

Greater Manchester Joint Health Scrutiny Committee

Date: 9 December 2025

Subject: Primary Care Access

Report of: Ben Squires, Director of Primary Care, NHS Greater Manchester

Purpose of Report

To provide an update on Primary Care Access to the Greater Manchester Joint Health Scrutiny Committee.

Recommendations:

The GMCA is requested to:

1. Recognise the ongoing work to support patient access to primary care services in Greater Manchester.
2. Note the update provided.

Contact Officers

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Equalities Impact, Carbon and Sustainability Assessment:

N/A – Primary Care access is universal although we recognise there will be groups who struggle further with access barriers. To support primary care to address health inequalities and support diversity in access to services there is an ongoing quality initiative around training and awareness, specifically in regard to LGBTQ+ communities.

Risk Management

N/A

Legal Considerations

Delivering and improving primary care access and ensuring the quality of primary care services is part of the statutory delegated functions of NHS Greater Manchester. NHS GM continue to deliver against the GM Primary Care Blueprint (GM Primary Care Strategy) and the NHSE Primary Care Access Recovery agenda, which focuses on GP access and sits as part of the GM Strategy.

Financial Consequences – Revenue

Financial consequences and healthcare budgets fall within the responsibility of NHS Greater Manchester (Integrated Care Board).

Financial Consequences – Capital

N/A

Number of attachments to the report:

N/A

Comments/recommendations from Overview & Scrutiny Committee

N/A

Background Papers

1. Modern General Practice model
<https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/>
2. Pharmacy First
<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>
3. Delivery Plan for Recovering Access to Primary Care:
www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/
4. Greater Manchester Primary Care Blueprint

www.gmintegratedcare.org.uk/primary-care/

5. Network Contract Directed Enhanced Service Investment and Impact Fund 2023/24: Guidance
www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncdes-investment-and-impact-fund-2023-24-guidance.pdf
6. Enhanced Access to General Practice services through the network contract DES – Frequently asked questions
<https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/enhanced-access-faqs/>
7. Relationship between the volume and type of appointments in general practice and patient experience: an observational study in England (British Journal of General Practice, 2025)
<https://bjgp.org/content/75/754/e375>
8. Implications of Language Barriers for Healthcare: A Systematic Review (Shamsi et al. 2020)
www.pmc.ncbi.nlm.nih.gov/articles/PMC7201401/pdf/OMJ-35-02-1900033.pdf
9. Experiences of NHS healthcare services in England (ONS)
www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/datasets/experiencesofnhshealthcareservicesinengland
10. Understanding activity in general practice: what can the data tell us? (The Health Foundation)
www.health.org.uk/reports-and-analysis/analysis/understanding-activity-in-general-practice-what-can-the-data-tell-us#:~:text=Key%20points%201%20General%20practice%20is%20under%20pressure%2C,and%20workload%20in%20general%20practice.%20...%20More%20items
11. Next steps for integrating primary care: Fuller Stocktake Report (NHS England)
www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf
12. Understanding pressures in general practice (The Kings Fund)
www.kingsfund.org.uk/insight-and-analysis/reports/understanding-pressure-general-practice
13. Summary letter from Lord Darzi to the Secretary of State for Health and Social Care (DHSC Independent Report)
www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care
14. 10 Year Health Plan for England: fit for the future
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

15. National GP Retention Scheme (NHS England)

www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

~~Yes~~/ No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

N/A

GM Transport Committee

N/A

Overview and Scrutiny Committee

N/A

1. Introduction

This report provides an overview on the access to Primary Care services across Greater Manchester (GM) using most recent data and information available. The report will cover the 4 disciplines of primary care – General Practice, Dentistry, Community Pharmacy and Optometry.

Since 2015, the health and care commissioning organisations in GM have worked closely with the Primary Care Provider Board (hosted by Viaduct CiC) who act as both a leadership and delivery support function for Primary Care. Developing this central coordinating Provider voice for Primary Care has been fundamental for ensuring parity across our primary care providers and supporting delivery of improvements in quality and access of services.

2. General Practice Access

General Practice Access has been a significant focus of the [NHSE Primary Care Access Recovery Plan \(PCARP\) released in May 2023](#), which sits as part of the overall [GM Primary Care Blueprint](#) (the GM Primary Care strategic vision for GM). GP Access has been measured as part of the NHS System Oversight Framework for many years (in different ways). At present, it is usually viewed mainly through the lens of GP appointment access within 14 days (face to face or remote).

2.1. Current Access Position

General Practice (GP) and Primary Care are at the heart of the NHS and during the Covid pandemic general practice demonstrated its ability to adapt at pace, maintaining and enhancing access whilst also delivering the Covid vaccination programme. At the same time, it is recognised that unwarranted variation continues to exist across Greater Manchester, between localities and within localities and between practices. Anecdotally and in the press, GP access often receives negative attention and there is a perception that it can be very difficult to get a GP appointment at all, or one that is face to face (if this is preferred). Whilst not denying the challenges that do exist with GP access and variation across some of our communities, it is important to view this widely held perception alongside the data.

Within GM, we currently have 406 GP practices and 65 Primary Care Networks (PCNs). We continue to work with all practices to encourage compliance with the new contractual requirement for the addition of online consultation to walk-in and telephone access during core hours.

At present and nationally, GP access is measured as % of appts within 14 days as a proportion of total appointments and appointments within 14 days (usually per 1000, patients) with a higher figure assumed to be better. More information on the 8 appointment categories that are counted within this can be found in the [NHSE Investment and Impact Fund guidance 2023/24 p.18](#)). GP appointment data is submitted to and validated by NHS Digital but within GM, we also have slightly more recent GP appointment data (2 months ahead of the national data) which flows through the GM Intelligence Hub (although not subject to the same validations so there may be marginal differences between the data).



Figure 1 shows that GP appointments in GM have risen over time, noting the drop off in 2020 as a result of the Covid pandemic in this year and moving into 2021. Data from 2024, shows that GP appointments far surpassed GP activity from 2019 at its peak in October 2024. The data infers an increase in demand for GP but also highlights the ability of GP to respond to this demand, with the surge in appointment numbers. This data aligns with our knowledge about the backlog of unmet demand from the covid pandemic, the increase in chronic physical and mental health conditions presenting and the change in demand and ability to respond, accelerated by rapid digital transformation over the covid period.

