

Primary Care Access: Health & Adult Social Care Scrutiny Panel

OVERVIEW



Greater Manchester
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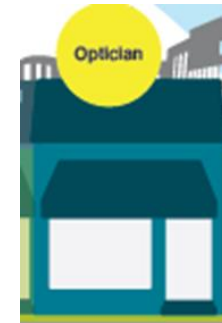
PRIMARY CARE IN TAMESIDE



31 General Practices

100% CQC Good or Outstanding

Grouped into 4 Primary Care Networks
(coterminous with TMBC neighbourhoods)



20 Opticians



53 Community Pharmacies



27 Dental
Practices + GM
Urgent Dental
Service

PRIMARY CARE ACCESS – CURRENT CHALLENGES

- Demand exceeds capacity – Nationally 0.44 GPs / 1000 patients (17.5% increase in patients / GP).
- November 2022: 105,818 appointments in General Practice (2019 pre-covid comparator was 107,281 for T&G)
- Significant impact of pandemic on resilience and workforce, high levels of burnout. Impact on perception of NHS as a career and therefore reduced recruitment and training uptake.
- Significant impact of pandemic on elective care waiting times which creates demand in primary care,
 - Eg patient waiting for knee replacement, experiencing ongoing pain and mobility challenges being managed by their GP Practice.
- Pressures & Demand including impact of winter – though winter pressures is now not restricted to a single season.
 - One practice (c7000 patient list) had 281 calls between 8 and 8.30 one day – would need 28 staff to answer all in that half hour period
 - Pharmacies have had to cut back on services or the advice they offer to patients and/or reduce opening hours
 - In a 3 month period autumn 2022 over 350 temporary closures to pharmacies across GM
- Pandemic accelerated pace of some pre-pandemic national strategy and therefore inevitably lost some of the patient engagement and dialogue around such changes and the phasing of implementation e.g. introduction of digital access.

PRIMARY CARE ACCESS – PATIENT VOICE

Some positive...

“Been here for quite a few years now and I am not surprised that they are rated as outstanding. At 65 and had some quite serious episodes they have been supportive and provided all the care I’ve needed. From the top down the staff really are great.”

“My doctor understands my mental health and is a great help, explains things to me so I know how to look after myself.”

“I received an appointment for the same day re symptoms I informed the care provider of. Treatment was given. Contacted surgery 7 days later by the new electronic system and was given telephone consultation with GP within 24 hours treatment given and a follow up txt after 3 days to check if the treatment was effective. Replied back requesting a further appointment with GP and this was arranged for later the same day. I couldn’t have asked for better treatment well impressed.”

“I’ve found the service and the staff excellent. The new on-line booking system is good, saves all that queueing as previously. I found the response to any request prompt and appropriate to the urgency that it required.”

PRIMARY CARE ACCESS – PATIENT VOICE

Some negative, recognition of frequency of patient feedback such as:

“I rang and was told I could not get an appointment and could either ring at 8am the next day or fill in the email on the site. As there are usually loads of people before you when you ring I decided to email.

I filled in where they ask you to put when you are available in the next 2 days on the phone and they rang me twice when I had put I was unavailable. What's the point of asking you if they take no notice.”

“My husband has been trying to get an appointment for over a week. He has been in agony at times. You just cannot get through - I was 11th in the queue and after 10 minutes of waiting was still 11th - that was today at 8.10 - it was engaged before then. This service is extremely distressing for those trying to get an appointment.”

“Tried last week. Felt fobbed off. Eventually told someone would ring 10am. Eventually someone called 3:30pm, promised to ring Monday, heard nothing.”

PRIMARY CARE ACCESS



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- Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS.
- Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services
- Utilisation of range of access points including but not limited to general practice, including:
 - enhanced access (evening and Saturday appointments delivery on a hub basis per PCN),
 - Community Eye Care Service (CUES),
 - Minor Ailments Scheme (MAS) & General Practice Community Pharmacist Consultation Service (GPCPCS),
 - Dental Services including the GM Urgent Dental Service
- Changes in relation to the expanding workforce, increased clinical and non-clinical skill mix recognising the skills and expertise of a range of healthcare professionals across all contractor groups
- Digital transformation strategy predated (though significantly accelerated by) Covid-19 pandemic
- Embed Primary Care in neighbourhood model with focus on population outcomes through collaboration across breadth of Neighbourhood, providers, VCFSE and residents



