



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	8 November 2023
Subject:	Primary Care Access Recovery Plan Progress Report
Director Sponsor:	Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
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STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

This report provides assurance to Humber and North Yorkshire Integrated Care Board (ICB) that an aligned plan across our system has been developed and is progressing well following the publication of the NHS England (NHS E) Delivery Plan for Recovering Access to Primary Care.

Primary Care Network (PCN) improvement plans have been developed by all 43 PCNs in partnership with ICB Primary Care Place Teams.

There are 7 areas of focus covering all requirements of the Recovery Plan with good progress being made.

The Primary Care Collaborative Executive will oversee delivery of plans and provide assurance to the Board on progress.

Next steps include further focussed discussions with Practices/PCNs to update plans and highlight any risks to delivery along with mitigations.

RECOMMENDATIONS:

Members are asked to:

- I. Note the contents of the report.
- II. Be assured that all requirements of the Access Recovery Improvement Programme have been incorporated within Primary Care Network plans.
- III. Be assured that plans have been approved through Place Directors and Place Senior Leadership Teams as set out through the ICB Governance Framework.

ICB STRATEGIC OBJECTIVE	
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Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

IMPLICATIONS	
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Finance	Funding to oversee delivery of the Primary Care Access Delivery Plans has been accounted for through the System Development Funding for Primary Care.
Quality	Reducing inequalities and improving population health to our population is fundamental to the successful delivery of the Programme.
HR	N/A
Legal / Regulatory	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients with respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. Each ICB is required by NHS E to have in place arrangements to improve patients access to Primary Care Services.
Data Protection / IG	N/A
Health inequality / equality	Primary Care Access Recovery ambition is to improve the health of our population reducing inequalities across our Places.
Conflict of Interest Aspects	N/A
Sustainability	Plans in place will be sustainable for the future of Primary Care Services.

<p>ASSESSED RISK:</p> <p>N/A</p>

<p>MONITORING AND ASSURANCE:</p> <p>Primary Care Collaborative Executive will oversee delivery of the Plans.</p>

<p>ENGAGEMENT:</p> <p>Patient engagement through Practice / PCN patient participation groups will be consulted on changes taking place across their practices.</p>

ICB 'Let's Get Better' branding will be used to communicate with our population on the changes to the way primary care services are changing.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

Primary Care Access Recovery Plan

Progress Report

1. Purpose

The purpose of this report is to provide assurance to Humber and North Yorkshire (HNY) Integrated Care Board (ICB) that an aligned plan across our system has been developed and is progressing well following the publication of the NHS England and delivery plan for Recovering Access to Primary Care.

2. NHS England Delivery Plan for Recovering Access to Primary Care

Published in May 2023, the plan has two key aims:

- Tackle the 8am rush and reduce the number of people struggling to contact their practice.
- For patients to know on the day they contact their practice how their request will be managed.

The plan seeks to support recovery by focusing on four areas:

Aim	ICB Ambition	Progress
Build capacity	To expand access to Primary Care Services for our population Recruit to Additional Roles working across Primary Care Promoting the use Multi Professional Teams	On track to achieve ambition providing 10.5 million General Practice appointments in 2023/24 to our population and increase of 4.7% capacity Recruitment of 924 WTE ARRS up to end September 2023
Implement Modern General Practice Access	Provide rapid assessment and response and avoid asking patients to ring back another day to book an appointment. Acute patients to be seen on the day and 85% of patients to be seen within 14 days if clinically appropriate	Mobilisation of the 48 analogue telephone systems in General Practice across to Cloud Based Telephony Upward trajectory to achieve this ambition
Empower patients	Support our population to utilise online tools like NHS App if they are able Create capacity for patients who are unable to utilise technology to contact our practices in the more traditional ways	Above England average for eligible patients registered with the App (60%) Continue to work with our Voluntary Sector partners to support our population with use of technology
Cut bureaucracy	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.	Lead by our Place Based Clinical Teams Agreed priorities including a combination of transactional and clinical pathways

3. HNY Primary Care Improvement Plans

Primary Care Network (PCN) improvement plans have been developed by all 43 PCNs in partnership with ICB Primary Care Place Teams.

More detail about the key highlights from the 43 PCN plans can be found within Appendix 1 with a summary of progress against the key elements of the NHS E Delivery Plan is shown next.

