

Access to General Practice in Leeds

1. Background and Local and National Context

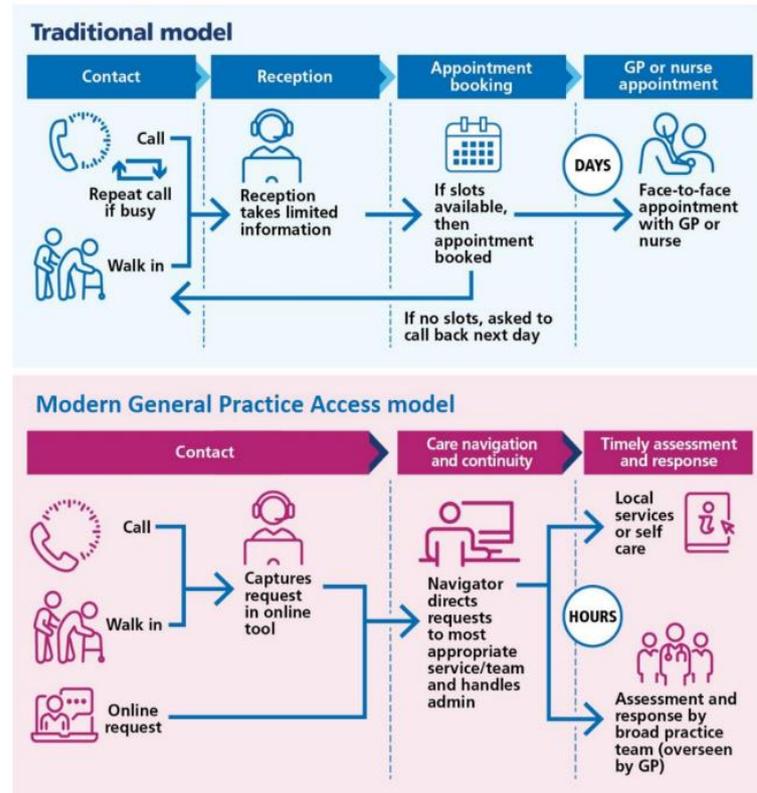
- 1.1 Leeds has 90 practices providing services to a registered population of 921,200. Our practices collaborate in an operating model of 19 Primary Care Networks (PCNs) and Local Care Partnership (LCPs). Additionally, our practices are members of Leeds GP Confederation, a city-wide primary care organisation that has a dual purpose. Firstly provision; to provide NHS Services, such as Enhanced Access, as well as supporting practices and PCN development. Secondly, working with the Leeds Local Medical Committee (LMC), as the statutory representatives of all GPs in Leeds, to be a voice for General Practice throughout the health & care system in Leeds.
- 1.2 The NHS national planning guidance published in January 2023 set out three key objectives for general practice, all of which are aimed at improving access for patients:
 1. Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
 2. Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.
 3. Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.
- 1.3 In June 2023, there were around 29.3 million primary medical care appointments across the NHS in England. In West Yorkshire this equated to 1.4 million and over 417,000 for Leeds, with approximately 19,000 appointments taking place every day across Leeds. For contrast around 900 people are seen in the city's two emergency departments each day.
- 1.4 The majority of appointments in general practice are Face-to-Face (74%), 47% of appointments are with a GP and 40% of appointments take place on the same day (with around 15% of appointments taking place at 15 days or longer).
- 1.5 The volume of incoming telephone calls also gives some indication of the demand experienced by general practice and the frustration often felt by patients. Earlier data from 2022 showed on average 38,000 total calls per day into practices which rose to 55,000 on a Monday.
- 1.6 Much of this data and the focus nationally is often on the volume and type of appointments offered and delivered in the general practice setting. It should be noted that practices play a significant role in delivery outside of the practice building for example in care homes and people's own homes. These patients are often in vulnerable populations including those living with frailty or with serious mental illness.

- 1.7 In May 2023, NHS England published the Delivery Plan for Recovering Access to Primary Care¹ which signalled two key ambitions:
- Tackle the 8am rush and reduce the number of people struggling to contact their practice.
 - Patients to know on the day they contact their practice how their request will be managed.
- 1.8 The plan supports recovery by focusing on four key areas, which aim to address some of the challenges identified within this report:
- Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice as patients will not need to ring their general practice first.
 - Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
 - Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
 - Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.
- 1.9 The Primary Care Board, established as part of the governance structure for the Health and Care System has overall oversight of primary care delivery across Leeds including quality and assurance.
- 1.10 This paper will aim to provide an overview of the Primary Care Access Recovery Plan, its implementation within Leeds and a summary of the activity currently taking place across Leeds primary care providers. It should be noted that where possible we have used the most recent data available (June 2023) but for some comparators only May 2023 is available at the time of writing.

2. Local Implementation of the Access Recovery Plan

- 2.1 The Access Recovery Plan published in May 2023 set out a number of expectations for practices, PCNs and Integrated Care Boards (ICBs) in delivering improvements in access.
- 2.2 Ultimately, the plan signals the development of a new model of care for patients which moves away from a traditional model of care to a much more integrated multi-disciplinary team approach with the initial contact being key to ensuring that the patient is directed to the most appropriate clinician / service, with care navigation being critical to ensuring that timely assessment and response.

¹ [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/primarycare/delivery-plan-for-recovering-access-to-primary-care/)



- 2.3 This vision of 'Modern General Practice' is one that is still not well known to the majority of patients. Local insight tells us that many people prefer the more traditional model of general practice where seeing a familiar GP with continuity of care can be more valued than rapid access or being seen directly by another professional in the general practice team. The balance between increasing access, using the range of professional expertise in a practice and maintaining continuity of care is one that we continue to develop.
- 2.4 The role of the care navigator is crucial in ensuring patients are directed to the health professional that can help them best. Sitting at the heart of the Practice's multi-disciplinary team, the reception team has a vital role to play in triaging patient calls and ensuring that patients are able to access the right care for their needs, from the right health professional at the right time. Care navigation is a process done by care coordinators, appropriately trained reception or other practice staff, to signpost to the most appropriate clinician or elsewhere outside of the practice.
- 2.5 There are several themes within the plan which are not for general practice to deliver in isolation. The plan is dependent on increased capacity by reducing some demands on practices i.e., moving some lower acuity activity away from general practice to community pharmacy but also requesting ICBs to manage the interface (and workload) between primary and secondary care.
- 2.6 The impact of secondary care waiting times and changes in outpatient arrangements to more remote consultations have contributed to an increasing workload and appointment requests in general practice as people seek assurance, advice or information as they wait for hospital care.

- 2.7 The impact of Local Authority decisions regarding public health commissioned services often have a direct impact on people seeking access to general practice, for example tier 2 weight management, health visiting or school nursing services.
- 2.8 Self-care is also a key feature within the plan, with the increasing role of the NHS App and ensuring the role of the whole general practice team is understood, and that not all conditions need to be seen by the GP.
- 2.9 The table below aims to summarise the key national objectives and timescale for delivery against the four areas within the delivery plan.

