

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 5 November 2019

**Subject:** Primary Care Access in Manchester

**Report of:** Deputy Director, Primary Care Integration,  
Manchester Health and Care Commissioning (MHCC)

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**Summary**

The report updates the Committee on access to Primary Medical Care in Manchester; both in core and also extended hours.

In particular, the report focuses on the following issues: -

- Access to General Practice during core hours
- Primary Care Standards
- Extended hours population coverage and Primary Care Networks
- Patient and public perspectives of Primary Care access
- Enhanced 7 Day Access service
- National review of Access
- Developing a model for integrated urgent and enhanced access
- Digital access and Manchester's Strategy for Primary Care IM&T
- Inclusion Health – Safe Surgeries

**Recommendations**

The Committee is asked to consider and comment on the information contained within the report.

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**Wards Affected:** All

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

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents

are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Report to Health Scrutiny Committee, January 2018

([https://democracy.manchester.gov.uk/Data/Health%20Scrutiny%20Committee/20180130/Agenda/5.\\_PrimaryCareAccess.pdf](https://democracy.manchester.gov.uk/Data/Health%20Scrutiny%20Committee/20180130/Agenda/5._PrimaryCareAccess.pdf))

Healthwatch Manchester Report – *Extended Access to GP Appointments*, July 2019

(<https://www.healthwatchmanchester.co.uk/wp-content/uploads/2019/08/Extended-Access-Impact-Report-2019-FINAL.pdf>)

## **1.0 Introduction**

This Report updates the Committee on Primary Care<sup>1</sup> Access in Manchester; both in core and also extended hours.

## **2.0 Background and Context**

The issue of access to Primary Care is very high priority for patients and the public across Manchester, and hence for MHCC. Manchester City Council Health Scrutiny Committee has received a number of reports about Primary Care access in the city, most recently in January 2018. Healthwatch Manchester has produced several reports on the subject, and MHCC's Patient and Public Advisory Committee (PPAC) has established a standing Primary Care Access focus group.

Improvements and developments in relation to access to Primary Care continue to be made, but it is recognised that there remain significant challenges, as a result of rising patient and public need and demand.

In Manchester, we currently have 87 GP Practices serving (as at July 2019) a registered population of 658,571, with a weighted list size of 716,962. Recent data from NHS Digital for the period September 2018-August 2019 inclusive, suggests GPs in Manchester see over 3 million patients per annum face to face, carry out over 50,000 home visits, and undertake around 360,000 telephone consultations. In addition, as previously reported to the Committee, population growth in the City has meant that the number of registered patients in Manchester has risen by around 100,000 over the last decade, with a similar further rise expected over the next.

## **3.0 Access to Primary care in core hours - Manchester's Primary Care Standards**

As previously reported, all of Manchester's GP Practices have signed up to MHCC's Manchester Primary Care Neighbourhood Development Scheme 2018-2020, which includes Primary Care Standards, based around those adopted across Greater Manchester (GM). The scheme covers the period from July 2018 to end March 2020, and includes delivery of all 9 Greater Manchester Standards, which are:

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

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<sup>1</sup> Note for the purpose of this Report the focus is on Primary Medical care, ie General Practice. Other Primary care services – Pharmacy, Optometry, Dentistry, are not in scope of the paper.

### 3.1 Standard 1 – Improving Access and responsiveness to core Primary Care

The national GP Contract<sup>2</sup> defines core hours for Practices as 8am-6:30pm weekdays, not including Bank holidays<sup>3</sup>.

Standard 1 focuses on Improving Access to general practice, the aims of which are:

- To support Primary care to deliver effective access and responsiveness to the public of Manchester
- To ensure access meets the needs of Manchester people; of the health and care system; and of Practices
- To enable continuity of care for those patients who need it.