In 2025, GM appointment numbers overall and those within 14 days have dropped although there is variation across localities. It is difficult to determine the potential reasons for this, but it could include:

- whether this is a lasting impact from safer GP working practices, which came to the fore during GP collective action during the latter part of 2024
- a plateau following years of significant rises in GP appointments following the pandemic (although further study of national data sources would be required to infer this)
- a result of the current greater focus on implementing MGP models, which requires more triage capacity and the need to further develop workforce models to sustain appointment capacity
- the introduction of Pharmacy First services launched in January 2024 which enables patients to be referred or walk-into a community pharmacy to complete episodes of care for 7 common conditions

Figure 2: GP appointment within 14 days as proportion of all appointments (Sept 25)

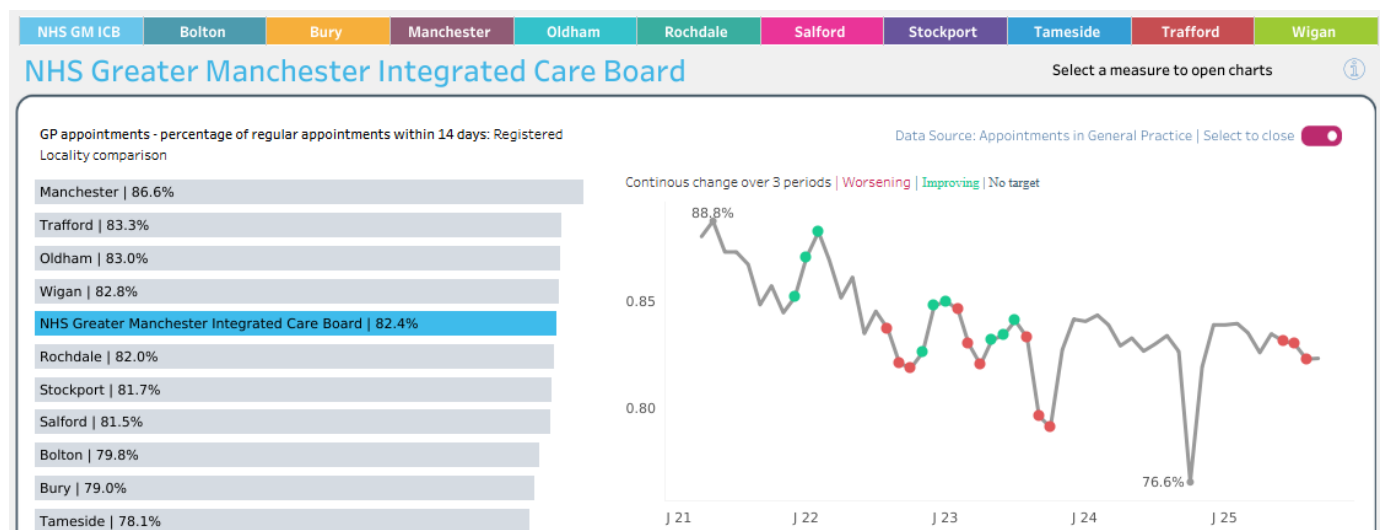


Figure 2 shows the percentage of GP appointments within 14 days in September 2025 for GM as a whole and then the figures across localities. Tameside, Bury and Bolton are currently flagging below 80% for the latest month of data. These localities are being asked to consider what may be behind these figures to improve the position.

However, the picture on GP appointment figures is not a straightforward one. The figures above give the percentage of appointments within 14 days as a proportion of the overall number of appointments delivered. However, when this is viewed as appointments within 14 days per 1000 patients, it shows that in some localities that the number of appointments within 14 days is not as high as initially thought in relation to their population size. See table below which summarises the differences in registered GP population rates and GP appointment rates between September 2023 – August 2024 and September 2024 – August 2025 below, followed by the full data in Figure 3:

Table 1: A summary of the differences in registered GP population rates and GP appointment rates between September 2023 – August 2024 and September 2024 – August 2025

	Comments/ comparisons of 23/24 12 month GP appointment rates and 24/25 12 month GP appointment rates data
National	National increase in 2024/25 from 2023/24 in appointments overall per 1000 patients and appointments within 14 days per 1000 patients. Increase in registered patients in 2024/25
Region	Slight regional increase in 2024/25 from 2023/24 in overall appointments per 1000 patients and appointments within 14 days per 1000 patients. Slight decrease in registered patients 2024/25
GM	Marginal decrease in registered patients in 2024/25 to prior year. Reduction in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients.
Stockport	Slight registered population increase in 2024/25. Slight decrease in appointments overall per 1000 patients and decrease in appointments within 14 days per 1000 patients.
Bolton	Marginal increase in registered population in 2024/25. Slight increase in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients in 2024/25.
Salford	Increase in registered population in 2024/25. Increase in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients in 2024/25.
Tameside	Slight increase in registered population in 2024/25. Slight decrease in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients in 2024/25.
Oldham	Slight increase in registered population in 2024/25. Increase in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients in 2024/25.
Wigan	Slight increase in registered population in 2024/25. Decrease in appointments overall per 1000 patients and in appointments within 14 days per 1000 patients in 2024/25
HMR	Slight increase in registered population 2024/25. Slight increase in appointments overall per 1000 patients and within 14 days per 1000 patients in 2024/25
Trafford	Slight increase in registered population 2024/25. Slight decrease in appointments overall per 1000 patients and within 14 days per 1000 patients in 2024/25
Manchester	Increase in registered population in 2024/25. Decrease in appointments overall per 1000 patients and within 14 days per 1000 patients in 2024/25
Bury	Slight increase in registered population in 2024/25. Decrease in appointments overall per 1000 patients and within 14 days per 1000 patients in 2024/25

Figure 3: GP appointment rates per 1000 patients overall and within 14 days – national, regional and GM figures – Sept 2023 to August 2024 vs September 2024 to August 2025 comparison

	September 2024 to August 2025						September 2023 to August 2024						
	All Appointments			Appointments within 14 days			All Appointments			Appointments within 14 days			
	Number of appointments	Registered Patients (mid period)	Appointmen ts per 1000 patients	Number of appointments	Registered Patients (mid period)	Appointmen ts per 1000 patients	Number of appointments	Registered Patients (mid period)	Appointmen ts per 1000 patients	Number of appointments	Registered Patients (mid period)	Appointmen ts per 1000 patients	higher than national average
National	370,535,052	63,682,714	5,818.46	300,821,561	63,682,714	4,723.76	363,100,108	63,087,632	5,755.49	297,894,561	63,087,632	4,721.92	higher than regional average
Region	43,036,665	7,951,720	5,412.25	35,417,473	7,951,720	4,454.06	42,874,246	7,867,245	5,449.72	35,645,376	7,867,245	4,530.86	
GM	15,110,681	2,963,303	5,099.27	12,472,828	2,963,303	4,209.10	15,275,966	2,928,172	5,216.90	12,688,461	2,928,172	4,333.24	
Stockport	1,959,234	329,250	5,950.60	1,605,460	329,250	4,876.11	1,948,496	326,957	5,959.49	1,616,939	326,957	4,945.42	
Bolton	1,970,920	333,874	5,903.19	1,595,278	333,874	4,778.08	1,938,862	329,759	5,879.63	1,575,230	329,759	4,776.91	
Salford	1,845,750	322,627	5,721.00	1,512,074	322,627	4,686.76	1,771,301	316,405	5,598.21	1,442,041	316,405	4,557.58	
Tameside	1,266,023	228,577	5,538.72	1,009,421	228,577	4,416.11	1,263,965	225,366	5,608.50	1,004,978	225,366	4,459.32	
Oldham	1,349,018	260,788	5,172.85	1,102,335	260,788	4,226.94	1,326,122	267,990	4,948.40	1,087,843	267,990	4,059.27	
Wigan	1,764,810	352,092	5,012.35	1,466,006	352,092	4,163.70	1,944,563	348,314	5,582.79	1,640,542	348,314	4,709.95	
HMR	1,265,524	252,301	5,015.93	1,047,297	252,301	4,150.98	1,234,667	249,291	4,952.71	1,012,246	249,291	4,060.50	
Trafford	1,206,482	249,344	4,838.62	999,805	249,344	4,009.74	1,253,637	248,611	5,042.56	1,059,035	248,611	4,259.81	
Manchester	3,472,303	750,979	4,623.70	2,986,438	750,979	3,976.73	3,532,755	730,850	4,833.76	3,048,070	730,850	4,170.58	
Bury	969,851	212,721	4,559.26	754,174	212,721	3,545.37	1,010,094	211,586	4,773.92	818,476	211,586	3,868.29	

