



## **Health Scrutiny Committee**

Date: Wednesday, 8 February 2023

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **Second Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published.

### **Access to the Council Antechamber**

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

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## **Membership of the Health Scrutiny Committee**

**Councillors** - Nasrin Ali, Appleby, Bayunu, Curley, Green (Chair), Karney, Newman, Reeves, Riasat, Richards and Russell

## Second Supplementary Agenda

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- 5. [10.05-10.20] Revenue Budget Update** 5 - 12  
Report of Deputy Chief Executive and City Treasurer
- This report sets out the latest forecast revenue budget position, and the next steps.
- Each scrutiny committee is invited to consider the current proposed changes which are within its remit and to make recommendations to the Executive before it agrees to the final budget proposals 15 February 2023.
- 6. [10.20-11.00] Access to NHS Primary Care - GP, Dentistry and Pharmacy**
- 6A. An overview on the provision and access to General Practice services across Manchester** 13 - 62  
Report of the Deputy Medical Director, NHS Greater Manchester Integrated Care (Manchester Locality) and Associate Director Primary Care, NHS Greater Manchester Integrated Care (Manchester Locality)
- This report provides an overview on the provision and access to General Practice services across Manchester.
- 6B. An overview on the provision and access to NHS Dental services across Manchester** 63 - 78  
Report of Director of Primary Care & Strategic Commissioning, NHS Greater Manchester
- This report provides an overview on the provision and access to NHS Dental Services across Manchester.
- 6C. An overview on the provision and access to Community Pharmacy services across Manchester** 79 - 88  
Report of Director of Primary Care & Strategic Commissioning, NHS Greater Manchester
- This report provides a brief overview on the provision and access to community pharmacy services across Manchester, supporting the recently published Pharmaceutical Needs Assessment for Manchester.

## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Thursday 2 February 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension , Manchester M60 2LA

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**Manchester City Council  
Report for Resolution**

**Report to:** Communities and Equalities Scrutiny Committee – 7 February 2023  
Health Scrutiny Committee – 8 February 2023  
Children and Young People Scrutiny Committee – 8 February 2023  
Environment and Climate Change Scrutiny Committee – 9 February 2023  
Economy Scrutiny Committee – 9 February 2023  
Executive – 15 February 2023

**Subject:** Revenue Budget Update

**Report of:** Deputy Chief Executive and City Treasurer

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### **Summary**

This report sets out the latest forecast revenue budget position, and the next steps. Following the provisional finance settlement announced 19 December the Council is forecasting a balanced budget for 2023/24 and 2024/25. The risk has moved to the next Spending review period 2025/26 where a shortfall of £57m is forecast. This reduces to £40m after the proposed use of £17m smoothing reserves.

In November 2022 scrutiny committees were presented with cuts and saving options totaling £42.3m over three years for consideration. The provisional settlement on 19 December reflected a change in government policy and provided more funding than initially expected. This has given the opportunity to review the quantum and phasing of savings. It is now proposed that options of £36.2m are progressed. The settlement also gave some scope for targeted investments which will put the council in a more sustainable position to face the next spending review in 2025.

Each scrutiny committee is invited to consider the current proposed changes which are within its remit and to make recommendations to the Executive before it agrees to the final budget proposals 15 February 2023.

### **Recommendations**

The Committee is recommended to:

- (1) To consider and comment on the forecast medium term revenue budget; and
- (2) Consider the content of this report and comment on the proposed changes which are relevant to the remit of this scrutiny committee.

The Executive is recommended to approve these budget proposals.

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**Wards Affected:** All

**Environmental Impact Assessment** - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council’s planning and budget proposals.

**Equality, Diversity and Inclusion** - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

Consideration has been given to how the proposed savings could impact on different protected or disadvantaged groups. Where applicable proposals will be subject to completion of an Equality Impact Assessment (EqIA).

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council’s activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy.
A highly skilled city: world class and home grown talent sustaining the city’s economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

**Financial Consequences – Revenue**

The changes included within this report will, subject to Member comments and consultation, be included in the final 2023/24 revenue budget set by Council on 3 March.

**Financial Consequences – Capital**

None directly arising from this report.

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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.

[Revenue Budget Report - Executive Meeting February 2022](#)

[Medium Term Financial Strategy 2022/23 to 2024/25 -Executive Meeting February 2022](#)

[Revenue Budget Update - Resource and Governance Scrutiny – 8 November 2022](#)

[Resources and Governance Scrutiny Committee – 10 January 2023, Provisional local government finance settlement 2023/24 and budget](#)

## 1. Context and Background

- 1.1. The national funding outlook for Local Government has been more volatile than usual in the last year. The Spending Review in October 2021 set the expected spending envelope for the following three years. The national numbers indicated additional Local Government funding in 2022/23 then a flat settlement for the two years which followed. The Spending Review also announced significant Social Care Reforms to be implemented from October 2023 with associated funding of £3.6bn over three years which was widely considered inadequate. In just over a year since then there have been significant government policy changes.
- 1.2. The Russian invasion of Ukraine in February 2022 contributed to rapidly increasing inflation, from a forecast 2022/23 average CPI of 2.3% to an October 2022 peak of 11.1%. Throughout Summer 2022 government advised that despite the unprecedented cost increases to pay, utilities and prices there would be no additional Local Government funding. This was confirmed by the Truss government mini-budget 23 September 2022 which prioritised lowering taxes to stimulate the economy. This was followed by market instability and rhetoric around 'Austerity Round Two' from politicians, commentators and the Institute of Fiscal Studies.
- 1.3. In this context the Council identified cuts and efficiencies totalling £42.3m over three years for consideration by November scrutiny committees, on top of the use of c£16m a year of smoothing reserves. It was anticipated that further cuts and savings may be required depending on the outcome of the provisional settlement.
- 1.4. Following the appointment of a new Prime Minister an Autumn Statement was announced 17 November 2022 followed by a local government finance policy statement on 12 December 2022 and provisional local government finance statement 19 December 2022.
- 1.5. The Autumn Statement indicated a revised approach with tax rises for the 1st two years then spending cuts following two years. The Policy statement and provisional settlement set out a welcome change in direction which included:
  - Funding for pay and inflation pressures
  - New Social Care grants to support hospital discharge and Care market (ringfenced with conditions)
  - ASC reforms delayed at least 2 years and funding repurposed for social care pressures
  - Confirmed current 100% business rates retention areas will continue for 2023-24
- 1.6. In addition the referendum limit for Council Tax increases was increased from 3% to 5% for local Authorities with Adult Social Care responsibilities. The government figures assume the full increase will be taken.



## 2. Medium Term Budget position

- 2.1. The final budget position for 2023/24 and future years will be reported to 15 February 2023 Executive.
- 2.2. The three-year budget position is shown in the table below. This takes into account the final key decisions for Council Tax and Business Rates and the changes from the provisional finance settlement. In reaching this position the budget principles reported to Resources and Governance Committee in January 2023 have been used as set out below.
  - £16m of reserves per annum were being used to close the pre-Settlement budget gap. Reserves should be a last resort and the Provisional Finance Settlement has pushed all the risks to 2025/26. The planned use of reserves needs amending to reflect the risks in these years. The use of the smoothing reserve will be rephased to support a sustainable position, particularly to support closing the budget gap in 2024/25 and to deal with the significant risks faced in 2025 and beyond.
  - Recommendation to increase the Council Tax precept so this is reflected in the base, but that this is alongside targeted support to residents who are most vulnerable, and the investment will be included within the approach to care provider fee setting for 2023/24, to support the delivery of market sustainability plans. A second phase of the budget consultation is underway.
  - Adult Social Care - to put the budget on a sustainable footing, appropriate costs such as demography and real living wage are met from the additional ringfenced grant funding.
  - Where there are additional costs and requirements the grants are passported through to meet them and the funding is used to provide investment to meet real pressures, social care improvement priorities and invest to save approach which will help the future position
- 2.3. Further details on the overall financial position are provided in the budget update report to Resources and Governance Scrutiny Committee on 7 February 2023. The full budget will be set out in the Medium-Term Financial Budget going to Executive on 15 February 2023.

Table 1: Medium term forecast summarising current budget proposals and use of reserves

	2023 / 24	2024 / 25	2025 / 26
	£'000	£'000	£'000
<b>Resources Available</b>			
Business Rates / Settlement Related Funding	374,854	380,005	386,872
Council Tax	217,968	228,087	237,279
Grants and other External Funding	126,153	127,682	115,769
Use of Reserves	15,884	15,003	10,522
<b>Total Resources Available</b>	<b>734,859</b>	<b>750,777</b>	<b>750,442</b>
<b>Resources Required</b>			
Corporate Costs	111,493	114,949	113,598
Directorate Costs	640,113	677,919	730,387
<b>Total Resources Required</b>	<b>751,606</b>	<b>792,868</b>	<b>843,985</b>
<b>Shortfall</b>	<b>16,747</b>	<b>42,091</b>	<b>93,543</b>
Use of Smoothing Reserves	(1,350)	(16,523)	(17,000)
<b>Gap after use of Smoothing Reserves</b>	<b>15,397</b>	<b>25,568</b>	<b>76,543</b>
Savings options identified	(15,396)	(25,568)	(36,170)
<b>Remaining Shortfall</b>	<b>0</b>	<b>0</b>	<b>40,373</b>

- 2.4. This position assumes Council Tax increases of 2.99% a year and an Adult Social Care precept of 2% a year. A 1% increase in Council Tax generates c.£2m additional income. If the general precept is increased this will fund additional investment to provide targeted support for vulnerable residents, including help with outstanding debt on council tax bills and support through the Voluntary, Community and Social Enterprise (VCSE) sector. Further details are provided within the Corporate Core budget report.
- 2.5. If the Social Care precept is supported the expectation is that this additional funding is considered alongside the approach to care provider fee setting for 2023/24, to ensure social care provider sustainability. Further details are provided in the Health and Social Care Scrutiny budget report.
- 2.6. The budget assumptions that underpin 2023/24 to 2025/26 include the commitments made as part of the 2022/23 budget process to fund known ongoing demand pressures. As previously reported a review of emerging pressures and budget assumptions has been completed and provision has been made to address these where they are unavoidable, including inflation and pay awards.
- 2.7. The additional funding streams announced as part of the settlement, come with a number of spend requirements, and additional pressures have emerged since the November scrutiny report. However, the settlement does mean that the November gap can be closed, without the need for further cuts and savings, and provides some opportunity for reducing the quantum and

rephrasing some of the savings. It is now proposed that options of £36.2m are progressed, a reduction of £6.1m.

- 2.8. The settlement also gave some scope for targeted investments which will put the council in a more sustainable position to face the next spending review in 2025. Full details of the recommended changes to budget cuts and savings and any investment are set out in the relevant Scrutiny Committee reports.
- 2.9. The announcements have pushed the difficult financial decisions to 2025/26. This settlement does not provide certainty or financial security for councils over the longer term. It gives the sector another one-year deal, confirms further delays to the Fair Funding Review and reset of business rates. Significant risks remain including a potential reallocation of the social care grant, reintroduction of the funding reforms and anticipated cuts in funding post 2024/25. Work will start in 2023 on identifying the more difficult cuts that will be required to close the 2025/26 and beyond budget gap.

### **3. Workforce Implications**

- 3.1. The indicative workforce reduction linked to the savings proposals has reduced from 70 Full-Time Equivalent (FTE) over the three years to 60. 53 of these posts relate to the Corporate Core directorate. It is anticipated that this will be managed via natural turnover and vacancies and that there will be no requirement for any formal voluntary early retirement or voluntary severance scheme.

### **4. Equality and Anti-Poverty Impact Assessments**

- 4.1. Consideration has been given to how the individual proposed savings could impact on different protected or disadvantaged groups. All proposals are therefore being reviewed for their likely impact on these groups and where applicable, proposals have been subject to completion of an individual Equality Impact Assessment (EqIA).

### **5. Consultation**

- 5.1. There is a statutory requirement to consult with business rates payers. Public consultation on proposed Council Tax levels and the savings and cuts measures put forward by officers opened on Monday 7 November and ran until 7 January 2023.
- 5.2. A second phase of public budget consultation launched 10 January to close 10 February. This focused on the option to increase the council tax precept by 4.99% - a further 1% for adult social care bringing the social care precept to 2% and a further 1% for the general precept bringing this to 2.99%.
- 5.3. The provisional results from the consultation will be reported to Executive 15 February. The full analysis and results, alongside comments from scrutiny committees, will be reported to the Budget Scrutiny meeting on 27 February to

ensure they are fully considered before the final budget is set. None of the budget options set out to date require formal statutory consultation.

## 6. Scrutiny of the draft budget proposals and the budget reports

6.1. The reports have been tailored to the remit of each scrutiny as shown in the table below. Each Committee is invited to consider the proposed changes which are within its remit and to make recommendations to the Executive before it agrees to the final budget proposals in February 2023.

Date	Meeting	Services Included
7 Feb 2023	Resources and Governance Scrutiny Committee	Chief Exec Corporate Services Revenue and Benefits / Customer and Welfare Support Business Units
7 Feb 2023	Communities and Equalities Scrutiny Committee	Sport, Leisure, Events Libraries Galleries and Culture Compliance and Community Safety Housing Operations including Homelessness Neighbourhood teams
8 Feb 2023	Health Scrutiny Committee	Adult Social Care Public Health
8 Feb 2023	Children and Young People Scrutiny Committee	Children and Education Services
9 Feb 2023	Environment and Climate Change Scrutiny Committee	Waste and Recycling Parks Grounds maintenance
9 Feb 2023	Economy Scrutiny Committee	City Centre Regeneration Strategic Development Housing and residential growth Planning, Building Control, and licensing Investment Estate Work and skills Highways

## 7. Next Steps

7.1. The proposed next steps are as follows:

- 7-9 February - Scrutiny Committees
- 15 February - Executive receive proposed budget
- 27 February - Resources and Governance Budget Scrutiny
- 3 March - Council approval of 2023/24 budget

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 8 February 2023

**Subject:** An overview on the provision and access to General Practice services across Manchester

**Report of:** Deputy Medical Director, NHS Greater Manchester Integrated Care (Manchester Locality)  
Associate Director Primary Care, NHS Greater Manchester Integrated Care (Manchester Locality)

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### Summary

This report provides an overview on the provision and access to General Practice services across Manchester.

This report builds on the information presented to Health Scrutiny in September 2021 specific to access to General Practice; and provides the context, services in place that are currently providing access to General Practice, as well as describing the challenges and pressures General Practice is facing and plans to make sure patients can get access to their GP practice and appropriate care.

### Recommendations

The Committee is recommended to:

- (1) Note the contents of the report and the action being taken to increase access to patient appointments, consultations, and activity in Manchester; including the steps being taken and services that are commissioned with the intention of reducing unwarranted variation and health inequalities.
  - (2) Consider and advise on any additional measures that may be taken to support public perception and understanding of General Practice and how to access available services.
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**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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None
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**Equality, Diversity and Inclusion** - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

Equality Impact Assessments (EqIA) are considered and completed as part of specific service and scheme design, commissioning and sign off e.g., Primary Care Network Enhanced Access, Livi, Migrant Health schemes, Primary Care Quality, Recovery and Resilience Scheme.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Access to General Practice supports an essential part of societal wellbeing, underpinning people's ability to receive support to have the best health outcomes, which in turn supports people to achieve the greatest opportunities.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	General Practices are made up of multifaceted teams, and provide career development opportunities in management, informatics, and healthcare.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Access to General Practice must reflect the prioritisation of reducing health inequalities, recognising the and the close links with inclusion, and wider determinants of health.
A liveable and low carbon city: a destination of choice to live, visit, work	Changing models of access are reducing the need to attend the practice premises to receive care and advice from General Practice, as well as enabling some staff to work from home.
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

**Financial Consequences – Revenue**

N/A

**Financial Consequences – Capital**

N/A

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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.

- Health and Care Act 2022  
<https://bills.parliament.uk/bills/3022>
- NHS Long Term Plan, 7 January 2019  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Our plan for improving access for patients and supporting General Practice, 14 October 2021  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>
- Marmot Review 10 Years On  
<https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmotreview-10-years-on-executive-summary.pdf>
- Disparities in the risk and outcomes of COVID, August 2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities in the risk and outcomes of COVID August 2020 update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf)

- Advice on how to establish a remote 'total triage' model in general practice using online consultations, 15 September 2020  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>
- Associations between reductions in routine care delivery and non-COVID-19-related mortality in people with diabetes in England during the COVID-19 pandemic: a population-based parallel cohort study  
<https://www.sciencedirect.com/science/article/pii/S2213858722001310>
- Supporting general practice, primary care networks and their teams through winter and beyond, 26 September 2022  
<https://www.england.nhs.uk/wp-content/uploads/2022/09/B1998-supporting-general-practice-pcn-and-teams-through-winter-and-beyond-sept-22.pdf>
- Core20PLUS5 <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>



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## 1.0 Introduction

This report to Health Scrutiny is intended to provide an overview on access to General Practice in Manchester.

General Practice is the foundation of the NHS. During the Covid pandemic, General Practice showed its value, agility and its ability to adapt and innovate, maintaining and enhancing access, whilst delivering the majority of the Covid Vaccination Programme.

