

Integrated Care for Better Outcomes

- ICBs, Evidence and the Left Shift

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Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area

They exist to achieve four aims:

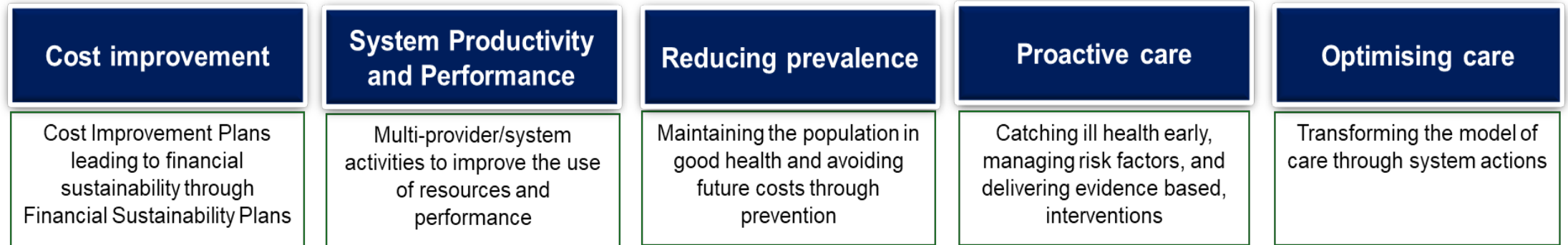
- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The Annual Plan 2025-26 Must Deliver

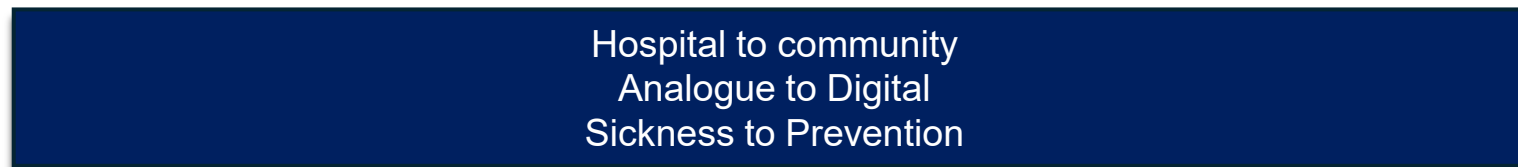


The Sustainability Plan – Year 2

Greater Manchester



The Three Darzi Shifts



Our 2025/26 Priorities



Collaboration

Compassion

Inclusion

Integrity

Programmes
Contributing to
Left Shift

<p>NHS GM Annual Plan 2025/26 Reducing Prevalence and Strengthening Proactive Care</p>		
<p>4 Priority Work Programmes</p>	<p>Enabled by</p>	<p>Impacting on</p>
<p>Full compliance with our statutory population health commissioning and delivery responsibilities</p> <p>Implementation of GM Live Well through the full mobilisation of the GM Model Neighbourhood as our core operating model</p> <p>Delivery of our Multiyear Prevention Plan, with a focus on preventing CVD and Diabetes by shaping healthy places, tackling modifiable risk factors, and strengthening our approach to secondary prevention and proactive care</p> <p>Health Care Public Health and Long-term Conditions</p>	<p>Population Health Management</p> <p>Locality Plans and Integrated Neighbourhood Working</p> <p>Primary Care Transformation Blueprint and <u>Beccor</u></p> <p>Tackling Inequalities through Fairer Health for All and Core20Plus5</p>	<p>Financial & Operational Sustainability (Sustainability Plan)</p> <p>System Transformation & Creating Evidence (Prevention Demonstrator)</p>
<p>Realised through a left-shift in investment and a 'hardwiring' of prevention</p>		

Clinical Governance in Complex Systems

Clinical Governance

The use of clinical audit, standards and policies; risk processes; and compliance with legal frameworks to improve quality of care

Clinical Effectiveness

Tackling unwarranted variation; horizon scanning; sharing learning and best practice; assuring evidenced based care; and innovation and research

Quality Improvement

Through adoption of formal Quality Improvement (QI) methodologies, using QI to drive system improvement

Clinical Transformation

Clinical strategy and transformation via pathway and service redesign and new models of care

Clinical Leadership

Embedding the clinical voice at every level across the GM health system; supporting the development of clinical leaders and developing future clinical leaders

CVD – GM multi-year prevention plan – launched 2024/25

Year 1 (2024/25) focus on preventing CVD and Diabetes as a significant driver of morbidity, mortality, demand and cost

Building on our existing evidence-based [GM CVD Prevention strategy](#) and [GM Diabetes Strategy 2022-2027](#) and shifting the focus to **scaled up** delivery.

