

**Minutes of the Meeting of the Greater Manchester  
Joint Health Scrutiny Committee held on 9 December 2025 at 10.00 am  
at Transport for Greater Manchester, 2 Piccadilly Place, Manchester, M1 3BG**

**Present:**

Councillor Ifran Syed	Salford City Council (Chair)
Councillor Colin McLaren	Oldham Council
Councillor Pat Dale	Rochdale Council
Councillor Wendy Wild	Stockport Council
Councillor Sanjita Patel	Tameside Council
Councillor Ron Conway	Wigan Council

**Officers in Attendance:**

Claire Connor	Director of Communications and Engagement, NHS Greater Manchester
Karen Chambers	Senior Governance and Scrutiny Officer, GMCA
Harry Golby	Associate Director Delivery and Transformation (Salford), NHS GM
Ben Hopkins	Senior Governance and Scrutiny Officer, GMCA
Ben Squires	Director of Primary Care Access, NHS GM
Nicola Ward	GMCA Statutory Scrutiny Officer and Deputy Head of Governance, GMCA

**JHSC/60/25      Welcome & Apologies**

The Chair opened the meeting, welcomed everyone present and introductions took place around the table. Apologies for absence were received and noted from Councillors Liz FitzGerald and Joseph Turrell.

An apology was also received from Councillor Sean Fielding, Local Authority (LA) Integrated Care Board Representative.

**JHSC/61/25            Chair’s Announcements and Urgent Business**

To consider alongside Item 6 – Primary Care Access, the Chair drew Members’ attention to research from The University of Manchester. The article highlighted that up to 50% of 5-year-olds experienced dental decay, leading to missed school and hospital treatment. Key interventions included supervised toothbrushing, limiting sugar intake, and family engagement, with evidence-based programmes shown to improve oral health for children and families in Greater Manchester’s most deprived communities.

**JHSC/62/25            Declarations of Interest**

No declarations of interest were received.

**JHSC/63/25            To approve the minutes of the last meeting held on  
11 November 2025**

**Resolved/-**

That the minutes of the meeting held on 11 November 2025 be approved as a correct record.

**JHSC/64/25            Fit for the Future Outcome Report**

Claire Connor, Director of Communications and Engagement, NHS Greater Manchester presented a report to share learning from NHS Greater Manchester’s Fit for the Future public engagement programme. This sought out public views on the key strategic challenges facing Greater Manchester’s health and healthcare system.

It was explained that the programme, was delivered in three phases: understanding NHS financial challenges, identifying improvements to current systems, and focusing on population health. Over nine months, approximately 3,000 people participated through face-to-face sessions, surveys, and social media outreach.

Key themes included the need for clearer communication between patients and services, greater efficiency, and openness to innovation balanced by concerns about data security and digital exclusion. The public recognised the pressures facing the NHS and expressed both optimism and scepticism about future improvements. Feedback also highlighted ongoing concerns about waiting times, perceived inefficiencies, and the importance of ensuring all voices were heard, particularly those from marginalised groups.

The Committee noted that these findings were being embedded into Greater Manchester's clinical strategy and commissioning plans, ensuring that public insight informed future decision-making and service development.

A Member asked when the engagement data was collected, noting responses were generally positive. It was confirmed that the information was gathered between June 2024 and March 2025, reflecting perceptions at that time, and recent efforts to reduce waiting times, might not yet be evident in the data. It was also clarified that many respondents viewed healthcare as central to staying well, underestimating the role of lifestyle and environmental factors, highlighting the need for ongoing public dialogue about shared responsibility for health.

In response to a Member's question, it was confirmed that work was ongoing to expand the Greater Manchester shared care record, enabling appropriate patient information to be accessed across hospital trusts, primary care, and, increasingly, Community Pharmacy. While not yet comprehensive, the shared care record was gradually being adopted by more organisations, supporting more integrated care. Although some practical barriers remained, such as ease of access within clinical workflows, but continued progress was being made toward a more unified system.

A Member thanked Officers for the comprehensive report, highlighting the importance of communication and ensuring voices were heard. The Member asked how these would be addressed in future strategies and shared locally. It was confirmed that NHS Greater Manchester was working to better triangulate feedback from various sources, identify key themes, and undertake more proactive work with Councillors. Locality boards were being asked to discuss the findings, and Members were encouraged to share the report within their own authorities to ensure insights informed local actions.

