



Health Scrutiny Committee

Date: Wednesday, 8 September 2021

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 2:30 pm on Monday 6 September 2021 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Public Gallery

Access to the Public Gallery is on Level 3 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from any other entrance.**

Filming and broadcast of the meeting

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Membership of the Health Scrutiny Committee

Councillors - Nasrin Ali, Appleby, Cooley, Curley, Douglas, Green (Chair), Hussain, Leech, Monaghan, Newman, Reeves, Riasat and Richards

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. [10.00-10.05] Minutes** Pages
5 – 12
To approve as a correct record the minutes of the meeting held on 21 July 2021.
- 5. [10.05-10.30] COVID-19 Update** Pages
13 - 14
Report of the Director of Public Health and the Medical Director, Manchester Health and Care Commissioning

The Director of Public Health will deliver a presentation on the latest available data relating to Manchester and the ongoing implementation of the COVID-19 Prevention and Response Plan. A key element of the plan is the ongoing roll out of the Manchester Vaccination Programme and the Medical Director, Manchester Health and Care Commissioning, will provide the Committee with an update including the autumn/winter plans.
- 6. [10.30-11.00] Health and Social Care Recovery** Pages
15 - 26
Report of the Chair, Manchester Health and Care Commissioning

This report provides an update on the current recovery of health and social care services as part of the system's response to the COVID-19 pandemic.
- 7. [11.00-11.30] Provision & access to NHS Dentistry** Pages
27 - 52
Report of the Greater Manchester Health and Social Care Partnership

This report 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 the city of Manchester since March 2020.

8. **[11.30-12.00] Access to General Practice in Manchester** Pages
Report of the Head of Primary Care, Manchester Health and Care Commissioning 53 - 74

This report provides an update on the current position in relation to access to General Practice in Manchester.

9. **[12.00-12.10] Overview Report** Pages
Report of the Governance and Scrutiny Support Unit 75 - 86

The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Please note that the actual start time for each agenda item may differ from the time stated on the agenda.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.. .

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Further Information

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This agenda was issued on **Tuesday, 31 August 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 21 July 2021

Present:

Councillor Green – in the Chair
Councillors Appleby, Curley, Hussain, Newman, Reeves and Richards

Apologies: Councillors Nasrin Ali, Cooley, Riasat and Monaghan

Also present:

Councillor Midgley, Executive Member for Health and Care
Dr Alice Seabourne, Medical Director, Greater Manchester Mental Health NHS Foundation Trust
Adam Young, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust
Peter Broom, Citizen of Manchester

HSC/21/27 Minutes

Decision

To approve the minutes of the meeting held on 23 June 2021 as a correct record.

HSC/21/28 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence.

Some of the key points that arose from the Committee's discussions were: -

- Welcoming the Public Health Annual Report;
- The Committee expressed their continued confidence and support for the Public Health Team, NHS partners and all those involved in the vaccination programme;
- What would the impact on the vaccination programme be if the Enhanced Support Status was withdrawn;
- Was there sufficient capacity within the system come September to deliver the vaccination programme and the roll out of the booster jab;
- Concern was expressed regarding the relaxation of the rules and the reopening of night clubs, describing these as 'super spreader events', noting the recent experience witnessed in the Netherlands;
- Expressing concern regarding the levels of anti-vaccination and conspiracy theories that were circulating on social media, noting that young people in particular were recipients of these messages and this needed to be robustly challenged;
- Were residents with vaccination appointments already booked for their second jab being actively contacted to bring this forward from 12 weeks to 8 weeks;

- Was the number of confirmed positive cases as a result of the increased rates of testing;
- Analysis was required to understand the relationship between the number of hospital admissions and those patients that were vaccinated and unvaccinated, noting this was a key message to encourage the take up of the vaccination;
- Were the reasons for the shorter stays in hospitals experienced by COVID patients as a result of improved clinical care and learning from previous waves;
- Was testing data available by ethnicity;
- How did Manchester compare with other comparable cities regarding vaccination rates; and
- Continuing the call for central government to adequately fund and support the city to respond to the pandemic.

The Director of Public Health advised that the city had benefited over a number of weeks from the Enhanced Response Area status. He commented that with the likely removal of this status other providers such as Community Pharmacy and allocated support and resources agreed across Greater Manchester would be utilised to continue this work, adding that pop up clinics and targeted interventions would continue to be delivered.

The Director of Public Health commented that national guidance was to be issued regarding the roll out of the booster programme from September onwards, however he reassured the Committee that planning and discussions were already underway across the system to prepare for this. He further stated that a proactive programme was underway to contact people with prebooked vaccination appointments to offer them an earlier date.

The Director of Public Health commented that there were risks associated with nightclubs due to the fact that they were unventilated, enclosed spaces where patrons were not required to wear a face mask. He stated that this was why the key message regarding coming forward to have the vaccine was so important. He further commented that discussions were already underway with the Compliance Team to plan for Pride and Park Life.

The Director of Public Health commented that Manchester was comparable with a number of London boroughs in terms of demography, with particular reference to the younger population and the experiences, lessons learnt and best practice was being shared.

The Director of Public Health said that the data on testing and ethnicity was not currently available however this was collected geographically. He further commented that the relationship between the numbers of hospital admissions and patients who were vaccinated was being collected and he suggested that colleagues from Manchester Foundation Trust NHS Hospital could contribute to future updates on this specific issue. The Chair welcomed this suggestion and requested that this be included in future updates to the Committee.

He stated that clinicians and staff treating COVID patients in hospitals had taken the learning from previous waves and the Executive Director of Adult Social Services commented that the reduction in the time patients stayed in hospital had been assisted by the new hospital discharge regulations whereby patients were

discharged as soon as medically fit and their care and support needs assessed outside of an acute ward, either in a discharge to assess bed or their own home.

Decisions

The Committee;

1. Notes the reports and presentation;
2. Express their continued confidence and support for the Public Health Team, NHS partners and all those involved in the vaccination programme; and
3. Recommend that Manchester Foundation Trust NHS Hospital contribute to future updates to the Committee in regard to the relationship between hospital COVID patient admissions and vaccination.

HSC/21/29 Greater Manchester Mental Health NHS Foundation Trust - Manchester Covid Recovery

The Committee considered the report of Greater Manchester Mental Health NHS Foundation Trust (GMMH) that provided a summary and overview of the activity across the GMMH Manchester services and the Covid response.

The main points and themes within the report included updates in relation to: -

- Urgent Care/Crisis response;
- Early Intervention;
- Community Mental Health Teams;
- Delayed Transfer of Care; and
- Out of Area Placements.

The Committee then heard from Peter Broom, citizen of Manchester who provided an account of his lived experience of mental health and the support he had received from the Trust. Having described his journey and the many positive outcomes he had experienced he paid tribute to the staff at the Trust and added that he had witnessed similar experiences with other recipients of this service.

Some of the key points that arose from the Committee's discussions were: -

- Thanking Mr Broom for attending the meeting and sharing his experience with the Committee;
- Stating that more needed to be done to promote the positive outcomes and success of the service;
- Was the funding provided by central government to deliver mental health services sufficient to meet the demand, noting the full impact of COVID was yet to be realised, especially amongst young people;
- Had the Transformation Fund delivered the required objectives and outcomes.
- How were the Crisis Cafes advertised and were they culturally appropriate to meet the needs of all residents in the city;

- Further analysis and understanding of the outcomes of the Crisis Cafe was requested;
- What analysis had been undertaken on the impact of changes to the delivery of the Community Mental Health Teams services during the pandemic;
- How did the figures provided on the numbers of Delayed Transfer of Care compare to previous years;
- Consideration needed to be given to increasing the number of patient bed spaces in acute settings to reduce the numbers of Out of Area placements;
- All Councillors should be proactive in promoting and supporting resident groups to access the Wellbeing Fund; and
- Mental Health Services needed to work collaboratively with other agencies and partners to ensure people received the most appropriate care and support, particularly at times of crisis.

The Medical Director GMMH, described that staff were working with all in patients and service users to engage with and actively encourage them to have the vaccine. She stated this included working collaboratively with the local Primary Care Network to deliver these in appropriate community settings. She informed the Members that the Trust had employed an Equality, Diversity and Inclusion Lead who worked closely with the University to address health inequalities.

The Associate Director of Operations GMMH said that it was recognised that investment by central government in mental health services over many years had not been adequate, however the Trust remained committed through the Transformation Fund to working with the Local Care Organisation to invest in and deliver Community Services, adding that this approach would also improve the Delayed Transfer of Care cases. He further commented that work would also be delivered in conjunction with the Primary Care Service to improve the offer delivered to residents experiencing mental health problems. He acknowledged the scenario described by a Member and said that they were working closely with key agencies and partners, including the police to ensure the response to an episode of crisis was proportional and appropriate.

In response to the questions raised regarding the Crisis Café, the Associate Director of Operations GMMH stated that these were the only ones in Greater Manchester and were new to the city, noting that the one delivered at Turning Point had only launched three weeks ago. He advised that this was new model of service delivery and was designed and delivered in conjunction with the VCSE and supported by clinical teams and links to the 24/7 helpline. He commented that these cafes had been advertised through a social media campaign and with posters. He commented that the use of, and outcomes of these cafes would to be monitored and assessed.

In response to the provision of services across the different hospital sites the Associate Director of Operations GMMH informed the Committee of the challenges experienced at the Manchester Royal Infirmary site due to the physical restrictions of the Emergency Department, however discussions continued with the site to resolve the issue.

In regard to the service provided by Community Teams during the pandemic the Associate Director of Operations GMMH advised that 75%-80% of all new referrals were seen face to face (subject to all current guidance), adding that they had

continued to offer virtual face to face appointments in addition to telephone calls. He commented that the feedback from service users regarding these arrangements implemented in response to the pandemic had been very positive. He added that during the pandemic the number of mental health patients presenting at Emergency Department had not risen which was an outlier nationally.

In conclusion the Associate Director of Operations GMMH paid tribute to the staff working at the Trust, in particular during the additional challenges presented during the pandemic.

The Executive Member for Health stated that mental health services both locally and nationally had suffered from significant underfunding that had resulted in real term funding cuts to these important services and called upon the government to adequately fund these vital services. She further paid tribute to all of the staff working at the Trust, especially during such challenging times and welcomed the Trust's commitment to working with Neighbourhood Delivery Teams. She concluded by recognising the important contribution the VCSE and the Wellbeing Fund had in supporting residents who experienced mental health issues.

The Chair on behalf of the Committee thanked all who had attended, in particular Mr Broom whose testimony was greatly appreciated, noting the importance of hearing and understanding the citizen's voice at scrutiny meetings. She stated that the Committee would invite a further report on this issue for consideration at a future meeting with the remit and scope to be agreed and this would be relayed to the Trust.

Decisions

The Committee;

1. Notes the report and requests that an update report is scheduled at an appropriate time; and
2. Request that information relating to the Crisis Cafes is circulated to the Members of the Committee.

HSC/21/30 Adverse Childhood Experiences (ACEs) & Trauma Informed Practice

The Committee considered the report and accompanying presentations of the Director of Public Health that provided an overview of how the MCC Population Health team was leading the work to fulfil the ambition of Manchester being an ACE-aware, trauma informed and trauma responsive city by 2025. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

The main points and themes within the report included: -

- Providing an introduction and background, noting the pilot scheme delivered in Hapurhey between September 2018 and August 2019 and subsequent evaluation;
- Describing how this approach was embedded into mainstream provision within the Population Health team; included in the city-wide Covid recovery plan;
- Describing how this approach was embedded in a range of serves across the health sector; and
- Describing how success was to be measured.

