Primary Care Commissioning Committee

22 June 2016

Details	Part 1	✓	Part 2		Agenda Item No.	**2.4**
Title of Paper:	Draft GM Primary Care Strategy					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:						
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	**x**

Executive Summary

Summary	This strategy has been developed in conjunction with key stakeholders and has been co-produced with commissioners and providers to ensure that as a system 'we' ensure primary care is at the heart of transformation across Greater Manchester. This version is updated from that previously presented and discussed by the Committee.

Risk	**High**		**Medium**		**Low**	
	Please indicate **above** the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". **NB** Risks can include failure to act and lost opportunities.					
Recommendations	The Primary Care Commissioning Committee is asked to: Note the Draft GM Primary Care Strategy					

Strategic themes

Deliver improvement in outcomes for patients	
Deliver service improvement through system redesign in priority areas	
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders	
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities	
Deliver the CCG element of QUIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.	

Equality Impact Assessed?		Supports NHS Bury CCG Governance arrangements	

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Delivery of Primary Care at Scale

Our vision for Greater Manchester

Greater Manchester Primary Care Strategy

2016 : 2021

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Foreword

This strategy has been developed in conjunction with key stakeholders and has been co-produced with commissioners and providers to ensure that as a system 'we' ensure primary care is at the heart of transformation across Greater Manchester.

We refer to primary care as the "day-to-day healthcare given by a health care provider. Typically this provider acts as the first point of contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need", (Word Health Organisation). Within Greater Manchester we want to optimise wider primary care provision, creating a system which enables patients to access the most appropriate professional and one which maximises professionals to operate within their license in order to do so. This strategy outlines the vision for primary care in Greater Manchester and how providers, commissioners and other key stakeholders will build a system which is responsive to the 2.8million population and one which supports people to self-care.

Greater Manchester Devolution offers us the unique opportunity to take charge and do things differently to meet the needs of our local population. We want the 2.8m people who live in Greater Manchester to be as healthy as possible. We also want to improve their wellbeing and independence, so they are happy, safe and in control of their own lives. We want them to be able to access the right services when they need to – ideally this means being able to see a doctor, nurse or other health professional quickly and easily.

The reform of health and social care is vital to improving Greater Manchester's productivity by helping more people to become fit for work, get jobs, get better jobs and stay in work longer. Devolution means the councils and NHS in Greater Manchester have much more direct control over the budget spent on our local population, and can decide how best to spend it to benefit people. This includes £6 billion for health and social care. Furthermore, moving to delegated commissioning of GP services will provide the opportunity for CCGs in Greater Manchester, with their member practices and local providers, to really shape a place based approach which is aligned to their local strategies.

The Greater Manchester vision is a place-based, person-centred model of proactive community-based care closer to home. This entails close working between patients, service users, local communities and front line staff, and not just in health and care, but public health, housing, education and skills, leisure, welfare and benefits, allowing early intervention lifestyle support.

The transformation of the current and future workforce is a core part of model development recognising that we want the health and care system to support people to have the knowledge, skills and confidence to play take an active role in managing their own health and to work with communities and their assets. Putting people and communities genuinely in control of their health and care requires a wider shift. To bring this together, we need to develop new models of care, built around the registered list of general practice however one which is truly integrated with health and care providers, one which realises its community assets and therefore creates a more sustainable model for the future.

Devolution offers the opportunity to radically transform the health and wellbeing of our population and the goal is to see the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8million people in Greater Manchester. This will be done by enabling services and staff to actively promote independence and self-care where possible, whilst a strong and patient focussed Greater Manchester health and social care system, centred around primary and community based care, is there for those people who require support. Public services will also work with local communities to help empower them to be more resilient, ensure every child has the best start in life and all of Greater Manchester citizens are able to maintain the highest levels of mental and physical

wellbeing. Decisions will be made on the basis of the best outcomes for people and patients in the place where they live.

We need to do things differently and be ambitious in the way we transform and reform health and social care. In parts of Greater Manchester people are more likely to be in poor health or develop certain conditions. It is harder to access services and get treatment and advice in some areas than others. We want to give everyone the chance to receive the care they need close to where they live, in their community instead of hospital, whenever possible. The 10 'localities' in Greater Manchester, and the 12 clinical commissioning groups, need to have the flexibility to provide the right services for the people in the particular area they cover.

For most people, seeing a doctor or nurse at their registered general practice or a visit to a dentist, optician or pharmacy is their first port of call and main contact with health and care services. We will expand on that traditional concept of primary care to foster a much wider primary care system including, for example; physiotherapy, midwifery, podiatry, social care along with voluntary organisations in order to enable people to access the most appropriate professional and service directly. This sort of community-based primary care is the bedrock of our health system in Greater Manchester, and we want to make the most of it.

Primary care can support people to remain physically and mentally healthy – including learning how to self-care and manage their own conditions – as well as helping them when they are ill. This also means identifying those at risk of developing diseases, doing something to reduce this risk as early as possible and ensuring people get treatment early on if they do develop a disease.

We need to look to the future and make sure our primary care system is sustainable and able to cope with the demands made on it and in years to come. We must have the right workforce to care for people effectively, and a 'fit for purpose' primary care estate so people are treated in a suitable environment. We need to think differently about the way we provide primary care and use all the resources available to us, including new technology, information about our population, and other services in people's local communities.

This is where our reforms must start.

We have worked with our partners who are committed to the development and delivery of this strategy.

The Greater Manchester Association of CCGs

The Greater Manchester Association of Local Medical Committees

The Greater Manchester Local Dental Committee

The Greater Manchester Local Eye Health Network

Community Pharmacy Greater Manchester

The Greater Manchester Provider Advisory Group

Greater Manchester Directors of Public Health

1. The Greater Manchester Context

About this strategy

In February 2014 NHS England developed Greater Manchester's first primary care strategy, a five-year plan for 2014-18 that outlined some key areas we wanted to focus on to transform primary care at scale and pace. These included a commitment to make it easier for people to access services and for services to be safer and respond better to the local population's needs, to provide more community-based care, to enable patients and their carers to be more involved in their own care and for different health professionals to work together in a multi-disciplinary approach. We launched six 'demonstrator' pilots across Greater Manchester to test elements of the 2014 strategy. These have now been independently evaluated and published by the Collaboration for Leadership in Applied Health Research and Care Greater Manchester (part of the National Institute for Health Research) and the University of Manchester.

Things change quickly in health and care. The Greater Manchester Devolution agreement in late 2014 provides an opportunity for the local system to work collectively to take charge and to be more radical and transformational – we understood there was a need for a new strategy, building on the ambitions set out in the previous strategy and reviewing how far we have come. We particularly wanted to involve more people, particularly those who actually use local services, in considering how all of our primary care provision can bring most benefit to the population of Greater Manchester. The discussion paper *Next steps for primary care* was a chance to get feedback on our ideas for improving everyone's health and wellbeing.

This new five-year strategy is the result. Building on the original NHS England primary care strategy, it aims to provide a bold vision and clear roadmap for key reforms to our primary care system in Greater Manchester. We have an opportunity to redefine what we mean by primary care and to locate it in the context of place based systems. It highlights the important principles behind our plans, the benefits we hope the changes will bring to patients, the general public, health and care staff and the local economy as a whole. One section focuses on the 'enablers' needed to make change happen, such as technology. We have also considered the financial implications of not embracing these new ways of working, particularly in the light of the pressure on all NHS services to do more for less.

This strategy aims to set the direction of travel for primary care transformation going forward and is aligned to the 10 Greater Manchester locality plans. It will outline the primary care contribution to the Greater Manchester Strategic Plan - particularly in the delivery of Transformation Theme 2 (Transforming community based care & support). It does not set targets as we recognise the importance of local decision making to reflect a neighbourhood's particular needs. Where possible the strategy includes 'measures of success' that could show whether we've achieved the improvements we intended. Many of these will reflect changes in behaviour, including how people use services, as well as a direct impact on the population's health and wellbeing.

It is acknowledged that in order to implement the objectives contained within this strategy, further resources will be required. Such resources will include physical resources in terms of capacity, capability and workforce as well as financial investment to implement the transformational change described. The strategy will inform a business case which will make the economic case for change and outline the investment required and importantly, the disinvestment and reinvestment from other parts of the system.

The revised strategy draws on a wide collection of research, evidence and best practice. We are grateful to the many stakeholders who have had an input into the development of this document.

A **further reading** appendix to this strategy includes links to source materials as well as organisations, incentives and publications referred to in this document.

The health challenge in Greater Manchester: The case for change

Primary care – whether provided by doctors, nurses, dentists, optometrists, pharmacists or other health and care practitioners who support people outside hospital – already benefits our local population. It offers easy to access, high-quality care from professionals who know their patients and can make a big difference to health outcomes.
But there are many health and related issues facing Greater Manchester that could be addressed by improvements both to primary care generally and to specific services, particularly by ensuring we all work together and make the most of every opportunity to give people the right support close to where they live.

Our population's health

As elsewhere, our population is ageing, with a predicted 29% increase in the proportion of people over 65 by 2032 and the proportion of over-85s expected to double. Increasing numbers of people have more than one long-term condition. This has led to increased complexity in the care provided to our populations within primary care. At the same time, we have higher than average numbers of children and younger adults, with under-19 year olds accounting for 24% of the Greater Manchester population.

Greater Manchester has suffered some of the poorest health in the country in the past. We still face significant health inequalities, with unfair differences in the health of groups of people because of social, environmental and economic conditions that increase their risk of becoming ill and make it harder for them to stay healthy and get the right treatment when they need it.

For instance, national public health figures show higher levels of deprivation in parts of Greater Manchester than in other areas of England. Three local CCGs are in the bottom 10 nationally for healthy life expectancy at birth.

Long term conditions

Long term conditions such as cardiovascular diseases, diabetes, respiratory conditions, kidney disease and dementia are responsible for most of the disease burden and premature mortality across GM. More and more people are suffering from multiple long term conditions which not only increases demand for health care but also impacts on people's ability to work, negatively impacting on the economy.