Work across **full wide-ranging and complex spectrum** of Prevention

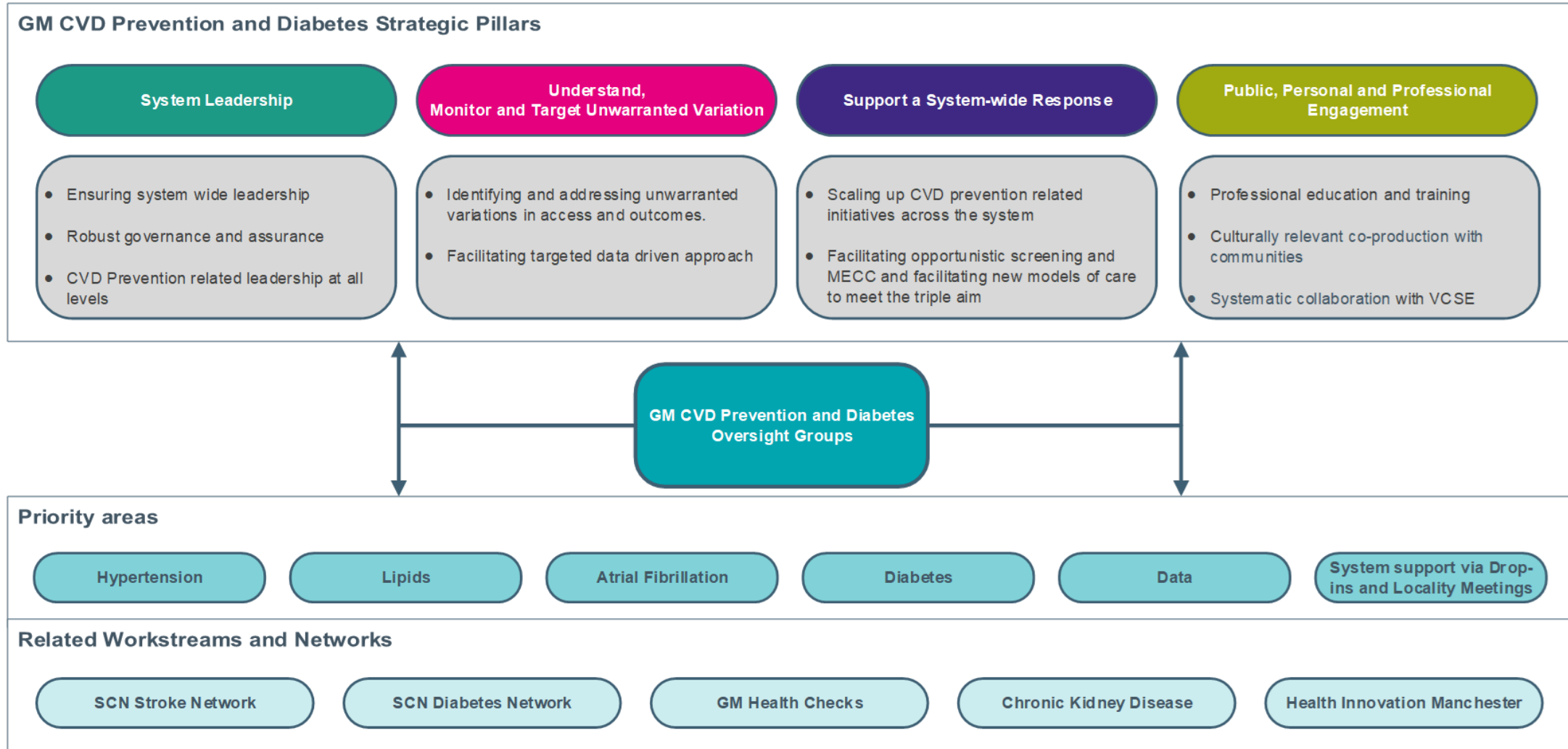
- Tackle the Wider, Social and Commercial Determinants of Ill Health, and particularly those that impact upon CVD and Diabetes
- Tackle the top modifiable behavioural risk factors for disease (particularly CVD and Diabetes) starting with tobacco, diet, physical inactivity & alcohol
- Scale up early detection and effective treatment (Secondary Prevention)

Defined **evidenced based, cost-effective preventative interventions** for CVD and Diabetes

- Evidenced based population health and secondary prevention interventions for CVD and Diabetes to prioritise for GM in 2024/25 are as described. These are interventions that are predominantly interactions with people and secondary prevention interventions are clinical in nature and will occur during interactions with the health service.
- The way in which work to systematically support people to have these personal interactions and clinical interventions is where we can scale up and can influence in 2024/25

Year 2 (2025/26) focus remains on CVD prevention and Diabetes

Structure of GM CVD Prevention and Diabetes GM Programmes



CVD Example of work underway : Toolkits for multi-disciplinary teams



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There is something for everyone, from clinicians through to managers

