

General Practice Listening Events - Report out

Background and Context

The recently published 10-year plan highlights the importance of general practice in facilitating the three key shifts from treatment to prevention, hospital to the community and analogue to digital. Neighbourhood health is a key mechanism for delivering joined up care in the community and the ICB is supporting the development of these through the two pilots in Sunderland and Stockton localities.

We know that a recent report from the BMA, 'The Value of a GP,' identified general practice as a central component of the NHS, with most care coordinated and delivered outside hospital settings.

The report notes changes in general practice, including a 26% reduction in the number of partners and an 11% increase in population since 2015. In England last year, general practice delivered an average of 30 million appointments per month, which represents an increase of over 4 million per month compared to 2019.

Locally, our Integrated Care System (ICS) outlines our key ambitions in achieving **Better Health and Wellbeing for All**, and our commitment to supporting general practice. This listening programme was initiated to gain insight into *core* general practice, to understand the challenges our practices face in delivering high quality, patient-led care to their registered population.

The ICB wanted to hear from both clinical and non-clinical staff on how it feels for them to work in this sector. To understand their ambitions, challenges and ideas for how the ICB can support general practice now and in the future.

In partnership with the primary care provider collaborative, the North East and North Cumbria Integrated Care Board's (NENC ICB) Chief Executive, Sam Allen, and Chief Medical Officer, Dr Neil O'Brien, initiated a series of listening events. The following report outlines some of the key findings from these insightful sessions with general practice.

Our approach

Four face-to-face sessions were held across North East and North Cumbria, along with three online events. We encouraged multi-professional representation from general practice, with practice nurses, administration staff, GPs and practice managers.

Our approach to the face-to-face and online sessions was to provide an environment for structured, free-flowing debate. All face-to-face events had ICB representation from the Chief Executive, Chief Medical Officer, medical directorate, local delivery and the communications team.

Each session provided an overview from the senior team on national policy, local interpretation and new ways of working. The presentation provided a snapshot of the work that the ICB has delivered to date including investment and support for practices.



There was recognition that more could be done to support general practice and that the listening sessions were an opportunity for colleagues to share their thoughts and to help shape future local strategy and operations.

Colleagues were invited to discuss key issues as part of facilitated groups where representatives from all professions (clinical and non-clinical) across general practice were given the opportunity to have their say on a range of topics. Conversation was participant-led, with facilitators there to support equitable debate with real-life examples used to support discussion.

The questions below were used to help prompt conversation.

Discussion...

- What matters to you and your patients?
- What are your challenges and barriers to delivering effective general practice?
- How can we do things differently to maximise opportunities in general practice?
- What changes would make a difference to your every day working practice? Which staff groups would this benefit?
- How could the ICB support primary care in greater collaboration to meet the vision set out in blueprint?



Each locality, and indeed practice, provided a slightly different perspective on the challenges they faced, however there were common themes. Participants were able to share what worked well for them in addressing some of the challenges identified and there was an opportunity to learn from each other. This was an iterative process, and we used the experience and feedback from attendees of each session to inform and refine the next.

What we heard

The events were well attended across the board and attendees fully engaged in the discussion. The positivity at each event was fantastic, colleagues actively listened to each other, provided examples of the challenges they face on a day-to-day basis and constructively challenged the ICB on what they can do to further help and support. We heard through lived experience from individuals, and it was great to hear from so many different professions who contribute to the success of general practice.



| Area | Date | Attendees |
|---|--------------------------------------|-----------|
| County Durham/Sunderland & South Tyneside | Tuesday 20 th May 2025 | 62 |
| Newcastle & Gateshead/Northumberland and North Tyneside | Wednesday 21 st May 2025 | 45 |
| North Cumbria | Wednesday 23 rd July 2025 | 15 |
| Tees Valley | Thursday 5 th June 2025 | 44 |

Although each practice had a different story to tell due to their patient demographic, rurality or size, much of the feedback had a degree of commonality. The word cloud below illustrates some of the key messages we heard.



The following information provides further detail on the specific points raised throughout the period of engagement. There are also references to policy context where national guidance provides further rationale on the importance of points raised.

Access vs Continuity

Concerns were shared that there has been too much focus on access to this point, with a need to focus more on continuity of care.

"Seeing a regular GP can reduce hospital admissions by over 20% and increases life expectancy". (BMA Report.) A single full-time GP is now responsible for an average of 2,257 patients. This is 319 more than in September 2015 (BMA analysis).

This theme was very much practice specific and the responses to this issue varied depending on the population served and the processes and structures in place. As an ICB we need to translate the national requirements for general practice into what it means for our local practices. Outlining how we can support colleagues to manage demand effectively whilst delivering high quality, cohesive long-term care.

Workload shift and feeling undervalued

Colleagues highlighted a **"work shift"** from acute and mental health providers into general practice, with many examples of where this shift in responsibility and management of patients is being felt by GP frontline staff.

Our Clinical Conditions Strategic Plan outlines what the local system needs to do to have the greatest impact for our communities. We need all sectors to play their part in delivering preventative, optimal care. General practice plays a significant role in the prevention and inequalities agenda, and we need to ensure they can commit quality time to this ambition.

As an ICB we can ensure robust contract management is in place for all our providers. As strategic commissioners, we can ensure that money follows the patient and that the services we commission are effective and efficient. It is recognised that there is untapped opportunity in general practice to innovate and improve patient experience and outcomes. Specific pathway and communication issues can be addressed through interface groups.