There is a strong link between the prevalence of these conditions and deprivation giving rise to health inequalities across our conurbation. Inequalities in the quality of care provided to people with long term conditions also exist and many people remain undiagnosed and untreated. An estimated 60-70% of these conditions are considered preventable.

Some localities have higher than average numbers of people living with particular conditions or at risk of developing them. For example, adult obesity is a major concern in Rochdale and Tameside, smoking related deaths are an issue in Manchester and Salford, and more people are diagnosed with diabetes in Bolton, Oldham, Rochdale, Tameside and Wigan.

Among our overall population there are also many people with undiagnosed disease, including cancer that is identified at a late stage and long-term conditions.

Every day across GM some patients spend their last days of life in hospital when they and their families would have chosen for them to die at home if they could have been supported to do so.

Oral Health
In Greater Manchester we spend almost £200m a year on treating largely preventable tooth decay and periodontal (gum) disease. Oral health has improved in recent decades but there are still stark differences across Greater Manchester, often as a result of deprivation.
Almost 40% of children locally have tooth decay by the time they reach school age. It causes pain and distress and can mean they miss school because of hospital visits for treatment. Dental extractions are the most common reason for children in Greater Manchester to be admitted to hospital and have a general anaesthetic.

A high proportion of adults experience dental decay, infections and pain that affect both their wellbeing and their work and productivity.

Poor oral health is a barometer of inadequate parenting, poor hygiene, a nutritionally poor but sugar-rich diet and unhealthy lifestyle choices that also have a big impact on people's employability and sickness rates, obesity, self- esteem and wellbeing. Oral health problems can be an early warning of long-term conditions. For example, severe, rapidly worsening periodontal disease can be the first sign of undiagnosed diabetes. Left untreated, it makes diabetes harder to control and can increase the risk of cardiovascular disease.

Those in greatest need often have the poorest access to dental care. Around 61% of people use NHS dental services, while 38% see a private dentist, either from choice or because access to NHS care is difficult.

Eye health and sight loss
Sight is the sense that the majority of people value the most and sight loss has a big impact on their quality of life, including higher levels of depression. Some groups are particularly vulnerable to sight loss, including older people, people from black and minority ethnic communities, those with diabetes, who smoke or are on low incomes (due to lower uptake of screening, referral and treatment).

According to Royal National Institute of Blind People (RNIB) statistics, sight loss and eye health problems generally cost the Greater Manchester economy around £349m a year, including spending on health, social care, education and training to support people in the later stages of eye disease. Diabetic eye disease is the commonest cause of blindness in people under 60.

At least 18,000 local people are registered as blind or partially sighted and that number is expected to double by 2050. According to the 2013 Future InSight eye health needs assessment commissioned by the Local Eye Health Network, up to 800,000 Greater Manchester residents are at risk of visual impairment.

In half of cases this could be avoided or cured by suitable intervention. So it is important to raise public awareness about eye health, early detection and treating eye conditions.
Glaucoma, for instance, can be treated if detected early.

Pressure on current services

How people use – or do not use – primary care and other health services in Greater Manchester is a further indication of the scale of the challenge ahead, and where the whole range of primary care services could do more to benefit patients.

Thousands of people are treated in hospital when their needs could be better met in the community; care isn't joined up between teams and not always of a consistent quality. In Greater Manchester

people diagnosed with ‘ambulatory care sensitive’ conditions such as diabetes, asthma and hypertension, which can be actively managed, are more likely to be admitted to hospital as an emergency case when this could have been avoided.

General practices vary a lot, both across Greater Manchester and within localities. According to the 2015 national GP survey, nearly three quarters of Greater Manchester patients report a good overall experience of getting a GP appointment, but 12.5% were unable to make an appointment at some stage. Other research has found the proportion of patients who have a ‘poor’ experience of making an appointment varies significantly by locality.

The Greater Manchester Local Eye Health Network has found that take-up of sight tests is significantly lower here than in other, similar areas, particularly among children, who risk developing irreversible sight loss. There is also significant variation in eye health services across Greater Manchester, and increasing pressure on local ophthalmology that is expected to continue, particularly as the population ages. In addition, an estimated 235,500 GP appointments and over 13,000 A&E visits every year across Greater Manchester are attributed to eye problems. Over 380,000 people attend ophthalmology hospital outpatient appointments. Such high demand can result in delays in care, potentially leading to sight loss.

Medicines cost us over £800m every year, 14% of overall NHS spend and this is expected to rise to £1.3bn by 2019-20. According to the Greater Manchester Medicines Management Group, an estimated £15m is wasted on medicines that are not needed, not used properly or not used at all. Currently, between one-third and one-half of the medication prescribed for LTCs is not taken as recommended. Non-adherence to medicines can result in harm to patients, as well as representing an opportunity cost in failure to improve health outcomes and wasted NHS resources.

Nationally it is believed that half the medication prescribed for long-term conditions is not taken as recommended and up to 12% of hospital admissions are due to medication problems. The picture in Greater Manchester is likely to be similar.

Additional challenges facing primary care

Primary care, both in our region and nationally, faces a variety of challenges, with new ones emerging all the time.

Workforce capacity and capability

There is pressure on primary care from other parts of the health system, resulting in increased workload. According to one survey, nine in 10 GPs feel their heavy workload has a negative impact on the quality of care they give their patients.

Problems recruiting and retaining GPs create further workforce difficulties. Between 2002 and 2013, GP numbers only increased by 14%, compared with a 48% rise in hospital consultants. A third of GPs hope to retire within the next five years, and a fifth of current GP trainees plan to move abroad.

Other parts of the primary workforce face similar difficulties. Although there is an ongoing move towards delivering more care in the community, between 2010 and 2014 the community nursing service shrank, while the number of nurses in acute hospital trusts rose by 4%. Community nursing increasingly relies on agency staff to support an ageing workforce – 64% of practice nurses are over 50, and only 3% are under 40 – and the overall number of community nurses is dropping, falling by 38% between 2001 and 2011.

This strategy recognises that there are a number of health care professionals e.g. pharmacists that could be better utilised to support these challenges.

Sustainability and affordability
The financial constraints on the NHS are likely to continue and are another reason why primary care needs to change. In Greater Manchester, £6billion of health and social care expenditure accounts for nearly one third of total public sector spending. This is an unsustainable ratio.

Expectations and attitudes
There is rising demand for medical care and patients have increased expectations regarding the care offered to them. We need to manage demand effectively to deliver high-quality, sustainable care for Greater Manchester.

Primary care practitioners have a critical role to play in delivering short, medium and long-term interventions to improve the health of local people. Whether by finding and treating the right patients, building resilience and enabling recovery in particular patient groups, or enabling the best start in life for all, primary care must contribute to the reduction of preventable demand.

'Organisational inertia' can be a barrier to different ways of working to improve service delivery and the quality of care. So too can cultural and professional resistance to change. Leadership at all levels, throughout the system, is increasingly important in developing and implementing new approaches to primary care.

How we are already changing

We have begun to address all these challenges but further transformation is necessary, including the effective integration of community, primary and secondary care.

Improving access
In 2014, as part of the Healthier Together programme, we said that: "By the end of 2015, everyone living in Greater Manchester who needs medical help will have same-day access to primary care services, supported by diagnostic tests, seven days a week." We have built on the success of our demonstrators by opening a number of primary care hubs offering 7 day access across Greater Manchester.

There is already 24/7 access to general practice primary care, with well-established primary care out of hours services available for people who have an urgent need. The Healthier Together commitment and move to 7 day services was to ensure that there is additional service availability in place to discharge patients in the community 7 days a week, and to provide additional focussed capacity to address some of the current health problems facing us.

Our view is that for the NHS to become sustainable and cost effective, the system must constantly act to reduce the root cause of demand for healthcare. Some of these areas are:

- Obesity
- Tobacco consumption
- Harmful alcoholic consumption
- Sedentary lifestyles
- Inadequate uptake of prevention services such as cancer screening, immunisations and vaccinations
- Undiagnosed conditions such as hypertension and diabetes
- Patients undertreated for conditions that have been diagnosed

The 12 CCGs in Greater Manchester unanimously agreed that the additional capacity commissioned across Greater Manchester (such as the 7 day access) must deal with these problems.

The wider primary care team can are well placed to support this agenda. Community pharmacy teams are the most accessible primary care professionals, available without an appointment up to 100 hours a week - often including evenings and weekends - and within a few minutes journey time for the vast majority of people. Visited by 90,000 people across Greater Manchester every day, community pharmacies constitute a network of 702 health and wellbeing centres across the region. Furthermore, analysis completed by the Local Eye Health Network showed it should be easier to visit an optician than ever before, as most of the population live within 3km of an optical practice.

Setting higher standards
NHS England and the 12 CCGs of Greater Manchester have collaborated to develop nine Greater Manchester Primary Care Medical Standards, which will be implemented by December 2017 (see section 2 for details). These are based on the Bolton Quality Contract, which commenced in April 2015, covering aspects of service delivery such as appointments, prescriptions, vaccinations and mental health care.

We have worked with GP practice staff to develop best practice guidance for offering improved access; including managing demands for urgent care during practice opening hours and helping patients understand their electronic health record and online health services.

Utilising community pharmacy
In response to the 2014 national *Improving care through community pharmacy* call to action, the Greater Manchester Pharmacy Local Professional Network (LPN) engaged with healthcare professionals and the public to explore the best way to use what community pharmacy has to offer.

The network has revised its strategy in response and developed a seven-point transformation plan that recognises how pharmacy can contribute to transforming health and social care services. With every local person visiting a pharmacy on average five times each year, there are real opportunities to deliver healthcare messages to the public directly.

Medicines-related problems contribute to demand for acute and emergency care, with around 6.5 per cent of hospital admissions associated with adverse drug reactions and significantly more resulting from exacerbations of conditions due to medicines not being used as recommended or prescribing not being optimised. For example, 30% and 50% of people aged over 65 and 80 years respectively suffer a fall at least once a year and these episodes are often related to the medication that they are taking and/or symptoms of their long term condition. In a recent study, patients on four or more medicines benefited from a reduction in risk of having a fall due to the intervention of a community pharmacist.