General Practice is also providing more appointments, nationally and locally, than ever before. At the same time, it is known that some patient's ability to access General Practice is not as good as it should be and there are cases where patients are experiencing poor access to General Practice. This unwarranted variation has always existed but has been magnified by the media in recent times. Across Manchester, from feedback received, there is often a perception that it is difficult and sometimes impossible to see a GP.

This report builds on the information presented to Health Scrutiny in September 2021 specific to access to General Practice; and will provide the context, services in place that are currently providing access to General Practice, the challenges and pressures General Practice is facing and plans to make sure patients can get access to their GP practice and appropriate care.

## 2.0 Background

### 2.1 Introduction of Integrated Care Systems

On the 1 July 2022, in line with the legislation set out in the [Health and Care Act 2022](#) Clinical Commissioning Groups (CCGs) were disestablished and across England, Integrated Care Systems (ICS) were created.

This led to the formation of:

- **NHS Greater Manchester (NHS GM)** - the Integrated Care Board (ICB) for Greater Manchester, and is responsible for making decisions about health services across Greater Manchester and in the ten boroughs and cities
- **Greater Manchester Integrated Care Partnership (Greater Manchester ICP)** - brings together all health and social care partners across Greater Manchester and wider public sector and community organisations to improve the health and wellbeing of the 2.8 million people who live in Greater Manchester.

Manchester now makes up part of the ICB for Greater Manchester (NHS GM), along with the other nine Greater Manchester localities. As part of the ICB

arrangements, each locality has been required to formally create a Locality Board to exercise functions delegated to the locality from NHS GM.

The Manchester Locality Board, or Manchester Partnership Board (MPB), will be formally established in the next month. The NHS GM delegations to the locality have been mapped to the emerging Manchester governance model, along with the sub-groups of the MPB which will undertake the work required for the Place Based Lead and MPB,

Within the emerging governance arrangements, General Practice will have multiple lines of reporting into structures:

1. **Directly into NHS Greater Manchester** for core primary care i.e. GP practice core contracts via the Primary Care Commissioning Committee (PCCC)
2. **Aligned with NHS GM Clinical Care Professional Leadership Framework** and clinical leadership structure which includes clinical effectiveness at place

Within the Manchester Locality comprising of:

3. **Manchester GP Board** representing the voice of General Practice as a provider
4. To the **Manchester Locality Place-Based Lead** for delegated primary care functions and locality working of the NHS GM Primary Care Team.

NHS GM and the Manchester Locality continue to develop their optimal, aligned target operating models (TOM) to support the discharge of delegated functions as efficiently as possible. In the areas outlined above, there are varying levels of maturity within the TOM.

In addition to the formal reporting arrangements outlined above, it is recognised that General Practice, through the GP Board, is a key partner in the Manchester system; and provides the views of General Practice through representation on various Groups including the Provider Collaborative Board and the Making Manchester Fairer Group.

The NHS Greater Manchester (NHS GM) Manchester Locality Primary Care Team plays an integral role in ensuring the appropriate governance and reporting arrangements for General Practice. The Manchester Primary Care Team sits within the NHS GM Manchester Locality Team but works in a hybrid way between NHS GM and the Manchester Locality to deliver core and delegated functions

## 2.2 National Context

Several NHS England documents including the NHS Long Term Plan and more recently Our plan for improving access for patients and supporting General Practice set out the ambition and requirements of commissioners, Primary Care Networks (PCN) and GP practices to improve access to General Practice.

It also recognised the mounting pressures on the NHS, highlighting the impact of:

- Our growing and ageing population, inevitably increasing the number of people needing NHS care and the intensity of support they require
- Growing visibility and concern about areas of longstanding unmet health need.
- Expanding boundaries of medical science and innovation, introducing new treatment possibilities that a modern health service should rightly be providing
- Significant pressure on the emergency and urgent care system
- The impact of avoidable illnesses and long-term health conditions

In addition to the above, additional pressures are being felt in General Practice as a result of the following compounding factors:

- Winter Pressures, Flu and Covid Vaccinations, Covid-19, Group A Streptococcus
- Outpatient waiting times
- Recruitment, staff retention and estates
- The cost-of-living crisis impacting on people's health

The Marmot Review 10 Years On was published during the Covid-19 pandemic and highlighted the widening of health inequalities, stalling life expectancy and declining health of the Nation.

The Public Health England report Disparities in the risk and outcomes of Covid-19, also published in 2020, added further evidence to show how Covid-19 is having the greatest impact on those suffering the greatest inequalities, and in some cases has increased them. The need for a sustained focus on health inequalities is even more critical as the body of evidence increases.

As with many services, General Practice faced the challenge of maintaining accessible and effective services, whilst working to protect staff and patients from the threat of the Covid-19. The national directive to rapidly mobilise digital first services and online access changed the face of General Practice, making online and telephone modes of access and consultation the norm in almost all practices in a matter of weeks.

In response to this challenge, general practice has stepped up, providing the greatest ever number of appointments month after month as 2022 came to a close. In addition to the recorded activity of face to face and telephone appointments, well over half a million interactions took place with Manchester GP practices in 2022/23 using multiple modes of communication including text / photo / video and online.

It is clear to see how in the face of the significant rise in demand that it is necessary for General Practice to continue to find ways to increase capacity and work more efficiently if we are to alleviate the adverse impact rising demand is having on access.

### 2.3 Manchester Context

Currently there are 83 GP practices in Manchester that provide access to primary medical care services (**Appendix 1**). There is a large variation in the number of patients registered with GP practices. This ranges from 1,902 for the smallest to 28,130 for the largest practice with a citywide total of 709,280 patients registered at Manchester GP practices (data correct November 2022). All GP practice lists are open to new registration.

All Manchester GP practices are members of one of the 14 Primary Care Networks (PCN) that cover the Manchester footprint.

Manchester's diverse community continues to grow in number and this is having a direct impact on GP practice list sizes. Over the last 5 years, and particularly within the last 12 months, there has been a substantial increase in the number of patients registered with Manchester GP practices as per Figure 2:

Year	Total Registered Patients	Difference (year on year)
November 2017	637,861	
November 2018	651,151	+13,290
November 2019	667,834	+16,683
November 2020	673,249	+5,415
November 2021	689,179	+15,930
November 2022	709,280	+20,101
<b>Total</b>		<b>+ 71,419</b> (Equivalent to +11.2 Nov 17–Nov 22)

**Figure 2:** Changes in the number of patients registered with Manchester GP practices (November 2017- November 2022)

In response to these challenges, the number of GP practices across Manchester has slowly reduced. This is due to a combination of:

- GP practice mergers instigated by the GP practices
- GP practice closures as a result of CQC enforcement or commissioner led contractual action that has resulted in a practice merger or practice closure with dispersal of patients to neighbouring GP practices

It is important to note that although the number of practices has reduced this has not resulted in a reduction of services offered or available to patients. The

mergers have been undertaken to provide stability, resilience, sharing of workforce resources and a base from which to transform services.

Since 2016, the Manchester Primary Care Team has supported:

- 2 GP practice closures
- 11 GP practice mergers
- 2 GP practice branch closures
- 2 GP practice name changes
- 1 GP practice change of premises
- 3 GP practice temporary closures of registered lists to new patients

In many cases, registered patients now have access to a wider range of services because of the GP practice mergers and contractual variations.

Manchester's General Practice estate is complex with the 83 GP practices, and their branches, operating out of 87 buildings across the city. The tenure, size and quality of these buildings is varied with:

- 37 operating out of self-owned buildings
- 16 inhabiting via lease arrangements
- 20 operating from NHS Property Services (NHS PS) venues
- 12 operating from Community Health Partnerships (CHP) buildings
- 1 through a lease with Manchester City Council

## 2.4 Contractual Requirements

As outlined in the paper presented to Health Scrutiny in September 2021, GP practices are contractually obliged to deliver essential services to their registered patients during core hours, from 8.00am–6.30pm on Monday to Friday, excluding bank holidays.

However, not all access to General Practice is delivered by individual GP practices. Access to General Practice above the 'core' offer is delivered via several ways. This includes 'Enhanced' Access, an out of hours service and the primary care walk in centres in the City Centre and Fallowfield.

In September 2021, the Health Scrutiny report outlined the modifications that had been put in place, following national guidance, to respond to the Covid pandemic. Appendix 2 provides an update and shows the range of primary care services available as services return to normal following the pandemic.

## 2.5 Enhanced Access

Primary Care Network Enhanced Access

There has been a national contractual change to the way in which 'Enhanced' access, or that which is delivered above 'core' hours, is now provided across Manchester.

From 2019 to September 2022, Extended Access to General Practice was provided via two routes:

- Extended Hours appointments delivered as a requirement of the Primary Care Network (PCN) Contract Direct Enhanced Service (DES)
- Extended Access commissioned by Manchester Health and Care Commissioning – during the Covid pandemic, the Extended Access (or Seven Day Access Service) was repurposed as the Primary Care Covid Support Service (CCSS) delivering a population offer in relation to 'hot' (covid symptomatic) and 'cold' (non-covid symptomatic) appointments during evenings and weekends

From 1 October 2022, in line with national guidance, the two services described above were combined into one single access service known as 'Enhanced Access' with a requirement for PCNs to deliver the service.

The service specification for the PCN Enhanced Access service requires every PCN to provide a consistent offer for patients. The specific contract requirements are shown in Appendix 3.

This has resulted in a rise in the total number of hours that Enhanced Access is available across Manchester as shown below:

Enhanced Access (number of hours provided) prior to 1 October 2022:

<b>Extended Access Service:</b>	<b>Average Weekly Hours (April-September 2022):</b>
PCN DES - Extended Hours Access*	348 hours 15 minutes
Extended Access / CCG Commissioned Access (CCSS)**	360 hours 10 minutes
<b>Total Current Capacity</b>	<b>708 hours 25 minutes</b>

Enhanced Access (number of hours provided) from 1 October 2022:

PCN Enhanced Access Capacity (planned from 1 October 2022 onward)	<b>772 Hours 30 minutes</b>
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A breakdown of the Enhanced Access hours by PCN is shown in Appendix 4. In addition to the PCN Enhanced Access service, NHS111 is playing an important role in relation to signposting and supporting people with their healthcare needs. In December 2022, NHS111 received 3600 calls that required people to be directed to General Practice.

The information technology systems are in place to enable NHS111 to book people directly into a limited number of appointments (1 per 3000 people per day). This equates to approximately 230 appointments per day across all Manchester GP practices.

In theory, the capacity should be sufficient to meet the demand, but depending on the time of calls received by NHS111, localised levels of demand and pressure in General Practice, this is often not the case, with people being redirected to contact their GP practice themselves.

#### Greater Manchester Clinical Assessment Service (GMCAS)

Alongside the NHS111 service GMCAS acts as a high-level clinical filter via triage to ensure that only those patients that clinically need Emergency Department (ED) attendances or an ambulance have one. It was originally provided in March 2019 by the three Out of Hours providers across Greater Manchester as part of the Greater Manchester Urgent Primary Care Alliance. The service has been in place continuously since 2019 and the requirement to have a CAS for 999 and 111 calls within a locality is nationally mandated. The GMCAS deals with patients who have been directed for a clinical assessment via a 999/111 referral.

Operating 24 hours a day, 365 days a year using a mix of GPs and Advanced Practitioners. The service predominantly manages lower acuity (Category 3 and 4) calls that would traditionally have had an ambulance/attend ED outcome.

Patients categorised as category 3 or 4 are reviewed by Northwest Ambulance Service (NWAS) specialist practitioners to determine suitability for a more detailed clinical assessment via the GMCAS. The patients are transferred electronically to the GMCAS, where they are queued in time and priority order. The GMCAS also currently supports General Practice through the management of urgent primary care referrals from NHS111

The operating model has changed over time to move from managing only low acuity 999 emergency calls to the current model where the GMCAS manages 999, 111 ED referrals, 111 urgent primary care referrals, 111 clinical queue support and all 111 online 999 and ED referrals.

#### GP Out of Hours (OoH)

The Out of Hours service, accessed via NHS111, continues to be available to all patients registered with a Manchester GP practice between 6.30pm-8.30am (including weekends and Bank Holidays) ensuring that there is a 24 hour offer for GP services across the Manchester footprint.



### 3.0 Current Access and Provision

#### 3.1 Primary Care Digital Transformation

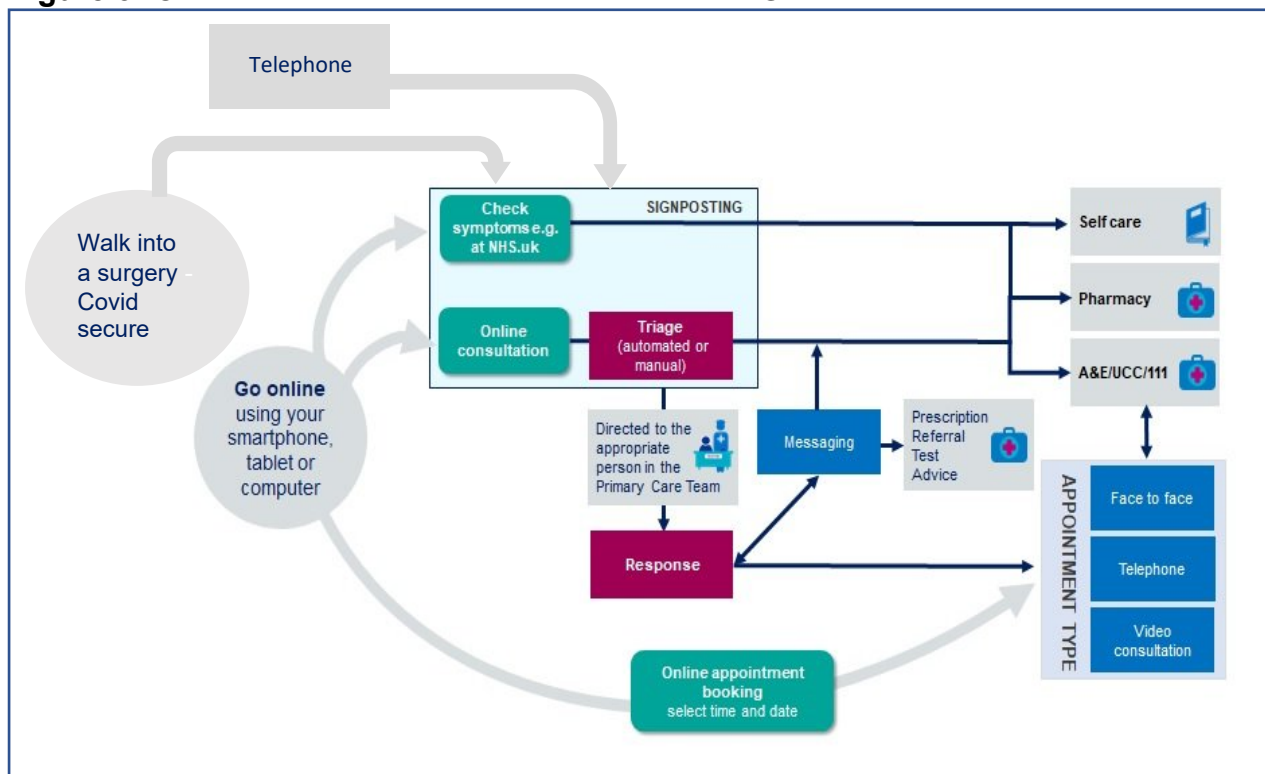
As outlined above, the Covid pandemic resulted in a significant shift in the way that patients access services at their GP practice.

The rapid move to a triage first model in April 2020 was implemented in line with guidance from NHS England and NHS Improvement. The triage first model meant that every patient contacting their GP practice was asked to provide information on the reason for contacting their practice and triaged (by a clinician) before an appointment was made. The approach was important to:

- protect patients and staff from the risks of exposure to Covid
- reduce the amount of people in GP practices
- ensure patients received care from the right person at the right time

Alongside the introduction of a total triage model, there was a mandate from NHS England to accelerate the adoption of digital first modes of access (digital triage, online and video consultations), to increase resilience as we maintained access to General Practice.

As services are shifting back towards face-to-face appointments, the digital modes of access have remained as just one of the ways to contact a GP practice (Figure 3).

**Figure 3:** Overview of the common routes to access General Practice

This rapid transformation of GP practice processes has resulted in a period of transition and learning for patients, GP practice staff and the wider health system. Recognising that digital first services discriminate by default, and create barriers to access for many, continued education, training and support has been given to GP practices.

In September and October 2021, the Manchester Locality Digital Team embarked on a project to highlight the experiences of some of our residents as they try to access their GP practice. Working with an illustrator, and with the support of seven members of priority communities, they told their story about how they access General Practice and to share the things that aren't working for them. Short videos supported GP practice training and a version of the work was printed and distributed to GP practices. This work is now being used as an induction for new members of GP practice staff.



The locally delivered 2022/23 Primary Care Quality Recovery and Resilience Scheme mandated that all practices undertake Equality Impact Analysis (EIA) training as well as completing an EIA in relation to a quality improvement project relating to digital services.

GP Practices can now be accessed through several routes, and it is recognised that whilst one mode of access can be an improvement for one person, it can equally discriminate for another. How patients prefer to access General Practice is subjective and unique depending on several factors including but not limited to existing medical conditions, language, disability, literacy and digital poverty.