Area	Objective
<p>Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024</p>	<ul style="list-style-type: none"> • Ensure directly bookable appointments are available online • Offer secure NHS app messaging to patients where practices have the technology to do so • Encourage patients to order repeat medications via app <p><i>Good progress in Leeds with 54% of eligible population registered. Continued work to promote (for those that can) and await further national improvements on the app to increase utilisation and effectiveness.</i></p> <p><i>The Leeds 100% Digital Team are proactively involved in supporting practices and PCNs to help patients download and use the App.</i></p>
<p>Expand self-referral pathways to enable patients to access services directly and prevent the need for contacting the practice</p>	<ul style="list-style-type: none"> • direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations • self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services. <p><i>Stocktake of self-referrals undertaken. 2 pathways are currently not able to support self-referrals, group established to review next steps. It should also be noted that the recent decisions re tier 2 and 3 weight management services in the city are severely affected the self-referral and GP referral routes.</i></p>
<p>Expand the role of Community Pharmacy</p>	<ul style="list-style-type: none"> • Continued support for Community Pharmacy Consultation Service (CPCS) • Expand oral contraception and blood pressure services • Development of pharmacy first so pharmacies can supply prescription only medicines • Continued support and promotion of new medicines services and BP checks <p><i>National consultation expected for some areas of development. Current variation in uptake/utilisation across the city so continued focus will be on increasing uptake for services.</i></p>

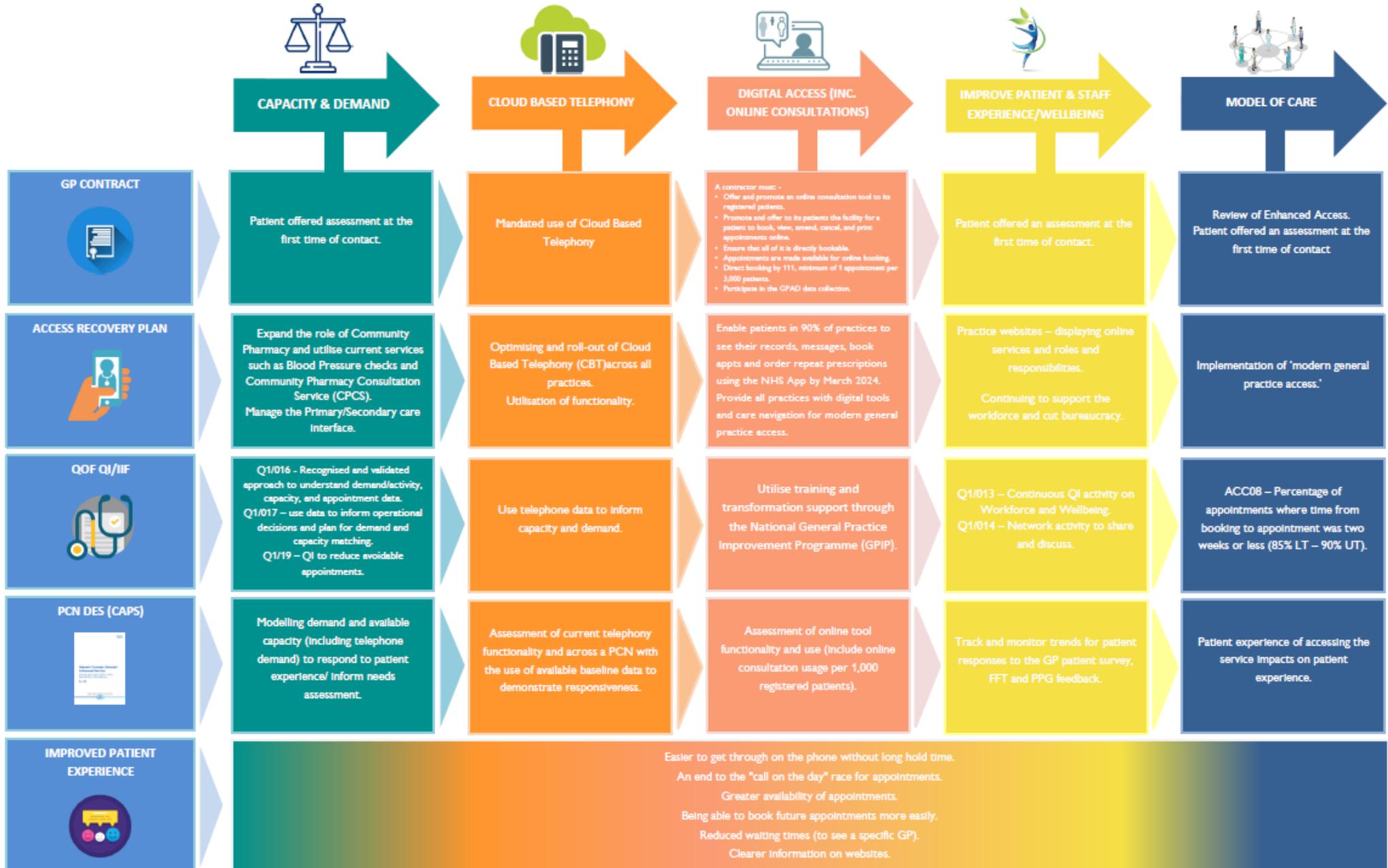
Telephony systems	<p>Support all practices to move to digital telephony including call back functionality</p> <p><i>54% of Leeds practices are already on cloud-based telephony with a further 12 practices identified as part of the next transition. Working within a national procurement framework and therefore timescale to be confirmed but certainly within 2023/24.</i></p> <p><i>The introduction of the digital telephony alone will not result in more access per se unless the workforce is adjusted eg more receptionists to answer more phone lines but the telephony will give a better patient experience through enhanced features like queueing and call back.</i></p>
Digital tools	<p>Identification of new digital tools to support improved access</p> <p><i>Currently seeking practice opinion on other digital tools that may be useful to support improved access for patients. Awaiting confirmation of the national framework for procurement.</i></p>
Care navigation	<p>Training and support for practices in care navigation</p> <p><i>All practices able to access training and support for care navigation.</i></p>
Improved websites	<p>New guidance to support improvements in accessibility of websites</p> <p><i>Guidance circulated to practices to help support improvements in accessibility.</i></p>
Increase the workforce	<p>Employ 26,000 staff (nationally)</p> <p><i>See section 4 for Leeds progress against increasing the workforce.</i></p>
Alignment with local authorities	<p>Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.</p> <p><i>Further guidance expected however local discussions between planning and public health and the ICB have taken place to look at how the impact on health is assessed.</i></p>
Manage the primary and secondary care interface	<p>Reduce time spent liaising with hospitals</p> <p><i>Working group established. Focus on agreeing collaborative arrangements based on the following RCGP principles Primary secondary care interface guidance (rcgp.org.uk)</i></p>

