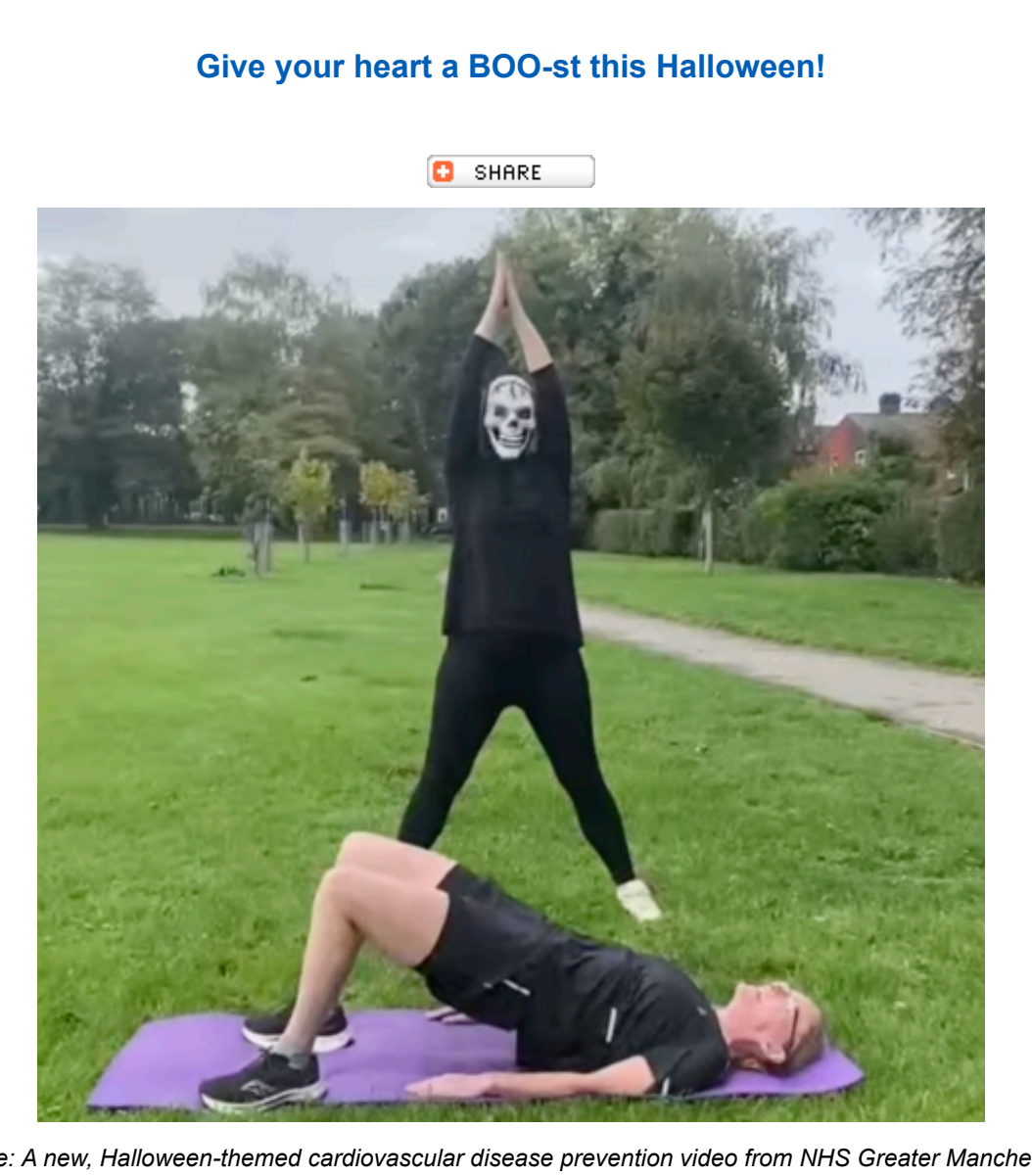
Latest news from the Greater Manchester and Eastern Cheshire Strategic Clinical Networks
Greater Manchester Integrated Care Partnership sent this bulletin at 30-10-2025 03:43 PM GMT

Newsletter update

Greater Manchester and Eastern Cheshire
Strategic Clinical Networks

October 2025

Give your heart a BOO-st this Halloween!


Pictured above: A new, Halloween-themed cardiovascular disease prevention video from NHS Greater Manchester.

