

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 February 2023

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

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

Summary

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

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

Recommendations

The Committee is recommended to:

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

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

None

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

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

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

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

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

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

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

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1.0 Introduction

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

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

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

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

2.0 Background

2.1 Introduction of Integrated Care Systems

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

This led to the formation of:

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

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

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

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

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

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

Within the Manchester Locality comprising of:

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

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

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

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

2.2 National Context

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

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

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

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

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

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

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

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

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

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

2.3 Manchester Context

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

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

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

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

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

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

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

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

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

Since 2016, the Manchester Primary Care Team has supported:

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

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

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

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

2.4 Contractual Requirements

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

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

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

2.5 Enhanced Access

Primary Care Network Enhanced Access

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

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

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

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

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

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

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

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

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

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

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

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

Greater Manchester Clinical Assessment Service (GMCAS)

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

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

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

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

GP Out of Hours (OoH)

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

3.0 Current Access and Provision

3.1 Primary Care Digital Transformation

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

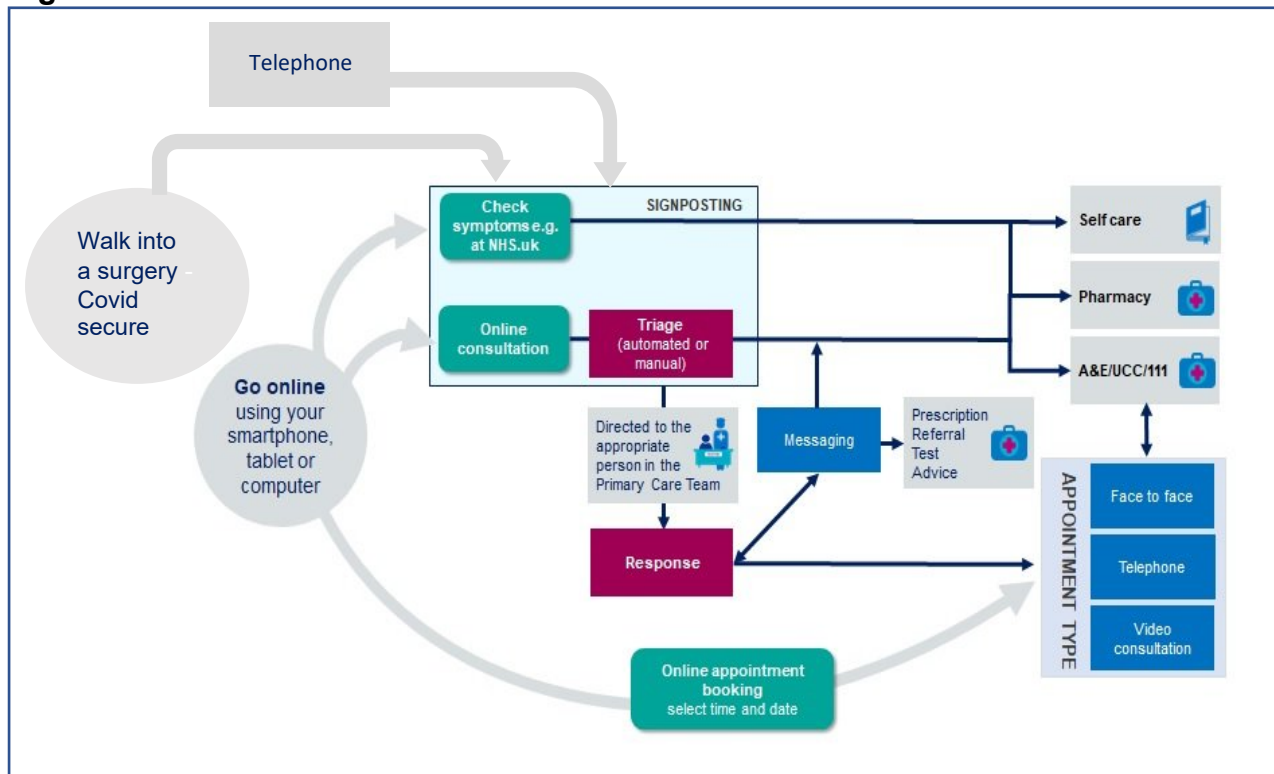
The rapid move to a triage first model in April 2020 was implemented in line with guidance from NHS England and NHS Improvement. The triage first model meant that every patient contacting their GP practice was asked to provide information on the reason for contacting their practice and triaged (by a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