Some of the key points that arose from the Committee's discussions were: -

- The Chair paid tribute to the approach and gave testimony as to the impact the training had on professionals and how this had positively influenced their approach to their work;
- Noting the positive work delivered with Social Landlords more needed to be done to engage with landlords in the Private Rented Sector (PRS) around this issue;
- ACE Training should be made available to all Councillors and MPs;
- How had COVID impacted on the delivery of this programme;
- What were the barriers to accelerating this programme and what could the Committee do to support this activity; and
- Acknowledging that Manchester was pioneering this approach and would inform and support the development of a Greater Manchester programme.

The Project Manager, ACEs and Trauma Informed Practice stated that Covid had presented a significant challenge to delivering this programme and establishing the community hubs, however opportunities had been taken to deliver virtual engagement, networking and training events with a range of participants, noting that these had been very successful. She stated that appropriate consideration would be given to people's concerns and social apprehensions post lockdown in the delivery of community hubs so as to give confidence and support to residents using these.

The Project Manager, ACEs and Trauma Informed Practice stated that working in partnership with the local Integrated Neighbourhood Teams and the VCSE would ensure all communities were catered for, adding that if Members were aware of any community groups that would benefit from this service they should contact her.

In response to the comment made regarding the PRS Landlords she stated she would take this away from the meeting for consideration,

The Director of Public Health added that undoubtedly Covid had impacted on the implementation plans, noting that the Public Health Annual report provided a case study of where the Programme Lead had been deployed to deliver Covid response duties, however he reassured Members this work was key to the recovery programme and he commented that training would be extended to Councillors and MPs.

Decisions

The Committee;

1. Endorse the approach, continue to support trauma informed and trauma responsive practice, and undertake to promote it wherever possible; and
2. Invite the project team back in June or July 2022 to update on progress.
3. Recommend that the ACE Training should be made available to all Councillors and MPs.

HSC/21/31 Overview Report

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

Decision

The Committee notes the report and agree the work programme.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 September 2021

Subject: COVID-19 Update

Report of: Director of Public Health
Medical Director, Manchester Health and Care Commissioning

Summary

The Director of Public Health will deliver a presentation on the latest available data relating to Manchester and the ongoing implementation of the COVID-19 Prevention and Response Plan. A key element of the plan is the ongoing roll out of the Manchester Vaccination Programme and the Medical Director, Manchester Health and Care Commissioning, will provide the Committee with an update including the autumn/winter plans.

Recommendations

The Committee are asked to note the report and receive the presentations.

Wards Affected: All

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

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city
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): None

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 September 2021

Subject: Health and Social Care Recovery

Report of: Ruth Bromley, Chair, Manchester Health and Care Commissioning

Summary

Part One of this report updates the Committee on the current recovery of health and social care services as part of the system's response to the COVID-19 (Covid) pandemic, with a specific focus on Manchester University NHS Foundation Trust (MFT). More detail on the wider system can be made available to the Committee at future meetings, if helpful. Part Two describes the broader strategic recovery plans of the health and social care system.

Part One. MFT continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Demand for Mental Health, Community and Primary Care services has also significantly increased and out of hospital services are under equal levels of pressure.

Part Two. COVID-19 (Covid) has had a much broader impact on the health and wellbeing on the people of Manchester. Some is evident now; some we can anticipate in the future; and some may yet emerge. The development of a strategic recovery framework captures the breadth of the health and social care system's response within the recovery phase. The framework covers four themes with associated outcomes metrics.

- The resumption of services to bring services back to their pre-pandemic levels.
- Addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened as a result of the pandemic.
- Meeting the new needs of our population because of Covid, including physical and mental health impacts.
- The broader contribution the health and social care sector can make to the wider City recovery.

It is important to note that there is an ongoing, significant response, to Covid as well as high levels of demand for urgent care services. There is an interdependency between

the level of demand within the system at a moment in time and implementation of recovery as it calls upon the same capacity and workforce.

A version of this report was also discussed at Health and Well Being Board on 1 September 2021.

Recommendations

Scrutiny Committee are asked to note and comment on this report.

Our Manchester Strategy priority	Summary of contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Parts One and Two of this paper outline how the health and social care system are managing the recovery from Covid and the broader strategic recovery, including links with these and other wider strategic objectives for the city set out in 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	

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Background documents (available for public inspection): None listed.

Part One: Recovery of health and social care services

Manchester University NHS Foundation Trust

Introduction

1. This part of the briefing provides Health Scrutiny Committee with an overview of MFT’s ongoing response to the Covid pandemic. The briefing outlines the current position in relation to Covid admission levels, 2021/22 activity and recovery plans, and highlights some of the key performance challenges currently facing the Trust.

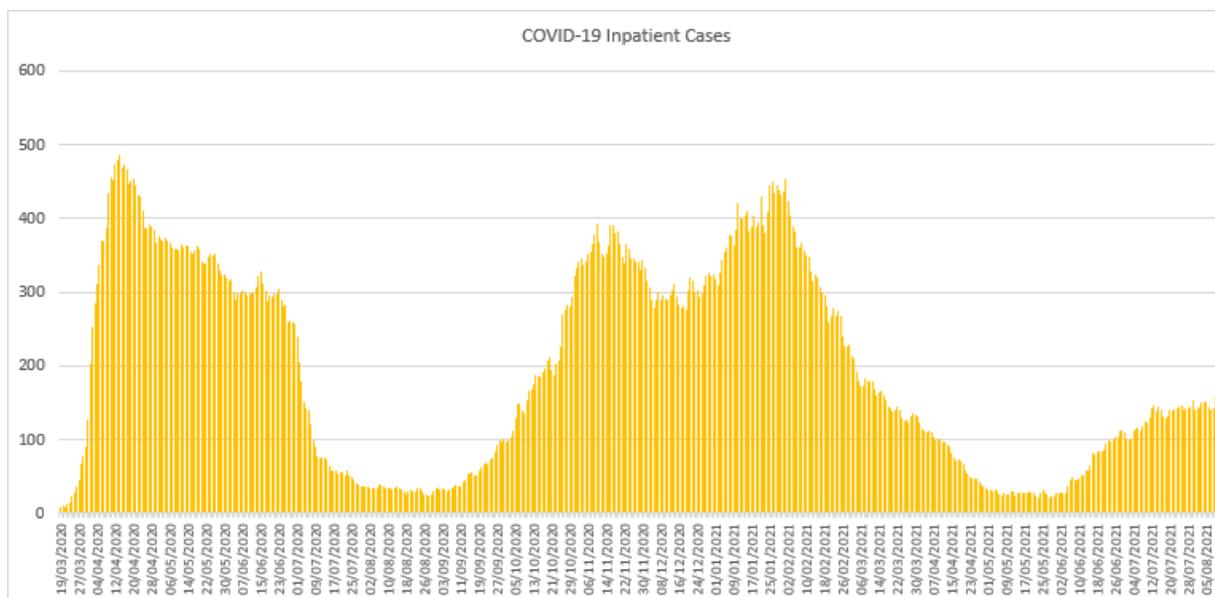
2. Covid position

MFT had two peaks of Covid attendances during Quarter 1 (Q1) of 2021:

- The first peak occurred in the second week of January and saw 423 Covid attendances.
- A second rise in Covid attendances at the end of January resulted in a peak of 453 Covid patients occupying general and acute inpatient beds, with 64 patients in Critical Care beds (level 2/3).

3. Between February and May, there was a slow decline in inpatient and Critical Care beds occupied by Covid patients. Since June there has been an increasing incidence of the Delta variant of Covid in the community that has resulted in a sharp increase in Covid inpatient numbers at MFT. At 18th August MFT had 146 Covid inpatients and 27 patients in Critical Care

Table 1. MFT Covid inpatient cases (March 2020 to August 2021)



Continued Covid planning

4. Throughout the pandemic, the Trust has embedded robust incident management, planning and delivery governance structures, led by the Group Directors and supported by the Hospitals and Managed Clinical Services Chief Executives and their teams.
5. Escalation plans continue into Q2 of 2021/22 which has resulted in a sustained impact on the Trust's recovery workstreams and performance against national standards. In line with national guidance, patients are being scheduled for elective treatment, according to their clinical priority.
6. The recent increase in Covid patients requiring inpatient and Critical Care support has required the Trust to respond in an agile way to balance the provision of care to Covid and non-Covid patients. Sickness absence has been consistently higher than pre-pandemic levels, leading to workforce challenges in delivering front-line services.
7. Notwithstanding this increase in Covid demand across the organisation, operational efforts continue with the resumption and retention of services, including maximising the utilisation of outpatient and theatre capacity across sites and the use of the Independent Sector.

Impact of Covid on Long Waits

8. The continued prevalence of Covid, and the need to stand down elective activity for significant periods since March 2020 has had a profound impact on the shape and size of the waiting list at MFT. The overall waiting list size at the end of June 2021 was 141,545 with 14,706 patients waiting over 52 weeks.

Recovery Planning

9. A permanent shift in operating models across MFT and the wider Greater Manchester system (GM) is now required to respond and recover from Covid. This will entail significant demands in terms of staff engagement and leadership capacity. Working collaboratively with other GM Healthcare provider organisations, MFT supported the development and submission of elective recovery plans for the first half of 2021/22. Plans set out the GM ambition for elective recovery, including details of how collectively GM would start to address the overall waiting lists and take the opportunity to transform service delivery in the process.
10. To progress restoration of elective care, a GM Task and Finish Group has been established, reporting into the GM Elective Recovery and Reform Programme Board. The Recovery Task and Finish Group, chaired by Professor Jane Eddleston, has oversight of seven clinical priority workstreams, agreed by GM Medical Directors.

11. A Clinical Reference Group (CRG) has been established for each clinical priority, chaired by a GM Medical Director and including clinical representation from across the care pathway as well as commissioning representation. The focus of each CRG is to maximise restoration of activity and identify and implement opportunities to transform delivery.
12. Internally, MFT continues to develop its approach to general recovery through an overarching Group recovery plan that is underpinned by a robust set of implementation plans. Key priorities for the immediate period include:
 - Continue staff vaccinations, focused on hard-to-reach groups.
 - Maintain asymptomatic staff testing.
 - Support for staff health & wellbeing.
 - Develop workforce resilience and sustainability.
 - Maximising elective utilisation, improving flow and facilitating safe and effective discharge.
 - Urgent and Emergency Care – working with system partners (Manchester and Trafford), continue to implement a joint improvement plan.
 - Out-patients – working with system partners (Manchester and Trafford), continue to implement a joint improvement plan.
 - Establish Long Covid services.
 - Maintain dialogue with local commissioners, GM and region to ensure alignment between MFT and wider system priorities.

Progress on Recovery Workstreams

13. The Trust's Recovery and Resilience Board (RRB) drives the recovery programme at an operational level with focus on 3 priority programmes in line with national, regional and local priorities - urgent care and flow, elective surgery and outpatients. The urgent care and outpatients' programmes are jointly delivered across the Manchester and Trafford system – a summary of the high level deliverables are summaries below.

Urgent Care and Flow

14. Since mid-February 2021, MFT's Emergency Departments have encountered significant pressures in the following areas:
 - Restricted flow due to infection, prevention and control (IPC) requirements.
 - Workforce challenges.
 - High levels of variation in day to day attendances.
 - Paediatrics - all acuity levels.
 - Adult Minor injury / illness (self-presenters).
 - Mental Health presentations.

15. As a result of high demand and the continued need to split estate and flow to meet IPC requirements the number of breaches to the 4 hour A&E standard has been significantly high across all sites. Actions plans to address, include:
- Working with system partners to promote redirection at streaming stage.
 - Continued development of Same Day Emergency Care capacity across sites.
 - Further promotion of NHS 111 Urgent Care by appointment.
 - Care and management of mental health patients presenting in conjunction with Mental health services.
 - Further integrated work with system partners to support discharge processes and timely transfers of patients.
 - Review of workforce capacity and out of hours presence (medical and nursing).