A Member asked for evidence that the Fit for the Future reform was more effective than previous reforms, noting the recurring use of golden thread language in NHS change programmes. Officers responded that the direction for reform was set nationally and reflected the urgent need to address rising costs and financial constraints within the health service. It was emphasised that the new operating model aimed to enable Greater Manchester to work more efficiently and responsively within available resources, and that the Committee's role as a critical friend was valued in supporting and challenging the NHS to deliver better outcomes.

A Member enquired how participants were selected and whether the sample was representative across gender, age, ethnicity, and borough. It was confirmed that people were engaged face-to-face across all ten localities, with additional outreach through community groups and high-footfall locations. An equality impact assessment was conducted, and efforts were made throughout to address any gaps in representation, resulting in confidence that the final sample reflected the diversity of Greater Manchester; detailed demographic data was available in the report.

A Member asked how the shift from treatment to prevention would be achieved in practice, noting the need for transitional planning and clarity on budget implications. Officers responded that while prevention was a core principle, there was no single solution; investment in prevention was increasing year on year such as GP Practices, and localities were developing integrated neighbourhood services to support holistic, community-based care. This approach involved collaboration across health, voluntary, and care sectors, with ongoing work to ensure the necessary infrastructure and public engagement were in place to support the transition.

## **Resolved/-**

1. That the report be received and noted.
2. That Members share the findings report with their own Local Authorities.

### **JHSC/65/25            Standardisation of NHS Greater Manchester Funded In Intro Fertilisation (IVF) Cycles**

Members considered a report presented by Harry Golby, Associate Director Delivery and Transformation (Salford) and Claire Connor, Director, Communications and Engagement, NHS Greater Manchester, which provided an update on the public consultation and next steps in the plans to standardise the number of IVF cycles.

The Chair placed on record thanks to all involved in the IVF consultation process, acknowledging the significant work, care, and detail invested in gathering views from families, community groups, and stakeholders. The engagement demonstrated the value of genuine consultation and good communication, ensuring experiences were taken seriously and helped to shape fairer and more compassionate services.

A Member proposed, and the Chair agreed, that a recommendation be included in the report for it to be referred to and considered by local Scrutiny Committees where requested.

Harry Golby, Associate Director Delivery and Transformation (Salford) explained that the project was approaching its final phase, with a decision on the standardisation of NHS-funded IVF cycles due at the Integrated Care Board in January 2026. Different localities currently offered varying numbers of cycles due to inherited policies, though all other criteria were consistent. The process had followed major service change protocols, including extensive engagement, a lived experience advisory group, and detailed options appraisal. Recent consultation had provided further insight into practical impacts and implementation. The Integrated Care Board would receive a full project update, consultation report, updated equality impact assessment, and a shortlist of options with supporting evidence, with the final decision resting with the Integrated Care Board.

In term of the IVF consultation, it was noted that it ran for six weeks between June and July 2025, engaging around 2,200 people through surveys, face-to-face sessions, focus groups, and pop-up events, with targeted outreach to groups most likely to be impacted. An equality impact assessment guided engagement towards under 40s, people with disabilities or long-term conditions, learning disabilities, Black, African-Caribbean and South Asian communities, same sex couples, and those in deprived areas. While there was broad support for consistency and fairness, there was limited support for the proposed options, with concerns raised about cost-cutting, increased inequalities, and negative mental health impacts.

A Member questioned the rationale for proposing a one plus IVF cycle policy when the National Institute for Health and Care Excellence (NICE) and World Health Organisation (WHO) recommend three cycles, noting that one cycle was often insufficient. It was clarified that the proposal allowed a second attempt only if the first cycle was abandoned or cancelled, and that while more cycles increased the chance of success, national guidance was not mandatory and only a few Integrated Care Boards offered three cycles. The Integrated Care Board would consider all evidence, including consultation feedback and national recommendations, before making a final decision.

A Member raised concerns that limiting IVF to one cycle might increase mental health pressures and shift costs to mental health services. It was noted that six out of ten Greater Manchester localities already offered one cycle, so for most this would not be a change if this option was selected. Acknowledged was the emotional impact of unsuccessful IVF and the importance of ongoing support, noting that relatively few patients proceeded to a third cycle even where available. The GM Integrated Care Board would consider these impacts, including patient wellbeing, when making its decision.