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GENERAL PRACTICE

PRIMARY CARE ACCESS – GENERAL PRACTICE

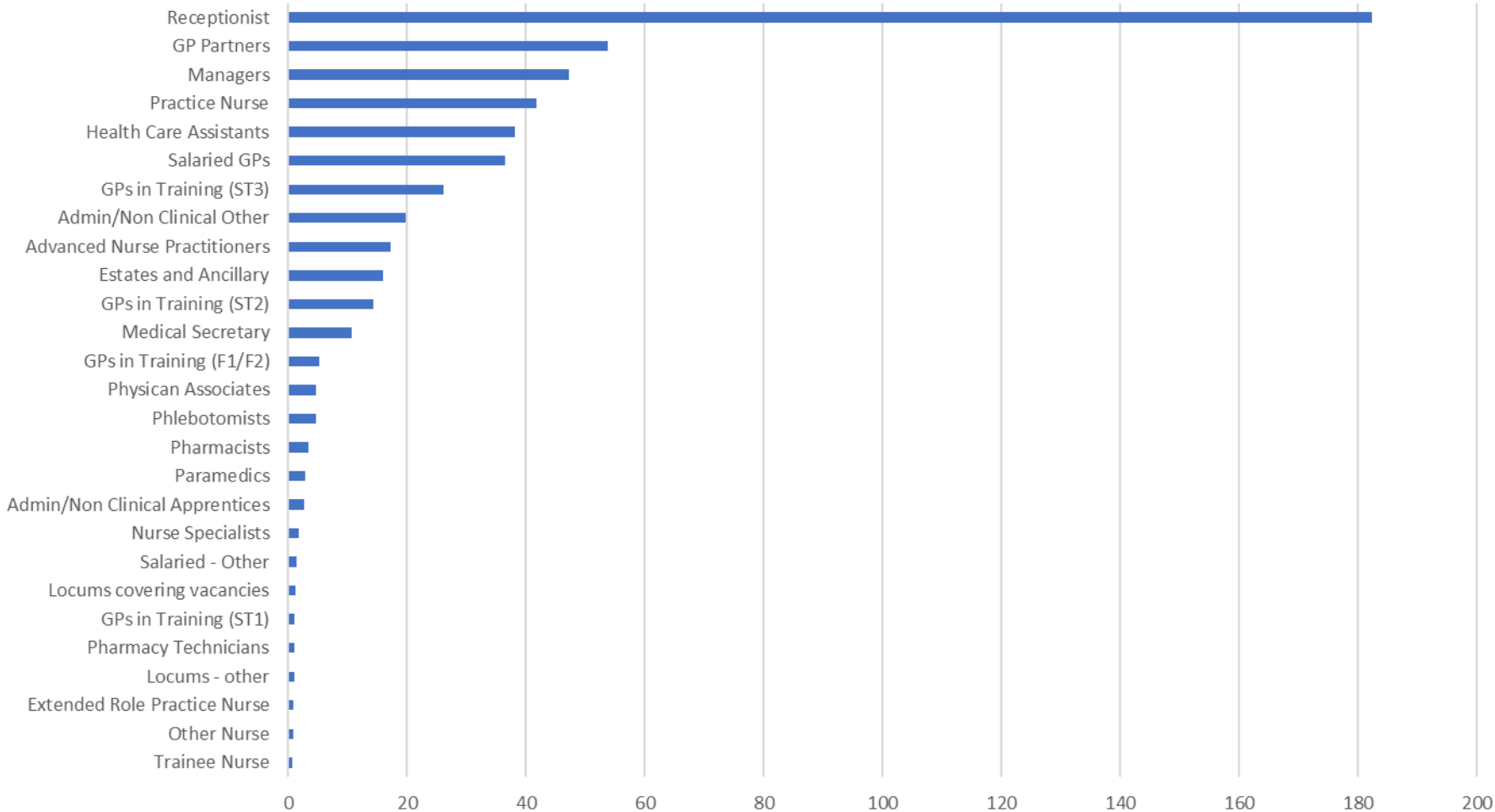
- Primary Medical Services provide proactive, preventative care to their registered population – proactive care such as screening, vaccines, healthchecks and focus on health improvement and admissions avoidance. Naturally sometimes this includes acute and reactive care however it is not the sole focus of contract.
- Core Hours (8am – 6.30pm) plus enhanced access (evening and Saturday appointments delivery on a hub basis per PCN) and Out of Hours provision
- **Demand will always outweigh capacity as proactive work is never finished**
- Importance of care navigation – enables practices to signpost patients to the right place and/or right healthcare professional
 - Reception teams are trained in this role
- Routes of access – practice telephone, online forms, walk in, PCN telephone
- Changes in relation to the expanding workforce, increased clinical and non-clinical skill mix recognising the skills and expertise of a range of healthcare professionals
- Establishment of new enhanced access models and increasing provision through Directed Enhanced Services (including the PCN Contract DES) and Locally Commissioned Services
 - LD and SMI Healthchecks delivered on a hub basis – clinical model varies per PCN

METRICS – GENERAL PRACTICE WORKFORCE



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Roles in General Practice by FTE



The chart shows the range of workforce roles employed across the 31 practices in 27 categories.

There are 90.3 FTE GPs (excluding trainees), this equates to **1 per 2447 patients**. (GM rate is 1 per 2821 patients)

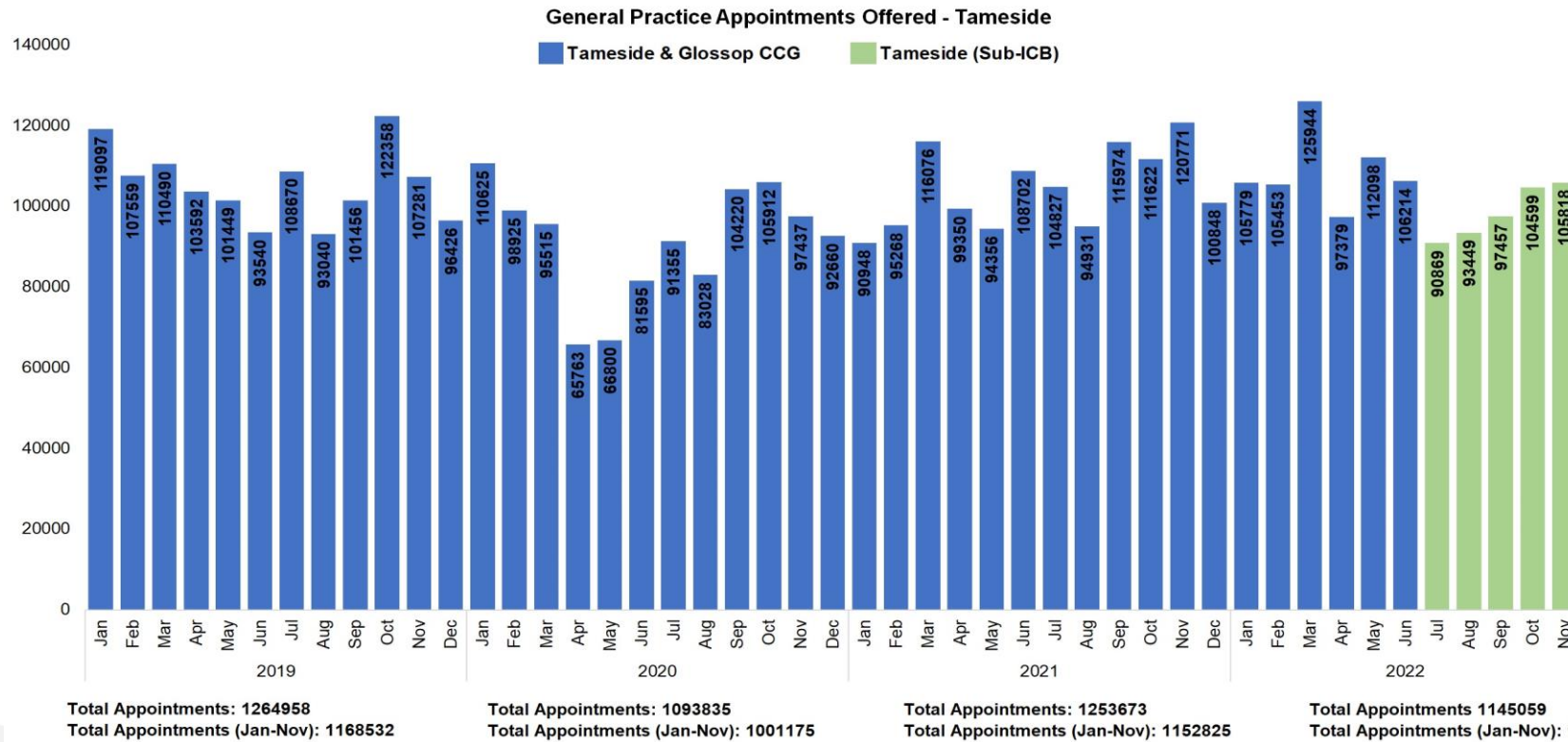
17.3FTE Advanced Practitioners.