As services return to a new normal, the digital offer has remained and provides an additional route by which to access GP practices with the ultimate ambition that the NHS App will become the digital interface by which the digital services provided by General Practice can be accessed.

Continued focus and support is required so that digital first services continue to improve access, efficiency and standardisation whilst ensuring other modes of access remain open and responsive ensuring that we achieve the ambition of reducing discrimination in relation to access to General Practice.

#### GP practice websites

With the NHS long-term goals for digital health, GP practice websites will become ever more important as a first point of contact with the GP practice for many people.

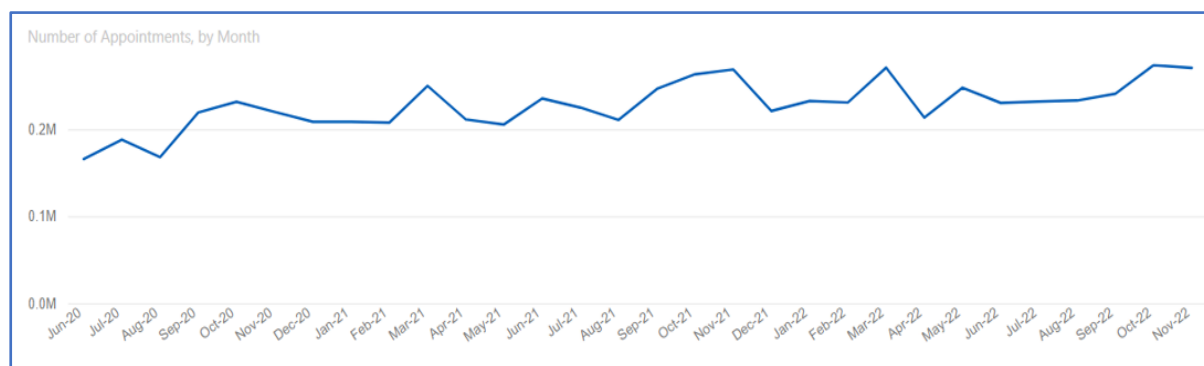
Serving as a resource for people to gain an understanding of their GP practice and available services, as well as a destination where people can undertake tasks to access their healthcare. It is acknowledged that not all GP practice websites are accessible for specific communities, and many do not serve either the patient or the GP practice to the best of their ability.

The Manchester Locality acknowledge and agree with the gaps identified in the Manchester Healthwatch report (August 2021) which detailed the results of a desktop review of all 83 GP practices in Manchester and highlighted areas in need of review, including but not limited to: language, COVID and Flu information, registration process, repeat prescription guidance, appointment booking and overall accessibility.

The Manchester Locality Team will continue to work with GP practices, NHS Greater Manchester Integrated Care and system suppliers with the aim to support all Manchester GP practices implement the recommendations made in the Healthwatch report.

### 3.2 Appointment data

NHS Digital publish monthly figures demonstrating the appointment activity that is captured on GP practice's core clinical system. This data underestimates the level of activity in General Practice but is collected in a consistent and reliable way and at present is one of the main ways in which GP practice activity is reported nationally.



**Figure 4:** Graph showing total GP appointment numbers in Manchester from June 2020 – November 2022 (Appointments in General Practice - NHS Digital)

The available data demonstrates the steady increase in the total appointment activity from June 2020 through to November 2022, with November 2022 being recognised as the busiest month ever to be recorded in General Practice as the total number of GP practice appointments continue to exceed pre-pandemic levels.



**Figure 5:** Summary of General Practice appointment data from January 2020 – November 2022

Almost all types of appointments are increasing with a steady and continued increase in GP practice appointments (face to face, home visits and telephone) as shown in Figure 6:

Health Care Professional	Number of appointments - GP (% of total)		Number of appointments - all Health Care professionals (% of total)	
Face to Face	89,282	(57%)	176,241	(65%)
Telephone	65,078	(41%)	91,874	(34%)
Home Visit	932	(0.6%)	2,371	(1%)
Online	N/A		N/A	
<b>Total</b>	<b>155,292</b>		<b>270,486</b>	

**Figure 6:** Appointments by type and health care professional (November 2022)

As the figures above demonstrate most appointments are now taking place face to face. There is a shift back towards the traditional modes of consultation, but what is evident from the national data is the failure to capture the huge amount of additional activity now taking place on online platforms.

Data in relation to online consultation activity is provided by NHS England. The most up to date data (June 2022) demonstrated an additional 16,128 contacts per week.

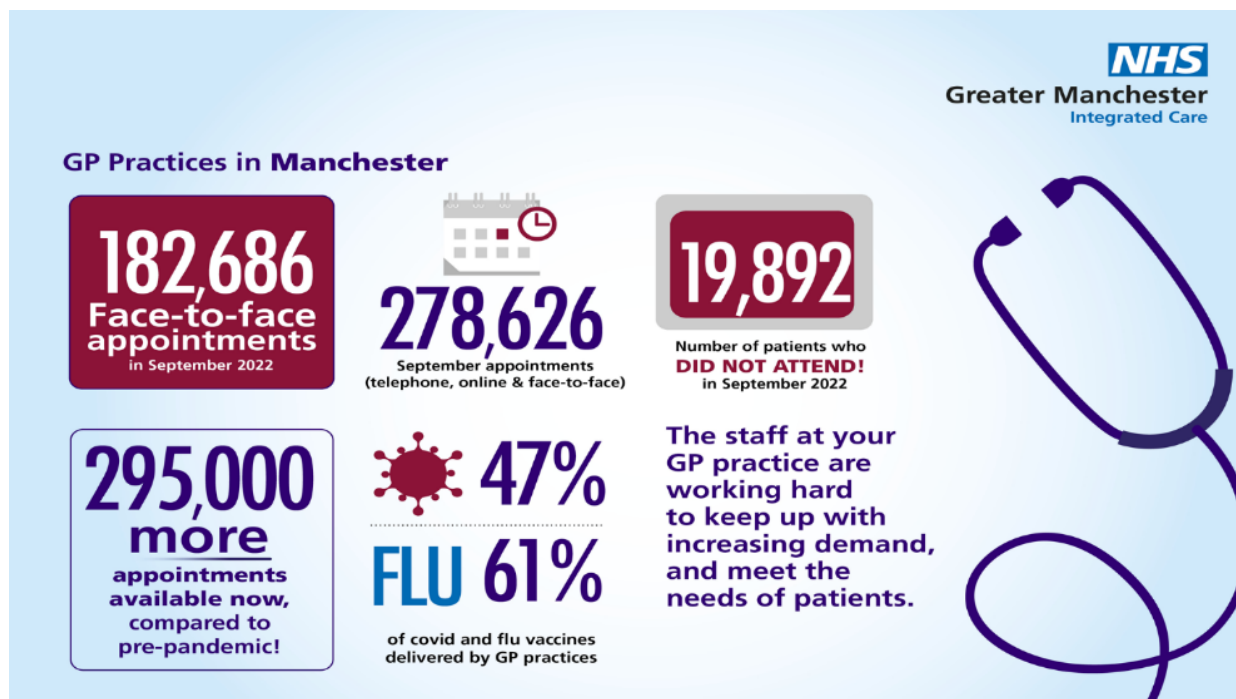
Using this data as a benchmark, this equates to over 800,000 patient contacts with a GP practice per annum using the online services.

It is important to recognise that not all this activity is clinical in nature and a proportion of this activity represents administrative and non-clinical communication.

At present this activity is hidden and not captured on the GP appointment dashboard and so represents additional unrecorded activity alongside the increasing appointment figures.

Another mode of activity that is not being captured alongside the appointment figures is the use of text / photo and video consultation. This provides ways of enhancing communication (by sharing important information) and improving access by being able to share photos, documents etc. In 2022, over 200,000 consultations were enhanced by sharing documents and photos and over 2 million interactions happened by text message in addition to recorded activity figures.

The increased number of appointments, contacts and increasing activity are in direct contrast to the information that is being shared by the media. It is important that the public is aware and informed that General Practice is open and it is working hard to meet the needs of its patients despite increased demand and significant pressures. Business Intelligence colleagues have developed an infographic (Figure 7) that provides key headlines for patients and the public.



**Figure 7:** Infographic showing GP Practice activity delivered in Manchester (September 2022)

Regular sharing and promotion of this information, showing the monthly increasing activity delivered by General Practice is vital to improving the image of General Practice and the relationship between GP practices and their patients and public.

### 3.3 Additional Video Consultation - Livi

As part of winter planning 2021/22, Manchester Health and Care Commissioning (MHCC) established a pilot to provide access to additional GP appointments by an online video consultation provider (Livi). This was funded via the national Winter Access Fund (WAF) allocation.

The aim was to ensure that the Manchester population has timely access to GP services, provided by qualified healthcare practitioners, to meet the demand on GP practices and shorten the patient's wait time for consultation.

By enabling a proportion of appointments that were suitable for video consultations to take place with Livi, it was expected that access for people that required face to face appointments with their GP would be increased, as well as increasing the resilience of participating GP practices by providing additional clinical capacity at a time of increased pressure.

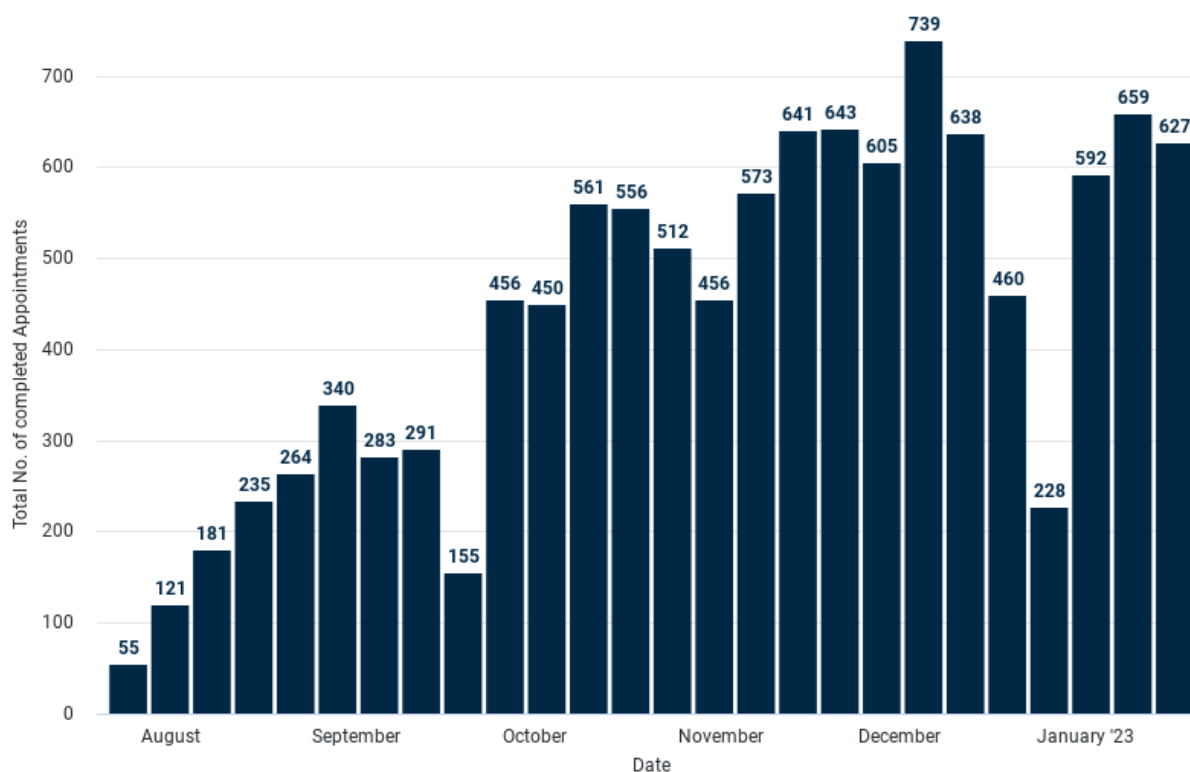
The pilot went live with the first tranche of practices in July 2022, with a phased roll out across Manchester. All 83 Manchester GP practices have the option to

offer the Livi service, with uptake resulting in the service being offered by 72 of the 83 Manchester GP practices.

During the pilot, the Manchester Locality Digital Team has worked with Livi to ensure interpretation is available as part of the service, and whilst this would be expected, it was not previously provided by any of the online consultation providers identified in the market testing.

The pilot service continues to provide an additional 500 (or more) appointments a week and will continue to run until 31 March 2023 as per Figure 8:

**Figure 8:** Number of Livi consultations provided in Manchester since project go live



As part of our ongoing evaluation, the Manchester Digital Team will be looking to understand the demographics of the people using this service to understand the impact this has had in relation to health equity.

The service is receiving positive feedback from the patients that use it. Every person using the service is offered the opportunity to record a feedback score (1 being most negative, 5 being most positive). Over 300 people have recorded feedback to date, with the average score since go live being 4.80.

The user feedback trends in terms of positives so far have been:

- Convenience

- Ease of use
- Experience with Livi GP

Livi record the reason for the score provided and when looking at the lower scores (<3), the prevalent themes relate to:

- Appointments being late
- Issues with technology/connectivity
- Dissatisfaction with the consultation

Livi has enabled a significant number of GP practices across Manchester that were not offering video consultations to offer appointments using this mode of communication.

### 3.4 Winter pressures and surge planning

Pressures have been significant and more intense than in previous years for General Practice consistently throughout 2022/23.

General Practice is currently in the midst of winter pressures and experiencing high levels of demand from respiratory illness and flu, the on-going impact of Covid-19 including a backlog of hospital care, high levels of mental health presentations and increasing complexity of presentations, industrial action, the cost-of-living crisis and workforce shortages.

Winter pressures have been felt more acutely as the GP practice workforce remains pressured and less resilient, having faced relentless high demand over the past year and increasing levels of abuse, threatening behaviour or violence from patients.

Whilst progress has been made in recruiting additional roles, under the PCN Network Direct Enhanced Service Additional Roles Reimbursement Scheme, to General Practice there remains a significant shortage of GPs and practice nurses and, therefore, substantially higher costs amongst the GP locum workforce.

In September 2022, an [NHS England letter](#) 'Supporting general practice, primary care networks and their teams through winter and beyond' set out several steps to support the expansion of general practice capacity and reduce both workload and administrative burden.

The expectation was that, following the NHS England letter, there would be further communication and the release of national funding to support General Practice over winter as in previous years.

In previous years, national winter funding has provided significant additional capacity for General Practice. For 2021/22, this equated to circa 81,095



additional appointments (via GP practices and the Extended Access / Covid Capacity Support Service).

In anticipation of national winter / surge funding, NHS Greater Manchester Integrated Care working with localities developed a NHS Greater Manchester Surge Planning Framework to set out a minimum offer and level of consistency for patients across Greater Manchester. The Framework built on locality learning from previous winter schemes developing a broad financial approach and structured process that lends itself to primary care and identifies schemes that can be done once at Greater Manchester level where this improves patient outcomes.

In mid-October 2022, NHS England announced that there would be no national winter funding specific to General Practice. The Manchester system received an allocation of funding for winter / surge planning and developed plans separate to General Practice as separate national funding had been expected. When NHS England announced that there would be no separate funding for General Practice the wider Manchester system winter plan was already being implemented.

The Manchester Locality Team, within the PQRRS 2022/23, has included a £500,000 to support winter planning.

Following engagement with the Manchester GP Board, this was rolled out (October 2022) to provide additional clinical and non-clinical capacity to Manchester GP practices.

In December 2022, NHS Greater Manchester Integrated Care released £2.4 million to support General Practice winter / surge planning across Greater Manchester.

Following a successful bid, the Manchester Locality secured £926,000 to support the establishment of a MARIS - Manchester Acute Respiratory Infections Service and further additional clinical / non-clinical capacity with the funding allocated to practices based on a formula that recognises the impact of the cost-of-living crisis.

The MARIS scheme should provide over 1,300 additional appointments per week across Manchester, the majority of which are expected to be same day or urgent appointments for patients reporting respiratory symptoms.

There have been two more recent announcements informing the Manchester Locality that there will be further winter / surge funding available. These include:

- A release of national funding - with an additional circa £500,000 available to the Manchester Locality, with this funding being allocated to increase MARIS capacity across General Practice.

- NHS Greater Manchester Integrated Care release of additional funding – a process is underway to determine how this funding will be allocated to primary care in Manchester aligned to the agreed winter / surge framework

For 2022/23, due to the challenges outlined above, General Practice across Manchester and Greater Manchester has experienced a phased, but disjointed, approach to winter / surge planning that has made it difficult to proactively plan to recruit and retain locum staff.

### 3.5 NHS Greater Manchester Surge Hubs

During the 2022/23 Christmas period the System Operational Response Taskforce (SORT) Group took the decision, considering significant, unprecedented demand, and following discussions at the Primary Care System Board, the NHS Greater Manchester Integrated Care Executive Team and SORT Planning Group to identify immediate, short-term initiatives to provide further surge capacity.

Manchester has three Surge Hubs (in North, Central and South Manchester) that have run additional virtual and in-person clinical capacity for an initial period during January 2022. This will inform an evaluation to assess current levels of demand and the uptake and effectiveness of the offer, including levels of integration with the wider Primary Care system.

