NHS England

# Greater Manchester Primary Care Commissioning Quarter Four Report 2015/16

# Contents

# 1 Primary Care Contracting

## 1.1 Overview

This report is the final of the Greater Manchester Primary Care Commissioning quarterly reports for 2015/16.

Since April 2015, the Greater Manchester Clinical Commissioning Groups and NHS England entered into joint commissioning arrangements for GP Primary Medical Contracts. To this purpose, joint commissioning committees have been established with the primary purpose of jointly commissioning primary medical services for 10 CCGs and primary care committees for 2 CCGs who have taken devolved responsibilities.

NHS England continues to directly commission the other primary care services, (dental, pharmaceutical and ophthalmic) and secondary care dental services on behalf of the population of Greater Manchester.

There have been a number of key outputs for Primary Care during this last financial year outlined in the table below:

# 1 Key Outputs from 2015/16 in Primary Care

| Medical | Pharmacy |
|---|---|
| Memorandum of Understanding for Joint Commissioning with CCGs | Local Pharmacy Network 7 point transformational plan agreed and subgroups formed |
| Review of APMS time limited contracts (37) to establish strategic approach to possible re-commissioning | Over 120 pharmacy applications received and processed in line with single operating model |
| Successful roll out of the CQRS to support general practice payments and QOF. | Successful management of 694 pharmacy and 8 appliance contracts |
| Successful management of 503 contracts, GMS 308, PMS 158, APMS 37 | Use of an electronic solution for submission of Community Pharmacy Assurance framework data |
| Established a pro-active review process for monitoring the outcome of CQC visits and reports | Visiting schedule to practices prioritised and delivered in line with single operating model |
| Management of regulatory, contract variation, list closures and boundary changes in line with NHS England policy. | Planning for the delivery of the Clinical Pharmacists in GP Practice pilot |
| | Commencement of the roll out of the Summary Care Record to all community pharmacy |
| Dental | Optometry/Eye Care |
| Successful management of 486 contracts, including 384 GDS, 54 PDS, 7 pilot contracts, 30 community services and 16 secondary care contracts. | Local Eye Care Network developing guidelines for the management of Glaucoma referral Refinement, Cataracts, and Low Vision. Scoping of understanding the low uptake of children's sight tests in some localities. |
| Successful practice engagement through annual contract management processes, monthly newsletter and day to day query management | Over 30 GOS contracts received and processed in line with single operating model |
| Roll out of the dental referral management system across Greater Manchester for all specialties | 100% completion of Quality in Optometry Level One Assurance Framework in 2013/14 with planning for 2016/17 |
| Development of the Local Dental Network with 8 identified work streams, including oral surgery/ | Visiting schedule to practices prioritised and delivered in line with single operating model. |

| | |
|---|---|
| oral maxilla facial surgery, orthodontics, pre-school children, older people, periodontal disease, new patient access, research and urgent care. | Successful management of a total of 414 mandatory and additional contracts |
| Initiated reviews for Community Dental Services including provision of dental care for learning disability patients | Audit work on-going to verify information inherited from previous organisations |
| Secondary Care dental contracts management | |

## *Primary Care Transformation for GP Medical*

- Roll out of 35 general practice sites offering 7 day access across GM.
- Establishment of Provider Advisory Groups to provide a voice for Primary Care in the GM Health & Social Care Devolution programme.
- Successful roll out of Prime Minister's GP Access Fund in Wigan Borough and the City of Manchester.
- Development of the GM Primary Care Medical Standards to reduce unwarranted variation an improve health outcomes for the 2.8m population of GM.
- Independent evaluation of Greater Manchester demonstrators.
- Successful delivery of the 4th and 5th Greater Manchester Primary Care summits.

## *Primary Care Transformation for Dental, Eye Care and Pharmacy*

Local Professional Networks have been established for nearly two years within NHS England Greater Manchester Team covering dentistry, eye care communities and pharmacy. The LPNs aim to inform and support the implementation of national strategy and policy at a local level, work with key stakeholders on the development and delivery of local priorities and provide local clinical leadership.

The three Greater Manchester LPNs have been working in collaboration with patients, local clinicians, CCGs, Local Authorities, Health and Wellbeing Boards, neighbouring LPNs, the national LPN Assembly and Local Representative Committees. Each LPN has developed strategies that feed into Greater Manchester Primary Care Strategy, national priorities and transformational change that is particularly focusing on each clinical discipline delivering excellent patient care.

The following table provides a brief summary overview of the work of each LPN.

Greater Manchester Local Professional Networks Overview:

| Dental | Eye Care | Pharmacy |
|---|---|---|
| New patient access | GOS uptake analysis and in particular for patients with Learning Disabilities | Development of a seven point transformational plan with supporting sub groups |
| Urgent Care Pathways | Develop wider Glaucoma care pathway and implement the Glaucoma Repeat measures common pathway. Implement Cataract Pathway with CCGs | LPN Supporting Sub groups: Quality |
| Pre-School Children - Baby Teeth DO Matter | Collaborative work with both CCGs and LAs for a Children's Vision Screening programme | Workforce engagement and development |
| Oral Surgery & Oral Maxillo Facial Surgery Services redesign | Implementation of Optom non-medical prescribers training programme | Service development |
| Orthodontics Quality & Efficiency | eview GM Low vision services | Seamless Care |
| Peridontal disease management | Improve referral processes and communications between primary and secondary care with the use of IT. | Medicines Optimisation |
| Older peoples services - support and advice | | Patient Safety |
| Research in Primary Care | | Promotion of Health and Wellbeing |
| Managed Clinical Networks | | |

### 1.1.1 Greater Manchester Co-Commissioning

Since April 2015, each of the Greater Manchester CCGs have moved to undertake their new responsibilities for the co-commissioning of general medical practice, at the level indicated in the table below:

*Table 1 – Co-Commissioning Responsibilities*

| Level 1 | Level 2 | Level 3 |
|---|---|---|
| None | Bolton<br>Bury<br>Central Manchester<br>Heywood, Middleton and Rochdale<br>North Manchester<br>Salford<br>South Manchester<br>Stockport<br>Tameside and Glossop<br>Trafford | Wigan<br>Oldham |

A Memorandum of Understanding between NHS England and each CCG setting out the agreed working arrangements to the current commissioning arrangements is in place to 31 March 2016.

### 1.1.2 GP Contracts Team Overview

The GP Contracts Team delivers contract management of primary medical care services under the Memorandum of Understanding for Co-Commissioning within Greater Manchester; through partnership arrangements with other local commissioners. The team supports and advises on wider primary care developments across general medical practice.

### 1.1.1 Dental Contracts Team Overview

The Dental Team has overall commissioning, development and contracting responsibilities for primary care, secondary care and community dental services in Greater Manchester. The commissioning agenda is managed with a partnership approach between the commissioning team, Public Health England and clinicians.

### 1.1.2 Optometry and Pharmacy Team Overview

The Optometry and Pharmacy Team was established to cover these two primary care contractor groups and has responsibility for General Ophthalmic Services (GOS) and the NHS Pharmaceutical Terms of Service from all contract holders in Greater Manchester.

### 1.1.3 Financial Position Overview – Month 12 Final Outturn

The Direct Commissioning annual budget at month 12 is £692m and the month 12 final outturn position is showing a surplus above plan of £16.87m and therefore no material change from the position reported at month 11 (month 11 FOT £16.91m).