Outpatients

16. The prolonged impact of Covid in Q4 of 2020/2021 and Q1 of 2021/22 has had a significant impact on delivery against outpatient activity plans across most of the MFT hospital sites. Whilst occupancy levels of Covid inpatients started to decline in late March and early April, social distancing requirements remained in place and staff continued to be redeployed.
17. The proportion of activity that was delivered virtually across MFT during Q1 of 2021/22 was c.30% with consistent delivery of over 5% of consultations undertaken via video. MFT regularly exceeded or met the NHSE / I target of 25% of all outpatient activity to be undertaken virtually. The level of virtual activity has remained steady but as a percentage has reduced from Q4 (where levels were c35%) due to an increase in face to face activity from April onwards.
18. Hospitals continue to work on delivery of actions plans to implement further service improvements, supported by transformation expertise to ensure best practice is embedded. The Trust is rolling out virtual triage to ensure that every patient get to the right place, first time and advice and guidance is utilised where appropriate. Patient Initiated Follow-up (PIFU) plans will enable patients with suitable conditions to manage their condition better without the need to attend routine follow-up where this is not required. This will also help prepare the organisation and patient groups for the introduction of a patient portal available within Hive, the new electronic patient record system.

Performance (note: North Manchester General Hospital is included within performance data from 1st April 2021)

19. **Urgent Care:**
- Safety within the Emergency Departments remains the key priority for the organisation.

- Attendance levels and acuity of patients presenting, coupled with limitations on bed capacity due to flow restrictions, have impacted on performance in Q1 & Q2.
- Long waits have been experienced at times of pressure however, no patient harms have been reported.

4 Hour Performance	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Q2
MFT 21/22 %	81.07	77.40	76.10	75.95	79.96	82.41	78.87	75.73	72.93%	67.85	71.68*	68.59*
MFT GM Rank	2	2	3	3	4	3	3	6	3	3	2	4
GM %	76.30	74.70	74.30	75.30	79.43	79.97	79.43	78.04	73.65	67.89	73.37	
National %	84.42	83.84	80.28	78.51	83.92	86.14	85.40	83.70	81.30			

* to 09/08/2021

20. Planned Care – Referral to Treatment (RTT) & 52 Weeks:

- The number of patients waiting >52 weeks increased throughout 2020/21, with an improved position being delivered in 2021/22 - 14,706 at the end of June 2021.
- MFT continue to treat the most clinically urgent patients, and the longest waiters are prioritised for treatment through elective surgical committee processes.
- The total number of patients on an open referral to treatment pathway is 141,545.

		Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
MFT	Wait List	106,438	106,706	109,452	111,006	113,659	115,222	142,231	137,393	141,545
	52 Weeks	5,946	7,100	8,443	10,602	12,999	13,820	16,882	15,755	14,706
	% of W/L >52 weeks	5.6%	6.7%	7.7%	9.6%	11.4%	12.0%	11.86%	11.47%	10.39%
National position	Wait list *Million	4.44	4.21	4.28	4.31	4.42	4.67	4.73	4.99	
	52 Weeks	162,888	186,310	215,641	288,160	366,194	269,953	367,142	321,317	
	% of W/L >52 weeks	3.7%	4.4%	5.0%	6.70%	8.3%	5.78%	7.76%	6.4%	

21. Diagnostics:

- The number of patients waiting for diagnostic tests has dropped by 405 between May and June to 26,275.
- 25.71% of patients had been waiting in excess of 6 weeks, against the national standard of 1%. The majority of breaches relate to 5 tests; MRI scans, colonoscopies, gastroscopies, CT scans and echocardiography.

DMO1 Breach rate	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
MFT	32.70%	27.80%	26.30%	27.10%	23.35%	19.14%	25.81%	23.25%	25.71%
National	29.20%	27.50%	29.20%	33.30%	28.50%	24.30%	24.00%	22.30%	Not available

22. Cancer:

- Referrals for suspected cancer returned to at least pre-Covid levels across MFT sites by the end of 2020/2021. This positions has been sustained throughout 2021/22.
- Delivery against the 62-day referral to treatment standard has been challenged throughout the pandemic.
- In respect of 2 week waits, Wythenshawe, Trafford, Withington and Altrincham (WTWA) sites a considerable number of suspected breast and skin cancer patients that require face to face appointments. Social distancing requirements have impacted throughput and adversely affected performance in these areas. As the capacity to undertake face to face appointments has increased, performance has improved.
- Reducing the number of patients on a cancer pathway in excess of 104 days is a key priority for the Trust with good progress being made across all hospital sites to delivery improvement trajectories.

Cancer		Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
MFT	2WW %	93%	63.2	67.9	64.0	68.9	70.8	73.3	69.0	82.9	94.8	86.4	90.7	89.3
	31 Day %	96%	94.5	92.0	91.6	92.1	90.9	89.7	87.9	93.2	93.5	92.8	94.3	90.7
	62 Day %	85%	69.3	71.8	57.7	55.4	61.1	65.0	60.5	57.1	69.6	67.9	65.9	66.3

23. Health Inequalities

The Trust recognises the importance of ensuring that their recovery programme does not inadvertently widen health inequalities for the patients they look after. All improvement programmes have undertaken Equality Impact Assessments and as a result, actions are embedded in programme plans. A Health Inequalities Group has recently been established, led by one of the Trust's medical directors. The membership of this group is system wide and initial focus will be to forensically analyse information at a pathway level by ethnicity and deprivation.

Conclusion

24. Health Scrutiny Committee members are asked to note that the Trust continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery. It is envisaged that progress will be

made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures.

Part Two: Wider System Providers (High Level Summary)

Manchester Local Care Organisation (MLCO)

25. Many MLCO services are reporting activity levels in excess of those seen before the pandemic. Operational teams in Manchester continue to deliver core services alongside a supportive response to the Covid Vaccination Programme. Covid related sickness and vacancy levels are having an impact on service delivery and are area of concern and focus for the leadership team.
26. A comprehensive recovery and reform programme has been established with eight priority projects: children, urgent care, opal house, alignment of management responsibilities, adult nursing, therapy services end of life and palliative care and community services stocktake.
27. Work continues on the development of the Integrated Neighbourhood Team hubs at Victoria Mill, Harpurhey District Office, Cheetham Hill, and Parkway Green House.
28. Significant work continues to be led by the MLCO is supporting hospital sites to ensure safe and effective discharges and improve flow. There are real challenges being experienced in the care home and homecare markets with three homecare providers currently in escalation due to staffing shortages. There are also a number of escalations in place across several care homes for different reasons including post CQC inspection, safeguarding alerts, and potential changes in ownership.
29. The key priority for Adult Social Care continues to be the delivery of the Better Outcomes, Better Lives transformation programme.

Greater Manchester Mental Health NHS Trust (GMMH)

30. An update was taken to Health Scrutiny in July 2021.

Primary Care

31. A separate item is being brought to Health Scrutiny at the September 2021 meeting.

Part Two: Strategic recovery framework

32. Covid has had a much broader impact on the health and wellbeing on the people of Manchester. Some is evident now; some we can anticipate in the future; and some may yet emerge. The development of a strategic recovery framework

- captures the breadth of the health and social care system's response within the recovery phase.
33. This is not to be managed as a single programme of work due to its scale and complexity. The framework serves as a basis that all parties work to and has been supported by the Manchester Partnership Board. The framework covers four themes, discussed below.
 34. **Theme one** focusses on the resumption of services to bring services back to their pre-pandemic levels. This may incorporate improvements based upon learning from the pandemic period or the opportunity to transform whilst building back services. It focusses upon working through the backlog of delayed care. The detail of this is covered in the preceding section. This theme also focusses upon staff wellbeing. The recovery phase will place a significant demand upon the health and care workforce. This is the same workforce which has worked under significant pressure over the last 18 months and continues to do so in the response to Covid. This is now compounded by increased levels of urgent demand. This theme applies across the full health and care system including acute, community, mental health, primary care and public health services. Outcomes measures include waiting lists, access measures, staff wellbeing indicators, health checks and some of the process indicators of these.
 35. **Theme two** focuses on addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened as a result of the pandemic. There is an emerging evidence base such as the GM Marmot report 'Build Back Fairer'¹ which sets out the profound impact Covid has had on Manchester and Greater Manchester. In addition, local work within the City is underway to build a greater understanding and to develop a series of outcome measures to track progress in closing health inequalities.
 36. In addition to the impact on physical, mental and emotional health and wellbeing, the indirect effect of Covid on the social determinants of health has also had a greater impact on some communities and age groups than others. Financial, food and housing security are key concerns to be addressed as well as the delays and changes in access to preventative and health care services. The welcome move to more digital services whilst improving efficiency and access for some, makes the digital inclusion agenda ever more important for those who do not have access to, cannot afford, or are unable to use the technology. Social isolation, loneliness and feeling able to live life safely has also affected people disproportionately, particularly for older people and people that were shielding or clinically vulnerable.

¹ <https://www.instituteoftheequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>

37. The Population Health Recovery framework aims to address this through three pillars of activity;
- **Healthy People** – improving health, wellbeing and health behaviours by addressing the social determinants of health and enabling self-care for people within their context of their life circumstances
 - **Healthy Places** – creating the conditions for good health and wellbeing in the places where people live, work and play; and promoting community connectedness, power, voice and participation
 - **Health Equity** – giving marginalised communities what they need to achieve their best health including Communities that Experience Racial Inequality, Inclusion Health Groups and other groups that are marginalised or experience multiple and compounding inequalities.
38. **Theme three** focusses on meeting the new needs of our population because of Covid. These include physical and mental health impacts. It covers the direct impacts such as long Covid or impacts on mental health. It also covers the indirect impact of Covid, for instance the potential delay to diagnosis of acute or chronic conditions or the health impact of worklessness or social isolation. Outcome measures focus upon timeliness and quality of treatment of long Covid; support for wellbeing and social determinants; and indicators which demonstrate how quickly we are identifying and treating conditions in their early and/or moderate stages e.g. cancer, respiratory illness and diabetes.
39. **Theme four** looks more broadly at the contribution the health and social care sector can make to the wider City recovery. This sector is the largest in terms of employment, financial value and the number of contacts it has with the public on a daily basis. There is already significant activity in terms of employment opportunities, social value and services which support people into work. Services based in communities often take opportunities to address the root causes of ill health e.g. employment and social connectedness. The health sector also has an opportunity to bring in further income to the City through infrastructure projects such as Park House and North Manchester General Hospital site redevelopment and research income. Outcome measures will look at how the health sector increases local employment, business, fitness for work, place making and using large scale infrastructure investment as a means of driving the City's economy.
40. As described, Covid has had a disproportionate impact on certain communities. This has exacerbated pre-existing inequalities. We have undertaken engagement regarding this framework and will continue to undertake equality impact assessments on related work to ensure an inclusive recovery. The outcomes set out above are being developed into a reporting dashboard. These metrics will be analysed, where possible, by protected characteristic group and deprivation decile so we can identify and act upon any differential outcomes.

41. It is important to note that there is an ongoing, significant response, to Covid as well as high levels of demand for urgent care services. There is an interdependency between the level of demand within the system at a moment in time and implementation of recovery as it calls upon the same capacity and workforce.

Recommendations

42. Health Scrutiny Committee members are asked to note and comment on this report.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 September 2021

Subject: Provision and access to NHS Dentistry

Report of: Greater Manchester Health & Social Care Partnership

Summary

This report provides an update to the Health Scrutiny Committee on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across the city of Manchester since March 2020.

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.

Recommendations

To note the report.