Pharmacists already help patients get the most from their treatment. Further joint working across health and social care will ensure that all patients on long-term medication have the chance to discuss their medication with a pharmacist and set their own targets.

Proactive and practical pharmacy support

Reablement service
Evaluation of a reablement service involving community pharmacy over a period of two years resulted in a:

37% reduction in re-admissions
63% reduction in total number of admissions
67.5% reduction in hospital bed days
48.4% reduction in average length of stay.

The community pharmacist visited the patient at home within an agreed time frame to underpin the support, reinforce the benefits, and reassess how patients are managing whilst in their own home.

Four or More Medicines Support Service
620 patients were recruited into a pharmacist-led support service for those over 65 years, with at least one LTC
Patients received consultations relating to medicines adherence, pain, falls risk, and general health.
Prescribing was reviewed with relation to the STOPP-START criteria.
Consultations continued every two months for six months and the service was independently evaluated.
142 prescribing recommendations were made
Improvements were shown in:
- Number of falls
- Medicines adherence

Tackling oral health in children
The Greater Manchester Dental Local Professional Network's *Baby teeth DO matter* campaign to encourage oral hygiene routines in under-fives, has led to better quality, more easily accessed preventive primary dental care.

Oral health improvement teams, local school nurses and safeguarding teams are working together as part of the 'buddy practice' scheme currently operating in one Greater Manchester locality. This has increased access, identified unmet need and delivered significantly improved outcomes for a number of vulnerable children.

Greater efficiency cuts dental check waits
There are opportunities to improve the quality and efficiency of dental services. For example, a review of primary care orthodontic contracts has helped reduce the number of inefficient, repeat checks and cut average waiting times for a child's first dental assessment to 30 days. This means we can treat more children within existing resources.

Reducing the risk of sight loss
The Local Eye Health Network has collaborated with Health Education England (HEE) to develop the first, funded, non-medical prescribers programme for optometrists to enable them to better manage minor eye conditions in the community. To encourage care closer to home, the network has agreed a common pathway for glaucoma-related and cataract referrals. Implementation of these schemes and similar community eye care initiatives at scale across Greater Manchester would significantly reduce unnecessary referrals to hospital.

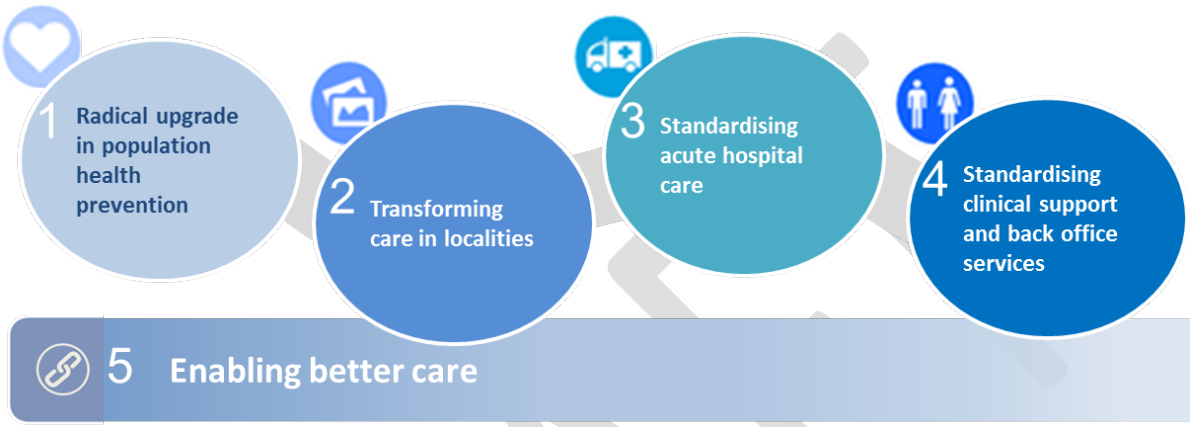
Innovative models of shared care for patients with long-term eye conditions are being developed. Greater integration of primary care optometry and hospital eye services would offer elderly patients in particular timely care closer to home. These patients require a lot of follow-up care, so developing this at scale across Greater Manchester will significantly reduce demand for hospital eye services and help prioritise specialist care.

This transformation will help make high street opticians – which are increasingly open in the evenings and at weekends – people's first port of call for eye care problems, especially minor ones, relieving pressure on A&Es and general practice.

2. Our vision for primary care

The challenge in Greater Manchester is significant, but so is the opportunity. The goal of Health and Social Care Devolution is to see the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8m people in Greater Manchester.

The large scale programme of whole-system public service reform brings together decision making, budgets and frontline professionals to scope services in ways that better support local people and communities.



GM Health and Social Care Devolution: Transformational change themes

This strategy describes the ambition of primary care and its contribution to Greater Manchester Health and Social Care Devolution. By 2021 we want everyone in Greater Manchester to have the opportunity to proactively manage their own physical and mental health and wellbeing. And to do this, they will have access to high-quality, integrated care, underpinned by the best possible technology, a sustainable workforce and an estate that is fit for purpose.

We want to encourage a population based approach to improving health and care through the delivery of place based care. This would include the alignment with the other public services e.g. housing and the police, in order to address the wider social determinants of physical and mental health. By removing silos of provision, we will incentivise providers over health outcomes not levels of activity, working together in an integrated delivery model. Reducing siloed networks and systems will enable people and information to flow across Greater Manchester. We will develop and upskill a sustainable primary care workforce with a focus on wellbeing, prevention and restorative health, while empowering our patients, carers and communities to take greater responsibility in their health and wellbeing. The development of robust systems will support primary care workforce to deliver consistently high quality care, assured against evidence based standards.

We want to deliver ‘place-based’ care by moving to a neighbourhood model. This will see multi-disciplinary teams serving natural populations of around 30,000-50,000 people, and making the most of ‘community assets’ such as voluntary and community groups within neighbourhoods.

We plan to increase early detection of disease and find the thousands of local people with a condition that has not yet been diagnosed. We will use integrated patient information to identify those with patterns of symptoms or at particularly high risk of developing conditions, who will benefit from follow-up, lifestyle intervention or screening.

We want a system that understands the relationship between health and the wider determinants of health, ensuring access to support to address issues such as employment, fuel poverty and social isolation are as embedded as writing a prescription or making a referral to secondary care.

Key principles

Our plans for transforming primary care are rooted in doing things differently and based on two key principles. The first is that improvements are most likely to be successful when led by people themselves. We have described this as **'People-powered change'** and we must make sure our public receive the right support to take more control of their own health and behaviours. The second is that changes must be delivered to meet local needs and make the best possible use of what resources are available not just across Greater Manchester but within its different localities and neighbourhood; we have described this as**: Care delivered by population –based models.**

Theme 1: People-powered changes in health & behaviour

In Greater Manchester we want to create a primary care system that more proactively supports people and communities to take charge - and responsibility for - managing their own health and wellbeing, whether they are well or ill. This will draw on and scale up a range of approaches that have already been tested in Greater Manchester including work to improve health literacy and to draw on the strengths and assets that exist in communities.

We want to strengthen the focus on wellbeing. This means putting more emphasis on prevention, self-care, public health, resilience and recovery, and reducing lifestyle and behavioural risks. As noted in the Greater Manchester Strategic Plan, by upgrading prevention and self-care we are proposing to change the way GM people view and use public services, creating a new relationship between people and public services. We particularly want to make the most of the interaction between the public and wider primary care services to support self-care and prevention, rather than thinking about contact with primary care mostly in terms of illness.

Our ambition is to move beyond integrated care models to population health systems, with the core aims of reducing health inequalities and securing radical reductions in the demands on our health and care services. Our aim is to see a reformed health and social care system playing its full role in the wider determinants of health as much as in prevention and treatment.

We are proposing a placed based, person-centred model of proactive community based care, closer to home, with primary care at its heart. This entails not just integrating health and social care but a joined up approach with education and skills, welfare and benefits, leisure, housing and employment programmes to deliver a more appropriate mix of medical and social interventions to tackle the root cause of health inequalities.

This fresh approach will mean people will better understand how they contribute to their own health and wellbeing and can make the most of available services. They will have the information they need to prevent ill health, manage any conditions and access the right support in their local neighbourhood when they need it.

Improved communication, knowledge and support in relation to individuals' health and care will result in a better experience, and improved outcomes, for both patients and their carers. They will have easier access to screening, wellness and prevention services.

This will increase the effectiveness of the whole system. We will identify more patients with, or at the risk of long-term conditions and ensure that once identified they receive evidence-based best care and support to manage their condition. Every contact people have with health and care professionals will be an opportunity to promote good health and prevention.

Encouraging and supporting self-care

We know that many people in Greater Manchester already self-care, taking responsibility for their own health and wellbeing by keeping both their body and mind fit and healthy. A key component of people-powered changes in health is enabling and encouraging more people to do more to manage their own and each other's care. It is the ambition of the Greater Manchester Strategic Plan to develop a whole-system approach to self-care, which can be adopted across localities.

Better oral health relies upon successful self-care regimes. Individuals and families with challenging and potentially chaotic lifestyles are more likely to suffer poor oral health but less likely to have regular dental checks, only using services when they experience pain or infection, which often leads to urgent dental care and treatment. Greater integration of dentistry with other health and wellbeing services can help address concerns and deliver consistent self-care and prevention messages.

Community pharmacies are a popular source of general health and lifestyle products as well as specific treatments, offering opportunities to communicate with people contemplating a health or lifestyle change and the well, 'pre-contemplative' population.

Better co-ordination of Greater Manchester initiatives such as the Health Living Pharmacy scheme can increase promotion of health and wellbeing messages relevant to local populations. Enabling neighbourhood pharmacists to directly refer patients to other sources of help and advice instead of back to their GP would be more efficient and benefit both patients and services.