There has been a net increase to the direct commissioning revenue budget at month 12 of £2.5m which reflects the additional funding for Capital Grants of £2.9m and the transfer of funds totalling £0.4m to CCGs in respect of delivering seven day access and funding for the pride in practice pilot For a more detailed breakdown of Direct Commissioning spend see **Appendix 1**.

### *Table 2 Direct Commissioning Expenditure Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| **Total Primary Care** | **581,008** | **569,669** | 11,339 | **2.0%** | G | **566,348** | **-3,321** |
| **Total Public Health** | 63,009 | 60,358 | 2,651 | **4.2%** | G | **61,757** | **1,399** |
| **Total Community & Secondary Dental** | **48,088** | 45,211 | **2,877** | **6.0%** | G | **44,588** | **-623** |
| **Total** | **692,105** | 675,238 | **16,867** | **2.4%** | G | **672,693** | **-2,545** |

### *Table 3 Surplus Position*

| | Surplus / (Deficit) OT | | | Risk Adjusted Surplus / (Deficit) |
|---|---|---|---|---|
| DCO Team | Month 12 Final Outturn Surplus / (Deficit) £m | Month 12 Surplus / (Deficit) Variance to Prior Month £m | Month 12 Surplus / (Deficit) Variance to Plan £m | Risk Adjusted Surplus / (Deficit) Variance to Prior Month £m |
| Greater Manchester - Primary Care & Secondary Care Dental | 37.05 | (1.44) | 14.21 | (1.44) |
| Greater Manchester - Public Health | 2.65 | 1.40 | 2.65 | 1.40 |
| **DC Total** | **39.70** | **(0.04)** | **16.86** | **(0.04)** |

### 1.1.4 Primary Care Financial Risk and Mitigation Overview

At month 12 the mitigation/net risk position is nil and therefore no change from the position reported at month 11.

### 1.1.5 Primary Care QIPP

The planned QIPP target for Primary Care Commissioning was £1.24m which related to:

- PMS contracts – PMS Reviews, £0.77m recurrent
- GP other Services – £0.47m recurrent

However, at month 4 the savings target was revised downwards to £0.47m and therefore at month 12 we have achieved the revised savings target (see table below).

*Table 4 QIPP Target*

| | QIPP | | |
|---|---|---|---|
| DCO Team | Final Outturn QIPP £m | Month 12 QIPP Variance to Prior Month £m | Month 12 QIPP Variance to Plan £m |
| Greater Manchester - Primary Care & Secondary Care Dental | 0.47 | 0.00 | (0.77) |
| Greater Manchester - Public Health | 0.00 | 0.00 | 0.00 |
| **DC Total** | **0.47** | **0.00** | **(0.77)** |

# 2 Medical Directorate Assurance

The following is a summary of the position for annual appraisal for the year 2015/16, revalidation recommendations for the year 2016/17 and a summary of open performance cases.

## 2.1 Appraisal

At the end of the 2015/16 appraisal year (31 March 2016) the cumulative total of GP's connected to NHS England, Greater Manchester was 2380. Of these, 19 are exempt appraisal, 141 did not require appraisal, for example, because they retired from the Performer List before their appraisal due date, resulting in a total of 2220 appraisals required.

The reasons for the exemptions are sickness, maternity leave, compassionate leave and newly qualified.

Of the 2220, 2070 were completed and signed off within 28 days of the appraisal date (96.5%).

Of the 74 outstanding appraisals, there are 19 for whom the documentation is awaited, with 51 needing to set the date of their appraisal and 4 needing to be agreed and appraised. These are all currently being actively followed up.

## 2.2 Revalidation

107 Doctors are scheduled to revalidate in 2016/17. Of these, 17 revalidation recommendations and 35 deferrals have been made. The remaining 55 are due to revalidate from end May 2016 to 31 March 2017.

The majority of deferrals for this year are due to an open Performance Advisory Group (PAG) case, with a small number being deferred because of health reasons.

## 2.3 Performance Concerns

- 190 open performance concerns cases
  - Medical = 121
  - Dental = 55
  - Pharmacy = 10
  - Ophthalmic = 4

- Four GPs are currently suspended from the Performers List.
- Six GPs and eleven dentists have Performers List conditions.

Performance Advisory Group considered 346 cases in 15/16 some of these will be the same case considered a more than one occasion. Complaint figures are not included in the case numbers) and the Performers List Decision Panel considered 85 cases in 2015/16 (again, some of these will have been the same case heard more than once).

## 2.4 GP Revalidation and Appraisal Expenditure Position

The annual budget for revalidation and appraisal is £1,947k. At Month 12 we are reporting a small underspend of £38k (month 11 FOT £50k underspend).The underspend relates to staffing costs where we have recognised a saving due to two members of the team leaving the organisation part way through the financial year.

***Table 5 Revalidation and Appraisal Expenditure Position***

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| **Appraisal & Revalidation** | **1,947** | **1,909** | **38** | **2.0%** | **G** | **1,897** | **-12** |

# 3 General Medical Contracts

### 3.1.1 GP Contract Management

As part of Co-Commissioning approach across Greater Manchester, GP contracting matters have been reported and managed with each respective Clinical Commissioning Group through their Joint Committee/ Primary Care Commissioning Committee. the overview of performance and issues across general practice, with detailed background by practice provided to the CCG operational groups. Matters identified from these reports are then addressed through the co-commissioning arrangements.

### 3.1.2 GP Patient Satisfaction

The national GP Patient Survey presents patient reported satisfaction levels with GP Practice services, and dental services. The most recent reported survey results, reported in January 2016, present the following picture across Greater Manchester:

| CCG Locality | Ease of getting through to someone at GP surgery on the phone<br>% Easy (total) | Helpfulness of receptionists at GP surgery<br>% Helpful (total) | Able to get an appointment to see or speak to someone<br>% Yes (total) | Convenience of appointment<br>% Convenient (total) | Overall experience of making an appointment<br>% Good (total) | Rating of GP involving you in decisions about your care<br>% Good (total) | Rating of GP treating you with care and concern<br>% Good (total) | Confidence and trust in GP<br>% Yes (total) | Overall experience of GP surgery<br>% Good (total) | Recommending GP surgery to someone who has just moved to the local area<br>% Recommend (total) |
|---|---|---|---|---|---|---|---|---|---|---|
| NHS BOLTON CCG | 77% | 88% | 84% | 92% | 76% | 75% | 84% | 92% | 86% | 78% |
| NHS BURY CCG | 67% | 87% | 85% | 92% | 74% | 74% | 85% | 93% | 86% | 78% |
| NHS CENTRAL MANCHESTER CCG | 70% | 86% | 82% | 88% | 70% | 72% | 80% | 89% | 81% | 73% |
| NHS OLDHAM CCG | 69% | 87% | 81% | 91% | 71% | 73% | 81% | 91% | 83% | 75% |
| NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 57% | 86% | 81% | 92% | 67% | 76% | 83% | 93% | 83% | 72% |
| NHS SALFORD CCG | 69% | 86% | 82% | 93% | 72% | 76% | 84% | 91% | 86% | 78% |
| NHS NORTH MANCHESTER CCG | 69% | 86% | 80% | 90% | 71% | 75% | 82% | 91% | 82% | 73% |
| NHS SOUTH MANCHESTER CCG | 64% | 84% | 82% | 90% | 67% | 77% | 82% | 92% | 83% | 75% |
| NHS STOCKPORT CCG | 76% | 88% | 88% | 92% | 77% | 77% | 87% | 94% | 88% | 82% |
| NHS TAMESIDE AND GLOSSOP CCG | 68% | 85% | 82% | 92% | 71% | 74% | 82% | 91% | 81% | 73% |
| NHS TRAFFORD CCG | 77% | 88% | 84% | 92% | 75% | 76% | 85% | 94% | 87% | 80% |
| NHS WIGAN BOROUGH CCG | 75% | 90% | 85% | 94% | 77% | 76% | 84% | 92% | 87% | 79% |

### 3.1.3 General Medical Contracts Expenditure Position

The annual budget at month 12 is £308,259k (month 11 £306,759k). The net increase to the budget of £1.5m since the position reported at month 11 reflects additional allocations for Capital Grants of £1.9m and the transfer of funds to Bury CCG totalling £0.33m for seven day access and £0.07m to Central Manchester CCG to fund a pride in practice pilot.

