General Practice Update

Part of Greater Manchester Integrated Care Partnership

Presentation by:

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General Practice Strategy

Purpose: To look specifically at general practice and describe a clear vision of the future, shaped to meet ever-increasing demands.

Vision:

- A strong, resilient collaborative general practice that interacts effectively as a partner across the health and care system.
- To provide holistic care across the neighbourhood in which the Practices operate, with the aim of reducing inequity & variation in access, quality of care, & outcomes.
- To be open to innovative ways of working.
- To embrace collaboration with other Practices when opportunities present.
- To work effectively with system partners.
- To provide a workplace that is satisfying, safe & inclusive to employees.
- To contribute to the offer of Bury being the best place to live, work & study.
- To provide a quality learning environment to trainees of all health & care disciplines as well as opportunities for mentoring, coaching & lifelong learning.

Goals:

Develop & promote a new model of general practice

Have a resilient workforce & an attractive place to work

Increase capacity within general practice & meet appropriate demand

Strengthen the relationship between provider partners across the Bury system

Improve outcomes for patients by reducing inequity & variation in access & quality of care

Example Measures:

Reduce inappropriate demand on general practice by increasing self-referral options for patients

Reduce the carbon footprint of prescribed inhalers

Reduce the % of patients waiting over 28days (all modes all HCPs)

Reduce in the % of inconsistent categorisation mapping

Increase utilisation of Enhanced Access capacity across Bury

Increase the % of patients enabled to order repeat prescriptions online

Increase the % of patients enabled to view their detailed coded record online

Increase in the % of appointments where time from booking to appointment was <2wks

Programmes:

- Alternative at Scale Solutions
- Communication & Engagement
- Data & Digital Ambition
- Effective Pathway Navigation
- Estates, Current & Future Need
- Integration Wider PC, PSR, Neighbourhood
- Quality & Assurance
- System Leadership
- Workforce, Recruitment, Development & Retention

Develop and promote a new model of general practice

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A range of services offering additional accessible appointments:

- Women's Health Hub – 277 appointments offered to Whitefield patients requiring LARC's (addressing an identified inequality in access issue)
- Nearly 15k additional appointments offered through winter via Surge and Acute Respiratory Hubs (ARH). Evidence suggests that these clinics reduced attendances across A&E and BARDOC and released pressure on Primary Care in the process.
- Enhanced Access – nearly 40K appointments offered across the borough

Patients accessing services differently:

- 65% of 13+ are now registered for the NHS App, an increase of 6%
- Prescription requests via this method have increased by 50%, driven by the phased roll out of Patient Led Ordering. This work also supports embedding the GM GP Practice & Community Pharmacy Interface principles document intended to improve communication and reduce the administrative burden of repeat prescription requests. (214,956 in 2023/24 to 323,327 in 2024/25)

Increase capacity within general practice & meet appropriate demand

Implementation of the Capacity and Access Improvement Programme

- As part of the Modern General Practice - Digital telephony, simpler online requests and faster care navigation, assessment and response

100% of practices are now enabled for online patient registration

- Easier for a patient to register with a GP surgery (moving house, new baby)
- Reduces administrative burden on practices

Utilisation of wider primary care provision

- Referrals to Pharmacy increased by 192% (2193 in 2023/24 to 6418 in 2024/25)
- Community Urgent Eye Service activity increased by 18%

Range of roles now employed through ARRS – Clinical Pharmacists, First contact physiotherapists, Physician associates, Social Prescribers, Mental Health Practitioners Nursing Associates, General Practice Assistants, Digital and Transformation Leads and also General Medical Practitioners