The implementation of the Surge Hubs has been led by the NHS Greater Manchester Provider Board and delivered by the Manchester GP Federations.

### 3.6 Special Allocation Scheme

The Manchester Locality has a Special Allocation Scheme (SAS) that provides essential primary medical services for patients who have been ‘immediately’ removed from their GP practice. This is where patients have been deemed to have committed an act of violence (physical or abusive), threatened violence, or have behaved in such a way that person(s) has feared for their safety.

Removed patients are placed on the SAS to continue to receive primary medical services with a security presence (as necessary) and staff appropriately trained to support them. Once a patient is placed on the SAS they will usually remain on the scheme for a minimum of 12 months but in exceptional circumstances they may be removed sooner. Once deemed clinically ready, the patient can be discharged from the SAS and can choose their own GP practice again.

Since the beginning of the pandemic there has been a rise in numbers of patients removed from their practices and placed on to the SAS. The reasons for this are multi-factorial but include rising levels of mental health issues, increasing waiting times for outpatient appointments and hospital care and the cost-of-living crisis.

This has also been exacerbated by a particularly violent incident at a GP practice in North Manchester that resulted in significant injuries to several staff.

Following this there was a nervousness across General Practice, which did lead to a significant rise in patients referred to the SAS, several practices continued or reverted back to a triage model; and adopted intercom entry systems to protect staff and patients.

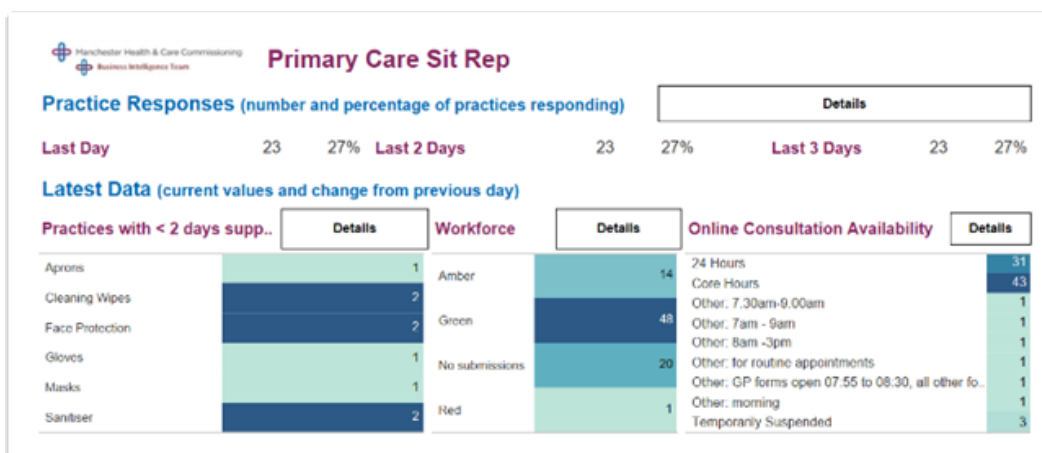
The rise in abusive, violent or threatening behaviour and subsequent removal of patients from GP practices has meant that in 2022 there were over 100 patients on the SAS. This is unprecedented and has put an enormous amount of pressure on the provider of the SAS who has subsequently struggled to deliver the service and recruit GPs who are trained and willing to deliver care to patients on the SAS. In the aftermath of the GP practice attack, the Manchester Primary Care Team led on the development of a Zero Tolerance approach for General Practice, including improved safety / security measures, working with NHS Greater Manchester colleagues to implement more widely.

The Manchester locality is part of a NHS Greater Manchester Working Group that is reviewing the SAS and the Manchester Primary Care Team has been linking with the Community Safety Partnership to consider actions to improve patient & staff safety, together with improved communication, across Manchester system partners.

#### 4.0 General Practice Pressures

##### 4.1 Reporting - Primary Care Situation Report (SitRep)

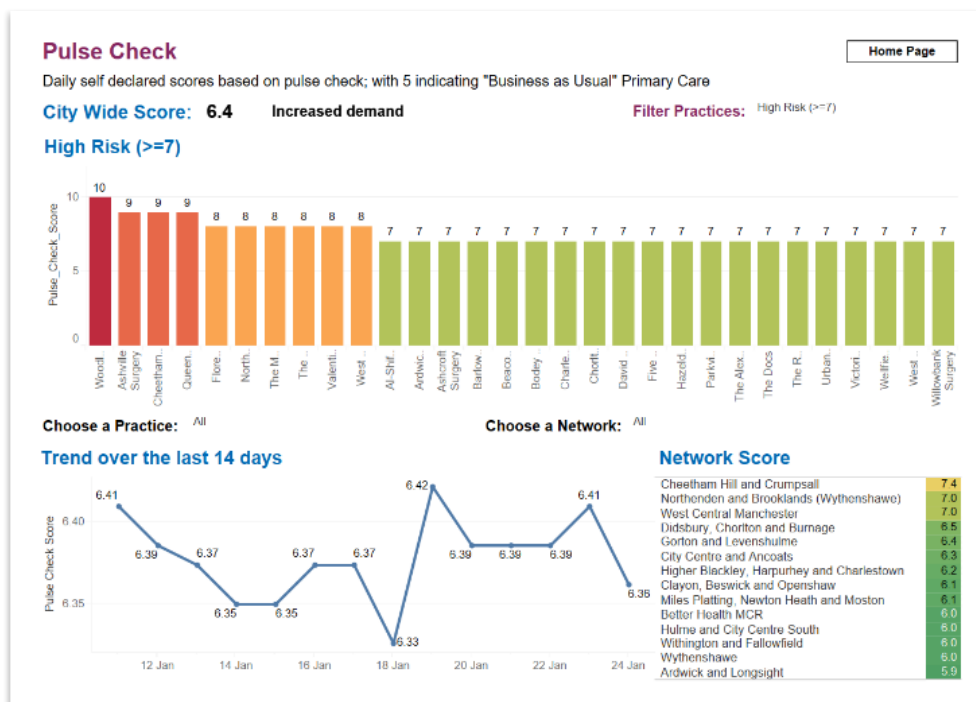
All Manchester GP Practices have been asked to complete a SitRep (including Pulse Check) on at least a weekly basis since the onset of the Covid Pandemic. The SitRep was developed during the pandemic as a supportive tool to be used across General Practice to act as a pressure gauge. Also, for GP practices to highlight increased demand and challenges with capacity and stock (Personal Protective Equipment) that could impact upon access and service delivery, so



that practice support could be efficiently delivered.

**Figure 9:** Example of the Primary Care SitRep for Manchester GP practices

As services return to normal following the pandemic, GP practices are asked to continue completing the SitRep on a weekly basis, or more frequently if there is an issue affecting a practice, with the information used to communicate General Practice pressures with wider system partners including NHS Greater Manchester Integrated Care, Manchester acute providers, Greater Manchester Mental Health NHS Foundation Trust and the Local Care Organisation via the System Organisational Response Team (SORT).



**Figure 10:** High level summary of the Manchester GP practice pulse check reports

Currently, the SitRep shows that General Practice in Manchester has been operating at level of (significant) increased demand since the start of the pandemic.

Whilst our current score is 6.4 indicating increased demand, the average score since the covid pandemic has been 6.3. The lowest score was 6 which was at the

start of the covid pandemic. The highest has score 6.5 in December 2022, due to large amounts of patient demand and staff sickness.

Whilst the Sitrep is recognised at a system level as a valuable tool, concerns with respect to performance monitoring, and competing pressures in practice have resulted in the SitRep giving us an incomplete picture, as it is acknowledged that only a third of practices are reporting regularly, and conversations with practice managers reveal levels of pressure that do not accurately represent those that have been recorded.

When levels of significant pressure are reported, the Manchester Locality PCN Link Managers makes contact on that day to understand the issues and provide guidance with respect to support, as well as linking with the wider locality team. This support may vary from technical / IT input, workforce recruitment, signposting to relevant colleagues / services and in more extreme cases supporting GP practices that have flooded, lost water, telephone connectivity or power.

The Manchester Primary Care Team continue to work with GP practices to demonstrate the value of this reporting continuing to work under considerable system pressure.

## 4.2 Pressures impacting General Practice

In addition to the challenges highlighted in section 2.1, and the expected seasonal variations, there have been several additional issues that have impacted upon General Practice in Manchester over recent years adding to the increase in demand and pressure.

These are a combination of national and more local issues.

These include:

### 4.2.1 Covid-19 Vaccination

Since the launch of the Covid Vaccination Programme in 2020/21, Manchester PCNs have delivered 623,511 doses of the vaccine to Manchester patients. The requirement to offer Covid-19 vaccinations, through primary care, a series of booster vaccinations for eligible cohorts and maintain an 'evergreen' offer to those who come forward and capacity for surge vaccination has placed additional demands on General Practice. Despite significant expansion of Community Pharmacy vaccination provision in the Autumn 2022/23 booster programme many patients prefer to access General Practice vaccination sites and nearly 50% of Covid vaccination were delivered in this way.

Whilst PCNs can 'opt out' of delivering each phase, many remain in to ensure that there is an effective, accessible offer for their most vulnerable patients such

as those in care homes, housebound and immunosuppressed individuals. The programme is not yet 'business as usual', with the Joint Committee on Vaccination and Immunisation (JCVI) continuing to make recommendations on Spring and Autumn boosters at short notice. This impedes PCN ability to plan operationally to ensure workforce and management capability to run this additional service effectively for patients.

#### 4.2.2 Migrant Health

Manchester is proud to be a safe and welcoming city for migrants.

There has been an increase in the number of migrants living in Manchester at least in part as result of the hotel-based accommodations providing temporary residence for people who are on the Afghan Relocations and Assistance Policy (ARAP), Afghan Citizens Resettlement Scheme (ACRS) and asylum seekers living in Asylum Seeker Contingency accommodation (ASC).

Ensuring safe and effective care for these groups has required prioritisation as result of the very short notice that is given by the Home Office, as well as the pressing need for health care support that they require. The Manchester Primary Care Team continue to work with Home Office and Serco, and partners across Manchester, to ensure residents are offered effective care and support.

More recently, there has been an increase in those living in ASC accommodation because of government dispersal policy.

These groups based in hotel accommodation have a significantly higher prevalence of:

- Immediate health care needs, such as dentistry
- Unmet basic health care needs such as family planning and vaccinations
- The need for support as result of high levels of mental health conditions

New arrivals at ASC require a higher intensity input that starts with a new patient assessment and identification of healthcare needs. The population at the hotels is not static, and there is a recognised turnover of residents.

Hotels are in different neighbourhoods across Manchester. Recognising the potential impact that increased demand would place on local practices, a single primary care provider is specially commissioned by the Manchester Primary Care Team to deliver primary medical care services and outbreak management on site within the specific hotels.

Locality commissioners are mindful that maintaining a safe and effective service is vital, but the shortfall in the funding required because of the national funding model results in a funding pressure on the primary care budget for Manchester.

At present, the resource to support and oversee the above is being picked up by the Manchester Locality Team. Work is underway, with NHS Greater Manchester Integrated Care colleagues, to outline the limitations of the national service specification, funding model and impact this is having on GM and the Manchester Locality.

As a result of the war in Ukraine, a Greater Manchester Working Group was established. A report in October 2022, based on information provided by localities, stated that just over 1000 Ukrainians have registered with GP practices across Greater Manchester (since February 2022) with a proportionate number registering with Manchester GP practices. This growth in practice size has been absorbed by practices without any recognised concerns as part of business-as-usual activity.

#### 4.2.3 Homelessness

As Manchester has the largest homeless population outside of London the Manchester Locality Team has taken a long-term approach to the commissioning of healthcare services for homeless people. This is through the commissioning of Urban Village Medical Practice who provide a comprehensive offer for the 760 homeless people who are registered with their service. The service:

- Provides a clear and visible General Practice offer for homeless people to improve outcomes for homeless people and to reduce health inequalities amongst this cohort. Patients can register without a home address and can use the GP practice as a postal address for communication
- The service offers full GP registration, flexible and accessible appointments for a hard-to-reach cohort, proactive engagement and access to specialist primary care homeless services through provision of additional capacity and through a more skilled workforce. The last re-commissioning of the service resulted in an increase of 'drop in' sessions from one afternoon a week to five
- New patients receive a 'New Patient Health Check' which includes a longer appointment to review the patients' immediate health needs
- Patients can be provided where needed with an enhanced MDT approach with a range of services and providers and to play a key role in co-ordinating action through improved focus on working with key partners such as drugs and alcohol services, housing advice, wound care and mental health services
- Urban Village Medical Practice provide a comprehensive hospital in-reach and discharge service at Manchester Royal Infirmary to support with often complex discharges

Since Covid-19 the service has increased its outreach offer to ensure that patients can access the care that they need. The service operates drop-in services at Barnabus, Booth Centre, Cornerstones and other day centres across Manchester. Since 2020, the service has also been instrumental in supporting the

Covid vaccination programme and has delivered over 1,800 vaccinations to homeless patients from its outreach van.

#### 4.2.4 Group A Streptococcus

From 12 September to 18 December 2022, nationally there have been 27,486 notifications of scarlet fever. This compares to a total of 3,287 at the same point in the year during the last comparably high season in 2017 to 2018 although cases in that season started to rise at a different point. In 2017 to 2018 there were 30,768 scarlet fever notifications overall across the year.

Invasive group A streptococcus (iGAS) infections remain rare. So far this season, there have been 126 iGAS cases in children aged 1 to 4 compared to 194 cases in that age group across the whole year of the last comparably high season in 2017 to 2018. There have been 88 cases in children aged 5 to 9 years compared to 117 across the whole year of the last comparably high season in 2017 to 2018. The majority of iGAS cases continue to be in those over 45 years.

Sadly, so far this season there have been 94 deaths across all age groups in England. This figure includes 21 children under 18 in England. In the 2017 to 2018 season, there were 355 deaths in total across the season, including 27 deaths in children under 18.

The higher-than-average numbers resulted in a change of stance in relation to the management of suspected streptococcal infections and combined with the enhanced communication via the media resulted in a surge of pressure on GP practices, as well as short term shortages of the commonly prescribed antibiotics, which was effectively managed by partnership working between NHS Greater Manchester Integrated Care, Locality Teams, Community Pharmacy and primary care providers.

General Practice felt the impact of this through significantly increased demand and was encouraged to flex its service model during this period of increased pressure to prioritise same day access and the management of acute illness.

#### 4.2.5 Industrial action

When there is a surge in pressure in the urgent care system (NHS111, Emergency Departments, Out of Hours), General Practice is asked to change its way of working to provide increased capacity for on the day access to reduce the risk of people requiring the need of those services impacted by industrial action.

As the threat of industrial action continues, so does the risk of on-going increased pressures on GP practices. As previously described, the ability to return to the planned activity of long-term condition management is essential if we are to be able to meet the ambition of Core20PLUS5.



#### 4.2.6 HIVE

On the 8 September 2022, Manchester NHS Foundation Trust (MFT) went live with a new Electronic Patient Record (HIVE) across the 10 trust hospitals and some of the community services.

This is a significant, positive step in terms of the digital health infrastructure in Manchester, as it means that a person's hospital record is shared seamlessly between the trust hospitals, as well as significantly improving the data quality of a person's hospital record.

The roll outs represent one of the largest ever software implementations in a healthcare setting and has not been without challenge. General Practice has experienced significant pressures because of issues in the communication of lab results, and the need to support by repeating outstanding pathology requests, reconfiguring clinical systems, chasing results and discharge summaries, repeating tests and supporting the reporting of issues so they can be addressed.

Manchester GP practices responded to the challenge admirably, stepping up to the increased workload to meet people's needs, working co-operatively with the Manchester Locality Team and MFT to ensure that issues impacting on the handover of care and practice workload have been identified, communicated and acted upon and continued focus remains in relation to key interfaces such as discharge from hospital, and pathology requests.

As part of the HIVE implementation, MFT has rolled out a patient held record called MyMFT. Currently over 87,000 patients have signed up to MyMFT.

Patients are logging in, on average, 4 times per user, showing that patients are using it repeatedly to access their appointment information and results. Whilst this is a huge step forward, GP practices are reporting the unintended consequence of additional consultations to explain the information people are seeing within their MyMFT record.

#### 4.2.7 Estates

In January 2023, the Health Scrutiny Committee received a report detailing 'Health infrastructure developments in Manchester' which included details of key developments in primary care and community estates in the city.

This report outlined the progress being made in delivering several updates to the local GP practice estates to ensure that buildings are fully maximised and local estates developments fully explored.

