

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 January 2019

Subject: Primary Medical Care in Manchester

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

Summary

This report will focus on how quality in Primary Medical Care in Manchester is assessed and improved; this will include:

- Manchester's Quality Assurance and Improvement Framework;
- Care Quality Commission (CQC) ratings and improvement plans; and
- Primary Care Standards.

The report also updates the Committee on Primary Care access; including:

- Access to core Primary Care in hours;
- Enhanced 7 Day GP Access service; and
- New models of digital access.

Recommendations

The Health Scrutiny Committee is asked to note:

- The content of this report;
 - The improvements made in CQC inspection ratings across Manchester;
 - The development of an Early Warning System to proactively identify practices in need of support;
 - The implementation of all 9 Primary Care Standards across Manchester to improve quality and provide a consistent population offer; and
 - The work underway to proactively improve access to GP services.
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Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
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A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The development of community Health Development Coordinators and support to community based solutions will support recruitment from within and for local populations. Investment into the Primary Care Standards support GP Practice infrastructure through the employment of additional staff
A highly skilled city: world class and home grown talent sustaining the city's economic success	Patient education is a theme throughout the Primary Care Standards work programme. This will empower patients to manage their disease effectively. The Primary Care Standards is supported by an Education Programme to upskill staff through a range of different mechanisms
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	This paper demonstrates work streams which will lead to improved health outcomes, reduce health inequalities and reduce unwarranted variation.
A liveable and low carbon city: a destination of choice to live, visit, work	Provision of high quality Primary Medical Care for the local population. Developing and delivering consistent, high quality, safe and effective Primary Medical Care for the local population. Provision of a range of improved opportunities to access Primary Medical Care
A connected city: world class infrastructure and connectivity to drive growth	Learning from the Greater Manchester health and Social Care Partnership and other CCGs including those in Greater Manchester

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Background documents (available for public inspection): None

1.0 Introduction

This report will focus on how quality in Primary Medical Care in Manchester is continuously improved and assured; this will include:

- Manchester's Quality Assurance and Improvement Framework;
- Care Quality Commission (CQC) ratings and improvement plans; and
- Primary Care Standards.

The report also updates the Committee on Primary care access; including:

- Access to core Primary Care in hours;
- Enhanced 7 day GP access service; and
- New models of digital access.

2.0 Background

2.1 Primary Care in Manchester

Manchester Health and Care Commissioning (MHCC), has delegated responsibility for commissioning Primary Care services from NHS England (Greater Manchester Health and Social Care Partnership, GMH&SCP). This includes most aspects of quality and safety, excluding complaints and individual GP performance issues which remain with NHS England.

Currently there are 89 GP Practices in Manchester, of which 35 are in North Manchester (the area previously covered by the previous North Manchester CCG), 30 in Central, and 24 in South. There is significant variation in the size of practices, with numbers of registered patients ranging from 1,501 to 24,150 as of 1 December 2018.

Members will be aware that Manchester is experiencing significant population growth which has major impacts for health care; including General Practice. The City's registered population has grown by 100,000 in the last decade, with a further 90,000 projected population growth in the next 10 years. General Practice will be particularly impacted by the projected population growths in and around the City Centre.

In addition, whilst there are 540,000 people living in Manchester, the number of people registered with the City's GP Practices is 640,000.

It is recognised that General Practice in Manchester, like the rest of the country, is under significant pressure. For example, NHS Digital¹ data shows that in October 2018 circa 266,500 appointments were delivered by General Practice across Manchester. This is despite a number of challenging factors such as workforce recruitment and retention issues, increasing complexity of patients and increasing demand from a rising population.

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/oct-2018>

These factors provide a demanding environment which requires new ways of working including: a review of the current workforce and skill mix to successfully manage GP Practice caseloads; the development of new, innovative and integrated models of care and improving self-care to free up capacity within GP Practices to pro-actively and effectively assess and manage patients.

To address some of the challenges, MHCC is supporting practices to work together in a more integrated way across the 12 neighbourhood arrangements in Manchester. This includes aligning General Practice arrangements with those of the developing Manchester Local Care Organisation (MLCO).

Manchester's Strategy for Primary Medical Care sets out the vision for Primary Care over the next ten years.²

2.2 Quality Assurance and Improvement Framework

As a system MHCC is committed to addressing poor quality and unwarranted variation in a way that will also increase resilience and help ensure sustained improvements in primary care.