Have a resilient workforce and an attractive place to work

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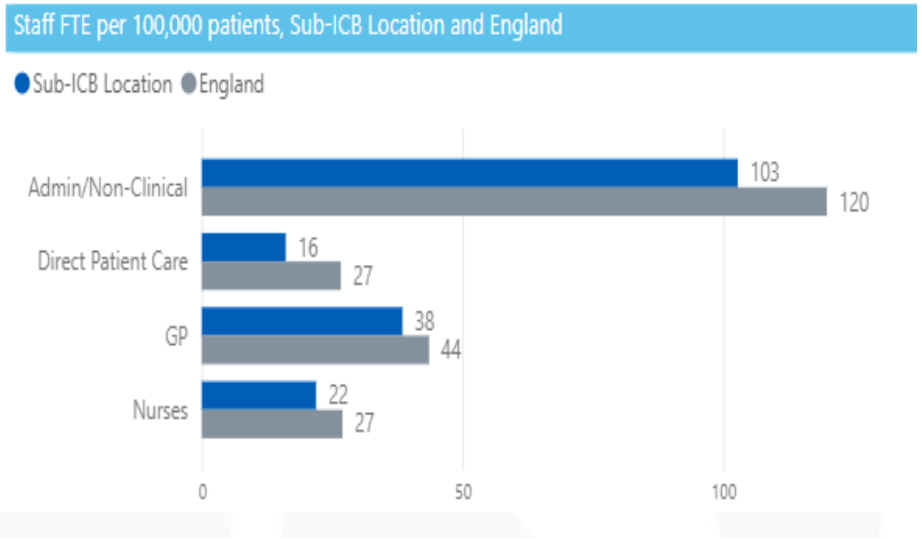
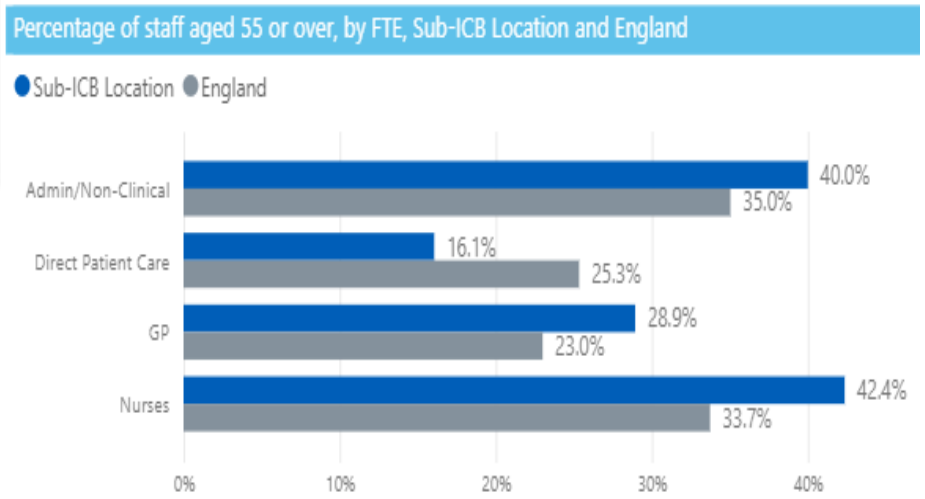
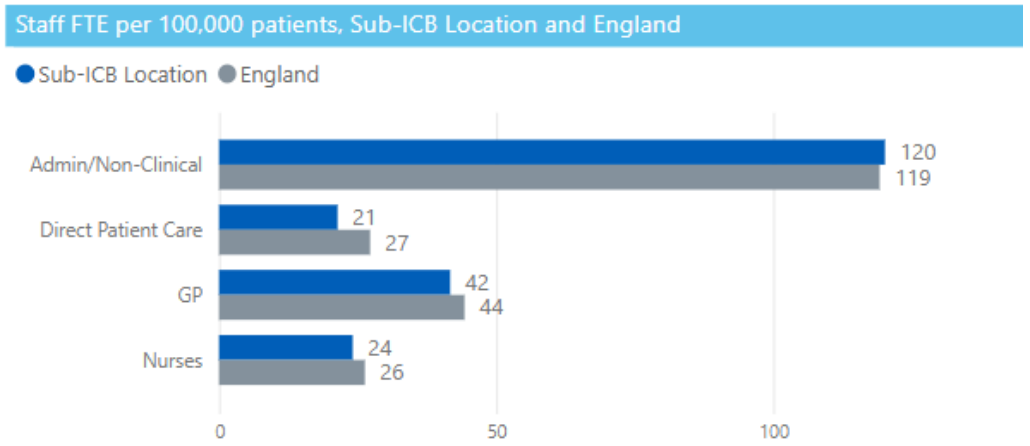
November 2023