Data Source : GP Appointment Dataset (GPAD) <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>
Please also refer to the GPAD caveats page : <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information>

Whilst access data is usually viewed on a monthly basis to look at access within 14 days as a proportion of overall appointments delivered, figure 3 above is helpful for showing trends over time and access in relation to registered populations (usually expressed as per 1000 registered/ patient population).

The data and information above evidence that the number of GP appointments per 1000 patients in GM is lower than the regional and national rate based on data from the last 12 months. The number of appointments within 14 days per 1000 patients also appears lower.

When looking at GP access, it is important to keep in mind that the 14-day access figure as a proportion of overall appointments looks very different when put in the context of registered population numbers. Whilst further work needs to be done to assess workforce figures per head of population and primary care investment data, figure 3 may infer where GP/ nurse/ direct patient care staff numbers per head of the population and investment levels are potentially lower.

It is notable that Tameside, which appears to have one of the lower 14-day access positions as a proportion of overall appointments, has a higher number of appointments and appointments within 14 days per 1000 patients over time when compared to regional averages. The locality has begun a series of quality visits with practices with a focus on access.

In Summer 2024, Salford had flagged as having lower 14-day access as a proportion of overall appointments but now has an improved overall 14-day access position as a proportion of appointments delivered. It also has a higher than regional rate of performance on overall and 14-day access per 1000 patient population. Since summer 2024, Salford has had in place a GP access and capacity action plan. Further detailed work was done with Salford practices to understand access performance and practice progress in delivering the MGP model. Work was done alongside NHS GM Digital Facilitators roles to promote use of the NHS App and improve practice websites to support accessibility.

It appears that the consistent focus on access and supporting improvement may have had an impact in terms of the most recent data position. Through the NHSE PCARP released in May 2023, there has also been increasing scrutiny driven from a national level on improving access, embedding MGP and fulfilling access contractual obligations. This is

also likely to have influenced the position across GM localities.

It is possible that the lower rates of GP appointment access in GM may be impacted by a data issue as there is inconsistency in terms of how extended access appointments are captured across localities. Extended access appointments are those that are delivered as part of the PCN Network Contract DES and which should be provided between the hours of 6:30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

This issue is currently being investigated and options for making sure this data is consistently captured and flowed into the national General Practice Access dataset (GPAD) are being explored. It is important that any solution implemented supports the assurance requirements around extended access too to reduce any potential duplicity in work and avoid unnecessary reporting burden on practices.

Figure 4: Time between booking and appointment (September 2024-August 2025)

Time between booking and appointment

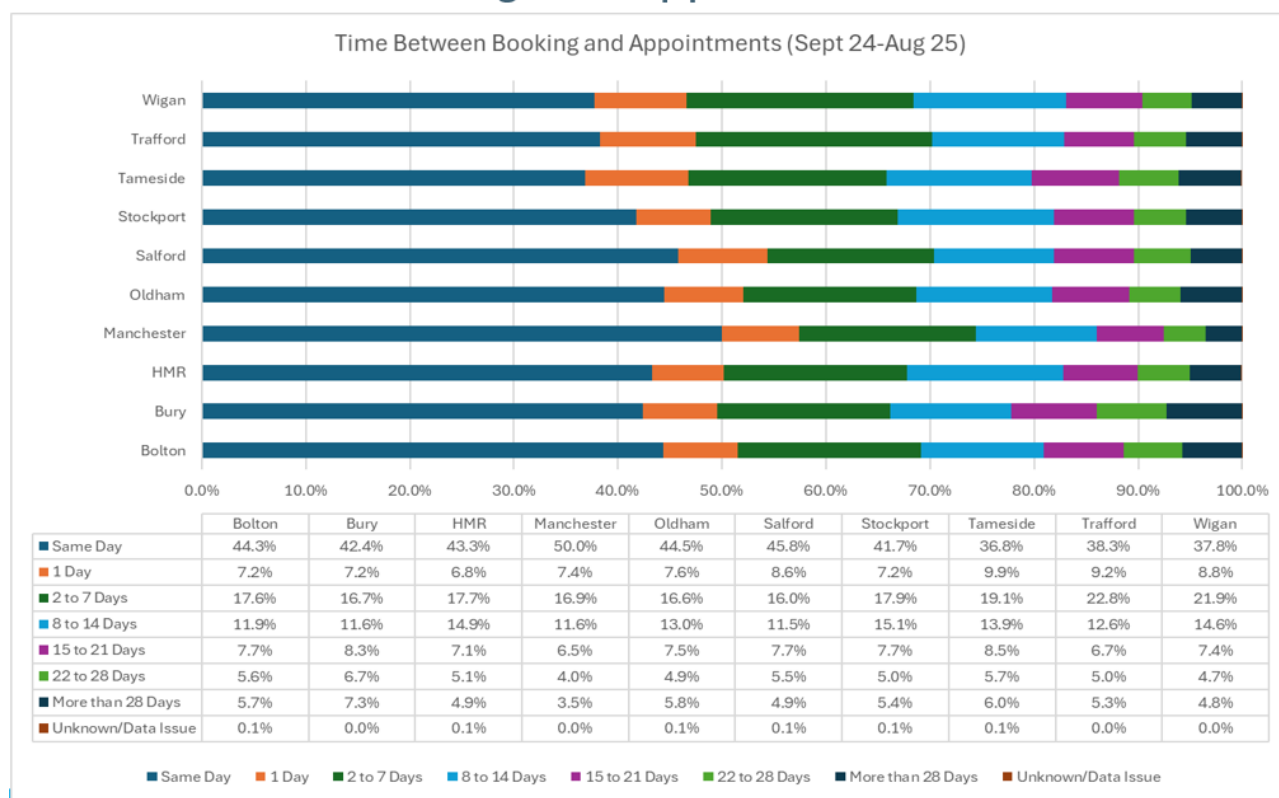


Figure 4 highlights the proportion of Same Day access appointments delivered between September 2024 and August 2025. In some localities this figure is closer to half of all appointments, whilst in other localities it sits nearer 40% of all appointments. Localities which demonstrate high access within 14 days as a proportion of overall appointments have higher levels of same day access.