Wards Affected: All

Contact Officers:

Name: Lindsey Bowes
Position: Senior Primary Care Manager (Dental)

Name: Emma Hall-Scullin
Position: Consultant in Dental Public Health

Name: Ben Squires
Position: Head of Primary Care

Background documents (available for public inspection): None

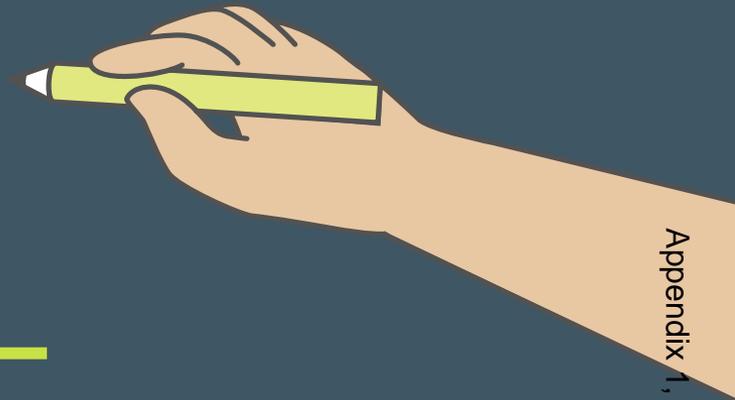
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Manchester Health Scrutiny Committee

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Provision & access to NHS Dentistry

8th September 2021



Appendix 1, Item 7

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REPORT PREPARED BY

Lindsey Bowes, Senior Primary Care Manager (Dental)

Emma Hall-Scullin, Consultant in Dental Public Health

Ben Squires, Head of Primary Care

Greater Manchester Health & Social Care Partnership

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 - Child Friendly Dental Practices
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 - Looked after children
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 - General enquiries
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INTRODUCTION

1. This paper provides an update to the Health Scrutiny Committee on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across the city of Manchester since March 2020.
2. 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.

DENTISTRY ACROSS THE CITY OF MANCHESTER

Primary care dental service

Patients are not registered with a GDP in the same way as they are with a GP. Any patient may access dental services from any practice.

- 69 (18% of GM) General Dental Services providers
- 15 (27% of GM) UDCs are situated within the City of Manchester, providing an additional 115 appointments per week for urgent care

Specialist dental services in the community

A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral.

- 5 community dental services clinics delivered by Manchester Local Care Organisation (MLCO/MFT)
- 3 Orthodontic providers
- 1 Pilot Child Friendly Dental Practice (3 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 the city of Manchester.

Specialist Dental Hospital and also specialist dental services delivered within Wythenshawe, North Manchester and Royal Manchester Children's Hospital.

BACKGROUND

1. On 25 March 2020, dental practices across the city of Manchester received national instruction to suspend routine, non-urgent dental care as part of the national response to limit transmission of COVID-19.
2. 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 sites (UDC) across GM.
3. Further to the national guidance by the Chief Dental Officer on 28th May 2020, all dental practices began recommencing face to face routine treatment for patients operating under COVID-specific infection prevention and control guidance to ensure patient safety.
4. Adherence to this guidance has reduced the average dental chair’s daily capacity from 25-30 patients per day to 6-8 patients per day (depending on patient and need).
5. There is 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.

PLANNING AND RECOVERY

The Greater Manchester dental commissioning team, including the Consultant in Dental Public Health and the Local Dental Network Chair, are implementing a Roadmap to Recovery.

This plan 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

IMPROVING ACCESS - URGENT DENTAL CARE

15 of the UDCs (27%) are situated within the City of Manchester, providing an additional 115 appointments per week for urgent care.

Page 36 From April 2020, Urgent Dental Centres (UDCs) were established across the city of Manchester offering face-to-face dental treatment after remote triage. UDCs are linked with the Unscheduled Urgent Care call handling service to receive referrals for patients in pain. The UDCs provide extractions and extirpations (first stage of Root Canal Treatment) to save the tooth that get patients out of pain.

All UDCs continue to be available for those patients who have not seen a Dentist on a regular basis, or patients referred from dental practices, who are unable to deliver services due to staff absence. Patients are able to attend the most convenient centre and are not restricted by local authority or CCG boundaries within Greater Manchester.

IMPROVING ACCESS - URGENT DENTAL CARE

Figure 1.
NHS Dental providers
in the City of Manchester

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IMPROVING ACCESS - GENERAL DENTISTRY

69 (18%) General Dental Services providers with 1 Pilot Child Friendly Dental Practice, 1 Tier 2 Oral Surgery provider (10 providers across GM) and 3 Orthodontic providers.

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.

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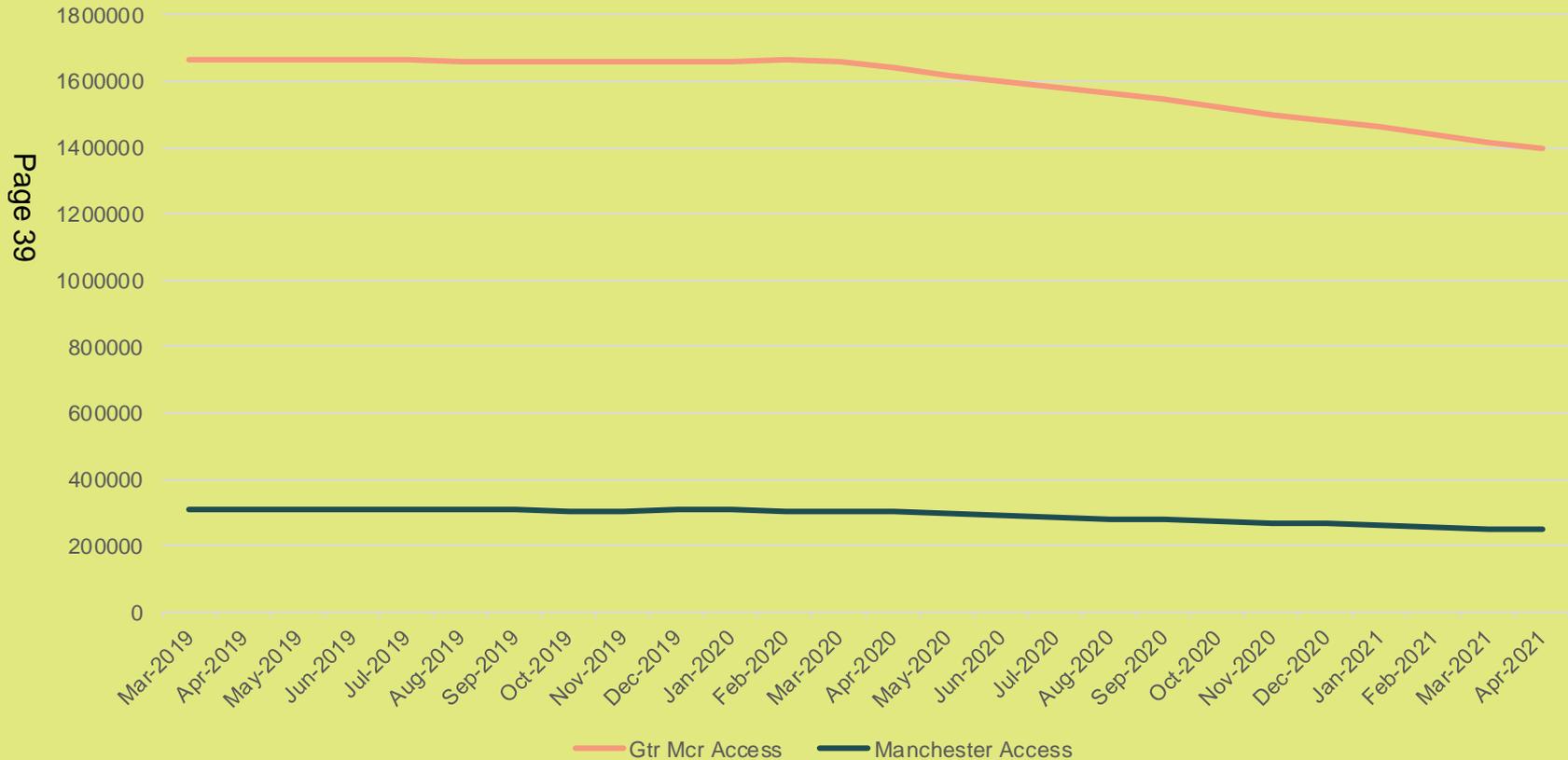
NHS Dentistry has faced particular challenges during the pandemic and must wear enhanced PPE due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken.

From 8th June 2020, the second phase of the pandemic response, as infection rates dropped, all practices reopened for provision of both routine and urgent dentistry and have steadily increased access. However, access and delivery is not yet returned to pre-pandemic levels

It should be noted that due to infection prevention and control guidance and required time intervals between patients, the number of patients seen on a daily basis has reduced from 25-30 patients per day to 6-8 patients per day (depending on patient and need). This guidance continues to be in place, but is under national review.

Figure 2. NHS access to general dental services – March 2019 – April 2021

NHS Dental Access Figures



RESTORATION OF ELECTIVE CARE – SECONDARY CARE DENTAL SERVICES

Specialist Dental Hospital and also specialist dental services delivered within Wythenshawe, North Manchester and Royal Manchester Children’s Hospital.

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

ADDRESSING INEQUALITIES – CHILD FRIENDLY DENTAL PRACTICE (CFDP)

Service development pilot initiated in December 2020. One CFDP (of three) is in the city of 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 practices.

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 (Manchester Local Care Organisation) and reduces referrals and pressures into Manchester Dental Hospital and Royal Manchester Children’s Hospital.

Table 2. Dental access in Child Friendly Dental Practice (December 2020 – July 2021)

Outcome	Manchester
Total number of referrals received by CFDP	861
Total number of patients assessed in CFDP	556
Number of patients treated in CFDP	375
Number of patients referred to specialist services	181
% treated in CFDP	67%
% referred on	33%

ADDRESSING INEQUALITIES – HEALTHY LIVING DENTISTRY

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

Currently 20% of dental practices in the city of Manchester are signed up to deliver this quality assured scheme where Dental practices undertake national & local health campaigns, often linked to local GPs & Pharmacies.

All practices have access to training and development which is supported by Health Education England North West and available to be accessed [online](#).

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

ADDRESSING INEQUALITIES – DENTAL SERVICES FOR HOMELESS PEOPLE

Working closely with GPs, statutory and voluntary services in Manchester the Dental Practice in Ancoats offers dental services for homeless people.

- The practice sets up “pop-up” dental surgeries at various drop-in centres in the city, where staff carry out examinations, referring patients who need treatment to a weekly clinic in the practice.
- More than 400 patients are known to this service at eight drop-in centres in the city of Manchester with up to 18 patients attending each session.
- The Practice works closely with the designated “homeless” GP surgery – running dental treatment sessions alongside the surgery’s own drop-in clinics.
- Dental team accepts referrals from GPs and the “Helping the Homeless into Housing” charity.

ADDRESSING INEQUALITIES – A DENTAL HOME FOR LOOKED AFTER CHILDREN

Led by the team in Greater Manchester, and linking with Local Authority Teams supporting health care for looked after children, a new referral service has been developed that will support all looked after children in Greater Manchester and Cheshire & Mersey to **find a dental home.**

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In the short term, the objective is for the newly set-up digital platform to seamlessly connect referrals for any child who is looked after with a UDCs within their locality.

The child will be seen and treated and offered regular appointments and re-calls 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.

ORAL HEALTH IMPROVEMENT – BUDDY PRACTICES

The Buddy Practice Scheme is led by Vicky Brand, Senior Oral Health Improvement Manager, Manchester LCO and is commissioned by Manchester City Council.

The purpose is to encourage children attending schools in the most deprived wards in Manchester, to access oral health improvement in an early years setting and in a “buddy” dental practice to **find a dental home**.

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Parents of children in nursery or reception classes were asked if their child had attended a dentist. The parents of children who had not attended were then invited to a ‘meet the dentist’ check at the school. After this session, the attendance of each of the children at the buddy practice was reviewed and the programme repeated after 4-6 months for those children who still did not attend.

In the final stage of the scheme, the contact details of the small number of children, with identified clinical need, who had still not been taken to a dentist, were shared with the School Nurse/ Health Visitor.

