

<b>Agenda Item No:</b>	<b>14</b>
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<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	8 May 2024
<b>Subject:</b>	<b>Primary Care Access Recovery Plan Year 1 Progress Report</b>
<b>Director Sponsor:</b>	Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
<b>Author:</b>	Helen Phillips, Assistant Director Primary Care Simon Stockill, Clinical Lead Primary Care Amanda Bloor, Deputy Chief Executive / Chief Operating Officer

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

This report provides further assurance to Humber and North Yorkshire Integrated Care Board (ICB) on progress against delivery of our aligned plan following the publication of the NHS England (NHS E) Delivery Plan for Recovering Access to Primary Care as updated to the Board in November 2023.

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 oversees delivery of plans and will provide assurance to the Board on progress.

Next steps include further focussed discussions with Practices/PCNs to update plans for 2024/25 and highlight any risks to delivery and identify with mitigations. Place Primary Care Leads are working with PCNs monitoring and evaluating progress of Year 1 and identify areas of best practice that can be shared across our system.

**RECOMMENDATIONS:**

Members are asked to:

- I. Note the contents of the report.
- II. Be assured that progress is being made on delivery of the Access Recovery Improvement Programme.
- III. Note that Place Leads will be working with PCNs to develop plans in alignment with the recently published guidance.

**ICB STRATEGIC OBJECTIVE**

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>

**IMPLICATIONS**

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.

**ASSESSED RISK:**

N/A

**MONITORING AND ASSURANCE:**

Primary Care Collaborative Executive will oversee delivery of the Plans.

**ENGAGEMENT:**

Patient engagement - Practice / PCN patient participation groups will be consulted on changes taking place across their practices.

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 Humber and North Yorkshire (HNY) Integrated Care Board (ICB) an update on Year 1 of Recovering Access to Primary Care, areas we are progressing well and areas that we will need to focus on in Year 2, 2024/25.

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

The Board were updated in November 2023 on progress to agree Delivery Plans with 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.



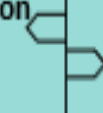




The plan seeks to support recovery by focusing on four areas:

Aim	ICB Ambition	Progress
<b>Build capacity</b>	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 in excess of 11 million General Practice appointments in 2023/24 to our population 167k above our Plan.  Recruitment of ARRS is forecasting that 96% of the available budget will have been utilised.
<b>Implement Modern General Practice Access</b>	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.	On track for all analogue telephone systems in General Practice to move to digital solutions.  83% of our population are seen by General Practices within 14days of contacting them which has been a steady upward trajectory throughout the year.
<b>Empower patients</b>	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.	53% (March 2024) of the ICB eligible population are registered to use the NHS App with a national target of 60%. The national average is 55%.  Continue to work with our Voluntary Sector partners to support our population with use of technology.
<b>Cut bureaucracy</b>	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.  Audit underway across our Acute Trusts to review progress.

### 3. HNY Primary Care Improvement Plans

Primary Care Network (PCN) improvement plans were signed off in 2023/24 from across all 43 PCNs in partnership with ICB Primary Care Place Teams. NHS E has now published 2024/25 Primary Care Access Recover Plans (PCARP) as outlined in section 7 below. We will work with our Place Leads to develop an ICB plan.

