

Lancashire and Greater Manchester.

**Direct Commissioning
Report for Bury Health
and Wellbeing Board**

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1 Executive summary

This report follows the NHS England, Greater Manchester Area Team Direct Commissioning report to Bury Health and Wellbeing Board in September 2014 and is focussed on the commissioning and provision of Dental Service, together with an update for the Bury Prime Minister's challenge fund bid site. There is further additional information for GP Medical Practice, Community Pharmacy and Optometry Practices.

The work of Direct Commissioning continues to be significantly supported by the clinical leadership and engagement of the Greater Manchester Professional Networks. Aspects of Local Professional Networks (LPN) service development, improvement and innovation across Eye Care, Pharmacy and Dental care and are having not only a local impact but in some cases receiving national recognition.

Innovation and developments within Greater Manchester primary care were showcased through two large events. The 3rd Primary Care Summit, "Transforming at Pace" was hosted by the Transformation team and the Dental Professional Network launched the "Healthy Gums DO Matter" toolkit.

The approach to equity and consistency in GP contracting continued to be applied under Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contract review arrangements. In accordance with national guidance, PMS review arrangements have progressed through joint working between the GP contracts and finance teams. Also CCGs have continued to be engaged in the APMS contract review process and preparations for procurement

Having successfully delivered against this year's Quality Innovation Planning and Prevention Programme (QIPP), there has been the opportunity to invest non-recurrently in ensuring delivery of organisational responsibilities, achieving organisational objectives and supporting transformational change.

National clarity of arrangements was published regarding proposed Co-Commissioning arrangements during Quarter Three. The Direct Commissioning team has worked closely with the Greater Manchester Clinical Commissioning Groups to develop arrangements to support Co-Commissioning, under the oversight of the established Steering Group. Operational and financial arrangements continue to be developed to support all levels of co-commissioning arrangements.

Similar to the rest of NHS England teams and functions, the Greater Manchester the Direct Commissioning Team has been subject to the Organisational Alignment and Capability Programme during Quarter Three.

2 Dental

2.1 Commissioning Responsibility

From April 2013, the NHS Commissioning Board assumed commissioning responsibility from Primary Care Trusts for all NHS Dental Services: primary, community and secondary, including dental out of hours and urgent care. This includes commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals.

The NHS Commissioning Board commissions NHS dental services based on historic activity and local oral health need.

The responsibility for commissioning Oral Health Improvement sits with the Local Authorities.

2.2 Dental Survey of Five year olds 2012

Information for Bury and Greater Manchester arising from a dental survey of five year olds 2012

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published by Public Health England (September, 2013). Children with decay have, on average, nearly four teeth affected by decay, which is treated or untreated.

The study '*National Dental Epidemiology Programme for England, oral health survey of five-year-old children 2012*' is the second national survey undertaken with the current methodology, the previous survey was in 2008. Comparison between 2008 and 2012 shows an apparent overall improvement in decay levels in young children.

In England the 2012 survey found:

- Overall the proportion of five year old children with any tooth decay has reduced from 30.9% to 27.9%
- The proportion of children with untreated decay has reduced from 27.5% to 24.5%
- Children with sepsis in their mouths has reduced from 2.3% to 1.7% since 2008
- 72.1% of five year olds are free from tooth decay, up from 69.1% in 2008
- The survey is likely to underestimate the true level of disease