The elements of Standard 1 are:

1. Ensure routine appointments are available Monday to Friday until 8:00pm for patients to be able to pre-book in advance<sup>4</sup>. A minimum of 10 clinical sessions should be available Monday to Friday – 1 morning and 1 afternoon each week day. Patients are able to book routine, pre-bookable appointments until 8pm, 5 days per week; and at weekends.
2. Improve the continuity of care for patients; where evidence suggests that this improves patient outcomes and experience; including those with long term conditions or complex needs. This should be done through the provision of pre-bookable, longer appointments where necessary, for those with complex needs.
3. Ensure that any patient who is considered as having an urgent clinical need have same day access – which can be supported by the neighbourhood model.
4. Enable patients are able to book appointments and order repeat prescriptions online, as per the GP contract.
5. Provide alternative modes of consultation, such as telephone consultations, online consultations, (either e-mail or SKYPE), group consultations.
6. Offer access to both male and female clinicians (note this does not have to be all 10 sessions, and can be delivered through the neighbourhood model).
7. Offer pre-bookable appointments 1 month in advance with a named clinician.
8. Ensure continuity of record for patients attending additional access hubs, through sharing access to medical records.

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

<sup>3</sup> The Contract states that Practices must not sub-contract their rights and duties, but also states that they may do so if they are satisfied that it is reasonable to do so, and the person to whom rights and duties are sub-contracted are qualified and competent to provide the service.

<sup>4</sup> During core hours patients should be able to speak to a staff member to make an appointment and be able to book appointments online at their registered practice. Note that appointments outside core contractual hours, including evenings and weekends, are delivered by individual practices or via the neighbourhood hub model. Out of Hours cover should not be utilised within core contracted hours. Appointments should be with the right person, not always requiring GPs, using skill mix in the Practice and Neighbourhoods including Pharmacists, nurse practitioners, etc. where appropriate. Should a GP not be present on-site, for example, between 6 and 6:30pm, the Practice must ensure that clinical and non-clinical staff are able to escalate any urgent issues to a senior clinician during these times when necessary.

9. Practices to engage with the outcomes of the workforce development tool and work with peers in neighbourhoods to ensure patient safety and workforce resilience.

Reporting arrangements for Standard 1 are

- A quarterly Practice submission/self-assessment form.
- A mystery shopper exercise to be arranged
- Peer review through neighbourhood arrangements
- MHCC has also triangulated Practice responses with the information contained on their public websites.

Initial results through the most recent Self-declaration (to end of September) report highlights that, as at time of writing, the majority of the 9 elements are being met by most Practices across the City:

- 87 out of 88 Practices responded (including one practice since merged).
- All 87 which submitted a response practices achieve 6 or more of the 9 indicators
- 76 Practices achieve at least 8 or more indicators
- 36 practices achieve all 9 indicators. (Note that this figure is due to rise once information and Practice action plans are received in relation to element 4, online booking)

Significant improvement has been made from the previous year in relation to half day closing, with the number of half day/lunchtime closures reducing. In relation specifically to half day and lunchtime closures,

- 1 Practice currently still retains a half day closure (although there are a small number which close at 4:30pm on one day per week). Note a couple more Practices are open for their 10 weekly sessions, but are yet to update their websites.
- 12 Practices list a lunchtime closure on their websites.
- 21 Practices have a half hour closure period, either 8:00-8:30am or 6:00-6:30pm – most have arrangements for dealing with urgent requests during these times.

One Practice does not currently have access to male and female clinicians, which is due to difficulties in recruitment; this Practice is due to merge with 2 other Practices in a local health centre, which will resolve the issue.

All practices now have the facility for patients to book appointments online; take-up of this facility by patients is variable across the city, but rising<sup>5</sup>. As yet not every practice publishes all their slots; although the majority do so.

Practices are also looking to improve access through new and innovative web presences; more information on this is contained in later sections.

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<sup>5</sup> Detailed information on numbers of patients enabled to access online booking in Manchester by Practice is available to Committee members on request.

Practices in their self-declarations submitted many examples of good practice, below are a small selection:

- Practice A - *'All of our nurses provide appointments appropriate to the Long Term Condition (LTC) they are seeing. Our clinical system is set to automatically identify the length of appointment being booked. For example, a patient ringing for an Asthma check the staff will offer a 20 minute appointment and select the reason for the appointment, the system will recognise this reason and automatically select the 20 minute slot for the appointment. We also provide asynchronous appointments and transactional services online via the Footfall website'*.
- Practice B – *'The Practice introduced routine telephone appointments in Jan 2019. We are planning to pilot 'health walks' in 2019 which will be targeted at people with LTCs and will be hosted by our nurses - we see this as an informal way of offering health and lifestyle advice for patients. Our Lead Nurse attended the Group Consultation training last year'*.
- Practice C – *'We have a diabetic specialist nurse attending the practice who offers 30 min appointments to patients to deliver continuity and enhanced care to our diabetic population in which we have a very high prevalence. Outcomes have improved significantly over the past 12 months as a result. All patients are able to book double appointments for complex needs with the practice nurse GP and HCA, we also offer in house services like ECG Lung function testing and annual reviews that are allocated 30 min appointments. Patients with mental health issues or those that attend with carers or disabilities are also able to book extended appointments during core hours'*.
- Practice D *'We use Ask My GP system. This is a digital online system that allows patients to request a consultation either by Telephone, Face to Face, Video consultation, Email consultation or text message. All consultations are recorded in Emis clinical system'*.
- Practice E – *'We provide same day access for learning disability, Mental health, elderly and children, we provide pre-bookable appointments for these groups, and provide longer appointments if necessary. We have flagged these groups with an alert for staff to provide pre-bookable or same day access with longer slots'*.

### **3.2 Extended full population offer – the introduction of Primary Care Networks (PCNs)**

Access to Primary Care has changed during this year as a result of the establishment of Primary Care Networks (PCNs), the initial guidance for which was published in January. PCNs have been in place since July, their purpose being to enable provision of proactive, accessible, coordinated and more integrated primary and community care; and thereby to improve outcomes for patients. PCNs are intended to be formed around natural communities based on GP registered practice lists, generally serving populations of around 30,000 to 50,000 registered patients.

Currently 14 PCNs have been established in Manchester, largely mirroring the geography of the existing integrated neighbourhood arrangements, with a couple of exceptions: -

- A new PCN has been set up covering Practices in the City Centre & Ancoats
- A PCN for the Robert Darbshire Practice (RDP), and other Practices in its group (Whitswood in Alexandra Park and New Bank in Levenshulme)

The PCNs' Directed Enhanced Service (DES) contract commits PCNs to provide full population coverage for Extended Hours, as from July 2019. Note this is the extended hours' provision previously offered by individual Practices, not the hub-based Enhanced 7 Day Access service run by Manchester Primary Care Partnership. Under those previous arrangements over half of Manchester Practices offered extended hours, the rest did not. Whilst the two services (Extended Hours and Enhanced Access) have until recently been seen as separate, over time the intention is that they become integrated, so that by 2021 they develop to become an integrated combined offer, the responsibility of PCNs.

The exact model of Extended Hours delivery in each PCN may vary and can include:

- All practices in the PCN continuing to offer extended hours to its own registered list
- One practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently (but that practices' registered patients can still access extended hours services at other sites)
- One practice offering extended hours to its own registered list, and the other practices sub-contracting delivery for their respective patients
- A provider providing the extended hours provision on behalf of all the practices.

Irrespective of the delivery model, under guidance the PCN needs to ensure that all network patients have access to a comparable extended hours service offer; and that the hours and days being offered reflect patient feedback – for example, from Practice Patient and Public Advisory Groups. As at time of writing, most PCNs in Manchester are now delivering full population coverage, others with phased arrangements by the end of November. Full hours will be made up by the end of January 2020, which will assist primary care resilience and winter planning.

### **3.3 Patient perspective of Primary Care Access**

NHS England together with Ipsos MORI, have published the latest Official Statistics from the GP Patient Survey for 2019. The survey provides information on patients' overall experience of primary care services, and their experience of accessing these services. With regard to accessing GP services, below is a selection of the feedback given by patients registered with a GP in Manchester:

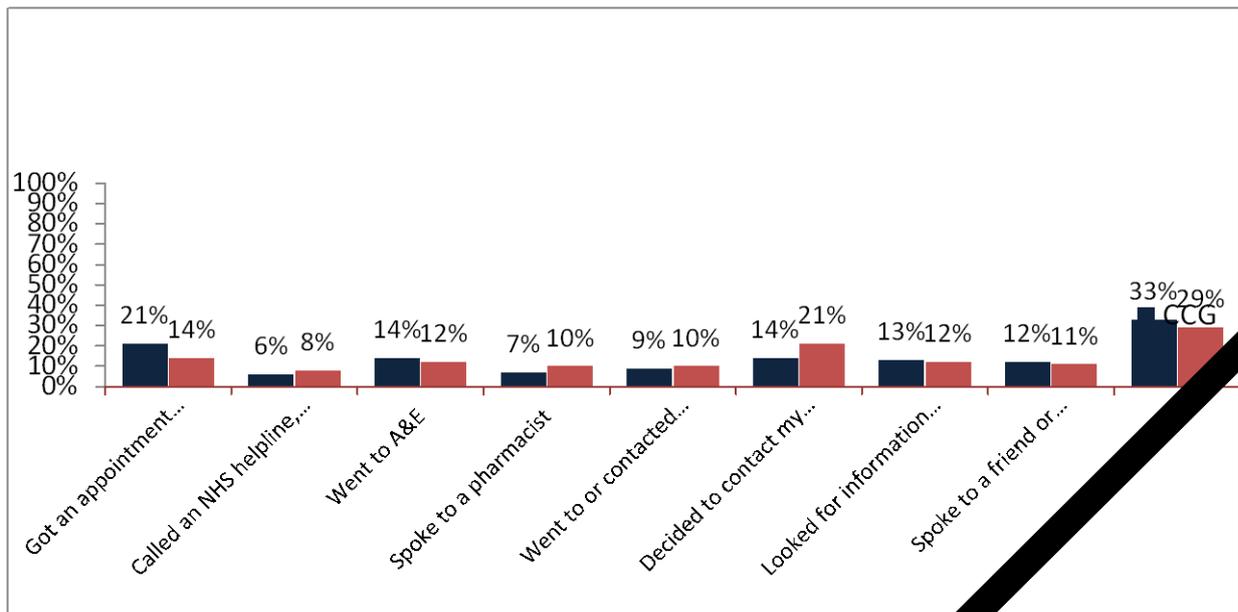
- Overall patient experience of General Practice in Manchester is on par with that of the country as a whole; with 83% of people describing their care as

fairly or very good, 7% poor or very poor, the remaining 11% neither good nor poor<sup>6</sup>.

- 69% of patients found it fairly to very easy to get through to someone at their GP surgery on the phone, slightly above the national average of 68%; with 31% of patients finding it not very easy to not at all easy.
- 89% of patients found receptionists at their GP surgery to be fairly to very helpful, 11% not very or not at all helpful; on par with the national average.
- 67% of patients were fairly to very satisfied with the appointment times of their GP surgery, slightly above the national average of 65%.
- 70% were satisfied with appointment offered, compared to 74% nationally.
- 64% of patients found their overall experience of using NHS services when their GP practice was closed fairly good to very good, 69% nationally.
- 75% of patients found it very easy or fairly easy to use their GP Practice website for information or to access services.

The full patient feedback results, including at individual Practice level, can be found at <https://www.gp-patient.co.uk/Slidepacks2019#M>

The chart below describes responses of what patients do when they are not satisfied with the appointment offered and do not take it, the darker bars referring to Manchester, the lighter nationwide: -



The survey also asked about patient awareness of GP online services, and here Manchester responses were below national averages: -

- 30% were aware of online appointment booking, compared to 44% nationwide.
- 27% aware of ordering repeat prescriptions, 41% nationally.
- 11% of online access to medical records, 15% nationally.

<sup>6</sup> Note that experience of individual Practices in Manchester varies, from 61% to 98% overall approval ratings.

- Conversely, 75% stated it fairly or very easy to use GP practice websites to look for information or access services, compared to 77% nationwide.

#### **4.0 Enhanced 7 day access service**

As previously reported, Manchester was an early adopter area for enhanced seven day access to Primary Care, since 2015/16. Through the service Manchester's registered population can access a primary care appointment across 12 community hubs up to 8:00 pm on weekdays, and at weekends. The service incorporates unique access to the full primary care record - allowing every patient in Manchester to see a GP who has access to their record, letters and results. The service is delivered by the three GP Federations through the Manchester Primary Care Partnership (MPCP), provides 16,000 hours per year of appointments with current performance approaching 100% of capacity.

Utilisation of the service is generally improving; in September 2019 overall utilisation was at 78.7%, with 5,719 appointments available, and 4,499 attended; this is a rise of 11% from the same month the previous year, when utilisation was at 67.7%. Utilisation also varies according to professional group; utilisation of GP appointments is currently at 80.7%, for Health Care Assistants (HCAs) it is at 75.3%, and for nurses 68%. Detailed utilisation is shown in the appendix.