General Medical contracts are reporting an underspend position of £6,964k at the yearend (month 11 FOT £6,135K). The main areas contributing to the position are

Directed Enhanced Services (DES) where we have realised a benefit relating to the 14-15 year end position and DES 15-16 activity which is lower than budget. Also, we have realised savings against the GP IT budget due to central costs coming in lower than anticipated and premises costs mainly relating to Community Health Partnerships (CHP) and Property services are not as high as originally anticipated. In addition, the release of the contingencies into the final outturn has impacted on the year end position.

*Table 6 General Medical Contract Expenditure Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| Grma Non Hq Property Services Costs | 21,603 | 20,203 | 1,400 | 6.5% | A | 21,603 | 1,400 |
| General Practice | 285,151 | 280,176 | 4,975 | 1.7% | G | 277,875 | -2,301 |
| Primary Care IT | 1,505 | 916 | 589 | 39.1% | A | 988 | 72 |
| Total Medical Contracts | 308,259 | 301,295 | 6,964 | 2.3% | G | 300,466 | -829 |

### 3.1.4 Financial Risks and Opportunities

All risks were removed at month 6 (see section 1 Financial Position Overview).

# 4 Ophthalmic Services

### 4.1.1 Number of Contracts and Contractual Actions

Ophthalmic applications are opportunistic and are not subject to any needs based assessment. Below are the figures for General Ophthalmic Services (GOS) coverage. An analysis of the availability of GOS services has been completed. To determine if there areas where patient groups are unable to access sight teats. The results indicate that sight test uptake falls away with increasing distance from the optometry practice. However for Greater Manchester there are no obvious gaps with good coverage at a 2km distance for the majority of patients.

***Table 7 Ophthalmic Contract Contracts per Locality***

| Area | Mandatory Contracts | Additional Contracts |
|---|---|---|
| Bolton | 35 | 9 |
| Bury | 19 | 7 |
| Oldham | 20 | 3 |
| Manchester | 52 | 4 |
| Rochdale | 24 | 7 |
| Salford | 25 | 7 |
| Stockport | 35 | 7 |
| Tameside and Glossop | 24 | 3 |
| Trafford | 30 | 5 |
| Wigan | 31 | 13 |
| GM Additional Only | | 23 |
| **Total** | **295** | **88** |

There were five contractual sanctions issued in Quarter 4 – two breaches and three remedial notices.

### 4.1.2 Contract Assurance

The NHS England policy requires a programme of contract assurance to take place every three years. This programme was completed for Greater Manchester in 2014. The next round of assurance is due to take place in 2016/17. In addition a separate project looking into the provision and contract compliance of additional contract holders has been completed. The project has resulted in the termination of inactive contracts (ie contractors who have not provided GOS services for at least a year), whilst maintaining good additional services coverage across Greater Manchester from the active contracts.

### 4.1.3 Ophthalmic Contracts Expenditure Position

The Ophthalmic annual budget is £30,572k (month 11 £30,072k). The increase of £500k to the budget reflects the receipt of an additional allocation which has been used to support practices to become IG Level 2 compliant. At month 12 we are showing an over spend of £1,125k (month 11 FOT overspend £391k). The position mainly relates to the 14-15 year end position where the actual expenditure for March 2014 was higher than the anticipated value shown in the year end accounts. In addition, based on the latest information received activity for 15-16 is higher than anticipated at month 11.

***Table 8 Ophthalmic Contract Expenditure Position***

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| **Ophthalmic Contracts** | **30,572** | **31,697** | **-1,125** | **-3.7%** | **G** | **30,463** | **-1,234** |

### 4.1.4 Population Access to General Optical Services in Greater Manchester

The objective of General Ophthalmic Services (GOS) is to provide through community optician practices, preventative and corrective eye care for children, people aged 60 and over, people on low incomes and those suffering from, or pre-disposed, to eye disease.

Eye care services are available 'on demand' largely in the high street from the private sector. In August 2008, the Primary Ophthalmic Services Regulations came into force in England with subsequent amendments in 2014. The regulations for Government funded services cover such issues as patient eligibility for sight tests, how patients apply for a sight test and eligibility for domiciliary sight tests. There are no reporting requirements explicitly set out in the regulations.

Although such data are not centrally collected, a large number of sight tests are delivered on an entirely private basis with no support from Government funding.
Activity on NHS sight tests, optical vouchers and repairs/replacement are collected via a series of GOS forms:

### *Table 9 GOS Data Collection Forms*

| | |
|---|---|
| GOS 1 | NHS sight tests including patient eligibility information |
| GOS 2 | Optical prescription or statements given to the patient. |
| GOS 3 | NHS Optical vouchers, including patient eligibility information |
| GOS 4 | NHS Optical repair/replacement vouchers – including patient eligibility and voucher type |
| GOS 5 | Private sight tests with partial help towards the full costs |
| GOS 6 | Domiciliary sight tests |

Currently, information from GOS 1,3,4,5 and 6 are used in publications from the Health and Social Care Information Centre (HSCIC). The information below is drawn from the HSCIC Eye Care Publications: Narrative to 13 January 2016 Publications.

## 4.2 Number of people on the register of blind people by age band (National Data).

The trend is for decreasing numbers of registrations each year despite an aging population. The published figure of is likely to under report the actual incidence of sight impairment. Reasons for this include:

- Known variability in uptake of individual ophthalmologists offering registration to patients;
- Not all patients want the label of sight impaired especially if they are working, previously they would have to be registered to access social services. This is no longer always the case for all services.
- There may be improvements in medical care especially related to glaucoma and wet AMD.

## 4.3 NHS Sight Tests by practitioner type – April 2015 – September 2015

The figure for GM is quoted as 338,716 for Optometrists and zero for Ophthalmic Medical Practitioners (OMPs). However we are aware of at least one optical practice (in Wigan) that is supplied solely by OMPs and there would be an expectation that there should be at least a small number of tests undertaken. However, both Optometrists and OMPS may have been classed as opticians. This could easily explain the discrepancy.

In considering the overall numbers of NHS funded sight tests undertaken against similar population size and demographics, for example West Yorkshire and Birmingham the total number of tests provided are comparable.