57.2 FTE staff employed by PCNs across a range of clinical and non-clinical roles.

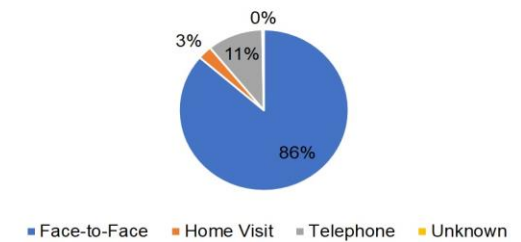
METRICS – GENERAL PRACTICE APPOINTMENT DATA



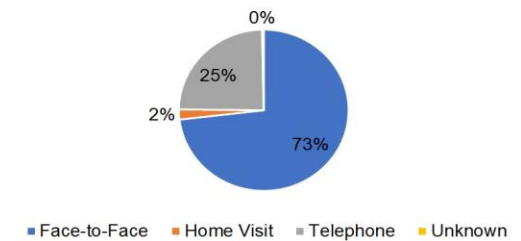
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November 2019 - 107281 Appointments/37 Practices



November 2022 - 105818 Appointments/31 Practices



*Please note, from July 2022 onwards, data is aggregated to Sub ICB Location, and ICB level. Tameside now reports from 31 practices as opposed to the previous 36/37 practices in previous years.

This is the national extract of appointment data – this does not fully reflect the totality of activity in general practice nor does it reflect the totality of activity within PCNs.

The number of appointments in November across our 4 PCNs was 16,890.

There is further work locally and nationally on appointment data analysis – including providing this at practice level – to date, data has been at locality level.

METRICS – GENERAL PRACTICE PATIENT SURVEY



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integrate

	Response Rate %	Rank of Response Rate	Generally, how easy is it to get through to someone at your GP practice on the phone?	How helpful do you find the receptionists at your GP practice?	How easy is it to use your GP practice's website to look for information or access services?	How satisfied are you with the general practice appointment time that are available to you?	How often do you see or speak to your preferred GP when you would like to?	Were you satisfied with the type of appointment (or appointments) you were offered?	Overall, how would you describe your experience of making an appointment?	Were you given a time for the appointment?	Were you seen at the stated appointment time?	Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?	Last time you had a general practice appointment, how good was the healthcare professional at listening to you?	Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?	During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	Thinking about the reason for your last general practice appointment, were your needs met?	Overall, how would you describe your experience of your GP practice?	Avoided making a general practice appointment in last 12 months?	In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?	IMD (2019) Score	IMD (2019) Rank
LOCKSIDE MEDICAL CENTRE	30%	12	5	3	4	1	5	3	1	16	8	4	2	1	2	1	3	1	23	16	27.1	#N/A
AWBURN HOUSE MEDICAL PRACTICE	35%	5	10	4	7	7	3	6	6	23	1	3	10	11	8	5	4	4	20	20	25.7	7
TOWN HALL SURGERY	24%	31	2	1	11	2	4	2	7	31	24	6	15	19	26	9	17	5	31	3	34.6	25
GROSVENOR MEDICAL CENTRE	26%	25	12	11	9	13	17	17	12	8	5	2	1	3	1	2	8	7	17	13	29.7	13
ST. ANDREW'S HOUSE SURGERY	26%	29	6	12	10	6	9	7	10	22	16	15	13	14	21	30	16	8	19	7	30.0	15
THE BROOKE SURGERY	29%	16	14	18	1	3	14	4	2	27	6	1	4	2	3	7	1	9	29	4	30.7	17
THE SMITHY SURGERY	31%	9	4	2	3	14	7	16	11	6	19	10	11	8	4	31	23	10	25	1	22.0	5
STAMFORD HOUSE	20%	35	11	17	2	9	10	9	9	33	9	21	6	17	24	12	5	11	22	21	39.2	31
DUKINFIELD MEDICAL PRACTICE	23%	33	13	16	24	18	23	10	13	26	2	13	20	21	11	28	22	12	24	35	30.9	18
MILLGATE HEALTHCARE PARTNERSHIP	31%	10	28	13	25	23	18	27	15	21	29	17	9	9	20	13	14	13	10	14	27.7	11
WATERLOO MEDICAL CENTRE	29%	15	21	10	27	25	15	23	21	2	12	31	36	36	31	35	34	15	11	28	32.3	21
PIKE MEDICAL PRACTICE	32%	8	8	14	23	10		11	14	28	11	29	33	29	19	34	13	16	34	17	26.7	10
DENTON MEDICAL PRACTICE	31%	11	18	22	21	16	25	19	19	10	34	16	25	6	15	6	7	17	32	27	31.2	19
CLARENDON MEDICAL CENTRE	36%	3	34	29	26	19	27	13	20	35	10	7	5	10	9	4	11	18	14	11	33.2	24
MILLBROOK MEDICAL PRACTICE	24%	30	15	9	22	21		29	24	9	14	18	24	20	23	19	15	20	15	10	26.2	8
ASHTON GP SERVICE	19%	36	19	25	13	17	13	18	16	13	25	36	29	33	28	32	30	21	2	30	49.4	34
STAVELEIGH MEDICAL CENTRE	30%	13	16	19	6	12	6	14	18	18	27	20	27	32	16	20	36	22	16	6	30.2	16
HT PRACTICE	27%	22	22	26	32	22	20	21	22	3	15	26	30	31	18	17	18	23	33	5	38.9	30
ALBION MEDICAL PRACTICE	28%	19	33	21	12	28	22	22	28	20	28	11	16	23	27	22	26	24	8	23	36.3	27
GUIDE BRIDGE MEDICAL PRACTICE	26%	28	25	28	17	24	24	32	29	17	20	22	12	30	29	11	35	25	5	29	31.3	20
DONNEYBROOK MEDICAL CENTRE	29%	17	26	35	18	30	21	28	26	24	26	28	17	15	25	8	31	26	18	31	32.7	22
GORDON STREET MEDICAL CENTRE	27%	21	24	34	15	26	19	24	23	25	4	14	21	13	6	23	19	27	21	15	39.9	32
MOSSLEY MEDICAL PRACTICE	26%	26	20	24	28	20	8	36	25	1	35	30	19	18	12	14	27	28	28	26	22.8	6
WEST END MEDICAL CENTRE	29%	14	23	30	36	27	11	20	27	34	13	27	31	27	34	26	33	29	3	36	40.2	33
HAUGHTON THORNLEY MEDICAL CENTRES	27%	24	30	23	20	29	12	15	31	30	32	24	14	28	14	33	32	30	9	9	32.7	23
MARKET STREET MEDICAL PRACTICE	29%	18	31	31	31	32	29	34	36	14	30	23	22	24	36	21	25	31	12	25	29.8	14
ASHTON MEDICAL GROUP	23%	32	35	27	30	34	31	25	32	32	7	34	35	34	22	25	10	32	4	32	36.4	28
HATTERSLEY GROUP PRACTICE	21%	34	32	32	33	35	28	33	33	29	3	32	34	25	30	27	29	33	1	34	55.3	35
DROYLSDEN MEDICAL PRACTICE	26%	27	29	8	34	33	26	30	30	11	36	33	32	35	32	18	24	34	7	22	28.8	12
MEDLOCK VALE MEDICAL PRACTICE	37%	2	36	36	35	36	30	31	35	7	33	25	26	16	33	24	21	35	6	33	26.7	9
KING STREET MEDICAL CENTRE	27%	20	27	33	29	31		35	34	12	18	35	28	26	35	16	20	36	13	24	38.0	29