It's Halloween tomorrow, so we thought we would start this newsletter by highlighting a spooky and very funny video from the Greater Manchester Integrated Care Partnership to promote cardiovascular disease prevention.

It's a serious message delivered in a humorous way, which will hopefully inspire people to move more and live well.

Plus, we have an update this month on the great work our cardiovascular disease prevention (CVD) team is involved with to prevent heart attacks, with the help of a new digital tool. Estimates suggest as many as 180 attacks have been prevented so far.

***

October's newsletter is also packed with stories from across our other busy networks:

Respiratory: The Network's clinical leads lend their support to the NHS's campaign to encourage people to get vaccinated this winter. The team welcome a new addition and sign-up for an event next month.

Children and young people: Health professionals urged to test very young children for type 1 diabetes.

Palliative and end of life care: Latest report shows new digital tool is helping to identify people in final year of life.

Diabetes: Latest event is big success. Green light given to roll out life-changing technology. GP practices urged to sign-up to online platform.

Peter's blog: A blog by one of us (Peter) about signing off emails, which has made us wonder how best to sign off this newsletter…

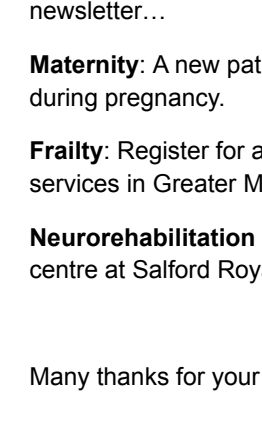
Maternity: A new patient leaflet is produced to give women and birthing people factual information about the use of aspirin during pregnancy.

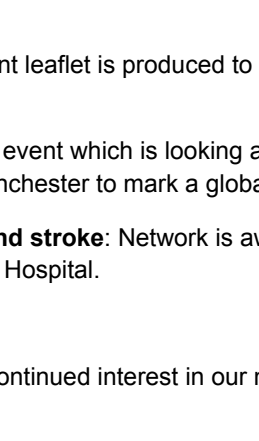
Frailty: Register for an event which is looking at innovative ways of delivering rehabilitation services. A look at osteoporosis services in Greater Manchester to mark a global day raising awareness of the condition.

Neurorehabilitation and stroke: Network is awarded grants to help fund MS and Parkinson's work. Radio DJ visits stroke centre at Salford Royal Hospital.

Many thanks for your continued interest in our networks.

Best wishes


Julie Cheetham
Director


Dr Peter Elton
Clinical Director

Cardiovascular

Hundreds of patients getting early help thanks to new prevention tool

A new digital tool which has been developed in Greater Manchester to identify patients who may require treatment has helped to prevent 200 strokes and 180 heart attacks. This helps general practice to improve their preventative care of those most in need.

Details of the Greater Manchester CVNeed tool have been highlighted in the Network's submission to inform the Cardiovascular Disease (CVD) Modern Services Framework being developed nationally under the new NHS 10-year-plan.

The tool was developed by NHS Greater Manchester's analytical service lead, Matt Conroy, with support from the Network's prevention clinical lead Dr Aseem Mishra (pictured right).

Aseem also worked with the Network support team on the submission to NHS England, which highlights innovation and engagement happening across the 10 localities.

CVNeed is a population level risk stratification tool which uses the Greater Manchester analytics and data science platform to analyse routinely collected GP data to identify patients at risk of CVD who require treatment which has previously not been identified.

This prioritisation looks not only at disease diagnosis, but at how well the conditions are being managed. The tool provides a score that quantifies the current unmet need and the potential benefit in reducing this need.

CVNeed stratifies patients as very high or high risk based on readings for hypertension, atrial fibrillation, diabetes and the secondary prevention of CVD.

Using the tool, patients were risk stratified and lists provided to each GP practice, who were then asked to prioritise them for an enhanced review.

The estimated number of serious conditions prevented in the first year include a total of 180 heart attacks and 200 strokes. There were also reductions in the occurrence of serious incidents related to diabetes, hypertension and atrial fibrillation.

In total, the estimated impact equates to £6.7 million in savings to the health and care system (cost estimates derived from the National Institute for Health and Care Excellence/NICE).

Aseem said: "Four years ago, this began as a shared ambition — to strengthen cardiovascular prevention across Greater Manchester and tackle the inequalities that sit at its core.