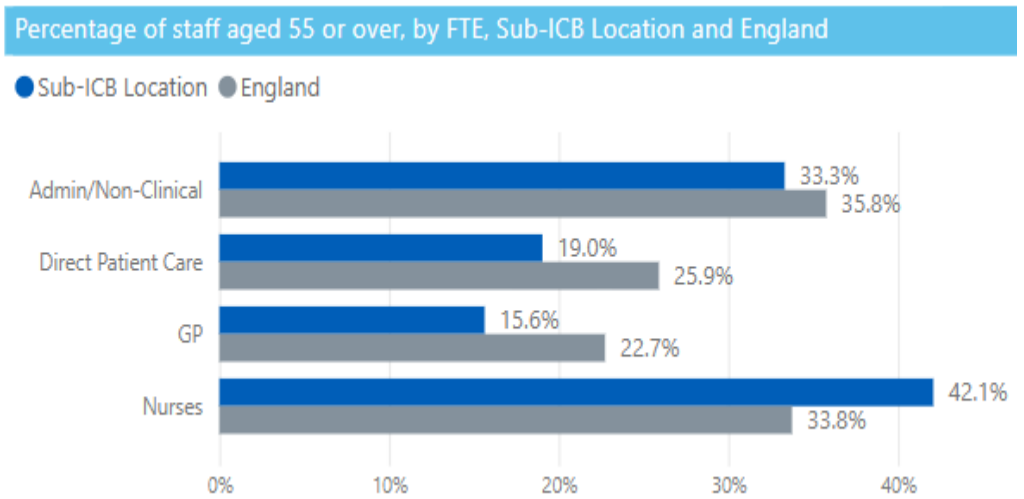




April 2025



GPs in Training Grades are excluded from these visuals to allow for fair comparison, as not all training placement locations



Strengthen the relationship between provider partners across the Bury system

- Meetings with wider PC disciplines – Dental/Optometry/Pharmacy
- GP collective action made positive inroads to reduce bureaucracy however ongoing work needed to continue to progress required changes through Primary Care/Secondary Care Interface
- Stronger neighbourhood alignment between PCNs and Neighbourhoods -joint INT/PCN meetings in Prestwich and Whitefield whose boundaries are co-terminous; also Horizon PCN has appointed 3 clinical leads to be their neighbourhood liaison leads (North, East and West)
- GP support to Ward 24 / Intermediate Care / Frailty / Hospital at Home

Improve outcomes for patients by reducing inequity & variation in access & quality of care

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Two IIF indicators for 2024/25

1. % of patients on the QOF LD register ≥14, who received an annual LD Health Check and have a completed Health Action Plan in addition to a recording of ethnicity (HI03),
2. % of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral (CAN04)

GM Locality Name
Bury

CQRS Year
2024/25

Achievement Month
March 2025

Exceeding

Tile layout

Current achievement → 81.44%
Lower threshold → 70.00%
Upper Threshold → 95.00%

Bury - March 2025

Please note that there is a potential issue with the way that 2 week wait cancer referrals are recorded in GP systems and their onward flow into related datasets (e.g. the national data extract used to populate the IIF dashboard). This has been raised with EMIS and Graphnet who are working on a fix. Until this fix has been implemented, please use an alternative source for CAN-04 achievement (e.g. EMIS searches).

	BURY-BURY PCN	BURY-HORIZON PCN	BURY-PRESTWICH PCN	BURY-WHITEFIELD DISTRICT & COMMUNITY PCN
CAN04 Cancer Lower GI 2WW	82.49% 65.00% 80.00%	88.40% 65.00% 80.00%	81.40% 65.00% 80.00%	84.48% 65.00% 80.00%
HI03 QOF Learning Disabilities Register	88.56% 60.00% 80.00%	85.92% 60.00% 80.00%	86.85% 60.00% 80.00%	93.89% 60.00% 80.00%

GM Summary

	Bolton	Bury	Heywood Middleton and Rochdale	Manchester	Non-GM Locality	Oldham	Salford	Stockport	Tameside	Trafford	Wigan
CAN04 Cancer Lower GI 2WW	85.32% 65.00% 80.00%	85.41% 65.00% 80.00%	86.71% 65.00% 80.00%	79.75% 65.00% 80.00%	82.06% 65.00% 80.00%	83.09% 65.00% 80.00%	84.74% 65.00% 80.00%	80.34% 65.00% 80.00%	78.17% 65.00% 80.00%	79.31% 65.00% 80.00%	89.92% 65.00% 80.00%
HI03 QOF Learning Disabilities Register	88.00% 60.00% 80.00%	87.94% 60.00% 80.00%	87.06% 60.00% 80.00%	85.54% 60.00% 80.00%	84.74% 60.00% 80.00%	81.30% 60.00% 80.00%	87.30% 60.00% 80.00%	88.86% 60.00% 80.00%	86.41% 60.00% 80.00%	82.88% 60.00% 80.00%	89.86% 60.00% 80.00%

Improve outcomes for patients by reducing inequity & variation in access & quality of care