- 2.10 Whilst the plan heavily focuses on General Practice access it is important to note that there continues to be a focus on integration, particularly focusing on integrating primary care through the proposals relating to increasing the role of community pharmacy.
- 2.11 ICBs are also asked to ensure that their actions align with the vision described in the Fuller Stocktake² for example considering the functionality of digital telephone systems to support the future direction of PCNs in offering a single system wide approach to integrated urgent care and integrated neighbourhood teams.
- 2.12 There are also specific asks within the access recovery plan to ensure that ICBs consider the unwarranted variation in experience and the associated impact on 111 and integrated out of hours and urgent care services.
- 2.13 The response to the access recovery plan is being overseen through a West Yorkshire group with specific delivery being actioned within Leeds (accountable to the Primary Care Board). The expectation is that ICBs will develop their own system level access improvement plans including a summary of the actions PCNs and practices have committed to; with plans going to Boards in October or November 2023, with an update in February or March 2024.
- 2.14 It is important to note, that the access recovery plan forms one part of a suite of tools and levers to support our overall approach to improving access.
- 2.15 Primary Care Networks, through the PCN Directed Enhanced Service, have also been tasked with delivering improvements on access. Specifically, PCNs are required to review baseline data such as national GP survey results and agree an access improvement plan covering the following three areas:
- Patient experience of contact
 - Ease of access and demand management
 - Accuracy of recording in appointment books
- 2.16 In Leeds, we are keen to ensure that we approach access in a qualitative way and work with all of our primary care providers at transformational and sustainable improvement as opposed to the often silo approach of reviewing specific tasks and actions.
- 2.17 An example is our plan on a page, which aims to show how all of the various contractual mechanisms can be aligned to help support improvements in patient satisfaction.

² [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)

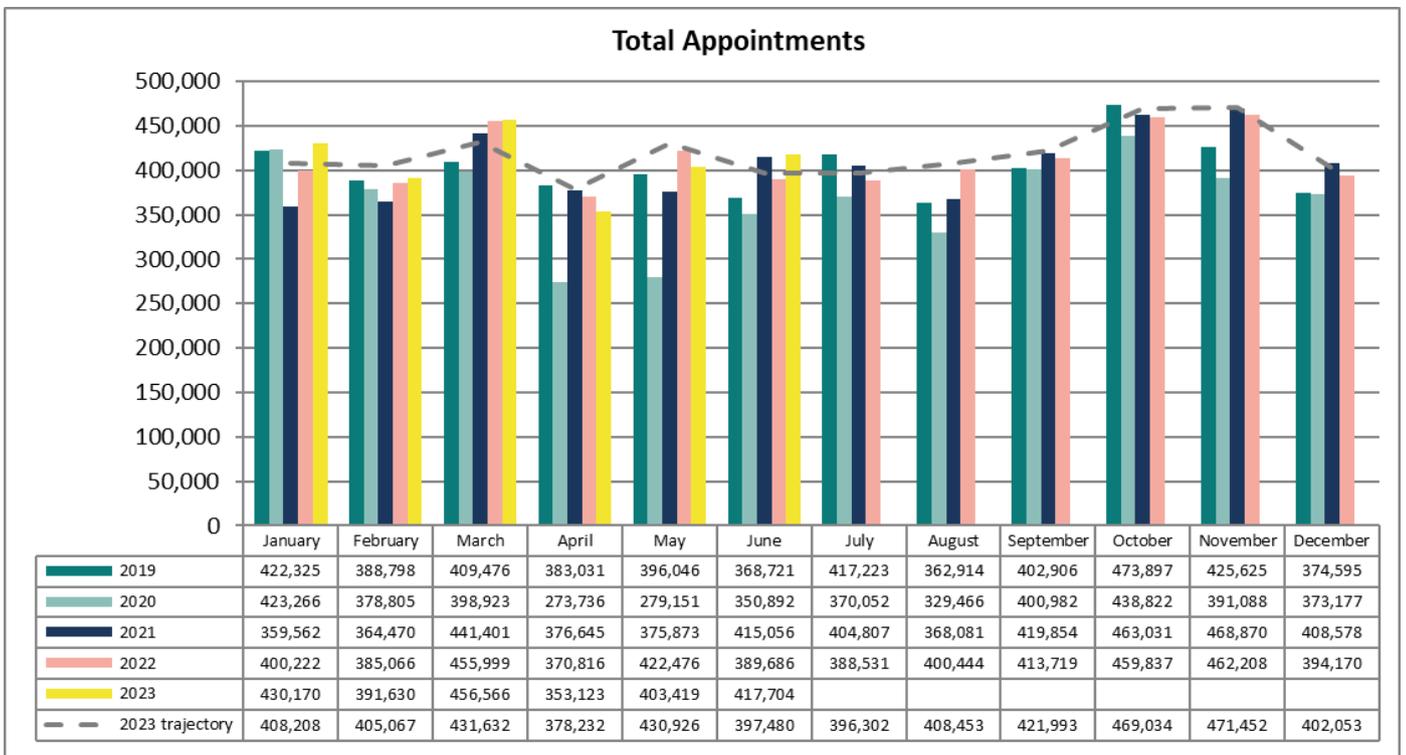
General Practice – Access Plan on a Page 2023/24

Access is all-encompassing and patients also experience difficulties with broader access to care, particularly around communication needs and preferences. Implementation of the Accessible Information Standard sits alongside our focus on access to ensure people are given information they can understand, and the communication support they need. The focus is on 5 key things: identify the needs, record the information, flag it for others to see, share where appropriate, support staff awareness and training.