NHS England Delivery Plan

<p>Cloud-based telephony</p> 	<p>120 practices in HNY already use cloud-based telephone (CBT). 48 practices are being supported to move to CBT by 31st March 2024 from analogue</p> <p>Benefits to patients include:- better experience (no engaged tone; options menu, queuing, and opportunity for recorded messages). Provides the practice management teams with real-time data to inform capacity planning.</p>
<p>Websites and online tools</p> 	<p>Working with all PCNs on:</p> <ul style="list-style-type: none">• accessibility and usability improvements• promotion of NHSApp (60% of eligible population are registered to use the APP against a National achievement of 53% and 111 online)
<p>Care Navigation training</p> 	<p>A range of care navigation offers to practices / PCNs via General Practice Improvement Programme, Local Medical Committee and Place Lead Training</p> <p>77 practices completed foundation level and 3 completing the advanced programme</p>
<p>Community Pharmacy services</p> 	<p>Active promotion of:</p> <ul style="list-style-type: none">• Community pharmacy consultation service with 5,795 referrals from 156 practices between April 23 and October 23• Electronic repeat dispensing• Discharge medicines service• Hypertension Case Finding with 4k patients reviewed in July 23
<p>Capacity in wider team</p> 	<p>984 Whole Time Equivalent recruited to new roles (additional roles reimbursement scheme) - September 2023</p> <p>Promotion of Multi-Disciplinary Team roles to increase workforce & patient awareness.</p>
<p>General Practice Improvement Programme</p> 	<p>Active promotion of national and local offers and support to transition to Modern General Practice model.</p>
<p>Self-referrals</p> 	<ul style="list-style-type: none">• ICB baseline completed in collaboration with Community Collaborative (Appendix 3)• Some gaps across some pathways have been identified.• Working with NHS E North East and Yorkshire to prioritise next steps & increase utilisation• Promotion of self-care and self-referral options wherever appropriate

3.1 Oversight and Delivery of Plans

Access Recovery Plans have been developed at Place in line with the ICB Primary Care Operating Model overseen by the Primary Care Collaborative Executive. Place Directors through their Senior Leadership Teams oversee delivery of PCN/GP Improvement Plans. During October 2023 review meetings have taken place with each PCN to track progress against delivery and understand any key risks and mitigating actions.

A further due diligence session with Clinical Lead for Primary Care, Director of Primary Care and Commissioning, Place Directors and Place Teams is planned to monitor performance against plan and undertake peer challenge and support.

A progress delivery report will be presented at our November 2023 Primary Care Collaborative Executive two Collaborative Forums to identify good practice which can be shared through the development of communities of practice.

4. Increasing Patient Access

4.1 Performance against National ambition in 23/24 for increasing total appointments

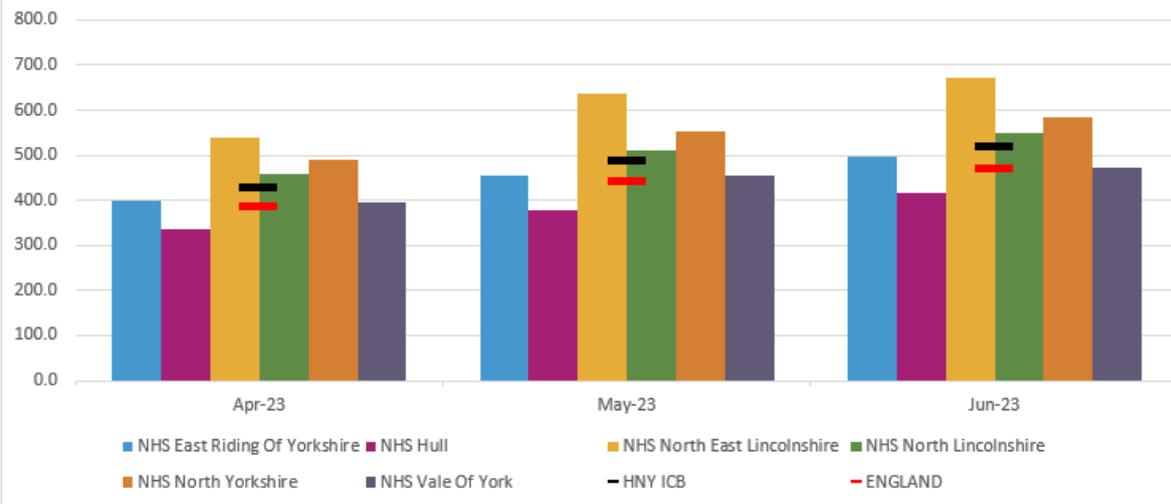
NHS E has committed to deliver 50 million more appointments by 2024. During 2023/24 HNY has committed to deliver an additional 470k more appointments compared to 2022/23 resulting in more than 10.5 million appointments for our population. We are on track to achieve this ambition.