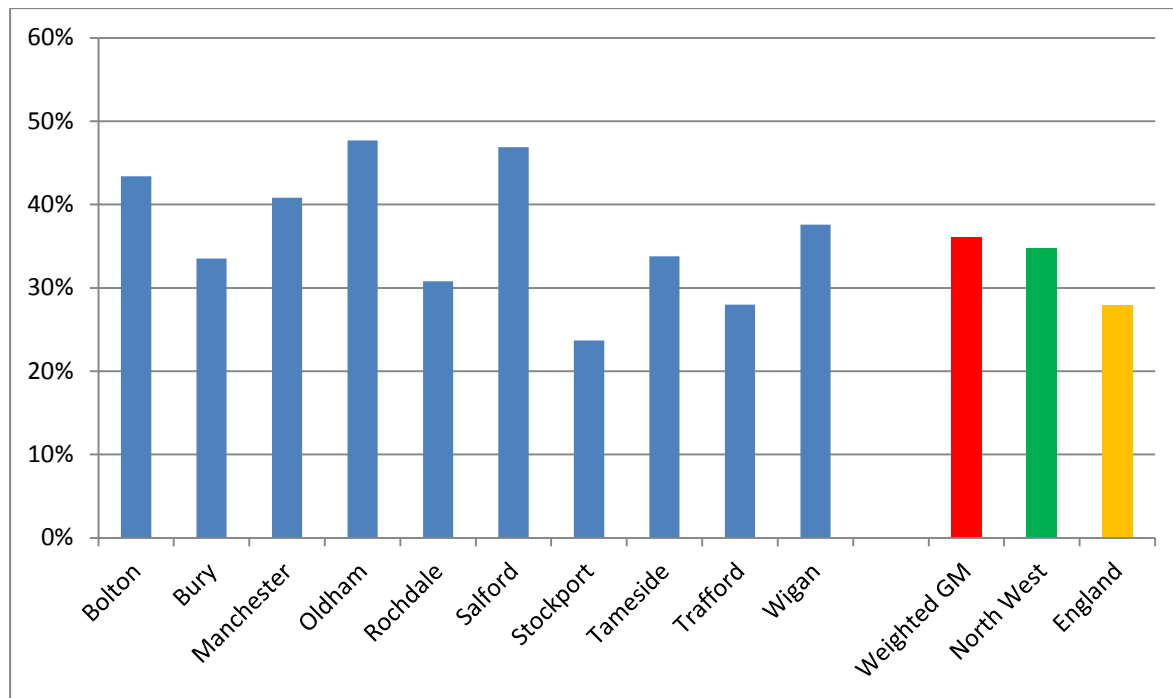
Whilst there has been an apparent improvement in disease levels in the country overall there is no room for complacency in the Greater Manchester area as the inequalities in health persist in comparison with the rest of the country and within the region from one Local Authority to another.

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Levels of decay in the North West are higher than any other region in the country with 34.8% of children having one or more teeth that are decayed, extracted or filled. This compares with 27.9% in England and 21.2% in the South East.

Within Greater Manchester there are also inequalities in health with only 23.7% of children in Stockport being affected by decay compared with 47.7% in Oldham.

Graph below shows the proportion of 5-yr-olds with one or more decayed, extracted or filled teeth in Greater Manchester, 2012:



- Data arising from the survey described above has been analysed by the Public Health England Dental Public Health team in Greater Manchester to provide more detail for Bury at a township level. A higher proportion of five year olds living in Bury East and Whitefield & Unsworth are affected by experience of decay than in the other townships, while fewer in Radcliffe and Bury West have experience of decay.
- The severity of decay has a similar pattern with children in Bury East and Whitefield & Unsworth having, on average, more teeth affected by disease. Severity is lower in Prestwich and least in Radcliffe.
- Early childhood caries (ECC) typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. In some areas it is culturally acceptable to put a baby or toddler to bed with a bottle and allow them to drink freely from a bottle during the day. If water or milk were given in this way there would be no harm to teeth but drinks containing sugar can cause this rapid and disfiguring type of decay. The measures of decay at age five include decay that may have been caused

during the first two years of life. Where this type of decay is widespread, for example in Bury East and in Ramsbottom, Tottington & North Manor, action needs to be taken to tackle it early on, otherwise decay levels at age five will remain high.

2.3 Summary of findings for Greater Manchester local authorities 2012/13

Public Health England (PHE) Dental Public Health has undertaken a survey of caries among three-year-old children that has shown that 12% of children in England overall had one or more teeth affected by decay. In Bury this figure was 18%. The average number of teeth affected among children with any decay was 3.1 in England and 3.3 in Bury. This, together with the information for five-year-olds, shows that more children in Bury suffer from decay than in other parts of the country but have similar average numbers of teeth affected. There are likely to be variations between different communities across the local authority area.

2.4 General Dental Practices Responsibilities for Access to the Service

Under the current GDS contract (2006) there is no formal registration with a dental practice. Patients who have received a course of treatment on the NHS are entitled to a 12 month guarantee period relating to that course of treatment. Most practices operate a recall system, through which patients are invited back on a regular basis for a routine check-up, in line with NICE guidance. Recall intervals can vary from 3 months to 12 months depending on the dental health of the patient. Compliance with NICE recall guidelines should create further access for new patients.

