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General Practice update

March 2025



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Introduction

This report:

- Sets out the national and local context for general practice
- Describes the work we are doing to improve patient experience of access
- Describes how the ICB manages and monitors quality and performance in general practice
- Gives examples of key pieces of work being delivered by the ICB and general practice in Haringey

Summary:

Patient satisfaction with access to General Practice continues to receive attention nationally. Practices are providing more appointments than ever before and yet patient satisfaction with experience of access has declined nationally.

As the 'front door' of the NHS it is critical that patients can reach General Practice when needed. The NCL response to the *National Delivery Plan for Recovering Access to General Practice* has supported improvement (measured by patient surveys and other indicators) over the last 18 months. Work continues and we expect to see further improvement over time.

Major programmes of work are underway in NCL to support the transformation and sustainability of General Practice. These are all undertaken with the aim of improving experience, quality and outcomes for local patients.

We would be happy to establish an annual reporting cycle with the Health and Wellbeing Boards and Health Overview and Scrutiny Committees to enable sustained dialogue about developments in general practice.



National and local context



National strategic context

In the past two years, national and regional publications have described the many challenges and the potential future scenarios for general practice. We expect to see significant reform of the national General Practice contract in the coming years and increasing asks of ICB/ICS as the Government seeks to address the sustainability of the sector which has a critical role in its vision (the 'left shift' and neighbourhood health service).

Lord Darzi's Independent Investigation of the NHS in England highlighted:

- Increased demands, with GPs "...expected to deliver an ever-wider range of services and to integrate care for more, and more complex, patients"
- Rising productivity in general practice, reducing GP numbers, evident capacity constraints
- Reducing share of overall NHS expenditure (true locally and nationally)
- Premises that are not fit for purpose
- The "extraordinary innovations" embraced and delivered in general practice

The report noted increased capacity and infrastructure for general practice (and other community-based services) is the only way to help people to live well for longer and reduce reliance on hospital services.

NCL ICB has been selected by NHS England to work with them to test interventions to increase the sustainability of general practice and therefore inform future contract arrangements (see Appendix 1).

The national 24/25 GP contract (presented as an interim solution ahead of more significant revision) was poorly received. It did not address the acknowledged shortfall in funding and prompted the BMA to promote *Collective Action* across practices.

The national 25/26 GP contract commits to increased investment into general practice. We are currently working through the implications of the contract for our work plan for 25/26 and await some detail in the national service specifications.



Haringey General Practice landscape

- There are **34 General Practices** in Haringey covering a registered list size of **345,516 patients**. Practices range from very large partnerships to small practices run by a single GP. The number of practices has reduced but overall capacity (staffing, appointments) has increased (see also Appendix 2).
- All Haringey practices are members of a Primary Care Network (PCN) there are 7 in Haringey (East Central, N15/South East, North Central, North East, North West, South West and Welbourne).
 PCNs are groups of practices which work together, led by a named Clinical Director.
- PCNs now deliver additional services for patients including additional appointments outside 'core' opening hours (enhanced access), medication review & optimisation, support to care homes, early cancer diagnosis, social prescribing support, cardiovascular disease prevention and diagnosis, work to tackle health inequalities and care planning for those who need it.
- Reflecting the growth in both the offer from General Practice and the volume of work, new staff have been introduced to practice teams for example Pharmacists, Paramedics, Physiotherapists. This is funded through the national additional roles reimbursement scheme (ARRS). Newly qualified GPs have recently been included within the scheme.
- The **Haringey GP Federation** supports practices and PCNs. GP Federations are legal entities with local practice membership. They lead transformation and collaboration at Borough level, deliver services 'at scale', support back office and operations, provide a voice for primary care, and are engaged in the development of integrated care models.
- General Practice providers will be significant partners in the emerging 'Neighbourhoods' and already play a key role leading and staffing Integrated Neighbourhood Teams. In Haringey the MACC (multiagency care coordination team) already supports some of our most complex and frail patients with support from General Practice.





Provision of appointments

General practices in NCL continue to respond to high demand despite constrained resources. Practice list sizes have grown by c15% over the last five years but appointment numbers by approximately 30% (noting variation between practices)

NCL Practices provide a total of circa 800,000 contacts per month (core appointments, online consultations, extended access provision).

GP appointments data shows that the number of appointments provided across NCL in December 2024 was 11% higher than in December 2023.

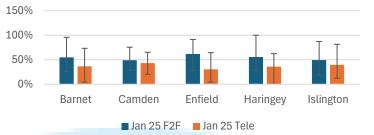
The year-to-date average number of appointments per month for 2024/25 is 8% higher than for 2023/24.

Of this total number of appointments, 54% were provided on-the-day (national average 46%), and 92% within two weeks of the request being made (national average 83%).

