NHS GM Annual Plan 2025-26



- The Annual Plan describes the priorities for NHS Greater Manchester (NHS GM) in 2025/26 as we move into the third year of our strategy
- The Plan is based on the structure of our Sustainability Plan as presented to GM Joint Health Scrutiny last year. 2025/26 will be year two of the Sustainability Plan
- In addition, the Annual Plan sets out how NHS GM will deliver on the three Darzi shifts and contribute to the GM Live Well model
- As set out in our update to Joint Health Scrutiny in April, we are determined that the reforms to ICBs will not take our focus away from delivery of the Annual Plan and our strategy
- We will continue to develop our priorities to reflect the launch of the refreshed Greater Manchester Strategy (GMS) and the 10 Year Health Plan

NHS GM Annual Plan 2025-26 Overview



The Sustainability Plan – Year 2

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans	Multi-provider/system	Maintaining the population in	Catching ill health early,	Transforming the model of care through system actions
leading to financial	activities to improve the use	good health and avoiding	managing risk factors, and	
sustainability through	of resources and	future costs through	delivering evidence based,	
Financial Sustainability Plans	performance	prevention	interventions	

The Three Darzi Shifts

Hospital to community Analogue to Digital Sickness to Prevention

Our 2025/26 Priorities

Maintaining access to, and the quality of, essential services	Improving the efficiency and productivity of the NHS in GM	Improving our Mental Health Services	Making as much progress with reducing waiting lists as we can within our available resources	Supporting the focus on prevention (the left shift) to protect the future of the NHS in GM
Collaboration	Compassion	I	nclusion	Integrity

Delivery in 2025-26

- We are supporting the national shift to move care closer to home through specific service transformation intentions within the wider Health and Care Service Review. The first phase of work includes ambitions to support community led provision across Outpatient Transformation: Gynaecology; Dermatology; Ophthalmology
- Our digital ambitions build on significant past investment in key data assets underpinning personalisation, care planning, virtual care, Population Health Management and research and innovation
- We will also be maximising productivity and efficiency through the considered and controlled deployment of Al and process automation
- For prevention and proactive care, we are building on significant and longstanding development of neighbourhood working, prevention and health creation. This spans action on smoking and alcohol, increasing physical activity, tackling health barriers to employment, and proactive primary care to reduce CVD and diabetes risks
- Into next year we will expand this approach as part of the pan-public service Live Well ambition, growing Population Health Management capability through further investment in GP incentives. We will apply additional investment into early intervention, preventative community-based services for mental health.

Investing in the 3 Darzi Shifts in 2025-26

- The following slide depicts NHS GM's investment in the three Darzi shifts in 2025/26
- It sets out:
 - Existing plans to bring care closer to home and improve community based services
 - Existing investment in prevention and proactive care
 - Additional investment in prevention and proactive care in line with the Sustainability Plan
- The investment is categorised against the three major shifts— as set out in the Darzi Investigation of the NHS, forming the core of the new 10-year Health Plan
- This proposal is based on the principle that we need to maintain both existing investment, and add new investment, to deliver the Sustainability Plan.

Investing in the 3 Shifts	Current Investment			New Investment for 2025/26
Hospital to Community	Moving care closer to home - Health and Care Review – Outpatient Transformation: Gynaecology; Dermatology; Ophthalmology (tbc)	Community Services Review – optimising Standards for Intermedia Care and Community Nursing (tbc)	Standardised Community- Based Urgent Care (tbc) ate	Sustainability Plan sets out c£600m of additional demand based on projected deterioration in health. This can be mitigated through population
Analogue to Digital	GM Care Record Optimisation for care planning, and personalisation £5.1m	e Secure Data Environment EPR Convergence Modern General Practice Productivity and efficiency - Artificial Intelligence and RPA Civic data development for intelligence led prevention		health approach and new investment in left shift. New Additional Investment Targeted at Pillars 3 and 4 of Sustainability Plan (prevention)
				 Live Well Locality Investment (£5m) Primary Care Transformation- De OO = D (07,0m)
Sickness to Prevention	Live Well – Social Prescribing £1.7m	Multi-Year Prevention Plan £12.4m	Long Term Conditions Programme and Healthcare Public Health (including HIV) £3.4m	 BeCCoR (£7.2m) CURE / Smoking Cessation in Hospitals Scale Up (£1.7m) Medicines – further improving CVD and Diabetes care (£14m subject to prescribing budget confirmation) Work Well (£7m) MH Integrated Fund – £tbc - supporting shift to crisis alternatives and community
	Enablers – Population Health £0.4m	Primary Care Incentive Schemes £47.6m	Medicines to support Multi-Year Prevention Plan Total: £86m BP, Lipid, AF = £39.6m SGLT2s (Diabetes) = £27.8m GLP-1s (Diabetes) = £18.6m	