As discussed in the Greater Manchester Strategic Plan, we will develop a framework for 'patient activation'. Patient activation describes the knowledge, skills and confidence a person has in managing their own health. Patient activation scores have been robustly demonstrated to predict a number of health behaviours. They are closely linked to clinical outcomes, the cost of healthcare and patients ratings of their experience.

Highly activated patients are more likely to adopt healthy behaviour, have better clinical outcomes and lower rates of hospitalisation and to report higher levels of satisfaction with services. A patient activation framework will help us motivate people to take control and support work to tackle health inequalities in Greater Manchester.

A high patient activation score predicts positive health outcomes better than other factors such as ethnicity and age. As discussed in the Greater Manchester Strategic Plan, we will develop a GM framework for 'patient activation', motivating people to take control and supporting work to tackle health inequalities.

Prevention and early intervention

Late diagnosis causes unnecessary suffering and means diseases are harder and more expensive to treat. We only know about half of the preventable disease that exists in our population.

The Greater Manchester Strategic Plan notes primary care as the driving force behind a prevention-focused approach within localities across Greater Manchester. There is massive untapped potential for primary care to prevent health problems, take action quickly once they are detected and reduce complications that can arise from late diagnosis. Significant health gain will be made by implementing early intervention at scale and identifying the 'missing 1000s' who have undiagnosed disease. We are in an enviable situation of having a significant number of primary care practitioners with the skills to deliver health checks to their local population, with many expressing an interest in providing these in the future.

There are great examples of best practice in prevention and early intervention in Greater Manchester but we also face significant challenges in specific programmes and geographical areas.

Campaign boosts early detection
The Big Bolton Health Check has been a national pioneer and exemplar since 2008, with 82% of the registered population receiving a health check. Within a single year the programme identified:

- 2049 people with hypertension
- 1029 people with diabetes
- 2100 chronic kidney disease patients

Across primary care we are focusing on underlying health issues – including those that are of particular concern in Greater Manchester, such as obesity, diabetes and tooth decay in children and how we can work differently to promote behaviour change. For example, we want to ensure parents and carers understand the importance of cutting children's sugar intake and supervised tooth brushing with fluoride toothpaste.

We plan to extend a pilot integrated dental care scheme that has been well received by clients of the Working Well service, which supports people on health benefits in Greater Manchester to progress into work at their own pace. This showed that 'getting your teeth sorted out' can improve self-esteem, encourage individuals to access other health services, and increase employment and life chances.

Despite reductions in cardiovascular disease mortality in the UK in recent years, increasing levels of obesity threaten to turn back these improvements, as well as leading to a greater risk of diabetes among our population. Within a wider primary care system, we will aim to identify those at higher risk of diabetes and cardiovascular disease, record the weight of those patients with a BMI over 35 (when the opportunity arises) and signpost to local intervention service such as health trainers.

Bolton Health Trainers
Over the course of 7 years, Bolton's Health Trainers have undertaken lifestyle assessments with 16,018 patients. Of this group, 67% of patients were found to be at risk of diabetes, whilst 25% were at risk of CVD

Health checks, effective screening and immunisation are critical. We want to make the most of people's contact with a wider primary care team to offer more opportunities for monitoring and diagnostics that can identify health problems early on, as well as providing prevention advice.

Routine sight tests offer a huge untapped wider public health opportunity. Many 'well' patients who go to an optometrist may not have visited any other health professional, including their GP, for several years. This is a chance to identify people at high risk of developing particular conditions, such as hypertension and diabetes. Screening could make early intervention possible, including education and treatment to prevent complications. Diabetic eye screening by optical practices will contribute to more collaborative care for people with diabetes by a range of primary care professionals.

There is already a growing number of accredited Healthy Living Pharmacies (HLPs) in Greater Manchester. At the heart of the HLP concept is pharmacy's greater commitment to delivering public health services to a consistently high quality. HLP teams have dedicated 'Health Champions' who are immediately identifiable to everyone visiting the pharmacy. They are specially trained to provide services such as helping patients to stop smoking or change their diet. We have already embarked on an ambitious programme to roll out HLP across Greater Manchester.

The Healthy Living Framework will be rolled out to all community pharmacies in Greater Manchester and to all community optical and dental practices by April 2018 increasing the number of outlets where people are able to access health improvement advice and services.

More than medicine

A people powered NHS is a heath and care system that is for the people, by the people and with the people. According to the 2015 report by innovation charity Nesta, *More than medicine: new services for people powered health*, 'more than medicine' means non clinical support that gives people the skills, knowledge and confidence to improve their health and wellbeing.

Individuals vary in their ability to access and understand basic health information; known as **health literacy.** Limited health literacy restricts people's opportunities to be actively involved in decisions about their own health and care, undermining their ability to take control of their overall health and the conditions that affect it. We aim to build on existing work in Greater Manchester to improve health literacy by making it easier for people to get appropriate information in ways they understand.

Asset based approaches allow wider community resources to be utilised, engaging citizens in non-traditional ways and settings, making the most of peer support and other techniques. In Greater Manchester we have embarked on a strategic programme to explore the development of an asset-based approach to primary care, linking into wider asset-based care work across our health and care system.

We will continue to make every contact with public services count by ensuring our staff are able to understand the needs of the people they come into contact with and signpost the to the most appropriate service(s) for their needs.

To achieve a truly 'people powered' health and care system that offers more than medicine, we will:

- Enable different consultations. This would include more direct personal contact with patients and the public such as one-to-one conversations to improve health literacy, care planning, health coaching and shared decision making
- Expand the primary care workforce. Building existing good practice in Greater Manchester e.g. the use of Health Trainers in Bolton and volunteer 'neighbourhood connectors' in Salford to provide support to people in the community
- Connect people to non-clinical support (community assets). This would include expanding the opportunities for social prescribing in primary care to refer patients to community based initiatives and group education programmes like 'Weight Matters' and 'Cook and Eat' in Tameside and Glossop, housing energy and efficiency measures, skills and employment support, debt advice
- Move beyond primary care. Employing targeted interventions outside of a healthcare setting and using social marketing beyond traditional health channels

Social marketing puts people in charge

'Lose The Fags' was a social marketing campaign in Stockport that aimed to increase the number of residents accessing smoking services in Brinnington. The central premise of the Lose the Fags social marketing initiative was community partnerships and ownership, with existing local organisations (namely a community gym and a children's centre) and their staff becoming 'Lose the Fags' champions. As a result of the campaign quit attempts in Brinnington increased by 49%

The way we currently deliver care will need to change for us to put these 'more than medicine' approaches into practice successfully. We will work more closely with local communities to develop local provision, support the growth of alternative support (for example though asset mapping and seed funding) and embed these new ways of working shaped by individual neighbourhoods.
As most people are registered with a GP practice, there is also an opportunity to translate the 'find & treat' approach applied to people with long term conditions to identify people with wider health risk factors such as fuel poverty, social isolation and unemployment so available support can be effectively and systematically targeted. Work will be required to define and universally adopt the use of a set of suitable read codes.

Support for carers and volunteers

Improving the health and wellbeing of carers is one of the Greater Manchester Primary Medical Care Standards (Standard 5). A priority is to find out who has caring responsibilities across Greater Manchester so we can provide them with appropriate support. We will support primary care organisations to ensure all carers are identified and included on a carers' register held by their registered GP.

We will also work with emerging federations of practices and new locality care organisations to ensure that, as they develop and implement services, the health, wellbeing and support of carers is paramount in their plans and delivery of care.

We welcome the contribution of Healthwatch and patient groups, as well as input from voluntary, social care and third sector organisations. As part of our asset-based approach, we will ensure that localities, within the context of their neighbourhoods and communities, are able to fully harness the value that volunteers can deliver. In doing so, we will improve understanding of the organisational conditions necessary to support these voluntary roles effectively and ensure that best practice is identified and shared.

We will empower patients and their carers to take greater responsibility for their health and wellbeing closer to home as part of our plans to create self-reliant, resilient and economically active communities that make full use of their own assets.

Theme 2: Population based models of care

We know we need to do things differently. Greater Manchester has one of the highest rates of emergency hospital admission for conditions that would be better treated in the community. On any given day, an estimated 2,500 patients are in an acute hospital bed when they could be cared for more cost effectively at home or in a community setting. We need to educate staff working in secondary care - in medical assessment units for example - on what primary care can (and does) deliver to support a stronger 'out of hospital' service and more joined up care.

There is fragmentation in our health and care services. This is seen most clearly:

- in referral into acute hospital services and on discharge from them
- between primary and social care
- between health and social care and wider public services that can enhance health outcomes or prevent poor health, such as housing, fire and rescue, and employment services.

Primary care is working to integrate and lead a wider public service community-based model, than currently exists. We will do this by agreeing standards that will be delivered within each locality in Greater Manchester and by trying out new contracts for General Practice which promote prevention and self-care.

We intend to provide the opportunity to test the implementation of new contractual models in shadow form during 2016/17. Our planned approach is for the 10 Greater Manchester localities, and the neighbourhoods within them, to develop and design delivery models that fit the needs of their population. We will agree the core characteristics, common standards and key outcomes that those models will aim to deliver. This is reflected in the Greater Manchester Strategic Plan and each of the locality plans.

We will ensure our community services take a person-centred proactive approach and are jointly delivered through residents, patients, service users, local communities and frontline staff across all Greater Manchester public services.

This will involve developing opportunities for new contractual models of care that build on the 'place-based approach' to delivery, and extend across primary, community and social care to elements of secondary care, mental health and third sector provision. More integrated models of care will mean people only need to tell their story once, and their assessment and treatment is less likely to be duplicated.

We also want to see better integrated working between neighbourhood practice teams and hospital teams to agree individual care and support programmes. And all professionals should be able to access and use tools to help them plan each person's care in conjunction with the patient.

This means that when people do need support from public services it's largely in their community, with hospitals only needed for specialist care.

Fully integrated locality care organisations (LCOs)

Achieving our vision of a place-based, person-centred model of proactive care closer to home will require a radical, new model for delivery. This goes beyond the traditional model of health and care which we see now and will entail closer working between patients, service users, local education and skills and wider public services to allow early intervention lifestyle support. We want to put people and communities genuinely in control of their own health and care and this will require a paradigm shift. We want to strengthen wider primary care provision to pro-actively manage patients in the community and see the shift in people attending hospital who could be better supported in the community.