Fifty-five percent of appointments were face to face – this compares to a national average of 64.4%, and 60.1% for London, and may reflect the strong adoption of digital tools and remote consultations by practices in NCL.

We know, however, that there is large variation in appointment mode by practice, driven by variation in the operating models of practices.

Total NCL Appointments % by Mode - Jan 25 (Upper and lower activity range by mode)



Total Online Consultations by Borough

Mar 24-Jan 25

50008

Mar 24Apr 24May 24un 24Jul 24Aug 24Sep 24Oct 24Nov 24Dec 24an 25

Barnet Camden Enfield

North Central London Integrated Care Board

Workforce - Haringey

General Practice Workforce is split into roles **recruited for practice level working** and roles **recruited specifically for PCN level working**.

		Primary Care Network roles	Haringey WTE Total
 Practice Workforce Haringey GP Practices employ 608 WTE staff. The NCL general practice workforce increased by 3.6% between December 2023 and December 2024. In Haringey this was higher at a 5.6% increase. In Haringey the year-on-year increases included: Admin/Non-Clinical roles up 5.7% from Dec- 	PCN Workforce Haringey PCNs employ 179 WTE to support PCN working excluding GPs. There was no increase in core ARRS budget for 24/25 so this workforce remained largely stable between 23/24 and 24/25. Newly Qualified GPs were introduced to PCN	Clinical Pharmacist Care Co-ordinator Physician Associate Social Prescribing Link Worker General Practice Assistant First-contact Physiotherapist Advanced Practitioner Pharmacy Technician Digital & Transformation Lead	Total 55 49.4 17.6 14.8 15.7 4 3.6 4.7 3
 23 Direct Patient Care roles (making up the wider clinical MDT excluding GPs and Nurses) up 2.3% from Dec-23 Nursing roles up 13.2% from Dec-23 GPs (excl. registrars) roles up 4.7% from Dec-23 	reimbursable roles from 1st October, recruitment to these roles is underway so not captured here but all Haringey PCNs have shown commitment to this opportunity and are recruiting into these roles during 24/25.	Community Paramedic Trainee Nursing Associate Health & Wellbeing Coach Adult Mental Health Practitioner (AfC B7) Adult Mental Health Practitioner (AfC B8a) Nursing Associate Enhanced Practice Nurse Dietician Occupational Therapist Podiatrist	1 4 2.6 2.2 1 0.4 0 0 0



We have heard from Londoners about their views on the future of general practice

With the other London Integrated Care Boards (ICBs) and NHS England London Region, we have undertaken public engagement to inform the future of primary care in London.

Over three workshops participants, representing Londoners in terms of gender, sexuality, age, ethnicity, varying levels of usage of primary care and caring responsibilities, learned about primary care and potential areas of change.

Participants shared experiences, exchanged ideas and reflected on what changes might mean for Londoners.

In a final workshop, participants formed a final set of expectations, to be used to shape local implementation and engagement plans.

Key messages and priorities among participants:



The need for, and openness to, change



Convenience, choice, continuity, consistency

Reducing health inequalities and addressing inequities with tailored solutions to reach marginalised communities, such as the homeless



Enthusiasm for opportunities offered by digital tools, though traditional access must be easily accessible for those who need it



Limited awareness of wider primary care roles may be a barrier to a shift away from a GP-first model



Understanding of the benefits and necessity of data sharing for improved healthcare but also the importance of robust security and privacy measures.

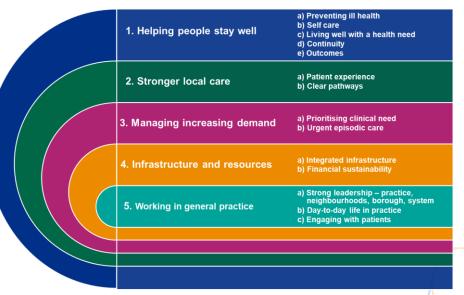


Large scale public education and communications, including national and local campaigns, to inform the public and build trust.



Local strategic context

- In April 2023 we began a series of Roundtable conversations about challenges faced in general practice and the ICB role in curating change to overcome these challenges. These brought together ICB Board members and other system leaders, including the lead Council Chief Executive for Health to consider future ambitions for general practice.
- The conversations resulted in draft ambition statements that we have tested with teams across the ICB and with front-line general practice staff, via focus groups with 60 individuals, and those in different leadership roles in general practice
- The process has been supported by the National Association of Primary Care and the NCL General Practice Provider Alliance.



Current draft ambitions are structured into 5 themes and 14 ambitions

- The ambitions statements are deliberately not presented in the form of a strategy we expect the ambitions to provoke debate and to iterate over time not least when the forthcoming 10-year health plan is published
- We are currently taking the draft ambitions through internal review and look forward to sharing these with partners for discussion in the coming months.