Practices have a policy for managing FTAs (fail to attend) and this may include no longer offering appointments to patients who have failed to attend on two or more occasions. It is the patient's responsibility to cancel any appointment they cannot attend. Such a policy is to enable practices to manage their limited resources. The decision not to offer future appointments is considered on an individual basis.

It is the responsibility of each practice to ensure that their NHS Choices entry is up to date and correct. The Dental Commissioning Team at GMAT is working with all practices across Greater Manchester to ensure that this is completed.

Patients are entitled to access NHS dental services in any part of Greater Manchester. The Area Team continues to ensure that practices take the time to update NHS Choices, providing a central resource for everybody to access, including patients, to be better informed about availability within Greater Manchester.

2.5 Contract Numbers

The table below shows Primary Care Dental provision in the Bury area and at a Greater Manchester level:

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Contract Type	Bury	Greater Manchester
General	28	378
General and Orthodontic	2	17
Orthodontic	1	36
Pilot (Type 1)*	0	2
Pilot (Type 2)**	0	2
Pilot (Type 3)***	1	3
Community (PDS)	1	4
Total	33	442

In total there are 16 secondary care contracts across Greater Manchester.

*Pilot Type 1 - guaranteed contract value remuneration for guaranteed NHS commitment

**Pilot Type 2 – based on weighted capitation (age, gender & social deprivation) and quality within contract value covering all care

***Pilot Type 3 – based on weighted capitation (age, gender & social deprivation) and quality with capitation payment covering only routine care with the remaining contract value attributed to complex care

All pilots are based on oral health assessments and reviews which follow a clinical pathway.

2.6 Performance 2013 / 2014

The headlines for 2013 / 2014 performance across Greater Manchester are as follows:

- Underperformance equates to 1% of the total 13/14 contacted activity for UDAs (Units of Dental Activity) & UOAs (Units of Orthodontic activity)
- For Contractors delivering less than 96% - £1.54m (Equates to 57,111 UDAs) will be recovered from contractors before March 2015
- For Contractors delivering between 96.1% - 99.9% 42,739 UDAs will be carried forward and delivered in 14/15
- For Contractors delivering between 100% - 102% 34,352 UDAs will be carried forward and UDA delivery will be reduced for 14/15

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- Any Contractor delivering over 102%, the UDAs will not be carried forward as per the policy this equated to 17,235 UDA's at a cost of £545k.

The headlines for 2013 / 2014 performance in Bury are as follows:

- Performance achievement for Units of Dental Activity (UDAs) was 98.22%
- Performance achievement for Units of Orthodontic Activity (UOAs) was 100.22%

The table below summarises the year end position for 2013 / 2014 for Bury:

	Contracted Activity	Completed UDA / UOA	Performance Achievement (%)	Over / Under Performance (UDA / UOA)	Under / Over Performance (£)
Unit of Dental Activity (UDA)	304,875	299,459	98.22%	-5,416	-147,880.79
Unit of Orthodontic Activity (UOA)	9,056	9,076	100.22%	20	-2,927

2.7 GP Patient Survey of Dental Provision

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK.

The GP Patient Survey has been designed to give patients the opportunity to comment on their experience of their GP practice and other local NHS services including dentists. The survey asks questions about experiences at local GP surgery and other local NHS services, and includes questions about general health.

The survey includes questions about a range of issues, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things.

Replies to the survey help surgeries and NHS England understand where improvements are needed. The survey is an opportunity for patients to have their say about how well their practice is doing at providing these services to patients.

Below are the responses to two questions relating to dental practices from the July – September 2014 survey. Responses include all those who tried to get an NHS dental appointment within the last two years.

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1. Were you successful in getting an NHS Dental Appointment?

Locality	% Yes	% No	% Can't remember
England	93%	5%	2%
Greater Manchester	92%	6%	2%
Bury	89%	9%	2%

According to the above both Greater Manchester and Bury have a slightly lower success rate for patients trying to get an NHS Dentist compared to England as a whole.

2. What was your overall experience of NHS Dental Services?

Locality	% Very good	% Fairly good	% Neither good nor poor	% Fairly poor	% Very poor
England	48%	36%	9%	4%	3%
Greater Manchester	49%	34%	9%	4%	4%
Bury	47%	36%	8%	4%	5%

According to the above data Greater Manchester has a slightly higher percentage of patients who stated their experience of NHS Dental Services was very good.