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

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

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

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



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

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



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

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

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

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

GP practice websites

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

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

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

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

3.2 Appointment data

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

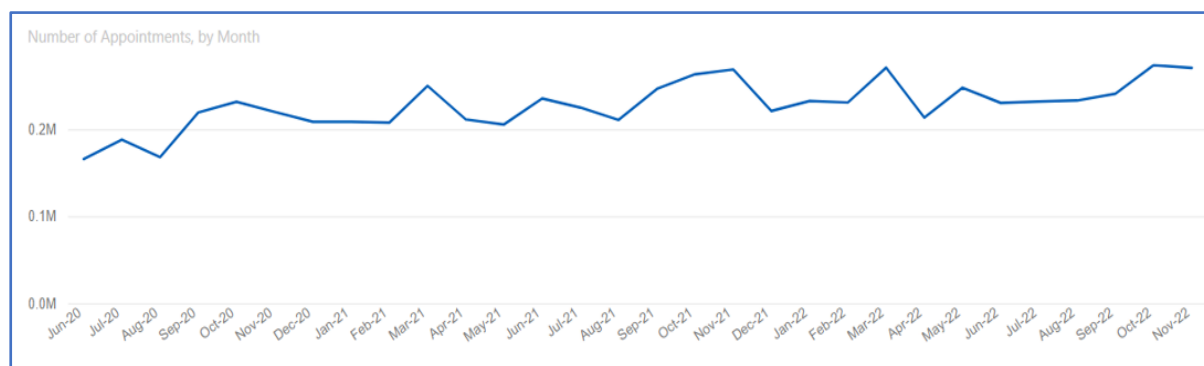


Figure 4: Graph showing total GP appointment numbers in Manchester from June 2020 – November 2022 (Appointments in General Practice - NHS Digital)