The report detailed:

- 6 GP practices which have received significant space upgrades during 2022/23
- A range of initiatives that are key to improving use of existing health estates e.g. digitisation of paper 'Lloyd George' records at 11 GP practices to free up space that can be converted to additional treatment space.
- A staff safety and security fund which saw all 83 Manchester GP practices receive additional investment in key aspects of security including CCTV upgrades, screens and door improvements.
- Development of 14 long term PCN clinical and estates strategies to put in place local estates strategies to inform future investments
- Additional new GP facilities which the Manchester Locality Primary Care Team expects to go live during 2023/24 including:
  - The move of Jolly Medical Centre to the North Manchester General Site
  - Expansion of The Docs on Bloom Street, City Centre.
  - A joint scheme with NHS Property Services and Manchester Local Care Organisation to bring a vacant pharmacy unit into use.
  - Delivery of a pipeline of 20 further estates projects (extensions, reconfigurations and upgrades) that will be progressed dependent on availability of capital and revenue funding,
  - Progressing the move of GP services into the Gorton Hub during early 2023
  - Ensuring that GP and health services are a central part of the Victoria North scheme masterplan, maximising accessibility of services to residents
  - A new 760m<sup>2</sup> City Centre GP premises at Elizabeth Tower, currently being set up for GP use by the end of spring 2023 to provide the city with the capacity to support an additional 15-20,000 patients

These developments are a key enabler for future General Practice. Estates are a crucial factor in supporting the future growth of the primary care workforce and by extension key to ensuring that local GP services can better support the future growth in patient numbers. This work is far from complete but significant progress is being made in this area and improving existing estates through close working with local partners will remain a high priority in the coming years.

## **5.0 Recovery**

The last few years have been challenging. General Practice across the city has worked incredibly hard to provide effective, responsive care in line with each change in pandemic direction.

The next few years will have different but potentially greater challenges as we start to recover and refocus healthcare.

The next section of the report highlights some of the work underway and planned to support recovery:

## 5.1 Wider system – impact of Covid and backlog of work

Whilst MFT is undertaking targeted work to bring waiting times down for routine outpatient appointments, it is not uncommon for people to be experiencing lengthy wait for routine outpatient appointments.

Covid has impacted significantly on the detection and management of long-term conditions such as Diabetes, Hypertension and Serious Mental Illness.

Figure 10 shows the increase in numbers of patients with Diabetes from 2020 to 2021 who have poor disease control or who haven't been seen for 24 months:

<b>Manchester CCG</b>	<b>Number of patients with poor control</b>
December 2020	9,408
December 2021	13,185

**Figure 11:** Increase in numbers of patients with Diabetes from 2020 to 2021 who have poor disease control

Recent studies show an increased risk of mortality in those who did not receive all the necessary care processes in one or both previous two years and provide evidence that the increased rate of non-Covid-19 related mortality in people with Diabetes in England observed in parts of 2021 is associated with a reduction in completion of routine Diabetes care processes following the pandemic onset in 2020.

Much of this recovery will happen during the year, as GP practices are able to undertake their routine reviews.

The Core20PLUS5 approach sets the right direction in terms of prioritisation, and reflects the positive work already taking place in Manchester PCNs as part of the Tackling Neighbourhood Health Inequalities (TNHI) requirement in the PCN Direct Enhanced Service

This follows on previous and current good practice to advance equalities and address inequalities in the city e.g., Vaccination Equity Programme, targeted health engagement linked to PQRRS and is a tool to support Population Health Management.

## 5.2 Workforce recruitment and retention

Workforce shortages represented the single biggest challenge facing the NHS in England well before Covid-19. The pandemic has exacerbated these workforce pressures.

GP practices across the country are experiencing significant and growing strain with declining GP numbers, struggles to recruit and retain staff and the knock-on effects for patients.

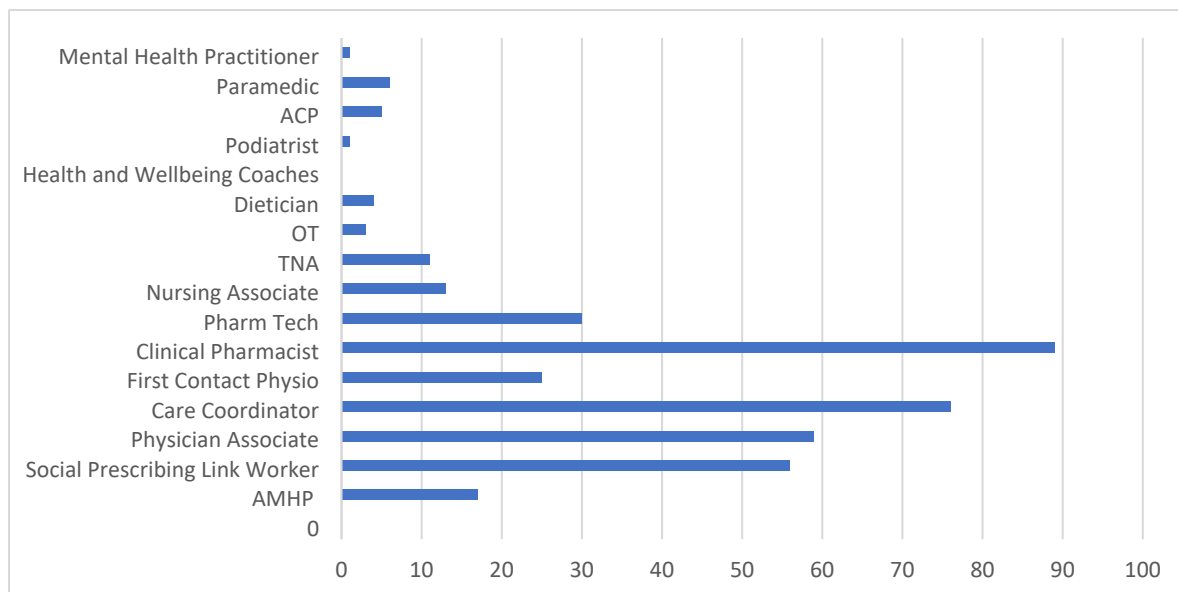
There are over 1500 staff employed in Manchester GP practices. The latest workforce data shows that over a 5-year period GP and nursing role numbers are decreasing. There are around 10% of nursing roles vacant in practice. So, whilst patient numbers have increased significantly over this period, this hasn't been reflected in workforce numbers.

There are however some key programmes being launched that it is hoped will help to combat this. Several nursing programmes have started that are helping to grow this workforce, develop new ways of working and help to retain these skills in General Practice.

In Manchester, a training pod model has also been developed that will focus on developing the skills of existing staff and most importantly bringing in new staff-providing the supervision and training capacity for individuals that GP practices currently struggle to offer.

In 2019, alongside the establishment of PCNs, the Additional Roles Reimbursement scheme (ARRS) was introduced to provide additional funding for General Practice to expand the skills of the workforce and ensure that the workforce is developed around the needs of the local population. The scheme allows PCNs to recruit from a specified set of roles into their networks, building and enhancing the skills of the General Practice workforce and reducing demand on practices by directing patients to skilled professionals such as Physiotherapists, Dieticians and Mental Health Practitioners.

In Manchester, the ARRS programme has shown incredible success over the last year, with the majority of PCNs maximising their allocated budget. The ARRS has so far provided over 330 additional staff across Manchester (Figure 12). A clear success has been the introduction of the Physician Associate (PA) role. At the start of the scheme there were less than 5 PA's across Manchester. There are now over 50 in place supporting General Practice with the management of long-term conditions and other complex conditions.



**Figure 12:** ARRS recruitment across Manchester by role as December 2022

Whilst ARRS has clearly provided additional capacity across General Practice, there have been some challenges. Certain areas have struggled to recruit to roles that they had originally planned. This has been due to:

- Estates challenges - many of the ARRS roles require clinical space which is limited
- Recruitment to some roles such as Pharmacists, Mental Health Practitioners and Allied Health Professional roles (Dietician, Occupational Therapist, Paramedics) has been difficult due to market competition and availability of individuals qualified to undertake the role

As a result of these challenges, work has been undertaken alongside estates colleagues to ensure the impact of ARRS is considered in estates discussions as well as looking at alternative ways of working that will support PCNs to recruit to roles, such as hub working where roles could work either remotely or in a PCN space, thereby freeing up clinical space in GP practices.

### 5.3 Primary Care Quality Recovery and Resilience Scheme (PQRRS)

PQRRS is a Locally Commissioned Service for Manchester GP practices, which aims to reduce unwarranted variation, tackle inequalities in health outcomes and support general practice in recovery.

It is an important investment vehicle for General Practice in Manchester. The current PQRRS has been developed as a 3-year scheme to offer financial stability for Manchester GP practices as it recovers from the effects of the pandemic. The multi-year design is also intended to enable GP practices to take

a strategic approach with workforce planning and practice development, to effectively meet the aspirations of the scheme and patient needs.

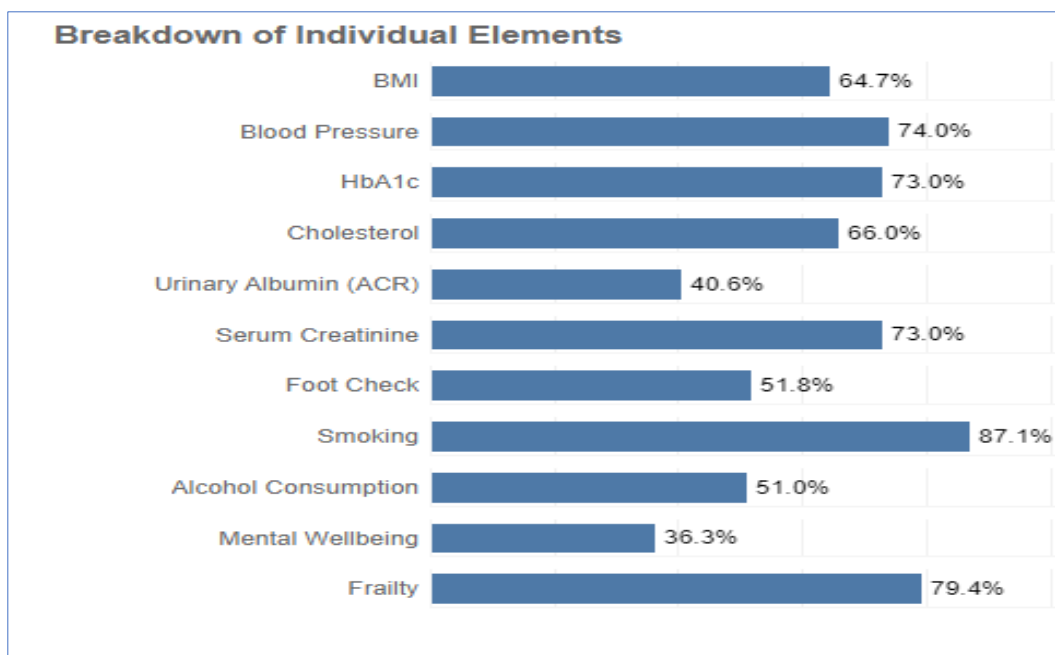
The aims of the Manchester PQRRS are:

- To support all GP practices to deliver quality, proactive primary care and reduce unwarranted variation
- To tackle priority clinical areas vital to the recovery of the health of our population, starting with the people who have the poorest disease control and most in need of review
- To contribute to the rebuild of resilient primary care that is engaged and integrated within our wider health care system

Domains within the scheme include Mental Health, Learning Disability, Safeguarding, Improving the recoding of protected characteristics and multimorbidity reviews – recognising several of the key priorities resulting from Covid-19. With GP practices being remunerated for recording key metrics that are reflective of good practice.

GP practices are supported to achieve the set standards with training, reporting tools and enhancements to their clinical system.

**Figure 13:** extract from the diabetes dashboard



## 6.0 Conclusion

This report has set out the national and local context, existing and expanding access arrangements, the current pressures facing General practice and how Manchester is trying to meet these challenges in the context of increasing demand. The efforts to ensure that additional funding to support capacity reaches General Practice are continuous, although funding flows and schemes released with short timescales and turnaround times do not support effective planning and delivery. As the centre of the conurbation, Manchester experiences many additional demands due to the complex and diverse nature of the population, and greater health inequalities, which is not always reflected in funding allocations.

Many of the pressures, such as workforce and estates capacity, and the development of more integrated delivery models are longer term challenges to be worked on jointly with system partners. Media coverage can influence and reinforce public perception that little action is being taken. The measures taken to expand access to General Practice for Manchester residents, and to ease the short and longer-term pressures on General Practice itself are significant, and we will continue to address the challenges with the support of all local system partners

## 7.0 Recommendations

The Health Scrutiny Committee is asked to:

- (1) Note the contents of the report and the action being taken to increase access to patient appointments, consultations, and activity in Manchester; including the steps being taken and services that are commissioned with the intention of reducing unwarranted variation and health inequalities.
- (2) Consider and advise on any additional measures that may be taken to support public perception and understanding of General Practice and how to access available services.

## 8.0 Appendices

Appendix 1 - Manchester GP Practices by PCN and registered list size

Appendix 2 - Modifications to primary medical care services during and following the Covid-19

Appendix 3 - Contractual requirements of the PCN Enhanced Access Service

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### Appendix 1 - Manchester GP Practices by PCN and registered list size (November 22)

Practice Name	PCN	Practice List Size
Drs Ngan & Chan	Ardwick and Longsight	14,101
Ailsa Craig Medical Centre	Ardwick and Longsight	11,465
Surrey Lodge Group Practice	Ardwick and Longsight	9,089
Dickenson Road Medical Centre	Ardwick and Longsight	8,454
Ardwick Medical Practice	Ardwick and Longsight	6,788
Drs Chiu, Kho & Gan	Ardwick and Longsight	8,127
Wilmslow Road Medical Centre	Ardwick and Longsight	5,810
Parkside Medical Centre	Ardwick and Longsight	6,609
Longsight Medical Practice	Ardwick and Longsight	13,993
Collegiate Medical Centre	Cheetham Hill & Crumpsall	13,749
Cheetham Hill Medical Centre	Cheetham Hill & Crumpsall	12,271
Wellfield Medical Centre	Cheetham Hill & Crumpsall	11,073
Queens Medical Centre	Cheetham Hill & Crumpsall	5,678
Park View Medical Centre	Cheetham Hill & Crumpsall	6,519
Neville Family Medical Centre	Cheetham Hill & Crumpsall	5,189
Jolly Medical Centre	Cheetham Hill & Crumpsall	5,341
New Islington Medical Centre	City Centre & Ancoats	9,606
Urban Village Medical Practice	City Centre & Ancoats	12,430
City Health Centre	City Centre & Ancoats	14,688
Five Oaks Family Practice	Clayton, Beswick & Openshaw	8,983
Dr Hanif & Bannuru	Clayton, Beswick & Openshaw	6,131
Cornerstone Family Practice	Clayton, Beswick & Openshaw	7,776
Florence House Medical Practice	Clayton, Beswick & Openshaw	11,295
Eastlands Medical Practice	Clayton, Beswick & Openshaw	5,490
Lime Square Medical Centre	Clayton, Beswick & Openshaw	7,462
Dr Khan's Practice	Clayton, Beswick & Openshaw	2,726
Kingsway Medical Practice	Didsbury, Chorlton Park and Burnage	6,272
Barlow Medical Centre	Didsbury, Chorlton Park and Burnage	16,225
David Medical Centre	Didsbury, Chorlton Park and Burnage	7,485
Didsbury Medical Centre	Didsbury, Chorlton Park and Burnage	16,037
Levenshulme Medical Centre	Gorton and Levenshulme	8,415
West Point Medical Centre	Gorton and Levenshulme	7,635
Gorton Medical Centre	Gorton and Levenshulme	9,200
Mount Road Surgery	Gorton and Levenshulme	8,201
West Gorton Medical Centre	Gorton and Levenshulme	7,259
Ashcroft Surgery	Gorton and Levenshulme	8,073
Hawthorn Medical Centre	Gorton and Levenshulme	5,548

Valentine Medical Centre	Higher Blackley, Harpurhey and Charlestown	10,631
Beacon Medical Centre	Higher Blackley, Harpurhey and Charlestown	4,407
Conran Medical Centre	Higher Blackley, Harpurhey and Charlestown	7,320
The Avenue Medical Centre	Higher Blackley, Harpurhey and Charlestown	10,722
Singh Practice	Higher Blackley, Harpurhey and Charlestown	4,216
Fernclough Surgery	Higher Blackley, Harpurhey and Charlestown	1,902
Willowbank Surgery	Higher Blackley, Harpurhey and Charlestown	1,924
Dam Head Medical Centre	Higher Blackley, Harpurhey and Charlestown	2,808
Charlestown Surgery	Higher Blackley, Harpurhey and Charlestown	5,108
The Arch Medical Practice	Hulme & City Centre South	19,601
Cornbrook Medical Centre	Hulme & City Centre South	14,993
The Docs	Hulme & City Centre South	10,638
St Georges Medical Centre	Miles Platting, Newton Heath & Moston	7,585
Whitley Road Medical Centre	Miles Platting, Newton Heath & Moston	6,814
Hazeldene Medical Centre	Miles Platting, Newton Heath & Moston	7,079
Victoria Mill Medical Practice	Miles Platting, Newton Heath & Moston	3,808
Simpson Medical Practice	Miles Platting, Newton Heath & Moston	5,483
Newton Heath Health Centre	Miles Platting, Newton Heath & Moston	7,945
Droylsden Road Family Practice	Miles Platting, Newton Heath & Moston	5,723
Northenden Group Practice	Northenden & Brooklands	8,883
The Park Medical Centre	Northenden & Brooklands	5,157
Brooklands Medical Practice	Northenden & Brooklands	6,168
Northern Moor Medical Practice	Northenden & Brooklands	5,177
Woodlands Medical Practice	Northenden & Brooklands	3,455
The Robert Darbshire Practice	Better Health Mcr	28,130
The Whitswood Practice	Better Health Mcr	4,742
New Bank Health Centre	Better Health Mcr	6,404
Ashville Surgery	West Central Manchester	12,214
The Range Medical Centre	West Central Manchester	7,901
Chorlton Family Practice	West Central Manchester	23,175
The Wilbraham Surgery	West Central Manchester	4,962
The Alexandra Practice	West Central Manchester	6,542
Princess Road Surgery	West Central Manchester	5,015
Borchardt Medical Centre	Withington & Fallowfield	10,709
Ladybarn Group Practice	Withington & Fallowfield	12,608
Mauldeth Medical Centre	Withington & Fallowfield	5,293
Bodey Medical Centre	Withington & Fallowfield	17,258