ORAL HEALTH IMPROVEMENT – OUTCOMES

In 2019- 2020, the oral health team in the city of Manchester, coordinated the programme liaising with 61 schools, 15 GDS practices and the CDS.

687 (35%) children in reception and nursery had not seen a dentist out of a population of 1997 children. At follow-up:

- 587 (85%) of these children received fluoride varnish in the school setting
- 367 parents attended the meet the dentist session and received advice and a dental check
- 126 children (18%) of children required treatment. This was a much lower treatment need compared to 2018-2019 (18% compared to 23%)

ORAL HEALTH IMPROVEMENT – ONLINE TRAINING

In response to the cessation of the delivery of face to face training during the COVID response, the oral health team in the city of Manchester, supported development of open access online training packages

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.

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.

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.

RESPONDING TO PATIENT FEEDBACK

The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry with the wider 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.

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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 Greater Manchester Dental team is working in conjunction with the Local Dental Networks to ensure adherence to national guidance in service delivery; and GMHSCP 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 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.

RESPONDING TO PATIENT FEEDBACK - HEALTHWATCH

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.

Page 50 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.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 September 2021

Subject: Access to General Practice in Manchester

Report of: Head of Primary Care, Manchester Health and Care Commissioning

Summary

The report to Health Scrutiny is intended to outline the current position in relation to access to General Practice in Manchester including:

- The impact the Covid-19 pandemic has had on access to primary care and the modifications that have been put in place to continue to provide access to General Practice in Manchester
- New ways of working including the digital
- Plans that are underway to support the recovery of General Practice including improving access and reducing barriers patients face when accessing General Practice
- An update on the GP Patient Survey for 2021

Please note that attending the Committee will be:

- Dr Manisha Kumar, Medical Director, Manchester Health and Care Commissioning (MHCC)
- Dr Paul Wright, Deputy Medical Director MHCC
- Caroline Bradley, Head of Primary Care MHCC
- Dr Vish Mehra, Gorton and Levenshulme Primary Care Network Clinical Director and Chair of Manchester GP Forum

Recommendations

Members of the Health Scrutiny Committee are asked to:

1. Note and comment on the information within the report; and
 2. Receive further updates on access to General Practice as appropriate.
-

Wards Affected: All

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

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
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):

None listed.

1.0 Introduction

The report to Health Scrutiny is intended to outline the current position in relation to access to General Practice in Manchester including:

- The impact the Covid-19 pandemic has had on access to primary care and the modifications that have been put in place to continue to provide access to General Practice in Manchester
- New ways of working including the digital
- Plans that are underway to support the recovery of General Practice including improving access and reducing barriers patients face when accessing General Practice
- An update on the GP Patient Survey for 2021

2.0 Background

General Practice is the bedrock of our National Health Service (NHS), providing the first point of contact with healthcare for most people and providing equivalent to 1 million GP consultations everyday (RCGP). In addition, General Practice provides essential continuity of care by holding patients' medical records for their life course from pre-conception to old age (Figure 1).

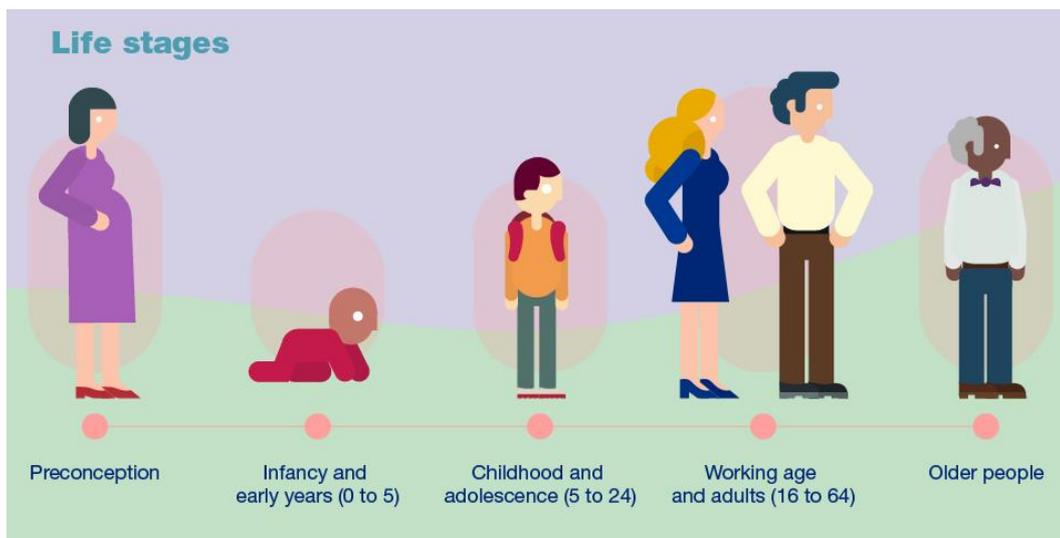


Figure 1: [Health matters: Prevention - a life course approach - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-matters-prevention-a-life-course-approach) Public Health England. May 2019

Therefore, good access to GP services is important and is a longstanding concern for both patients and the NHS.

Good access to General Practice including how this should be measured, and what it means in practice, has been a matter of debate for some time. A range of factors contribute to whether patients feel they have good access to general practice care, including practice location, opening times, ease of arranging appointments, and waiting time for an appointment. Every patient has their

own preference regarding how their care should be delivered with some patients valuing convenience whilst other value continuity.

However, what is clear is that patients need a consistent way to access General Practice and equity is paramount.

3.0 General Practice in Manchester

Currently, there are 85 GP practices in Manchester with large variation in the number of patients registered at the practices. This ranges from 1,820 for the smallest through to 23,096 for the largest practice with a citywide total of 679,284 patients registered at Manchester GP practices (data correct at 1st July 2021). This is a rise of 51,003 registered patients since March 2017 with further population growth expected.

Over the last few years, there has been a reduction in the number of GP practices in Manchester due to a combination of mergers and retirements. Although there are less practices, the changes that have taken place have resulted in larger, more resilient practices that are making General Practice more sustainable and providing a solid base for transformation.

In addition to the challenges of population growth, General Practice in Manchester is working with increasingly complex caseloads, demographic challenges, health inequalities and a rising pressure on resources.

Through their contractual obligations, GP practices are required to provide essential services to their registered patients during 'core' hours, from 8.00am–6.30pm on Monday to Friday, excluding bank holidays. Over the last few years, a lot of work has been undertaken through the Manchester Primary Care Standards Scheme to improve access and reduce variation amongst practices. This includes the removal of half day closures that were still in place in some parts of Manchester until March 2020.

However, not all access to General Practice is provided through individual GP practices. In recent years, the General Practice Forward View¹ and NHS Long Term Plan² have been the catalyst for General Practice operating at scale to deliver services including improved access. These changes to national policy have resulted in an extended, seven-day access offer for General Practice through evening and weekend appointments. In Manchester, this is delivered through:

- Extended Access Service – provided by Manchester GP Federations
- Extended Hours –provided by 14 Manchester Primary Care Networks (PCNs)

In addition, the following services are commissioned to provide additional access to General Practice in Manchester:

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- Out of hours services
- Primary Care Walk-In Centre (two located in Manchester)

Further information on all the General Practice service listed above is provided in section 4.1.

4.0 Impact of the Covid-19 pandemic

The Covid-19 pandemic has had a significant impact on the health and social care system, including General Practice.

Throughout the pandemic, General Practice in Manchester has remained open and has responded by rapidly adopting new ways of working to continue delivering essential primary care services to the population of Manchester in a Covid-secure way. In addition, General Practice in Manchester has been the major delivery route for the Covid Vaccination Programme, the largest vaccination programme in the history of the NHS.

These new ways of working have meant a change in the way that services are delivered together with a change in the way patients access services. These changes are summarised in the following sections:

4.1 GP contractual modifications in response to Covid-19

In response to the pandemic, NHS England and NHS Improvement has issued a series of documents and guidance for General Practice to adopt to ensure continuity of services whilst at the same time keeping patients, GP practice staff and the public safe.

As mentioned above, not all access to General Practice is delivered by individual GP practices. There are several other providers across Manchester that operate services which deliver access to General Practice.

National guidance issued in response to the Covid-19 pandemic has meant most providers making modifications to their usual contractual requirements to enable safe delivery of services. The contractual requirements, and the modifications made in response to the pandemic, for these services are summarised in Figure 2 below:

	Contract requirements (key points)	Covid-19 modifications
GP practices		
Core hours	<ul style="list-style-type: none"> • 8am - 6.30pm, Mon to Fri (excl. bank holidays) • Essential and additional services 	<ul style="list-style-type: none"> • April 2020 - Triage first model implemented • May 2021 – further NHS England guidance issued stating:

		<ul style="list-style-type: none"> • All GP practices must ensure they are offering face to face appointments. • 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 • All practice receptions should be open to patients • Patients should be treated consistently regardless of mode of access. • Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback
GP Online	<ul style="list-style-type: none"> • Booking and cancelling appts • Ordering of repeat prescriptions • Viewing of GP record • Minimum of 25% of all appointments to be available online 	<ul style="list-style-type: none"> • Functionality for booking/cancelling appointments turned off during Covid-19 pandemic
Digital Primary Care*	<ul style="list-style-type: none"> • Online consultations (by April 2020) • Video consultations (by April 2021) 	<ul style="list-style-type: none"> • This is currently guidance (aspirational) and not yet contractual. However, the pandemic has accelerated the delivery of digital services.
Primary Care Networks		
Extended Hours	<ul style="list-style-type: none"> • minimum of 30 minutes per 1,000 registered patients per week 	<ul style="list-style-type: none"> • January 2021 - Extended Hours was reprioritised nationally to allow additional

	<ul style="list-style-type: none"> • available to all registered patients within the PCN • for emergency, same day or pre-booked appointments • delivered by a healthcare professional or another person employed or engaged by the PCN • to be delivered at times outside of the hours that the PCN Core Network Practices' primary medical services contracts • must deliver demonstrable addition to any appointments provided by the PCN's practices under the CCG Extended Access Services • 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 • 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>capacity to support the Covid-19 Vaccination Programme</p> <ul style="list-style-type: none"> • Further national guidance expected
GP Federations		
Extended Access	<ul style="list-style-type: none"> • minimum of 45 minutes per 1000 registered population per week. • Mon – Fri provision of access to pre-bookable and same day appointments to GP services in the evenings (after 6:30pm) provides an additional 1.5 hours per day • weekend provision of access to pre-bookable and same day appointments (both Saturdays and Sundays) to meet local population needs 	<ul style="list-style-type: none"> • 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 • Additional appointment slots are made available each week in North, Central and South Manchester • Covid 'hot hub' capacity is flexed between hot and cold activity as the Covid recovery

		<p>continues and in response to need</p> <ul style="list-style-type: none"> • The same level of funding remains but allows flex to demand • 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
Out of Hours		
gtd healthcare	<ul style="list-style-type: none"> • service is open from 6.30pm-8.30am • service is accessed via NHS111 • patients are assessed via telephone triage, called back and offered a home visit or face to face on MRI site after 7.30pm 	
Primary Care Walk-In Centres		
Manchester Urgent Primary Care Hub (City Centre)	<ul style="list-style-type: none"> • service is open Mon-Sun from 8am-8pm • walk in service 	<ul style="list-style-type: none"> • 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.
Hawthorn	<ul style="list-style-type: none"> • service is open Mon-Fri from 8am-8pm, Sat/Sun from 10am-5pm (except Bank Holidays) • walk in service 	<ul style="list-style-type: none"> • 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.