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



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

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

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

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

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

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

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

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

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

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

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

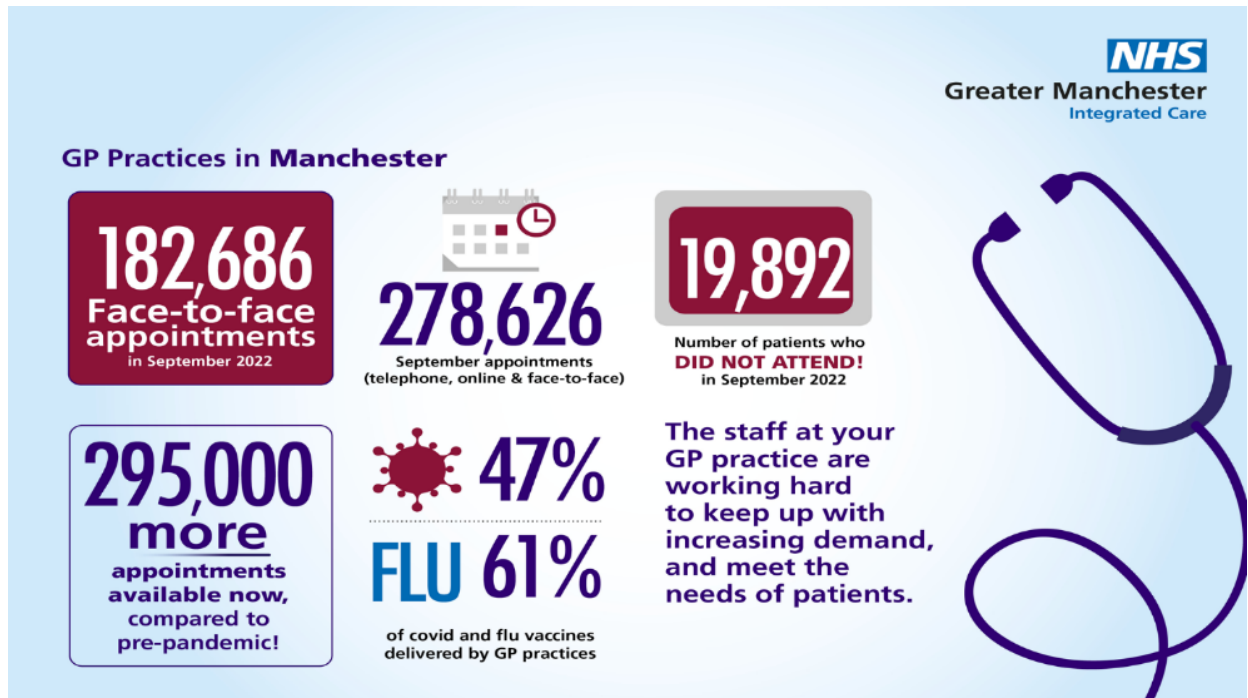


Figure 7: Infographic showing GP Practice activity delivered in Manchester (September 2022)

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

3.3 Additional Video Consultation - Livi

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

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

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

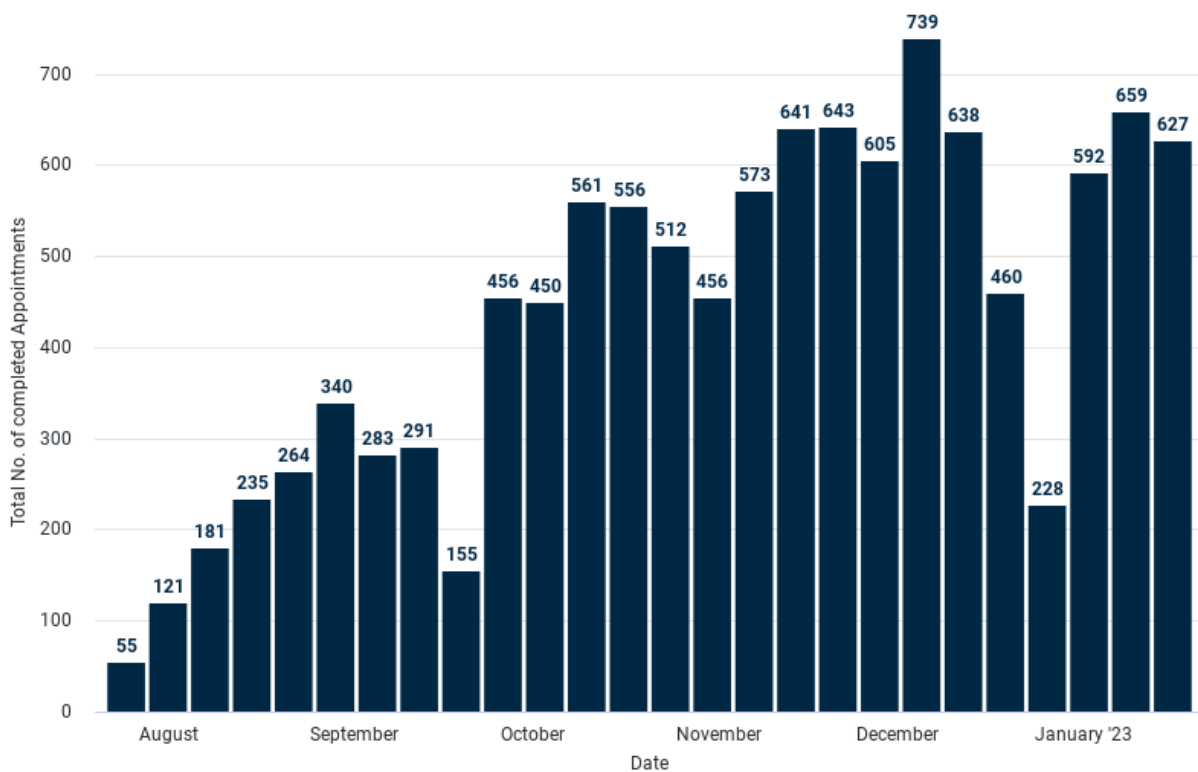
The pilot went live with the first tranche of practices in July 2022, with a phased roll out across Manchester. All 83 Manchester GP practices have the option to