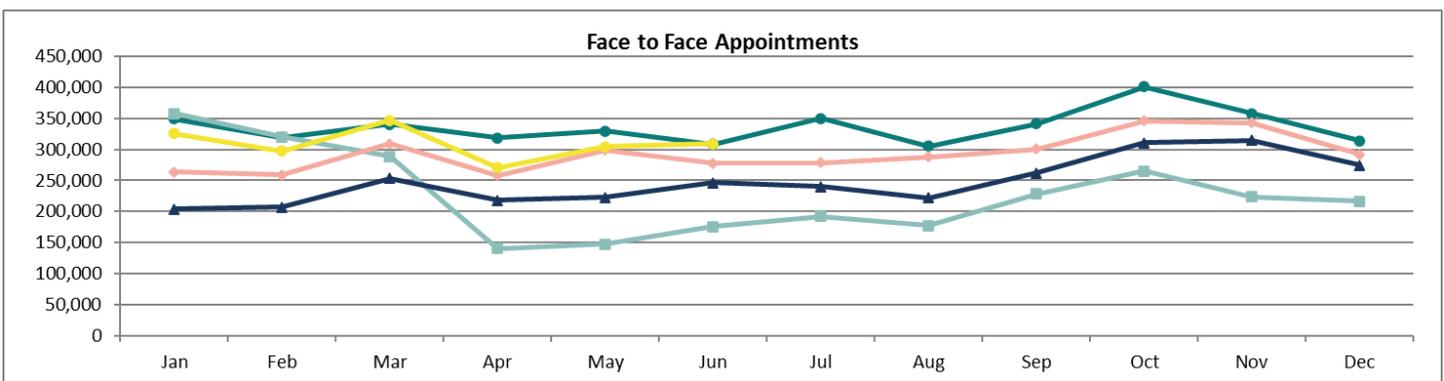


3. Access Indicators

- 3.1 The number of appointments being delivered in General Practice continues to grow with 417,704 appointments carried out in June 2023, which is an increase of 28,000 appointments when compared to June 2022.
- 3.2 Levels of appointments are now back to pre-pandemic levels; there is a seasonal trend when looking at appointments however it should be noted that there is variation in the number of appointments provided within different months i.e May 2023 was low compared to 2022 however there was an additional bank holiday in May for the Kings Coronation therefore reducing the number of 'working' days. When comparing the first half of 2023 to the first half of 2022, general practice is providing 1% more appointments.

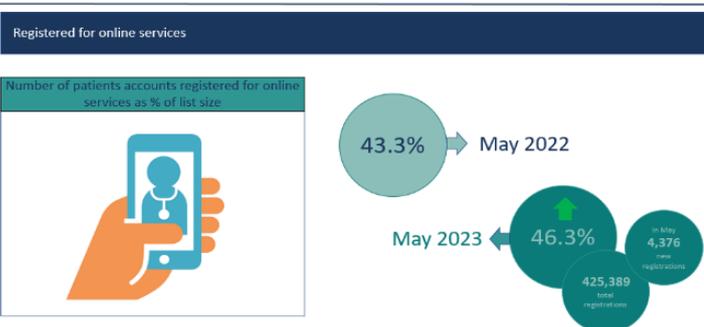


- 3.3 The number of face to face appointments continues to rise with 74% of appointments in June 2023 being delivered face to face.



- 3.4 One of the ambitions nationally, is to ‘make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one with two weeks’. Currently, 80% of patients have an appointment booked within 14 days or less.
- 3.5 Increasing the use of digital tools to support patient access is a key feature within the access recovery plan, and whilst we acknowledge that digital tools/services are not for everyone, the result will ultimately free up telephone lines to support access for those that are unable to utilise digital tools. The following infographics show the increasing uptake of digital technologies which is something we will want to continue to promote.

Online Registrations



Online Booking

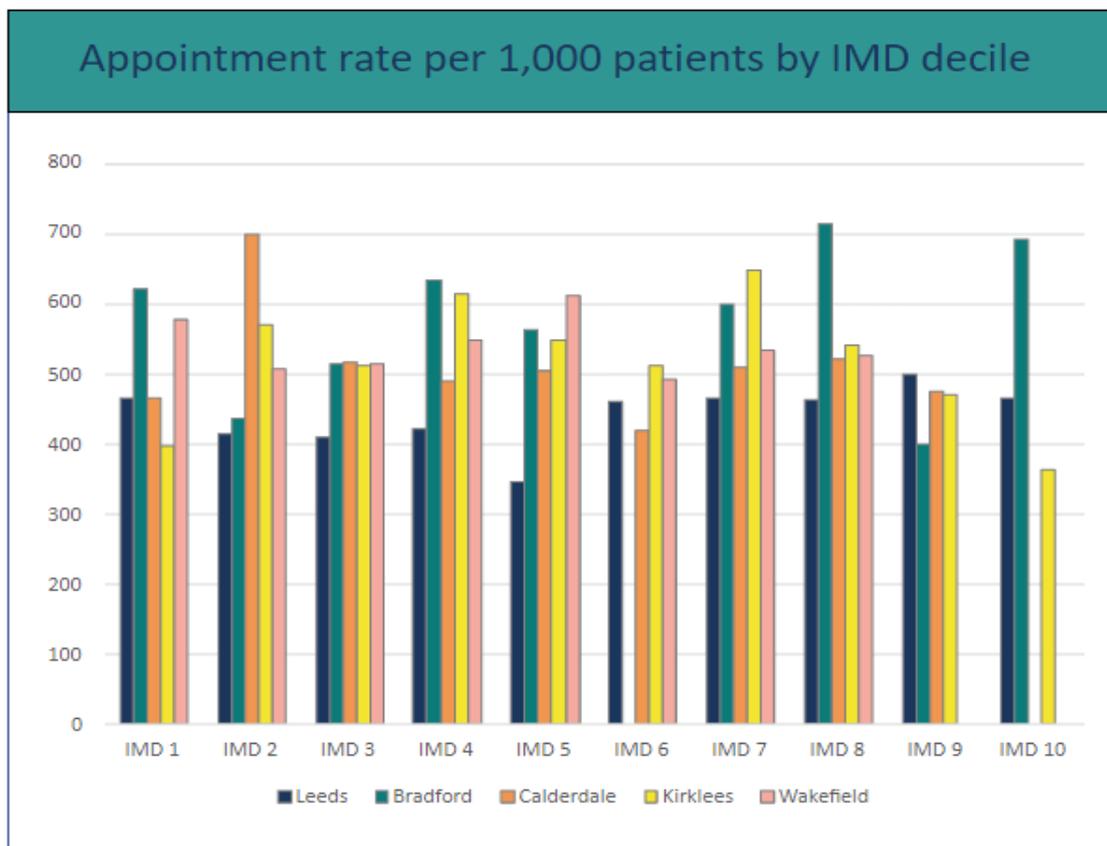
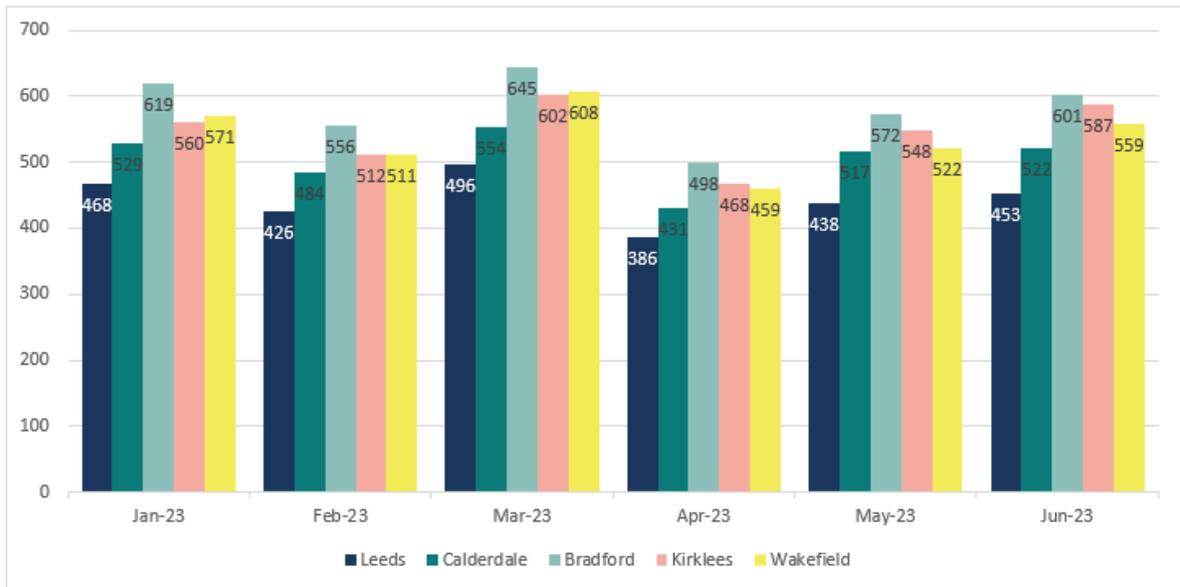