It is acknowledged that in previous years there was not necessarily a systematic approach to quality improvement in General Practice. This has changed following the introduction of the Care Quality Commission (CQC) inspection regime in recent years.

Since MHCC was established in April 2017 we have introduced a Quality Assurance and Improvement Framework for General Practice which, complements the CQC inspection regime, and enables the organisation to take a more proactive approach to quality overall. By identifying issues at an early stage, MHCC is in a better position to direct appropriate resource to support quality improvements, and help ensure GP practices retain a level of stability and resilience.

The overarching purpose of the Quality Assurance and Improvement Framework is to:

- Outline MHCC's approach to quality and safety for General Practice describing the processes that MHCC will follow. It also sets out the reporting and accountability structures and a clear escalation process for areas of concern.
- Ensure that tailored, wraparound support is provided to those practices that are rated Requires Improvement or Inadequate by CQC. The framework also proactively identifies practices that may be in need of support via the Early Warning System (see below) so that the organisation can agree next steps; and, where appropriate, intervene when in the best interests of patients.

² Available at www.mhcc.nhs.uk/publications

- Work collaboratively with GP practices, and internal and external stakeholders, to agree and implement support packages, and provide signposting to additional sources of support.
- Identify and embrace areas of good practice and promote sharing via neighbourhood working.

2.3 The Early Warning System

The Early Warning System (EWS) brings together a range of available data sources to identify a list of outlying metrics, which may be indicative of a practice being in need of support.

These metrics are reviewed internally on a regular basis and provide MHCC with the opportunity to contact practices to discuss any issues and support needs they might have.

GP Practice visits are then prioritised in accordance with the framework and support levels assigned. The support levels can be intensive, moderate or minimal, depending on the needs of the practice and taking into account various factors, including CQC rating. Visits and action planning with the practices also provide signposting opportunities to partner organisations and external sources of support e.g. The GP Excellence Programme and the Royal College of GPs (RCGP). Signposting to GP wellbeing services can also be offered where appropriate.

The EWS currently draws on the following data sources to indicate where support may be required:

- CQC rating
- GP Patient Survey Results
- Friends and Family Test
- Secondary Care data:
 - Referral rate
 - Referrals returned (to practice)
 - A&E Attendance Rate
 - Emergency Admission Rate
- Average Prescribing Cost (per patient)
- Patient Online
- List Size Changes 20-74
- Primary Care Standards indicators:
 - Diabetes 8 Care Processes
 - Asthma reviews
 - COPD reviews
 - Dementia annual reviews
 - SMI (Serious mental illness) health checks

2.4 Current CQC ratings for GP Practices across Manchester

The majority of GP Practices have been inspected by the Care Quality Commission (CQC) during the last three years and received a rating of Outstanding, Good, Requires Improvement or Inadequate. The full list of

practices, along with their CQC rating as at December 2018 can be found at Appendix 1.

Table 1 below illustrates a positive picture of CQC ratings in Manchester with circa 90% of practices rated Good or Outstanding by the CQC. (Where a practice is due to have a CQC inspection due to a change in Provider, it will categorise as Not Rated.

CQC Inspection Rating	Number of GP practices	%	Practices
Outstanding	4	4.6%	The Docs, Urban Village Medical Practice, Five Oaks Family Practice, West Gorton Medical Centre
Good	74	85%	
Requires Improvement	1	1.2%	Woodlands Medical Practice
Inadequate	1	1.2%	Cornerstone Family Practice
Not Rated	7	8%	Brookdale, Burnage, Charlestown, Fallowfield, Lime Square, Merseybank, Victoria Mill
Total	87³	100%	

Table 1: CQC Inspection Ratings for Manchester GP Practices

Looking at the national picture, where around 88% of GP Practices are rated 'Good' or 'Outstanding', one in 11 'Requires Improvement' and 3% are 'Inadequate'⁴ Manchester shows a positive position.

2.5 Update on practice CQC ratings since the previous report to Health Scrutiny Committee (January 2018)

Practices rated Outstanding

There has been an increase in the number of practices in Manchester rated Outstanding by CQC from 3 to 4 during 2018. The Docs, Urban Village Medical Practice and Five Oaks Family Practice were previously rated Outstanding by CQC. Following their inspection in May 2018, West Gorton Medical Centre has also improved their position from Good to Outstanding.

³ There are currently 89 GP practices in Manchester. Artane Medical Centre does not show in this data table due to being incorrectly registered with CQC. Queens Medical Centre also does not feature in the data table as they are inspected by CQC alongside Cheetham Hill Medical Centre.