Bury also has a slightly lower percentage of patients who stated their experience of NHS Dental Services was very good.

2.8 Dental Access

It is a key priority for NHS England to improve access to dental services. The national measure of access to general dental services is determined as the number of unique patients seen by NHS primary care dental services over the previous 24 month period. Within Greater Manchester access continues to gradually increase at a rate above the regional (North of England) and National rate (see table below):

Greater Manchester Access – March 2006 to December 2014

Name	Patients seen in previous 24 months at 31 March 2006	Patients seen in previous 24 months at 31 March 2013	Patients seen in previous 24 months at 31 March 2014	Patients seen in previous 24 months at end of June 2014	Patients seen in previous 24 months at end of September 2014	Patients seen in previous 24 months at end of December 2014
Greater Manchester	1,553,258	1,658,990	1,664,335	1,665,267	1,664,929	1,667,372
North of England Commissioning Region	8,751,351	9,231,335	9,249,297	9,244,868	9,242,438	9,261,393
England	28,144,599	29,775,762	29,915,994	29,915,895	29,931,166	30,005,435

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Name	% of Access levels compared to end of March 2006	% of Access levels March 2013 compared to end of March 2006	% of Access levels March 2014 compared to end of March 2006	% of Access levels June 2014 compared to end of March 2006	% of Access levels Sept 2014 compared to end of March 2006	% of Access levels Dec 2014 compared to end of March 2006
Greater Manchester	100.0%	106.81%	107.15%	107.21%	107.19%	107.35%
North of England Commissioning Region	100.0%	105.48%	105.69%	105.64%	105.61%	105.83%
England	100.0%	105.80%	106.29%	106.29%	106.35%	106.61%

Bury Dental Access – December 2013 to December 2014

Below are the most recent access figures for Bury:

Local Authority	Patients seen in previous 24 months at end of December 2013 (total adults and children)	Patients seen in previous 24 months at end of March 2014 (total adults and children)	Patients seen in previous 24 months at end of June 2014 (total adults and children)	Patients seen in previous 24 months at end of Sept 2014 (total adults and children)	Patients seen in previous 24 months at end of Dec 2014 (total adults and children)
Bury	108,586	107,455	106,650	106,303	106,695

Local Authority	% of Access levels compared to end of December 2013	% of Access levels March 2014 compared to end of December 2013	% of Access levels June 2014 compared to end of December 2013	% of Access levels Sept 2014 compared to end of December 2013	% of Access levels Dec 2014 compared to end of December 2013
Bury	100.0%	99.0%	98.2%	97.9%	98.3%

Practices are responsible for monitoring their delivery month by month to ensure they deliver 100% of their contracted activity over the 12 month period. This results in variance from quarter to quarter. This variance may be due to a number of factors ranging from seasonal variation to economic reason.

This may explain the slight drop in access in Bury between December 2013 and December 2014.

2.9 Areas of Work

Working with the Consultants in Dental Public Health (CDPH) and clinicians from the Local Dental Network (LDN) we have identified specific areas of work that aim to improve oral health. These are:

a) Healthy Gums DO Matter Pilot 2014 / 2015

The gap between how periodontal care (care of the gums) is delivered in General Dental Practices and the recommended guidance is widening. Guidance and care pathways are crucial to improving the quality and care. This area of work aims to improve the clinical management and oral health of

adults by improving attendance and quality of periodontal therapy delivered in NHS practices and by increasing, proactive prevention to increase good homecare habits.

Objective / Scope to support practitioners in Greater Manchester to improve the care management of periodontal disease in primary care, to have a set of guidelines and care pathways for treating periodontal disease in NHS dental practices to support local practices improve quality of periodontal care provision and reduce the number of medico legal cases involving periodontal disease and its treatment.

This area of work aims to embed the Healthy Gums DO Matter pilot scheme into the GDS contract from April 2014. To achieve this, each practice will need to take a total of 23 patients through the periodontal pathways:

- 15 from the Disease and Advanced Disease pathway
- 5 from the risk pathway
- 3 from the health pathway

The pilot will run from 1st April 2014 until 31st March 2015.