A Member asked about the use of new and existing fertility drugs as alternatives to IVF, and if patients were moved to IVF too quickly before drug options were explored especially as new treatments became available. The issue had emerged as an important consideration during the project, and recommendations would be made

to the Integrated Care Board regarding the evaluation and use of fertility drugs. The aim was to ensure providers were clear on when drug treatments were appropriate, to maximise the effectiveness and quality of any IVF cycle offered.

It was reported that the Lived Experience Advisory Group would continue in their role highlighting value of ongoing co-production with service users to address complex issues such as drug use. Given the scale and importance of the consultation and engagement undertaken, there was significant potential for more in-depth co-production rather than one-off consultation, particularly on challenging topics.

It was suggested and agreed that Officers return to the Committee six to twelve months after implementation to report on progress, with the Lived Experience Advisory Group playing a key role in providing feedback on the real-world impact of the new arrangements.

A Member noted that the recommendation for Tameside represented a significant reduction from three to one IVF cycle, despite high deprivation in the area, and asked whether two cycles would be considered. The Integrated Care Board would be presented with three options, variations on one, two, and three cycles with supporting information, but the aim was to standardise policy across Greater Manchester rather than have different arrangements for individual localities. The implementation approach would ensure that those already referred continue under the previous policy, while new referrals would follow the new policy.

A Member queried why less than 10–15% of eligible patients proceeded to a third IVF cycle, and whether there was evidence explaining this low uptake, such as health, mental health, or financial factors, including seeking treatment abroad. It was confirmed that no specific data had been collected on reasons for low uptake, but similar patterns were observed elsewhere and were likely due to individual choices and circumstances. The importance of evidence-based recommendations and reflecting patient stories in the Integrated Care Board's decision-making was emphasised, with consultation feedback showing public preference for more than one cycle in line with NICE guidance.

## **Resolved/-**

1. That the Committee reviewed the level of consultation undertaken by NHS Greater Manchester.
2. That the Committee noted the plans to proceed through NHS Greater Manchester's governance process.
3. That the report be referred to and considered by local Scrutiny Committees where requested.
4. That Officers return to the Committee in six to twelve months after implementation to report on progress.

## **JHSC/66/25          Primary Care Access**

Consideration was given to an update report presented by Ben Squires, Director of Primary Care, NHS Greater Manchester.

It was noted that the report focused mainly on improving access to general practice, with more GP appointments available and better patient feedback, though some variation remained across Greater Manchester. The report also highlighted ongoing challenges with NHS dental access, despite local and national efforts to increase urgent dental appointments. The supervised toothbrushing programme, now extended across Greater Manchester's most deprived areas, and other preventative approaches were being prioritised. Community pharmacy services, such as Pharmacy First, were expanding and helping to ease GP demand. The Committee was asked to consider further ways to enhance patient satisfaction and integrate primary care services working with neighbourhoods as part of the Greater Manchester Strategy (GMS).

A Member commented that the supervised toothbrushing project was highly valued, as it delivered long-term benefits by establishing good oral health habits early in childhood. It was recognised that such preventative work was essential, with evidence showing that improved dental health in children led to better outcomes throughout life. The significant effort invested in these programmes was

acknowledged, and the positive impact on reducing future dental issues was emphasised.

A Member enquired about the allocation of 18,000 additional urgent NHS dental appointments but highlighted a risk that this mandated capacity might exceed urgent care demand, as utilisation rates had been low in recent months. It was clarified that while unbooked appointments were not paid for, making them available still impacted system resources. Officers continued to monitor utilisation closely and were providing feedback to national teams, recognising that unmet need might lie more in routine and continuing dental care than in urgent provision. The ongoing work with dental teams to implement NICE guidance on extending check-up intervals was noted, though it was recognised that changing public expectations around dental visits remained a significant cultural challenge.

In response to a question about access to a doctor's appointment in Tameside being less likely than in other authorities, it was advised that issue was being actively addressed through a programme focused on understanding and responding to patient demand across the four primary care networks in Tameside. Significant improvements in appointment availability had already been seen in networks such as Ashton and Denton, and positive feedback was emerging from local practices as the ongoing work continued.