To bring this together, fully integrated Locality Care Organisations (LCOs) will be established in each part of Greater Manchester. These Organisations, including all health and social care providers in a locality will work together collaboratively to provide care to a defined population with primary care at the centre, predicated on the GP registered list. Each area will develop and design their own delivery models however there will be core features of these new organisations. The new Greater Manchester LCOs will:

- Provide the focus, approach and capability to make radical reductions in demand on formal health & care services
- Connect health and care reform with supporting adults of working age to connect to economic opportunity through quality and sustainable work
- Provide a focal point for connecting wider place based integration involving the full range of partners across housing, fire, police, employment, education etc to maximise health benefit alongside improved life chances
- Support new relationships between the public, their public services and local community & third sector organisations by using the full capacity and assets of the local community;
- Excel at both empowering patients and involving local communities, with strong voluntary sector input. Guaranteeing NHS constitution rights and supporting the development of personal budgets;
- Lead the way in reducing avoidable mortality, for example through better early diagnosis of diseases such as cancer;
- Provide redesigned and more accessible urgent care services in the community, in line with the urgent and emergency care review; Enable more care to be delivered in and closer to home.

- It combines core primary medical care services with wider community-based NHS services and social care. For example, district nursing and health visiting, pharmacy, dentistry, mental health, step-down beds, re-ablement and domiciliary care services.

- Provide in-reach services to other settings of care: for example into care homes or services within local community hospitals, or providing some services within, or conceivably running sections of district general hospitals. It could involve GPs with admitting rights within hospitals

The development of LCOs will see a fundamental shift in the delivery of care within the community and go beyond delivering primary care at scale. The establishment of LCOs will enable conditions to be managed at home and in the community. Through pro-active risk stratification and population segmentation, locality teams will identify patients who require community needs management. Services and care pathways will then be deployed based on the needs of these cohorts.

The model is equally applicable for children as it is for elderly adults. For children multidisciplinary neighbourhood team networks would include, for example, health visitors, child nurses, children's social workers, consultant paediatricians and children's charities.

Vanguards
In Greater Manchester, NHS England announced a number of Vanguards which are testing and implementing new models of care to improve and integrate services.

- **Stockport Together** - Multispecialty community provider (MCP), focusing on moving specialist care out of hospitals into the community and built upon the GP registered list.
- **Salford Together** - Integrated Primary and Acute Care System (PACS), joining up GP, hospital, community and mental health service, giving Salford Royal FT lead responsibility for meeting the health and social care needs of the population.

As described in the transformation initiatives of the Greater Manchester Strategic Plan, LCOs will:

1. Enable conditions to be managed at home and in the community - co-ordinating care across health and social care and strengthening links with the community and voluntary sector
2. Provide safe, responsive and effective urgent care services in the community
3. Support safe transfer of care from hospital - GPs will work with hospitals, patient and their family/support network to help patients return home safely
4. Help people return home and stay well - through integrate working between neighbourhood teams, GPs and hospital teams, patients will leave hospital with a clear discharge plan

High-level objectives

To support the development of a truly people powered, population based primary care, we have identified some overarching issues that we aim to address:

- Consistently high quality care
- Inter professional working
- Innovation

Achieving these high-level objectives will have a positive impact on both the Greater Manchester population as a whole (as well as specific groups that require particular support) and the people who work in our local health economy.

We want to ensure everyone can access the best possible primary care. We want to encourage and facilitate closer working across professions and settings, so that primary care in Greater Manchester

is truly joined up. And we want to embrace new developments and approaches that will benefit our population and embed innovation in our primary care culture to ensure our services and working practices always make the most of the latest technology and fresh thinking.

Theme 3: Consistent high-quality care

High-quality care should be safe, effective, person-centred, accessible, inclusive and result in the best possible outcome for the individual.

The quality of most primary care is good, but there are wide and often unwarranted variations in performance. We need to reduce this inconsistency so our patients, the public and our professional colleagues across the health and social care system are assured that all primary care in Greater Manchester is of the highest possible quality.

Tackling health inequalities

There is unequal provision and variation in health outcomes across Greater Manchester, especially for protected and vulnerable groups such as elderly, isolated and homeless people, nursing home residents, ethnic minority groups and people newly arrived in this country, and those with long-term physical and mental conditions. We will actively identify vulnerable patients to take steps to prevent them becoming ill and ensure that any conditions they have are effectively managed. This will not only improve their independence, wellbeing and health outcomes but have a wider impact in reducing unscheduled and unnecessary hospital attendance and admission.

We want to focus on narrowing the health inequality gap and target under-represented hard to reach groups, for example to protect vulnerable children and families. Primary care is best placed to support parents and their children and to ensure the best start in life. We know that there is variation in uptake of childhood vaccinations and immunisations across Greater Manchester and whilst our overall achievement is good, this sometimes masks the problem of reaching hard to reach groups. It is our ambition that all General Practices meet national targets for childhood routine vaccinations and pre-school flu vaccinations. We recognise the importance of a child's early years and the need to promote early intervention and prevention. This results in short and long term benefits such as avoidable hospital attendances, keeping the working population in work by not having to take time off to care for sick children.

Embedding a safety culture within primary care

On any one day, more than one million people in the UK will use NHS services. Most consult primary care teams and the majority of people using such services do not experience any harm or threats to their safety. However, in 1-2% of consultations there will be some sort of adverse event, (The Health Foundation, 2011). Most errors are minor and do not impact on patients although there is always potential for serious harm. We intend to improve patient safety in primary care across Greater Manchester by embedding a safety culture within primary care, one which creates a 'safe environment' in which to report incidents, identify near misses and most importantly, understands and disseminates the learning.

As a start, we will work with primary care providers to employ tools and techniques to

- understand & measure the safety, quality and efficiency of care
- design safer and more effective systems and processes
- engage and inspire the whole team to create a culture of continual improvement

Develop a process within localities and across Greater Manchester in which we can disseminate the learning and continuous improvement to truly embed a safety culture within primary care.

Setting standards for primary care

A suite of GM primary care standards have been agreed which aim to transform the delivery of primary care to reduce unwarranted variation, adopt a more pro-active approach to health improvement and early detection in order to improve health outcomes for our patient population. The Greater Manchester Primary Care Medical Standards have been collectively agreed with their prioritisation based on sound evidence and reasoning and will be implemented across Greater Manchester by 2017. The standards are focused on improving health outcomes and reducing health inequalities for the population of Greater Manchester. Similar standards are also being developed in dental, optometry and pharmacy, all of which will contribute to the earlier detection of disease, pro-active management within the community and supporting patients to self-care.

We will embark on a programme of work throughout 2016/17 to further develop the standards, ensuring they contribute to the outcomes of the Greater Manchester Health and Social Care Strategic Plan. We will engage and support primary care to deliver the standards, ensuring the necessary support and infrastructure is in place to enable providers to meet the deliverables.

The nine standards Greater Manchester Primary Care Medical Standards are:

1. Improving access to general practice
2. Improving health outcomes for patients with mental illness
3. Improving cancer survival rates and earlier diagnosis
4. Ensuring a proactive approach to health improvement and early detection
5. Improving the health and wellbeing of carers
6. Improving outcomes for people with long-term conditions
7. Embedding a culture of medication safety
8. Improving outcomes in childhood asthma
9. Proactive disease management to improve outcomes

NHS Bolton CCG developed a set of standards, known as the Bolton Quality Contract. The contract aims to improve prescribing practice, implement strategies for reducing waste and achieve cost effective use of clinical resources. So far Bolton CCG have seen a number of positive outcomes including improved access in core hours, better access to male and female GPs, children being assessed by a clinician on the same day they seek an appointment, reduction in GP elective and no-elective referrals and reduction in prescribing wastage.

We know that basing clinical care protocols on evidence can help reduce variations in the delivery of care and increase the quality of our services. We want to ensure that people have access to the same level of services regardless of where they live and ensure that standardised protocols and procedures are applied in the same way in all parts of Greater Manchester. We will proactively enhance and standardise clinical pathways and operating procedures within primary care in line with evidence base practice. We aim to establish a Clinical Standards Board to oversee and facilitate this process, linking in to Health Innovation Manchester and the programme of work to standardise acute care, as described in the Greater Manchester Strategic Plan.

Improved access and responsiveness

There is a steadily growing demand for primary care services, mainly general practice. We have seen consultation rates in general practice rise from about five per patient per year in 2004 to around eight per patient per year. We accept this is unsustainable in the current model of service delivery and in some cases is not always the most appropriate professional. We will continue to develop primary care to become more accessible and responsive however this needs to be within a wider primary care system and one which is much broader than the traditional General Practice model. A fundamental element of the Locality Care Organisation is to enable patients to self-care,

optimise their community assets as well as accessing other health and care providers as their first contact.

We have already seen how wider primary care provision can support people in the community in respect of their health and wellbeing such as community pharmacy, optometry and dental. We will continue to maximise this opportunities and realising the wider primary care offer to include other providers such as physiotherapy, midwifery and social care amongst others.

We will continue to honour the commitment made under Healthier Together for 7 day services in primary care, ensuring that there is additional service availability in place to discharge patients as well as using this additional capacity to tackle some of the underlying root causes for demand for healthcare.

In December 2015 there were 35 primary care locations offering 7 day access across Greater Manchester, with more to open in 2016

Improved outcomes for patients with mental illness

Through the development of a single Mental Health Strategy, Greater Manchester is working towards a whole system approach to the delivery of mental health and well-being services that support holistic needs of individuals and their families within communities. In Primary Care we will support people with mental illness in a number of ways. This includes the monitoring of their physical health through case registers, comprehensive health checks and healthy eating, physical activity and stop smoking programmes. Everyone on mental health and learning disability registers will be offered an annual health check, including appropriate eye examinations.