A total of 12 practices are piloting the Health Gums DO Matter Scheme, of these none are based in Bury.

b) Baby Teeth DO Matter 2014 / 2015

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published in September 2013 by Public Health England. Children with decay have on average nearly four teeth affected by decay, treated or untreated.

Objective / Scope – to encourage dental attendance among the under 5 year olds, increase proactive prevention at all primary dental care sites, improve clinical management of 3 to 5 year olds, reduce GA referrals, improve overall quality of care of 3 to 5 year olds, better outcomes for patients, cost effective use of NHS resources that reflect local need, empower parents and caregivers to take care of oral health needs and increase good home care habits among the under 5 year olds including brushing with fluoride toothpaste last thing at night and in the morning.

Following the success of the Baby Teeth DO Matter Pilot in 2012 / 2013 Greater Manchester Area Team has developed the Baby Teeth DO Matter scheme which was launched in April 2014. This area of work aims to embed the Baby Teeth DO Matters scheme into the GDS/PDS contract from April 2014. To achieve this, practices will need to deliver the following:

- Actively identify children age 0-5 years who have not attended in the previous two years and positively promote the initiative
- Provide access to the eligible children

- Provide an assessment with advice and intervention according to protocols
- Provide fluoride varnish application
- Provide evidence based oral health based oral health messages and reinforced using leaflets to promote tooth friendly routine for life
- Provide re-attendance opportunities in 2 – 3 month period.
- Complete oral health needs assessment form and return to area team on a quarterly basis.

2.10 Non- Recurrent New Patient Access Scheme

In December 2014 a total of £1,046,010.00 was invested in non-recurrent activity, providing access to approximately 10,600 additional patients. This funding was primarily for children aged 0-5 years, in order to build on the work of the Baby Teeth DO Matter scheme. Patients outside of this age range may also be seen under this scheme as long as they are new patients that have not been seen in the previous 24 months.

Seven practices in Bury expressed an interest and met the criteria for the non-recurrent scheme, providing access to approximately 840 additional patients.

NHS England has since received a further £1.3m for non-recurrent activity and we are currently collating Expressions of Interest from practices across Greater Manchester with a view to allocate these additional non recurrent by 25th January 2015.

2.11 Orthodontic Non Recurrent Funding

In December 2014 / January 2015 £1,3m was made available for orthodontic assessments & case starts for 2014 / 2015. Practices that hold an Orthodontic PDS Agreement were asked to submit expressions of interest and a total of 14 practices met the criteria and received funding.

As result there will be 1071 additional new orthodontic case starts during 2014 / 2015.

2.12 Dental Assurance Framework (DAF)

The DAF UDA Framework has 14 clinical and non-clinical indicators (see below) which the Area Team uses to support an initial view that practices are delivering a good service.

- Under-delivery of UDAs
- Radiographs Rate per 100 FP17s
- Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)
- Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)
- Endodontic Treatment Rate per 100 FP17s
- Low Extractions Rate per 100 FP17s
- High Extractions Rate per 100 FP17s

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- Extractions as a % of Extractions + Endodontic Treatment – Adults
- Inlay Rate per 100 FP17s
- Re-attending within 3 months – Child
- Re-attending within 3 months – Adults
- Average Band 3 to Band 3 rates
- % satisfied with dentistry received
- % satisfied with wait for an appointment

The above data is provided on a quarterly basis by the NHS Business Services Authority Dental Services (NHSBSA) to the Area Team in table format indicating the number of flagged indicators individual practices have. Indicators are benchmarked to identify outliers by comparing individual contract performance to England averages whilst taking into account the contract size.

The Area Team then uses the Assurance Framework as one of its formal tools to identify and reduce variation by setting a transitional standard that none of our dental practices should have more than four flagged indicators.

The Dental Assurance Framework is reviewed on a quarterly basis by the Dental Team. Any practices with more than 4 flags are reviewed in more detail by the Dental Team and Dental Advisors. Practices may then be contracted to arrange a meeting to discuss the findings.