Improving patient experience of access



National Primary Care Access Recovery Plan

As described previously, demand has increased significantly, and patients now find it more difficult to access General Practice. Work is underway to modernise access models to address this demand and support appropriate and timely access. We have delivered against all practice, PCN or ICB related aspects of the national Primary Care Access Recovery Plan.

1	<u>e</u>	Empower patients		ng NHS actionality	•	Increasing self- referral pathways	•	Expanding community pharmacy	
2		Implement new Modern General Practice Access approach	 Roll-out telepho 	: of digital ny		Easier digital access to help tackle 8am rush		Care navigation and continuity	Rapid assessment and response
3		Build capacity		g multi- nary teams		More new doctors		Retention and return of experienced GPs	Priority of primary care in new housing developments
4	⊁	Cut bureaucracy	 Improvi primary care int 	-secondary		Building on the 'Bureaucracy Busting Concordat'		Reducing IIF indicators and freeing up resources	



NCL Delivery Plan

The ICB has taken a proactive approach to delivery of the national Primary Care Access Recovery Plan (see also Appendix 3)

As examples:

- We have used a data and soft-intelligence driven approach to assess likely support needs of practices in making the transition to Modern General Practice Access
- We have completed 58/60 initial diagnostic conversations with practices where data and soft-intelligence indicated a structured, clinically led conversation would better inform consideration of change support needs
- We have commissioned hands-on change support for a sub-set of practices where the likely support need was clear this has then been agreed between the practice and change support provider at the outset of the work.
- 100% practices are using modern, cloud-based telephony systems and we are working with them to optimise functionality such as call-back.
- 99% have enabled ordering of repeat prescriptions via the NHS App and 90% have enabled booking and cancelling appointments. Patient use of the App has increased in NCL since the programme began. In March 2025 there were 928,418 logins to the NHS App by NCL patients.
- 94% percent of practices offer online registration for new patients
- 97% of community pharmacies are delivering the Pharmacy First service.
- 58% of residents are now registered with the NHS App and patient activity in the App continues to increase.
- Secondary care trusts have committed to implementing the four national commitments to reduce bureaucracy at the primary / secondary care interface this is an ongoing programme of work and will have increased focus in 2025.



Your Local Health Team campaign

- We know optimising the impact of changes in the way patients can access healthcare requires breadth and depth of understanding across our 1.8m registered patients.
- Our locally designed 'Your Local Health Team' campaign featuring local staff conveys key messages and builds in outreach to key communities supported by the VCSE and community leaders (see appendix 4 for more details).
- Aim: to improve recognition and understanding of the breadth of local services on offer across Haringey, Barnet, Enfield, Islington and Camden. We want it to be local and resident focused, adaptable and distinctive.
- Phases: the campaign has five phases, and we are in phase two of the campaign (see more details in Appendix 4)
- Tactics: paid social media, out of home media e.g. bus shelters, community engagement events
- We have worked in partnership with all councils and Trusts to put together co-branded content







GP Patient Survey

Practices are beginning to see results from efforts to improve patient experience. The 2024 GP Patient Survey gives insight into where patient experience is already improving, and where more support will be required to help practices realise key benefits.

NCL average 2024	National average 2024	London average 2025	NCL practice range 2024
67%	67%	67%	23% - 100%
72%	74%	73%	30% – 98%
52%	50%	53%	11% – 97%
46%	48%	48%	8% - 96%
42%	45%	45%	7% – 82%
79%	83%	81%	42% – 99%
80%	83%	81%	52% - 100%
	2024 67% 72% 52% 46% 42% 79%	2024 average 2024 67% 67% 72% 74% 52% 50% 46% 48% 42% 45% 79% 83%	2024 average 2024 average 2025 67% 67% 67% 72% 74% 73% 52% 50% 53% 46% 48% 48% 42% 45% 45% 79% 83% 81%

We did not expect to see significant changes, driven by the Access Recovery Plan, in the 2024 survey but there were some positive early signs:

- We are above the national average for satisfaction with telephone access and have closed the gap between NCL and national averages in some areas e.g. patient satisfaction with practice websites.
- Across NCL over 50 practices improved overall patient satisfaction by 10% or more. In Haringey this is true of 8 practices.
- 6 practices increased overall satisfaction by 20% or more.
- Conversely in 14 practices overall patient satisfaction dropped by 10% or more. In Haringey this is true of 1 practice.
- 7 practices saw a reduction in satisfaction.
- Practices that have recently moved to new premises show an increase in patient satisfaction with the overall experience of accessing primary care of between 3% and 24% (NB there are likely to also be other positive changes in service delivery that may have contributed).