#### NHS England Delivery Plan

<p><b>Cloud-based telephony</b></p> 	<p>84 GP Practices in HNY supported through the CBT programme to migrate from analogue telephony or move to a Digital Telephony supplier on the CBT Framework. All analogue Practices are now contracted with a CBT supplier with an expectation all Practices in HNY will be live with CBT by the end of 24/25 quarter 1. Benefits to patients include:- better experience (no engaged tone; options menu, queuing). Provides the GP practice with real-time data to inform capacity planning.</p>
<p><b>Websites and online tools</b></p> 	<p>Working with all PCNs on:</p> <ul style="list-style-type: none"> <li>• accessibility and usability improvements</li> <li>• promotion of NHSApp (53% of eligible population are registered to use the APP against a National achievement of 55% and 111 online)</li> </ul>
<p><b>Care Navigation training</b></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><b>Community Pharmacy services</b></p> 	<p>Active promotion of:</p> <ul style="list-style-type: none"> <li>• CPCS (Pharmacy First as of 31<sup>st</sup> Jan 2024) with 2,157 completed referrals from 156 practices between Nov 23 and January 24. Pharmacy First data not yet available but early analysis shows an increase of 20% across HNY.</li> <li>• 97% of Community Pharmacy signed up to Pharmacy First – delivery of the 7 care pathways reducing demand on General Practice</li> <li>• Hypertension Case Finding with 3,678 patients reviewed in Jan 24.</li> </ul>
<p><b>Capacity in wider team</b></p> 	<p>96% of ARRS budget utilised at end of 2023/24</p> <p>Priority in 2024/25 is to further develop our Integrated Neighbourhood Teams.</p>
<p><b>General Practice Improvement Programme</b></p> 	<p>Active promotion of national and local offers and support to transition to Modern General Practice model – digital telephony, highly usable and accessible online journeys for patients, faster care navigation</p>
<p><b>Self-referrals</b></p> 	<ul style="list-style-type: none"> <li>• Continue to promote self referral pathways</li> <li>• HNY has commissioned Health Apps to support self care</li> </ul>

### 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. An initial review was completed by Place Leads with PCNs to track progress against delivery and understand any key risks and mitigating actions. A further review is underway, and all Place Leads will present a summary of progress and share best practice during May 2024.

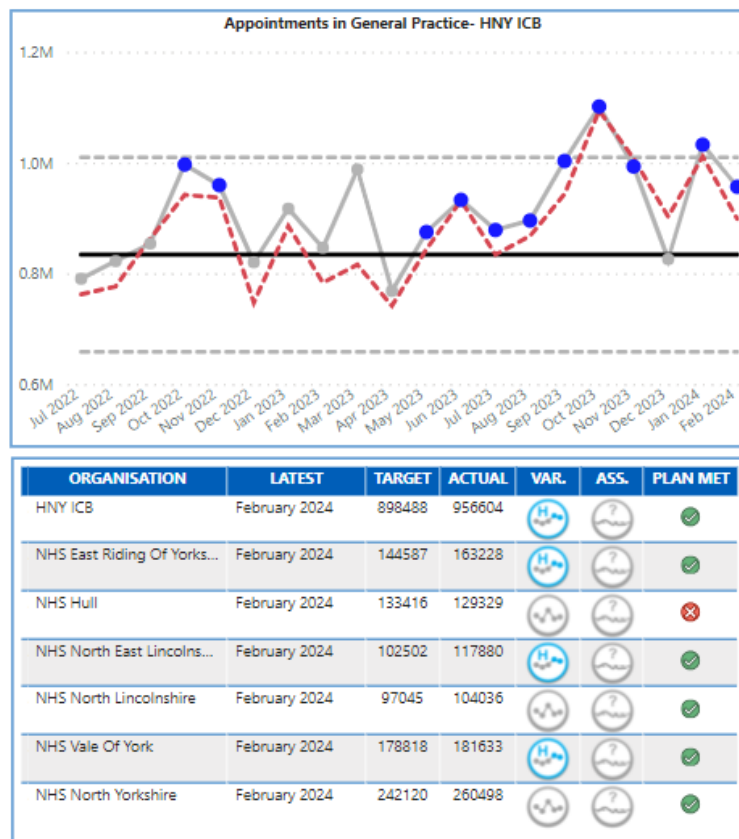
A progress delivery report will be presented at our Primary Care Collaborative Executive and both Collaborative Forums to share best practice which can be shared across our communities of practice.

## 4. Increasing Patient Access

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

NHSE committed to deliver 50 million more appointments by March 2024, and the 2023/24 planned trajectory for Humber and North Yorkshire was based on meeting a target which would deliver HNY's proportion of the 50 million. During 2023/24 HNY committed to deliver an additional 470k more appointments compared to 2022/23 which would have resulted in a total of almost 11 million appointments for our population during the year.