Fallowfield Medical Centre	Withington & Fallowfield	4,041
Al-Shifa Medical Centre	Withington & Fallowfield	3,222
RK Medical Practice	Wythenshawe	5,381
Peel Hall Medical Practice	Wythenshawe	9,395
Maples Medical Centre	Wythenshawe	9,266
Bowland Medical Practice	Wythenshawe	7,993
Benchill Medical Practice	Wythenshawe	10,159
Cornishway Group Practice	Wythenshawe	9,295
Tregenna Group Practice	Wythenshawe	6,835
<b>TOTAL</b>		<b>709,280</b>

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## Appendix 2 – Modifications to primary medical care services during and following the Covid-19 pandemic

	Contract requirements (key points)	Covid-19 modifications	Current provision (January 2023)
<b>GP practices</b>			
Core hours	8am - 6.30pm, Mon to Fri (excl. bank holidays)  Essential and additional services	April 2020 - Triage first model implemented  May 2021 – further NHS England guidance issued stating: <ol style="list-style-type: none"> <li>1) All GP practices must ensure they are offering face to face appointments.</li> <li>2) Patients and clinicians to have a choice of consultation mode. Patients' input into this choice should be sought and practices should respect preferences for face-to-face care unless there are good clinical reasons to the contrary</li> <li>3) All practice receptions should be open to patients</li> <li>4) Patients should be treated consistently regardless of mode of access.</li> <li>5) Practices should continue to engage with their practice population regarding access models and should actively adapt</li> </ol>	Practice receptions open  Face to face appointments being offered where clinically appropriate  Triage first model still in operation in majority of practices to help sign post patients to the appropriate health care professional / service

		their processes as appropriate in response to feedback	
GP Online	<p>Booking and cancelling appts</p> <p>Ordering of repeat prescriptions</p> <p>Viewing of GP record</p> <p>Minimum of 25% of all appointments to be available online</p>	<p>Functionality for booking/cancelling appointments turned off during Covid-19 pandemic, but is being reintroduced in many practices</p> <p>Online requesting of prescriptions being actively encouraged and promoted with NHS app preferred approach</p> <p>National roll out of prospective access to records underway, although facing challenge from BMA due to patient safety and workforce concerns</p>	<p>Online requesting of prescriptions being actively encouraged and promoted with NHS app preferred approach</p> <p>Online booking of appointments returning in many practices, especially in relation to specific appointments such as cervical smear / flu vaccination/ blood pressure checks etc.</p> <p>National roll out of prospective access to records underway</p>
Digital Primary Care*	<p>Online consultations (by April 2020)</p> <p>Video consultations (by April 2021)</p>	<p>This is currently guidance (aspirational) and not yet contractual. However, the pandemic has accelerated the delivery of digital services.</p>	<p>All Manchester practices have the capability to offer online consultations as a mode of access.</p> <p>GP practices do not have a single common approach, with 4 different software providers in use, and online services being disabled by some practices due to overwhelming levels of demand.</p> <p>All GP practices can offer video</p>

			<p>consultations, although recorded levels of video consultation have fallen in line with the relaxing of infection control measures in relation to covid</p> <p>Additional video consultations have been offered by 72 of the 83 GP practices providing up to 1000 additional appointments a week</p>
<b>Primary Care Networks</b>			
Extended Hours	<p>Minimum of 30 minutes per 1,000 registered patients per week</p> <p>Available to all registered patients within the PCN for emergency, same day or pre-booked appointments</p> <p>Delivered by a healthcare professional or another person employed or engaged by the PCN</p> <p>Delivered at times outside of the hours the Practices' primary medical services contracts</p>	<p>January 2021 - Extended Hours was reprioritised nationally to allow additional capacity to support the Covid-19 Vaccination Programme</p>	<p>Contractual changes implemented from 1 October 2022. See section 2.4.</p>

	<p>Addition to appointments provided by the PCN's practices under the CCG Extended Access Services</p> <p>Are provided on the same days and times each week with sickness and leave of those who usually provide such appointments covered by the PCN</p> <p>May be provided face to face, by telephone, by video or by online consultation provided that the PCN ensures a reasonable number of appointments are available for face-to-face consultations where appropriate.</p>		
<b>GP Federations</b>			
Extended Access	<p>Minimum of 45 minutes per 1000 registered population per week.</p> <p>Mon – Fri provision of access to pre-bookable and same day appointments to</p>	<p>-During March 2020 the Extended Access Service capacity was re-purposed to provide Hot (Covid symptomatic) and Cold (non-Covid symptomatic) hubs across the City</p> <p>-Additional appointment slots are</p>	<p>Contractual changes implemented from 1 October 2022. See section 2.4</p>



	<p>GP services in the evenings (after 6:30pm) provides an additional 1.5 hours per day</p> <p>weekend provision of access to pre-bookable and same day appointments (both Saturdays and Sundays) to meet local population needs</p>	<p>made available each week in North, Central and South Manchester</p> <p>-Covid 'hot hub' capacity is flexed between hot and cold activity as the Covid recovery continues and in response to need</p> <p>-The same level of funding remains but allows flex to demand</p> <p>-Each PCN has an identified clinical lead for access to work with the GP Federations to ensure the offer meets the needs of their population</p>	
<b>Out of Hours</b>			
gtd healthcare	<p>Service is open from 6.30pm-8.30am including weekends and Bank Holidays</p> <p>Service is accessed via NHS111</p> <p>Patients are assessed via telephone triage, called back and offered a home visit or face to face on MRI site after 7.30pm</p>		As per column 2

<b>Primary Care Walk-In Centres</b>			
Manchester Urgent Primary Care Hub (City Centre)	Service is open Mon-Sun from 8am-8pm Walk in service	Patients to phone in advance where they will be triaged and where an appointment is required patients will be seen via video, telephone or given a time for a face-to-face appointment. where clinically appropriate patients will be seen face to face.	Walk in service available again following changes due to Covid. Where possible, patients requested to phone in advance.
Hawthorn	Service is open Mon-Fri from 8am-8pm, Sat/Sun from 10am-5pm (except Bank Holidays)  Walk in service	Patients to phone in advance where they will be triaged and where an appointment is required patients will be seen via video, telephone or given a time for a face-to-face appointment. where clinically Appropriate patients will be seen face to face.	Walk in service available again following changes due to Covid.

### Appendix 3 – Contractual requirements of the PCN Enhanced Access Service

Enhanced Access (from 01.10.2022 service provider)	Contract requirements:
Primary Care Network (PCN)	<ul style="list-style-type: none"> <li>• Enhanced access between 6.30pm and 8pm Monday to Friday</li> <li>• Enhanced access between 9am and 5pm on Saturdays</li> <li>• 60 minutes of appointments per 1000 PCN adjusted patients per week</li> <li>• A mix of appointment types, including face to face, telephone, and digital offer (based on patient preferences)</li> <li>• Access to a range of services in the enhanced access period, including enhanced services, i.e., phlebotomy, cervical screening and vaccinations</li> <li>• Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week</li> <li>• Service should be accessible to whole PCN population and with integrated systems to support continuation of General Practice service</li> <li>• Make use of a multi-disciplinary team of healthcare professionals including GPs, Nurses and ARRS workforce</li> <li>• Make all appointments within “Enhanced Access” available to allow direct booking from Practices and NHS111.</li> </ul>

### Appendix 4 - PCN DES Enhanced Access weekly hours

<b>PCN</b>	<b>PCN adjusted population (1 January 22)</b>	<b>Total hours capacity (per week)</b>
Ardwick and Longsight	89,286.276	<b>89.25</b>
Cheetham Hill and Crumpsall	64,570.657	<b>64.50</b>
City Centre and Ancoats	40,575.778	<b>40.50</b>
Clayton, Beswick and Openshaw	61,058.486	<b>61.00</b>
Didsbury, Chorlton Park and Burnage	42,956.444	<b>43.00</b>
Gorton and Levenshulme	59,361.944	<b>59.25</b>
Higher Blackley, Harpurhey and Charlestown	63,978.029	<b>64.00</b>
Hulme and City Centre South	43,083.313	<b>43.00</b>
Miles Platting, Newton Heath and Moston	58,326.585	<b>58.25</b>
Northenden and Brooklands (Wythenshawe)	32,996.137	<b>33.00</b>
Better Health Mcr	36,397.302	<b>36.25</b>
West Central Manchester	58,281.333	<b>58.25</b>
Withington and Fallowfield	53,253.603	<b>53.25</b>
Wythenshawe	68,991.315	<b>69.00</b>
<b>Grand Total</b>	<b>773,117.202</b>	<b>772.50</b>

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**Manchester City Council  
Report for Information**

<b>Report to:</b>	Health Scrutiny Committee – 8 February 2023
<b>Subject:</b>	An overview on the provision and access to NHS Dental services across Manchester
<b>Report of:</b>	Director of Primary Care & Strategic Commissioning, NHS Greater Manchester

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### Summary

This report provides an overview on the provision and access to NHS Dental Services across Manchester.

This report provides the context of current provision and services which are in place that are currently providing access to NHS dental services, as well as describing the challenges and pressures dental services are facing and initiatives to support patients in both improving their oral health and to access appropriate care through NHS dental services.

### Recommendations

The Committee is recommended to:

- (1) Note the contents of the report and the action being taken to ensure access to urgent dental care and increase access to NHS dental services in Manchester; including the steps being taken and services that are commissioned to meet clinical need, address health inequalities and improve oral health for the population.
  - (2) Consider and advise on any additional measures that may be taken to support public perception and understanding of dental services and oral health and how to support access to available services.
- 

### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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None
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<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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Equality Impact Assessments (EqIA) are considered and completed as part of specific service and scheme design, commissioning and sign off
---

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Access to dental care and good oral health supports an essential part of societal wellbeing, underpinning people's ability to receive support to have the best health outcomes, which in turn supports people to achieve the greatest opportunities.
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Addressing oral health and meeting the need for dental care reflects the prioritisation of reducing health inequalities, recognising the close links of good oral health with inclusion, and wider determinants of health and wellbeing.
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

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## 1.0 Introduction

This paper provides an update on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across Greater Manchester and specifically the City of Manchester.

It will highlight the actions taken to address health inequalities and to improve access to dental services to ensure patients are able to receive dental care and oral health improvement in a safe way.

## 2.0 Background

### General Dental Care

Patients are not registered with a General Dental Practice (GDP) in the same way as they are with a GP. Any patient may access dental services from any practice. In the City of Manchester there are:

In Manchester there are:

- 69 (20% of Greater Manchester) General Dental Services providers with contracted activity of 948,614 units of dental activity per annum
- 1 (8% of Greater Manchester) Urgent Dental Care provider (linked to networked provision across Greater Manchester)
- 11 (27.5% of Greater Manchester) Urgent Dental Care Hubs – providing additional urgent dental care capacity in response to COVID pressures

### Specialised Dental Services

- Community Dental Services (special care and paediatric) clinics delivered by Manchester University NHS FT in the Manchester locality, A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral
- 3 Orthodontic providers (43 across GM)
- 1 Specialist Tier 2 Oral Surgery provider (10 across GM)

### Secondary Care Dental Services

12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics) available in Greater Manchester.

These services for Manchester University FT and particularly through the team at Manchester Dental Hospital.

## 3.0 Main issues

### 3.1 Impact of Covid

Dental services have been significantly impacted by the COVID pandemic. Risk of cross-infection is significantly increased for services operating in and around the mouth.

On 25 March 2020, dental practices across the Greater Manchester received national instruction to suspend routine, non-urgent dental care as part of the national response to limit transmission of COVID-19.

All practices were required to provide remote telephone triage services delivering the “triple A” approach, ensuring that patients had access to advice, analgesia and anti-microbials if appropriate. Where patients needed face to face dental treatment in addition to the “triple A” service, dental practices could refer their patients to Urgent Dental Care (UDC) hubs across GM.

From 8th June 2020, the second phase of the pandemic response began, as infection rates dropped, all practices reopened for provision of both routine and urgent dentistry under COVID-specific infection prevention and control guidance to ensure patient safety and access steadily increased. It should be noted that during this period due to infection prevention and control guidance and required time intervals between patients, the number of patients seen on a daily basis reduced from 25-30 patients per day to 6-8 patients per day (depending on patient and need).

The reduction in capacity resulted insignificant pressures across the system. There was a whole system reduction of approximately 70% across all Dental Services capacity, including Secondary Care, specialist community services and specialist primary dental care services such as Minor Oral Surgery.

Services are now working hard on recovery to pre-pandemic levels and in particular to reduce backlogs and waiting lists for treatment.

### **3.2 National contracting and performance arrangements**

*Contract year: 2020 / 2021*

A number of national changes and adjustments were made to the activity during this financial year due to the Covid Pandemic:

- Period 1 – April to 7 June 2020 – all practices were closed and providing telephone triage with the exception of Urgent Dental Care Hubs (UDC Hubs), all contracts awarded full 25% of total contracted activity.
- Period 2 – 8 June to 31 December 2020 – practices began to reopen from 8 June with all open fully by 20 July, providing both telephone triage and face to face appts. Practices were expected to provide equivalent of 20% of historic patient care and awarded 50% of total contracted activity.
- Period 3 – 1 January to 31 March 2021 – Practices were to achieve 45% of Q4 (25% of total contracted activity).

*Contract year: 2021/2022*

As a result of the Covid Pandemic this financial year was also split into 3 time periods each with its own minimum threshold of activity to be achieved.

- H1 – April to September 2021 – 60%
- Q3 – October to December 2021 – 65%
- Q4 – January to March 2022 – 85%

*Contract year: 2022/2023*

The mid-year review is undertaken using FP17 data from the NHS Business Services Authority as of 30th September and it gives Providers and Commissioners the opportunity to identify, review and correct any potential issues before the annual year-end reconciliation.

Providers whose activity is more than 30% of their contracted delivery at this point are encouraged to review their activity. This will help them to deliver activity for the remainder of the year consistent with their contract. No further action is required.

Providers with less than 30% must complete a mid-year review action plan. This should detail their plans on how they expect to deliver the remaining activity to meet their contract obligations by year end.

Table 1: Contract Mid-Year Performance at >30% and <30% of annual contracted activity

Locality	Contracts (GDS & PDS)	Contracts Performing >30%		Contracts Performing <30%	
Bolton	31	29	93.50%	2	6.50%
Bury	30	24	80.00%	6	20.00%
Manchester	75	64	85.30%	11	14.70%
Oldham	32	27	84.40%	5	15.60%
Rochdale	27	22	81.50%	5	18.50%
Salford	34	29	85.30%	5	14.70%
Stockport	44	38	86.40%	6	13.60%
Tameside	28	22	78.60%	6	21.40%
Trafford	42	35	83.30%	7	16.70%
Wigan	37	32	86.50%	5	13.50%
<b>GM TOTALS</b>	<b>380</b>	<b>322</b>	<b>84.70%</b>	<b>58</b>	<b>15.30%</b>

### **3.4 Patient Feedback**

The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.

Although a large number of enquiries are being received, these are not being taken forward as formal complaints and are generally dealt with informally. It is also recognised that the reported regional areas are not comparable in size or service provision.

The GM Dental Commissioning Team is working in conjunction with the Local Dental Networks to ensure adherence to national guidance in service delivery; and NHS Greater Manchester Communications Team to develop a suite of communications assets shared across all our partner organisations detailing what is currently available, how patients can access services, and what to expect when attending.

The GM Dental Commissioning Team continues to support the GM Complaints team with advice and written responses to all patient enquiries, complaints, MP enquiries, and enquiries from the Mayoral Office.

All Greater Manchester Local Dental Committee (LDC) Chairs have committed to engaging with local Healthwatch Officers to ensure that there is clear communication and understanding of any issues that are highlighted by clients.

LDC Chairs have agreed to attend local Healthwatch meetings, and it has been agreed that a Healthwatch representative from GM is invited to attend the Dental Provider Board to provide a report on behalf of the 10 Healthwatch organisations.

## **4.0 Actions to improve access to NHS dental services**

### **4.1 Impact of the covid pandemic**

Access is still steadily increasing but has not yet returned to pre-pandemic levels.

All NHS General Dental Practices continue to prioritise patients in pain, children, patients who are deemed as high risk – such as those receiving treatment for cancer, and those who are mid-way through a course of treatment.

The graph below (Fig 1) clearly shows the direct impact of the pandemic on the numbers of patients who have accessed NHS dental services between April 2020 and March 2022. Services are currently facing the backlog of

patients not able to be seen during the pandemic in addition to current demands for services.