## 4.4 NHS domiciliary sight tests by type April 2015 – September 2015.

*Table 10 Domiciliary Sight Tests by type*

| | GM | England |
|---|---|---|
| Higher Rate | 63.7% | 63.2% |
| Lower Rate | 36.3% | 36.8% |

Comparing the percentage total for Greater Manchester against England) for both Higher rate (1st two people seen in one location at same visit), and Lower Rate (applied to subsequent patients tested in same location at the same visit), we mirror the England average and comparable with other areas. These results provide some assurance that if the results were lower this might indicate poor practice such as blanket testing of all people in a home regardless of clinical need.

## 4.5 NHS vouchers issued, by type and geography

The type of optical voucher issued is based upon the patient's prescription and the lens format they need. Voucher types A-D are for single vision spectacles; where A is the band for people with the lowest prescriptions and D the highest prescriptions. Vouchers E-G are for bifocal or varifocal lenses. The ratio of low prescription vouchers (A) issued compared to higher voucher values is similar in GM to other parts of North region and England indicating that prescribing rates are in line with other areas.

In GM we issue a lower proportion of tint, prism and small glasses supplements compared to England. There is no obvious reason for this. It may be related to variations in the population in GM compared to others.

## 4.6 NHS Vouchers issued for repairs and replacement of frames and lenses

Children aged under 16 and looked after children who are 16 and 17 are entitled to unlimited repairs and replacements to their spectacles. Adults are only entitled to NHS repairs if the loss or damage to their spectacles is as a result of their illness e.g. damage whilst having an epileptic seizure. Suppliers must seek prior approval from NHS England for repairs to adult spectacles.

There is a general downward trend in number of repairs undertaken in England compared with the previous year. This trend is followed in GM which shows a 3% drop in repair vouchers issued. In North region the reduction is between 2% and 4% except for Merseyside where the reduction was 9.1%.

GM has a rigorous system in place for validating claims for adult repairs claims that are not valid. However, the total number of repairs is similar to other areas where there is little such activity. Investigation of the GM repairs log suggests that there is a rejection of a significant number of claims for adult repairs, resulting in a reduced overall number of claims.

Greater Manchester, as part of its clinical commissioning with the Local Eye Health Network (LEHN), commissioned an Eye Health Needs Assessment (Future InSight) in 2013 to determine the nature and size of the risk relating to visual impairment that exists in Greater Manchester. The Strategy is currently being reviewed and refreshed in light of publication of the Greater Manchester Commissioning for Reform and the Greater Manchester Primary Care Strategy.

The key findings of Future InSight suggest that up to 800,000 people in Greater Manchester are at risk of visual impairment. At least 50% of this visual impairment may be avoided or cured by suitable intervention. Good management of the remaining cases can minimise the visual loss and disability that is related to eye chronic disease.

The most logical tool for case detection in the general population is the sight test as this includes both refraction, with prescription of spectacles where required, and an assessment of eye health with onward referral in cases of possible eye disease. The Greater Manchester area has a comparable level of NHS sight testing as other areas in the North West. However, this still only covers approximately one quarter of the total population.

The recent figures for sight tests from the Information Centre relating to 2011 reveals that only 1 in 5 children and approximately 1 in 10 adults of working age have had their eyes tested. The figures for older adults were rather better as 60% over 60s have been sight tested but this still means that 40% of this high risk group may have undetected ocular conditions.

The LEHN has initiated a GOS working group to explore the uptake of GOS within GM.

Early findings have shown that:

- The relationship between deprivation and uptake was not clear in GM.
- Variation between former PCT areas and lack of a consistent pattern.
- There is a clear reduction in uptake with each km (as crow flies) from an optical practice whatever the age of the patient.
- Under 16s uptake is 25% below the average for similar LSOAs.
- 16-59 year olds uptake is 35% less than the average for similar LSOAs.
- For over 60s this reverses and uptake is 26% higher than similar LSOAs.

# 5 Pharmaceutical Contracts

NHS England has responsibility for ensuring adequate provision of pharmaceutical services in local Health and Wellbeing Board areas. Health & Wellbeing Boards (HWBs) have responsibility for assessing pharmaceutical needs in their locality and publishing their findings and any identified gaps in their Pharmaceutical Needs Assessment (PNA). NHS England determines applications for new premises in line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, based on needs identified in the PNA.

### 5.1.1 Local Access to pharmaceutical services

The following table provides the details of the current number of Community Pharmacies and Dispensing Appliance Contractors (DACs) as of March 2016. The table also details where a PNA has identified a gap in provision of service and the resulting action undertaken by NHS England.

***Table11 – Local Pharmaceutical services***

| HWB Area | Number of Pharmacies | Number of DACs | Identified gaps in PNA | Action taken |
|---|---|---|---|---|
| Bolton | 75 | 0 | No gap identified | N/A |
| Bury | 42 | 0 | Identified gap for the Besses' Ward | A number of applications were received by NHS England offering to meet the identified need. One of the applicants was successful on appeal, and is due to open a new pharmacy in the Besses ward in May 2016, thus fulfilling the identified need." |
| Derbyshire (Glossop) | 7 | 0 | No gap identified | N/A |
| Oldham | 59 | 0 | No gap identified | N/A |
| Manchester | 141 | 2 | No gap identified | N/A |
| Rochdale | 51 | 1 | No gap identified | N/A |
| Salford | 60 | 1 | No gap identified | N/A |
| Stockport | 72 | 1 | No gap identified | N/A |
| Tameside | 60 | 2 | No gap identified | N/A |
| Trafford | 65 | 1 | No clear gap identified- however PNA commented that extra weekend service in the Partington area may be beneficial | Extra Saturday coverage has been secured in the area. Pilot offering Sunday opening commissioned for 3months. Audit results showed lack of patient demand. |
| Wigan | 72 | 0 | No gap identified | N/A |
| **Total** | **697** | **8** | | |

### 5.1.2 Contract Management and Assurance

Three contractual breach notices were issued in Quarter Four.
Contract assurance takes place on an annual basis; the work commenced during Q3 and is ongoing during Q4 for 2015/16 and is due to be completed by the end of June 2016.

### 5.1.3 Local Service Development and Delivery

***Dispensed Items***

The number of NHS prescription items dispensed by pharmacy contractors in Greater Manchester is published on a monthly basis, though with a time lag of three months. Volume of prescription items remains the main source of income for pharmacy contractors. On average for GM, there are approximately five million prescriptions dispensed per month. At the time of writing not all data was available for quarter 4.

***MUR and NMS***

Medicine Use Reviews (MURs) and the New Medicines Service (NMS) are advanced services; any pharmacy can choose to provide. Both services share similar aims, to increase patient compliance and understanding of their medication as part of medicines optimisation. Under the National Terms of service Pharmacy Contractors are restricted to 400 MURs a year regardless of the number of prescription items they dispense. The maximum number of NMS consultations a contractor can undertake are limited to the number of prescription items dispensed.

The aim of a Medicine Use Review is to achieve a concordant approach to medicine taking by:

- Establishing the patient's actual use, the understanding & experience of taking their medicines;
- Identifying, discussing & resolving poor or ineffective use of their medicines;
- Identifying side effects& drug interactions that may affect patient compliance;
- Improving the clinical effectiveness & cost effectiveness of prescribed medicines & reducing medicine wastage.