⁴ <https://www.gponline.com/map-gp-practices-across-england-fared-cqc-inspections/article/1334900>

Improvement highlights during 2018

Since the last report to Committee members in January 2018, the number of practices rated Inadequate by CQC in Manchester has decreased from 4 to 1.

Artane Medical Centre

Members will recall intensive work with this practice following a series of CQC inspections throughout 2017 and the continued failure of the provider to achieve contractual compliance. In December 2017, it became necessary, in the best interests of patients, to secure primary care provision with an alternative provider. A neighbouring practice took responsibility to care-take the patient list for those patients registered with Artane Medical Centre. MHCC is pleased to report that the practice has since met all areas of their plan and patient feedback is positive. The future of the patient list is to be determined and engagement with patients and key stakeholders, including Councillors, will take place in the early part of 2019.

Brookdale Surgery

The CQC undertook an announced re-inspection of Brookdale Surgery on 3 May 2018 following a series of inspections that resulted in an Inadequate CQC rating on 3 separate occasions. Subsequently, the CQC advised MHCC they would be moving to an urgent cancellation of Brookdale Surgery's CQC registration under their enforcement procedures.

To ensure continued provision of Primary Care Medical Services, an alternative primary care provider was appointed by MHCC to manage the practice contract for a fixed period, with an option to extend should this become necessary. The new provider undertook an immediate diagnostic assessment of the practice and produced a comprehensive action plan which was shared with MHCC.

The practice was re-inspected by CQC in December 2018 and early signs are positive.

Merseybank Surgery

Following an Inadequate rating by CQC in May 2017, a merger between Merseybank Surgery and a neighbouring practice is underway. The lead practice is working to an action plan and is meeting regularly with MHCC to provide assurance that high quality, safe and effective care is being maintained for patients registered at both practices. Further patient and stakeholder engagement is due to commence in early 2019 ahead of the formal merger.

Wilmslow Road Medical Centre

In June 2017 Wilmslow Road Medical Centre was rated Inadequate by CQC. At a follow up inspection in December 2017 the practice was taken out of special measures and given a revised rating of Requires Improvement. A series of clinically led support visits took place throughout 2018 and the practice has worked hard to meet the requirements of both the CQC action plan and the GM contractual Compliance Plan. A further CQC inspection took place in November 2018 and the practice is now rated Good in all areas.

2.6 Current issues

Woodlands Medical Practice

This practice is currently rated Requires Improvement following a CQC inspection report in June 2018.

Regular meetings with the practice to support CQC, contractual, and quality improvement planning, in line with the Primary Care Quality Assurance and Improvement Framework, are in place.

A visit in November 2018 to review the practice's action plan showed positive signs of improvement by the practice. In addition, the Practice has recently appointed a new Practice Manager who will oversee the improvements.

A further CQC inspection will take place in early 2019; in the meantime MHCC will continue to support the practice.

Cornerstone Family Practice

Cornerstone Family Practice was rated Inadequate by CQC in September 2018. MHCC has initiated a programme of support and is meeting with the practice on a regular basis to help drive quality improvement and achieve compliance. This includes external support, via the GM Excellence Programme, to aid delivery of a tailored action plan and identify next steps that are aligned to CQC and MHCC action plans.

2.7 Next steps

Building on the positive work undertaken with practices this year, MHCC has held a number of workshops to review the work undertaken to date and to identify any themes and trends.

As the number of practices rated Requires Improvement or Inadequate reduces, the focus of MHCC's quality and improvement work will increasingly shift to working more closely with those practices rated Good to ensure increased sustainability, as well as sharing good practice between practices and across neighbourhoods. The aim is for all Manchester GP Practices to achieve a minimum CQC inspection rating of Good.

MHCC is also developing a GP Practice visit tool to ensure CQC-readiness. The tool will be based on supporting practices to improve quality through support and signposting to various schemes and opportunities i.e. the Primary Care Standards. The tool will encompass the CQC Key Lines of Enquiry (KLOEs)⁵. This will help practices to self-assess against the CQC domains, focus on any areas of improvement, and address these ahead of any formal CQC inspection. It is anticipated the tool will be rolled out in the early part of 2019.

⁵ Further detail relating to CQC KLOEs can be found in the link below:

<https://www.cqc.org.uk/guidance-providers/healthcare/key-lines-enquiry-healthcare-services>

Further improvements in General Practice will be delivered through investment into key areas such as Workforce, Estates and Information Management & Technology (IM&T). This work is already underway through the recruitment of resources to support engagement with and across General Practice, partners and stakeholders (including Councillors, Community and Voluntary Sector and patient groups).