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

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

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

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



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

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

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

- Convenience

- Ease of use
- Experience with Livi GP

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

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

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

3.4 Winter pressures and surge planning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.5 NHS Greater Manchester Surge Hubs

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

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

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

3.6 Special Allocation Scheme

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

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

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

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

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

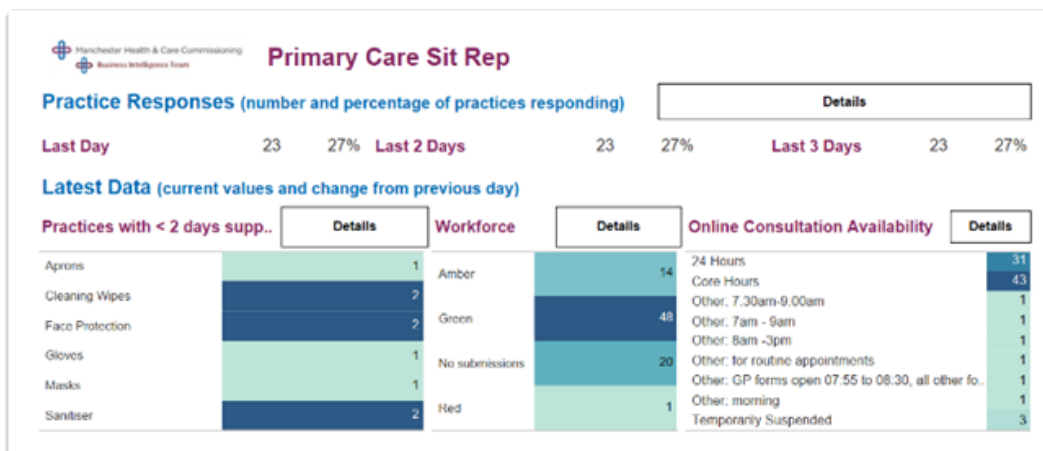
The rise in abusive, violent or threatening behaviour and subsequent removal of patients from GP practices has meant that in 2022 there were over 100 patients on the SAS. This is unprecedented and has put an enormous amount of pressure on the provider of the SAS who has subsequently struggled to deliver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

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

4.0 General Practice Pressures

4.1 Reporting - Primary Care Situation Report (SitRep)

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



that practice support could be efficiently delivered.