PRIMARY CARE ACCESS - QUALITY



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- Quality Assurance process – locally and as GM IC – role of
- Quality reporting also via Place Based Primary Care Commissioning Committee (PCCC), Primary Care Delivery and Improvement Group (PCDIG) and Tameside System Quality Board
- Links with Healthwatch Tameside – data, surveys, member of PCCC and PCDIG
- CQC – 100% of Tameside Practices rated Good or Outstanding
- Patient satisfaction markers – eg General Practice Patient Satisfaction Survey, Friends and Family Test data & complaints data
- Appointment data, telephone and online consultations access, NHS111 direct booking
- Focus on addressing health inequalities and unwarranted variation in offer to, and outcomes for, the population.
 - Use of primary care dashboards and data, in addition to the CQC, patient satisfaction and appointment data this also includes, but is not limited to:
 - screening uptake, vaccine uptake, LD & SMI healthchecks etc, smoking prevalence, Quality Outcomes Framework (QOF) and Investment and Impact Fund (IIF) indicators
 - Use of Core 20 plus 5

PHARMACY & MEDICINES OPTIMISATION

DENTAL

OPTOMETRY

PRIMARY CARE ACCESS – COMMUNITY PHARMACY & MEDICINES OPTIMISATION



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- In addition to dispensing prescriptions, community pharmacy can provide advice on a range of health issues with no need for an appointment.
- Across GM, over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of services.
- Establishment of new enhanced access models and increasing provision Locally Commissioned Services.
 - General Practice Community Pharmacist Consultation Service (GPCPCS): This is a referral by a General Practice to the Community Pharmacy, with patient consent, for a range of illnesses and conditions.
 - Minor Ailments Scheme: Patient can self present to a pharmacy for a range of common illnesses and conditions such as coughs, headlice, conjunctivitis.

Increasing the return on investment in medicines through **medicines optimisation**, making sure medicines remain clinically-effective and cost-effective. Empowering, Engaging and Educating people to get the right medicines, at the right time, in the right place to help patients to:

- ✓ improve their health outcomes;
- ✓ take their medicines correctly
- ✓ avoid taking unnecessary medicines
- ✓ reduce wastage of medicines
- ✓ improve medicines safety and minimising harm
- ✓ improve sustainability