NHS App



- 3.6 In March 2023, several comparative charts were shared showing Leeds performance against other West Yorkshire places; since the publication of that information further work has been undertaken on ensuring all appointments are ‘coded’ accurately to ensure an appropriate comparison is taking place. For example, in Leeds the data did not include those appointments provided through Enhanced Access (evenings and weekends) or some appointments provided by a broader range of staff employed through the ‘additional roles reimbursement scheme’ (ARRS).

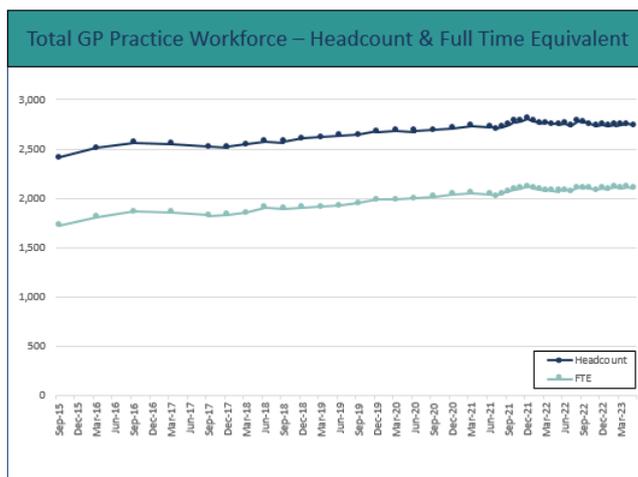
3.7 The chart below shows Leeds providing a slightly lower than average number of appointments per 1000 population compared with the rest of WY. As part of our work across West Yorkshire we are looking at this variation however it's important to recognise the different populations and geographies served across West Yorkshire and therefore we are looking at ways of trying to compare "like with like" such as the comparison by IMD decile as shown below.



4. Workforce

- 4.1 Increasing the primary care workforce is a key objective for general practice as indicated in the planning guidance.
- 4.2 Core general practice is funded through a national GP contract, with each practice being an independent contractor responsible for the recruitment, training and development and individual terms and conditions of its staff. There is no specific standard within the contract which determines what workforce a practice should have in place other than that it is sufficient and safe to deliver core service as outlined in the contract.
- 4.3 Within the national GP contract there has been a 2% staff pay uplift to practice funding in each of the last 5 years, so compared with inflation and wider staff pay increases practice funding is often challenged which impacts on the ability to recruit and retain staff.
- 4.4 The overall West Yorkshire General Practice workforce has increased over recent years rising from 5,881 Full Time Equivalent (FTE) staff in September 2019 to 6,294 FTE staff in September 2022, a rise of 413 (7%).
- 4.5 In Leeds, the number of total workforce (headcount and FTE) mirrors this growth with the FTE in April 2023 being 2,210.

Total GP Practice Workforce Trend

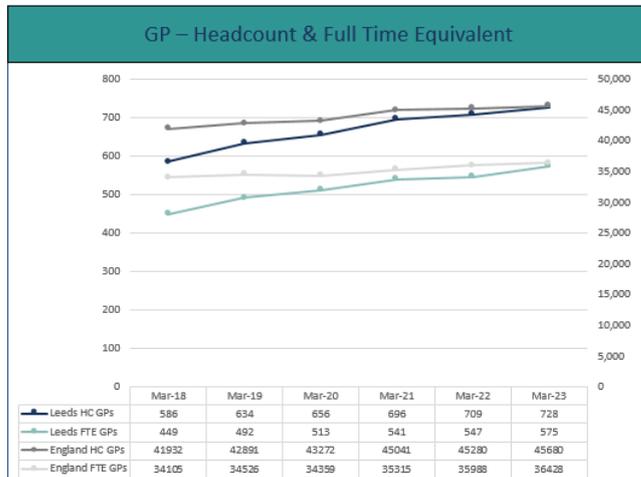


Since March 2018

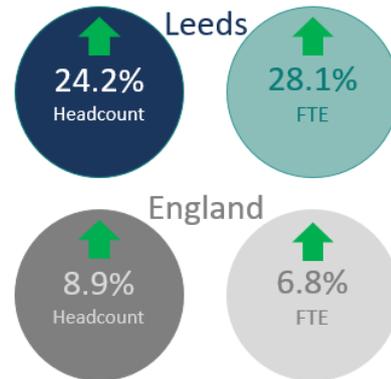


- 4.6 Delivering high quality patient centred care relies on a large highly skilled workforce and the GP role is one of the most recognised roles within general practice followed by the nursing team. In terms of GPs, we are continuing to see a growth in numbers and FTE.