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

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

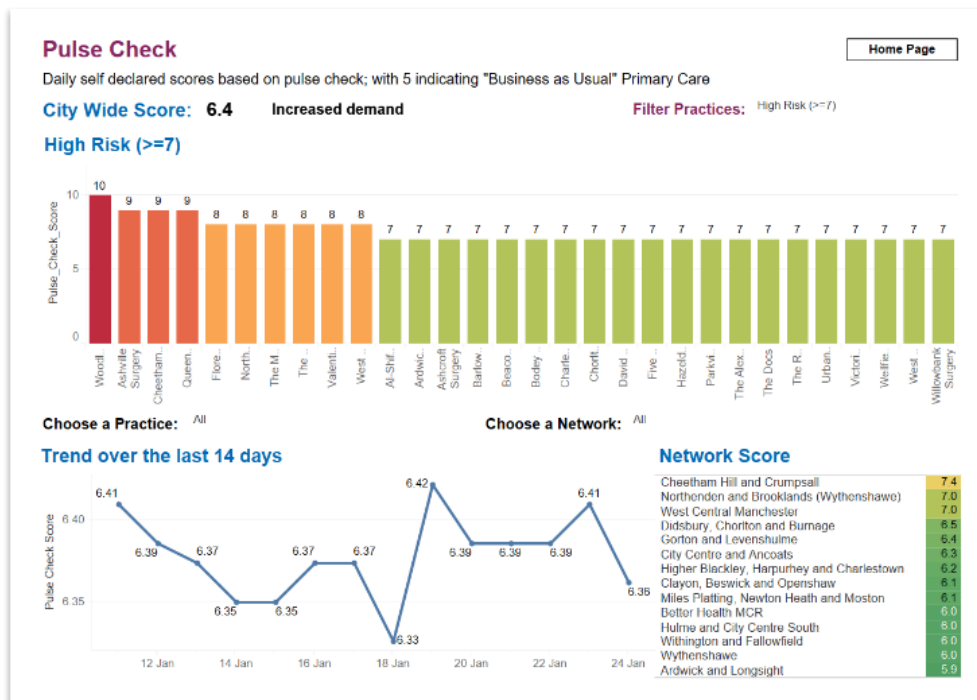


Figure 10: High level summary of the Manchester GP practice pulse check reports

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

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

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

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

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

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

4.2 Pressures impacting General Practice

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

These are a combination of national and more local issues.

These include:

4.2.1 Covid-19 Vaccination

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

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

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

4.2.2 Migrant Health

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

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

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

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

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

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

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

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

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

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

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

4.2.3 Homelessness

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

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

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

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

4.2.4 Group A Streptococcus

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

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

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

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

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

4.2.5 Industrial action

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

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

4.2.6 HIVE

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

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

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

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

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

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

4.2.7 Estates

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

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

The report detailed:

- 6 GP practices which have received significant space upgrades during 2022/23
- A range of initiatives that are key to improving use of existing health estates e.g. digitisation of paper 'Lloyd George' records at 11 GP practices to free up space that can be converted to additional treatment space.
- A staff safety and security fund which saw all 83 Manchester GP practices receive additional investment in key aspects of security including CCTV upgrades, screens and door improvements.
- Development of 14 long term PCN clinical and estates strategies to put in place local estates strategies to inform future investments
- Additional new GP facilities which the Manchester Locality Primary Care Team expects to go live during 2023/24 including:
 - The move of Jolly Medical Centre to the North Manchester General Site
 - Expansion of The Docs on Bloom Street, City Centre.
 - A joint scheme with NHS Property Services and Manchester Local Care Organisation to bring a vacant pharmacy unit into use.
 - Delivery of a pipeline of 20 further estates projects (extensions, reconfigurations and upgrades) that will be progressed dependent on availability of capital and revenue funding,
 - Progressing the move of GP services into the Gorton Hub during early 2023
 - Ensuring that GP and health services are a central part of the Victoria North scheme masterplan, maximising accessibility of services to residents
 - A new 760m² City Centre GP premises at Elizabeth Tower, currently being set up for GP use by the end of spring 2023 to provide the city with the capacity to support an additional 15-20,000 patients