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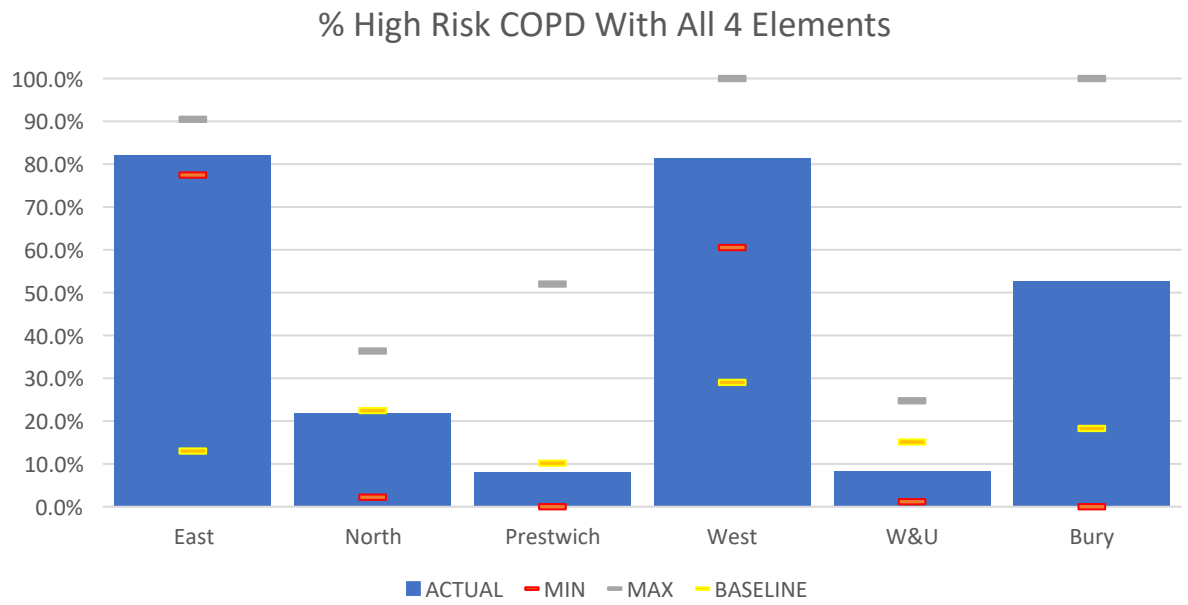
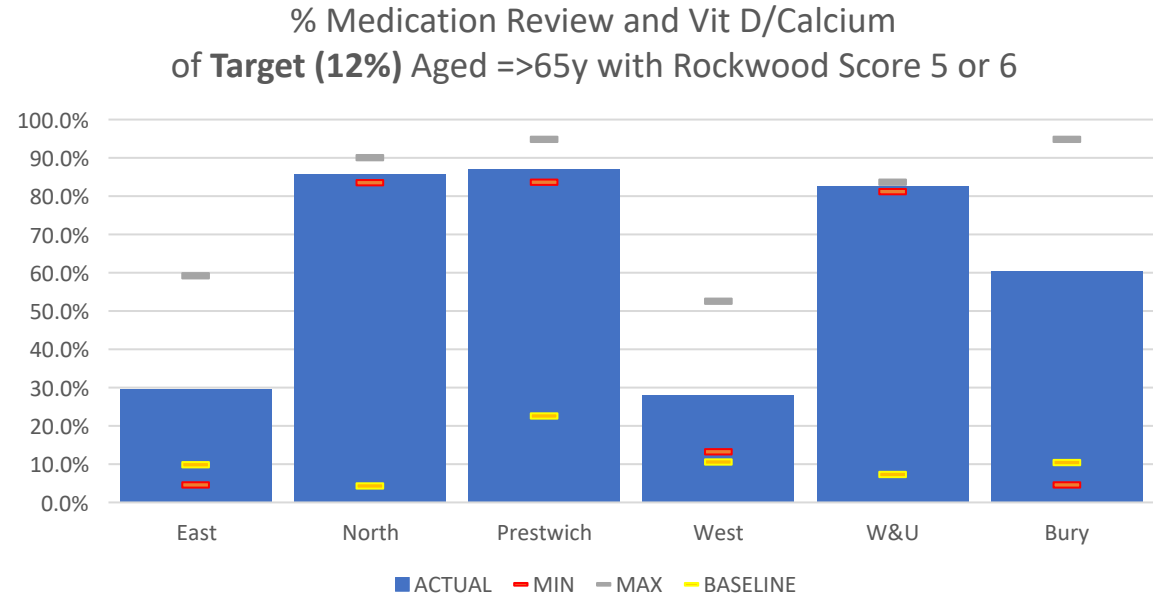
East and West – Patients diagnosed with moderate/severe COPD who did not receive an annual review in 2023/24 which includes all 4 elements:

1. Medication review and optimise treatment in line with GMMMG guidance
2. Inhaler check
3. Smoking status, if not already recorded & cessation advice/referral where patient is a current smoker
4. Escalation/management plan (a template is available in EMIS)



North, Prestwich and Whitefield – Patients who are assessed as having a Rockwood Frailty score of 5 or 6 receive an annual review which includes:

1. A review of the patient's medication; and
2. Calcium/Vitamin D preparation as per GMMMG Formulary except where patient declines or it is not clinically appropriate to prescribe



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Thanks for listening
Any Questions?

Part of Greater Manchester
Integrated Care Partnership