Figure 5 Appointment mode by localities (September 2024 – August 2025)

Appointment mode by Locality

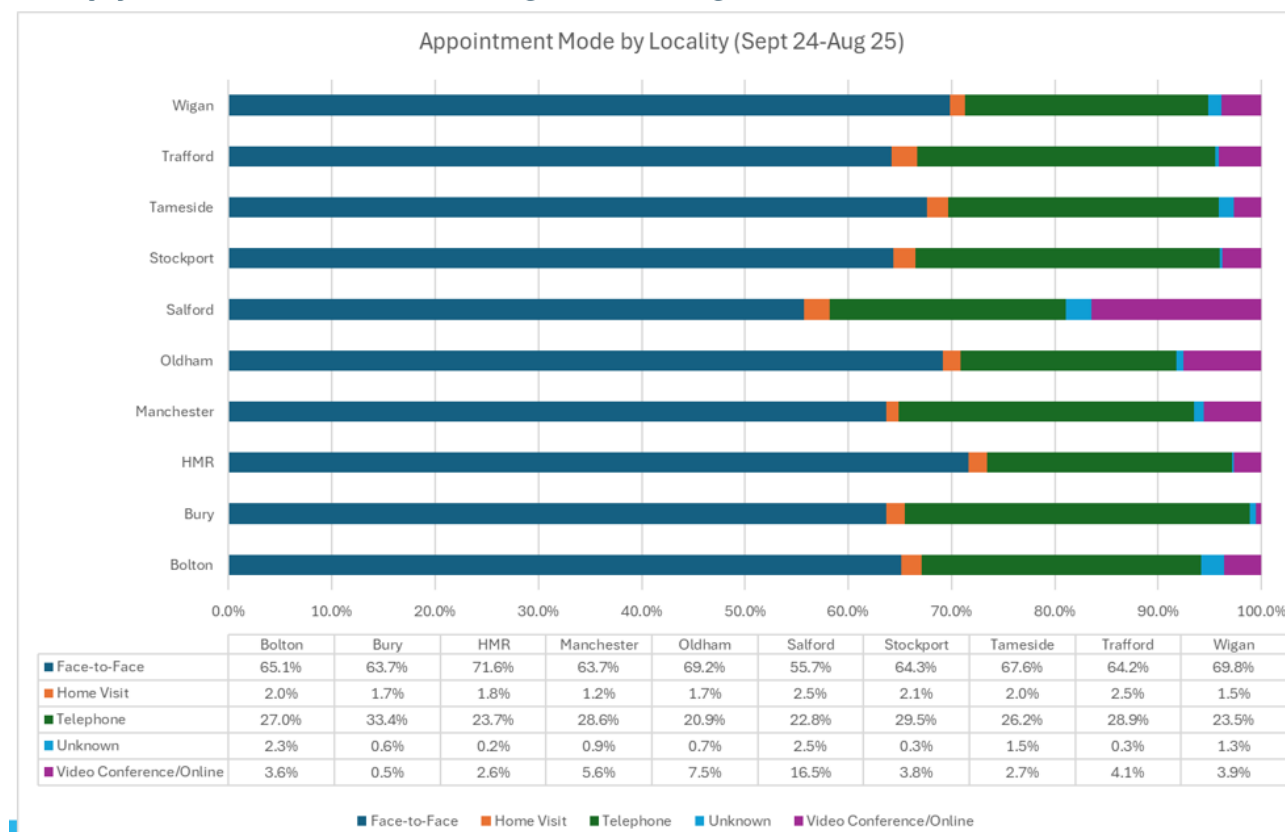


Figure 5 shows the data we have on GP appointments tagged by mode (face to face, Home visit, telephone or video conference), it demonstrates that the greatest proportion of appointments are face to face, with telephone closely following this. Across nearly all localities, face to face appointments make up around 60-70% of all appointments delivered, which perhaps dispels some of the concerns raised in the media around face-to-face appointments being reduced. An observational study published in March 2025 from the British Journal of General Practice indicates that improved patient satisfaction and ability to have health needs met is associated with face-to-face access as well as the total number of appointments available. The report recommends prioritising an expansion of face to face appointments but also that patient perception of access goes beyond just immediate availability of appointments (British Journal of General Practice, 2025).

2.3. Challenges with access data

Access within 14 days as a proportion of overall appointments as well as per 1000 patient population as metrics on their own, do not give the full picture. The ability to view access through measures of quality and patient experience are essential, alongside triangulation

with workforce and investment data to better understand the drivers that most influence improved access.

There remains variation in both demand and access across the region with challenges in addressing unwarranted variation and tackling inequalities. Through the GM Intelligence Hub and development of the GM GP Quality dashboard, we now have a unique opportunity to use timely data to review performance across access and experience, clinical outcomes and care quality, workforce, medicines management and screening and vaccinations (although it is important to emphasise that our understanding is only as good as the data that flows into this). Both commissioners and providers have access to the GM GP Quality dashboard and can use it to have informed conversations about areas of strong performance (and sharing learning) and areas of focus for improvement.

A further point to note is that although some of our localities fall in the bottom quartile for appointments within 14 days (as a proportion of appointments overall or per 1000 registered population), this may be influenced by other factors. For example, does access outside of 14 days indicate a lack of timeliness in appointments or a shift to people making appointments in advance, potentially with a clinician of their choice for a less urgent issue? Part of supporting better management of health within neighbourhoods and localities is that health and care support becomes more proactive rather than reactive. These factors need to be taken into account when interpreting GP access data.

NHS England developed a GP dashboard which was released in spring 2025. This gives a weighted score to practices based on access, patient experience and quality metrics and enables a level of national benchmarking. Through the GM GP Quality dashboard, we have a view on the NHSE dashboard (using the same metrics) but we are able to take more timely cut of the data so there is earlier sight on positive performance and areas for improvement. As Providers and Commissioners all have access to this data, it provides a single point of data to facilitate shared learning and development conversations to improve patient and system outcomes. Work is underway through the GM Primary Care Quality group to encourage greater use of the GM GP Quality dashboard and ensure it is utilised more consistently to support system oversight and performance for the benefit of the GM population.

There will be examples of practices where a slightly greater percentage of patient contacts will be outside of the 14-day range to another practice but the scores of practice experience will be higher than other practices offering more appointments within the 14-day window. Whilst always pushing for better access to GP and primary care services in GM, we also need to consider that being able to book an appointment in advance may be

preferred by some patients in the population, if they wish to book ahead or ensure they see the same clinician/ care professional. This also fits with moving to a more proactive care model than a reactive one too.

Access may also be impacted by availability of estates, workforce, registered population growth/ urban developments and the urgent treatment models within localities. Many areas of GM have higher socio-economic deprivation and with populations from different ethnic and cultural backgrounds. We know that if English is a 2nd language, this impacts the way a person accesses and utilises health and care services, which is correlated with greater adverse events and poor service utilisation ([Shamsi et al. 2020](#)).