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

5.0 Recovery

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

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

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

5.1 Wider system – impact of Covid and backlog of work

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

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

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

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

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

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

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

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

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

5.2 Workforce recruitment and retention

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

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

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

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

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

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

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

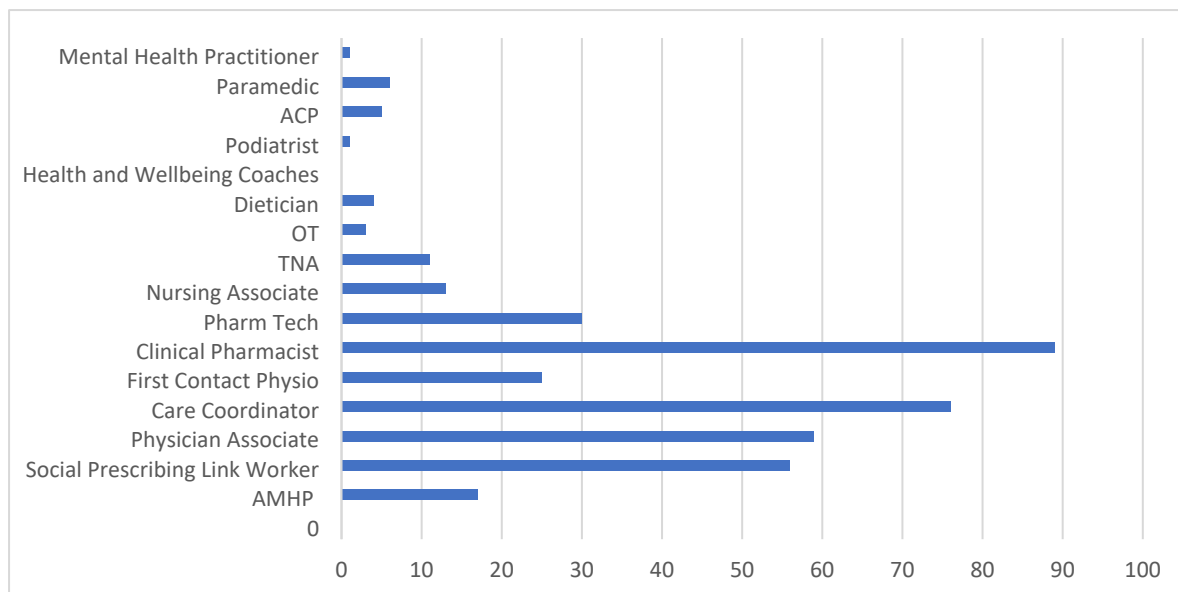


Figure 12: ARRS recruitment across Manchester by role as December 2022

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

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

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

5.3 Primary Care Quality Recovery and Resilience Scheme (PQRRS)

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

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

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

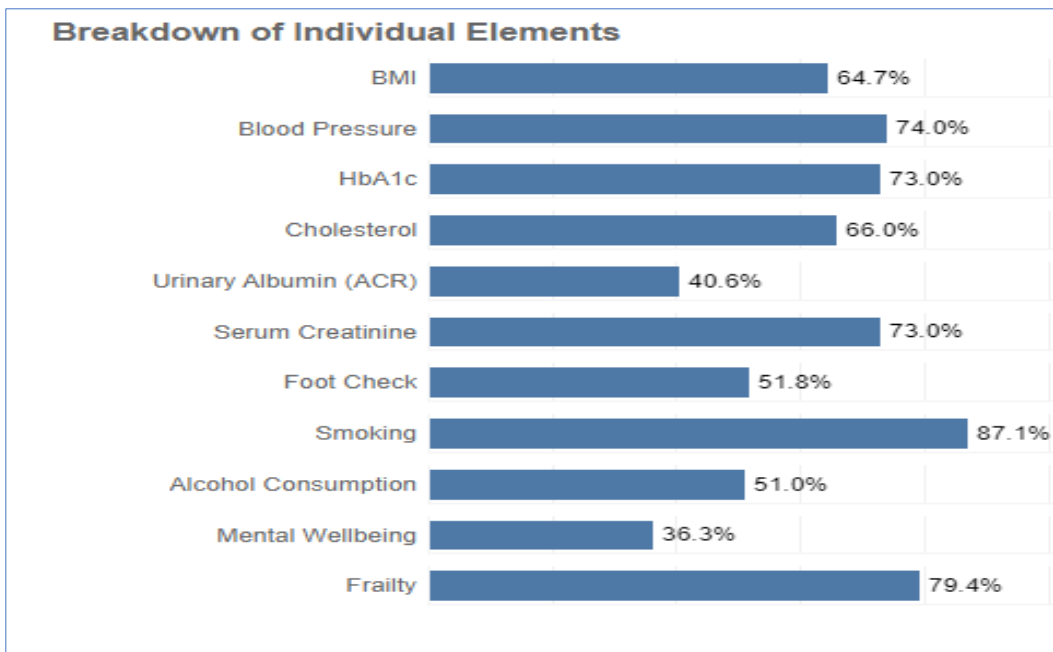
The aims of the Manchester PQRRS are:

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

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

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

Figure 13: extract from the diabetes dashboard



6.0 Conclusion

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

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

7.0 Recommendations

The Health Scrutiny Committee is asked to:

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

8.0 Appendices

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

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

Appendix 3 - Contractual requirements of the PCN Enhanced Access Service