Notwithstanding the variation described, overall the service's performance compares favourably to similar services across the country. In addition, a range of initiatives are in place to improve utilisation, including the ability for NHS 111 to directly book patients into appointment slots<sup>7</sup>. As at time of writing the connectivity has been established in the majority of hub sites, with plans to roll out across the whole city.

#### **Healthwatch review of access to the 7 day service**

In December 2017 Healthwatch Manchester published '*Week Spot? Review of Access to the 7 Day GP Service*<sup>8</sup>, based on a mystery shopper exercise undertaken by Healthwatch volunteers; which was reported to Health Scrutiny Committee. The Report found that awareness of the 7-day service among Practice receptionists appeared to be low, with only 39% of front line staff evidencing their awareness and offer of access to the Service.

In July 2019 Healthwatch produced an update to their 2017 Report, '*Extended Access to GP Appointments - The impact of the report 'Week Spot?'<sup>9</sup> on the offer to patients*'. This Report identified significant improvement had been made since the 2017 version, with now 91% of front line staff responding positively. Healthwatch are due to attend the meeting of the Committee to present their findings and recommendations in more detail.

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<sup>7</sup> Work is also taking place in Manchester to develop the ability for NHS 111 to implement direct booking into core GP Practices

<sup>8</sup> Available at <https://d2jlsms9zhgfok.cloudfront.net/2017/12/07142053/Week-Spot-Access-to-7-Day-GP-Service-Review.pdf>

<sup>9</sup> Available at <https://www.healthwatchmanchester.co.uk/wp-content/uploads/2019/08/Extended-Access-Impact-Report-2019-FINAL.pdf>

## 5.0 National Review of Access

NHS England (NHSE), are working with stakeholders, to undertake a review to help develop a coherent access offer for both physical and digital services. The intention is to deliver convenient appointments 'in hours', reduce duplication and ensure better integration between settings such as NHS111, urgent treatment centres and general practice. The review commenced during this year, for full implementation by 2021/22.

The review will have one main objective which is to improve patient access both in hours and at evenings and weekends and reduce unwarranted variation in experience. A key output will be the development of a coherent access to general practice appointments offer that practices (in hours) and primary care networks (outside core general practice hours) will make and could sustain, for both physical and digital services, to 100% of patients.

This will include:

- Improving access to patient requested pre-bookable and same day general practice appointments with a view to reducing variations in waiting times;
- Reducing fragmentation by developing a comprehensive access offer for out of hospital care including when practices are closed or unavailable and to improve urgent care services in the community;
- Looking at workforce and workload to make the best use of the available people and resources to improve the wellbeing of the workforce, reduce workload pressures and improve services for patients, and;
- Ensuring the review's main objective can be met.

As part of the review, the Greater Manchester Health and Social Care Partnership (GMH&SCP) are undertaking a deep dive assurance piece on GP extended access; this will test what is being offered, how it's being offered and whether services are being advertised. To support this work the GM team will be conducting a mystery shopper exercise within GP Practices.

## 6.0 Integrated urgent and enhanced access to primary care

Work is being undertaken in Manchester between MHCC and MLCO to develop a vision and a model for integrated urgent and enhanced access to primary care – to ensure a more joined up approach between a range of services, including core enhanced 7 day access, extended hours, out of hours provision, and related services such as walk-in centres.

This work aligns with the national direction of travel as described in the NHS Long Term Plan,<sup>10</sup> and the five year framework for GP contract reform *Investment and Evolution*.<sup>11</sup> Under that framework, it is intended that by April 2021 funding for extended hours access DES and the enhanced 7 day access service will be brought together, under the auspices of Primary Care Networks, for PCNs to deliver integrated provision, incorporating also digital elements and requirements.

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<sup>10</sup> <https://www.england.nhs.uk/long-term-plan/>

<sup>11</sup> <https://www.england.nhs.uk/gp/investment/gp-contract/>

More detail on Manchester's approach can be brought to future meetings of the Committee.

## 7.0 Digital access and transformation

There are increasing expectations from the public of digital access to services, public and private; with Primary Care being in way excluded from those expectations. A digitally enabled primary care offer has gained prominence over the last 12-18 months with increasing expectations and scrutiny in relation to Patient Access<sup>12</sup>, provision of online consultations/triage and roll out of the NHS App.