Figure 1: NHS Access to General Dental Services – Manchester patients accessing dental services over previous 24-month period (2020/21 & 2021/22)

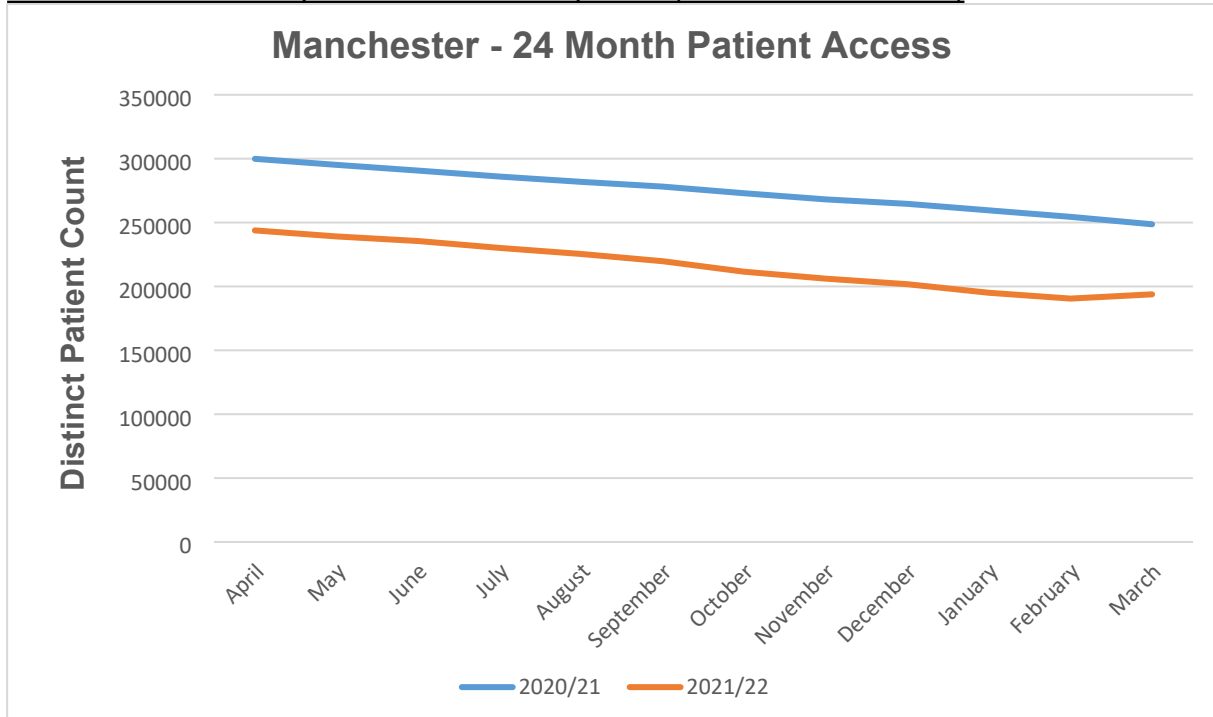


Figure 2a: Manchester adult patients seen in previous 24 months to June 2022

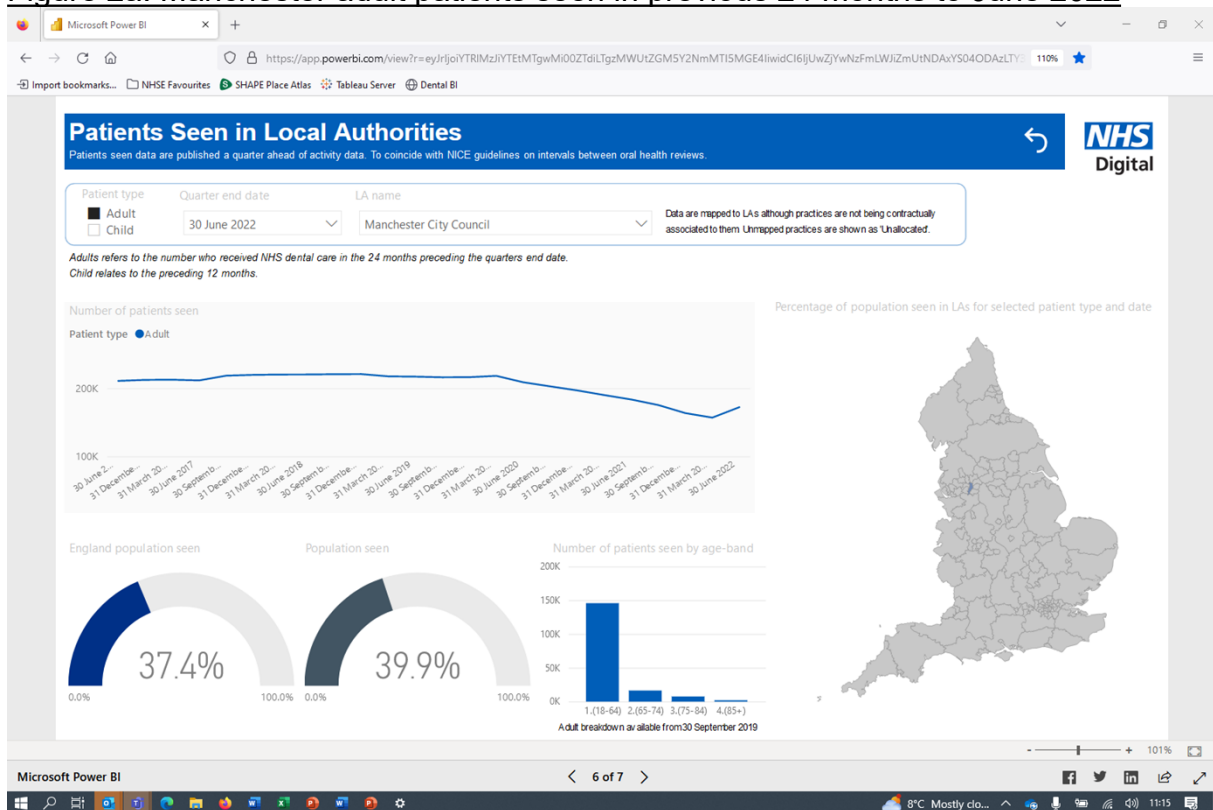
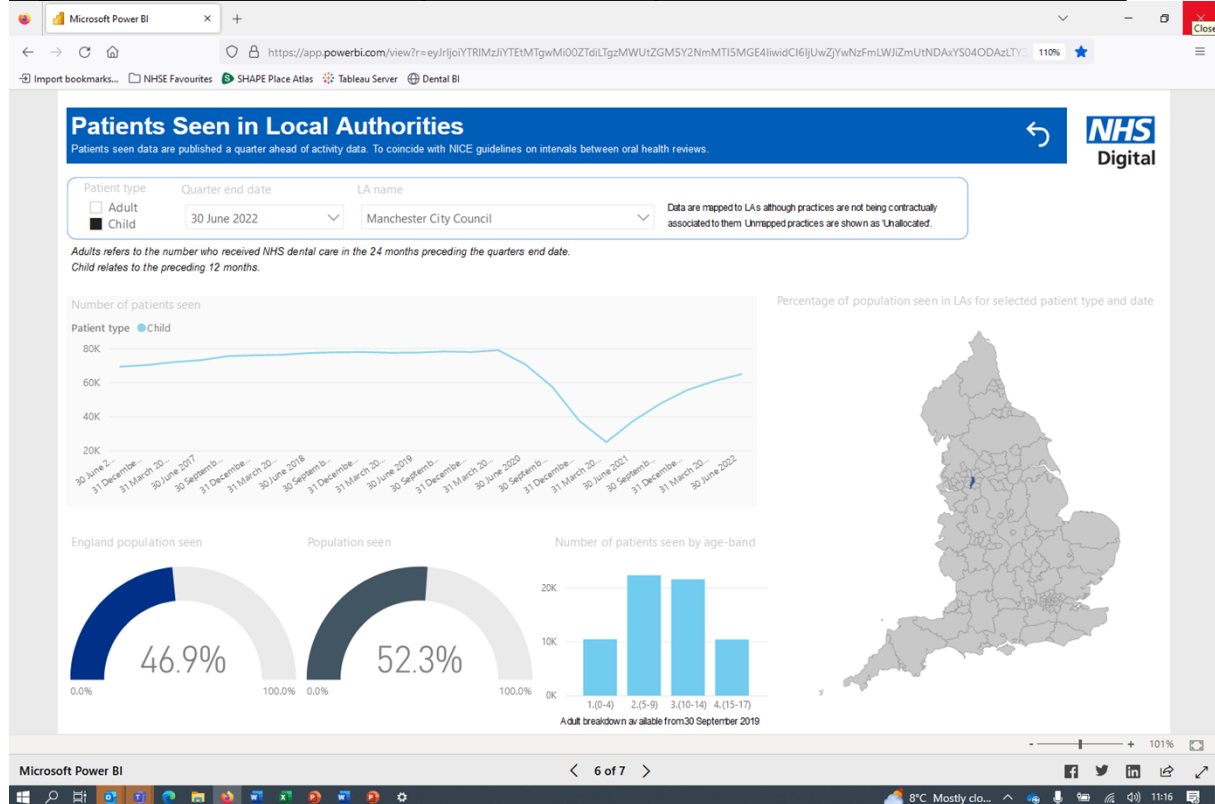


Figure 2b: Manchester Child patients seen in previous 12 months to June 2022



The above figures (2a and 2b) illustrate the direct impact on access for both adults and children in Manchester. The improvement in access in recent months is also shown. Manchester does have a higher level of access compared to the national average for both children and adults.

The Greater Manchester dental commissioning team is progressing a plan which outlines the stages leading to recovery for dental services across the whole system. The purpose being to standardise the approach across Greater Manchester, to strategically plan a range of dental services, and to support opportunities for locally responsive transformational change thus reducing health inequalities.

The purpose of the plan:

- Ensure capacity is in place for on-going activity
- Return critical services to agreed standards
- Address backlog of services
- Retain changes and innovations from the pandemic that we wish to keep

As part of this work a Task & Finish Group has been established working on a Dental Access Plan response for primary care, which includes contributions from Healthwatch colleagues.

#### 4.2 Access to Urgent Dental Care services

In 2019 the GM Dental Commissioning Team procured a new Urgent Dental Care service for the population of GM. This service is available for all patients in GM who require to access urgent dental care.

This service can be accessed by calling 0333 332 3800. There are 13 Urgent Dental Care sites across Greater Manchester, with provision in the City of Manchester.

In response to the pressures caused by the COVID pandemic additional capacity has been commissioned from both the telephony and clinical providers of this service. This additional capacity is in place until March 2023 and is under review for the coming year 2023/24.

From April 2020, Urgent Dental Care (UDC) Hubs were established across Greater Manchester offering face-to-face dental treatment after remote triage. UDC Hubs are linked with the GM Urgent Dental Care call handling service to receive referrals for patients in pain. The UDC Hubs provide extractions and extirpations (first stage of Root Canal Treatment) to save the tooth that get patients out of pain.

In GM there are currently 40 UDC Hubs. 11 of these UDC Hubs are situated within the City of Manchester.

On calling the GM Urgent Dental Care Service patients are able to attend the most convenient urgent dental care provider and are not restricted by local authority or CCG boundaries within Greater Manchester.

### **4.3 Secondary Care Dental services**

A key NHS priority is the restoration of all services with a view to returning to a “normal” position as quickly and as safely as possible. Paediatric and Oral Surgery Clinical Reference Groups have been established to lead recovery of elective surgical cases supported by five GM Managed Clinical Networks. The work programme is to ensure patients can receive elective care at the right time, in the right setting and reduce wait times. This includes:

- Population oral health needs assessment and support for the correct coding of specialist activity so it can be monitored and appropriately commissioned.
- Continue to develop e-referral management system with robust clinical triage to direct referrals to the right setting at the right time, including referrals from non-dental professionals with potential use of virtual consultations
- Workforce and training for dental professional are being reviewed to meet current and future needs
- Referrals are made with complete treatment plans so that shared care can be planned and waiting lists validated and care prioritised with patients are seen in the right setting for their dental care need

#### **4.4 Further improving access**

A proposal is currently being worked with the aims of, working within national contracting arrangement and regulatory requirements, to adapt locally commissioned services to provide stability to NHS Dental Providers and enable them to open access for patients.

The primary purpose of this proposal is to ensure that members of the public can access NHS dental services with NHS Providers committed to seeing both new patients and urgent cases.

The strategic intention is to establish integration and delivery at neighbourhood, and GM level.

The proposals include aspects of strategic contribution with a focus on priority patient pathways (e.g. cancer, diabetes, cardiology, and children's care), prevention (e.g. Delivering Better Oral Health) and integration and neighbourhood networking (Healthy Living Dentistry)

#### **5.0 Addressing health inequalities**

##### **5.1 Access Plus Scheme**

Following urgent treatment patients are encouraged to seek definitive care at a high street dentist. Unfortunately, the pandemic has led to a reduction in capacity and patients were struggling to access routine dental care, such as check-ups and the treatment indicated to restore dental health. As a result, patients were then returning to the urgent service with the same problem or worsening problem.

In response to the unmet need as a result of the ongoing challenges we face within NHS Dental services we developed the Greater Manchester Access Plus Scheme which improves access and delivers continuation of care to patients who have received urgent care but who require further care and treatment within an NHS Dental practice. This scheme was rolled out on 1<sup>st</sup> February 2022.

The GM Access Plus Service will provide a minimum of a one-off courses of treatment for adults (18+ years) who have been seen by the GM Urgent Dental Service / UDC Hubs for urgent care that requires further treatment. There are 15 of these practices are within the City of Manchester, out of 59 across Greater Manchester).

##### **5.2 Afghan evacuee and Asylum Seeker Pathway**

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams and CCGs supporting health care for Afghan Evacuees and Asylum Seekers, a new referral service has been developed that will support this cohort of patients in Greater Manchester to access urgent dental care.



The service was rolled out in October 2021 and provides access to urgent dental care for those placed in Bridging Hotels and Contingency Hotels across GM. In GM the Bridging and Contingency hotels are currently located in Manchester, Wigan, Stockport and HMR.

The objective is to seamlessly connect referrals for Afghan Evacuees and Asylum Seekers with a provider in within their locality.

Across Greater Manchester there are currently 20 practices signed up to this scheme.

### **5.3 Healthy Living Dentistry project**

The Healthy Living Dentistry (HLD) project continues to be developed and delivered.

Currently there are 60 Practices across Greater Manchester signed up to deliver this quality assured scheme where Dental practices undertake national & local health campaigns, often linked to local GPs & Pharmacies. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign up to this scheme.

Practices who sign up to HLD deliver targeted health promotion to specific groups such as:

- Dementia Friendly Dentistry
- Baby Teeth DO Matters
- Mouth Cancer Awareness
- Sugar free diet and medicines
- Flu awareness

To deliver these quality initiatives, all practices have access to training and development which is supported by Health Education England North West and available to be accessed [online](#),

These resources are publicly available: [www.cpgmhealthcare.co.uk/dental.html](http://www.cpgmhealthcare.co.uk/dental.html)

### **5.4 A Dental Home for Looked After Children**

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams supporting health care for Looked After Children (LAC), a new referral service has been developed that will support all LAC in Greater Manchester and Cheshire & Mersey to find a dental home.

The objective is to seamlessly connect referrals for any child who is looked after with a LAC provider within their locality. In Greater Manchester there are 39 Practices accepting referrals for LAC.

The child will be seen and treated and offered regular appointments and recalls dependent on their oral health risk.

The long-term objective will be to strengthen the links of the Manchester Safeguarding Team with Child Friendly Dental Practices to ensure that there is ease of access for all Looked After Children to find a dental home.

## **5.5 Child Friendly Dental Practice (CFDP) Scheme**

Service development pilots initiated in November 2020. Rolled out to across GM following the successful pilot. There are currently 2 providers within Manchester, which are part of a network of 8 across Greater Manchester. Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at a general dental practice.

Treatment includes:

- Prevention – Oral Hygiene Instruction, diet advice, fluoride varnish application, fissure sealants
- Stabilisation – Silver Diamine Fluoride, Temporary Fillings
- Restoration – Hall Crowns, Definitive Fillings
- Extractions

This primary care service supports our specialist community services for children and reduces referrals and pressures into secondary care.

## **6.0 Oral Health Improvements**

### **6.1 Oral Health of 5-year-olds**

The need for dental access and treatment is directly linked to the oral health of the local population. Unfortunately, oral health is particularly poor in Manchester, and across Greater Manchester, as shown by the table below which presents the percentage of 5-year-old children with obvious dental caries.

**Fig 2: Percentage of 5-year old children with obvious dental caries in Greater Manchester (epidemiology survey 2018/19)**

Area	%
England	23.4
<b>CA-Greater Manchester</b>	
Bolton	32.7
Bury	35.2
Manchester	38.3
Oldham	43.2
Rochdale	40.7
Salford	39.0
Stockport	22.0
Tameside	33.1
Trafford	26.0
Wigan	31.9

A further survey is currently being undertaken to understand the position and particularly the likely impact of the pandemic.