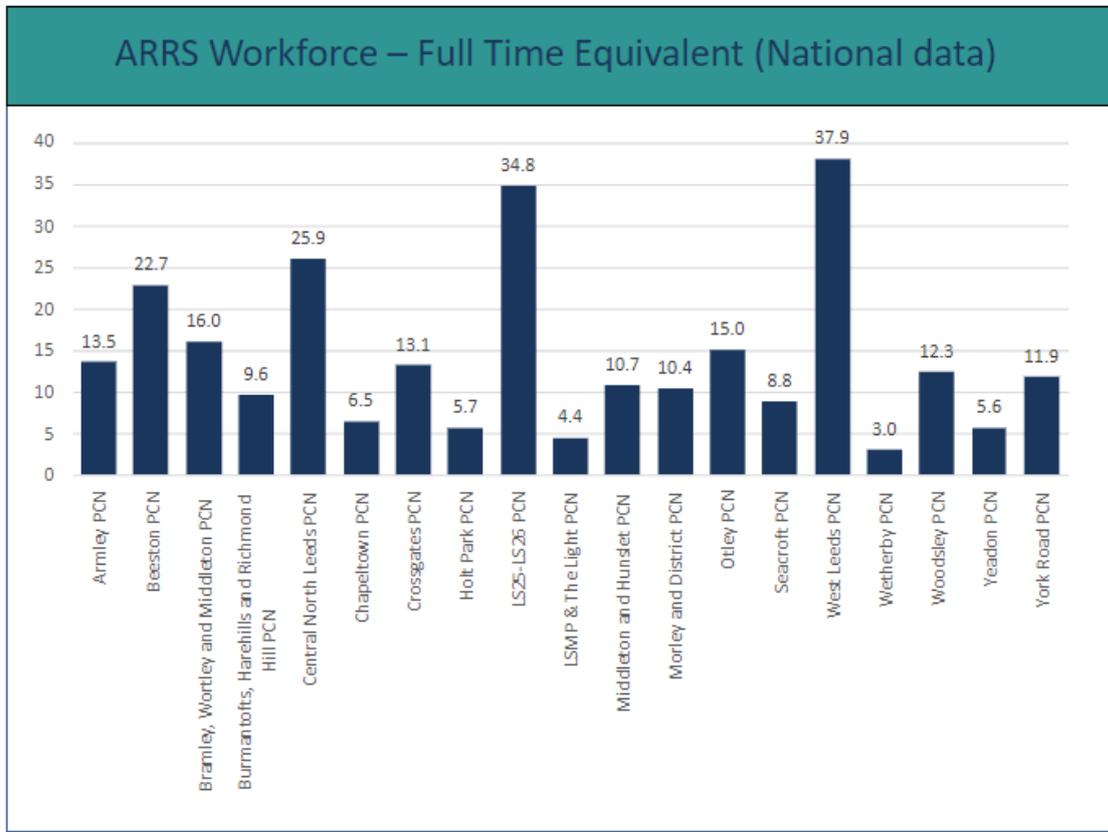
GP Trend



Since March 2018



- 4.7 Since, 2019 as part of the five-year framework for GP contractual reform, additional investment in general practice has been targeted to support the expansion of multi-disciplinary teams and create capacity within general practice through the Additional Role Reimbursement Scheme (ARRS).
- 4.8 The scheme supports Primary Care Networks to employ and share staff. There are specific roles that can be employed under the scheme such as Social Prescribers, First Contact Physiotherapist, Occupational Therapist, Trainee Nurse Associate, Physician Associate, Pharmacist, Paramedic, Care Co-ordinator, Pharmacy Technician, Dietician, Podiatrist and Mental Health Practitioner and Health & Wellbeing Coach. Many of these roles are engaged in delivering a range of additional services across the PCN which provide other avenues for accessing care.
- 4.9 Much of the growth of the workforce can be accounted for through the ARRS workforce with approximately 417 FTE in post and a further 490 FTE by April 2024.



4.10 The number and type of ARRS roles currently in post and anticipated by the end of March 2024 can be summarised as follows:

Roles by Type	In Post	23/24 Q2-4	Total
Clinical Pharmacist	93	8	105
Social Prescribing Link Worker	61	3	71
First Contact Physiotherapist	31	2	33
Physician Associate	15	3	19
Pharmacy Technician	24	3	29
Occupational Therapists	16	2	20
Dieticians	3	2	5
Chiropodists/Podiatrists	1	0	1
Health and Wellbeing Coach	24	2	26
Care Co-ordinator	76	9	90
Trainee Nursing Associate	2	0	2
Nursing Associate	7	2	11
Community Paramedic	7	3	11

*Advanced Practitioner	13	6	21
GP Assistant	2	0	3
Digital & Transformation Lead	8	2	10
Mental Health Practitioners (Adult - Band 4)	0	1	1
Mental Health Practitioners (Adult - Band 7)	1	1	2
Mental Health Practitioners (Adult - Band 8A)	3	0	3

4.11 There is no national (mandated) staff survey for general practice to truly understand staff experience and morale. However, this year the West Yorkshire ICB has expressed an interest in participating in the national staff survey which we are currently encouraging practices to participate in.

4.12 The results from any staff survey will be essential in supporting our local workforce actions plans to ensure they address themes or trends identified.

5. Patient Satisfaction and Experience

5.1 In the 2023 National GP Patient Survey³, the results for West Yorkshire ICB indicated that 71% (of those surveyed) rated their overall experience of their GP practice as good; this was in line with the national results also at 71%. However, the variation across West Yorkshire PCNs ranged from 53% and 89%.

5.2 For Leeds, the overall experience of the GP practice was slightly better than the national and West Yorkshire average at 73%.

5.3 A summary of the patient survey against the rest of West Yorkshire and against national indicators is shown below for information.

Leeds

Question	Selected Place	ICB Total	National	Selected Place Change (% pts) vs Previous Year	WY ICB Change (% pts) vs Previous Year	National Change (% pts) vs Previous Year
Q30 Had trust and confidence in healthcare professional	94%	93%	93%	0.1%	0.4%	-0.1%
Q43 Agreed plan has helped manage condition	93%	93%	93%	-1.5%	-0.5%	-0.7%
Q24 Given a time for appointment	92%	91%	91%	1.3%	1.9%	1.5%
Q31 Needs met at last general practice appointment	92%	91%	91%	-0.2%	0.4%	0.0%
Q29 Healthcare professional involved me in decisions	91%	90%	90%	1.1%	0.7%	0.4%
Q27b Healthcare professional listened	87%	85%	85%	1.0%	1.4%	0.3%
Q27c Healthcare professional treated with care and concern	86%	84%	84%	0.6%	1.0%	0.3%
Q27a Healthcare professional gave enough time	86%	84%	84%	0.9%	1.2%	0.1%
Q2 Helpfulness of receptionists at GP practice	83%	82%	82%	0.0%	0.3%	0.0%
Q28 Healthcare professional understood mental health needs	82%	81%	81%	1.3%	2.4%	0.6%
Q16 Satisfaction with appointment offered	74%	73%	72%	0.7%	0.8%	0.1%
Q32 Overall experience of GP practice	73%	71%	71%	-0.7%	-0.1%	-1.1%
Q4 Ease of using GP practice website	67%	65%	65%	-2.5%	-2.9%	-1.9%
Q40 Enough support to manage condition from local organisations	67%	65%	65%	1.6%	2.0%	0.3%
Q15 Choice of appointment offered	61%	59%	59%	1.5%	1.0%	0.7%
Q42 Agreed a plan to manage condition	58%	58%	59%	-1.7%	-2.4%	-2.7%
Q21 Overall experience of making appointment	55%	54%	54%	-3.2%	-1.9%	-1.8%
Q6 Satisfaction with GP appointment times	54%	53%	53%	-2.4%	-2.1%	-2.4%
Q1 Ease of getting through to someone at practice on phone	49%	47%	50%	-3.6%	-2.8%	-2.9%
Q8 Frequency of seeing preferred GP	33%	32%	35%	-3.3%	-2.5%	-2.8%