3.0 Manchester Primary Care Standards

The City of Manchester has developed 9 Primary Care Standards based on the Greater Manchester Primary Care Standards. The 9 Standards have been localised to meet the needs of our local population.

The aim of the Primary Care Standards is to deliver the following:

- A consistent population offer to the people of Manchester.
- Improved quality of care.
- A reduction in unwarranted variation.
- Improved patient outcomes and experience.
- A reduction in health inequalities.

The implementation of the Primary Care Standards across Manchester is a key element of Manchester's Strategy for Primary Medical Care⁶ which has been approved by the MHCC Board. In line with the GP Forward View⁷, investment has been made into General Practice through the Primary Care Standards to provide resilience and ensure it is in a position to continuously, and pro-actively, improve the quality of care being delivered.

The 9 Primary Care Standards are:

- Standard 1 – Improving Access to General Practice
- Standard 2 – Improve Health Outcomes for Patients with Mental Illness
- Standard 3 – Improving Cancer Survival Rates and Earlier Diagnosis
- Standard 4 – Ensure a Pro-active Approach to Health Improvement and early Detection
- Standard 5 – Improve the Health and Wellbeing of Carers
- Standard 6 - Improving Outcomes for People with Long Term Condition(s)
- Standard 7 - Embedding a Culture of Patient Safety in Primary Medical Care
- Standard 8 - Improving Outcomes in Children
- Standard 9 - Proactive Multi-Disciplinary Working as Part of an Integrated Neighbourhood Team to Improve Outcomes

⁶ Manchester Strategy for Primary Medical Care - <https://www.mhcc.nhs.uk/wp-content/uploads/2018/02/Manchester-Strategy-for-Primary-Medical-Care-V5-Edited-1.pdf>

⁷ GP Forward View 2016 - <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>

The Manchester Primary Care Standards have not been developed as a short term aspiration to improve the quality of care for Manchester patients but that they should be implemented through a phased approach to deliver longer term improved health outcomes across the City building on the prevention work and based on Our Manchester.

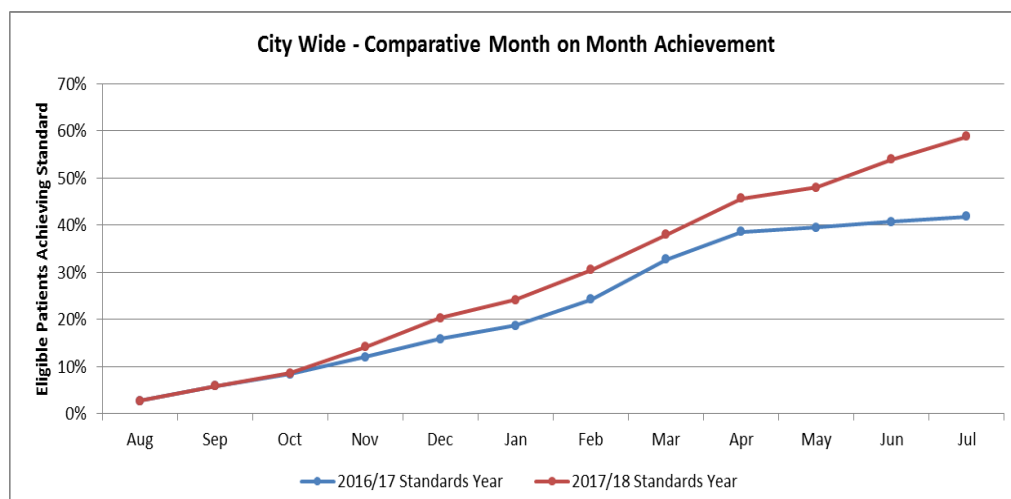
To ensure a collaborative approach and early engagement, the Standards have been co-produced with partners including Manchester Primary Care Partnership (MPCP) and the Local Medical Committee (LMC).

Over the last two years, a phased approach to implementation across the City has taken place. This was supported by a prioritisation process, based on need, which mobilised 3 of the Standards in 2016-17, rising to 4 of the Standards in 2017-18, and resulting in all 9 Standards being implemented from 1st July 2018.