METRICS – COMMUNITY PHARMACY CONSULTATION

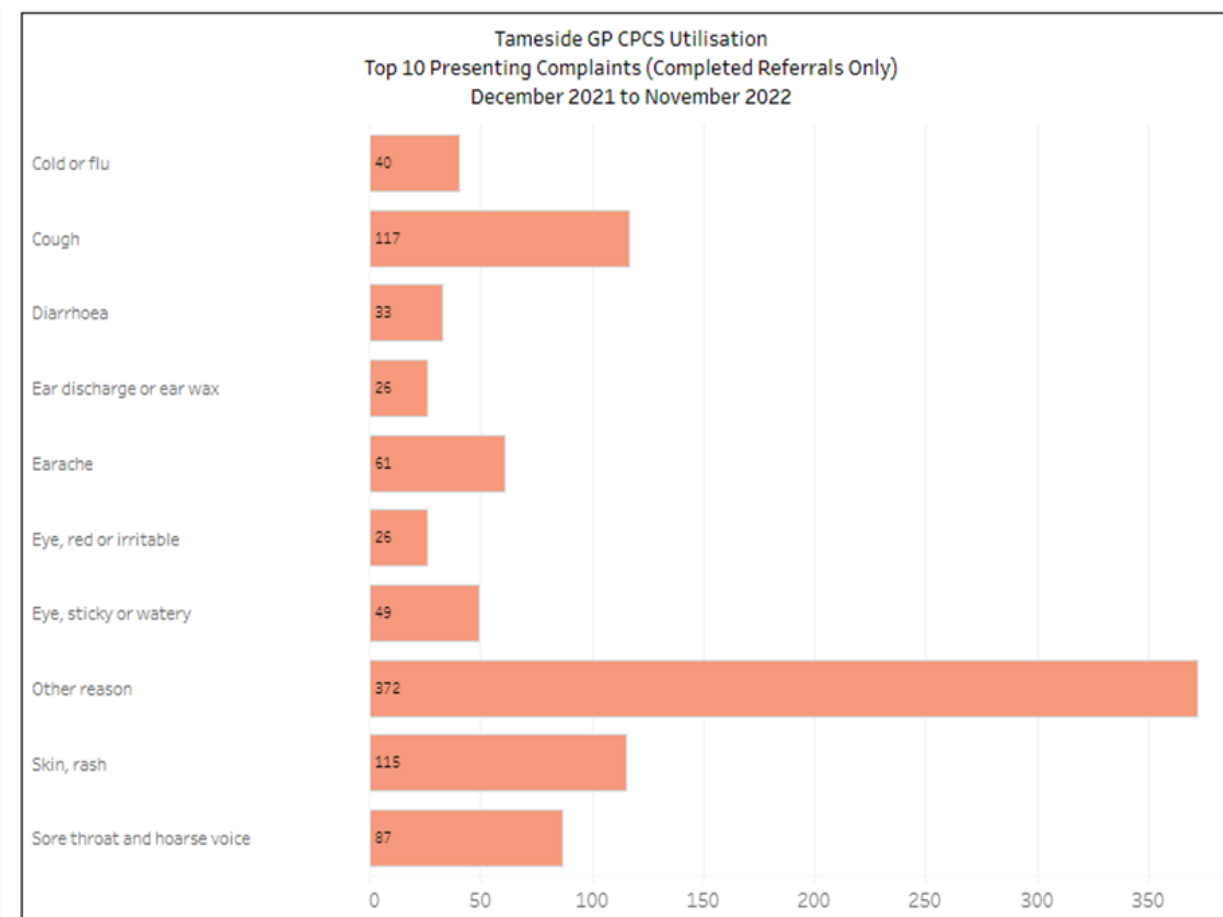
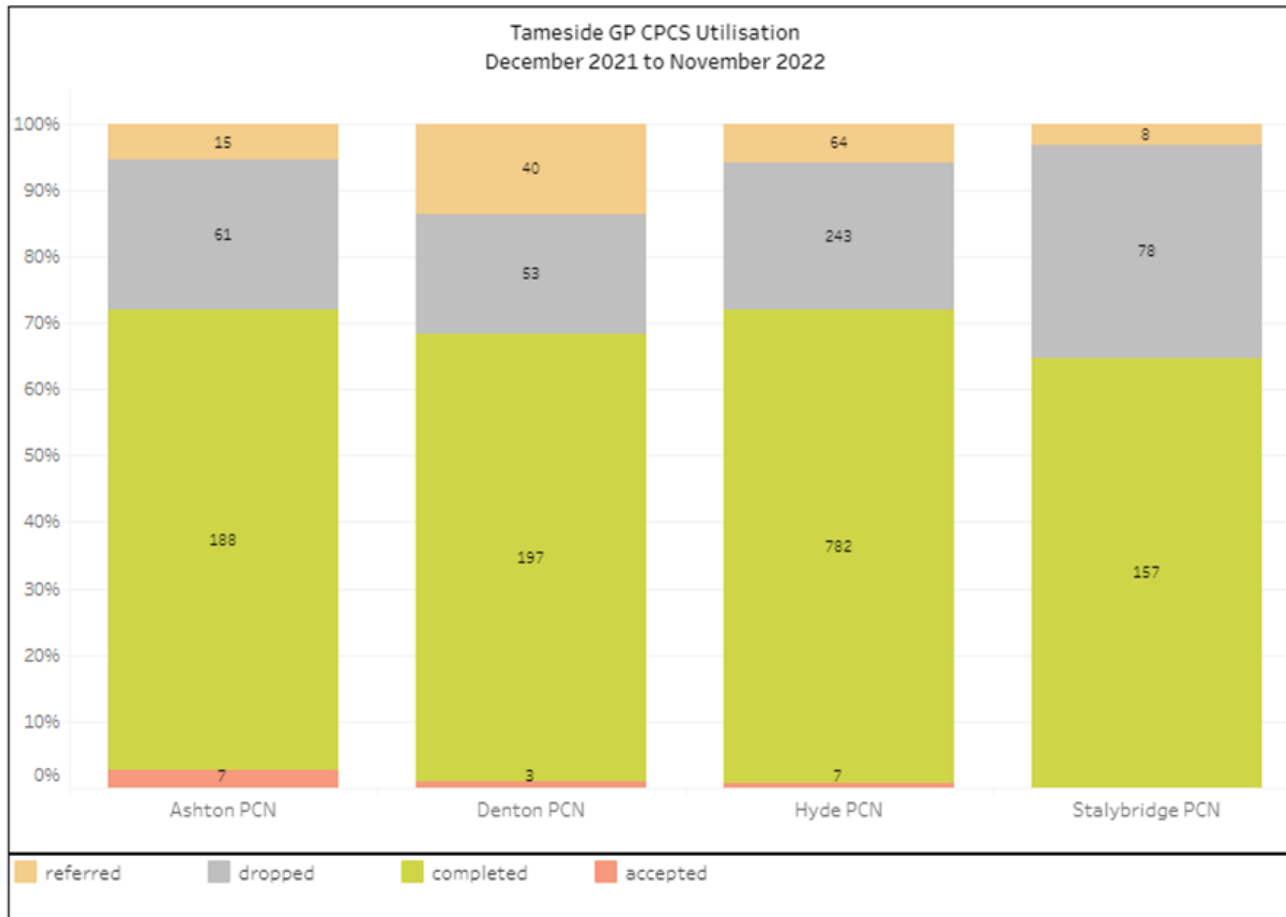
SERVICE ACTIVITY DATA



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Total referrals in 12 month period (Dec 21-Nov 22) – 1903, of which 1324 completed. Utilisation of this service is increasing with Tameside being one of the higher users across GM though there remains variation across our PCNs which we can continue to work on.

These are referrals to Community Pharmacy for a range of conditions as part of a system wide primary care offer to the population. 72% of which were managed and closed within the pharmacy, either through advice only or with over the counter or Minor Ailments Scheme recommendation.



PRIMARY CARE ACCESS – DENTAL SERVICE

- Commissioned on pan-GM footprint – responsible for primary and secondary care dental services
- Routes of access via regular dentist.
 - If they're closed, or a patient does not have a regular dentist, call the Greater Manchester Urgent Dental Care Service on 0333 332 3800.
 - The service is available from 8am to 10pm every day, including weekends and bank holidays.
 - Initial assessment by a healthcare professional who can provide self-care advice or book a face-to-face appointment, if needed.
 - Delivered from a number of locations across Greater Manchester, including in Tameside.
- Patients are not registered with a dentist in the same way as they are with General Practice. Patients can go to a practice outside their local community.
- Significant impact through pandemic on dental services due to Infection Prevention and Control (IPC) guidance

PRIMARY CARE ACCESS – OPTICIAN SERVICES & EYE CARE

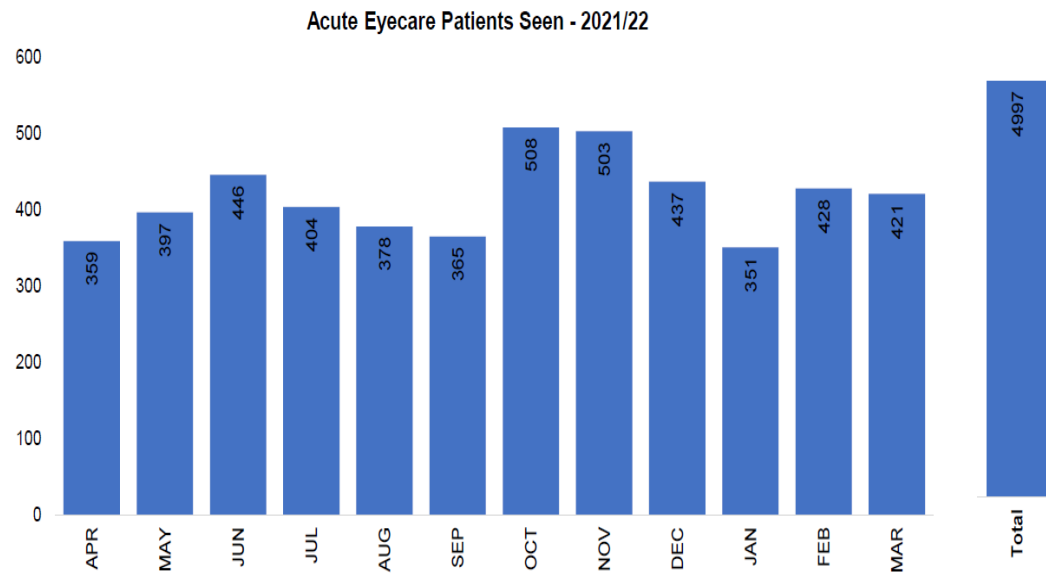
- Direct access to optician of choice – no restriction to access. Self referral.
- **General Ophthalmic Service (GOS):** Local services providing sight tests, glasses and lens provision and review overall eye health, eg checks for glaucoma, cataracts etc.
- **Minor eye care service (MECS):** provides assessment and treatment for people with recently occurring minor eye problems. It is an NHS service provided by accredited optometrists.
- **Urgent Eyecare Service (UES)** provides urgent assessment, treatment or referral for sudden onset eye problems such as flashes, floaters, vision loss or minor eye injuries.
- This service is commissioned across all 10 GM localities through the optometry lead provider organisation – Primary Eyecare Services – and is delivered across 211 optometry practices.
- 81% of patients were wholly managed within the service.
- Patients access the service by telephone or video call, followed by face-to-face assessment where required.