Monitoring quality and performance



Quality & Performance

- We recognise and value the **range of priorities and functions** that general practice is being asked to prioritise alongside same day access and episodic care. These are explicit in national and local strategies and in the outcomes and 'core indicators selected in NCL. Priorities include:
 - Long Term Condition management and continuity of care (see slide 19)
 - Proactive Care for patients with complex needs (bio-psycho-social).
 - **Prevention –** screening, vaccinations, health messaging and coaching, outreach to key communities
 - Integrated Neighbourhood Teams primary care will have a significant role to play in integrated care models, support to self care, the development of community-based provision and in work to engage with the wider determinants of health.
- KPIs and key data are monitored across all 176 practices and across wider general practice contracts. ICB teams support quality and performance day to day via:
 - Contract Performance Reviews
 - Practice visits
 - Medicines optimisation activity
 - Our formal 'caseload' covering quality and performance concerns but also mergers, moves and more
 - Use of soft intelligence to capture rising risk, bringing together quantitative and qualitative information across teams including primary care, medicines, estates, IT, quality and complaints.
- We are building analytical models to help us identify practices that may benefit from additional support. We are using a national 'support level framework' tool to hold clinically-led structured conversations with practices to inform change management offers.



Primary Care Committee

- The ICB Primary Care Committee provides oversight, scrutiny and decision making for both core general practice and locally commissioned services, and ICB strategic development of general practice. The Committee makes decisions in relation to the commissioning and management of primary medical services contracts and has oversight of the quality and performance of primary medical services, and the primary care budget delegated from NHS England.
- The Primary Care Committee receives a Quality & Performance report which covers a range of indicators covering domains such as: access; patient experience and complaints; vaccination and screening; health checks; cancer and other clinical priorities; staffing; referrals and secondary care activity trends. This is published on the ICB website and is evolving to improve utilisation by the Committee and primary care team.
- The Primary Care Committee has recently approved commencement of a procurement process which will include St Ann's Road Surgery, following the Committee decision in June 2024 to not extend further the existing providers (AT Medics Ltd) contract. There are several GP contracts to be procured in 2025/26 so the full procurement process will be carried out over 18 months. The new contracts and providers will commence from 1 April 2026.
- The Committee meets in public, is open to questions and deputations from the public and ensures patient engagement informs decision making.
- The ICB works closely with the CQC and NHSE Medical Directorate informing inspection timetables and scope. Currently 2 practices are rated 'outstanding', 9 'requires improvement' and 165 'good'.
- The ICB has delegated responsibility for managing patient complaints that are not resolved at practice-level and are escalated by the patient. In 2024 the ICB received 135 complaints about practices in Haringey. The most common themes related to Communication, Clinical Treatment, and Delay/Failure to refer.



Long term conditions management



NCL Long Term Conditions Locally Commissioned Service -Overview

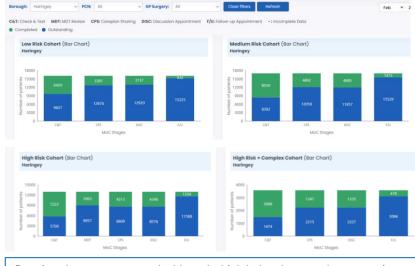
- Since October 2023, General Practice across NCL has adopted a new model for managing Long Term Conditions through the implementation of a new Locally Commissioned Service (the NCL LTC LCS).
- Developed in collaboration with partners and stakeholders from across NCL, the service focuses on personalised, holistic care and treatment prioritising prevention, the early detection of LTCs and what is important to the individual. It aims to improve population health and wellbeing and help address health inequalities.
- The holistic approach to the conditions in scope (a range of metabolic and respiratory conditions) sees better patient experience, common outcomes, and better use of system resources, supporting the ambition to shift toward prevention, early intervention, and proactive care, while ensuring greater consistency across NCL.
- Patients who are living with one or more LTC, or who may be at risk of developing a LTC, will be invited into the practice for an appointment. If found to have one or more LTCs, they will be offered an annual cycle of proactive and personalised care – which includes being invited to a Check & Test appointment, a Discussion appointment, and a Follow-Up appointment, over the year. Patients will have relevant tests carried out and will be asked what's most important to them to feel well. This annual cycle repeats each year.
- Additional clinical and non-clinical support roles are in place in each borough, working closely with practices and offering support to any who are experiencing any issues, recognising that this is a new way of working for many.



NCL Long Term Condition Locally Commissioned Service: Haringey updates

- All 34 Haringey practices have signed up to deliver the NCL Long Term Conditions Locally Commissioned Service (LTC LCS).
- Haringey practices have a good comprehension of the LTC LCS. Activity has increased steadily. A significant number of each of the Model of Care touch points with patients has been performed – the best examples being East Central, South West and Welbourne PCNs.
- There has been a positive correlation between Model of Care activity and outcome performance. Promising efforts have been seen across Haringey practices to continue improving
 their outcome achievement in 2024/25.
- One Haringey PCN in particular, South West PCN, is thinking creatively about how to approach their LTC work; whether through collaborating on administrative work or through
 adoption of third-party call/recall tools.