The current Primary Care Standards Scheme, which runs from 1st July 2018 – 30th March 2020, forms part of an agreed MHCC multi-year investment approach to General Practice. The 21 month Scheme, to which all 89 GP Practices have signed up, will deliver much-needed improvements in patient care and outcomes, specifically in the areas of access, proactive care, prevention and patient safety. It will also provide resilience and enable GP Practices to invest in changes to their infrastructure to enable delivery and achievement of the 9 Primary Care Standards.

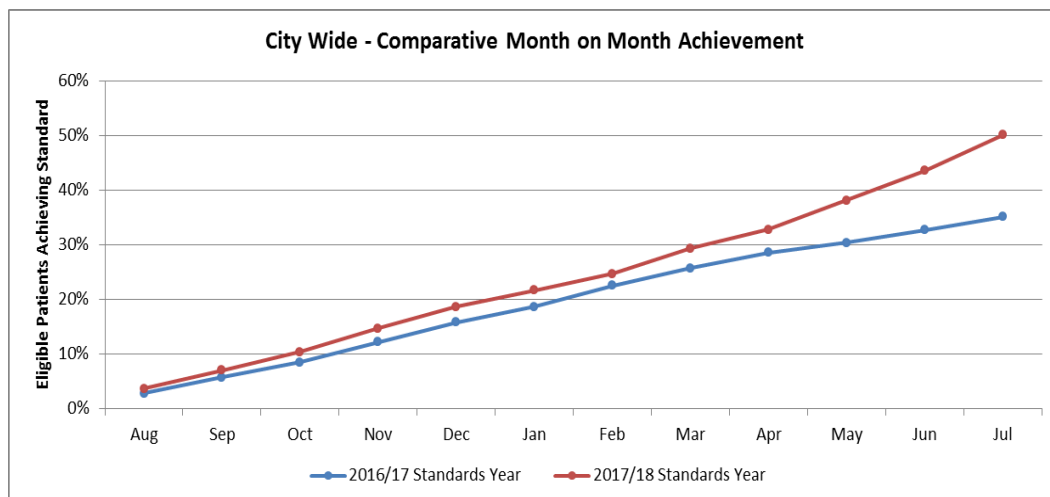
Although the Primary Care Standards have been implemented to deliver longer term improved health outcomes for our population, data from the 2017-18 Scheme has already shown some real improvement across General Practice. Examples of this include:

- **Standard 1 – Improving Access to General Practice** - Improved access to primary care which has seen a significant increase in the number of practices delivering access to 10 sessions of primary care per week; and 50% more patients now being offered all 7 elements of the Access Standard (see section 4.1 below)
- **Standard 2 – Improving Health Outcomes for people with Mental Illness (Learning Disabilities)** - a 17% increase in the uptake of Learning Disability Annual Health Checks.



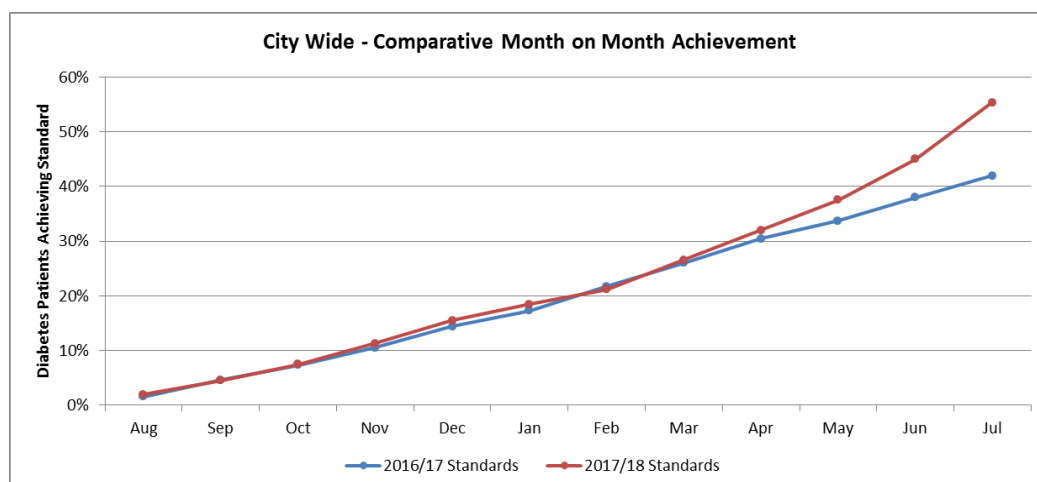
Graph 1 - increase in uptake of the Learning Disability Annual Health Check across Manchester. Data is presented as a percentage due to changes in eligible population year on year (e.g. population growth)

- **Standard 6 – Improving Outcomes for People with Long Term Conditions (Asthma Reviews)** – a 15% increase in uptake in adults diagnosed with Asthma receiving a review.