Table 12 below provides activity levels for local delivery of services from Community Pharmacy providers. This data has only just started to be made available and will support development of business intelligence and service impact through community pharmacy. Aspects of this data are available at a CCG level; however some data is only available at a Greater Manchester level due to reporting by Pharmaceutical list detail. There is a three month lag of the data being available, so for example the information for June 2015 shall be available in September 2015.

***Table 12– Local Service provision***

| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | |
|---|---|---|---|---|---|---|---|---|---|
| Data Set | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct 15 | Nov 15 | Dec 15 |
| Items dispensed[1A] | 5,118,836 | 4,938,086 | 5,235,806 | 5,427,559 | 4,817,994 | 5,191,415 | 5,230,731 | 5,014,442 | 5,,563,274 |
| MUR Consultations[1AB] | 15141 | 15311 | 17236 | 17161 | 15463 | 15626 | 17236 | 16952 | 14377 |
| No. of MUR Consultations per 10,000 items | 30 | 31 | 33 | 32 | 32 | 30 | 33 | 30 | 26 |
| NMS Consultations[1AB] | 4178 | 4001 | 4316 | 4363 | 4001 | 3813 | 4133 | 4184 | 4316 |
| No. of NMS Consultations per 10,000 items | 8 | 8 | 8 | 8 | 8 | 7 | 8 | 8 | 8 |

***Data Sources:***

[1] - Data received from Management Information System

***Service delivery location identification***

[A] – Greater Manchester

[B] – Clinical Commissioning Group

### 5.1.4 Pharmacy Contracts Expenditure Position

The Pharmacy annual budget is £96,104k (month 11 £96,104k). At month 12 pharmacy is reporting a yearend underspend of £2,194k (month 11 FOT £2,979K). The movement in the position mainly reflects higher activity based on the latest information received.

*Table 13 Pharmacy Contract Expenditure Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| **Pharmacy Contracts** | **96,104** | **93,910** | **2,194** | **2.3%** | **G** | **93,124** | **-786** |

# 6 Dental Contracts

### 6.1.1 Greater Manchester Dental Contracts

The Dental Contracts Team commissions the full dental pathway for the population of Greater Manchester and manages dental contracts across Primary Care, Community and Secondary Care. Within Primary Care contracting, there are a number of local practices involved in the national dental contract reform programme and therefore hold pilot/prototype contracts rather than the usual contracts for General or Personal Dental Services (GDS/PDS). The new prototype approach will focus on pathways, quality and outcomes and supports continuing care and prevention rather than the current system which tends to focus on treatment and repair.

*Table 14 Primary Care Dental Contracts across Greater Manchester*

| Local Authority (LA) | Contract Type | GDS | PDS | Prototype |
|---|---|---|---|---|
| Rochdale | General | 25 | 1 | 1 |
| | Orthodontic | 0 | 5 | 0 |
| | Gen&Ortho | 3 | 0 | 0 |
| Oldham | General | 36 | 1 | 0 |
| | Orthodontic | 1 | 1 | 0 |
| | Gen&Ortho | 0 | 0 | 0 |
| Bury | General | 28 | 0 | 0 |
| | Orthodontic | 0 | 1 | 0 |
| | Gen&Ortho | 2 | 0 | 1 |
| Bolton | General | 26 | 1 | 1 |
| | Orthodontic | 0 | 2 | 0 |
| | Gen&Ortho | 1 | 1 | 0 |
| Trafford | General | 39 | 1 | 0 |
| | Orthodontic | 0 | 6 | 0 |
| | Gen&Ortho | 0 | 0 | 0 |
| Tameside and Glossop | General | 32 | 0 | 1 |
| | Orthodontic | 0 | 6 | 0 |
| | Gen&Ortho | 0 | 0 | 0 |
| Stockport | General | 43 | 0 | 1 |
| | Orthodontic | 0 | 2 | 0 |
| | Gen&Ortho | 3 | 0 | 0 |
| Salford | General | 34 | 2 | 1 |
| | Orthodontic | 0 | 6 | 0 |
| | Gen&Ortho | 3 | 0 | 0 |
| Wigan Borough | General | 30 | 1 | 0 |
| | Orthodontic | 0 | 3 | 0 |
| | Gen&Ortho | 5 | 0 | 0 |
| Manchester | General | 70 | 3 | 1 |
| | Orthodontic | 2 | 3 | 0 |
| | Gen&Ortho | 0 | 0 | 0 |
| | **Totals** | **386** | **52** | **7** |

*Table 15 Community Dental Contracts across Greater Manchester*

| Local Authority | Contract Type PDS+ | Contract held by | Services delivered |
|---|---|---|---|
| Heywood, Middleton & Rochdale, Bury, & Oldham | 1 | Pennine Care NHS Foundation Trust | Access, Urgent Care, General Anaesthetics (GA) assessments, Domiciliary service, special care sedation, Restorative & Prosthetics, GA special care at Rochdale, Special Care Paediatric Dental services, Conscious Sedation, GA for Paediatrics at Oldham, GA for special needs at Bury. |
| Bolton, Trafford, Wigan, Stockport, Tameside & Glossop | 1 | Bridgewater Community Healthcare Foundation Trust | Special Care Dentistry, Inhalation sedation, Domiciliary, Paedodontics, GA Paediatrics at Tameside General, Oral Surgery |
| Salford | 1 | Salford Royal NHS Foundation Trust | Special Care Dentistry, Inhalation sedation, GA assessments, GA for Special Care Dentistry, Homeless service, Domiciliary, Barton Moss Secure Children's Unit |
| Manchester | 1 | Central Manchester NHS Foundation Trust | Paediatric dentistry, Special Care Dentistry, inhalation sedation, Domiciliary, Adult Special GA at NMGH, GA/IV sedation at CMFT. |

### 6.1.2 Access to NHS Dental Services

Non-recurrent investment (from under-performance in dental services) within 2015/16 targeted access for an additional 8,000 patients across Greater Manchester.
The actual increase in people receiving general dental services was 15,644.
Therefore, contract management and engagement of dental practices resulted in efficiency and productivity of a similar number of patients to that achieved through financial investment.

This increase in access is higher than comparable figures for North of England and national figures.
As an indication of access for the local population (using ONS data), c. 61.8% of the Greater Manchester population have accessed NHS dental services over the past 24 months (compared to 61.2% for NoE and 55.6% across England).
However, access is variable across Greater Manchester localities, with only 56.2% indicated within Bolton compared with 65.2% in Stockport. Although access overall across Greater Manchester has increased, with increase in every locality during Quarter 4. However, it is recognised that there was been a small drop in patient numbers accessing services in Oldham and Tameside, comparing April 2015 and April 2016 figures, which shall be reviewed in 2016/17.