Up to five PCN outcomes will be incentivised for each year of the LTC LCS; two are being incentivised across all of NCL and three are at the borough level to reflect local priorities (see Appendix 5 for details).



Practices have access to a dashboard which helps them track progress in completing all parts of the model of care with eligible patients.



Estates developments



NCL ICB Primary Care Estate Development

- We are one of the first ICS in the country to start allocating 5% of system Capital to developing the local care estate.
- We have undertaken a deep-dive analysis of the approx. 200 primary care practice premises across NCL.
- We have a prioritised pipeline of development projects, which is taken forward in collaboration with the practices, PCNs and other providers.
- We are working closely with Council colleagues to identify suitable opportunities for relocation and where available to employ S106 and CIL funding to facilitate projects.
- We are pro-actively improving the primary care estate with the available funding.
- Where we are unable to relocate practices to new, fit for purpose premises, we are undertaking smaller, targeted investment programmes to improve existing estate for patients and staff. For example, by digitalising patients records and repurposing the storage space for patient facing clinical or clinical support space.
- The ICB's work has informed NHSE Planning Guidance which for the first time allocates capital to general practice.



Investment in new Haringey GP Practice Premises



The Muswell Hill Practice – Opened 2022



Charlton House Surgery – Opened 2023



West Green Surgery – Opened 2022



Welbourne Health Centre – opened 2024

Current Active Projects - 25/26

- Rutland House Surgery Muswell Hill New surgery and colocation with its Queens Ave branch
- Hornsey Wood Green GP Wood Green New surgery
- Staunton Group Practice, Wood Green Refurbishment project

Other Estates Activities - 25/26

- Hornsey Central, Crouch End void reduction/space optimisation & utilisation.
- Laurel's Health & Wellbeing Centre space optimisation & utilisation.
- Broadwater Farm Medical Practice relocation.



Other Investment Community Diagnostic Centres

NCL ICS operates two Community Diagnostic Centres, both HSJ award winners

- 1. Larger hub at Finchley Memorial Hospital in Barnet
- 2. Spoke site in Haringey's Wood Green Shopping City
- @500,000 tests have been conducted since opening
- Strong local engagement 77% of patients have been seen come from our most deprived communities
- Strong links with GPs, including referral dashboard & targeted communication to help increase footfall





Next steps



Next steps

This slide deck provides an overview of some aspects of the work being undertaken with general practice in North Central London. While access remains a high priority for the ICB and for patients and the population, we would ask the Health and Wellbeing board to NOTE that it is also important to protect the full range of functions of general practice, including proactive care for the more complex patients.

Our work plan for the coming year will include:

- Finalising the General Practice Ambitions and further development of the associated delivery plan
- Continued focus on improving the patient experience of accessing general practice
- Continued focus on proactive care and long term conditions
- Increased focus on continuity of care
- · Increased focus on our structured approach to use of data and dialogue with practices to understand change support needs
- Review of the range of locally commissioned services commissioned by NCL ICB from general practice
- Support to general practice to engage in the development of neighbourhoods

We would like to develop an annual reporting cycle with Borough Health and Wellbeing Boards and Health Overview and Scrutiny Committees and as such would welcome comments from Haringey Health and Wellbeing Board on the aspects of the primary care work plan it would be most useful to understand and receive updates on.



Appendices



Appendix 1: NHS England Test Sites Programme

The PCN Test Sites Programme will be used at a national level to inform future GP contract(s) and should also inform local policy and commissioning. The National team hope detailed evidence will be collected to articulate the role and quantify the resources required to deliver modern general practice. The programme runs to 26/27 and will inform future proposals for the GP contract and funding envelope.

The programme seeks to understand the capacity gap in general practice and test solutions to close that gap. It audits met and unmet demand, staff capacity and the time required to deliver key functions, baselines investment (core and local) and takes a 'before and after' approach to identify the impact of interventions tested to narrow or close the gap. Participating PCNs have funding to take staffing levels to those described in the NHS Long Term Workforce Plan so these assumptions can be tested.

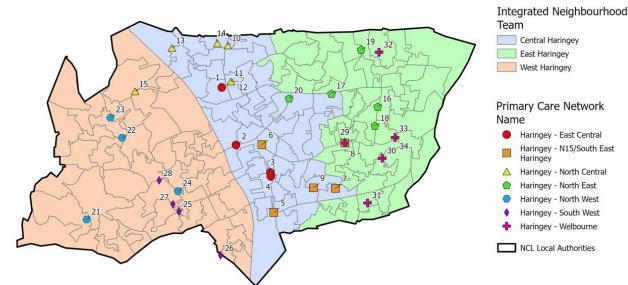
In NCL, 18 PCNs expressed an interest in participating in this programme, 14 submitted formal applications and 3 (max number) were selected:

- Barnet PCN3 (Dr Nufar Wetterhahn); 7 practices; 69,334 patients (large elderly and care home population);
- Camden Kentish Town South (Dr Jonathan Levy); 2 practices; 29,870 patients (high burden of mental ill health); and
- Camden West and Central (Dr Rumshia Ahmad); 2 practices; 35,598 patients (large student population).