Graph 2 – Increase in uptake of Asthma Reviews across Manchester. Data is presented as a percentage due to changes in eligible population year on year (e.g. population growth)

- **Standard 6 – Improving Outcomes for People with Long Term Conditions (Diabetes 8 care processes)** – a 13.4% increase across the city for people with Diabetes receiving all 8 processes of care.



Graph 3 – Increase in people with Diabetes receiving all 8 processes of care. Data is presented as a percentage due to changes in eligible population year on year (e.g. population growth)

The Primary Care Standards are subject to on-going evaluation through regular review and monitoring of the data.

4.0 Access

4.1 Core access in hours

A wealth of national and local patient engagement and feedback informs us that access to General Practice remains a top priority for patients and the public. Access is important in that a patient's ease of access to their practice, and preferred GP, can affect their quality of care and health outcomes.

The GP contract (both GMS and PMS⁸) requires General Practice contractors to provide essential and additional services at such times within core hours, "as are appropriate to meet the reasonable needs of patients," and requires the contractor (the Practice) to have in place arrangements for its patients to access those services throughout core hours in case of emergency. Core hours for GMS/PMS practices are 8:00am - 6:30pm, Monday - Friday, excluding weekends and bank holidays.

As described above, the Manchester Primary Care Standards, to which all 89 Manchester GP practices are signed up to deliver, aims to address the challenges of both access to General Practice and continuity of care. Standard 1 is focused on Access, and, in summary, states that Practices should ensure the following:

- Patients are able to book routine, pre-bookable appointments until 8pm, 5 days per week; and at weekends⁹;
- The provision of pre-bookable, longer appointments were necessary, for those patients with complex needs;
- Any patient who is considered as having an urgent clinical need should have same day access – which can be supported by the neighbourhood model;
- Patients are able to book appointments and order repeat prescriptions online;
- Patients have access to alternative modes of consultation, such as telephone consultations, online consultations, group consultations etc.;
- Access to both male and female clinicians; and
- Pre-bookable appointments 1 month in advance with a named clinician.

As at July 2017, 278,764 patients were registered with a GP Practice in Manchester achieving all 7 access criteria listed above; as at July 2018 this had risen to 419,375 patients, a rise of 50% more patients now having improved access during the full core hours.

In addition, the most recent GP Practice self-declaration data (July 2018) showed that there has been an increase in the number of GP practices across the City that are open for their full contracted hours. There are a small number of practices that have a half day or early closure and some GP Practices which close either at lunchtimes, early morning (8.00am-8:30am) or late

⁸ General Medical Services and Personal Medical Services respectively

⁹ Between 6:30-8:00pm those appointments are through the Extended Access service.

afternoons (6.00pm-6:30pm). During these times, GP practices have arrangements with, and switch their phones, to gtd healthcare to ensure patients can access General Practice. The variation in access across the City is being addressed through Neighbourhood meetings.

During 2019-20, Standard 1 – Improving Access to General Practice will evolve further to move Manchester to a position where all practices are open for their full contracted hours by March 2020.

GP practices will submit a further self-declaration at the end of December 2018. This information will be analysed in January 2019 to provide an update position. In addition, all GP Practices will take part in a Neighbourhood level Peer Review specific to Access during March 2019.

4.2 GP Access Policy

Feedback from practices shows that, as well as the need to ensure good access for our patients, there is also a need for clarity to support Practice and Team development and by supporting a degree of planned closure for training this should result in more practices being open regularly for their 10 sessions per week. In addition, Practices which have full regular opening for 10 sessions per week will still be able to claim for a national enhanced service for Extended Hours should they wish to do so; thereby maximising the funding available to them, and to Manchester's health economy.

MHCC has therefore developed a GP Access policy, which reflects the core contractual requirements, guidance from NHS England, and the relevant Manchester Standard. The policy proposes formal approval for a maximum of one half day closure, per calendar month, for each Practice in Manchester to undertake team training; provided that it is able to demonstrate that proper alternative arrangements are in place to meet the reasonable access needs of their patients. Under the policy, being launched to Practices in January 2019, each practice application will be considered individually, and Practices will be asked to show:

- That they have put in place reasonable alternative arrangements to meet patient needs.
- That they have engaged with, and informed, their patients.