Figure 2: Modifications to General Practice contracts in response to the Covid-19 pandemic

In addition to contractual requirements, further modifications had to be made by General Practice in the way that they deliver care. To ensure the safety of staff and patients, several precautions had to be introduced such as 'donning and doffing' of personal protective equipment (PPE) and cleaning of clinical

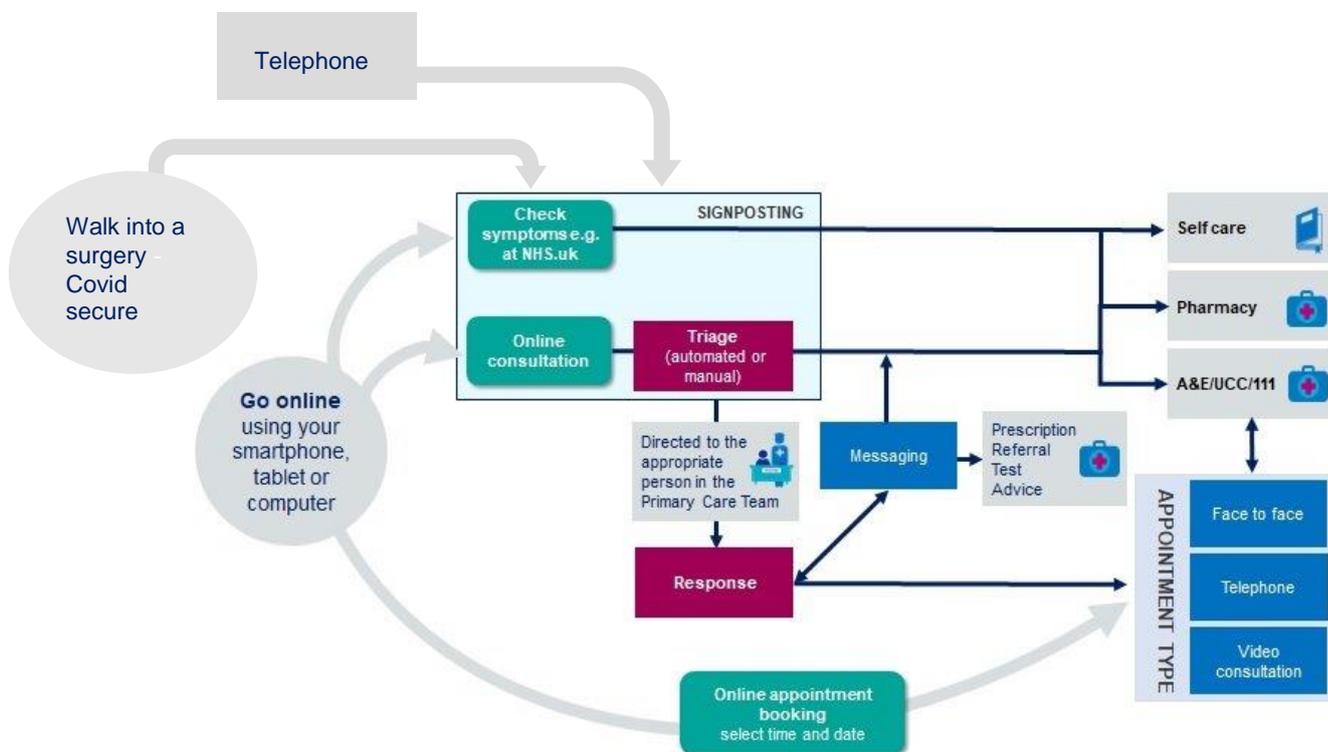
rooms after patients. The result has been a longer appointment times and challenges operating in GP practice estates.

4.2 Digital

In April 2020, a triage first model was implemented in line with guidance from NHS England and NHS Improvement³. Triage first means that every patient contacting their practice (by telephone or online) is being asked to provide information on the reason for contacting their practice and is triaged (by a clinician) before making an appointment. The implementation of this model has been important to:

- protect patients and staff from the risks of exposure to Covid-19
- reduce avoidable footfall in practices
- ensure patients receive care from the right person at the right time

Following triage there are several outcomes shown in figure 3 below. These outcomes include a range of different appointment types which are determined by what is deemed clinically appropriate and based on patient preferences. These include telephone, video and face to face appointments. Where an appointment with the GP practice is not the most appropriate course of action, patients will be signposted to the relevant alternative course of action including self-care, pharmacy and where necessary urgent care services such as the Covid-19 Urgent Eyecare Service (CUES).



³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>

Figure 3: Current ways to access General Practice

The introduction of a total triage model resulted in an acceleration of the adoption of digital services (digital triage, online and video consultations).

In Manchester, prior to the pandemic, a Digital Strategy for General Practice had been agreed and was in the early stages of implementation. Ensuring alignment to the GP Forward View and the NHS Long Term Plan, this would deliver against several GP contractual requirements and ensure that every patient be offered digital primary care by 2023/24.

The Manchester Digital Strategy was to be implemented through a structured approach, underpinned by a communication & engagement plan and robust equality impact assessments, to provide:

- Timely access and a more responsive General Practice
- Increased choice and flexibility for patients
- Embedding of a digital culture within General Practice

The timelines for implementation of the Manchester Digital Strategy were surpassed by the rapid need to digitise General Practice in response to the Covid-19 pandemic; and ensure General Practice could operate and deliver essential services to the population.

To support the rapid deployment of a triage model and enable digital functionality across General Practice has required significant resource. The resource has included equipment, training and digital expertise.

4.3 Appointment Activity

The adoption of a triage first model, for the last 16 months, has led to a shift in the type of appointments being delivered by General Practice. This can be seen in figure 4.

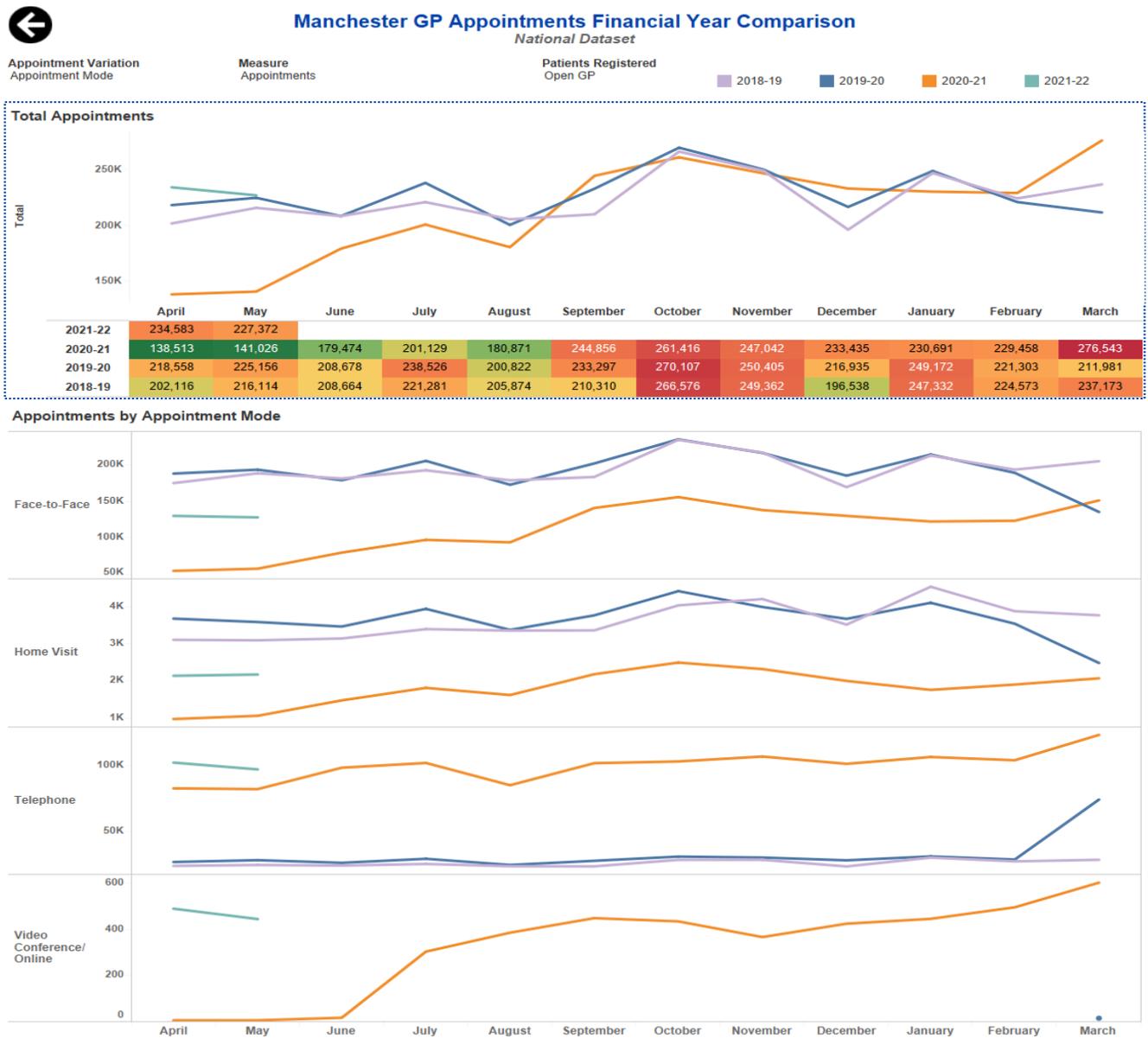


Figure 4: Manchester GP appointment data (via NHS Digital) from April 2018 – May 2021

The National dataset⁴ in figure 4 shows that whilst the number of appointments delivered during the first lockdown decreased, since then the numbers of patients accessing General Practice has been steadily rising and the number of appointments currently being delivered in General Practice is in line with activity levels pre-pandemic. To note – this data does not include vaccination appointments delivered by General Practice

In fact, the total number of appointments delivered in March 2021, April 2021 and May 2021 have surpassed activity of previous years.

⁴ [Appointments in General Practice June 2021 - NHS Digital](#)

The data also shows that during the pandemic, the number of telephone, video and online consultations has increased significantly. The number of face to face appointments has reduced, most noticeably in the early months of the first lockdown. Home visits have also reduced although the reasons for this are multifactorial.

However, the national data significantly underrepresents the activity that is being delivered through General Practice in Manchester. The move to more digital way of working has seen the introduction of new software (AccuRx) that integrates with the GP practices electronic record (EMIS) to:

- Send ad hoc text messages
- Have asynchronous conversations (text chat)
- Share photos and documents
- Complete health screening information
- Send emails
- Undertake video consultations

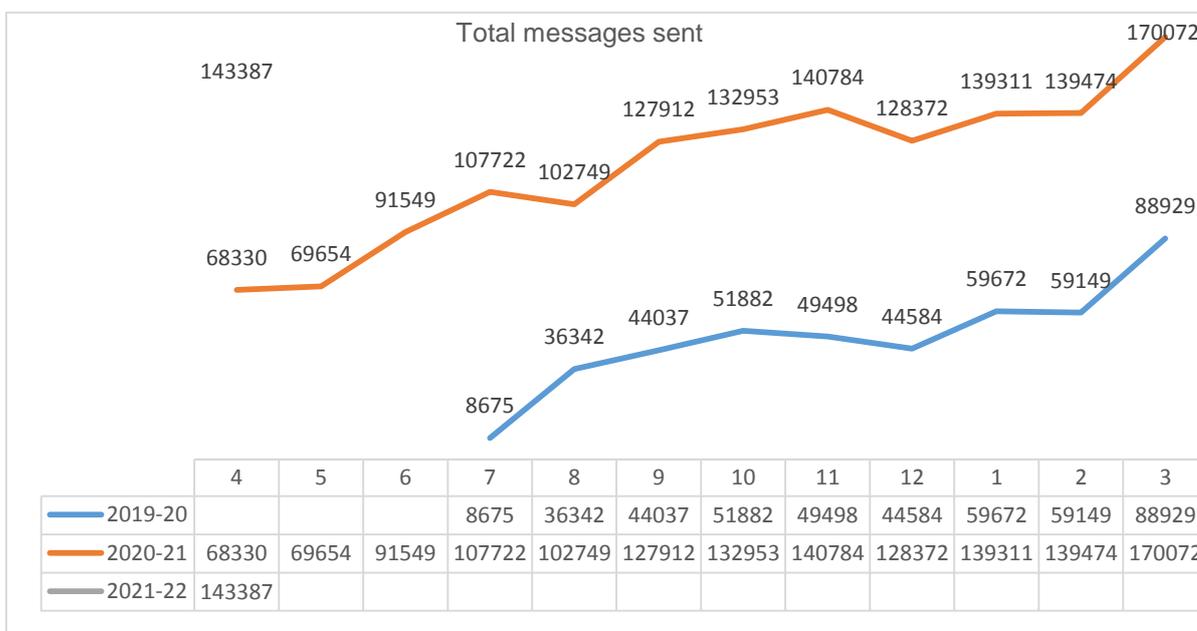


Figure 5: Total number of messages sent (AccuRx) by Manchester GP practices from July 2019 to April 2021

Including the activity shown in figure 5, it can be seen that General Practice is facing more demand and operating at a level above pre-pandemic levels.