- ✓ GP Appointments – The ICB target for number of appointments delivered by July 2023 was 834k with achievement of 878k (44k additional).



GP Appointments per 1,000 registered population 2023/24

Actual Activity



- ↓ **Hull Place** – are below trajectory for number of appointments by 3k.
- ↓ **Hull Place** – are below average number of appointments per 1,000 population compared to England average.

Mitigating actions:

- ↑ **GP Recruitment** – National recruitment / retention programme (Targeted Enhanced Recruitment Scheme) to continue the upward trajectory of GPs across the Hull Place. Progress made from August 2022 to August 2023 of an additional 6.71 Whole Time Equivalent (Whole Time Equivalents) GPs.
- ↑ **Fellowship Programme** – Continue to promote the HNY Fellowship programme for newly qualified GPs and Nurses.
- ↑ **Mid-Career Fellowship Programme** – Expand the programme to all GPs qualified 2 years plus to offer a rotational model to support the system across Acute / Community and Primary Care to retain our GP workforce.

4.2 Timeliness of appointments

The two main focuses have been on the number of patients seen on the same day or the next day following initial appointment booking within 2 weeks and the number of patients seen on the same day (or next day).

- ↑ **Patients seen within 2 weeks** – August data confirms that 82% of patients are seen within 14 days of booking an appointment against a national aim of 85%, this is an upward trajectory. NHS E is not yet able to systematically differentiate between new patient-initiated requests for appointments and practice-initiated planned follow up appointments. Therefore, this measure may understate current performance. We continue to work with practices to improve the data quality around capacity and access measures. As currently constructed the current national target risks incentivising inappropriate behaviours such as practices asking patients to call another time to book planned follow up appointments which is inefficient and not in the best interests of our patients.
- ↑ **Patients seen on the same day or next day from point of booking** – August data confirms that 42% of patients are seen on the same day of booking an appointment. There is no national or local target for this.

5. Secondary Care / Primary Care Interface

The national Primary Care Recovery Action Plan sets out a clear ask that ICBs should focus on interface issues allowing both general practice and consultant led teams to:

- raise local issues to improve the primary- secondary interface
- jointly prioritise working with Local Medical Committee (LMCs)
- tackle the high priority issues including those in the Academy of Medical Royal Colleges report, and
- address the four priorities in the Recovery Plan (Onward referrals, Complete care, Call and recall and Clear points of contact).

Place based Clinical Leads are leading the programme of work. Priorities being focussed on include a combination of transactional issues and clinical pathway development with positive engagement, culture and willingness to engage. The work programme covers a range of subjects with active conversations taking place. There are number of challenges, key risks and issues impacting on this work programme not least the ongoing Industrial Action, Clinical leadership and managerial support.

Further details on the work programme are included within Appendix 3.

6. Good Practice

6.1 What Our Patients Said 2022/23

GP practices in Humber and North Yorkshire scored above the national average in every area of the national patient experience survey 2022/23, with 21,335 questionnaires completed the key findings being:

Positive:

- ✓ 74% described the overall experience of their GP practice as good.
- ✓ 92% felt involved in decisions about their care and treatment.
- ✓ 87% said their healthcare professional was good at treating them.
- ✓ 87% thought their healthcare professional was good at listening to them.
- ✓ 85% found GP practice receptionists helpful.
- ✓ 83% said that their mental health needs were recognised and understood.

HNY practice performance rates continue to track above the NHS E average in all indicators. However nationally overall satisfaction has declined, and this is mirrored in HNY. Two indicators related to patients' experience in the out-of-hours period are the focus of a specific improvement work.

6.2 Voice of the Lived Experience

In June 2023, a 'Voice of the Lived Experience' workshop was held to bring together the ICB's Corporate Affairs, Communications, Marketing and Engagement, Nursing and Quality teams alongside Healthwatch, to start to map out existing work and agree a shared ambition and agenda. Conversations and insight activity took place with over 700 people in 20 of our most deprived communities across Humber and North Yorkshire to understand more about perceptions and priorities for the NHS now and in the future. A key objective is to demonstrate the ICB, and wider Integrated Care System (ICS) is heavily influenced in its decision making based on public insight and experience.