Hypertension Medication Pathway

Toolkit for Health and Care Professionals in Greater Manchester

NHS Greater Manchester Integrated Care

Last updated: September 2023

Part of Greater Manchester Integrated Care Partnership

For any comments, suggestions or feedback please visit feedback.gmcvd.com

Managing Hypertension in Primary Care

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

NHS Greater Manchester Integrated Care

Last updated: September 2023

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Assessing Blood Pressure in Primary Care

Home Blood Pressure Monitoring (HBPM) and Ambulatory Blood Pressure Monitoring (ABPM)

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

NHS Greater Manchester Integrated Care

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Community Pharmacy General Practice Toolkit

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

NHS Greater Manchester Integrated Care

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CKD Management

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

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Optimising Cholesterol in Primary Care

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

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Last updated: September 2023

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CVD Performance: NHS Planning Guidance 24/25

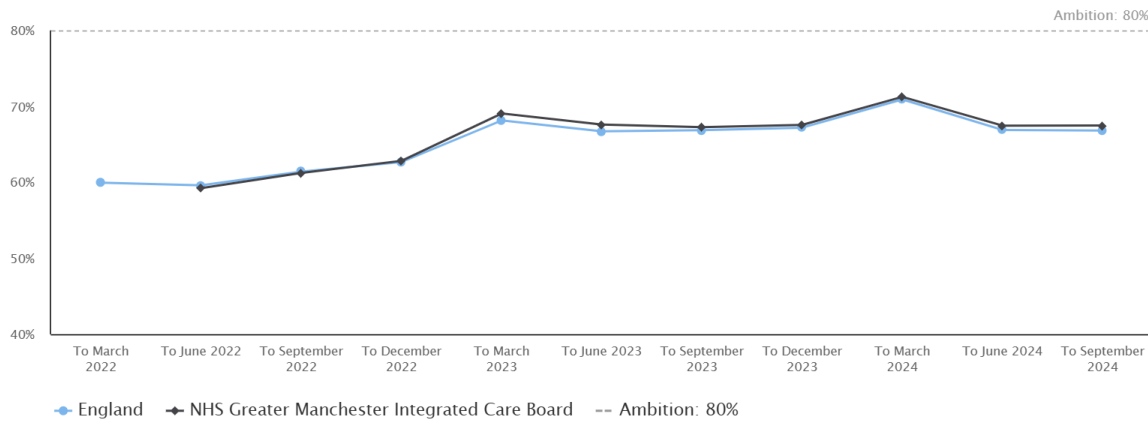


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Target: Increase the % of patients with hypertension treated according to NICE guidance to **80%** by March 2025 to meet NHS LTP Commitments.

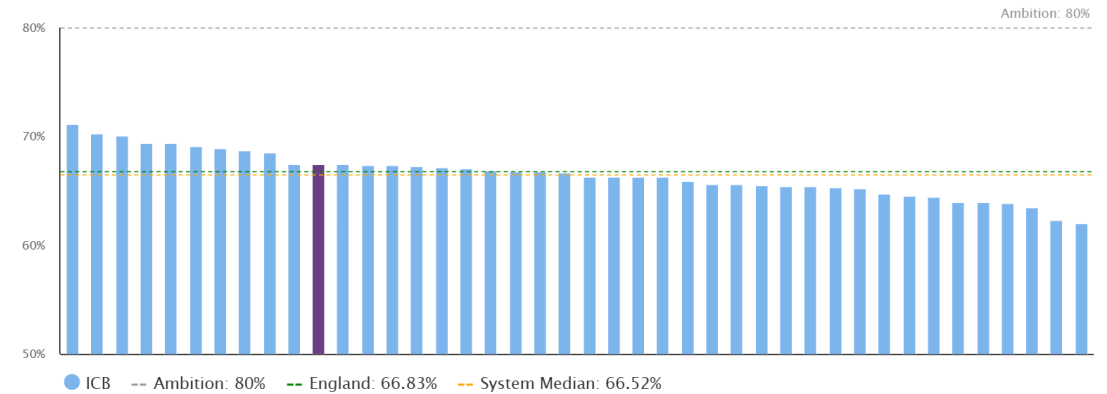
NHS GM is at 67.48% against an 80% target (Data to September 2024)

All Persons Time Series: England vs NHS Greater Manchester Integrated Care Board



Source: <https://www.cvdprevent.nhs.uk/insights?period=20&level=7&area=8030&group=0&indicator=32&tab=pers#32>

System Level Comparison: NHS Greater Manchester Integrated Care Board against other ICBs September 2024