Money has been made available through NHS Urgent and Emergency Care Capacity and Discharge funds and a proportion of this put into primary care to support pressures over winter. Each locality has established additional capacity to provide extra GP appointments over Nov 2025 – March 2026. Data from the Nov 2024-March 2025 winter period suggested that near to 60,000 additional appointments were offered during this period (with a large proportion of these appointments not captured within GPAD) due to Provider type or restrictions with data flow. It is also estimated that the provision provided a minimum estimated cost saving to the GM system of £3.6 million. This calculation was based on conservative estimates that 23% of activity seen in GP winter surge hubs would have gone to A&E if the additional capacity had not been available.

2.4. Patient Feedback and Complaints

An important source of patient feedback is the national GP Patient Survey. Table 2 below presents GM patient feedback on experience of access to GP services. It indicates that GM is very much aligned to the national position in terms of overall experience of GP and in some cases ahead. However, this summary will mask variation between localities, within localities and between PCNs and even practices within the same PCN. Any work around access needs to always consider patient experience and satisfaction (and factors that influence this such as appointment type and continuity of care) and look to balance this with increased appointment availability. Access should not come at the expense of patient experience.

Table 2: Patient experience summary drawing on the GP Patient survey metrics for 2025 compared to 2024

GP patient survey results 2025	National	Greater Manchester
Good overall experience of their GP practice	75%	77%
Good overall experience of contacting their GP	70%	72%
Confidence and trust in the healthcare professional they saw or spoke to	92%	92%
Involved as much as they wanted to be in decisions about their care and treatment	91%	91%
% of patients who managed to contact their practice knew what the next step would be in dealing with their request	83%	83%
Felt that their needs were met during their last appointment	90%	90%

The GP Contract was revised from 1st October 2025 and now incorporates the **You and Your General Practice** (YYGP) domain which has been developed to help patients to understand what to expect from their general practice (GP) and how they can get the best from their GP practice team. YYGP enables you to provide feedback or raise concerns directly with your GP practice, NHS Greater Manchester or your local Healthwatch organisation. The Charter is now shared on practice websites and the NHS GM website

Between July and September 2025 NHS GM received 250 complaints from members of the public regarding primary care services. Some of these complaints contained multiple issues which required detailed investigation.

182 complaints were regarding GP services, with the most common themes being communications and staff attitude (61), standard of clinical care (38). Other key themes included waiting times, prescribing and access to services.

There were 42 complaints received about dental services, with the main themes being about accessibility, appointments and waiting times. 18 complaints were received regarding Community Pharmacy services.

For all complaints received, subject to patient consent an investigation is undertaken with the service provider and where possible lessons learned for improvement are identified.

2.5. GP Quality

GP quality across GM is tracking higher than the national average, the percentage of practices rated at each of the Care Quality Commission categories is highlighted in table 3 below, with Greater Manchester having a higher percentage of *Good* and *Outstanding* rated practices than the national average, and a lower number of *Requires Improvement* or *Inadequate* practices.

Table 3: Relative percentage per category of CQC ratings of GM General Practices compared to national average

Region	Inadequate	Requires Improvement	Good	Outstanding	No Published Rating
National	0.9%	4.6%	87.2%	4.5%	2.8%
Greater Manchester	0.7%	2.2%	89.1%	6.8%	1.2%

2.6. General Practice Pressures

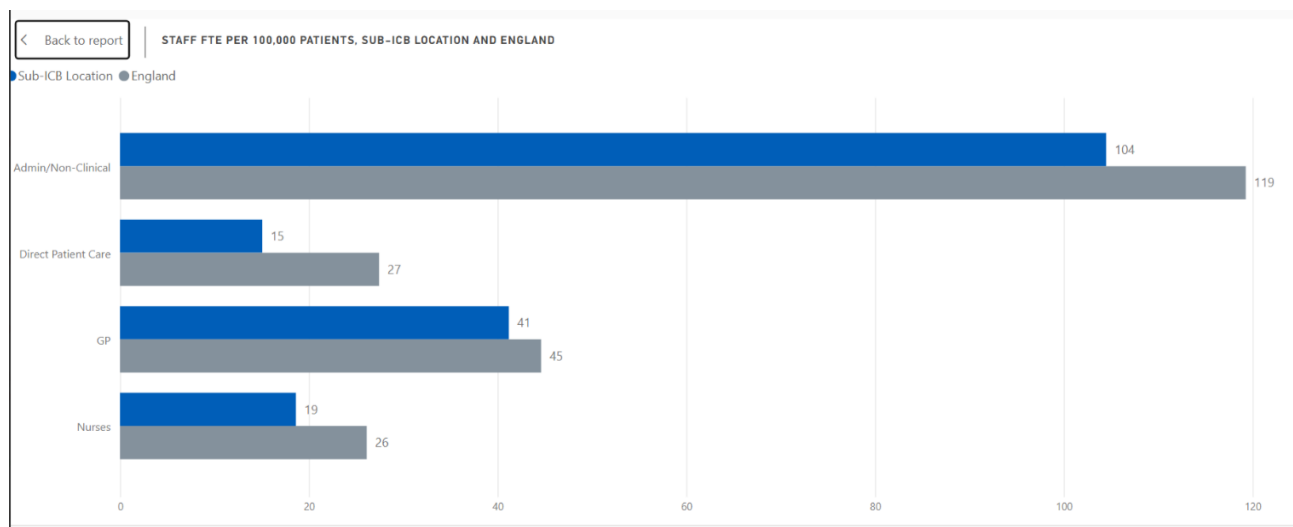
There have been a number of reports in recent years that have highlighted the pressures currently felt in GP from [The Health Foundation](#), the [Claire Fuller stocktake report](#) and [The Kings Fund](#). The pressures felt across the NHS, including primary care were highlighted by the findings of [the Darzi report](#). This report indicated that there needs to be radical shift to bring care close to home and re-distribution of NHS funds to expand GP, Mental Health and community services and deliver integrated neighbourhood health and care services. This has been brought into national policy as part of the governments [10 Year Health Plan, published July 2025](#).

Based on recent ONS estimates, the GM resident population has increased from 2.8m to 2.9m people. However, the GP registered population across GM is just over 3.3m based on registration data from September 2025. There are a number of reasons which drive this apparent inflation of registered versus resident population, and the national Primary Care Support England function has ongoing programmes of work to validate registered list sizes.

The ageing population alongside national recent declines in population health (with people developing illness sooner in life and also living longer with co-morbidities) has led to increased service demand. This demand and the acuity of that demand was exacerbated during the Covid pandemic.