## 6.2 Evidence-based oral health improvement programme

An initial programme to support reduction of health inequalities across four priority oral health areas Bolton, Rochdale, Salford and Oldham has been undertaken. This delivered evidence based oral health interventions at scale seeking to reach all under 5-year olds.

- Daily supervised toothbrushing in all nursery and reception Early Year settings for children aged 2-5 years.
- Deliver Health Visitor 0-3 years training; support fluoride dental packs distribution at 1 year and 2-2 ½ year checks.

Delivery of these programmes was interrupted with the closure of earlier settings and schools during lock down there was a suspension of community based oral health improvement programmes.

Over 58,000 children participated in Supervised Daily Toothbrushing Programme in Greater Manchester since October 2018:

- 33,307 children in 645 early years settings take part (88.4% of population, in 88% of settings)
- Engagement highest in most deprived areas - 79% of settings in IMD 1, compared to 72% in IMD 10.

With VCSE partners, 120,000 most vulnerable children received take home fluoride dental packs during lockdown.

This programme is now progressing planned roll-out across wider Greater Manchester, including the City of Manchester working with the local oral health improvement team.

### 6.3 Oral health training

In response to the cessation of the delivery of face-to-face training during the COVID response, the Greater Manchester team support oral health team in the localities in development of open access online training packages. These are available to partners across the health and care sector, notably in residential care and hospitals.

**Mouth Care Matters in the community** - training material suitable for the wider care team, including care managers and care staff carrying out admissions, assessments and provision of daily mouth care. It ensures dignity and comfort.

<https://www.gmthub.co.uk/dentistry/mouth-care-matters-in-the-community>

**Mouth Care Matters in the acute sector** – developed to support NHS Nightingale North West and for all nurses and care staff providing and supporting effective mouth care for all hospitalised patients during COVID. Daily mouth care in hospital reduces the risk of infection such as Hospital-acquired pneumonia (HAP), which in turn reduces the length of a hospital stay.

<https://www.gmthub.co.uk/dentistry/mouth-care-matters-in-the-hospital-setting>

**Supervised Toothbrushing in Early Years and Educational Settings** - training material intended for early years and education staff who are working with their local health teams to deliver a supervised toothbrushing programme.

<https://www.gmthub.co.uk/dentistry/workforce/starting-well-improving-childrens-oral-health/stb-early-years>

The Manchester oral health team undertake significant engagement with local dental practices and other local partners to support improvement in oral health for the population.

### 7.0 Recommendations

The Committee is recommended to:

- (1) Note the contents of the report and the action being taken to ensure access to urgent dental care and increase access to NHS dental services in Manchester; including the steps being taken and services that are commissioned to meet clinical need, address health inequalities and improve oral health for the population.

- (2) Consider and advise on any additional measures that may be taken to support public perception and understanding of dental services and oral health and how to support access to available services.

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## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 8 February 2023

**Subject:** An overview on the provision and access to Community Pharmacy services across Manchester

**Report of:** Director of Primary Care & Strategic Commissioning, NHS Greater Manchester

### Summary

This report provides a brief overview on the provision and access to community pharmacy services across Manchester, supporting the recently published Pharmaceutical Needs Assessment for Manchester.

This report provides the context of current provision and services which are in place that are currently providing access to community pharmacy, as well as describing the challenges and pressures facing these services.

### Recommendations

The Committee is recommended to:

1. Consider the recently published Pharmaceutical Needs Assessment for Manchester, recognising the information held within this document regarding services provided across the city, and
2. Note the contents of the report, the context of current provision and awareness of challenges presenting across community pharmacy as a primary care service provision to the population.

### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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None
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<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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Equality Impact Assessments (EqIA) are considered and completed as part of specific service and scheme design, commissioning and sign off
---

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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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.

- Making sure pharmacies provide the right service - Manchester's Pharmacy Needs Assessment (2023-26), (January 2023)  
[www.manchester.gov.uk/pna](http://www.manchester.gov.uk/pna)



## 1.0 Introduction

- 1.1 Community pharmacy is part of primary care service provision to local populations, along with general practice, optical services and dentistry. Although generally considered for the dispensing of medicines, community pharmacy delivers wide-ranging services supporting wider healthcare provision, self-care and health improvement and promotion.
- 1.2 The national Community Pharmacy Contractual Framework (CPCF) presents how community pharmacies are contracted and commissioned in England, setting out the services to be provided and how they are quality assured. The CPCF outlines three types of services to be delivered by community pharmacies:
- *Essential services*, which are nationally set and mandatory for the pharmacy to deliver NHS services. These include dispensing of medicines, disposal of medicines, advising on self-care, providing medicines support following a hospital discharge and providing health living advice to members of the public.
  - *Advanced services*, which are optional services that pharmacies may choose to provide but are still nationally specified. These include flu vaccinations, the New Medicine Service (NMS) helping patients who have been prescribed new medication, and the Community Pharmacist Consultation Service which enables the patients to be referred to the community pharmacy from other parts of the health system such as GPs or NHS 111.
  - *Enhanced services*, which are further optional services which may be specified locally but are still part of the national commissioning and contracting arrangements, such as the covid vaccination service and minor ailments services.
- 1.3 In addition to the national CPCF, there are separate local contracting arrangements with community pharmacy providers, for services determined by other public sector commissioners such as Local Authorities.
- 1.4 NHS England hold the regulatory responsibility for commissioning and contracting the CPCF from community pharmacies, managing control of entry into this market under strict national regulations. From 1<sup>st</sup> July 2022, the newly established integrated care board for Greater Manchester, NHS Greater Manchester, accepted delegated responsibilities from NHS England to discharge these commissioning responsibilities for community pharmacy services.

## 2.0 Background

- 2.1 The needs of the population of the City of Manchester for pharmacy services are determined by the locally developed Pharmaceutical Needs Assessment (PNA). This assessment was recently reviewed, and the Manchester Health and Wellbeing Board endorsed the publication of the latest PNA on 25<sup>th</sup> January 2023.

This document is available at: [www.manchester.gov.uk/pna](http://www.manchester.gov.uk/pna)

2.2 The PNA provides comprehensive overview of current provision of pharmaceutical services across Manchester, including community pharmacy services.

### 3.0 Main issues

#### 3.1 Current provision

Manchester currently has 127 pharmacies providing a range of essential services, advanced services, enhanced services, and locally commissioned services on behalf of MCC, Manchester ICP and NHSE.

The PNA clearly presents the provision of services at the point of publication. The needs assessment has not identified any existing gaps in pharmaceutical services for the local population with key considerations that:

- Manchester has 23 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages;
- Manchester has more prescription items dispensed per pharmacy per month than the Greater Manchester and England average;
- The majority of residents live within one mile of a pharmacy;
- The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving;

However, clearly over time there will be changes to local provision and continued consideration in light of the PNA.

#### Opening Hours

The existing 127 pharmacies are made up of 19 pharmacies with a 100-hour contract (plus 10 listed as distance selling pharmacies). The remaining 108 pharmacies with a standard 40-hour contract, 84 of these also offer supplemental hours including late night and weekend availability.

Overall, 75 pharmacies are open on Saturdays, whereby 26 of these close by 1.00pm. 26 of those remaining pharmacies are open until 7.00 pm or later (17 of which are open until 10:00pm or later (latest closing time 11:30pm)).

Throughout the week, 30 pharmacies provide access to pharmaceutical services until 7.00 pm or later for Monday to Friday including 19 pharmacies open until 10.00pm or later. There is one pharmacy that opens until 11.30pm and another pharmacy open until midnight.

27 pharmacies are open at 8.00 am or earlier Monday to Friday and 22 pharmacies are open at 8.00 am or earlier on Saturday. Additionally, 2 pharmacies are open at 6.00 am Monday to Saturday whilst 1 pharmacy is open from 4.00am 7 days a week.

In terms of Sunday opening times, 30 pharmacies are open on Sunday and all neighbourhoods have at least one pharmacy open for some hours. 9 of the pharmacies open on Sundays are open until 6:00pm or later, this includes 1 pharmacy that is open until midnight.

### **Advanced Services**

Manchester community pharmacies provide good coverage of the eight existing advanced services as outlined by the NHS CPCF.

1. 118 pharmacies are currently signed up to provide the Community Pharmacy Consultation Service (CPCS);
2. 90 pharmacies delivered the seasonal influenza vaccination programme over the last financial year, a slight increase from the previous years (84 in 2018/19);
3. 11 pharmacies are signed up to deliver the Hepatitis C Antibody Testing Service however no pharmacies claimed for this service in 2021/22 (according to NHSBSA data);
4. 89 pharmacies are signed up to provide the Hypertension Case-finding Service;
5. 2021/22 data indicated that a total of 20,311 New Medicine Service (NMS) interventions were provided by 125 pharmacies in Manchester
6. 59 pharmacies are signed up to provide the Smoking Cessation Service; this is also supplemented with other existing smoking cessation offers including Be Smoke Free.

For Appliance Use Reviews (AUR) (7) and Stoma Appliance Customisation (SAC) (8), only 33 stoma appliance customisations were provided by 7 Manchester pharmacies in 2021/22 whilst no AURs were provided at all.

However, there are currently eight Dispensing Appliance Contractors (DACs) which provide cover across the GM footprint, 3 of which are geographically located within Manchester itself and the NHSBSA data reflects that these DACs are the main providers of these services. For March 2022 (latest available NHSBSA data), it highlights that 43 AURs were provided to Greater Manchester residents.

### **Enhanced Services**

- Inhaler Technique is provided by 14 pharmacies; this is supplemented by pharmacies being able to participate and claim for the respiratory domain of the 2022/23 PQS. The aims of this quality criterion are for community pharmacy teams to work in reducing morbidity and preventable deaths from asthma through targeted clinical surveillance and evidence-based interventions.
- 97 pharmacies are signed up to provide the Minor Ailments Service;
- 1 pharmacy in Manchester is signed up to deliver the Minor Eye Conditions Service (MECs). Despite low provision, MECS have been running successfully across England for a number of years and show that approx. 83% of patients seen are fully managed within the service. However, in

addition to MECS, the Community Urgent Eyecare Service (CUES) is available to Manchester residents.

- Since December 2020 community pharmacies have provided significant support to the COVID-19 vaccination programme; the number of community pharmacies providing this service varies between phases of the National COVID vaccination programme and as such pharmacies must present an expression of interest (EOI) to NHSE per phase to register interest. To date, Manchester has not struggled to obtain local interest in delivery.

### **Locally Commissioned Services (LCS)**

Both Manchester Integrated Care Partnership and Manchester City Council commission a range of local services which have been commissioned to meet local population needs.

#### **MICP Commissioned:**

- The end-of-life (EOL) care/palliative care pharmacy service: commissioned providers are located across the City of Manchester to maintain a specified stock as well as supply any EOL medicines within an hour of request. This service is commissioned in hours spanning a large range of opening hours. Out of hours (OOH) provision is covered through the Manchester OOH healthcare provider Go-to-Doc Healthcare.

Additionally, all community pharmacies can choose to routinely hold 16 specifically listed palliative and end of life critical medicines and can support local access to parenteral haloperidol as part of Addressing Unwarranted Variation in Care Domain of the 2022/23 PQS- this crosses over with medicines detailed in the LCS.

- Antiviral medicines provision: this service provides rapid access to antivirals for the treatment and prophylaxis of influenza; this includes usual opening hours and bank holidays. OOH is also covered by GtD Healthcare as above. 4 pharmacies are commissioned to provide the service to ensure at least one provider per locality (North, Central and South) and stock enough to manage a significant outbreak in Manchester's largest care home (150 beds). Manchester also have a reciprocal agreement with Tameside and Oldham Localities to source antiviral provision should local supply not meet the demand.

#### **MCC Commissioned:**

MCC commission a variety of pharmacy services in order to meet local population needs.

Sexual Health Services:

- Emergency hormonal contraception (EHC) - 95 pharmacies

Substance misuse services including:

- Observed Supervised Administration (OSA) (methadone/buprenorphine) - 89 pharmacies
- Needle and Syringe Programmes (NSP) - 28 pharmacies
- Domestic Sharps Waste (DSW) - 53 pharmacies

Pregnancy, new mothers and children (under 4s):

- Healthy Start vitamins - 47 pharmacies

There are elements of the essential service provision which will help address the health needs of these cohorts of patients. For example, pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHSE.

MCC and MICP work closely with system partners including NHSE and the GMLPC to discuss and ensure adequate service provision across Manchester. Often this is channelled via the Manchester Community Pharmacy Steering Group which meets every 2 months.

### **Future Service Provision**

In addition to the services already in place across Manchester, several new advanced services are also going live within 2023 as part of the Year 4 and Year 5 CPCF negotiations that will further bolster community pharmacy offers within the Locality.

This details:

- A Pharmacy Contraception Service which will provide ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic (Tier 1) and following that a Tier 2 of the service will be introduced in October 2023, which will enable community pharmacists to also initiate oral contraception, via a Patient Group Direction.
- From 19th April 2023, subject to the outcomes of an ongoing pilot, the NMS will expand to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist.
- From March 2023, the CPCS will expand to enable Urgent and Emergency Care settings (hospital Emergency Departments and Urgent Treatment Centres) to refer patients to the service for a consultation for minor illness or urgent medicine supply.

### **3.2 Churn in service providers**

As reported in the Manchester PNA, in January 2023 there are 127 pharmacies across the City of Manchester. However, clearly there is ongoing churn of provision whereby on occasion individual services may close or open.

At the point of preparing this report, there is one pharmacy which has given notice to close during April 2023. However, there are currently two applications to commence new services, one of these being for the delivery of distance selling services rather than face-to-face services. There are also two applications for services to relocate. The indication is therefore that there continues to be stable and sufficient provision of local services.

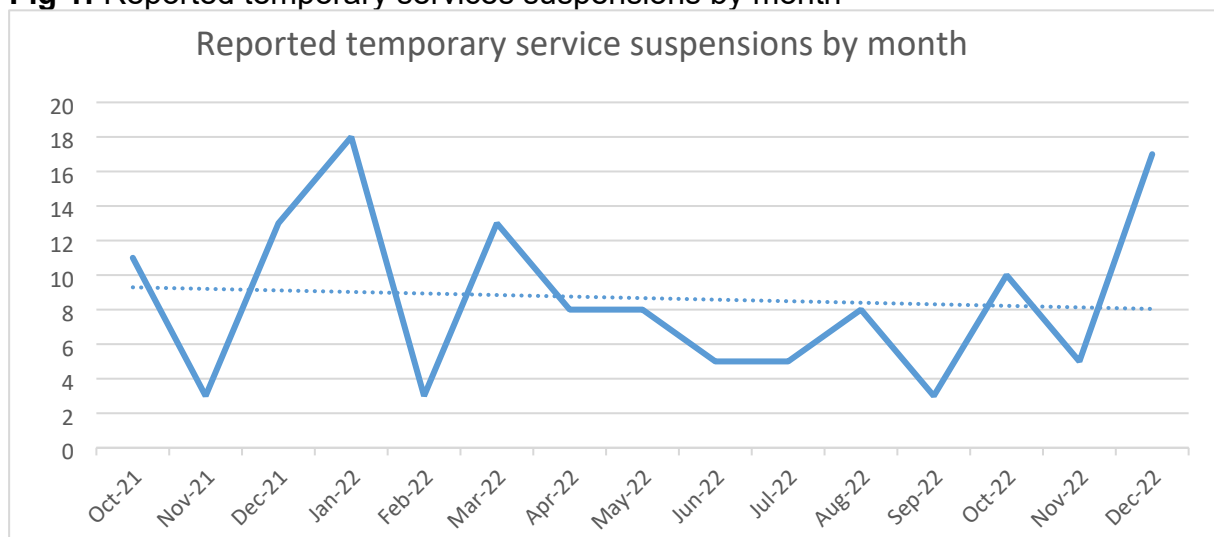
### 3.3 Pressures in service delivery

Community Pharmacy services, similar to other parts of the primary care system across Greater Manchester, have reported increased operational pressures and challenges in meeting the needs and expectations of the public.

Significant within these pressures are challenges relating to staff shortages/availability and sickness. This is a common position across health and care providers. Such pressures may result in the temporary service suspensions whereby pharmacies may not be able to fulfil their required hours of service on a particular day. These pressures experienced by services across Manchester are reflected nationally.

The following graph (Fig 1) provides indication of the number of temporary closures across Manchester reported by community pharmacy services. This graph indicates a trend that these temporary closures have reduced in the second half of 2022, although December saw an increase which was largely due to increased prevalence of covid and flu in the population.

**Fig 1:** Reported temporary services suspensions by month



Pressures of this nature across primary care are routinely reported to the NHS Greater Manchester System Operational Response Taskforce (SORT). There is work ongoing with the Greater Manchester Local Pharmaceutical

Committee and Greater Manchester Community Pharmacy Provider Board to seek to support the services in addressing these pressures, including communications and support to patients to access services when a local pharmacy branch maybe closed during regular opening hours.

#### **4.0 Recommendations**

The Committee is recommended to:

1. Consider the recently published Pharmaceutical Needs Assessment for Manchester, recognising the information held within this document regarding services provided across the city.
2. Note the contents of the report, the context of current provision and awareness of challenges presenting across community pharmacy as a primary care service provision to the population.

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