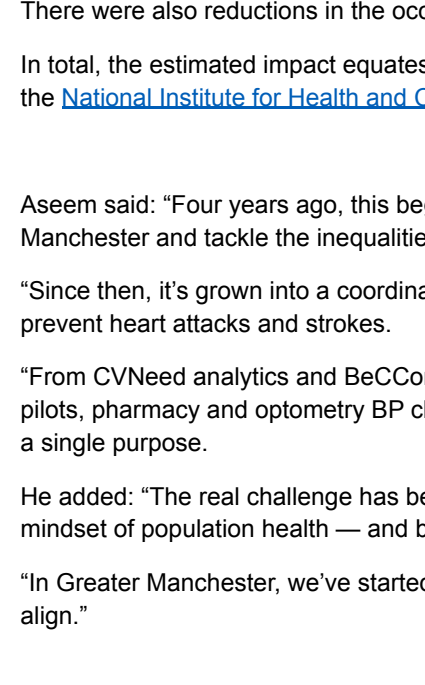
"Since then, it's grown into a coordinated, system-wide effort — connecting data, digital tools and community partnerships to prevent heart attacks and strokes.

"From CVNeed analytics and BeCCor (NHS Beyond Core Contract) incentive frameworks to community-led pilots, pharmacy and optometry BP checks, and proactive care delivery, it's been about aligning many moving parts around a single purpose.

He added: "The real challenge has been bridging two worlds — the one-to-one focus of clinical care and the one-to-many mindset of population health — and building the learning loops, trust and design thinking needed to hold them together.

"In Greater Manchester, we've started to show what that balance can look like when insight, collaboration and intent truly align."

Respiratory



Clinical leads urge people to protect themselves

The Network's two clinical leads are supporting the NHS campaign to encourage people to get vaccinated and protect themselves this winter.

They are urging every eligible person to make sure they get their Covid-19 and flu vaccines to protect themselves and those who are vulnerable during winter.

Winter is always the busiest time for the NHS, with flu and Covid season usually peaking in December and January.

Dr Jennifer Hoyle (pictured left), the Network's clinical lead and consultant in respiratory medicine at North Manchester General Hospital, said: "Every winter I see people with asthma, COPD or lung fibrosis admitted to hospital with flu, Covid and RSV.

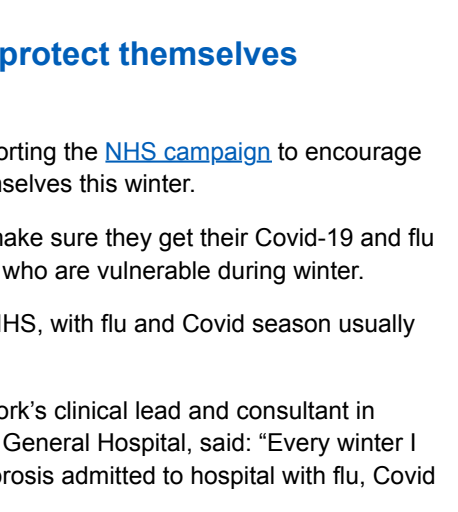
"On the ward this morning I saw several people admitted with viral infection, none had been vaccinated and it's only the end of October.

"Getting vaccinated helps prevent hospital admissions, it reduces the risk of you passing infection on to your loved ones and it allows the hospital to concentrate on other admissions such as people waiting for surgery.

"Every person I spoke to said they would have the vaccination now they have experienced infection severe enough to cause hospital admission.

"Why wait? Prevention is better than hospital admission. Get vaccinated today!"

Dr Hoyle vigorously promotes vaccination when she see patients – often giving the vaccine herself.



Dr Murugesan Raja (pictured right), a local GP and clinical lead for respiratory disease in primary care, said: "Winter vaccinations are essential in our armoury to protect ourselves in the winter.

"If you are eligible for the flu, RSV (respiratory syncytial virus) or Covid vaccination, please speak to your GP to have it done. As a clinician I do see people become very seriously ill even ending up in intensive care with the infections and it could be prevented.

"I always make it a point to get my flu jab as soon as it arrives as it prepares me for the winter ahead. I encourage you to come forward to get yours today and for staff as well."

Dr Raja has consistently been promoting vaccination in his practice, as locality lead in Manchester and as a respiratory clinical lead in Greater Manchester.

The flu vaccine is available for pregnant women, children aged 2-3 years old, and from early October, for people aged over 65, those with certain long-term health conditions, residents in care homes, carers, people in close contact with immunocompromised adults and frontline workers.