A comprehensive and effective primary care digital offer has therefore been identified as a major priority for the city, with MHCC working with its partners to develop an overall Strategy for Primary Care IM&T. The strategy sets out the intention to develop and implement a local, high quality and effective digital offer in conjunction with Manchester's GP practices. A localised digital offer will ensure GP practices can provide increased choice, access and flexibility to their registered patients supplementing the core primary care offer rather than fragmentation and widening of health inequalities.

In addition, there are a range of national expectations, including that patients have online access to their full patient records by April 2020; and that all patients to have the right to online and video consultations by April 2021. Furthermore, there are now new '*Digital First*' Primary care providers being established. One of these, Babylon GP at Hand, is a digital first Primary Care provider operating via a GP contract in London with Hammersmith and Fulham CCG. They have informed us that they are planning to open a new service in Manchester from early 2020 though amended sub-contracting arrangements. As with any new proposal, MHCC's priority will be to ensure that services are high quality, meet the needs of local people, and contribute to the financial and clinical sustainability of the health and care system in the city. Our job is to shape a plan that is best for Manchester, our residents and patients, and health and care organisations in the city.

NHS England and NHS Improvement have undertaken a recent national consultation exercise on proposals to change patient registration, payment and contracting rules around Digital-First providers, with their response published at the end of September<sup>13</sup>. The response is clear that the best response to digital first provider models is to ensure that existing Practices can digitise their offer, and commits to funding (from 2021) to '*ensure that a core digital-first offer is available in general practice including core digital-first capabilities such as online and video consultation systems, triage mechanisms and symptom checkers for patients. As promised in the five year GP contract agreement, these core capabilities will be centrally funded for all of general practice... In addition, we will support all existing general practice to go through the business change necessary to make full use of these digital-first capabilities*'.

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<sup>12</sup> Patient Access is a national website which enables registered patients to book GP appointments, order online prescriptions and view their medical records.

<sup>13</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/09/digital-first-primary-care-response.pdf>

As highlighted in previous sections, it is acknowledged that take-up of digital services from Manchester's Primary care system has up to now been variable, from both Practices and also patients and public. Currently :-

- Around 17% of Manchester patients are registered to be able to book appointments or order repeat prescriptions online.
- 49 of Manchester's 87 Practices are live and offering some form of online consultation to their patients.

MHCC and Practices are accelerating efforts to increase the provision of a digital offer of choice; Any Manchester solution will incorporate the importance of place based care and continuity supplemented by a responsive Primary care; and there is an expectation that Manchester will deliver on the national target that 75% of patients should be able to access online consultations by March 2020.

## **8.0 Inclusion Health – Safe Surgeries**

MHCC has been working to introduce a range of initiatives and programmes to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities. A current example is the "Safe Surgeries" framework – an inclusive health initiative with Doctors of the World humanitarian foundation. GP practices are encouraged to utilise the "Safe Surgeries" framework to show inclusive practice, and eradicate barriers to registration. Currently 26 Practices in the city are using this framework, out of only 200 nationwide.

The Inclusion Health programme is focusing on a range of inclusive programmes during 2019-20, including:

- New Patient registration process is being revised to capture coded information and accessible information around protected characteristics utilising the GP Registration form; this is to be piloted
- Safe Surgery toolkit has been rolled out to all GP practices across the City including proposal for rollout to remaining practices within 2019/2020
- GP Translation and Interpretation Services have been reviewed, with a view to ensuring a consistent high quality offer
- Accessible Information Standards are being rolled out; for example, around meeting needs of non-English speakers or people with hearing impairments
- There is a particular on Homeless patients. 7 Practices have been designated as homeless hubs<sup>14</sup> in areas of high prevalence of homelessness; this means that they will provide ring-fenced appointments, pop up clinics, enhanced support for registration of primary care services, signposting and support, enhanced health checks and Best Practice workshops. The hubs will also provide escalation with patients to more specialist services when needed.

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<sup>14</sup> These are – City Health, Dr Cunningham, Ashcroft surgery, Cornbrook Lime Square, Beacon and Cheetham.

## **9.0 Recommendation**

The Committee is asked to consider and comment on the issues contained within this Report.