Feedback from the engagement with local communities identified the following themes linked to Access to GP Practices.

- ↓ Patients want the ability to book a general practice appointment outside of 7.30am and 9.30am to avoid the early morning 8.00am rush.
- ↓ Patients want to be able to consult with a GP / health care professional face to face not via remote consultation.
- ↓ Patients want to be seen by a GP not a Nurse or other Health Care Professional.
- ↓ Patients find some of the online consultation forms overly complicated and would like training to be provided on how to use them.

Mitigating actions:

- ↑ The ICB Primary Care Access Recover Plan is aimed at improving patients experience of Primary Care to avoid the '8am rush', we will continue to work with our Practices / PCNs to monitor progress and engage with the local population to assess impact.
- ↑ Appointment Type– August 2023 data confirms that 70% of patients are seen in person (627,970 appointments) against an England average of 70%, we will work with Place Leads to review practice performance against ICB and England average.
- ↑ The ICB will proactively promote the 'Help Us, Help You' campaign launched by NHS E and will enhance the campaign with local social media messages through the ICB 'Let's Get Better' branding to educate patients on the benefits of seeing the right health care professional for your health needs.
- ↑ We will continue to work with our Voluntary Sector partners and Barclays Digital Eagles through our Digital Inclusion forum.
- ↑ We will work with our communities of practice to encourage engagement through Patient Participation Groups to raise awareness of the different options to access services and direct patients needing support in utilising the digital access to that help.

6.3 Primary Care Examples of Excellence

There are areas of excellence in primary care across our 6 Places and we will continue to share best practice across our communities of practices to facilitate shared learning and celebrating the great work of our integrated neighbourhood teams.

- ❖ **Complex Care Team** – supporting our vulnerable patients to access health care to ensure they have up to date health checks completed.
- ❖ **Integrated Community Team** – Frail elderly population know their named Nurse and Care Navigator and case managed to be able to navigate the system.
- ❖ **Integrated Neighbourhood Team** – Test and Learn sites for neighbourhood teams streamlining access to care and advice, providing more proactive and personalised care and helping people to stay well for longer.

7. Progress Summary

- ✓ Good progress being made across the ICB against Primary Care Access Recovery Plan deliverables.
- ✓ PCN/Practice plans in place with proactive engagement across Places to assure delivery.
- ✓ GP Appointments – On track to deliver the ICB share of 50 million additional appointments by 2024.
- ✓ Cloud Based Telephony (CBT)- on track to transfer all analogue GP Practices to CBT by March 2024.
- ✓ Good progress of eligible patients signing up to the NHS App with performance higher than NHS E average.

- ↑ Continue to lobby NHS E to enable the system to differentiate between new and planned follow up appointments so we have a better understanding of our performance and any mitigating actions that we may need to take.
- ↓ GP Appointments – Continue to work with Communities of Practice across Hull to attract and retain GPs and increase the number of Direct Care workforce.
- ↓ Patients Voice of the Lived Experience – HNY ICB whilst performing better than the National average for the National Patient Satisfaction Survey there are areas for improvement reflecting on the Patients Voice of the Lived Experience.

8. Members are asked to:

- I. Note the contents of the report.
- II. Be assured that our ICB has an aligned plan that incorporates all the requirements of the Access Recovery Improvement Programme in line with our Primary Care Strategy through our Integrated Care Partnership Healthcare Strategy.
- III. Be assured that the ICB has robust governance in place to oversee delivery and mitigate any areas of risk to delivery.

APPENDICES

Appendix 1 - Key Highlights from PCN Access and Improvement Plans

We have received and approved 43 PCN plans that address the 4 priority areas.

National Priority	Overview PCN Plans / Ambition
<p>Empower patients</p> <p>Promotion of NHS App and online solutions to reduce the pressure on GP Practice telephone lines allowing those without access to the technology to contact the practice in more traditional ways.</p>	<p>Patients to have access to self-booking for annual reviews for Long Term Conditions management reducing the pressure on practice teams.</p> <p>Promotion of self-care information via Practice Websites. Promotion of the ICB 'Let's Get Better' www.letsgetbetter.co.uk</p> <p>Increase of 50% more self-referrals by March 2024 reducing the number of unnecessary GP appointments and improve patient experience by further expansion of local pathways covering 7 self-referral routes. Continuation and promotion of direct referral pathways from Community Optometrists to ophthalmology services for all urgent and elective eye consultations</p> <p>Access to Pharmacy services – Minor Ailment Services, Urgent Supply of Medicines, Community Pharmacy Consultation Service and Hypertension Case Finding.</p>
<p>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.</p>	<p>All practices will transition across to Cloud Based Telephony supported by the ICB Primary Care and Digital Teams.</p> <p>Optimising call handling via care navigation training to all GP Practices and PCNs to support patients access the most appropriate health care professional.</p>
<p>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.</p>	<p>Proactive planning with Place Teams and PCNs to maximise recruitment into the ARRS roles. Better understanding of the spend each month, forward plan for recruitment and forecast year end to better inform the ICB Board against year-end delivery.</p>