A challenge when analysing appointment data for General Practice is the time lag on the data which ranges from weekly to annually. For a timelier understanding of access to General Practice, the capacity available and the demand being faced, a Situation Report (SitRep) has been developed which GP practices in Manchester are asked to complete three times per week. The SitRep gives real time data across several areas which is available to commissioners via the MHCC Tableau Portal within 15 minutes. If a GP

practice is reporting increased demand or reduced capacity / access, then MHCC can offer support to the practice in a real time manner. An example of the Manchester SitRep is provided in Appendix 1.

4.4 Digital Transformation

Many patients prefer the ability to have a telephone, video or online consultation with a GP or member of the practice clinical team, as it can provide extra flexibility and conveniences. It is recognised that this digital first model may not be appropriate for all patients, or in all cases which can lead to inequalities for patients trying to access GP services.

MHCC is aware that inequalities in General Practice access have arisen during the pandemic, for example:

- Some patients may not have access to the internet or have a device to use, or a mobile phone from which to contact or receive communication from their GP
- Patients may not be confident going online to manage their healthcare
- Disabled patients facing barriers to getting online or consulting over by video or telephone
- Language barriers faced by non-English speaking people when trying to get online

To understand the inequalities better and pro-actively work to reduce inequalities associated with the digital enablement of General Practice, MHCC has created a Digital Transformation Group (DTG) as shown in Figure 6 below. The DTG's aim is two-fold and that is to improve the patient experience and the practice process regarding digital services.

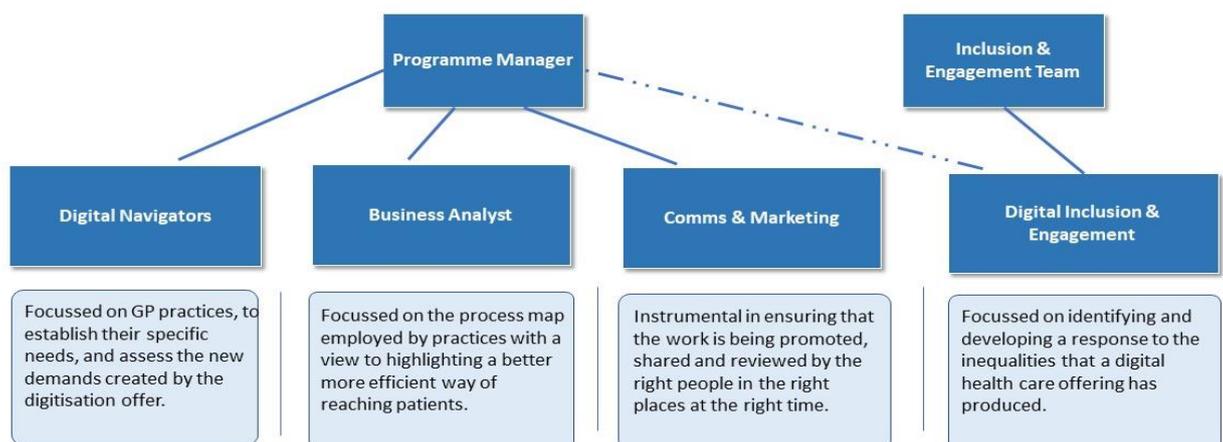


Figure 6: Manchester Digital Transformation Group

Key areas to note regarding the work the DTG is undertaking:

- A team of Digital Navigators has been created. The team are focussed on supporting GP practices to improve the ways in which staff manage the

increase in demand, while working to develop their digital processes to allow more time for those patients who won't be going online to contact their GP.

- A Digital Inclusion and Engagement Project Manager has been appointed and is working to address the inequalities that have developed because of the rapid implementation of digital services. Working with partners across Manchester (e.g. Adult education, Manchester City Council, CAM, Manchester Libraries, People First, Breakthrough) to create support for patients to:
 - access their GP practice online
 - download the NHS App
 - feel confident to go online
 - to improve health literacy by supporting the discovery of reliable online health resources
- Working collaboratively with VCSEs to encourage those communities that are known to be adversely affected by digital exclusion to find ways to go online safely, and to offer greater activity over their healthcare and the decisions they make around it.

There is a wealth of learning that has been gained from the Manchester Covid Vaccination Programme that has been invaluable to this work and it has helped to highlight the communities that most need support.

4.5 Covid Capacity Expansion Fund

In November 2020, NHS England and NHS Improvement announced the Covid Capacity Expansion Fund (CCEF) which provided £150 million additional funding nationally to General Practice. The funding was to be used across seven priority areas:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple Covid pulse oximetry@home model
3. First steps in identifying and supporting patients with Long Covid
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely

In Manchester, as per point 1, an element of this funding was used to increase access to General Practice through the provision of additional sessions at every GP practice between November 2020 and March 2021.

In March 2021, NHS England and NHS Improvement extended the CCEF making further funding available until the end of September 2021. Therefore, GP practices in Manchester have received funding to deliver additional clinical sessions until the end of September 2021. Further guidance is awaited from NHS England and NHS Improvement regarding another expansion to the CCEF from October 2021.

5.0 Impact on General Practice

As outlined above, the Covid-19 pandemic has led to unprecedented change in the way General Practice operates.

The continued provision of services throughout the Covid-19 pandemic, the rapid implementation of digital and triage first models of care, the increasing demand on services and the delivery of the largest vaccination programme in history is seeing General Practice endure one of the most challenging periods in its history.

The impact of this, and the negative portrayal of General Practice in the media, should not be underestimated.

Many staff have worked throughout the pandemic and worked longer hours to keep practices open with reduced staff due to sickness and self-isolation, endured unpleasant working conditions due to the need for PPE and are now seeing increasingly complex patients that have not accessed care throughout the pandemic.

This is coupled with rising levels of abuse from patients who are frustrated with the impact of Covid-19 on the health system, the delays to care they may be experiencing and the Covid-19 restrictions that have changed access to many services including healthcare. Often the reasons for this are outside the control of General Practice. This has left General Practice staff feeling exhausted, overwhelmed, less resilient and in some cases fearful for their safety.

The effects of being on the receiving end of abusive behaviour are multiple and include staff sickness and workforce shortages, reduced productivity and possibly reduced quality of care which risks compounding an already challenging situation.

There have been calls from NHS England, the British Medical Association (BMA) and the Institute for General Practice Management (IGPM) for patients to be kind and patient with practice staff and for a zero-tolerance approach to abuse to be adopted.

Across Manchester, MHCC has been working with practices to offer their staff support through occupational health services, wellbeing support and access to an Employee Assist Programme. The Greater Manchester Resilience Hub has

also been engaged regarding further support that can be offered to staff working in General Practice in Manchester.

6.0 Primary Care Recovery

The impact of Covid-19 will be felt for many years and recovery is expected to be a long haul that will require a system wide response across acute hospitals, primary care, community, mental health and social care services.

As Manchester moves into the recovery phase it will retain the positive elements of the Covid-19 driven transformation.

Several programmes of work are being implemented that not only restore service provision, whilst remaining prepared for possible future waves of the pandemic, but also aid reform and recovery.

6.1 Primary Care Quality, Recovery and Resilience Scheme (PQRRS) 2021/22

It is recognised that recovery from the pandemic for our patients, and for society, has only just started. Covid-19 has had a disproportionate impact on some communities and patients, particularly Black and Asian communities, disabled people and inclusion health groups such as refugees, asylum seekers and homeless people. In addition, section 4.4 highlights some of the existing health inequalities such as poverty, language and digital exclusion.

The PQRRS is an opportunity to build on the addressing inequalities work that practices have played a major role in over the past year. The aim of this proposed scheme is to support the recovery of primary care, to boost the resilience of our primary care workforce and to fund time for care and time to ensure quality is embedded in recovery across Manchester General Practice to meet the needs of our diverse communities.

6.2 Workforce

To deliver the Covid-19 response, Covid-19 vaccination and Covid-19 recovery, there needs to be an expansion of the primary care workforce. MHCC has funded additional clinical capacity for GP practices over the past 12 months. This has included the CCEF additional clinical sessions for each GP practice, from November 2020 until September 2021. This additional clinical capacity directly supports patient access to primary care by increasing the volume of available clinician time and improves practice and staff resilience. Additional funded administrative capacity and Health Care Assistant / Practice Nurse time has also been funded between November 2020 and September 2020.

There has also been a focus on the Additional Roles Reimbursement Scheme (ARRS) that is part of the PCN Direct Enhanced Service (DES) running from 2019-2024 and is a nationally funded scheme under which PCNs can employ and embed new roles within General Practice. These new roles initially started with pharmacists and social prescribing link workers, and have been

expanded to include Physician Associates, Health and Wellbeing Coaches, First Contact Physios, Podiatrists, Dietitians, OTs, Pharmacy Technicians, ACPs and Mental Health Practitioners. In Manchester there is considerable work underway to recruit fully to these roles and to develop and embed these new roles within General Practice to increase capacity and access.

The Covid-19 pandemic has impacted the resilience of the Manchester General Practice workforce. It has also highlighted pre Covid-19 challenges around GP and nursing numbers, succession planning and retention. In response to these challenges, MHCC has developed a Primary Care Workforce Organisational Development Plan to deliver short, medium and long-term solutions and change.

6.3 Supporting Increased demand on General Practice

As referenced throughout this report, General Practice has seen a significant rise in demand and is facing unprecedented levels of activity. Although the demand has been rapidly increasing, primary care is still the right place to support the majority of patients be it through supporting complex care, holistic care, preventative care and, when needed, providing urgent care.

To support General Practice in managing the rising demand for services, a MHCC Group including clinicians, primary and urgent care commissioners, business intelligence and communications & engagement has been established. The Group is developing a plan that is focusing on five priority areas that include:

- Improved access to General Practice
- Health and Wellbeing support for General Practice staff
- Communications and engagement
- Workforce development
- Collaboration and system wide working

As increasing demand is an issue that is not specific to Manchester, the five priorities above are aligned to work that is underway through an overarching Greater Manchester (GM) Task and Finish Group that is co-chaired by Dr Vish Mehra. The GM Task and Finish Group has recently submitted an Accelerator bid, on behalf of the GM CCGs, requesting additional funding for primary care to enable plans to be implemented at pace.

7.0 GP Patient Survey Results 2021

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England to assess patients' experiences of healthcare services provided by GP practices.