GM has an ageing population and we know we need to focus on helping older people stay well longer and supporting them to cope better if they have a long term illness, especially dementia. By 2021, it is estimated there will be nearly 35,000 people living with dementia in GM, a quarter (25 per cent) with mild symptoms, almost half (45 per cent) with moderate symptoms and nearly a third (30 per cent) with severe symptoms, requiring 24 hour care. Integrated services are vital, without early diagnosis, good access, good co-ordination, and good support, suffering is increased and costs rise. We will pay particular attention to people with dementia. We need to identify them as early as possible to ensure they get appropriate treatment and support. This is a challenge nationally, with under half of people with dementia being diagnosed every year. Across the 12 CCGs there is an unexplained variation in diagnosis rates from 63% to 90% (of possible cases).

As part of our strategy, we will identify patients early, supporting them to live well and manage their health in line with the national enhanced service. We will aim to reduce variation between predicted and actual prevalence.

We will build on the pilot work of the Greater Manchester Pharmacy LPN in developing a ‘dementia friendly practice’ checklist. This supports the ambitions of the ‘Dementia United’, the Greater Manchester Dementia Programme, to improve the lived experiences of people with dementia and their carers. This will be rolled out to all primary care contractors who will be able to complete a self-accredited framework to become ‘dementia friendly’.

Supporting people and their families at the end of life

No family’s lasting memory of a loved one should be in the unfamiliar setting of a hospital bed unless it is absolutely necessary yet we know that despite best efforts, people still die in a hospital

setting when their preference would be to die at home. Primary care is pivotal in supporting people and their families to deliver high quality end of life care. We will continue to harness the good work taking place, working collectively with the patient, family and other providers. We will continue to embed evidence base recommendations such as the Nice Quality Standard for End of Life Care for Adults and the NHS England Framework 'House of Care' model, both of which focus attention on the elements that need to be in place to enable high quality person-centred end of life care.

Better information flow and use of records
Managing and using information better – including patient records – is one of the principles supporting our overall vision for primary care and will support more consistent quality across services.

Reducing silos, networks and systems that operate in isolation will enable greater connectivity and integrated electronic communication. This will help co-ordinate patient care when it is appropriate to share data. Sharing information in this way will mean action can be taken to support patients to manage their health at the earliest opportune moment, without unnecessarily duplicated assessments. It may be particularly useful in connecting various professionals so they can co-ordinate care for more vulnerable patients and help them to remain thriving members of the community.

Theme 4: Inter-professional working

We want to improve the way different health and care professionals work together to get the most from what each profession brings to primary care services and individual patient care. Our aim is for all the various professions to contribute to both the preventative and healthcare delivery agendas, to maintain independent living for the maximum number of people – which will help 'spread the load' across both health and social care – and embed best practice in all services across Greater Manchester. We also want to foster closer working with the acute sector (including hospital pharmacists) to improve the way patients are discharged to the community.

The whole primary care system including general practice, dentistry, pharmacy, optometry and other community services such as physiotherapy, social care, district nursing and social care already contribute to the care of patients with long-term conditions. Inter-professional working is particularly important when supporting people in the community, its benefits can be realised in the diagnosis and treatment of disease, such as diabetes for instance. From initial diagnosis by the patient's GP to the supply of medication and regular medicine reviews by community pharmacists, diabetic retinopathy eye screening by community optometrists and periodontal care by dental practitioners.

More effective inter-professional working will enable patients and carers to access a greater range of health services locally, including advice and treatment for minor conditions, regardless of where they live or are registered. There will still be continuity of care even if they use services in alternative settings to their registered general practice. Patients will benefit from seamless care that does not duplicate assessments and treatments unnecessarily.

Sometimes patients need help to look after themselves and there are already a number of services which patients can access within primary care. The minor conditions service for example is delivered in community pharmacies across Greater Manchester. This service can provide expert, self-care advice to patients for a range of minor conditions. Similar preventative advice and self-care is accessible across primary care and we need to raise awareness of these services to support people to self-care and manage their own health and wellbeing.

Valuing good oral health
Oral health is a key determinant of health and wellbeing. Developments in dental care are directly aligned to strategic priority areas for our local population, and integrating and transforming dental care can have a wider impact on the wellbeing of individuals and communities across Greater Manchester.

The challenge is to encourage local communities to value good oral health, understand how they can maintain and protect oral health and contribute to the design and utilisation of more responsive, effective dental services within the devolution framework.

Managing minor conditions
Community services that can manage minor conditions will relieve pressure on general practices and hospitals. For example, better use of high street opticians' skills, capacity and equipment will help monitor long-term eye conditions in the community. This will transform the way eye care is delivered closer to home.

A core role for community pharmacists is to advise patients on self-care, but pharmacies are not always people's first port of call for help with minor conditions, choosing instead to see their GP. This accounts for around 57m GP appointments in England every year, which costs the NHS £2bn. We will work with localities to encourage the roll out of a Greater Manchester Minor Ailments service to help free up GP appointments and provide a consistent service offer to patients including reducing the time people need to take off work to see their GP.

Increased capacity within General Practice
The potential for clinical pharmacists to reduce the burden on GPs and increase capacity within primary care is already being demonstrated. Oldham, Bury, Central Manchester and South Manchester CCGs are among pilot sites that will test the role of clinical pharmacists working as part of a general practice team to resolve day-to-day medicine issues and offer patient consultations to optimise the use of medicines. This includes providing extra help for patients to manage long-term conditions, advice for those on multiple medications and better access to health checks.

Overall we plan to do more in Greater Manchester to develop strong links to community pharmacy from general practice and other services and make better use of pharmacists' skills across care settings.

Support for carers
We view unpaid carers as part of the workforce. The contribution of these carers to health and social care services is growing. According to Carers UK figures, there are 6.5m unpaid carers nationally – one in eight adults – who together save the state £119bn a year. But studies show that although 70% of carers come into contact with health professionals, only one in 10 unpaid carers is formally identified by health services.

There is growing recognition that carers need more comprehensive support as they often face greater social deprivation, isolation and ill health. Their caring responsibilities may limit their options to take up paid employment and learning opportunities, and to simply have quality time to spend on their own or with friends. Caring can often compromise the education and social life of younger people and limit their life choices.

We want to ensure that everyone in Greater Manchester who acts as a carer gets the same level of support, both in their caring role and in looking after their own health and wellbeing. It will reassure people receiving informal care to know that their carer is being helped to stay healthy and able to continue caring. Improved support may mean carers can stay in work and contribute to the local economy.

A fresh focus on the contribution carers make, and the help they need, will enable all health and care staff to become more knowledgeable and skilled in supporting carers and, armed with greater 'carer awareness', have the potential to be 'ambassadors' within their local communities

Award winning end of life support
In Stockport, the award winning End of Life project brought together staff from two providers (District Nurses and a Re-ablement Service) to co-produce an integrated pathway to improve the quality and experience of end of life care for patients and carers. Of the initial cohort of 200 patients 92% were able to die in the place of their choice (the home). The impacts of this have been positive for patients, carers and staff. The predicted savings (based on a patient cohort of 200 per annum) are £1.6m over three years.

Our volunteer workforce
The health and social care system also depends on the contribution of volunteers. According to the King's Fund report *Volunteering in health and care*, at least 3m people in England regularly volunteer within a variety of health and care settings and roles.

But certain factors prevent the volunteer workforce fulfilling its potential. These include difficulty meeting patient expectations, poor quality volunteering opportunities, lack of support and burnout. There is also evidence that there can be tensions between health professionals and volunteers, particularly where professionals lack clarity and understanding about the volunteer's role.

Developing more opportunities to volunteer in health and social care aligns well with our plans for an asset-based approach to primary care, allowing wider community resources to be utilised and engaging citizens in non-traditional ways. Involving local volunteers could be a chance to improve health literacy within communities and encourage people to make healthier choices and adopt positive health behaviours.

Developing the workforce

How we develop our current and future workforce is core to the development of our community services. We need to enable our staff to work flexibly with communities and support people to have the knowledge, skills and confidence to take an active role in managing their own health.

An organisational development programme will help ensure that paid and unpaid staff (including carers and volunteers) across primary care are engaged with the new ways of working and new models of care proposed in our primary care strategy.

Through the new Greater Manchester Education and Workforce Partnership, we will ensure our workforce is equipped with the necessary skills and competencies to support patients to self-car and do more to manage their own physical and mental health and wellbeing. This will include training our staff to better recognise prevention opportunities, identify risks and support people's discharge from hospital and their transfer between services.

Our plans to extend the role of pharmacy, dental and optometry will enhance the skill mix within primary care. Working closely with other professionals across primary care will help all primary care staff understand what relevant services are available to their patients.

New ways of working together

We plan to develop specific areas of closer working between primary care professionals and services to tackle particular health challenges facing Greater Manchester.

We aim to realise the contribution dentists can make to identifying and managing diabetes by addressing periodontal disease. Left untreated, periodontal disease affects how diabetes is

controlled and is also associated with an increased risk of cardiovascular disease as it reflects the impact of common risk factors.

The expansion of a community-led minor eye condition service across Greater Manchester will enable high street optometrists to advise and treat patients with minor eye conditions in a consistent way.

We will extend the Minor Ailments service that already exists in five localities to cover Greater Manchester, enable many more patients to easily access self-care advice and, where clinically appropriate, receive treatment for a range of minor ailments. The Minor Ailments service operates in partnership with general practice so that registered patients can get a free, confidential consultation and any medicines they need from a local community pharmacy without the need for a GP appointment.

Theme 5: Innovation

Innovation is critical to enabling us to achieve our ambitions set out within this strategy, to ramp up the pace and scale of change, and deliver better outcomes for patients, so we will seek out innovative models of delivering primary care that can be usefully adopted in Greater Manchester.

Testing both local and national innovation and disseminating learning and best practice will reduce duplication in the system and enable us to develop scalable models across Greater Manchester. We will actively share local and national best practice to scale up services where there is a clear evidence base and learning. There are various ways we plan to do this.

Establishing a repository of best practice

There are great examples of innovative practice taking place across Greater Manchester and beyond. We will provide a repository of best practice to connect people with these examples, to generate ideas, address challenges and to innovate at scale.