There are continuing workforce challenges too. In terms of Direct Patient Care (DPC) roles in GP, data from NHS Digital in September 2025 indicates there were 15 direct professional care roles per 100,000 patients in GM compared to 27 per 100,000 nationally. For GPs, the figure is 41 per 100,000 patients in GM compared to 45 nationally. For nursing, it is 19 per 100,000 patients in GM compared to 26 nationally. Please see figure 6 below:

Figure 6: NHS Digital September 2025 data on staff per 100,000 patients in GM compared to the average across England



Primary Care professionals have chosen to leave the profession or adjust their working patterns due to stress/ burnout although this is not unique to GM. There are also ongoing difficulties with recruitment and retention with high numbers of GPs and in particular GP Nurses approaching retirement age. NHS GM has a Primary Care Workforce Programme although the scope of this has reduced due to reduced staffing levels within the team. The programme continues to work with providers such as GM Primary Care Board and Greater Manchester Training Hub alongside localities to address these challenges through initiatives such as the [GP Retainer Scheme](#) and attractive education and professional development offers. Considering the professional, cultural and leadership requirements for primary care will be important moving forward to help deliver the left shift and neighbourhood health and care models outlined in the 10 Year Health Plan.

2.7. Transformation and Recovery

2.7.1. Modern General Practice Access overview

As part of the improving GP Access, as part of the NHSE PCARP released in May 2023, the Modern General Practice (MGP) approach was championed as one of the main approaches to meet this challenge.

MGP has 3 domains – better Cloud Based Telephony (CBT), Simpler Online Requests and Faster Care Navigation, Assessment and Response and these facets should be implemented alongside improved GP practice websites and promoting use of the NHS App.

MGPA priority domain	All PCN practices to have the following components in place and these continue to remain in place
1) Better digital telephony	Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice so that data can be provided by the supplier to NHS England.* Data on call volumes is expected to be released by NHS Digital in Spring 2025.
2) Simpler online requests	Online consultation (OC) is available for patients to make administrative and clinical requests at least during core hours (8am-6:30pm). <i>This requirement was introduced as part of the 2021 GP contract.</i> Initial data on this is being made available through NHS Digital although there are some limitations as not all OC suppliers are able to flow this data.
3) Faster care navigation, assessment, and response	Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests. Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.

Through the Capacity Access and Improvement Payment (CAIP) Programme, there is currently an incentive scheme in place for 2025/26 to encourage practices to embed the MGP Approach, alongside implementing risk stratification approaches to support continuity of care where this is clinically indicated.

2.7.2. Cloud Based Telephony

There is a national programme ongoing to support all practices on analogue lines or rudimentary cloud-based telephony to move to enhanced digital telephony, including call back functionality. This component was met across the system by March 2025 with plans in place or exceptions agreed by local commissioners due to supplier delays/ ongoing contract exit issues.

2.7.3. Online Consultation Systems, Faster Care Navigation and Response

From 1st October, it became a contractual requirement that all practices are using online consultation systems during core hours (8am-6:30pm) to enable patients to make administrative and clinical requests.

To support with implementation of the MGP approach and in particular utilisation of online consultation systems, which is a newer requirement, there is a national General Practice Improvement Programme (GPIP) offer.

The programme in 2025/26 is designed scale learning around MGP and strengthen and to reduce variation in partnership with ICBs. It provides an online support offer alongside flexible, hands-on support to a proportion of practices as part of the transition to a system-owned delivery model. In 2024/25, 41 practices opted to participate in the programme and in 2025/26, we have another 42 practices taking part.

2.7.4. NHS App Utilisation

There is a drive to support uptake of the NHS App to enable people to book appointments, view their medical record, order repeat prescriptions and access information that can empower them in managing their health and care day to day. Data from September 2025 indicates that 61% of the eligible GM population is now registered for the NHS App, with monthly logins at 3,406,510. This is an increase of approx. 20% based on September 2024 (2,831,944). The number of appointments booked and cancelled through the NHS App has risen by 20-25% since the September 2024 also. Repeat prescription orders continue to increase month on month too, rising by around 20% from September 2024.

There is a Digital First Primary Care programme that continues to support patients and GP staff with the adoption and use of digital means to take more control of their own care, whilst ensuring that accessible routes remain available for those who are digitally excluded or require additional support. It is important to highlight that the future of the Digital First team is unclear amidst NHS reforms but it remains an ongoing imperative as part of the 10 Year Health Plan to continue to support GP and the public to maximise the opportunity that digitally enabled health can bring.

3. Community Pharmacy

It would be remiss not to comment on the role of community pharmacy in increasing access to health and care services. Community pharmacies increasingly play a critical role in the management of demand in primary care to release capacity in general practice and urgent care focussing on minor illness, and prevention of ill health.

In Greater Manchester we have 622 community pharmacies with 93% of pharmacies registered to provide all three of the PCARP services (Pharmacy First, Hypertension

Case Finding & Pharmacy Contraception Service), and 97% of pharmacies provide Pharmacy First.

Data used for the reporting of the PCARP services is obtained through both PharmOutcomes and NHSE. PharmOutcomes shows us live GP referral activity only. However, due to a small percentage of pharmacies (5%) using alternative IT platforms, these consultations are not captured for a complete activity figure. The NHSE data shows total number of completed consultations each month by Community Pharmacy based on submitted claims to the NHSBSA. This data covers all referrals from NHS111, GP practices, and UEC but will be at least a month behind actual activity. Table 4 highlights that the access for patients in Greater Manchester (YTD 25/26) is exceeding the England monthly average for delivered consultations for each PCARP service, except for the contraception service.

Table 4: Showing Year to Date 2025/26 average monthly consultations delivered by community pharmacies per 100,000 of the population.

	YTD 25/26 average monthly consultations delivered by community pharmacies per 100,000 of the population	
	Greater Manchester	England
Pharmacy First total - 3 elements	872	784
Pharmacy First - Clinical pathway	418	398
Pharmacy First - Minor illness	174	149
Ambulatory Blood Pressure Monitoring	54	39
Contraception	101	113

3.1. Pharmacy First

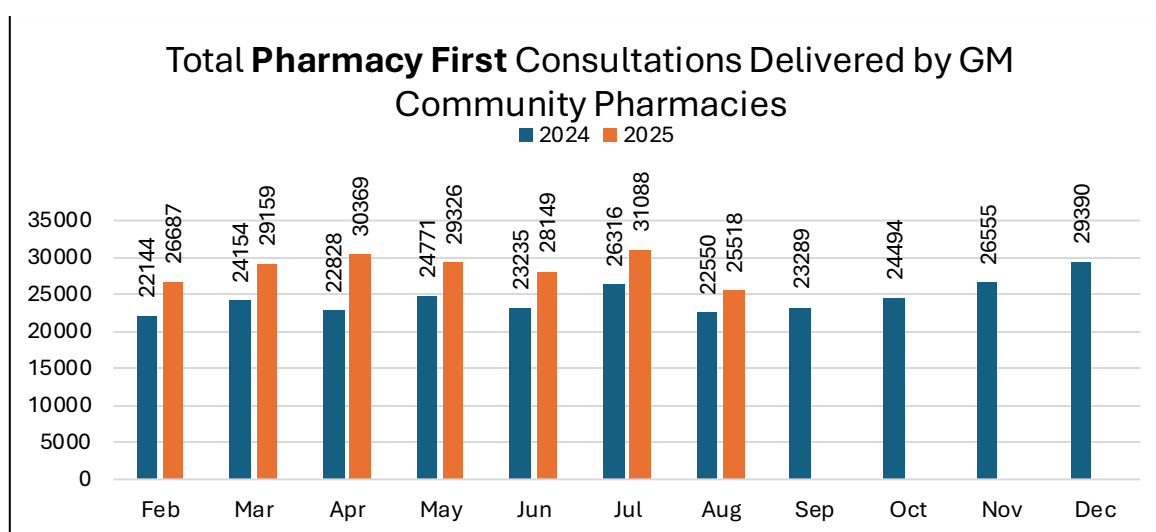
The Community Pharmacy nationally commissioned Advanced Service: '**Pharmacy First**' launched on 31st January 2024 replacing the Community Pharmacist Consultation Service (CPCS). The full service consists of 3 elements: Clinical Pathways, urgent repeat medicines supply and NHS referrals for minor illness.