*Table 16 Overall patient numbers who have accessed NHS dental services in the past 24 months.*

| Commissioning Region Name | 24-month Patient Seen Total | | |
|---|---|---|---|
| | Apr-15 | Jan-16 | Apr-16 |
| **Greater Manchester** | **1,674,163** | **1,674,905** | **1,689,807** |
| Bolton | 155,497 | 153,648 | 157,528 |
| Bury | 106,426 | 109,484 | 110,505 |
| Manchester | 304,335 | 305,831 | 306,700 |
| Oldham | 143,958 | 141,878 | 142,788 |
| Rochdale | 129,507 | 130,648 | 133,393 |
| Salford | 150,903 | 152,043 | 153,522 |
| Stockport | 185,572 | 185,705 | 187,043 |
| Tameside | 134,844 | 133,497 | 134,242 |
| Trafford | 137,094 | 137,588 | 139,322 |
| Wigan | 203,212 | 203,750 | 205,317 |

*Table 17: Change in levels in access to NHS dental services by locality*

| Commissioning Region Name | Change from previous quarter | Change from previous year | Current Performance (as % of ONS Population) |
|---|---|---|---|
| | Jan16 to Apr16 | Apr15 to Apr16 | |
| **Greater Manchester** | **14,902** | **15,644** | **61.8%** |
| Bolton | 3,880 | **2,031** | 56.2% |
| Bury | 1,021 | **4,079** | 58.9% |
| Manchester | 869 | **2,365** | 59.0% |
| Oldham | 910 | **- 1,170** | 62.4% |
| Rochdale | 2,745 | **3,886** | 62.6% |
| Salford | 1,479 | **2,619** | 63.4% |
| Stockport | 1,338 | **1,471** | 65.2% |
| Tameside | 745 | **- 602** | 60.8% |
| Trafford | **1,734** | **2,228** | 59.9% |
| Wigan | 1,567 | **2,105** | 64.0% |

### 6.1.3.GP Patient Satisfaction Survey for Dental Services

The national GP Patient Survey presents patient reported satisfaction levels with GP Practice services, and dental services. The most recent reported survey results, reported in January 2016, present the following picture across Greater Manchester:

| CCG Locality | Successful in getting an NHS dental appointment<br>% Yes | Overall experience of NHS dental services<br>%Very or Fairly Good |
|---|---|---|
| NHS BOLTON CCG | 89% | 81% |
| NHS BURY CCG | 89% | 85% |
| NHS CENTRAL MANCHESTER CCG | 91% | 81% |
| NHS OLDHAM CCG | 89% | 83% |
| NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 91% | 85% |
| NHS SALFORD CCG | 91% | 83% |
| NHS NORTH MANCHESTER CCG | 88% | 81% |
| NHS SOUTH MANCHESTER CCG | 87% | 79% |
| NHS STOCKPORT CCG | 92% | 85% |
| NHS TAMESIDE AND GLOSSOP CCG | 91% | 86% |
| NHS TRAFFORD CCG | 93% | 85% |
| NHS WIGAN BOROUGH CCG | 95% | 88% |

**Friends & Family Test for Dental Services (April 2016)**

The NHS patient feedback arrangements through the friends and family test indicated a high level of satisfaction in regard receipt of NHS dental services.

Data indicates that the majority of feedback is provided in handwritten form (76%), with 15% being by tablet/kiosk, 5% by smartphone or online, and 3% by text messaging. Only 1% was collected by telephone.

*Table 18: Dental FFT data (April 16)*

| Locality | Sum of Patients treated May 2015 to April 2016 | Average of Percentage Recommended | Average of Percentage Not Recommended |
|---|---|---|---|
| Bolton | 109377 | 99% | 0% |
| Bury | 89574 | 96% | 0% |
| Central Manchester | 58727 | 93% | 4% |
| Oldham | 101284 | 94% | 1% |
| Heywood, Middleton & Rochdale | 89149 | 99% | 0% |
| Salford | 106471 | 97% | 0% |
| North Manchester | 72492 | 99% | 0% |
| South Manchester | 46452 | 99% | 0% |
| Stockport | 130107 | 100% | 0% |
| Tameside & Glossop | 104097 | 98% | 0% |

| | | | |
|---|---|---|---|
| Trafford | 92252 | 98% | 1% |
| Wigan | 169956 | 97% | 0% |
| **Grand Total** | **1169938** | **98%** | **0%** |

### 6.1.3 Dental Contracts Expenditure Position

The Dental annual budget is £135,109k (month 11 £135,109k). At month 12 we are reporting an underspend position of £3,268k and therefore no material change from the position reported at month 11. The position is mainly due to an increase in patient charge revenue, underspends on primary dental activity and the full impact of the DDRB award which has resulted in a lower inflation cost than originally anticipated therefore creating an underspend against the contracts.

*Table 19 Dental Annual Budget Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| **Dental Practice** | **135,109** | **131,841** | **3,268** | **2.4%** | **G** | **131,880** | **39** |

### 6.1.4 Financial Risk and Opportunities

At month 6 all risks were removed (see section 1 Financial Position Overview).

# 7 Secondary Care Dental Services

### 7.1.1 Number of Contracts

Seventeen Trusts across the North West are actively contracted for Secondary Care Dental Services for the population of Greater Manchester.
These secondary dental care services include the following specialties:

- Oral surgery and Maxillo-facial oral surgery
- Restorative dental services
- Orthodontics
- Oral medicine
- Paediatric dentistry
- Special Care Dentistry

For 2015/16, the agreed contracts for these 17 providers are shown in **Table 16**. Any activity provided, under patient choice, which is delivered by a provider not included in this table is considered as NCA (none contracted activity).

| Provider | Sum of Sum of Revised Activity | Sum of Sum of Final Revised Value | Sum of Sum of CQUIN | Sum of Sum of Total Value incl CQUIN |
|---|---|---|---|---|
| Aintree University Hospital NHS Foundation Trust | 235.00 | 134,294.30 | 3,341.02 | 137,635.32 |
| Alder Hey Hospital | 147.59 | 26,791.85 | - | 26,791.85 |
| Blackpool Teaching Hospitals | 25.00 | 4,120.21 | 103.01 | 4,223.21 |
| Bolton Foundation Trust | 9,714.85 | 1,729,526.37 | 43,238.16 | 1,772,764.53 |
| Central Manchester University Hospitals Foundation Trust | 78,439.00 | 14,333,587.42 | | 14,333,587.42 |
| East Cheshire Trust | 269.79 | 53,771.21 | 1,344.28 | 55,115.49 |
| East Lancashire Hospitals NHS Trust | 1,006.88 | 616,335.57 | 15,408.39 | 631,743.96 |
| Lancashire Teaching Hospitals NHSFT | 673.46 | 112,443.60 | | 112,443.60 |
| Pennine Acute Hospitals NHS Trust | 33,217.53 | 7,457,641.21 | 186,441.03 | 7,644,082.24 |
| Royal Liverpool & Broadgreen Hospitals | 873.14 | 102,836.61 | 2,570.89 | 105,407.51 |
| Salford Royal FT | 11,889.00 | 1,867,265.24 | 46,681.63 | 1,913,946.87 |
| Southport & Ormskirk Hospitals NHST | 222.00 | 35,918.98 | 897.98 | 36,816.96 |
| Stockport NHS FT | 10,860.00 | 1,763,155.31 | 44,078.88 | 1,807,234.19 |
| Tameside NHS FT | 10,876.00 | 1,781,498.21 | 44,537.46 | 1,826,035.67 |
| University Hospital of South Manchester NHS FT | 11,687.87 | 2,668,846.75 | - | 2,668,846.75 |
| Warrington & Halton Hospital | 223.00 | 37,639.66 | 940.99 | 38,580.65 |
| Wrightington, Wigan and Leigh NHS FT | 10,157.33 | 1,951,058.94 | 48,776.47 | 1,999,835.41 |
| **Grand Total** | **180,517.46** | **34,676,731.45** | **438,360.19** | **35,115,091.64** |

### 7.1.2 Contract Assurance

**Secondary Care Dental Performance:**

Management of demand for secondary care dental services continues to be supported by dental referral management arrangements. However, national datasets for referral to treatment reporting only includes the oral surgery specialty with other dental specialties being grouped, along with others, into a generic 'Other' category.

