Greater Manchester Primary Care Demonstrators

Briefing Note

A Primary Care Commissioning Strategy for Greater Manchester is at an advanced stage of development and will be finalised before the end of the calendar year. Significant clinical engagement has surrounded the development of the strategy, including a Summit which attracted around 300 Primary Care professionals. The strategy closely mirrors the aims and objectives set out in the national “call to action”.

The demonstrator communities form an important part of this development process as they are trialling and testing many of the key concepts and principles described in the strategy. The identification of our initial phase of six demonstrators was the result of a call for proposals, where bidders were invited to consider a number of key criteria including

- Supporting a defined community of 30,000 upwards
- Supporting the delivery of integrated services across primary, community and social care
- Consideration of innovative/enhanced use of technology
- Extending access to primary care

The initial six demonstrator communities are as follows, (with brief descriptions of each included in the notes section of this briefing):

- Bolton
- Central Manchester
- Heywood
- Middleton
- Radcliffe
- Stockport

All six demonstrators are currently in their mobilisation phase and will progress to delivery in the coming weeks. Discussions are taking place with academic partners to ensure that a programme of evaluation is established, to ensure we are quickly able to capture and spread best practice.

A sum of £2.1m is being invested in the demonstrator communities in 2013/14. In line with national budget management policy, Greater Manchester has reserved a small amount of money from its allocation to invest in transformational projects such as these, where the learning is hoped to demonstrate better value for money in terms of the quality of service and outcomes experienced by patients.
Notes:

- The five-year Primary Care Commissioning Strategy and the demonstrator programme supports the Healthier Together review of health and social care, a review which aims to improve outcomes and reduce variation so that all residents across Greater Manchester can access and receive excellent health care.
- The draft Primary Care Commissioning Strategy outlines our commitments and proposed standards of care in five core areas;

**Multidisciplinary Care**
- Identification of Long Term Conditions
- Best care pathways
- Medicines optimisation
- Integrated care teams
- GP as co-ordinator of care

**Involvement in Care**
- Access to care records
- Promotion of self care
- Primary prevention
- People die in the place of their choosing

**Quality and Safety**

**Access and Responsiveness**
- Digital technology; range of access mediums
- Continuity of care
- Increased access to primary care services

**Increased out of hospital services**
- Locally based enhanced services
- Smooth primary/secondary care interface
- Inter-practice referrals

- Shown below are brief descriptions of all six demonstrator communities:

**Bolton CCG - Care homes and GP access**
- supporting integrated care planning centred on primary care
- use of telehealth to avoid unnecessary hospital admissions
- improving health outcomes and care experience for residents of care homes
- promote patient access to health records to test the transformational potential for patients to take more power over their own care
- funding will help secure effective IT support to enable an accessible care record as this is a key enabler to integration
• all residents in care homes (1561 beds in Bolton) will receive enhanced care planning and ensure consistency in and out of hours.

Bury CCG; A Healthier Radcliffe
• forming a multi-disciplinary partnership of health and social care providers in Radcliffe (6 practices, public health, social care, third sector plus voluntary services)
• identify vulnerable people/ families needing intensive, targeted support and work collaboratively to deliver an integrated, co-ordinated approach
• aiming to help people take control of their own care through integrated care plans which are person centred and compliment plus build on their assets
• increased service provision in primary care
• improved experiences plus outcomes for people.

Central Manchester CCG - Making a difference for our whole community
• enabling urgent same day plus extended access to GPs
• improving management of long term conditions enabling patients to remain stable and when required those patients to have the most effective care in the most appropriate settings
• improving specialist and primary care services
• increasing involvement in care and thereby reducing unplanned admissions by developing shared management plans where appropriate.

HMR CCG; Heywood Health Hub; A pilot in Integrated Care
• Creating a central hub of clinical staff to improve access in primary care. Practices and their patients will be able to book appointments directly
• To ultimately extend this central hub to include secondary care chronic disease management and psychological therapies
• Develop improved IT systems to support the central hub particularly in regard to increasing patient access
• Develop stronger links with A & E front door
• Faster mobilisation of support services including re-ablement packages
• Advertise the commitment of all Heywood GPs to guarantee same day access for all under 5’s in primary care.

HMR CCG; Middleton Bid Organisations in Partnership
• Innovative first of its kind new software that will allow cross agency referrals from A&E into the Community (Care Diary) and software that allows patients seen and admitted in to hospital to be tracked by GPs upto discharge (Tracker) assisting in early discharge
• 25 Virtual beds in the community supported by GPs and community staff allowing safer early hospital discharges
• Introduction of a local on line 'chat room' that professionals can support and provide guidance to enhance patient care but one that patients, carers and the community can feed into to help plan future service delivery
• enhance current access to variety of services from GPs to community nurses and mental health services
• support delivery of enhanced pharmacy training to cover a wider scope of ailments allowing greater public access to care in the community through pharmacies
• explore use of web based consultations with iPads, iPhones, laptops and desk top computers to undertake face to face consultations remotely
• Collaborative working with other agencies i.e. Pennine Acute NHS Hospital Trust, Rochdale MBC, Pennine Care to explore new ways to improve patient services.

Stockport CCG; Development of an Integrated Locality Hub
• Creation of overarching model; one team, one referral and assessment route, one integrated care plan, one contact point, one case co-ordinator and one budget
• Aim to cluster services in 4 localities to support general practice
• Demonstrator community to be Marple and Werneth
• Introduce proactive identification and management of people with complex needs via a core integrated team
• Reduction in fragmentation of services
• Increase in people reporting they have received person centred and co-ordinated care
• Extend telemedicine support to people with heart failure from October 2013 and to those with COPD and diabetes in 2014.

For enquiries and further information please contact

Rob Bellingham, Director of Commissioning (Greater Manchester), NHS England 07939 262546