Flags for Bury as of December 2014 are:

Contract Type	Number of Flags
GDS General	1 x practice with 6 flags 1 x practice with 5 flags 1 x practice with 4 flags 7 x practices with 3 flags 6 x practices with 2 flags 5 x practices with 1 flag 7 x practices with 0 flags
General and Orthodontic	1 x practice with 4 flags UDAs & 3 flags UOAs 1 x practice with 1 flag UDAs & 0 flags UOAs
Orthodontic	1 x practice with 1 flags

2.13 Dental Referral Management

A central dental referral management has been in place in Greater Manchester in pilot form since 2012, launched via a phased roll out across all localities. The current pilot service now has 100% coverage of Greater Manchester and includes all dental specialties and pathways across primary and secondary care. The service provides invaluable data relating to pathways development e.g. oral surgery, oral and

maxillofacial surgery and orthodontics, as well as improving the quality of referrals. The overall aim of the service is to ensure that patients are referred in to the most appropriate service according to need.

During 2014 / 2015 the Area Team are undertaking Referral Management Service procurement. Expected date of commencement of the newly procured service is 1 December 2015.

2.14 Community Dental Services

Community Dental Services provide special care dentistry. The speciality of special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors, which results in them being unable to access routine dental care. It pertains to adolescents and adults.

Bury Community Dental Service is delivered by Pennine Care NHS Foundation Trust and provides dental services limited to people with disability, who have complex needs and are unable to use general dental services. Patients may be referred to the service by other dentists, doctors, health and social care professionals and Support Workers.

The service provides:

- specialised dental services to people with complex needs who are unable to use general dental services
- assessments for general anaesthetic for paediatric and special needs patients
- Treatment using inhalation sedation for paediatric patients
- Home visits for people with complex needs who cannot be treated by a general dentist

2.15 Contact Details

For the public:

NHS Choices

Patients who are seeking access to dental care are able to source information regarding local dental services from the NHS Choices website (www.nhs.uk)

Urgent Dental Care

- | | |
|---|---------------|
| • Bury - Urgent In Hours Care (8.00am – 6.30pm) | 0161 447 9898 |
| • Bury - Urgent Out of Hours Care (6.30pm – 8.00am) | 0161 763 8941 |

Community Dental Service

- | | |
|--|---------------|
| • Pennine Care NHS Foundation Trust (Bury) | 0161 447 9866 |
|--|---------------|

Area Team

If colleagues require more information around Primary Care / Secondary Care Community Dental Care, please do not hesitate to contact the Greater Manchester Area Team (Dental Team) via email england.gmdental@nhs.net OR telephone 0113 825 5264 / 5231 / 5144.

3 General Medical Practice

The number of GP practices within the Health and Wellbeing Board has remained the same as previously reported at 33 practices and with no contract sanctions being placed against Bury practices.

Locality	Total Practices (as at 31.12.14)	Details of change
Bury	33	0
Total	494	

The medical team seeks assurance of the quality of service provision in general practice through the triangulation of data available via the (Medical) Assurance Framework comprising 42 high level clinical indicators and annual electronic declaration (“E-dec”), the Quality and Outcomes Framework comprising 81 clinical indicators and intelligence gained from CQC reports.

3.1 Key Achievements in Q3

- Dementia Identification Scheme.** This new enhanced service is designed to reward practices for undertaking a proactive approach to identify patients with Dementia and work with CCGs to develop services and care packages for patients on their Dementia register. 409 (83%) of practices have signed up to participate.
- Friends and Family Test (FFT).** Successful role out and implementation of FFT was facilitated by 1st December 2014 in line with contractual requirements. In partnership with NHS England North, a series of launch events were held across Greater Manchester and in early December all practices were provided with the ‘FFT in a box’ resource pack which contained promotional materials to support practices.
- GP Choice.** Implementation of the GP out of area registration by 5th January was facilitated in line with contract changes. In October 2014 all practices were asked as part of the annual electronic declaration (e-DEC) to indicate their general position on accepting out of area registrations. 197 (40%) practices indicated that they would be accepting patients under these terms. An enhanced service to provide out of area registered patients with in hours urgent care e.g., home visits has been offered to all practices. To date 87 (18%) practices have signed up to participate.
- Annual electronic declaration (e-DEC).** Successful facilitated implementation of the national requirement to complete the 2014/15 annual e-DEC by 7th November 2014. 494 (99.8%) of practices submitted the e-DEC within the required timeframe. The one remaining practice, which was not in Bury, submitted manually after the deadline.

4 Ophthalmic Practice

The number of Ophthalmic practices within the Health and Wellbeing Board has remained the same as previously reported at 18 practices and with no contract sanctions being placed against Bury practices. The additional contracts relate to domiciliary provision and 9 ophthalmic practices also hold such contracts in an addition to the mandatory contract.