4.3 Enhanced 7 Day Access service

Manchester has continued to invest in the Enhanced 7 Day Access (7DA) Service to General Practice, by developing the existing provision of improved access to routine GP care and ensuring that the service is integrated into the 'wider' system to improve patient outcomes and achieve optimum benefits to the whole system. Through the service Manchester's registered population can access a primary care appointment across 13 community hub sites, weekdays from 4pm till 8pm and at weekends from 9am till 6pm (times vary across each of the hub sites). The service has access to the patients' GP health record to enable them to review these in consultation with the patient,

as this is linked via the same IT systems used in the practices across Manchester.

Evening and Weekend Utilisation 1 April 2018 – 30 November 2018

Utilisation rates for the service vary by clinical type, on average 75% for GP, 54% for Health Care Assistants¹⁰ (HCA) and 51% for Nurses¹¹. Weekday appointment utilisation is higher than at the weekend, as shown in the table 2:

Service	Quarter	PCM Central		North GPPO North		SMGPF South		Total		Grand Total
		Weekday	Weekend	Weekday	Weekend	Weekday	Weekend	Weekday	Weekend	
GP	Q1	81%	74%	80%	63%	74%	56%	78%	64%	75%
	Q2	80%	73%	78%	53%	77%	50%	78%	58%	74%
	Q3	80%	64%	84%	78%	81%	59%	81%	66%	78%
HCA	Q1	78%	62%		26%	65%	54%	70%	43%	57%
	Q2	79%	62%	8%	34%	62%	47%	54%	49%	52%
	Q3	56%	60%	20%	51%	57%	27%	50%	54%	51%
Nurse	Q1		46%	60%	26%	5%	6%	55%	36%	43%
	Q2		57%	59%	38%	23%	8%	55%	51%	52%
	Q3	61%	58%	71%	58%			66%	58%	61%
Total	Q1	80%	63%	77%	42%	71%	54%	76%	52%	69%
	Q2	80%	65%	68%	45%	71%	48%	73%	54%	67%
	Q3	74%	61%	70%	67%	74%	49%	73%	60%	70%
Grand Total		78%	63%	72%	46%	71%	51%	74%	55%	68%

Table 2 – Utilisation rates for 7DA service

Weekend utilisation continues to be monitored and the lower uptake is seen in part as being as a result of patients not being able to cancel appointments outside of core hours and an inability to rebook these appointments.

A dedicated cancellation telephone line has recently been introduced and this went live in December 2018. This allows patients and GP practices the ability to cancel appointments directly with the 7DA Service. This means that these appointments can be reused and booked again.

Overall the 7DA service helps to improve accessibility for patients, whereby it allows better choice for patients and in particular caters for people who work and/or are carers, by offering extended hours.

¹⁰ The HCA capacity is to support GP Practices in being able to offer adult phlebotomy, blood pressure checks and new patient checks.

¹¹ The additional nurse capacity offers access to Long Term Condition reviews such as Asthma, COPD and Diabetes in addition to providing cervical smears.

Next steps

As table 2 above shows, across Manchester different types of appointments are more popular than others. As a result, the service is reviewing the professional skill mix based on utilisation uptake and patient feedback; with the option to look at extending their workforce skill mix i.e. Physiotherapist appointments.

Other initiatives to increase utilisation include:

- Implementation of a 'text messaging' service to send patients reminders of their upcoming appointments
- A pilot commencing January / February 2019, initially in 1 of the hub sites in North Manchester, to allow NHS111 to directly book patients into the 7DA service appointment slots following appropriate triage. The intention after the pilot is to roll this out across all the Manchester sites to further improve utilisation.
- Increasing the clinical scope of the nurse in South.
- A communication Awareness Campaign. The campaign will include:
 - Re-issuing of promotional materials to every practice and hub sites in the form of pull up posters, leaflets and undertaking relevant patient feedback surveys
 - Ensuring all staff in practices are re-trained and made aware of the service
 - Promoting the service in the Health Watch Bulletins, Manchester Local Care Organisation bulletins and MHCC bulletins
 - Organising a programme of radio interviews to ensure full coverage across the local population
- Provider will be working in partnership with other service providers to look at integration with the 'wider' system.

It is envisaged that with these new initiatives utilisation will increase.

Developing the service

The expectation from NHS England is that extended access to Primary care up to 8:00pm weekdays and provision at weekends becomes a national requirement, and offer, by 2020.