Work is ongoing with providers to seek to have clarity of waiting time positions across the dental specialties delivered by Greater Manchester providers.

The following tables present the reported position of Greater Manchester secondary care providers for Incomplete, Non-Admitted and Admitted Oral Surgery pathways.

## *Table 20: Incomplete Oral Surgery Pathways by Greater Manchester Provider (March 2016)*

| Provider Name | Total number of incomplete pathways | Total within 18 weeks | % within 18 weeks | Average (median) waiting time (in weeks) | 92nd percentile waiting time (in weeks) |
|---|---|---|---|---|---|
| THE CHRISTIE NHS FOUNDATION TRUST | 6 | 6 | 100.0% | - | - |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 506 | 405 | 80.0% | 10.2 | 23.5 |
| SALFORD ROYAL NHS FOUNDATION TRUST | 555 | 534 | 96.2% | 5.9 | 14.6 |
| BOLTON NHS FOUNDATION TRUST | 833 | 763 | 91.6% | 6.6 | 18.4 |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 921 | 858 | 93.2% | 5.9 | 17.1 |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 2,682 | 2,393 | 89.2% | 6.3 | 19.4 |
| PENNINE ACUTE HOSPITALS NHS TRUST | 1,908 | 1,833 | 96.1% | 5.4 | 16.3 |
| STOCKPORT NHS FOUNDATION TRUST | 1,404 | 1,225 | 87.3% | 8.0 | 19.8 |

## *Table 21: Non-Admitted Oral Surgery Pathways – by Greater Manchester Provider (March 16)*

| Provider Name | Total number of completed pathways (all) | Total number of completed pathways (with a known clock start) | Average (median) waiting time (in weeks) | 95th percentile waiting time (in weeks) | Longest Wait |
|---|---|---|---|---|---|
| THE CHRISTIE NHS FOUNDATION TRUST | 2 | 2 | - | - | 7-8 weeks |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 42 | 42 | - | - | 24-25 weeks |
| SALFORD ROYAL NHS FOUNDATION TRUST | 69 | 69 | 6.7 | 15.8 | 23-24 weeks |
| BOLTON NHS FOUNDATION TRUST | 191 | 191 | 8.8 | 20.9 | 31-32 weeks |
| TAMESIDE HOSPITAL NHS FOUNDATION TRUST | 138 | 138 | 9.8 | 24.6 | 34-35 weeks |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 137 | 137 | 3.9 | 8.8 | 19-20 weeks |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 624 | 624 | 5.7 | 23.7 | 49-50 weeks |
| PENNINE ACUTE HOSPITALS NHS TRUST | 389 | 389 | 5.3 | 17.7 | 31-32 weeks |
| STOCKPORT NHS FOUNDATION TRUST | 185 | 185 | 15.0 | 25.8 | 47-48 weeks |

*Table 22: Admitted Oral Surgery Pathways – by Greater Manchester Provider (March 16)*

| Provider Name | Total number of completed pathways (all) | Total number of completed pathways (with a known clock start) | Average (median) waiting time (in weeks) | 95th percentile waiting time (in weeks) | Longest Wait |
|---|---|---|---|---|---|
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 79 | 79 | 16.3 | 25.8 | 34-35 weeks |
| SALFORD ROYAL NHS FOUNDATION TRUST | 17 | 17 | - | - | 17-18 weeks |
| BOLTON NHS FOUNDATION TRUST | 56 | 56 | 17.6 | 28.1 | 29-30 weeks |
| TAMESIDE HOSPITAL NHS FOUNDATION TRUST | 41 | 41 | - | - | 20-21 weeks |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 175 | 175 | 16.7 | 34.3 | 40-41 weeks |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 109 | 109 | 9.0 | 27.8 | 45-46 weeks |
| PENNINE ACUTE HOSPITALS NHS TRUST | 225 | 225 | 12.0 | 23.3 | 45-46 weeks |
| STOCKPORT NHS FOUNDATION TRUST | 95 | 95 | 11.0 | 26.6 | 33-34 weeks |

### 7.1.3 Secondary Care Dental Contracts Expenditure Position

The Secondary Care and Community Dental Services annual budget is £48,088k (month 11 £48,088k). At Month 12, we are reporting a yearend underspend of £2,877K (month 11 FOT £3,500k). The movement in the position is mainly due to contract underperformance not being at the level anticipated at month 11 based on the latest information received.

*Table 23 Secondary Care Dental Contracts Expenditure Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| **Community & Secondary Dental** | | | | | | | |
| **Community Dental** | **12,501** | **12,443** | **58** | **0.5%** | **G** | **12,501** | **58** |
| **Secondary Care Dental** | **35,587** | **32,768** | **2,819** | **7.9%** | **G** | **32,087** | **-681** |
| **Total Community & Secondary Dental** | **48,088** | **45,211** | **2,877** | **6.0%** | **G** | **44,588** | **-623** |

# 8 Transforming Primary Care

## 8.1 Prime Ministers Challenge Fund (PMCF)

### 8.1.1 Prime Ministers Challenge Fund Expenditure Position (PMCF)

The Prime Ministers Challenge Fund annual budget is £9,017k (month 11 £8,517k). The increase to the budget of £500k reflects an additional allocation for Bolton CCG

to fund seven day access. At Month 12 we are showing a breakeven position as previously reported.

*Table 24 Prime Ministers Challenge Fund Expenditure Position*

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| **GRMA Prime Ministers Challenge Fund** | **9,017** | **9,017** | **0** | **0.0%** | **G** | **8,517** | **-500** |

## 8.2 Primary Care Strategy for Greater Manchester

The revised GM Primary Care Strategy has been co-produced with a range of primary care and public health colleagues and outlines the primary care contribution to the Greater Manchester Strategic Plan. The work, led by the primary care transformation team of the newly formed Health & Social Care (H&SC) Partnership, has been co-produced with input from CCG Commissioners, Directors of Public Health and Primary Care Providers across Dental, GP, Optometry and Pharmacy.

The strategy is based on 5 key themes as follows:

- People powered changes in health and behaviour
- Population based models of care
- Consistently high quality care
- Inter professional working
- Innovation

System wide engagement has been ongoing, with further engagement planned prior to the ratification of the strategy by the GM Health & Social Care Strategic Partnership Board.

### 8.2.1 People powered changes in health and behaviour

Asset based approaches allow wider community assets to be utlilised, engaging citizens in non traditional ways and setting, making the most of peer support and other techniques. Embedding asset based approaches is essential to the delivery of the primary care strategy in Greater Manchester.

Through the Integrated Care Pioneer Programme the H&SC partnership secured resource to develop an asset based primary care (pilot) training programme.

Skills for Health and Skills for Care worked with the H&SC Partnership to develop the training package for the primary care workforce, designed to provide a ‘bottom up’ solution for embedding asset based approaches across GM.

The learning objectives included:

- To understand the benefits of asset based approaches to people in communities.
- To introduce the concept of asset based approaches
- To reflect on the implications of asset based approaches on your own work.
- To begin to map local assets.