METRICS – COMMUNITY URGENT EYECARE ACTIVITY DATA

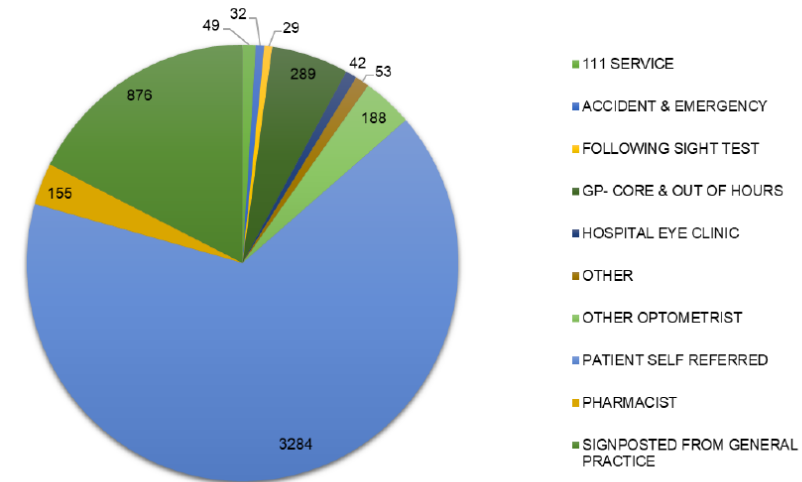


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Activity in the 12 months (Apr 2021-Mar 2022)



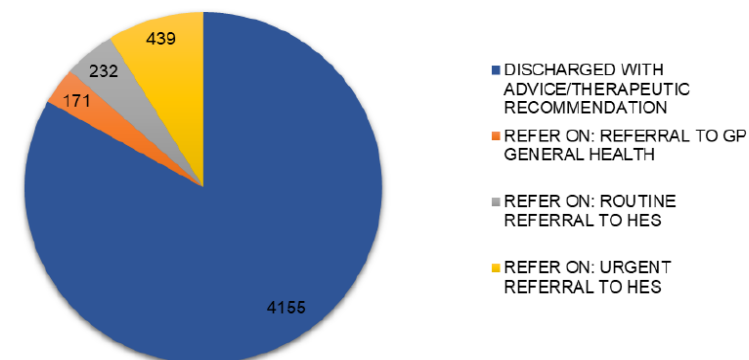
Where were these patients referred from?



Nearly 30% of these patients were referred from other primary/secondary care disciplines

76 patients were sent to primary care and deflected from a first hospital presentation

What happened to these patients?



Over 80% of these patients were kept out of secondary care.

The 8.8% who genuinely needed urgent care were then directly referred, sending the patient to the correct place the first time.

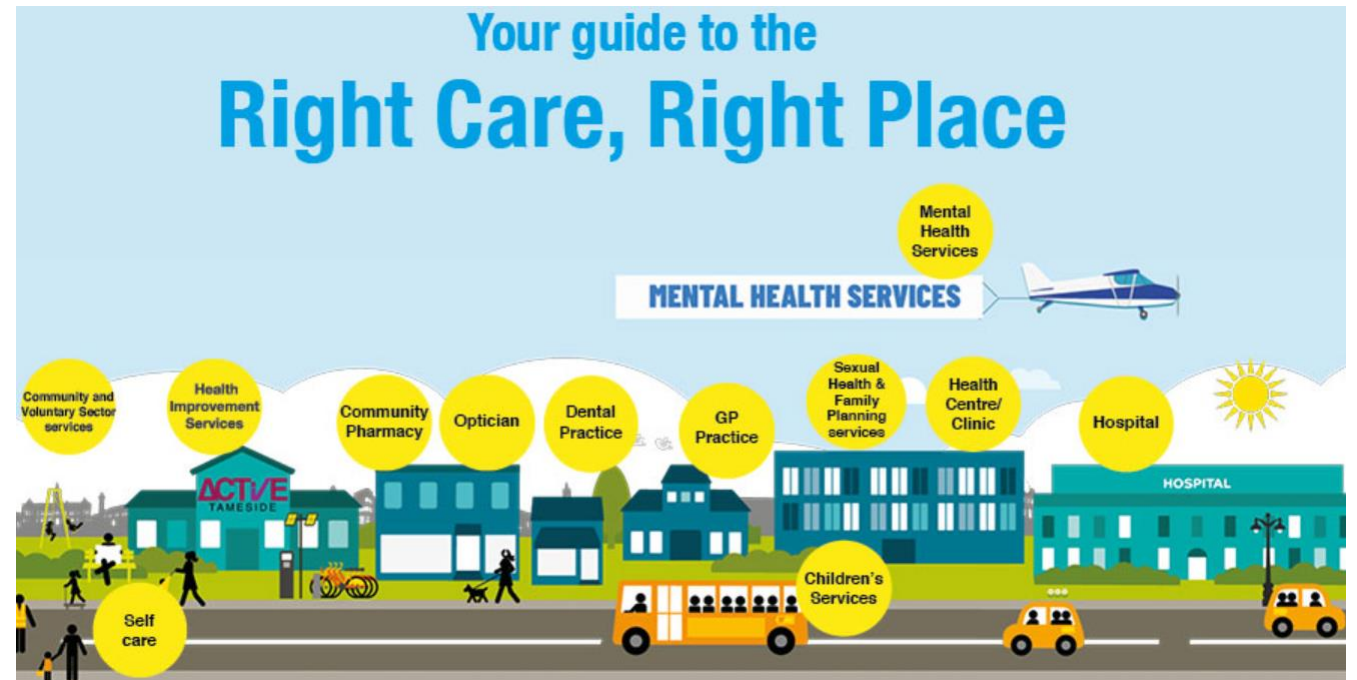
PRIMARY CARE COMMUNICATIONS & PATIENT VOICE

PRIMARY CARE ACCESS - COMMUNICATIONS



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- Right Care Right Place communications campaign
- All practices are open and have been throughout pandemic