A Member commented that while additional urgent care dental appointments were now available and some follow-up treatment could be provided, concerns remained about access to routine NHS dentistry, as private care was often unaffordable. The Committee heard that resources were currently focused on meeting the national mandate for urgent care, which limited investment in routine and continuing dental care. National reforms to the NHS dental contract, anticipated in April 2026, might impact capacity and delivery, but details were to be confirmed. Improving access remained a key focus for the dental commissioning team, despite the challenges of implementing national policies.

A Member raised concerns about patients being struck off by dental practices for not attending every six months. It was clarified that dental practices did not have registered patient lists, and removal should not occur solely for infrequent attendance. NICE guidance allowed routine check-ups to be up to 24 months apart, and striking off patients for longer intervals was not in line with national policy.

A Member reported ongoing difficulties transferring patient information between Oldham and Manchester GPs due to cross-border NHS arrangements. Challenges with integrated records and communication between providers persisted. It was also noted that, despite more appointments, some patients still experienced inconsistent reception practices when booking. Work continued to improve patient experience and record integration.

A Member highlighted that in 2025, both overall GP appointment numbers and those available within 14 days had improved, with variation across localities. It was reported that extended hours and appointments outside traditional times had improved access for many but noted that national data did not fully capture these appointments due to differences in recording systems. The drop in 14-day appointments was partly attributed to increased advance bookings for seasonal programmes, such as flu vaccinations, and regular medicine reviews. Multiple methods for booking appointments, including online, walk-in, and telephone, were available to support patient access.

A Member asked further about the methods available for patients to contact GP practices. It was reported that while many practices had implemented online booking solutions, this should serve as an additional option rather than replace face-to-face or telephone access. Concerns were noted about some patients being directed away from reception to use online or phone booking only. Work was ongoing with practices to ensure all contact methods remained accessible. The Member also expressed appreciation for a recent positive report on dentistry in Stockport.

Due to time constraints Members were asked to email any additional questions to the Governance and Scrutiny Team.

## **Resolved/-**

1. That the Committee recognised ongoing work to support patient access to primary care services in Greater Manchester.
2. That the update be received and noted.
3. That Members with additional questions about the report were asked to contact the Governance and Scrutiny Team.

## **JHSC/67/25                      Monthly Service Reconfiguration Progress Report and Forward Look**

Claire Connor, Director of Communications and Engagement, NHS Greater Manchester presented a report which set out the service reconfigurations currently planned or undertaking engagement and/or consultation. It also included additional information on any engagement that was ongoing.

In terms of the Adult Attention-Deficit/Hyperactivity Disorder (ADHD) Engagement, following the discussion at the last Committee, a decision was taken at the Integrated Care Board in November 2025 to accept the recommendation and proceed with implementation of Option A (where a clinical threshold was set; those meeting criteria received treatment, while others received advice and support to manage their symptoms). A plan would be put in place to engage with patients at an appropriate interval following implementation.

The November 2025 Integrated Care Board also approved the establishment of a single Greater Manchester Major Trauma Service. A programme board with joint leadership from Manchester Foundation Trust and Northern Care Alliance would oversee integrated workforce, training, and operations. The Provider Collaborative Board had been tasked with developing the service to ensure effective delivery for Greater Manchester, marking a significant step in regional collaboration.

Members were reassured that decision-making was always driven by clinical evidence, public insight, and patient engagement, with financial considerations also taken into account. All three elements were triangulated to determine the best options for the population of Greater Manchester.

**Resolved/-**

That the Committee noted the update and issues raised.

**JHSC/68/25            Work Programme for the 2025/26 Municipal Year**

Consideration was given to a report presented by Nicola Ward, Statutory Scrutiny Officer and Deputy Head of Governance and Scrutiny, GMCA that provided Members with a draft Committee Work Programme for the 2025/26 municipal year.

Items to be considered at the 20 January 2026 meeting were noted as:

- Individual Funding Requests Deep Dive Presentation
- Voluntary Sector Presentation
- Adult Social Care Presentation Deep Dive Presentation

**Resolved/-**

That the report be received and noted.

**JHSC/69/25            Date and Time of Next Meeting**

Tuesday 20 January 2026, Boardroom, GMCA, Greater Manchester Combined Authority, Tootal Buildings, 56 Oxford Street, Manchester M1 6EU.