Covid-19 vaccinations will be available for over 75s, residents in a care home for older adults and people aged 6 months to 74 years with a weakened immune system because of a health condition or treatment.

Register for event to discuss COPD progress and future

The Respiratory Network is working at pace to improve the care of Greater Manchester patients with chronic obstructive pulmonary disease (COPD).

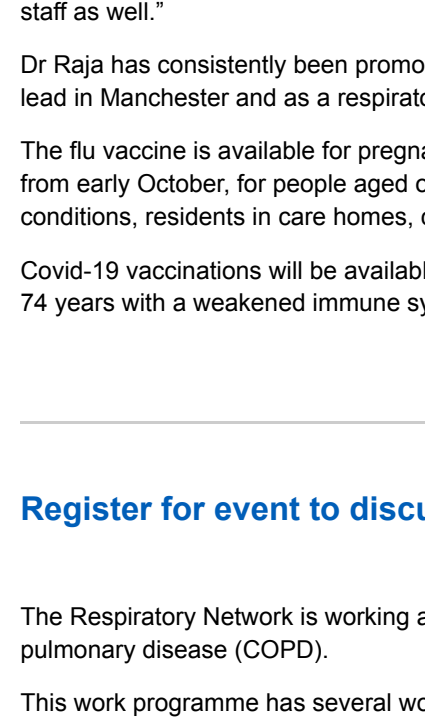
This work programme has several workstreams which include data, medicines and biologics, as well as pulmonary rehab, each with their own part to play in improving the patient pathway.

Task and finish groups are driving the improvements as well as enabling engagement and collaboration across service boundaries.

To further build on progress to date, a full day in-person event is taking place on November 21 at the Mechanics Institute, Manchester.

The event is free to attend for anyone involved in COPD care. The day will include an update on progress to date followed by breakout sessions.

Please note you must register to attend. It would be great to see you there.



Sue joins team to improve patient services

The Network has a new team member with 35 years' of experience working in respiratory services.

And below, Sue Mason (pictured left), who is a respiratory nurse practitioner for Manchester University NHS Foundation Trust, spoke to us about her work over the years and why she wanted to join the Strategic Clinical Networks (SCNs).

Q: Where have you joined us from and when did you start your career as a health professional? How long have you been involved in respiratory and why does this area interest you?

A: I always wanted to be a nurse and left school to do pre-nursing course and started training at 18 years old.

I always preferred medicine to surgery and found respiratory in 1990 and have worked in it ever since.

Setting up the ARAS COPD Team (acute respiratory assessment service chronic obstructive pulmonary disease) in 2001 as one of the first integrated services, which has grown from just providing early supported discharge to now covering acute and chronic care of COPD, oxygen and pulmonary rehabilitation

Q: Why did you decide to join the SCNs' team?

A: I've been involved in the SCNs since before Covid, and became a clinical advisor to the Pulmonary Rehabilitation Collaborative in 2021

When the opportunity came to spend part of my week working in COPD transformation across Greater Manchester I felt it was an opportunity to try and get the basics right - as patients get a varied and, in some parts, a poor offer.

Q: What will be the main theme of your work?

A: To improve the services for patients with COPD from diagnosis to end of life and set a standard across Greater Manchester.

Q: What are your main aims?

A: Earlier and accurate diagnosis for patients, increased opportunity for secondary prevention intervention e.g. smoking cessation, vaccinations, improved standardised COPD management and optimisation for patients and Greater Manchester system better prepared for upcoming COPD biologics.

Q: What do you enjoy doing outside work to relax?

A: Holidays - my happy place is Anstruther in Scotland, but anywhere near water and green I love. I'm also a grandma to 2 girls and 1 boy - currently. I love spending time with them and family in general - 15 of us go away before Christmas for a weekend together. It's a special time.

Diabetes

Green light for life-changing technology

The Diabetes Network is promoting the use of continuous glucose monitoring (CGM) in patients who meet the NICE criteria.

Thousands of people across our 10 localities will soon benefit from CGM after NHS Greater Manchester approved it to be prescribed.

This latest step will see the region align with NICE guidance and marks a significant step forward in improving diabetes care and ensuring equitable access to this life-changing technology.

CGM is a system that tracks glucose (sugar) levels throughout the day and night by using a sensor placed under the skin.

The data is sent to a display device, like a smartphone or a reader, showing real-time and historical glucose trends. This allows people with diabetes to better manage their condition by seeing patterns and can provide alerts for high or low blood sugar.