The programme formally launched in mid-September across 22 PCNs covering a population of just over 1m.



Appendix 2: Haringey Primary Care Landscape



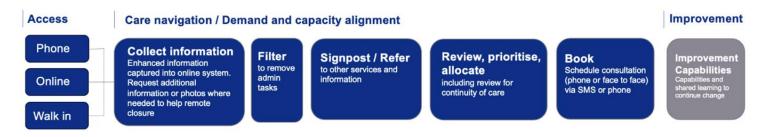
				•				
Label	Practices Name	PCN Name	Label	Practices Name	PCN Name	Label	Practices Name	PCN Name
1	Staunton Group Practice	Haringey - East Central	13	Bounds Green Group Practice	Haringey - North Central	24	The Vale Practice	Haringey - North West
2	The Surgery (Hornsey Park Surgery)	Haringey - East Central	14	Cheshire Road Surgery	Haringey - North Central	25	The Christchurch Hall Surgery	Haringey - South West
3	West Green Road Surgery	Haringey - East Central	15	The Alexandra Surgery	Haringey - North Central	26	The 157 Medical Practice	Haringey - South West
4	The Old Surgery	Haringey - East Central	16	Charlton House Medical Centre	Haringey - North East	27	Crouch Hall Road Surgery	Haringey - South West
5	Bridge House	Haringey - N15/South East Haringey	17	The Morris House Medical Practice	Haringey - North East	28	Queenswood Medical Practice	Haringey - South West
6	Havergal Surgery	Haringey - N15/South East Haringey	18	Bruce Grove Primary Care Health Ce	Haringey - North East	29	Lawrence House (Dr Rohan)	Haringey - Welbourne
7	The Surgery (Grove Road)	Haringey - N15/South East Haringey	19	Somerset Gardens Family Health Ca	Haringey - North East	30	Tynemouth Road Health Centre	Haringey - Welbourne
8	JS Medical Practice	Haringey - N15/South East Haringey	20	Westbury Medical Centre (Steinberg	Haringey - North East	31	Fernlea Surgery	Haringey - Welbourne
9	St Anns Road Surgery	Haringey - N15/South East Haringey	21	Highgate Group Practice	Haringey - North West	32	Tottenham Health Centre	Haringey - Welbourne
10	Arcadian Gardens NHS Medical Centre	Haringey - North Central	22	The Muswell Hill Practice	Haringey - North West	33	The Surgery (Dowsett road surgery)	Haringey - Welbourne
11	The High Rd Surgery	Haringey - North Central	23	Rutland House Surgery	Haringey - North West	34	Tottenham Hale Medical Centre	Haringey - Welbourne
12	Stuart Crescent Health Centre	Haringey - North Central		• • • • • • • • • • • • • • • • • • •				



Appendix 3: Primary Care Access Recovery Plan - Modern General Practice Access model

The national Primary Care Access Recovery Plan describes a 'Modern General Practice Access' operating model, described as including the following elements:

- offering patient choice of telephone, online and in person access via highly usable and accessible practice websites, online consultation tools and improved telephone systems
- · structured information gathering at the point of patient contact to understand what the patient needs
- using one process to assess and prioritise need safely and fairly, and to efficiently get patients to the right healthcare professional or service, in the appropriate time frame (including consideration of continuity of care) moving away from a 'first come first served approach'
- better allocating existing capacity to need, making full use of a multi-professional primary care team, community services and 'self access' options where appropriate, and helping GPs and practice staff to optimise use of their time to where it's needed most.
- building capability in general practice teams to work together and to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change.





Appendix 3: Primary Care Access Recovery Plan Support for practices to move to the modern general practice operating model 1/2

The ICB has taken a proactive approach to delivery of the national Primary Care Access Recovery Plan

Data driven review of likely support needs

At the outset of the programme we used data to initially stratify practices by likely need for change support to improve patient experience of access and successfully implement the modern general practice model.

We then tested the outputs of data analysis with ICB borough primary care teams and other stakeholders in the ICB incorporating primary care contracting, digital, estates, workforce to blend the quantitative view with soft intelligence that may explain why a practice's data looks the way it does. Where there were known reasons this informed the likely change management support that would be beneficial. MDTs have also reviewed practice requests for transition and transformation funding and made recommendations about when practices are most likely to benefit from accessing this.

Support Level Framework (SLF)

The General Practice Support Level Framework (SLF) is a national diagnostic tool for identifying a practice's own ambitions and any development and support needs, through a facilitated conversation between the practice team and external facilitators.