H&W Board Area	Mandatory Contracts	Mandatory and Additional Contracts	Additional Only Contract
Bury	18	9	
GM Wide Total	299	83	30

4.1 Key Achievements in Q3

- First phase of (Quality in Optometry) QiO contract assurance has been completed – all priority “red” and “amber” rated contractors have now been visited, together with a small number of contractors who self- assessed as a “green” but were subsequently re-rated as either red or amber through the review process. 2015/16 will see the commencement of “routine” contract assurance visits to “green” rated contractors.
- Commencement of the GOS contract data audit collection has been completed; in preparation for reissuing GOS contracts as NHS England Commissioning Board contracts to replace the previous PCT contracts.
- Annual GOS Complaints Returns 2013/14 work completed - 92% of returns have been received by the Area Team, and contractors will be reminded to prepare to submit their 2014/15 return by end of April 2015.
- Agreed collaborative work with Action for Blind on improving uptake of sight tests and diabetic retinopathy screening – starting with analysis of areas and populations to target.
- LEHN – Eye Health Call to action stakeholder event held and filming included within the national LPN video.
- Submitted Eye Health Call to action response from GM Local Eye Health Network.
- Submitted 400,000 pieces of GOS data for analysis by University of Leeds Ophthalmic Public Health Team.

4.2 Priorities for 2014/15

- Auditing contractor data in preparation for re-issuing GOS contracts;
- Further mapping of glaucoma and macular services;
- Development of low vision strategy;
- Implementation of the glaucoma repeat readings and cataract pathways;
- LEHN proceeding to facilitate with CCG collaborative Minor Eye Conditions Service Procurement and implementation;
- Implement optometry and pharmacy collaborative medicines access service following minor eye condition service assessment;

- LEHN to facilitate review of costs of delivery of Wet AMD treatment across CCGs to enable effective use of resources;
- LEHN to deliver public health message campaign regarding vision and smoking and vision and dementia;
- LEHN to provide ongoing Support for Action for Blind project (funded by National Lottery funding);
- LEHN to explore extension of NHS IT infrastructure (N3, IG Toolkit, NHS mail, E-referrals) to Optical practices to enable greater communications between primary optical practice and secondary care;
- LEHN to work with HEENW on developing appropriate training and development programme for optometrists and associated healthcare professionals including a non-medical prescribers programme in conjunction with University of Manchester.

5 Community Pharmacy

The number of Community Pharmacies within the Health and Wellbeing Board has remained the same as previously reported at 41 pharmacies. Of these , five are pharmacies that are open for 100 hours or more per week, three of the pharmacies are Distant Selling Pharmacies. The remaining pharmacies are open during normal retails hours.

Pharmacies:	Bury	Greater Manchester
Standard (40 hours)	33	567
100 hours	5	97
*DSP	3	24
*DAC	0	8
Overall Opening Hours	Mon – Fri: 0600 – 2359 Sat: 0600 - 2200 Sun: 0800 - 1800	Mon – Sat: 0000- 0000 Sun: 0600 - 2300

*Dispensing Appliance Contractors (DACs), specialise in the supply of appliances, stomas and incontinence appliances on a prescription. Distance selling pharmacies (DSP) are also referred to as internet pharmacy sites, they provide the same essential services has community pharmacies, but not via face to face.

There were no contractual sanctions issued to pharmaceutical service providers in Quarter Three across Greater Manchester.

The Pharmaceutical Needs assessment for is soon to be published by Bury Health and Wellbeing board by April 2015.

5.1 Key Achievements in Q3

- Improving Inhaler Technique through Community Pharmacy service developed ready for launch;
- Festive period pharmaceutical coverage co-ordinated with a rota produced and distributed to key stakeholders;

- Agreement with Greater Manchester LPCs on a framework for local dispute resolution;
- Minor Ailments Scheme launched in a fourth CCG area. The most recent data has demonstrated that approximately 962 GP appointments have been freed up. This allow more time for GP practice to prioritise care for patients with long term conditions.