NICE recommends CGM should be offered or considered for specific groups of people living with diabetes, including those who:

- have type 1 diabetes
- have type 2 diabetes treated with multiple daily insulin injections and require help from a care worker or healthcare professional to monitor their blood glucose
- experience recurrent or severe hypoglycaemia or have impaired awareness of hypoglycaemia
- have a disability or condition that prevents them from self-monitoring via traditional finger-prick methods

The GM implementation guidelines have now been published at NHS Greater Manchester Integrated Care CGM prescribing guidance and are being shared with the system to support consistent rollout across services and localities.

Greater Manchester is also working to implement the national hybrid closed loop (HCL) five-year strategy.

HCL combines a CGM sensor device with an insulin pump and an algorithm (usually via a smart phone) to automate and regulate insulin delivery.

Event sparks collaboration

Healthcare professionals from across Greater Manchester came together for the Diabetes Clinical Network event.

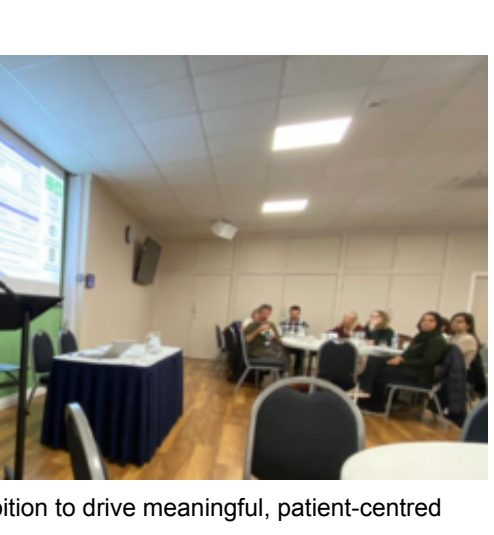
The afternoon session was designed to spark collaboration, share the latest insights and learning, and develop understanding on how we can collaborate to drive improvements in diabetes care.

Set against the backdrop of rapid advances in diabetes treatment and technology, the agenda reflected the complexity and ambition of transforming care across pathways.

Diabetes medicines formed a key part of discussions throughout the day against the backdrop of new NG28 guidelines (NICE pathway guidelines), increased medicine spend and a number of new medicines in pathways.

Presenters unpacked the latest developments and their implications for clinical decision making and integration into patient pathways.

An improvement project was showcased, with interim findings from the Chronic Kidney Disease Dream project in Tameside and Oldham offering a glimpse of how integrated renal-diabetes pathways are evolving at locality level.



In addition, several other important topics were discussed including diabetes technology and a review of insights and impact from the GM Beyond Core Contract Review (BeCCoR) programme to incentivise enhanced reviews for high-risk patients.

The Manchester city centre event closed with tabletop discussion and a plenary session led by the Networks' clinical leads and experts. This provided a chance to reflect on the day's themes and explore how learning can be translated into action across Greater Manchester.

As the afternoon unfolded several powerful themes emerged reflecting both the complexity of diabetes care and the collective ambition to drive meaningful, patient-centred change including:

- Ongoing efforts are required to ensure the use of diabetes and obesity medicines are aligned with current treatment pathways, ensuring equitable access across different patient cohorts.
- Although early-onset diabetes is typically defined as diagnosis between ages 18 and 39, clinical experts agreed that patients diagnosed in their early 40s with significantly elevated HbA1c levels (average blood glucose) should also be considered as having early-onset diabetes.
- In line with the NHS ambition to shift from treatment to prevention, delegates highlighted the importance of clearly defining primary and secondary prevention in diabetes care. This also supports efforts to transition treatment from hospital settings to community-based care.

The next steps will see the Diabetes Clinical Network reviewing the key takeaways from the day and working collaboratively to develop a focused action plan that translates insight into impact across Greater Manchester.

Photo at top: guests at the event.

Photo above right: Clinical lead Professor Naresh Kanumilli speaks at the event.

Practices urged to sign-up to online plaform

GP practices are being encouraged to register for the online diabetes platform My Way Diabetes, to help both themselves and patients.

Every practice in Greater Manchester has at least one patient registered on the platform and more than 24,000 people are accessing it in total.

But only 70% of practices have signed up to the data sharing agreement which allows the service to offer full practice support and direct to patient communications.

Provision of the platform across the 10 localities has recently been agreed through an NHS Greater Manchester commissioning contract.