Innovation through the Prime Minister's GP Access Fund has provided many examples of how to use digital technology to deliver care that can improve both patient and professional satisfaction. Developing a repository that draws on local and national initiatives such as the Vanguard sites, will enable us to explore and share best practice and learning across Greater Manchester.

Using intelligence and research

Working with the new Health Innovation Manchester partnership and our local academic institutions, we will explore the opportunities offered through academic research and industry partnership. Health Innovation Manchester has been established to accelerate the discovery, development and implementation of new treatments and approaches, with a focus on improving health outcomes and generating economic growth. This will be achieved in a number of ways including:

- Building on groundbreaking work in integrated health data systems to extend to the whole of Greater Manchester - providing more joined-up information to GPs and hospitals
- Improving the ability to use personalised medicine, for more targeted treatment for those who will benefit the most from them
- Enhancing the testing of new medicines or treatments to enable those with the biggest positive impact to be identified and introduced into routine clinical practice as quickly as possible

Greater Manchester has taken this unique step to accelerate health innovation into the local health and social care system. It is already in a strong position with three teaching hospitals, a research-led university base, a number of life science firms and skilled workers, and a large and diverse population.

The Innovation into Practice programme led by the Academic Health Science Network (AHSN) will provide a pipeline of innovation implementation proposals with twin aims of improved health outcomes and cost effectiveness. Oversight of this programme by the Joint Commissioning Board will ensure the focus of this work aligns with this strategy.

Using technology

Embracing advances in technology will enable us to deliver primary care in new ways. We want to use digital technology to improve how people access care, particularly to their GP, while making best use of resources. According to the NHS Five Year Forward View, 86% of adults use the internet but only 2% report using it to contact their GP.

2015 study *Making time in General Practice* concludes that if 30% of patients in a 10,000 patient practice accessed their records twice a year, this would save 4,747 appointments and 8,020 telephone calls, with a cost saving of £29 per patient.

Digital technology will also mean records can be shared across care providers. If we can get the fundamentals of interoperability right, we will have the foundations in place to deliver our ambitions both to become 'paper-free' at the point of care and to strengthen primary care to create easier access to services that fit around the patient's family and work life. The 'Datawell' platform, developed by the Academic Health Sciences Network (AHSN) will roll out across 2016/17, this will enable at scale health record integration across Greater Manchester.

SharetoCare saves patients time and stress

Patients and carers don't want to have to tell their story every time they see a different doctor or nurse or visit a different care setting; this can be stressful and time consuming. In Wigan '**SharetoCare'** means this can be avoided. It brings together patient information and shares it with the professional who is providing care - once the patient or their carer has given their permission.

We especially want make the most of opportunities to improve people's access to advice and treatment through technology, such as online real-time video consultation with a GP as demonstrated, for example, by Push Doctor. This enables patients to talk to a GP when it suits them, from home or work, and to discuss multiple concerns. Connected systems enable patient records to be shared, to support online consultation, and updated.

3. Measuring success

The NHS Five Year Forward View and Greater Manchester Strategic Plan set out a clear direction for out of hospital care in Greater Manchester, showing why change is needed and what it will look like. We recognise that we generally have worse health than England. We will therefore support the integration of health and social care to create a strong out of hospital offer, raise population health outcomes and reduce unwarranted variation in health and care.

This plan will contribute to the overarching outcomes of the Greater Manchester Strategic Plan.

Themes	Measures of success
People powered changes in health and behaviour	• More people in Greater Manchester will access screening programmes, vaccinations and health improvement support such as physical activity & stop smoking services • Fewer people will receive late diagnosis of preventable diseases • Increased 'patient activation' leading to improved health outcomes • High levels of satisfaction with services, demonstrated through staff and patient surveys. This would include an increase in patients that feel better able to self-care and manage their own conditions
Population based models of care	• Fewer people seeking treatment for long-term conditions and mental health issues at A&E • A reduction in unnecessary hospital referrals • A reduction of patients receiving duplicated assessment and treatment • More effective use of resources in primary care • A wider range of directly accessible Primary Care Practitioners
Consistently High Quality Care	• Improved continuity of care during normal opening hours • Wider opportunities to access primary care and clinical advice • Reassurance to patients and carers that care and treatment is delivered to the same high quality, wherever they access services • A more proactive primary care will reduce the need for people to go to hospital, meaning fewer unplanned admissions • Improved identification of patients that who do not currently engage with primary care • Reduction in medication errors whether reported by patients or professionals
Inter-professional working	• Demonstrable achievement against the Greater Manchester Primary Care Medical Standard for improving carers' health and wellbeing • More carers identified, added to primary care registers, and provided with appropriate health checks and support • Fewer patients needing to be admitted to a hospital or nursing home because of a breakdown in their care • Minor ailment and minor eye condition services available through most community pharmacies and opticians • Reduction in hospital-based outpatient appointments and A&E attendances. • Demonstrable access to a wider range of primary care providers

4. Enabling better care

We have identified key enablers that will make it possible to deliver our plans for primary care transformation. In particular we will need to invest in better information systems and technologies, improved primary care estates, the right incentives and support for providers, significant workforce development and effective communications and engagement.

Primary care estate

The estate varies significantly in terms of quality, condition and suitability. Some of the primary care estate is in excellent condition providing state of the art facilities, whilst at the other end of the scale there are a lot of properties that are in very poor condition and no-longer fit for purpose.

Our primary care estate needs to cope with increasing patient activity as more services are developed outside of hospital. We want to ensure patients have access to the right services in the right location at the right time.

Our vision is to make the most of existing community assets and other facilities and is not just about creating new buildings; and to target investment so that it has the greatest impact on improving the quality of primary care services and people's ability to access them. As mentioned in the Greater Manchester Strategic Plan (P44), The 'GM One Public Estate' initiative is aimed at using public sector property assets as a single resource across organisations.

Our vision is aligned to the emerging future model of primary care. The core of this approach is collaboration and partnership working across the primary care system, underpinned by an integrated health and social care team at a locality level.

The primary care estate must be of good quality and fit for purpose to support our planned model of care and ensure primary care providers have the flexibility to meet local patients' needs. It should maximise existing community assets and embrace technology to enable patients to access local diagnostic and treatment services in different ways.

We want to empower local primary care teams and their stakeholders to develop estate solutions that enable delivery of 'place-based' services across a network of neighbourhood locations and make full use of buildings currently available, including patients' own homes, local community centres, traditional primary care facilities and other public sector premises.

Implementing our vision means patients will be able to access a greater range of health services locally, including specialist consultation, diagnostics and urgent care. Staff will benefit from a better working environment and opportunities to interact with a broader range of health and social care professionals, which will also result in improved patient care.

Technology

How we use technology and manage information across the health and social care sector is a key part of our aspirations to transform primary care services in Greater Manchester and achieve specific objectives.

For example, it supports our desire to increase early intervention and prevention, in line with the Five Year Forward View, which sets out the need for change to give people greater control over their own care, remove barriers and increase integration across providers.

The delivery of the Greater Manchester information management and technology (IM&T) strategy will enable us to develop a better understanding of need across the whole system, target services

more effectively and make informed, evidence-based and joined-up commissioning decisions, unlocking efficiencies that would otherwise not be achieved.

Providing patients with increased evening and weekend access to clinicians means we need IT that allows their records to be quickly updated and shared both with the individual and across services. Making health records easily available at the point of care will enhance the patient experience. It will reduce the need for them to travel, especially when shared access to records is available within a hub that offers a range of specialities.

Appropriate IT will enable us to minimise manual processes by delivering secure electronic data and messaging flows. Investment in technology will also open up new ways for patients and primary care professionals to communicate, such as Skype, instant messaging, teleconferencing and video consultations.

Robust controls around consent, information governance (IG) and data sharing are critical cornerstones to increasing the exchange of information to support care pathways that will enable increased information exchange to support care pathways.

Care providers will be required to complete the national IG Toolkit in order to connect to GM infrastructure and systems, which will ensure that controls and processes are in place to protect data and information.

Finance, contracts and incentives

The successful delivery of new models of health and care at locality and GM level will need to be driven through new, innovative, evidence-based contracting models and pricing mechanisms. The scope of these will need to be broad and cover all sectors and a wide range of providers.

Financial and contracting models need to support the NHS Five Year Forward View and national 'out of hospital' agenda. They must act as a disincentive to driving up activity simply to generate income. Instead they should encourage and enable integrated working, in the right place to offer most benefit to the patient, and share risk (for example financial) appropriately across the system.

Whilst there will not be a one-size fits all approach, there will be a set of common principles across the whole of Greater Manchester, and a defined list of options around contracting and payment choices. This will include primary care and specialised services as well as the services currently commissioned by CCGs and local authorities. All models should:

- Incentivise cost reductions from efficiency improvements and effective demand management
- Incentivise integration within and across the health, social and care system
- Facilitate a transparent and accountable pathway for patient outcomes
- Incentivise prevention to counter rising acute hospital care activity

Our vision is for new financial and contracting models that provide an incentive to deliver care services across multiple organisations in a streamlined way, promoting only appropriate referrals. Outcome-based incentives built into the system would mean gains as well as risks would be shared.

Providers will have the incentive to be more proactive about investing in ways to keep people healthy and prevent them becoming ill. We will encourage them to look beyond traditional care boundaries and ways of working. The aim is to develop a more flexible and adaptable primary care workforce, where different teams work closely together to offer integrated services.

Workforce

Our primary care strategy must be built on population needs, not the workforce we currently have. As noted in the case for change, there are already challenges around recruitment, retention and service delivery and the Greater Manchester primary care workforce will need to be enabled to

deliver new models of care to high quality standards. The shortage of GPs, Practice Managers and Practice Nurses is well documented. Although work is ongoing nationally to address these issues, this will not happen overnight. While planning for the workforce of the future, we will look to identify early wins to alleviate some of the pressures on our workforce now.

We must highlight workforce gaps and other risks and opportunities related to having an appropriate workforce to deliver new models of care and services. It will be important to make the most of everyone's contribution to the health and care system, both the formal and informal workforce (paid and unpaid) and especially carers.