³ [GP Patient Survey \(gp-patient.co.uk\)](https://gp-patient.co.uk)

- 5.4 It should be noted that the fieldwork for the survey was carried out earlier in the year when we were hearing lots of negative comments about access in general practice. We know through our regular monitoring and surveillance that this has improved over the last quarter however we recognise that there are still areas of focus.
- 5.5 As part of our routine quality monitoring processes, we regularly review comments and complements on public facing websites such as www.nhs.uk or care opinion. The main theme for comments is often associated with difficulties with access but looking at snapshot of recent comments, we have seen an improvement with many more positive comments about the care delivered. A sample of comments include:

In the past it has been difficult to get an appointment but I rang last week and managed to get an appointment in a few days, the doctor I saw was very good

I've had a lot to navigate with ongoing cancer care and want to say that the two receptionists have been wonderfully helpful and kind in helping me organise appointments and prescriptions. It goes a long way when you're stressed or not feeling well. Thank you.

Both recently and today I have had to contact the surgery. The staff are pleasant and understanding and try to meet expectations. They can signpost efficiently if necessary but also manage to arrange a face to face appointment. I feel they get a bad press and are under a lot of pressure. I have been with this practice for 30+ years and never felt that I have received anything but the best service possible

- 5.6 In Leeds, we have undertaken some local engagement with our population and listened to the challenges that some communities experience. From this, we have identified the following priorities as been the most important to our patients:
- ✓ More face-to-face appointments without a phone call before
 - ✓ Easier to get through on the phone without long hold time
 - ✓ An end to the “call on the day” race for appointments
 - ✓ Greater availability of appointments
 - ✓ Being able to book future appointments more easily
 - ✓ Reduced waiting times (to see a specific GP)

Through further engagement the following themes were also identified:

- ✓ The impact of the cost of living crisis
- ✓ Reasonable adjustments
- ✓ Focus on vulnerable populations & digital exclusion

- 5.7 These themes were collated from engagement events throughout September and October 2022, and we recently provided an update on our work on improving access to a community group in May 2023. Some improvements in satisfaction were noted however it is clear there is still more work to do to reduce the barriers some patients face when accessing services.

- 5.8 Patients also report that they are experiencing difficulties with broader access to care, particularly around communication needs and preferences. The following video highlights the experiences of Leeds patients [Spotlight on Accessible Information Standards in Leeds Jan 2023 - YouTube](#)

As such, we are encouraging practice to focus on 5 key things:

- Identify the needs – how do patients want information
- Record the information
- Flag it for others to see
- Share it where appropriate, with patient’s consent
- Support staff awareness and training

- 5.9 In Leeds, we are keen to ensure a continue focus on improving and sharing best practice in relation to the Accessible Information Standards as part of our overall approach to improving access and to ensure tangible improvements in experience for patients.

- 5.10 ['It's a GP Practice thing'](#) aims to increase awareness of how GP practices are working, the range of services offered and the specialist team members who are available to help people get the care they need.

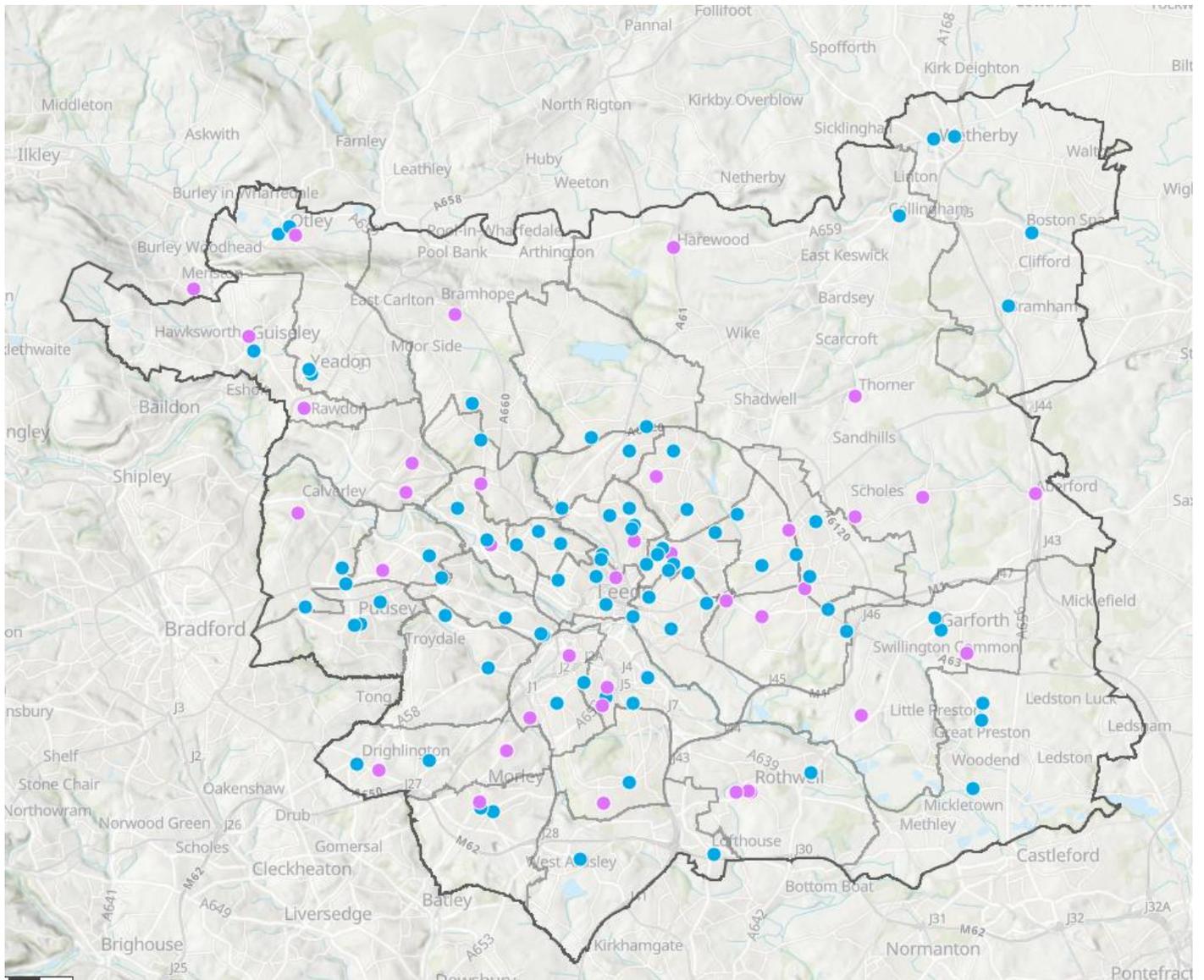
- 5.11 The campaign development was led by Bradford District and Craven in October and November 2022 by working with local patient groups and primary care staff to co-create the most effective messages, design style, community language versions and marketing channels. [YouTube video](#)



6. General Practice and Population Growth

- 6.1 There are currently 90 individual practice contracts in Leeds working from approximately 130 sites or locations. The actual number of practices has reduced over recent years as practices look to improve their resilience and sustainability by merging with other practices. During 22/23 we saw 2 mergers and a further merger across 3 practices is currently being considered by the ICB Board.