MyWay Diabetes allows people with type 1 or 2 diabetes to access their NHS diabetes data, understand the results, track care processes, set goals and learn how to manage their condition better with tailored online resources including videos.

The process of GP practices to sign up to the data sharing agreement has full NHS Greater Manchester information governance approval, so they can be reassured the service has all the appropriate regulatory sign offs. Sign-up is via a simple DocuSign process online detailed below.

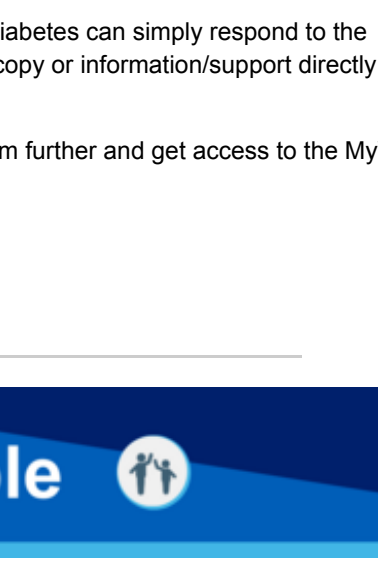
The Diabetes Network's clinical lead, Prof Naresh Kanumilli, said: "This is a missed opportunity for practices and patients to benefit from convenient personal data access, structured education, online courses, videos and resources.

"The platform also provides information and support for healthcare professionals working in practice, supporting them in their care of patients living with diabetes."

Practices who have not yet registered for the data sharing agreement with MyWay Diabetes can simply respond to the DocuSign document that has been emailed to every practice, or they can request a copy or information/support directly from support@mwdh.co.uk.

Practices can also use this email address to request a meeting to discuss the platform further and get access to the MyWay Diabetes GM training webinars.

Children and young people



Appeal to check for diabetes among very young children

Health professionals in Greater Manchester are being urged to test very young children for diabetes after the death of Lyla Story.

The two-year-old from Hull died in May less than 24 hours after her mum had taken her to their doctor, who diagnosed acute tonsillitis.

Following her death, she was found to have undiagnosed type 1 diabetes and a coroner called for better awareness of the symptoms of the condition among very young children.

The story raised the issue that health professionals need to be aware to check blood sugar levels in any child with possible symptoms.

Type 1 diabetes can start at any age and although there is an awareness of the `4 Ts` campaign for common symptoms, diabetes can be very difficult to recognise in very young children.

If missed or delayed, type 1 diabetes can progress quickly in children over a few hours to ketoacidosis (a serious condition where a lack of insulin causes harmful substances called ketones to build up in the blood), coma and even death.

The Network is pushing the development of material which is as appropriate for young children as for older children.

Dr Chris Cooper, the Children and Young People Network's diabetes clinical adviser, said: "I'd urge all health professionals who work with very young children to think `could this be diabetes?` and check a finger prick blood glucose level or a urine dipstick for glucose and ketones in any unwell child.

"Any child with abnormal results should be referred without delay to the local paediatric unit."

Palliative and end of life

More people benefitting from improved care

This month saw the publication of the final report on the next phase of the Network's aim to improve the identification and care of people in the last year their lives.

Called the EARLY identification project, it has completed its third phase, with the report stating it had demonstrated good results in increasing the proportion and number of patients on general practice palliative care registers.

This also led to an increase in the rise of Electronic Palliative Care Coordination System (EPaCCS) records being created and advance care plans being in place. These records improve coordination of end of life care, with a range of health and social care professionals able to access the records and wishes of individuals.

Phase 3 of the EARLY project sought to build on the achievements of the previous two phases by expanding the use of the clinical search tool to identify primary care patients likely to be in their last year of life, thereby increasing opportunities for advance care planning and increased the use of shared Electronic Palliative Care Coordination System (EPaCCS) records to improve coordination and end-of-life care.

Read the full report

The Network is now taking expressions of interest from primary care networks and practices that wish to join Phase 4 of the EARLY identification programme.

In this next phase, the Network will look to develop the confidence of clinicians in having advance care planning discussions with the individuals identified and clinically validated using the EARLY clinical search tool.

Given the wide socioeconomic and cultural diversity of the Greater Manchester population, the Network is developing learning resources to improve the accessibility and inclusivity of advance care planning discussions for all patients.

Phase 4 will offer some face-to-face or virtual sessions on inclusive advance care planning alongside the implementation of the EARLY Toolkit.