The 'Clinical Pathways' element includes 7 new clinical pathways which enables patients to be referred, or self-refer, to a community pharmacist for advice and first line treatment for a series of conditions: acute otitis media, acute sinusitis, acute sore throat, impetigo, infected insect bites, shingles and uncomplicated urinary tract

infections (UTIs) in women. Community Pharmacies can receive referrals from a series of routes, such as via General Practice, through walk-ins, via the UEC system and NHS 111.

Figure 7 below shows number of PF consultations delivered monthly in Greater Manchester for 2024-2025:

Figure 7: Showing Total Pharmacy First consultations delivered by GM Community Pharmacies.



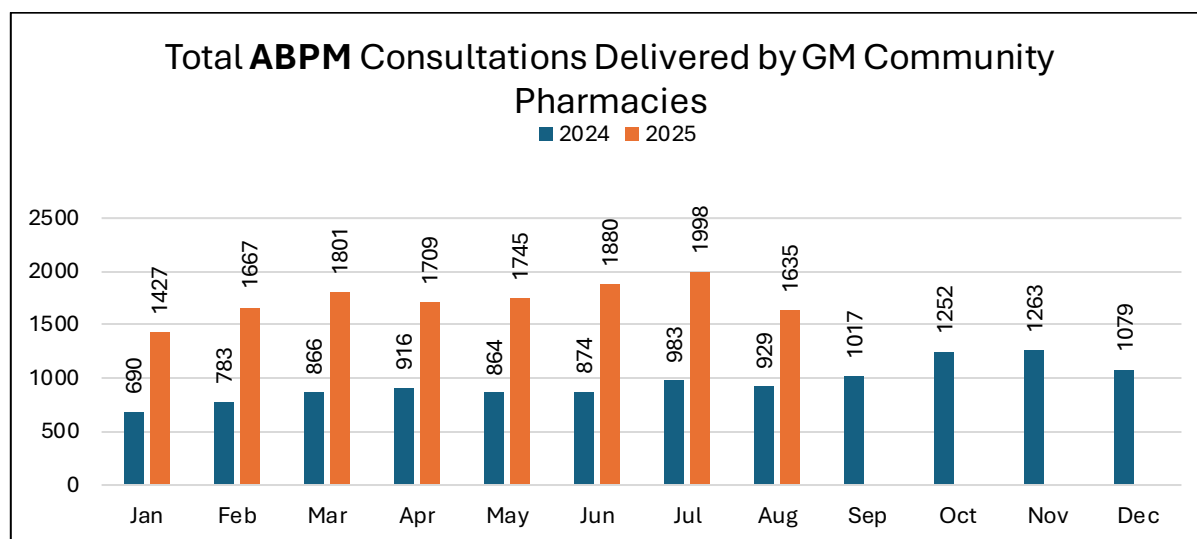
From November 2024 to July 2025, we have seen significant increase to the number of consultations delivered. August shows a drop in consultations in both 2024+2025 which is often due to the holiday period, and in 2024 the GP collective action may have also had an impact.

3.2. Hypertension Case Finding Service (HCF) – Ambulatory Blood Pressure Monitoring (ABPM)

Hypertension Case Finding (HCF) started in October 2021, and was amended in December 2023, to include appropriately trained nonclinical staff to deliver this service. The service has two stages, the first is identifying people at risk of hypertension and offering them a blood pressure check. The second stage, where clinically indicated a GP referral has been received, is to offer ambulatory blood pressure monitoring (ABPM). The ABPM results will then be shared with the patient's GP practice to inform a potential diagnosis of hypertension.

The data below compares monthly HCF delivered consultations for 2024-2025 in Greater Manchester:

Figure 8: Showing total Ambulatory Blood Pressure Monitoring Consultations delivered by GM Community Pharmacies



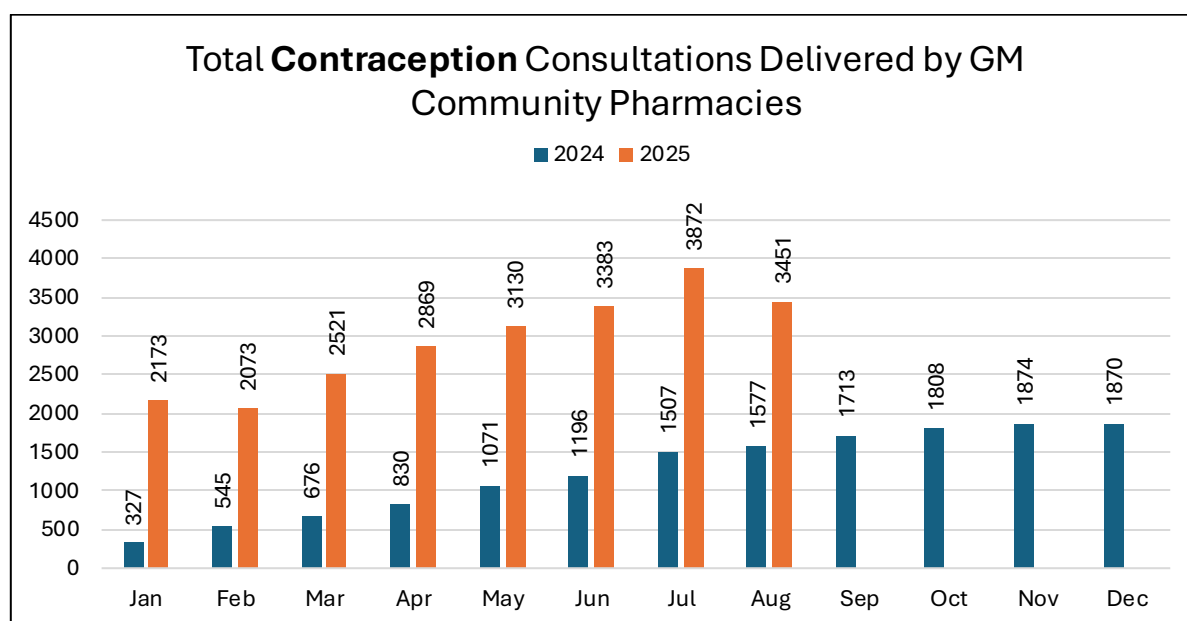
The data shows a steady increase in service delivery throughout 2024, followed by a significant uplift in February 2025, when delivered consultations rose and have continued to increase since. PCN Engagement leads recruitment in February'25 with their role to support GP practices in referrals and Community Pharmacies in delivering these consultations has contributed to sustained monthly growth. Again, holiday period in August is reflected in a dip in consultations.