Raising awareness of:

- Breadth of services (across General Practice, Community Pharmacy, Optician and Dental Services)
- Changing model of primary care services, including growing workforce roles, digital offer & points of contact.
- General Practice provision includes PCN Hubs, Enhanced Access (evenings and Saturdays) and Out of Hours.
- Benefits of online or telephone consultations for some conditions and for some parts of the population, e.g. those who work through general practice core hours, have care responsibilities

PRIMARY CARE ACCESS -


Examples of Tameside communications

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GP Practices in Tameside

68,582

Face-to-face appointments
in September 2022



97,457

September appointments
(telephone, online & face-to-face)

6,257

Number of patients who
DID NOT ATTEND
in September 2022

35,645


more appointments available now, compared to pre-pandemic!

81%

FLU 52%

of covid and flu vaccines delivered by GP practices


The staff at your GP practice are working hard to keep up with increasing demand, and meet the needs of patients.



ASHTON MEDICAL
Statistics for
November

GP FACE TO FACE APPOINTMENTS

5,628



CALLS ANSWERED


88%

8,703

AVERAGE QUEUE TIME
1 MIN 34 SECONDS


NURSE APPOINTMENTS

788




REPEAT MEDICATIONS
ACUTE MEDICATIONS

15,964
15,185




HOME VISITS

122




ONLINE CONSULTATIONS

3,104



TELEPHONE CONSULTATIONS

4,395



Changes to your Enhanced Access service



Stalybridge Primary Care Network are working together to improve access to primary care and general practice appointments outside of core hours



Evenings 18:30-20:00



Saturday 09:00-17:00



Face to face appointments

What is Enhanced Access?

To put it simply, an extension of your general practice. Enhanced Access offers pre-bookable urgent and routine appointments outside of core contractual hours.

The service will be based from the Stalybridge PCN Hub, 2 Waterloo Road, SK15 2AU and supported by occasional clinics in Dukinfield and Mossley.

What can I expect from the service?

You can expect access to general practice appointments out of hours in evenings and on Saturdays that is run by a team of dedicated, local staff and clinicians such as GPs, Nurses, Health Care Assistants and more. Furthermore, patients can expect a mixture of face to face and remote consultations, ensuring the service is accessible to all.

What is changing?

Appointments may be offered by your GP practice during Enhanced Access hours (Monday-Friday 18:30 and Saturdays 09:00-17:00). You can contact Stalybridge PCN direct on 0161 342 5300 to make an appointment. This gives patients more choice and flexibility about the time and location of their appointment, making accessing appointments easier.

How do I book?

To book an appointment out of hours please contact your practice. You can also contact Stalybridge PCN direct by calling 0161 342 5300 or email gmicb-tameside.stalybridge.pcn@nhs.net

Scan the QR code below to have your say



STALYBRIDGE, DUKINFIELD & MOSSLEY
Primary Care Network

Contact: 0161 342 5300
Our Practices: Grosvenor, King Street, Lockside, Millbrook, Mossley, Pike, St Andrews, Staveleigh, Town Hall

PATIENT VOICE AND PARTICIPATION

- Role of General Practice Patient Participation Groups (PPGs) and Practice Champions – session in November to review PPGs, membership, ensure these are representative of population, etc.
- Neighbourhoods – development of Neighbourhood Plan is a core element of the LCS specification and the overarching premises of the specification is one of personalised, preventative and proactive care which focuses on health inequalities with the aim of improving the healthy life expectancy of the population of Tameside and to reduce the burden of disease.
- Patient communications and use of PEN – key to raising awareness and ensuring the success of the changing model of primary care and neighbourhood delivery.
- Examples in the following slides of some of the PCN led programmes of work and redesign of services covering a range of workstreams, initiatives and projects in place developed and delivered in collaboration with patients and communities. This does not fully reflect the totality of work, however this is driven through Neighbourhood Delivery Group Meetings and overseen through the Neighbourhood Leadership and Neighbourhood Transformation governance.



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NEXT STEPS

SUMMARY & DISCUSSION



IMPROVING OUTCOMES

- TGPA taking leadership role in reducing unwarranted variation alongside other key forums
- Renewed focus on Primary Care quality – opportunity to maximise the role of GMIC & also develop an **integrated BI function**
- Co-ordinated focus on inequalities (with UM etc) –understand **drivers and barriers to accessing care**
- Continued commitment to **proactive & preventative delivery & investment models**

IMPROVING ACCESS: Widen delivery model

- Utilisation of all access points including all contractor groups (pharmacy in particular)
- Utilise wider General Practice workforce + pharmacies + PCNs
- **Expansion of good practice** in PCNs
- **Integrated working** with neighbourhood partners – NHS / VCFSE / TMBC etc
- Promotion of self-care and right care right place model
- Maximise digital / virtual offer with a focus on digital literacy & inequalities.

IMPROVING RESILIENCE & SUSTAINABILITY

- Primary Care is at capacity
 - Development of TGPA as General Practice and PCN body in Tameside
 - Develop **mutual aid models**
- Shared **workforce plan**
 - Cross-system plan to retain and attract workforce e.g. rotational roles across partners with joint recruitment
- Innovative investment models
- Better understanding of capacity & demand with **improved patient engagement**
- Shared **digital strategy** & plan
 - GP IT, virtual wards, virtual access, digital wellbeing
- Shared **estates strategy**
 - Improve / expand / better utilise estate

Questions



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FURTHER INFORMATION



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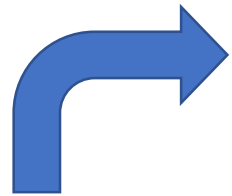
PRIMARY CARE NETWORKS: OVERVIEW