	<p>Invest in our Estate to create capacity for the increased workforce utilising all NHS and public sector space.</p> <p>Invest in our digital technology to increase efficient ways of working and maximising the estate available for face-to-face appointments.</p> <p>2023/24 planning to increase GP appointments mapped to GPAD by circa 500k to meet the ICB contribution towards the national commitment of an additional 50 m appointments by 2024.</p> <p>Transformation support through National and Local programmes to help general practice to move to a 'Modern General Practice Access Model' by accessing the Support Level Framework.</p>
<p>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.</p>	<p>ICB Place Clinical Leads working with our Place partners to reduce the unnecessary demands on general practice freeing up time for our patients to be seen by our clinicians.</p>

Primary Care Access Delivery Plans

All PCNs have been invited to develop a Primary Care Access Delivery Plan in response to the GP Access Recovery Plan. All 43 HNY PCNs have approved delivery plans that will improve our populations experience of accessing primary care services.

Key headlines from across our 6 Places:

- Friends and Family Test (FFT) Feedback – be more proactive with FFT and adopting new approaches to capturing and acting on responses.
- Patient Participation Groups (PPGs) – further develop Practice PPGs and establish PCN PPG to focus on specific health conditions.
- No patients asked to ring back, enabling call back functions through digital telephony solutions.
- Targeted self-booking for Long Term Conditions through text messaging.
- Digital management of 'normal' path lab results.
- All practices to transition across to Digital Telephony systems.
- Maximise Additional Roles Reimbursement Scheme (ARRS) recruitment.
- Improve practice websites so easier to navigate.
- Supporting High Intensity User patients.
- Care navigation training.
- Focus on Population Health Management.

Appendix 2 - Self-Referral Pathways

The NHS objective for 2023/24 is to reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals. HNY ICB has engaged in a programme of work to understand and improve patient pathways across the following patient pathways.

Pathway	Gaps
Community Musculoskeletal Services.	MSK in North Lincs – local discussions are taking place with the ambition to have self-referral in place by January 2024.
Audiology for older people including hearing aid provision.	Providing Self-Referral pathways across all Places.
Weight Management Services (Tier 2).	Weight management in Hull and East Riding – Colleagues from Hull and ER meeting with Northern Lincs today to get an understanding of their pathway.
Community Podiatry.	Providing Self-Referral pathways across all Places.
Wheelchair Services and Community Equipment Services.	Wheelchair services in North Yorkshire and York – NRS Healthcare Wheelchair Services updating systems to allow self-referral by early 2024.
Falls services.	Some elements of falls pathway in North Yorkshire – Place lead aware.

Not all services are submitting to Community Services Data Set (CSDS) due to not being community pathways i.e., audiology is mainly provided via acute trusts where we can record against CSDS we are recording accordingly.

Appendix 3 - Interface Programme

North and North East Lincolnshire	October 2023
What are the priority areas being focussed on? <ul style="list-style-type: none">• Consensus statement on primary and secondary care interface responsibilities• Public facing information following referral to secondary care (that will be consistent with the above)• Developing a Primary Care Liaison Service as a single point of contact for primary care to help resolve any interface issue affecting a specific patient• Clinical pathway development (shoulder pain completed, back pain in process)• Authorisation and governance process for non-medical practitioners in primary care to request forms of imaging• Eliminating remaining hard copy referral processes• Outpatient transformation	
What is going well? <ul style="list-style-type: none">• Many interface issues and patient safety issues have been identified through the incident reporting system and then fed into the Interface Group and resolved (e.g. lack of secure process in NLaG for recalling people with Barrett's Oesophagus for repeat gastroscopy)• All the 'recommendations for systems' in the Academy of Royal Medical Colleges' 'Working Better Together' report have been implemented or are in process to be• Dedicated project management support in North and North East Lincolnshire Places has been critical to the successes achieved	
What are the challenges, risks and issues? <ul style="list-style-type: none">• Outstanding issue regarding hospital discharge letters not containing adequate information about medication changes since a change made by NLaG not yet resolved and slow response from the Trust• Availability of senior secondary care clinicians for meetings sometimes disrupted by IA• Availability of resources to support initiatives	