If you would like to enhance the anticipatory care and support for people in the last year of life aligning to the 10-year plan shift from hospital to community and analogue to digital, please contact colin.daffern@nhs.net to register your interest.

General news

Peter's blog

Our clinical director, Dr Peter Elton (pictured right), writes a new, entertaining blog for us, this time discussing that tricky topic of how to sign-off your emails.

"How you sign off your emails may affect the chances of eliciting a response.

An American study found that substantially the most successful sign off to elicit a response was "Thanks in advance" followed by "Thanks", Thank you" and "Cheers".

When interpreting this finding, you need to think of confounding variables eg the success of cheers may be confounded by the use of it predominantly for people that were well known to the sender.

We are on a journey of reducing formality from Thomas Jefferson's use of "I am, Sir, Your most obedient & most humble servant," to Octopus Energy's sign off "Love and Power". Other relatively informal sign offs in the ICB include "All the best" and "with kindness".

Emojis or even an "x" can sometimes be added appropriately if used with care.

Personalisation of the sign off to the recipient appropriate to the content probably enhances relationships.

Regards is probably good enough for those one hardly knows and when a further communication is unimportant. Good luck or congratulations acknowledges what the recipient has done or is about to do.

Wishing the reader a bewitching Halloween…..

Maternity

Aspirin in pregnancy
Patient information leaflet
aspirin

New patient information leaflet for aspirin use

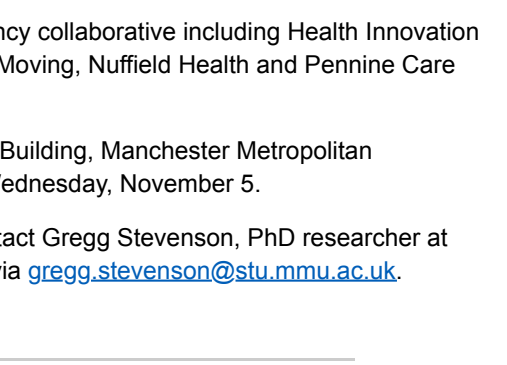
A leaflet is available to download which gives clear and simple advice on taking aspirin during pregnancy.

The guide gives information on why pregnant women or birthing people may have been asked to take the medication, as well as when they should start and stop taking it during their pregnancy.

Download the leaflet

Frailty

Register for event taking fresh look at rehabilitation



Health and social care professionals involved in support and care for people living with long-term conditions are invited to an event called 'Reimagining rehabilitation through community voices'.

Organised by Access4All, a partnership between the SCNs and Manchester Metropolitan University and other organisations, the afternoon session will celebrate the people living with chronic health problems.

The agenda includes:

- Powerful stories from people with lived experience
- Sharing early results from an Access4All study
- Connecting with community, health and policy leaders
- Sharing ideas to make rehabilitation fairer, more inclusive and more effective.

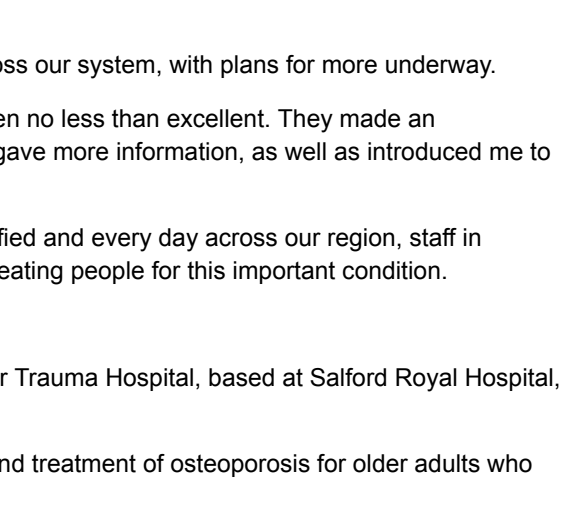
The Access4All project aims to reimagine rehabilitation across Greater Manchester and Eastern Cheshire through a system-led, patient-focused approach that addresses inequalities in access and outcomes.

It has established a strong multi-agency collaborative including Health Innovation Manchester (HInM), GM Active, GM Moving, Nuffield Health and Pennine Care NHS Foundation Trust.

The event is being held at the Lowry Building, Manchester Metropolitan University, from 2pm to 4.30pm on Wednesday, November 5.

Scan the QR code to register, or contact Gregg Stevenson, PhD researcher at Manchester Metropolitan University via gregg.stevenson@stu.mmu.ac.uk.