The survey is sent to a random selection of patients who are registered with GP practices in England. On average, approximately 2 million adult patients asked to complete the survey annually. The response rate for Manchester for 2020 and 2021 is shown in figure 7 below:

Year	Number of surveys distributed	Number of surveys returned	Response rate
2020	38,916	8,469	22%
2021	40,164	9,957	25%

Figure 7: Comparison of response rate to GP Patient Survey for Manchester 2020 and 2021

A summary of the key indicators and a comparison of the data for 2021 and 2020 for Manchester is shown in figure 8:

Question	2021 compared with 2020
Overall, how would you describe your experience of your GP practice?	
Generally, how easy is it to get through to someone at your GP practice on the phone?	
Helpfulness of receptionists at GP practice	
Which of the following general practice online services have you used in the past 12 months?	 In patients using online booking, ordering repeat meds, accessing medical records online
How easy is it to use your GP practice's website to look for information or access services?	
Were you satisfied with the type of appointment (or appointments) you were offered?	
Overall, how would you describe your experience of making an appointment?	
Perceptions of care at patients' last appointment with a healthcare professional	
During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	
In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?	
How satisfied are you with the general practice appointment times that are available to you?	
How do you feel about how quickly you received care or advice on that occasion?	
Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?	

Figure 8: Comparison of GP Patient Survey results 2021 and 2020 for Manchester GP practices

Key

	Increase in 2021 position compared to 2020
	No change in position
	Decrease in 2021 position compared to 2020

Further analysis of the GP Patient Survey can be found online at a CCG⁵ and an individual GP practice level⁶.

The information in figure 8 shows that although it has been a challenging year responding to the pandemic, lockdowns, changes to the ways General Practice is accessed and delivered, patients have reported an improvement in General Practice services in Manchester across a number of areas.

There are two areas where there has been no change and two areas where patients have felt things were not as good as in previous years.

The results of the GP Patient Survey for 2021, and any actions required, will be discussed at the Supporting Increased Demand Group.

8.0 Risks

The last 16 months have been unparalleled for General Practice, it has proved challenging to deliver core services throughout the pandemic with continuously changing guidance and at the same time the Covid-19 vaccination programme. However, General Practice has adapted and responded to ensure General Practice has remained open, safe for its patients and enabled patients to be vaccinated.

Section 6 of this report has outlined several programmes of work that are underway to support General Practice and patients as we move into recovery. However, there are challenges that remain which must be considered as continue to plan and develop services. These include but are not limited to:

- Ensuring that General Practice is seeing the right patients. There are patients that have chosen not to access health care throughout the pandemic and there are patients who have not been able to access healthcare.
- Working to reduce inequalities across our communities, including those where Covid-19 has had a disproportionate impact, to ensure an equitable and consistent way to access General Practice. This will be supported by relevant Equality Impact Assessments to remove barriers and ensure communities and/or groups of patients are not disadvantaged when accessing General Practice.

⁵ <https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/>

⁶ <http://www.gp-patient.co.uk/>

- Workforce recruitment and retention and making General Practice an attractive place to work with staff feeling valued, resilient and confident in their jobs underpinned by training and development.
- Communication & engagement and the value of clear, consistent messages for General Practice, patients and the public to ensure patients are accessing the right service at the right place at the right time.
- System wide working and the importance of collaboration across the health and care sectors.

9.0 Recommendations

Members of the Health Scrutiny Committee are asked to:

- Note and comment on the information within the report; and
- Receive further updates on access to General Practice.

Appendix 1 – Example of the Manchester SitRep report for General Practice

Urgent Primary Care Update – 09.08.2021																																			
Primary Care Sit Rep																																			
DoS Amber Ratings		Dos Red Ratings		Pulse check Ratings ≥9		Pulse check Ratings =8		Citywide Pulse Score																											
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MUPCH (formerly City WIC) Pulse Check		OOH GP Service Pulse Check		<p>Trend over the last 14 days</p> <p>Network Score</p> <table border="1"> <tr><td>Northenden and Brooklands (Wythenshawe)</td><td>7.0</td></tr> <tr><td>Wythenshawe</td><td>7.0</td></tr> <tr><td>Cheetham Hill and Crumpsall</td><td>6.9</td></tr> <tr><td>City Centre and Ancoats</td><td>6.7</td></tr> <tr><td>Didsbury, Burnage and Chorlton</td><td>6.5</td></tr> <tr><td>Gorton and Levenshulme</td><td>6.4</td></tr> <tr><td>Higher Blackley, Harpurhey and Charlestown</td><td>6.3</td></tr> <tr><td>Withington and Fallowfield</td><td>6.2</td></tr> <tr><td>Clayton, Beswick and Openshaw</td><td>6.1</td></tr> <tr><td>Ardwick and Longsight</td><td>6.0</td></tr> <tr><td>Hulme, Moss Side, Rusholme and City South</td><td>6.0</td></tr> <tr><td>RDP</td><td>6.0</td></tr> <tr><td>Miles Platting, Newton Heath and Moston</td><td>5.9</td></tr> <tr><td>West Central Manchester</td><td>5.9</td></tr> </table>				Northenden and Brooklands (Wythenshawe)	7.0	Wythenshawe	7.0	Cheetham Hill and Crumpsall	6.9	City Centre and Ancoats	6.7	Didsbury, Burnage and Chorlton	6.5	Gorton and Levenshulme	6.4	Higher Blackley, Harpurhey and Charlestown	6.3	Withington and Fallowfield	6.2	Clayton, Beswick and Openshaw	6.1	Ardwick and Longsight	6.0	Hulme, Moss Side, Rusholme and City South	6.0	RDP	6.0	Miles Platting, Newton Heath and Moston	5.9	West Central Manchester	5.9
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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 September 2021
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: lee.walker@manchester.gov.uk

Background document (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.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
21 July 2021	HSC/21/28 COVID-19 Update	Recommend that Manchester Foundation Trust NHS Hospital contribute to future updates to the Committee in regard to the relationship between hospital COVID patient admissions and vaccination	This recommendation has been accepted and will be included in the update provided to the September meeting.	Lee Walker Scrutiny Support Officer
21 July 2021	HSC/21/29 Greater Manchester Mental Health NHS Foundation Trust - Manchester Covid Recovery	Request that information relating to the Crisis Cafes is circulated to the Members of the Committee.	This information has been circulated to all Councillors via email 5 August 2021.	Lee Walker Scrutiny Support Officer
21 July 2021	HSC/21/30 Adverse Childhood Experiences (ACEs) & Trauma Informed Practice	Recommend that the ACE Training should be made available to all Councillors and MPs.	This recommendation is being progressed and dates will be circulated to Members.	Lauren Harwood Project Manager - ACEs and Trauma Informed Practice

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **27 August 2021**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Item for Information

Subject Care Quality Commission (CQC) Reports
Contact Officers Lee Walker, Scrutiny Support Unit
 Tel: 0161 234 3376
 Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Published	Types of Services	Rating
The Seymour Home Ltd	Seymour Care Home 327 North Road Clayton Manchester M11 4NY	https://www.cqc.org.uk/location/1-118274983	21 July 2021	Residential Home	Overall: Good Safe: Good Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Good
EHC Jigsaw Ltd	Jigsaw Independent Hospital Harnham House 134 Palatine Road West Didsbury Manchester M20 3ZA	https://www.cqc.org.uk/location/1-130053897	14 July 2021	Hospitals - Mental health/capacity	Overall: Requires Improvement Safe: Good Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement

Sport Taekwondo UK Ltd	Medical Centre, GB Taekwondo National Taekwondo Centre Ten Acres Lane Manchester M40 2SP	https://www.cqc.org.uk/location/1-6638311412	13 July 2021	Doctors/GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Polonia Residential Home	Polonia Residential Home 17 Demesne Road Manchester M16 8HG	https://www.cqc.org.uk/location/1-4235928983	6 August 2021	Residential Home	Overall: Requires Improvement Safe: Good Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
Alexandra Lodge Care Centre Limited	Alexandra Lodge Care Centre 355-357 Wilbraham Road Chorlton Manchester M16 8NP	https://www.cqc.org.uk/location/1-5718173476	5 August 2021	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement
Kiran Hanji	Westpoint Dental Centre 160 Slade Lane Manchester M19 2AQ	https://www.cqc.org.uk/location/1-9636100629	2 August 2021	Dentist	Overall: No Action Required
Advanced Skin Limited	Advanced Skin Limited Lumiere Building, 38 City Road East Manchester M15 4QN	https://www.cqc.org.uk/location/1-4704833299	5 August 2021	Doctors/GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

The Park Medical Centre	The Park Medical Centre 434 Altrincham Road Baguley Manchester M23 9AB	https://www.cqc.org.uk/location/1-571476646	11 August 2021	Doctors/GP	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Good Responsive: Good Well-led: Inadequate
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**Health Scrutiny Committee
Work Programme – September 2021**

Wednesday 8 September 2021, 10am (Report deadline Thursday 26 August 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme.	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
NHS Recovery	To receive an update report that provides an overview of how the NHS has responded to, and is recovering from, the impact of Covid19. This report will include the response to increased waiting lists for treatment and the work to address the recruitment and retention of nursing staff.	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	
NHS Dentistry	To receive a report that describes the provision and access to NHS Dentistry across the city. This will include comparative data and the impact of COVID-19. Data on the provision of NHS Dentists at a ward level and information on waiting lists is requested by the Committee.	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	Healthwatch to be invited to contribute to this item.
Primary Care Access (GPs)	To receive an update on the delivery of and access to Primary Care across the city, with particular reference to the return to face to face appointments. Information is also requested on the enhanced 7 day access service. The paper will also provide an update on the delivery of social	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	Healthwatch to be invited to contribute to this item.

	prescribing, including examples of the patient experience and outcomes.			
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 13 October 2021, 10am (Report deadline Friday 1 October 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme.	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
Covid Health Equity Manchester (CHEM)	To receive an update report on the work of the Covid Health Equity Manchester group (CHEM) to address the disparities in the risks and outcomes of COVID-19 which disproportionately impacts on Black, Asian and minority Ethnic (BAME) and other disadvantaged communities who make up a significant proportion of our population in the city.	Councillor Midgley, Executive Member for Health and Care	Sharmila Kar Dr Cordelle Ofori	
Overview Report			Lee Walker	

Wednesday 10 November 2021, 10am (Report deadline Friday 29 October 2021)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme.	Councillor Midgley, Executive Member for Health and Care	David Regan Dr Manisha Kumar	
Better Outcomes Better Lives Update	To receive a report that provides an update on the delivery of Better Outcomes Better Lives programme.	Councillor Midgley, Executive Member for Health and Care	Sarah Broad	Previously considered at the March and June 2021 meetings.
The Manchester Local Care Organisation (MLCO)	This report will provide a further update of progress made across core business areas of MLCO. This item will also provide and update on the work of the Integrated Neighbourhood Teams.	Councillor Midgley, Executive Member for Health and Care	Bernadette Enright Mark Edwards	
Overview Report			Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Single Hospital Service Update	To receive an update report on the delivery of the Single Hospital Service.	Councillor Midgley, Executive Member for Health and Care	Peter Blythin Ed Dyson	
Wythenshawe Hospital Campus Strategic Regeneration Framework and North Manchester Health Campus Strategic Regeneration Framework	To receive a report on the health outcomes of both the Wythenshawe Hospital Campus Strategic Regeneration Framework and North Manchester Health Campus Strategic Regeneration Framework.	Councillor Midgley, Executive Member for Health and Care	Chris Gaffey	
Suicide Prevention Local Plan	To receive an update on the Suicide Prevention Local Plan. The Committee will also hear from Prof Navneet Kapur Head of Research at the Centre for Suicide Prevention, University of Manchester.	Councillor Midgley, Executive Member for Health and Care	David Regan	Invitation to Prof Navneet Kapur Head of Research at the Centre for Suicide Prevention, University of Manchester
The Our Manchester Carers Strategy	To receive an update report on the delivery of the Our Manchester Carers Strategy. This report will include the voice of carers.	Councillor Midgley, Executive	Bernadette Enright Zoe	

		Member for Health and Care	Robertson	
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