East Riding of Yorkshire & Hull	October 2023
<p>What are the priority areas being focussed on?</p> <ul style="list-style-type: none"> • Transactional interface issues – shared care, letters, appropriate transfer of care, embedding AoRMC principles of working across primary and secondary care. • Transformational work – Gynaecology/women’s health, winter surge, advice and guidance/out of hospital transformation • Reinvigorating pathway review/design groups, refocusing the interface group (and possibly renaming it as “interface” potentially reinforces boundaries as opposed to breaking them down) • LMC sponsored joint meeting between primary and secondary care clinicians (27th Sept) • Hull PTL focusing on a shared understanding of the Hull health system (24th Oct) 	
<p>What is going well?</p> <ul style="list-style-type: none"> • Well attended despite IA (last meeting was 20th Sept) • Open and professional conversations respective the views and workload of each other • Lots to discuss • Good clinical and managerial engagement 	
<p>What are the challenges, risks and issues?</p> <ul style="list-style-type: none"> • Given lots to discuss, what to prioritise • Whilst there is good clinical engagement, this is predominantly HUTHT, and little engagement from PCNs – there is a challenge in relation to whether these meetings are seen as a core part of the CD role, or whether we need to look to resource them if we want PCN CD attendance (to get the coalface GP view rather than the LMC view) • Pathway review/design groups are not yet in place and the delays around the Directorate HR process have not helped – this should improve in the near future – there will still be a question about resourcing GP input outside of the ICB. • Ensuring that there is sufficient management capacity to action the identified issues will be essential in making the interface and the pathway review groups work. 	

York	October 2023
<p>What are the priority areas being focussed on?</p> <ul style="list-style-type: none"> • Transactional Interface Challenges e.g. letters between 1-2 care, hand offs, referral processes, sick notes etc as per NHSE plans and local need • Transformation interface workstreams e.g. Neurology <70 week wait, children's UEC/surge need in winter, breathlessness pathways, virtual wards • Building better relationships between attendees 	
<p>What is going well?</p> <ul style="list-style-type: none"> • Attended well so far, industrial action permitting • Really positive comments in the lead up • Positive culture • No lack of subject matter 	
<p>What are the challenges, risks and issues?</p> <ul style="list-style-type: none"> • The clinical representatives need managerial actions to be taken forward by managerial colleagues- and the acute provider processes for this are not as nimble as would be ideal • Threatened by other major pressures e.g. industrial action, winter pressure, internal crises • Ensuring that the purpose of the group remains on track as a space to check, challenge, support and direction-set. • Sufficient resource outside of the meeting to facilitate progress 	

NORTH YORKSHIRE**What are the priority areas being focussed on?**Harrogate

- Onward referrals – getting agreement across departments; Call and recall (eg CXR and USS); Discharge letters

Scarborough

- Inappropriate transfers of care; Community services interface

South Tees

- Tees Valley wide plan around the quick wins for primary care including Consultant to Consultant Referrals; Outpatient Medication Prescribing; Fit Notes; and Communication Routes

What is going well?Harrogate

- Interface Clinical Lead role (jointly funded between HDFT and ICB)
- Agreement being reached on Principles between Primary and Secondary care (based on AoMRC guidance but amended)
- Awareness of fit note responsibilities and better discharge letters
- Primary care bypass numbers for secondary care to use (including North Leeds primary care)

Scarborough

- Building on relationships within existing East Coast Clinical Reference Group
- Primary Care Leaders Group working together on interface issues

South Tees

- Tees Valley group meets across North and South Tees with ICB and LMCs.
- Good LMC engagement

What are the challenges, risks and issues?

- Taking the learning from the Harrogate Clinical Interface role to other localities
- Ensuring that the Clinical Lead role is not isolated: linking to ICB Deputy Place Director and Interface groups
- New Friarage Clinical Lead Interface role being advertised – no current Hambleton and Richmondshire ICB GP input as yet (but good LMC engagement); Need for Friarage specific interface group.
- Bringing the different groups together on East Coast
- Capacity to take actions forward threatened by other major pressures e.g. industrial action, winter pressure, internal crises and having sufficient resource
- Vale and Selby locality feeding into York Interface group