5.2 Priorities for 2014/15

- Implementation of the 2014/15 contract assurance process;
- Development of a Healthy Living Pharmacy ready framework;
- Dementia Friends training to be organised and delivered together with the development of a Dementia Friendly Pharmacy Framework;
- Completion of contract database audit;
- Working with the Local Pharmaceutical Committee to develop a framework for local dispute resolution for contractor concerns;
- Patient safety around medicines (considering acute kidney injury as a focus);
- Transfer of care – developing simple process to identify and signpost patients requiring support with medicines following discharge from hospital to community pharmacies;
- Medicines optimisation – supporting patients to achieve the best outcomes from their medicines;
- Developing leadership within the pharmacy profession to drive the medicines optimisation agenda forward;
- Supporting patients to self-care for minor ailments and long term conditions;
- Co-ordinating training for community pharmacists across Greater Manchester to link with LPN priorities.

6 Primary Care Transformation Enablers

There is a detailed action plan in place for all five Strategic Commitment Areas. There is continued work in scope for additional strategic areas, namely:

6.1 Resourcing Proactive Primary Care

- The Association of Governing Groups (AGG) agreed for the PC Transformation Team to continue to facilitate the development of GM wide primary medical care Standards to reduce unwarranted variation across primary care.
- Three workshops have been held to date and have had representation from most CCGs. The output of the workshops has resulted in the proposal of 9 sentinel standards for GM. These will now be further developed over Quarter 4 for implementation by CCGs during 2015/16.

6.2 GM IM&T Digital Strategy

- The development continues at pace with the aim of presenting the GM Digital Strategy to AGG on 3rd March for comment/approval. To this

end, principles for the strategy have been agreed at the GM Clinical Reference Group and the high level scope agreed.

- Meetings to discuss the proposed principles have also been held with AHSN, GM (provider) Directors of IT, Manchester and Wigan CCGs, Stockport HSCI Group, CSU IT Director as well as attendance at CCG leads meeting to brief IT leads.
- Further engagement will continue throughout the development of the strategy with the aim of ensuring when received AGG; it is widely recognised and owned.

6.3 Workforce

- CPD funding from HENW was allocated to 11 of the 12 CCGs where GP practices completed the workforce return. Named CPD leads are now identified within each of the 12 CCGs
- Investment Plan for 2015/16 in development including; increased CPD cash allocation; adoption of YH Advanced Training Practice model; roll out of national Care Certificate to HCAs in primary care etc.

6.4 Organisational Development

A follow up OD workshop for GPs and their teams to understand the legal framework for federations has been delivered and we have disseminated a checklist of considerations as a result of this workshop.

7 Prime Ministers Challenge Fund Update

The Bury Easy GP Extended Working Hours (EWH) project initiated its 'soft launch' on 1 December 2014. The service will run from 4 sectors across the Bury CCG conurbation, operating from 5 locations. Once fully live, the EWH will provide an additional 1425 appointments per week across the 4 sectors. The project has encountered a number of implementation issues which they are working through however remain confident for the formal launch on the 5th January 2015. The pilot has initiated an extensive public awareness campaign of the new services available which will inform the public of access to telephone consultations as an alternative to face to consultations as well as the new arrangements for extended hours over 7 days. Early feedback from patients accessing the service has been positive.

Area Teams, on behalf of wave 1 pilots had the opportunity to apply for additional funding to support an extension for extended access to demonstrate sustainability. An application for £600k to support a 6 month extension was submitted in December. This would enable the pilot to continue until November 2015, providing 11 months activity data which can support both the national and a local evaluation to inform Bury CCG's future commissioning intentions of the service. The Shadow Contract Board involving the Area Team, CCG and provider continues to meet monthly to monitor the pilot and oversee any transition arrangements.

On 30 September 2014 the Prime Minister announced a new second wave of access pilots, with further funding of £100m for 2015/16. This has been communicated to all General Practices in Greater Manchester and CCG leads. The closing date for

applications is 16 January 2015. Several areas within Greater Manchester have indicated their intention to submit an expression of interest in the second wave.

7.1 Key tasks for Quarter 4 include:

- Formal launch of Extended Working Hours component for Bury Easy GP Project, which will offer extended access to all 195,000 registered patients in Bury (8am to 8pm, Monday to Friday and 8am to 6pm at weekends/Bank Holidays)
- Notification of outcome of Area Team application for 6 month extension of wave 1 pilots
- Assessment of PMCF wave 2 bids and prioritisation of strongest 2 bids
- Announcement of successful wave 2 pilots