ACTIVE FILTERS:
• Values range: between 0 and 100

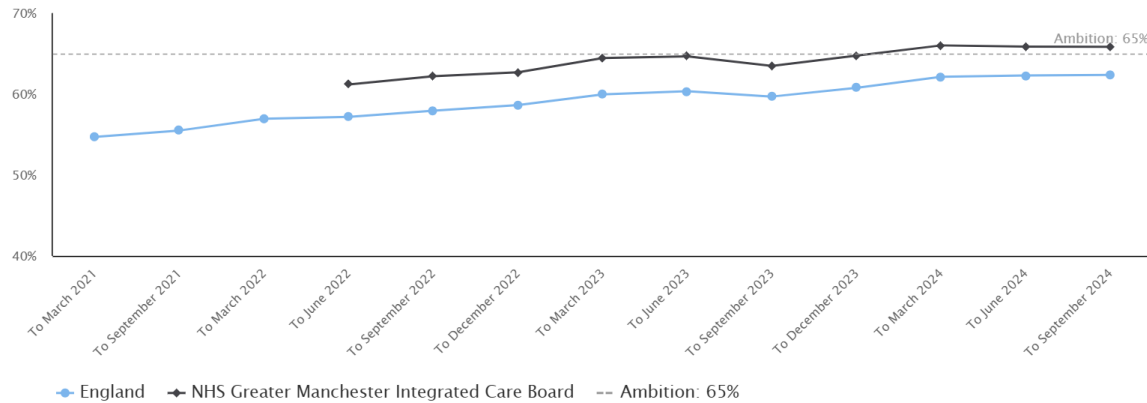
Source: <https://www.cvdprevent.nhs.uk/insights?period=20&level=7&area=8030&group=0&indicator=32&tab=icb#32>

CVD - Performance: NHS Planning Guidance 24/25

Target: Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies **to 65%** by March 2025 to meet NHS LTP Commitments.

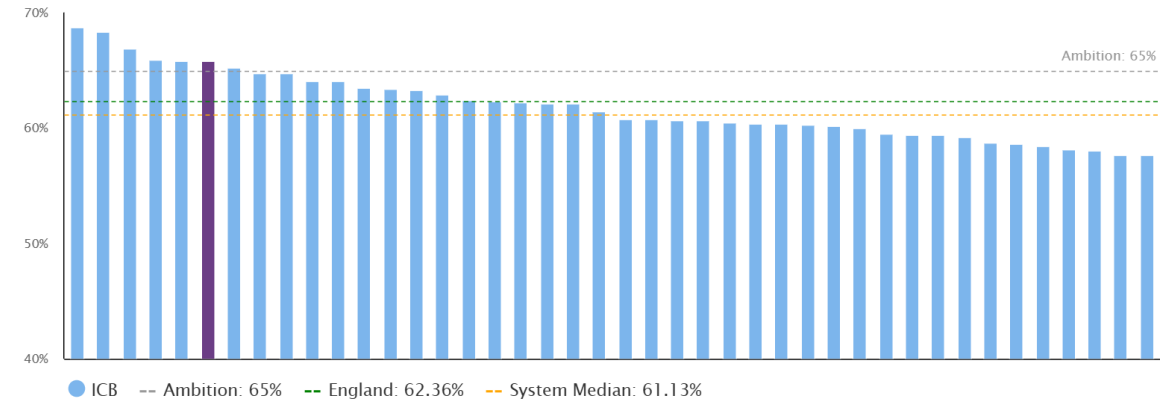
NHS GM is at 65.83% against a 65% target (Data to September 2024)

All Persons Time Series: England vs NHS Greater Manchester Integrated Care Board



Source: <https://www.cvdprevent.nhs.uk/insights?period=20&level=7&area=8030&group=0&indicator=14&tab=pers#14>

System Level Comparison: NHS Greater Manchester Integrated Care Board against other ICBs September 2024



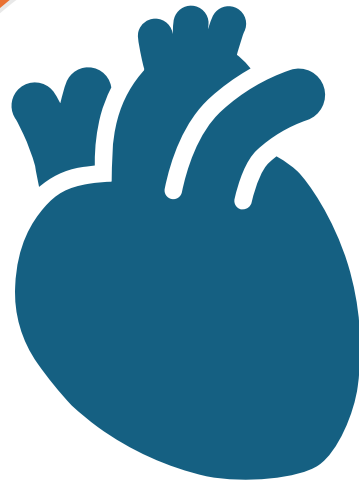
ACTIVE FILTERS:
 • Values range: between 0 and 100

Source: <https://www.cvdprevent.nhs.uk/insights?period=20&level=7&area=8030&group=0&indicator=14&tab=cvt#14>

Source: CVD Prevent Data

What we incentivised:

- In 2024/25, the CVD and Diabetes component focused on secondary prevention
- A cohort of at 'high risk' individuals identified – 140,000 people
 - High risk group identified based on clinical parameters signalling poorly controlled hypertension, diabetes and atrial fibrillation
- General Practice was funded to carry out a 'high risk review' for these patients
 - Blood pressure, BMI, HbA1c, U+Es, cholesterol and smoking status
- Supported by range of GM resources and toolkits to support clinical care



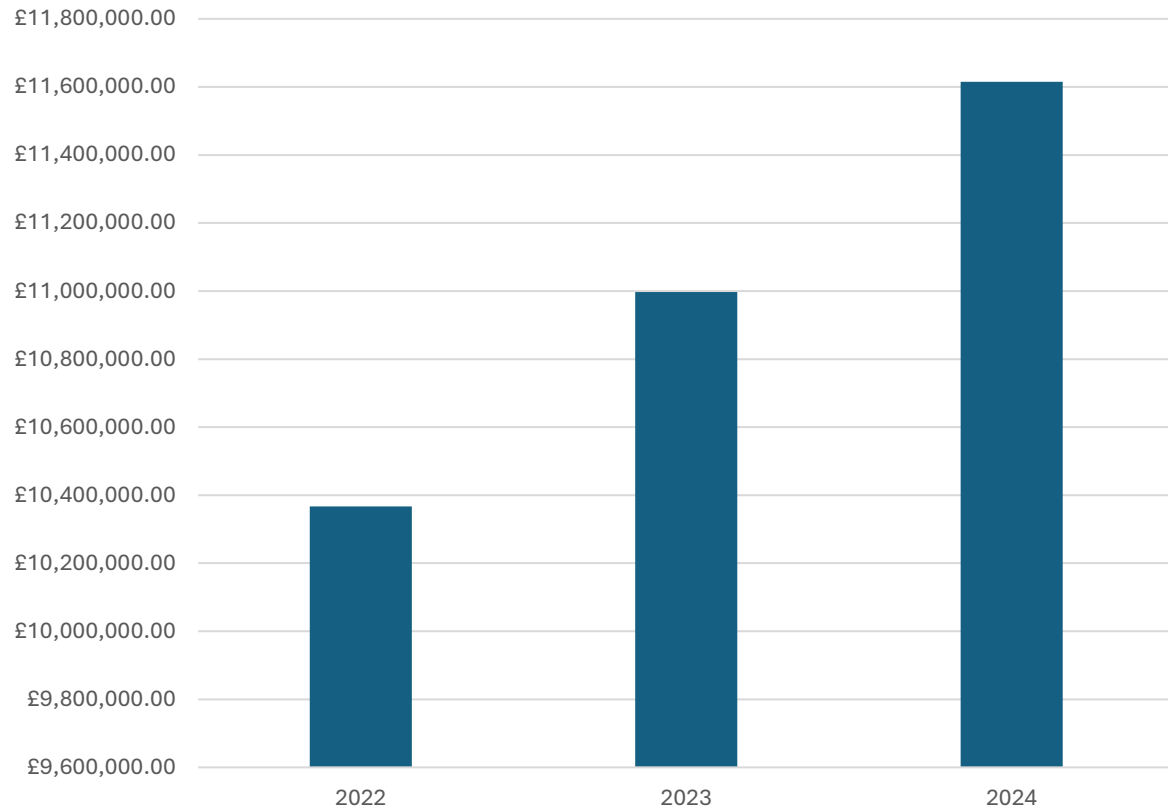
Early Impacts:

When comparing December 2024 with December 2023:

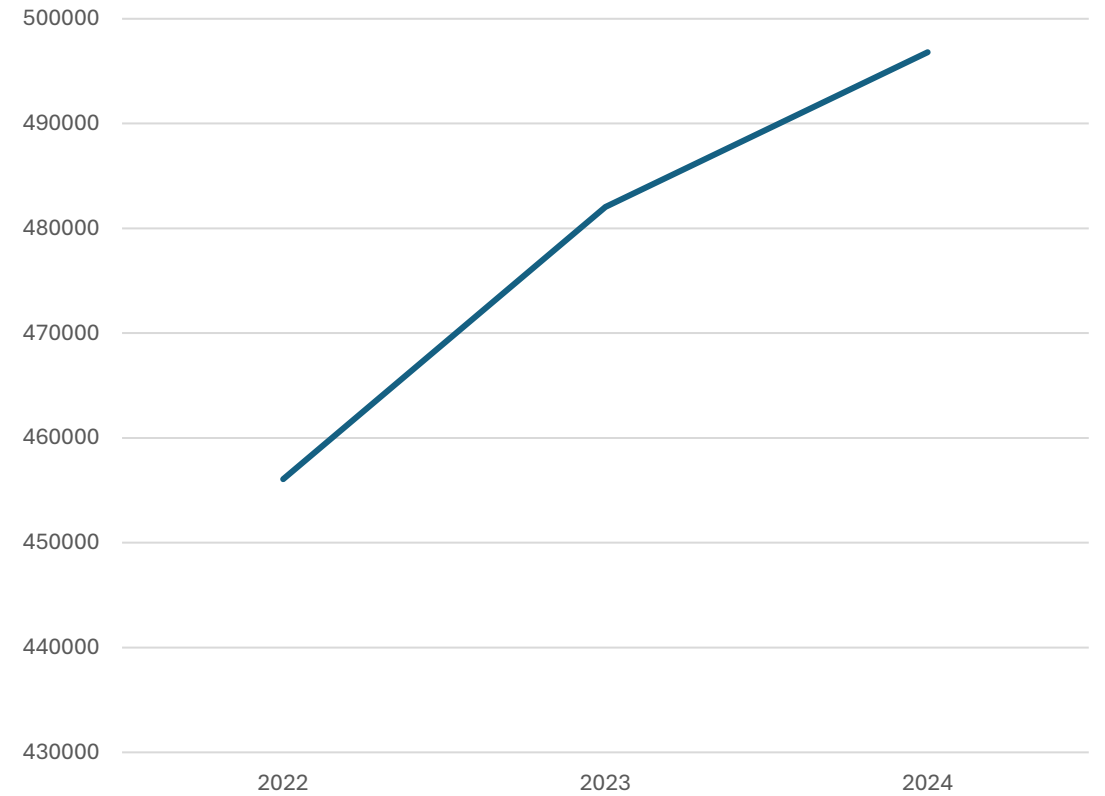
- Atrial Fibrillation: 1% reduction in patients at very high or high risk
- Diabetes: 0.3% reduction in patients at very high or high risk
- Hypertension: 1.3% reduction in patients at very high or high risk
- Secondary Prevention: 2.2% reduction in patients at very high or high risk
- Reduction in QOF exception reporting
- **Total patients at risk: 5,728 reduction (2.4%)**