3.3. Pharmacy Contraception Service (PCS)

The Pharmacy Contraception Service (PCS) was launched in April 2023. Within this initial part of the service (tier1- ongoing supply), pharmacies could continue the supply of an oral contraceptive first prescribed elsewhere (e.g. by GP or sexual health clinic). From December 2023 (tier2 – Initiation) pharmacies must offer both initiation and/or on-going supply to patients. In October 2025 Emergency Hormonal Contraception (EHC) was added to PCS.

The data below compares the number of PCS delivered consultations by month for 2024-2025 in Greater Manchester:

Figure 9: Showing total Contraception Consultations delivered by GM Community Pharmacies



PCS data above shows low numbers of consultation delivery in the first 6 months of 2024. This increased more significantly in July 2024, which continued to steadily increase for the rest of 2024/ 2025. By April 2025 Community Pharmacies were completing quadruple the number of consultations as they were in April 2024. This coincided with recruitment of Pharmacy PCN Engagement leads who have actively worked with practices to increase referrals into the service. These are fixed term roles that are due to end at the end of the 2025/26 financial year.

In the last few months, contraception consultation figures have continued to rise. This is an ideal service for pharmacy to support GP practices with their patients. EHC has only just been added to the Pharmacy Contraception Service and there is ongoing work to support practices with referral through to pharmacy and address any queries they may have.

Work continues to further increase consultation numbers across all pharmacy services, including engagement with general practices less actively referring into community pharmacy services and further supporting those who are. This is to ensure that all suitable patients are referred to community pharmacy to create capacity for general practice to see patients with more complex needs, improve timely access to patient care in the most appropriate setting in the community and increase pharmacy integration in neighbourhood health and care models.

4. Dentistry

Patients are not registered with a General Dental Practice (GDP) in the same way as they are with a GP. Any patient may access dental services from any practice in any area. The current spend on NHS Dental Services across Primary, Secondary and Community services is in the region of £206.2m.

Across GM there are:

- 341 Primary Care NHS Dental Contracts
- 13 Urgent Dental Care providers linked to networked provision across Greater Manchester
- 100 Urgent Dental Care Hubs –(additional urgent dental care capacity was initially introduced as part of post-COVID recovery and currently contributing to the government mandate of additional 700,000 urgent dental appointments nationally)

In terms of specialised dental service, GM has:

- Community Dental Services (special care and paediatric) to provide community delivery on referral of specialist dental services to children and adults with additional needs. Delivered by Northern Care Alliance, MFT LCO and Bridgewater Community Healthcare NHS FT.
- 39 Orthodontic Contracts
- 10 Specialist Tier 2 Oral Surgery Contracts

For secondary care dental services, there are 12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics) available in Greater Manchester, commissioned from Northern Care Alliance NHS Foundation Trust, Bolton Foundation Trust, Wigan Wrightington and Leigh Foundation Trust, Stockport NHS Foundation Trust, and Tameside and Glossop NHS Foundation Trust and Manchester University NHS Foundation Trust.

In 2024, NHSE launched the National Dental Recovery Plan which focusses on 3 key areas:

- Prevention – looking to work with local government focussing on oral health improvement working with schools and family hubs.
- Access – with specific mandate to deliver additional urgent dental care

- Workforce – mirror existing schemes in other contractor areas to support Practices to recruit dentists, such as Golden Hellos, expand skill mix to increase Therapist and Hygienists scope of Practice.

The current government manifesto included a commitment to deliver an additional 700,000 urgent dental care appointments across the country. The 18,000 GM share of this national figure are being delivered between 1st September 2025 and 31st March 2026 (with approximately 600 available per week). There is risk that this mandated capacity offer is in excess of urgent dental needs being presented by the population. Reported appointment utilisation in September was 85.2% and October was 84%. The services are reviewing delivery and public communications to seek to make best use of the capacity. This mandate of additional urgent dental care capacity is included within NHS planning guidance to continue through 2026/27.

The Greater Manchester Urgent Dental Care Service Helpline (0333 332 3800 number) provides support for patients in accessing urgent dental care and is able to book directly into these additional appointments.

The GM Dental Patient Access Quality Scheme (PAQS) has continued into 2025/26, sustaining commitment from practices to seek to increase access to NHS General Dental Services. The Committee has previously received reports on the establishment of this Scheme in recognition of the significant patient and public feedback regarding the difficulties experienced by for patients in seeking to access services.

The expectations of practices signed up to PAQS are that:

- The participating practice will be committed to be open to new patients and ensure that the NHS.uk / NHS Choices website indicates that they are accepting new adult and child patients.
- All participating practices will see and treat an agreed number of new patients.
- All participating practices will become part of the wider Urgent Dental Care System, offering urgent dental care access to patients.

These dental practices have also been asked to prioritise access for veterans, care leavers and people with cancer to reduce known inequity in access.

Access data from the NHS Business Services Authority indicates that 1,326,967 individuals accessed Greater Manchester NHS primary dental care services in the 12

months to August 2025, of these 34% were children. Overall access by the GM population has increased by 0.9% compared to August 2024, and 3.8% compared to August 2023.

5. Conclusion

This paper acknowledges the difficulties that people can experience in access to primary care services. Whilst there are challenges and variation across our localities, GM has a strong commitment to improving access for our population set out through the GM Primary Care Blueprint (our GM Primary Care strategy) alongside ensuring quality of services and satisfaction for patients and residents using them.

Bolstering our primary care system will help with the shift to more integrated neighbourhood and community-based models of care and allow people to be supported closer to home. Neighbourhood models of health and care align with population health management approaches and have been identified as the fundamental change required to tackle the challenges associated with an ageing population that is living longer with more and varied health conditions. It will also enable the sustainability of health and care services and links to the three major paradigm shifts announced as part of the Government's work on developing the Ten-Year Plan for Health. These shifts are hospital to community care, sickness to prevention, and analogue to digital. NHS GM continues to engage with the consultation processes associated with the development of the plan.

6. Recommendations

The Committee is asked:

- To consider how we may be able to further improve patient satisfaction with access across all primary care disciplines
- To consider what targeted interventions can be implemented to improve GP access in the localities highlighted in the report which are lower in terms of 14-day access as a proportion of overall appointments
- To consider any practical solutions to support the integration of primary care with community-based models of care more effectively