The SLF framework conversation covers six broad domains of general practice: Supporting access; Quality and safety; Leadership and culture; Stakeholder engagement; Workforce; Indicative data

The ambition is that over time all practices in NCL will take part in an SLF conversation. To date 59 practices across NCL have taken part in the clinically facilitated discussion. The SLF has helped the ICB work with practices to identify internal actions that may move a practice towards its goals and to co-design a change plan associated with the move to the modern general practice operating model.



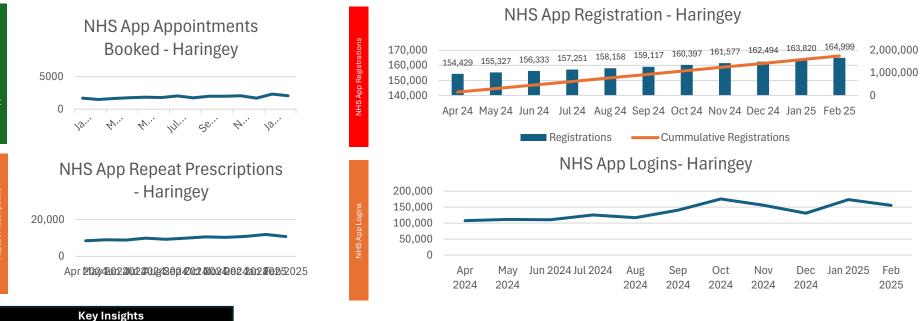
Appendix 3: Primary Care Access Recovery Plan Support for practices to move to the modern general practice operating model 2/2

Following the SLF discussion and depending on the practice action plan, there are two further offers of hands-on support that are available to practices.

Primary Care Access Recovery Plan (PCARP) change support	General Practice Improvement Programme (GPIP)
NCL ICB worked in collaboration with Islington GP Federation and NCL Training Hub to design and commission a supportive hands-on change management offer for practices who would most benefit, to help them improve patient experience of access and make the transition to modern general practice. This offer has engaged with 53 practices for bespoke support and a total of 97 practices for a 'universal offer' of webinars.	 The objectives of the improvement programme are to support practices and primary care networks to: Better align capacity with demand Improve the working environment Provide tools, guidance, resources to make the change easier Build on what other practices have learnt and developed
The areas of support align with the six domains of support identified during the MDT meetings described above. Based on this work, IGPF have identified key recurring themes that have informed how they structure the support to practices. These themes include:	Hands on practice level support is delivered through weekly sessions in practice to enable practices to plan and deliver improvements.
 Triage Website, Telephony & Digital Maturity Patient Engagement Understanding and using data - demand and capacity management Case studies are also being produced to showcase the work of NCL practices. 	 To date 9 practices across NCL have taken part in the programme: 4 Haringey practices have participated and taken up this offer 1 Haringey PCN has taken up the PCN offer



Appendix 3: Primary Care Access Recovery Plan Use of the NHS App



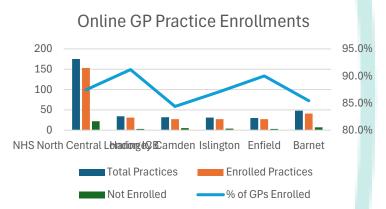
• Steady Growth in Registrations: NHS App registrations in Haringey have increased consistently, rising from 154,429 in April 2024 to 164,999 in February 2025, demonstrating a positive adoption trend.

- Appointments Managed via the App: The number of appointments booked has remained stable with minor fluctuations,
- Increasing Repeat Prescription Use: The number of repeat prescriptions ordered via the app has grown steadily, indicating stronger patient engagement with digital prescription services.
- Rising NHS App Logins: NHS App logins have generally increased, peaking in October 2024 and January 2025, highlighting growing patient reliance on digital healthcare tools.



Appendix 3: Primary Care Access Recovery Plan Digital Access

Online GP registrations and enrolment:



- 31 of 34 Haringey practices have enabled online GP registration
- Haringey has the highest borough enrolment across NCL at 91%

Online Consultations:

The 2025/26 GP Contract requires practices to offer online consultations within opening hours (08:30 to18:30) Monday to Friday, from October 2025

There are a number of tools used to enable online consultations. Practices have a choice of tools and sometimes use a combination of tools to provide online consultations to their patients. Examples of these include:

- AccuRx
- eConsult
- Patches

The demand for online consultations, including Accurx and eConsult submissions, remains strong across North Central London boroughs. October 2024 saw peak usage, with a subsequent decline in November and December.

Haringey and Islington continue to show higher engagement, highlighting areas with sustained demand for online services.



Appendix 3: Primary Care Access Recovery Plan

Pharmacy First service



From soothing an earache to treating a UTI, your local pharmacist can now provide medicines for seven conditions, if necessary, without the need for a GP appointment or prescription.