ASHTON PRIMARY CARE NETWORK



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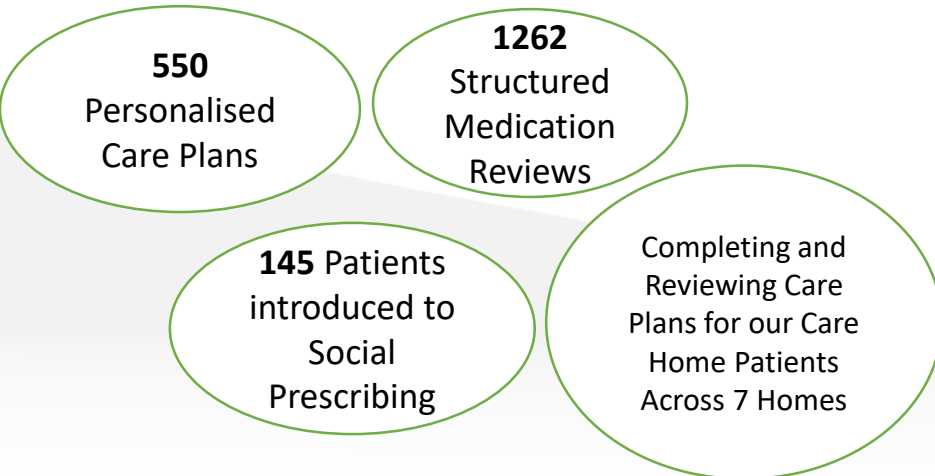
What We Do:



- Support over 57,000 patients registered at the 8 GP practices in Ashton-Under-Lyne
- Interlink with local services including foodbanks, food pantries, Active Tameside services, and the Community Gateway Team
- Working with the Neighbourhood Team to prioritise the needs of a very highly deprived population
- Co-ordinating the delivery of COVID vaccines in the locality, including outreach vaccine sites at foodbanks, food pantries and the town market and housebound visits
- Endeavour to provide health promotion in everything we do, including during care planning appointments where patients are supported in making healthier lifestyle choices and taking up the offer of screening and vaccinations
- Providing more appointments through the new Extended Access Programme including in the evenings at weekends with a range of HCPs and using this time to offer health checks, screening and chronic condition reviews as well as routine appointments
- Creating a team of diverse clinicians with different specialities so that patients can receive care appropriate to their symptoms and training receptionists to triage such cases



Our Impact So Far...



DENTON PRIMARY CARE NETWORK

Vision: 'We aim to deliver exceptional healthcare across our community (within Denton, Audenshaw and Droylsden)'

- ❖ 20 PCN staff – additional staff working on behalf PCN not directly employed
- ❖ 6 GP practices
- ❖ c53,000 patients (weighted list size)
- ❖ High deprivation areas
- ❖ PCN joint office space with District Nursing and Social Care Teams

Successes:

- Introduced SMI (Severe Mental Illness) monthly One Stop Clinics
- Weekly Hypertension Clinics held in the community
- Weekly NHS Health Check clinics run by PCN staff
- Attendance at established coffee mornings in churches etc to offer health advice/BP monitoring etc.
- COVID vaccination clinics running throughout PCN footprint including at foodbanks/churches/sports Trusts
- Led Vaccination programme for all housebound and care homes.



Priorities:

Children's Asthma/Frailty/Drugs & Alcohol
Joint working with health/social care and voluntary services within the PCN footprint to ensure patients have the best possible care

- Complex Care Team case-manage frail housebound patients including weekly MDTs.
- Shortly introducing Project supporting patients with High Dependency on Opioids
- PCN Spirometry Clinics commenced October 2022
- FENO Project with Health Innovation Manchester to diagnose Asthma
- Digital Healthcare Project



We've been shortlisted
Clinical Improvement: Mental Health



'At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve care for whole populations' – Fuller Stocktake, 2022

34 PCN Employees

77k Patients (weighted)

High Deprivation

Total support plans completed 1291

Total social prescribing ref 5013

Care and Support plans

76 food bank users

80 asylum seekers

32 refugees

18 patients without a GP registered

Features:

- Six health and wellbeing coaches working with foodbanks, schools, allotments, asylum seekers and refugees (ESOL)
- Weekly, integrated, cross organisation MDTs.
- No exclusion criteria. No discharges. Peer-to-peer referrals. Team prepared to improvise and innovate. Proactive and reactive.
- Shift in the paradigm - Patient in centre of all decisions not the organisations needs.

Success Factors:

- Genuine collaboration with the community, voluntary and faith groups
- Barriers broken down for patients to trust health services
- Enhanced Health in Care Homes extended to Housebound by complex care nurses, end of life in reach into the hospital planned
- Digital Ambulatory Care condition clinic about to start

Vision Statement: To help local people live well for longer

Mission Statement: To provide accessible and timely primary care services to local people and reduce health inequalities.

26 PCN Staff (plus 50+ casual staff for Enhanced Access and Vaccine Clinics)

43,000 patients
9 GP Practices
7 Care Homes

PCN Hub located in town centre open Mon-Fri 08:00-20:00 and Sat 09:00-17:00

Key Success:

- Complex Care and Ageing Well department delivering a comprehensive frailty assessment and care package programme
- Internal 12-week weight management programme offering patients individual and group 6 module practical course
- Cancer Care Coordinator and Early Identification Scheme, including out of hours screening programmes and practice Cancer Champion initiative
- Musculoskeletal First Contact programme consisting of 4 full-time FCPs releasing equivalent to 4 full time GP appointments and offering. Specialist consult offers mentoring and education reducing secondary care intervention
- Acute visiting service and personalised care plans for high service users
- Homelessness project – including TB, Hepatitis and other infectious disease screening. Referrals to alcohol and drug misuse services. Health checks and practice education – practices trained accredited as Homeless Friendly
- Social prescribing and on-site chaplaincy to compliment mission to tackle health inequalities
- Genuine collaboration with local and neighbourhood services to share premises and joined up working
- PCN lead programmes for ECG, diabetic personalised plan, patient digitalisation. Spirometry and health checks on 2022-23 roadmap.
- Accredited centre for learning and training – working on staff retention and future workforce planning. PCN activity participates in research such as Access Optimisation with The University of Manchester.
- Joined mass vaccination centre, including out of hours, for COVID, Flu child nasal flu, and baby immunisations
- Joined PCN Patient Participation Group
- Enhanced Access service offering face to face appointments for GP, Nurse, HCA and other every evening and Saturdays.
- Centralised procurement of clinical tools and resources to improve access and efficiency in general practice



PRIMARY CARE WORKFORCE ACADEMY

Grow Our Own

- Career Progression Pathways
- Work Experience
- Annual Careers Fair
- Exposure to Primary Care provided

Retention

- Regular Forums for staff groups
- Education and Training
- Health and Wellbeing Activities
- Peer Support

New Roles

- ARRS Roles
- Facilitation of future workforce planning
- Participation in local and GM pilots
- Collaboration with local providers
- GPs with special interests

Leadership

- Tameside General Practice Alliance
- Leadership Programmes promoted
- Resilience education and training
- Collaboration and working together with general practice