- To understand how to have asset based conversations.
- To make a commitment to making a change

The training was made available for up to 5 localities, with the option for delivery over 2 half days or 1 full day. Each session was delivered in a community setting and commenced in March 2016.

External evaluation is currently underway to assess attitudinal shifts and changes in behaviour. Early feedback showed that 94% of attendees would recommend the training to colleagues and 85% said that the training had increased their knowledge/understanding of asset based approaches.

### 8.2.2 Population based models of care

Localities were invited to put forward proposals to test the implementation of integrated care models, serving neighbourhoods of 30 – 50k people. A key part of the work is the opportunity to develop models for primary care to work at scale across these neighbourhood footprints. To be an early adopter, localities needed to demonstrate:

- Their plans for Primary Care are fully compliant with the wider strategic developments in their local area, e.g. Vanguards, ICO developments, other initiatives
- That the proposals would serve a recognisable community of service users, meeting the criteria of circa 30-50k population
- The support of the host CCG and delivery partners
- How the proposal will act as a building block towards the delivery of integrated care and how this will develop over time
- The practical benefits of the initial and subsequent phases of the proposal

A workshop for ‘delivering primary care at scale’ took place in January 2016. The event aimed to understand the state of readiness of each locality for implementing new ways of working across Greater Manchester. Locality ‘surgeries’ have since taken place in each area to discuss/confirm plans for implementing primary care at scale.

### 8.2.3 Inter professional working

The Primary Care Advisory Group has been established to advise the strategic partnership board of the views and abilities of the primary care providers with a unified voice. The group will act as an interface between the strategic partnership board and the four discipline specific advisory groups (GP, dental, optometry, and pharmacy), facilitating two way communication and stimulating and engaging provider colleagues.

The Primary Care Advisory Group will lead on key projects, the first of which will be the creation of primary care standards for dental, optometry and pharmacy. These will complement the Primary Care Medical Standards which have already been created.

### 8.2.4 Consistently high quality care

By December 2015 there were 35 general practice sites offering 7 day access across GM. Morse sites are planned for 2016/17, providing a full range of primary care services during extended hours, which will include diagnostic, nursing and assistant practitioners, pharmacists, optometrists and dentists.

Work has commenced to develop an implementation framework for the GM Primary Care Medical Standards. The framework will support implementation by providing best practice guidance and case study examples. Relevant 2016/17 GMS contract changes will be included, where applicable. This will be completed in Q1 2016/17.

### 8.2.5 Workforce

The first of three workforce visioning events has taken place. The aim of these events is gain a shared understanding of current and future drivers to transform workforce, recognition of the collective responsibility to ensure the workforce is fit for purpose, identification of stakeholders, identification of local opportunities across GM for workforce transformation and to develop a GM workforce visioning strategy for Primary Care.

The event was attended by a range of stakeholders across GM including CCG primary care leads, workforce leads, primary care providers, local authority and public health colleagues.

The second event is due to take place in June, with a third scheduled for September 2016.

# Appendix 1- Table showing Direct Commissioning Spend

| | Plan £000k | Actual £000k | Var £000k | Var % | RAG | Prior Month £000k | Change £000k |
|---|---|---|---|---|---|---|---|
| Primary Care | | | | | | | |
| Grma Non Hq Property Services Costs | 21,603 | 20,203 | 1,400 | 6.5% | A | 21,603 | 1,400 |
| General Practice | 285,151 | 280,176 | 4,975 | 1.7% | G | 277,875 | -2,301 |
| Dental Practice | 135,109 | 131,841 | 3,268 | 2.4% | G | 131,880 | 39 |
| Ophthalmic Contracts | 30,572 | 31,697 | -1,125 | -3.7% | G | 30,463 | -1,234 |
| Pharmacy Contracts | 96,104 | 93,910 | 2,194 | 2.3% | G | 93,124 | -786 |
| Primary Care IT | 1,505 | 916 | 589 | 39.1% | A | 988 | 72 |
| Appraisal & Revalidation | 1,947 | 1,909 | 38 | 2.0% | G | 1,897 | -12 |
| GRMA Prime Ministers Challenge Fund | 9,017 | 9,017 | 0 | 0.0% | G | 8,517 | -500 |
| Total Primary Care | 581,008 | 569,669 | 11,339 | 2.0% | G | 566,348 | -3,321 |
| Child Health | | | | | | | |
| Health Visiting | 23,274 | 22,158 | 1,116 | 4.8% | G | 22,405 | 247 |
| Breast Feeding Support | 422 | 0 | 422 | 100.0% | G | 422 | 422 |
| Family Nurse Partnership | 2,135 | 2,135 | 0 | 0.0% | G | 2,135 | 0 |
| Child Health Information System | 2,567 | 2,905 | -338 | -13.2% | A | 2,567 | -338 |
| Total Child Health | 28,397 | 27,198 | 1,200 | 4.2% | G | 27,529 | 331 |
| Screening | | | | | | | |
| Diabetic Retinopathy | 4,756 | 4,667 | 89 | 1.9% | G | 4,908 | 241 |
| Antenatal & Newborn Screening | 0 | 312 | -312 | 0.0% | G | 0 | -312 |
| Grma Abdominal Aortic Aneurysm (Aaa) | 436 | 436 | 0 | 0.0% | G | 436 | 0 |
| Grma Non Cancer Screening Other | 180 | 180 | 0 | 0.0% | G | 180 | 0 |
| Breast Screening | 7,248 | 7,317 | -69 | -1.0% | G | 7,248 | -69 |
| Cervical Screening | 2,826 | 2,703 | 123 | 4.4% | G | 2,576 | -127 |
| Bowel Screening | 5,355 | 5,274 | 81 | 1.5% | G | 5,257 | -17 |
| Total Screening | 20,801 | 20,889 | -88 | -0.4% | G | 20,605 | -284 |
| Immunisation & Health Promotion | | | | | | | |
| Grma Childhood Imms Programmes | 6,112 | 3,948 | 2,164 | 35.4% | A | 5,539 | 1,591 |
| Grma Flu Vaccination - Adult | 150 | 461 | -311 | -207.3% | R | 500 | 39 |
| Pneumococcal Vaccination | 4,949 | 5,166 | -217 | -4.4% | G | 5,283 | 117 |
| Grma Hpv & Imms Programmes | 180 | 300 | -120 | -66.6% | R | 188 | -112 |
| Grma Immunisations & Vaccincations Other | 1,336 | 1,644 | -308 | -23.0% | A | 1,369 | -275 |
| Grma Flu Vaccination - Children | 1,083 | 752 | 331 | 30.6% | A | 743 | -9 |
| Total Immunisation & Health Promotion | 13,811 | 12,271 | 1,540 | 11.1% | A | 13,623 | 1,352 |
| Community & Secondary Dental | | | | | | | |
| Community Dental | 12,501 | 12,443 | 58 | 0.5% | G | 12,501 | 58 |
| Secondary Care Dental | 35,587 | 32,768 | 2,819 | 7.9% | G | 32,087 | -681 |
| Total Community & Secondary Dental | 48,088 | 45,211 | 2,877 | 6.0% | G | 44,588 | -623 |
| TOTAL | 692,105 | 675,238 | 16,867 | 2.4% | G | 672,693 | -2,545 |
| Planned Surplus | | | 22,833 | | | | |
| Month 12 Underspend | | | 39,700 | | | | |
| Surplus above Plan | | | 16,867 | | | | |