A national specification has been developed, which includes:

- Pre-bookable and same day appointments, evenings and weekends
- A minimum of additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1,000
- The service being available 365 days per year, including bank holidays
- Ensuring services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity in the community, so that it is clear to patients how they can access these appointments and associated service
- Ensuring ease of access for patients including:

- all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
- patients should be offered a choice of evening or weekend appointments on an equal footing to core hour's appointments.

Manchester has already incorporated these indicators within the existing Enhanced 7DA Service and the majority of these national requirements are being delivered. A plan has been developed, in conjunction with the provider, to ensure delivery of these requirements within the expected timescales.

MHCC is also exploring opportunities for a more integrated model of enhanced and urgent primary care, including how the Enhanced 7DA Service and existing Out of Hours services work more closely together to improve the offer to patients.

5.0 Digital Access

Patient access to General Practice is changing, with fast moving technological advances meaning there are now more innovative ways patients can, and choose to, access health services.

'Digital first primary care' is a delivery model through which patients receive advice and treatment they need from their home or place of work via online symptom checking and remote rather than through face to face consultation.

In some parts of the country new 'Digital First' models have started to develop, offering new digital first models of primary care access. An example is 'GP at hand', a GP Practice based in London, commissioned by Hammersmith and Fulham CCG, which offers digital and in person consultations to patients who are registered with them; including patients who register from out of their area. This uses a mobile app, provided by Babylon Health. Patients who wish to use the service would need to de-register from their existing GP Practice and join the GP at hand Practice.

The service is designed to benefit people with episodic, well defined needs, those who are digitally confident, and those who find it difficult to access services near where they live. The GP at hand digital first service is not suitable for everyone; so patients who have urgent issues or with complex needs are advised by the provider to register elsewhere. Several groups of patients are not eligible to register as out of area patients, and are advised by the practice not to register with them; including:

- Pregnant women
- Adults with a safeguarding need
- People with complex mental health conditions
- People with complex physical, psychological and social needs
- People with dementia
- Older people with conditions related to frailty
- People requiring end of life care

- Parents of children who are on the 'Child at risk' protection register
- People with learning difficulties
- People with drug dependence.

We are not aware of any current plans to seek to expand GP at hand to Manchester.

There have been significant concerns raised about the approaches from the new companies promoting digital first approaches to General Practice, from representative bodies including the Royal College of GPs (RCGP), British Medical Association (BMA) and others. The concerns are that the new models could destabilise core primary care, and provide a two tier service whereby healthier patients with less need and less complex conditions can get online appointments quickly.

There is a more mainstream roll out of online consultations from core General Practice, which MHCC is currently rolling out across Manchester; in addition certain Practices within the City have sought to pilot such approaches.

MHCC is developing a citywide approach to online consultations using a particular software system¹² which interacts with the EMIS GP Practice systems; this is being piloted in particular practices prior to citywide roll-out. In addition, a number of practices and neighbourhoods in the City have developed revised web presences with improved potential for interaction, through the Footfall system, which accelerates practice productivity by enabling patients to do more online via a comprehensive digital practice that covers all aspects of the work of a GP Practice.

Despite the absence of robust evidence, it seems there is real potential for digital innovations to play an important role in new models of delivering Primary Care; and it is anticipated that, given the large numbers of young people including students within Manchester, such models are likely both to be attractive and appropriate for groups of patients. In addition, such digital innovations have the potential to support the primary and community based care system cope with population growth and pressures on the estate; and can also be seen as key aspects of new models of care delivery.

MHCC is therefore continuing to investigate the potential for digital consultation models, to come alongside and as part of core General Practice, rather than awaiting new providers and new forms which may, as GP at hand currently does, require de-registration with a person's GP Practice. The aspiration is also to go beyond the digital first models of General Practice, and develop a common approach on key themes, such as approaches to integrated records, referrals, outbound communication, practice websites, online triage and others.

The intention is that this all comes together into a Manchester Strategy for Primary Care IM&T, which would fit into the City's overall Strategy for Primary

¹² Known as Egton

Medical Care. Like the overall Strategy, this would also be co-designed and co-produced with key partners, including MLCO, Manchester City Council, the acute sector, Manchester LMC and other agencies.

6.0 Recommendations

The Health Scrutiny Committee is asked to note:

- The content of this report;
- The improvements made in CQC inspection ratings across Manchester;
- The development of an Early Warning System to proactively identify practices in need of support;
- The implementation of all 9 Primary Care Standards across Manchester to improve quality and provide a consistent population offer; and
- The work underway to proactively improve access to GP services.