Subject to age eligibility. For more information, visit nhs.uk/thinkpharmacyfirst



- Almost all pharmacies now offer the Pharmacy First service, giving advice for minor ailments and conditions.
- If needed pharmacists can provide NHS medicines to treat seven common health conditions
- Walk-in service removes the need for a GP appointment
- This service is available in 97% of pharmacies in NCL.
- Other pharmacy services include oral contraception and blood pressure checks.

PHARMACIES REGISTERED FOR PHARMACY FIRST	Yes	No	Grand Total
Barnet	70	2	72
Camden	59	2	61
Enfield	55	2	57
Haringey	52	3	55
Islington	44	1	45
Grand Total	280	10	290



Appendix 4: Your Local Health Team campaign 1/3

Phase 1 themes: October – December 2024

- Get the care you need raising awareness of the three ways to contact general practice and equitable triage process that supports these
- Get vaccinated, get protected encouraging eligible residents to get their flu, COVID-19, and respiratory syncytial virus (RSV) vaccinations
- Stay well this winter sharing tips on staying well and encouraging people to seek help in the most appropriate setting and consider using the NHS App, and NHS 111
- Meet your local health team introducing the different skilled professionals providing a range of services to increase trust and awareness

Phase 2 themes: December 2024 – April 2025

- Meet your local health team creating new content and shining a light on the different skilled professionals providing a range of services to increase trust and awareness. New videos from Islington, Camden and Enfield have gone live on our YouTube and Website.
- **Pharmacy and self-care** ensuring people are using the range of ways they can get the care they need, emphasising that many of these tools can increase the speed at which people get help.
- Vaccinations in pregnancy highlighting the different vaccinations recommended during pregnancy, with content from trained healthcare professionals discussing the benefits of these vaccines and where to get them.

Phase 3 theme: April – July 2025

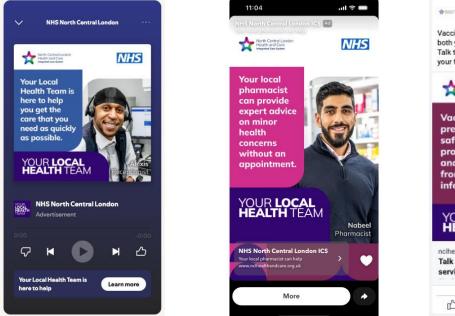
- **NHS App** we have a core focus in Phase 3 on the NHS App, and are running a dedicated behaviour change campaign on encouraging people to download the app. Alongside this, we are working with GP practices to encourage them to 'turn on' the relevant functionality to allow patients to use a wider range of services on the App.
- HPV vaccinations reminding people to get their HPV vaccines, using a variety of council created content such as the videos developed by Haringey Council.



Appendix 4: Your Local Health Team campaign 2/3

Use of social media

We are using Spotify, Snapchat and Facebook to promote our messages. Our social media in February has been seen over 1 million times. This is consistent with previous monthly performance.





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As well using a range of social media platforms, the campaign will be featured in outdoor advertising (bus stop adverts and digital screens) and adverts in some Council magazines.

The five NCL Councils and the NHS providers are all supporting the campaign.



Appendix 4: Your Local Health Team campaign 3/3

Community engagement

• Advocacy approach via trained champion focussed on our most underserved communities, particularly around North Mid Hospital. In addition, Barnet has low satisfaction around general practice and aims will include changing this and building more trust with health services

Evaluation

- NHS App downloads
- Stakeholder feedback from Councils and local community organisations
- Tracking QR codes
- Community Voices Panel survey 1,000 local residents





Appendix 5: NCL Long Term Condition Locally Commissioned Service (NCL LTC LCS): Outcomes

System / Borough level	PCN Outcome
NCL	Percentage of overall LTC cohort (which excludes CYP asthma only, low risk hypertension only, and low risk adult asthma only) with a completed personalisation outcome measure in the preceding 12 months at end of year (specific format for care plan and follow up forms provided)
NCL	Percentage increase in people on the hypertension register with well- controlled blood pressure (thresholds provided)
Haringey	Percentage of the LTC population referred to a lifestyle intervention service
Haringey	Percentage of people under 75 years of age who have a diagnosis of Non-Alcoholic Fatty Liver Disease, with a Fib 4 score (measure of risk of liver fibrosis) in the last 3 years
Haringey	Percentage of people on the diabetes register who have had all 8 care processes completed in the preceding 12 months at end of year.

- There is a suite of 32 outcomes in the LTC LCS outcomes framework.
- Practices/PCNs are working towards achieving all of them throughout the year, however for 24/25, there were 5 outcomes that were incentivised for Haringey practices to achieve.
- 2 were NCL-wide outcomes and 3 borough specific, which were selected by Haringey clinical leads and practices.