As referenced in the Greater Manchester Strategic Plan, we will work with Health Education England (HEE) to upskill our workforce in areas of practice such as self-management, education, shared decision making, health coaching and patient activism.

We plan to develop skills and competency programmes to fully equip staff to deliver care and will ensure generic key competencies such as supporting patients to self-care are built into new and existing primary care worker roles. Work is ongoing to develop a Greater Manchester workforce strategy for primary care. The strategy will inform the wider public sector workforce strategy under devolution and will be tailored to each locality.

Provider and market development

A programme of organisational development for primary care will cultivate local primary care leaders who can provide system leadership as well as support for frontline staff. It will help ensure that both the formal and informal workforce (including carers and volunteers) is engaged with proposed new ways of working and models of care.

This programme will also encourage and support the development of new organisations in which providers collaborate to that can deliver primary care services at scale, both within localities and across Greater Manchester, to support different models of care.

It will help existing as well as new collaborative provider organisations to identify the challenges facing primary care and realise our ambitions for transformation. The programme will identify where the provider market has particular capacity and capability needs, and offer appropriate support in areas such as leadership and procurement.

We will support the development of associations that bring together representative organisations and provider arms to ensure a collaborative approach and shared learning. We will work with providers to consider how to share infrastructure between organisations, at scale and in an appropriate way. This will further support economies of scale and the readiness of the marketplace to deliver new models of primary care.

Communications and engagement

For our plans to succeed, all commissioners, providers and users of primary care need to be fully engaged in supporting primary care transformation. We want all Greater Manchester health and social care professionals to promote good health and prevention as part of every patient contact.

Our communications and engagement activities must clearly show patients, the public and our workforce the benefits of transforming the way that primary care is currently delivered. This means sending out the right messages, in the right way, to develop meaningful dialogue with all our stakeholders. For example: the development of specific campaigns to identify patients who require public health advice and who do not currently engage in primary care.

Our communication and engagement plans will include:

- **Communications** - both internal and external communications, an online and social media presence to share best practice, news, case studies and invite feedback
- **Continuous engagement** - including mapping to understand who our stakeholders are (including groups of patients), the development of a Greater Manchester Patient Reference Group to ensure the co-production of primary care initiatives and regular stakeholder engagement events such as the Primary Care Summits we have had several times

Our plans will include social marketing and other approaches to change behaviours, recognising that our people and communities are our most significant resource in driving the transformation of primary care.

5. Our vision – illustrative diagram to follow

6. How we will deliver

The implementation of this strategy will be via Locality Plans however there are some initiatives which will be delivered at a Greater Manchester level. Clinical Commissioning Groups will ultimately drive this agenda, working with providers to co-produce the deliverables within each of their respective localities. The Primary Care Transformation Programme Team will work with commissioners, providers and other stakeholders to deliver the ambition to transform primary care at scale.

A 3-5 year implementation plan will be developed to ensure that Greater Manchester is quick to demonstrate new ways of working and able to quantify the impact and benefits that result from these improvements

Appendix: Further reading

This appendix provides links to the source of figures used in this strategy and to further information about initiatives and organisations referred to in the document.

About this strategy

Our five year strategy for improving primary care within Greater Manchester, supporting the development of community based care 2014-18 (NHS England Greater Manchester Area Team) **Available on request**: england.primarycaretransformation@nhs.net

NHS England (Greater Manchester) primary care demonstrator evaluation http://clahrc-gm.nihr.ac.uk/our-work/primary-care/access-programme/demonstrator/

NHS England General Practice Forward View https://www.england.nhs.uk/ourwork/gpfv/

Next steps for primary care (Greater Manchester Association of Clinical Commissioning Groups and NHS England) **Available on request**: england.primarycaretransformation@nhs.net

Taking charge of our health and social care in Greater Manchester: The Plan (2015) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

The health challenge in Greater Manchester: The case for change

Our population's health

NHS England Primary Care Web Tool https://www.primarycare.nhs.uk/

2015 GP Patient Survey https://gp-patient.co.uk/

Sight loss UK (RNIB, 2013) http://www.rnib.org.uk/knowledge-and-research-hub

Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view

Greater Manchester Local Eye Health Network https://www.networks.nhs.uk/nhs-networks/gm-lehn

Pressure on current services

2015 GP Patient Survey https://gp-patient.co.uk/

RCGP http://www.rcgp.org.uk/news/2014/june/millions-facing-postcode-lottery-over-gp-appointments.aspx

Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view

Greater Manchester Medicines Management Group http://gmmmg.nhs.uk/

How we are already changing

NHS England (Greater Manchester) primary care demonstrator evaluation http://clahrc-gm.nihr.ac.uk/our-work/primary-care/access-programme/demonstrator/

Healthier Together https://healthiertogethergm.nhs.uk/

Healthy eyes, healthy lives: A vision strategy for Greater Manchester 2013-2016 (NHS England, 2013) https://www.networks.nhs.uk/nhs-networks/gm-lehn/documents/Vision%20Strategy%20V5%20-NHS%20Eng-%20DP.pdf/view

Greater Manchester Primary Care Medical Standards **Available on request**: england.primarycaretransformation@nhs.net

Bolton Quality Contract http://www.boltonccg.nhs.uk/news-and-events/latest-news/721-update-how-we-re-making-your-gp-practice-better

Best practice guidance for improved 'in-hours/additional' access and patient record access. **Available on request**: england.primarycaretransformation@nhs.net

Improving care through community pharmacy – a call to action (NHS England, 2014) https://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/

Greater Manchester Local Professional Network for Pharmacy https://www.networks.nhs.uk/nhs-networks/greater-manchester-local-pofessional-network-for

Greater Manchester Dental Local Professional Network https://www.networks.nhs.uk/nhs-networks/greater-manchester-dental-professional-network

Baby teeth DO matter **Available on request**: england.primarycaretransformation@nhs.net

Greater Manchester Local Eye Health Network https://www.networks.nhs.uk/nhs-networks/gm-lehn

Key principles

People-powered changes in health and behaviour

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 9 (*What we think is needed: Reaching a 'new deal' with the public*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 31 (*Radical upgrade in population health prevention: Increasing early intervention at scale – finding the missing thousands*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

BIG Bolton Health Check http://www.healthcheck.nhs.uk/commissioners_and_providers/national_resources_and_training_development_tools1/case_studies/

Working Well service http://www.ingeus.co.uk/jobseekers/working-well,655

Healthy Living Pharmacy scheme http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

More than medicine: New services for people powered health (Nesta, 2015) http://www.nesta.org.uk/publications/more-medicine-new-services-people-powered-health
Bolton health trainers http://www.boltonft.nhs.uk/services/health-trainers/

Volunteer neighbourhood connectors http://www.ageuk.org.uk/brandpartnerglobal/salfordvpp/volunteer connectors service model.docx

Weight Matters/Cook and Eat – Tameside and Glossop https://www.penninecare.nhs.uk/your-services/service-directory/tameside-and-glossop/health-improvement/health-improvement/tameside-health-improvement-service/

Lose the Fags – Stockport http://www.thensmc.com/resources/showcase/lose-fags

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 35 (*The establishment of fully integrated locality care organisations*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

Population-based models of care

NHS Five Year Forward View page 12 (*Empowering patients*) https://www.england.nhs.uk/ourwork/futurenhs/

NHS Five Year Forward View page 16 (*Chapter 3 What will the future look like? New models of care*) https://www.england.nhs.uk/ourwork/futurenhs/

NHS England new care models vanguard sites https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/

Stockport Together http://www.stockport-together.co.uk/ and https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites/#eighteen

Salford Together http://www.salfordtogether.com/ and https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/primary-acute-sites/#five

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 35 (*The establishment of fully integrated locality care organisations*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

High-level objectives

Consistent high-quality care

Armed Forces Covenant https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information

General Medical Services contract http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services

Quality and Outcomes Framework http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework

Bolton Quality Contract http://www.boltonccg.nhs.uk/news-and-events/latest-news/721-update-how-we-re-making-your-gp-practice-better

Enhanced service specification: Facilitating timely diagnosis and support for people with dementia (NHS England) https://www.england.nhs.uk/wp-content/.../timely-diag-ppl-dementia.pdf

Improving safety in primary care (The Health Foundation, 2011) http://www.health.org.uk

NHS England's Actions for End of Life Care https://www.england.nhs.uk/wp-content/uploads/2014/11/actions-eolc.pdf

NICE Quality Standard End of Life Care for Adults https://www.nice.org.uk/guidance/qs13

Inter-professional working

Clinical pharmacists in general practice pilot https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/

Carers UK information for professionals http://www.carersuk.org/for-professionals

Skills for Care Accolades Award for 'Most Effective New Approach to Innovation and Integration'. Stockport End of Life Project http://www.skillsforcare.org.uk/Getting-involved/Accolades-awards/201415-Accolades-winners.aspx

Volunteering in health and care (King's Fund, 2013) http://www.kingsfund.org.uk/publications/volunteering-health-and-care

Feel Better Fast scheme http://www.choosewellmanchester.org.uk/in-your-area/minor-ailment-service/

Innovation

Prime Minister's GP Access Fund https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/

Health Innovation Manchester http://www.healthinnovationmanchester.com/

NHS Five Year Forward View page 31 (*We will exploit the digital revolution*) https://www.england.nhs.uk/ourwork/futurenhs/

Making time in general practice (NHS Alliance and Primary Care Foundation, 2015) http://www.nhsalliance.org/mediacentre/making-time-in-general-practice/

SharetoCare http://www.wigansharetocare.nhs.uk/

Push Doctor https://www.pushdoctor.co.uk/

Enabling better care

Primary care estate

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 44 (*Buildings*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/

Technology

Information Governance Toolkit https://www.igt.hscic.gov.uk/

Workforce

Taking charge of our health and social care in Greater Manchester: The Plan (2015) page 31-32 (*More people managing health: people looking after themselves and each other*) http://www.gmhealthandsocialcaredevo.org.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/