to manage their health.*

- Build on the national pharmacy regulations for 'signposting' of services
- Introduce extended roles for pharmacists and the community pharmacy teams to deliver the well-being agenda and reduce demand on secondary care
- Introduce a standardised care pathway for minor ailments
- Build on the national regulations to improve the outcomes for Medicine Use Reviews and New Medicine Service Reviews

### Multidisciplinary Care

*Patients with long term conditions will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.*

- Pharmacists will have controlled access to the patient's information, facilitated by general practice
- Pharmacists will provide screening and diagnostic services through Healthy Living Pharmacies

### Access and responsiveness

*There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care.*

- Community Pharmacy in Greater Manchester already boasts of having extended access over 365 days per year, providing a range of services
- The task will be to standardise, where appropriate and improve the range and quality of services

### Increased out of hospital services

*Patients will access enhanced local health services within their communities easily and those services will work well together to ensure care remains within primary and community care where ever appropriate.*

- Healthy Living Pharmacies to provide a range of lifestyle support including sexual health services, immunisation programmes, support for patients with self care and the use of medication when managing a long term condition
- Ensure the provision of Advanced Services is available to patients
- Create a standardised minor ailment scheme from community pharmacies

- Introduce an extended role for pharmacists to deliver the well-being agenda and reduce demand on secondary care.



## Schedule 4: Optometry Commissioning Response

### Quality and safety

*Primary care providers will consistently provide high quality and safe care as evidenced by through appropriate quality assurance systems and the production of transparent, publicly available benchmarking data. All providers will participate in incident reporting and peer review.*

- The Local Professional Network to lead the agenda on quality and safety
- Agree a standard governance framework across GM for optometry community enhanced service provision
- Use of IT solutions where available for community enhanced optometry services to provide data for effective audit, monitoring and quality assurance

### Involvement in care

*We will provide clear, understandable care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with evidence based and accessible information in order to work as partners with professionals to manage their health.*

- Development of new and extension of existing care pathways for Glaucoma, Ocular Hypertension, Cataracts, minor eye conditions and screening for diabetic retinopathy
- Introduce extended roles for optometrists to help deliver the wellness and prevention strategy, whilst also reducing demand on secondary care; recognising the need for early detection and good case management can prevent/ reduce visual loss.

### Multidisciplinary Care

*Patients with long term conditions will have access to an integrated care team designed around their own needs to ensure their conditions are managed effectively.*

- Eye care pathways both existing and new will be developed to ensure an integrated approach is taken for the patient – primarily between primary and secondary care but also with social services for the provision of additional services for patients with sight loss
- Facilitate data sharing across organizational (primary and secondary care) and service boundaries
- Optometrists will be an integrated part of the care pathway for Glaucoma Referral Refinement, Intro Ocular Pressure, Cataracts and 'red eye'

### Access and responsiveness

*There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care.*

- There are a wide variety of providers who will respond to the need to extend provision

### Increased out of hospital services

*Patients will access enhanced local health services within their communities easily and those services will work well together to ensure care remains within primary and community care where ever appropriate.*

- Rollout of 'minor eye conditions service' across GM led by the LPN

- Extended Eye Care services in the community
- Build on the development of an extended role for optometrists in refinement of referrals, monitoring and management of eye conditions where appropriate
- Development of services for the monitoring of stable chronic eye conditions by community optometry where appropriate.