6.2 The map below currently shows the distribution of practices across the city along with any branch surgery site. In total there are approximately 130 locations.

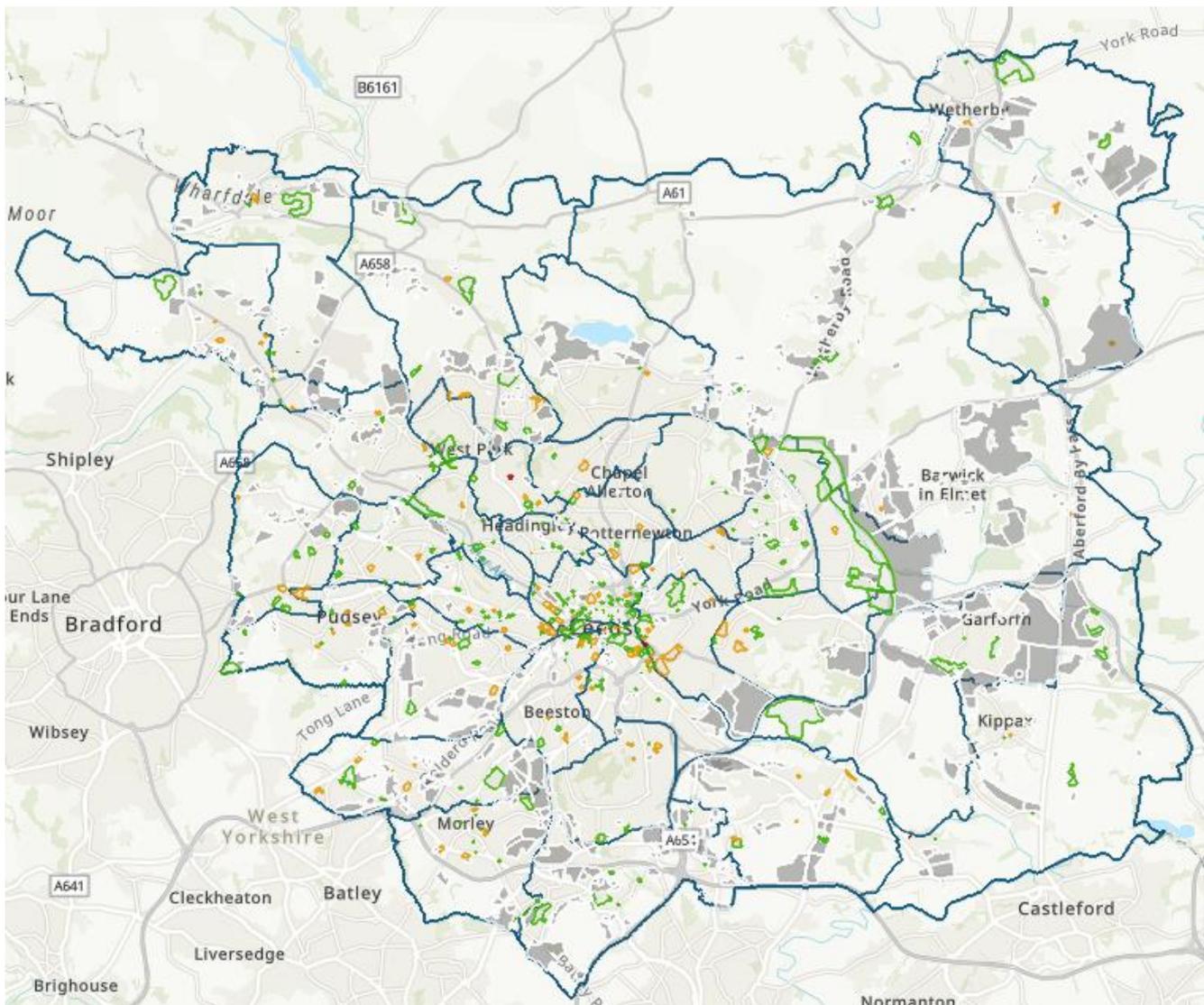


Practices and Branches July 23

- Main
- Branch

6.3 Links between planning and health provision have improved and discussions regarding the East Leeds Extension have been a particular recent focus. The ICB has been undertaking an options appraisal on the appropriate response to the increased population attributed to East Leeds Extension which has identified a particular impact on 3 PCNs across the City.

6.4 The following map shows the distribution of housing growth in Leeds.



Delivery Trajectory

-  Short (Yr 1-5)
-  Medium (Yr 6-10)
-  Long (Yr 11+)
-  Outside Plan

- 6.5 There is limited capital available for primary care estate improvements and limited revenue budget and therefore responding pro-actively to increases in population does place some further challenge on the ICB and we continue to seek opportunities for improvements.

7. Summary and next steps

- 7.1 More appointments are being provided more than ever before alongside an increasing number of ways to access those appointments. However, the national and local media often paints a different picture. The ICB continues to seek and hear the views of people using general practice services and we will continue to use this insight to help shape our approaches and plans in improving the access and experience of general practice in the city.
- 7.2 We have much to be proud of in terms of general practice in the city, however we do know that we have variation that is unexplained and unwarranted, and this needs to be the focus of our improvement plans.
- 7.3 The Primary Care Access Recovery Plan will provide additional tools to support improvements as we work within the wider system to ensure patients are empowered to utilise the various options that are available to them. Helping people to understand the new model of general practice – being care navigated to another service including community pharmacy or to self-care as well as being directly booked with a professional that is not a GP – will be key in supporting better access and better experience.
- 7.4 We will continue to work with all partners in our health and care system recognising the interdependencies between hospital, community and primary care services facing increasing demand from a growing population with general practice often regarded as the gateway or safety net for people needing care.
- 7.5 Next steps include the production of an ICB system level access improvement plan including a summary of the actions PCNs and practices have committed to, with plans going to Boards in October or November 2023, with an update in February or March 2024. The table at section 2.9 details the specific deliverables that will be included in our plans.