Practice staff expressed feeling **undervalued by others** in the system. From an ICB perspective they expressed a need for trust, less bureaucracy and less oversight. Clinical staff felt particularly disrespected by others in the system with examples of poor communication and attitudes regarding the role of general practice.

Examples were cited of the impact that behaviours of both professionals and public were having, taking their toll on staff morale and retention. The ICB can help facilitate discussions through interface forums, ensuring that specific examples are used to highlight issues and address any concerns. We can help support the development of professional relationships.

Public perception of general practice

We heard that often patients are misinformed about general practice. Over recent years, colleagues described the change in attitude towards staff and **increased expectations** (of some patients).

Examples were given of staff feeling undervalued and upset due to the behaviour of some patients. A recent survey from the Health Foundation (2024) found that 1 in 3 patients said they wanted better access to GP services, this can sometimes reflect in patient attitude towards staff.

For many people the "front door" to the NHS is through general practice and we know practices are hugely valued by public. However, there were several recent examples of the pressures which general practice face due to press coverage of new treatment availability i.e. weight loss drugs. The ICB will develop and implement a public campaign on what the role of general practice is. Working with LMCs, primary care collaborative and PCNs to develop messaging. Reiterating that the public need to treat all staff with respect and to value their support as part of the broader NHS.

Estates

We heard that some practices are struggling to navigate issues with **estates**. Colleagues told us that there is a lack of consistency in use of resource and ICB support to access funding, as well as difficulties in managing private landlord agreements. Practices felt that to deliver the 10-year plan ambition around left shift and neighbourhood health, there would need to be investment in premises to ensure a "levelling up".

"Wherever possible, we will maximise value for money by repurposing poorly used existing NHS and public sector estate". (NHS 10-year Plan).

Some of the specific issues raised included the need for extra space to facilitate training and to house ARRS staff, outdated formula for estimating rent reimbursements, and lengthy/unclear processes regarding funding bids.

The ICB will conduct a review of our internal processes, to ensure fairness, equity and timeliness. Looking at whole community estate rather than just general practice in terms of capacity for left shift. The latest 'Red Tape Challenge' document states that NHS Property Services (NHSPS) should establish regional working groups with LMCs, providers and systems representatives. This will help address local costs and issues.

Collaboration and integration

Colleagues recognised the need for collaboration across general practice providers but said they would value some support on this. Colleagues working in rural practices questioned the value of collaboration due to distance between practices.

"Collaborate now: Actively engage with your PCN and neighbouring practices to explore formal collaboration, federation, or mergers. Forming larger, resilient entities is essential to bid for the new provider contracts". (The new 10-year health plan: what it means for your GP practice (mypracticemanager.co.uk)).

The ICB can help support collaboration between practices/PCNs/federations where it benefits the patient and practice.

We can facilitate supportive conversations with primary care providers to develop a training and development offer for all staff.

We heard from participants that there is a need for greater **integration** of community services into general practice, some practices felt there could be better links between primary and community care.

"We will continue to emphasise that any new models of neighbourhood care are built with GPs as core partners, not just participants" (10 Year Health Plan for England RCGP Member Summary).

The ICB will support providers to lead conversations regarding communication, pathways and processes, supporting primary and secondary care collaboration. Through the already established interface meetings, primary care/general practice needs to be adequately represented to ensure communication and wider operational issues are tackled.

Digital solutions

We heard many great examples where digital solutions have been used to improve working practices. We also heard some concerns about inconsistency in the use of AI and the potential associated risks. Practices asked if the ICB could do more to help with advice and support in this area.

"Implementing AI in healthcare requires careful consideration beyond merely introducing new technologies. Key issues include ensuring AI tools are rigorously tested for safety and efficacy, avoiding reliance solely on lab-based evaluations." (BMA Principles for Artificial Intelligence (AI) and its application in healthcare).

An AI principles document has already been developed and the ICB will support access to training, where available. We have also developed and shared with practices template clinical safety cases for AI scribe products and template data protection impact assessments for information governance to try and ensure that practices, at least, are complying with having done the documentation.

In addition, we will ensure that any applications for innovation funding are conducted in a supportive manner with coherent, transparent and fair processes

Lessons learned and next steps

Our aim was to provide a forum for general practice to share the challenges they face in the delivery of frontline services for our local population. As a result of the sessions, we heard from many about the struggles faced in an ever-changing, highly challenging work environment.

As strategic commissioners we recognise the need to be more agile and flex to local need, recognising that every practice is different. By setting out clear outcome-based intent with room for local innovation and delivery. What works in one practice will not necessarily work in another, but our broad intentions around improving population health and reducing inequalities will provide common intent and vision.

There were several key themes which emerged from this exercise they included;

- Access vs Continuity
- Workload shift and feeling undervalued
- Public perception of general practice
- Estates
- Collaboration and integration
- Digital solutions

All the issues highlighted will be reviewed as part of future general practice plans.

One of the clear benefits, which wasn't captured as part of the original scope, but which has been clearly demonstrated is the fact that each event provided a networking opportunity for practices. Practice staff shared their experiences and offered potential solutions to peers regarding the challenges they face.

Overall, the experience and outcomes of those involved in the listening programme was highly beneficial. As commissioners, the ICB heard firsthand the practicalities and barriers to delivering on the local and national ambitions.

In terms of next steps, the ICB will continue to review the feedback from the listening events as well as the information gathered through ongoing public engagement regarding general practice. We are committed to continual engagement with general practice colleagues, which helps to shape our strategic intent.