World Osteoporosis Day 2025


IOF WorldOsteoporosisDay October20
move
FOR YOUR BONES
WALK, RUN, CLIMB STAIRS, LIFT WEIGHTS, JOIN A GYM

This month saw World Osteoporosis Day 2025, which aimed to highlight the need for prevention and high-quality care in health systems across the globe.

Osteoporosis causes bones to become weak and fragile, so that they break easily after a minor fall, a bump, or even a sneeze or sudden movement.

In Greater Manchester, we have some of the highest rates of fractured bones due to osteoporosis in the country and our health professionals are working to try and reduce the risk of people being injured in future.

Specialist teams work in fracture liaison services to proactively identify and contact people suffering breaks which may be linked to osteoporosis.

Fracture liaison services are already up and running in many places across our system, with plans for more underway.

A patient who has used the service in Oldham said: "The service has been no less than excellent. They made an appointment for the physio to come to the house. He was excellent and gave more information, as well as introduced me to other helpful services available, with a follow-up in three weeks' time."

Fracture liaison services are not the only way osteoporosis can be identified and every day across our region, staff in hospitals, general practice and community services are assessing and treating people for this important condition.

Dr Louise Tomkow, a consultant geriatrician at Greater Manchester Major Trauma Hospital, based at Salford Royal Hospital, said half of major trauma patients nationally are aged 60-plus.

She added: "We are currently focussing on improving our identification and treatment of osteoporosis for older adults who have experienced these severe injuries."

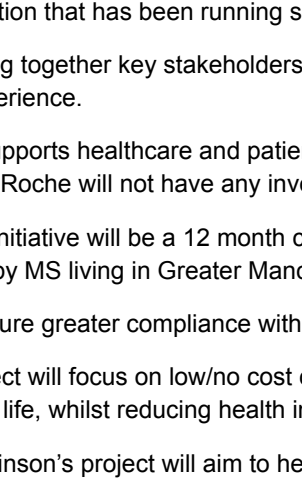
The SCNs are helping to connect interested health professionals to address osteoporosis and improve the bone health of our residents.

A Greater Manchester fracture liaison steering group has been launched to bring together existing fracture liaison service providers alongside those who are wishing to establish one.

Find out more about World Osteoporosis Day 2025 at https://www.worldosteoporosisday.org.

Find out more about osteoporosis through The Royal Osteoporosis Society at https://theros.org.uk.

Stroke and neurorehabilitation



Network awarded grants for vital work

The Network has been awarded almost £41,000 in two separate grants to support its multiple sclerosis (MS) and Parkinson's work.

The pharmaceutical company Roche Products Limited has awarded almost £29,000 to support the MS care pathway improvement project.

The monies will be used to support a network facilitator and also administrator time.

Also, Parkinson's UK has awarded a collaboration facilitated by the Network a sum of £12,000 for a new project which will start in December.

The funding will support facilitator time and follows in the footsteps of the highly successful motor neurone disease collaboration that has been running since 2022.

It will bring together key stakeholders including neurologists, Parkinson's nurses, local charities and, importantly, people with lived experience.

Roche supports healthcare and patient organisations via grants to help enhance patient care and services (it is important to note that Roche will not have any involvement in the project).

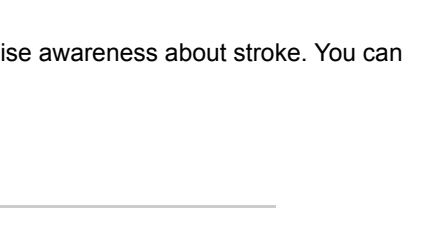
The MS initiative will be a 12 month collaboration to improve the quality of and access to services supporting people affected by MS living in Greater Manchester.

It will ensure greater compliance with national standards and guidelines as well as optimal pathways and best practice.

The project will focus on low/no cost change maximising existing resources/assets that enhance patient outcomes and quality of life, whilst reducing health inequalities for those affected by MS.

The Parkinson's project will aim to help improve services, with support for the condition sometimes confusing and disjointed.

The project will look at what is currently being provided to better understand where the opportunities for change lie.



DJ highlights services after work

BBC Radio Manchester showcased local stroke services in its morning slot with DJ Mike Sweeney.

Mike (pictured right) had a stroke in January this year and hosted his show from Salford Royal Hospital.

Clinical staff were interviewed throughout the morning and the programme helped to raise awareness about stroke. You can listen to the show on BBC Sounds (expires shortly).

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