Antihypertensives

Antihypertensives Sum of Actual Cost

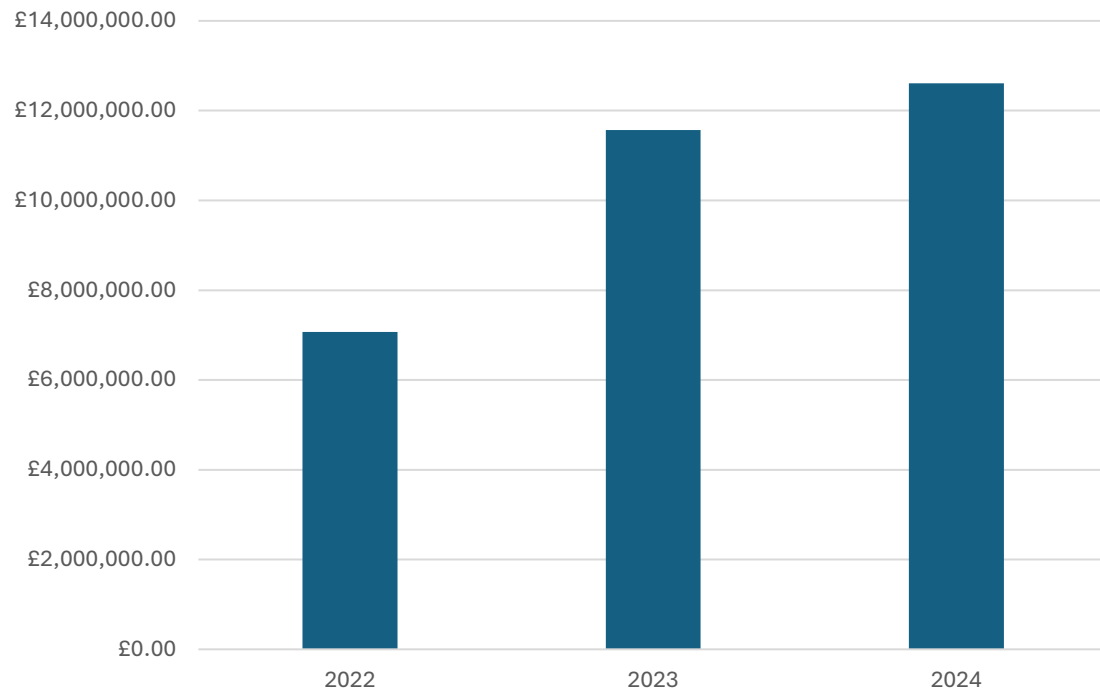


Sum of Identified Patient Count

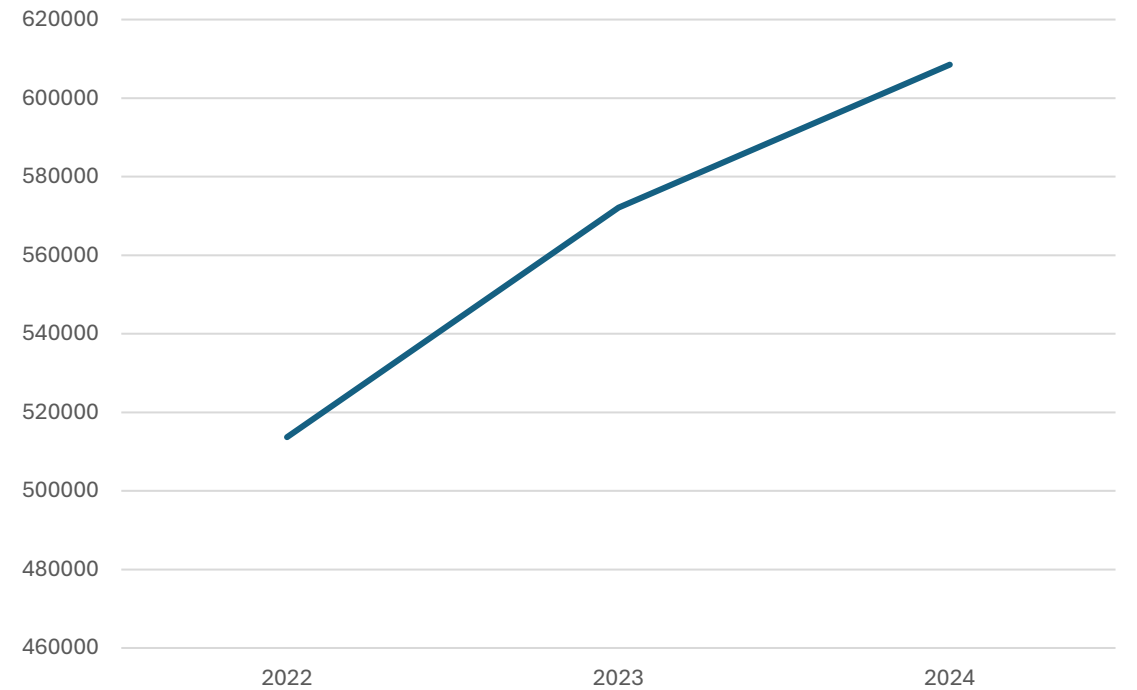


Lipid Regulators

Lipid Regulating drugs Sum of Actual Cost

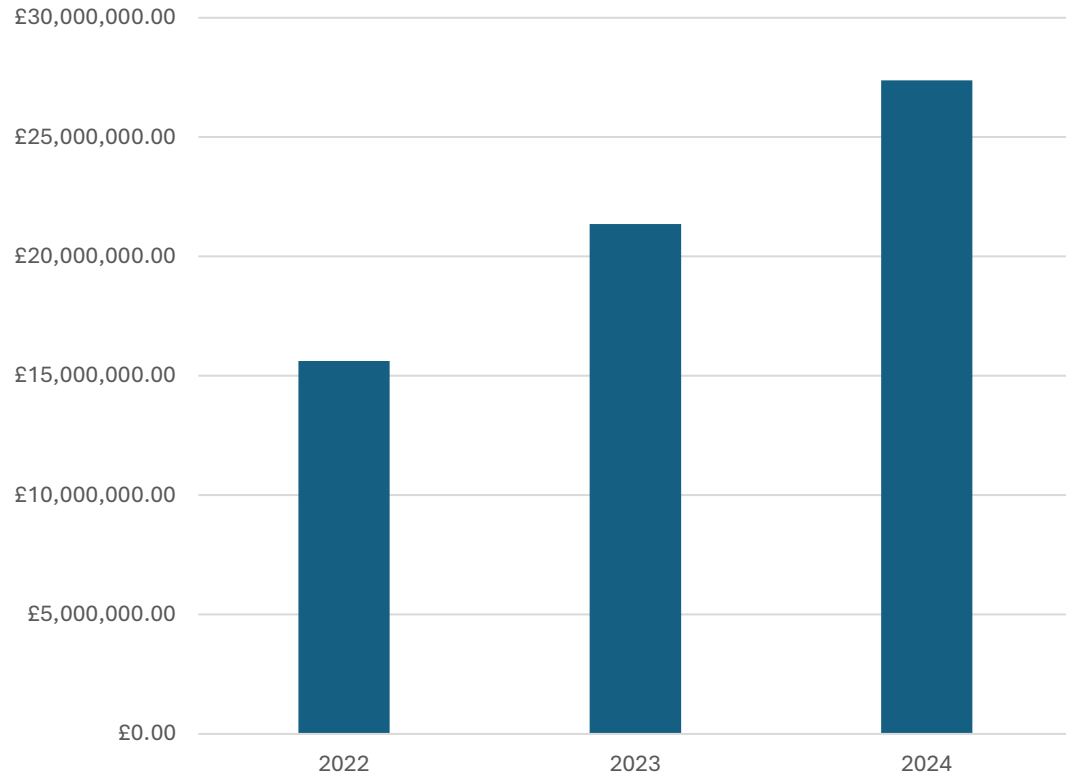


Sum of Identified Patient Count

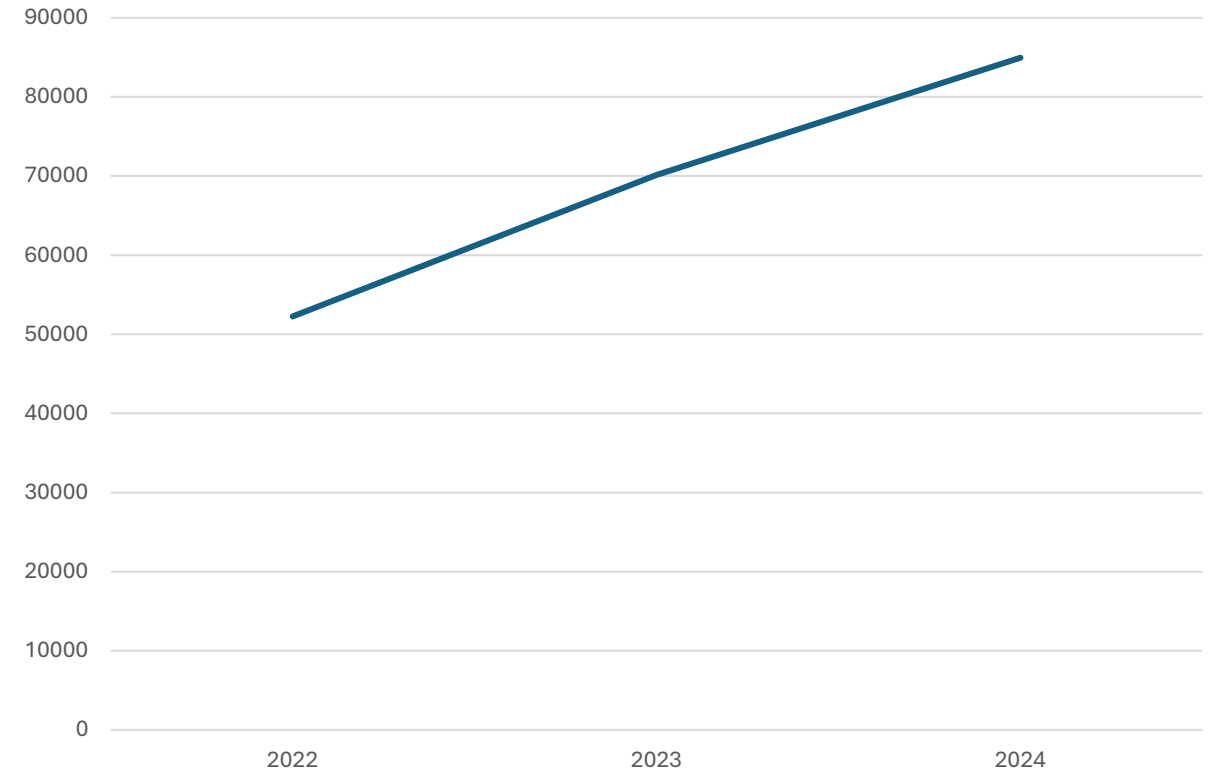


SGLT-2

SGLT2 Sum of Actual Cost



SGLT2 Sum of Identified Patient Count [1 of 2]



SGLT-2 – can we afford the evidence?

Clinical Area	Complication	Reduction in SGLT-2 Complications
Cardiovascular Outcomes	Reduced risk of major adverse cardiovascular events	10%
	Decreased risk of hospitalisation for Heart Failure	36% to 38%
	Lower risk of cardiovascular death	15%
Renal Outcomes	Reduction in the risk of kidney disease progression	37%
	Decrease in the risk of acute kidney injury	23%
	Reduce risk of severe renal disease	55%
Stroke and Myocardial Infarction	Reduced risk ischemic stroke	49%
	Reduction in myocardial infarction risk	19%

1. <https://drc.bmj.com/content/11/1/e003072>

2. <https://jamanetwork.com/journals/jamacardiology/fullarticle/2771459>

3. <https://www.ccjm.org/content/88/1/47>

4. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02074-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02074-8/fulltext)

Can we afford not to?