Throughout 2023/24 and up to the end of February total actual appointments delivered exceeded the monthly target for 9 months out of 11 (as shown in the chart below where the red dotted line indicates the target trajectory).



- ✓ GP Appointments – The ICB planned target for number of appointments delivered by the end of February 2024 was 10.1 million and the actual achieved was 10.3 million (approx. 200k additional appointments).

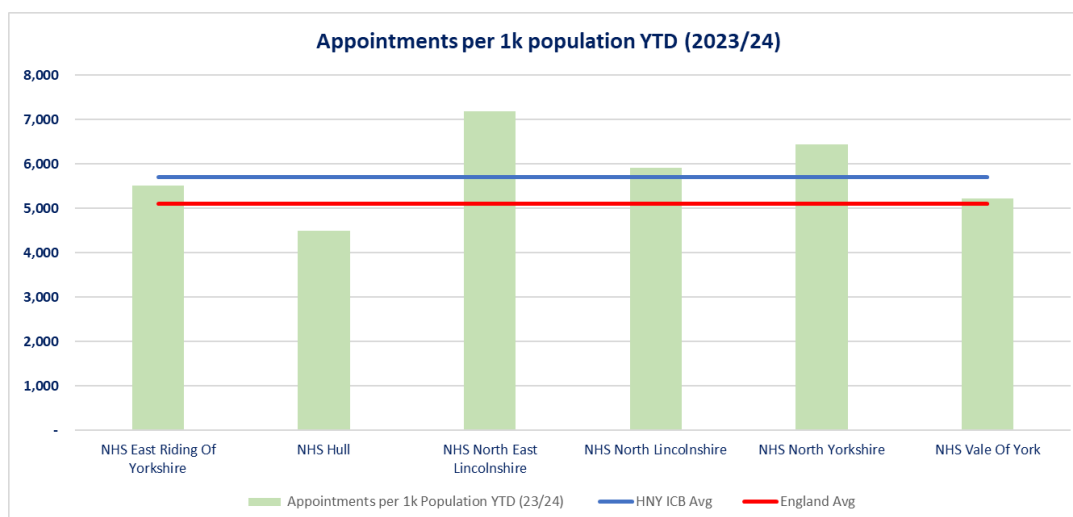
- ✓ GP Appointments – With one final month of actual data to be confirmed, the forecast out-turn for 2023-24 is now 11.2 million appointments more than 600k appointments delivered compared to 2022/23.

### Performance at Place

The table below shows the performance at Place in relation to the number of planned appointments and the actual appointments achieved up to the end of February 2024.

Place	Plan to Feb 2024	Actual to Feb 2024	Variance	% Variance
ERY	1,668,964	1,732,126	63,162	3.78%
Hull	1,455,730	1,391,357	-64,373	-4.42%
NEL	1,197,759	1,243,697	45,938	3.84%
NL	1,107,830	1,090,740	-17,090	-1.54%
NY	2,788,405	2,854,324	65,919	2.36%
VoY	1,857,326	1,951,238	93,912	5.06%
<b>Total</b>	<b>10,076,014</b>	<b>10,263,482</b>	<b>187,468</b>	<b>1.86%</b>

The chart below shows a comparison of the number of appointments per 1000 of population for each Place (using the cumulative total actual data up to the end of February 2024).



- ↓ **Hull Place** – are below trajectory for number of appointments by 64k.
- ↓ **North Lincolnshire Place** – are below trajectory for number of appointments by 17k.
- ↓ **Hull Place** – are below average for number of appointments per 1,000 population compared to England average.
- ✓ All other Places are above the England average for number of appointments per 1,000 population.

### Mitigating actions:

- ↑ **Fellowship Programme** – Continue to promote the HNY Fellowship programme for newly qualified GPs and Nurses. There are 52 GPs progressing into Year 2 and 21 GP starting the Year 1 programme. There are 28 Practice Nurses progressing into Year 2 with 25 starting the Year 1 programme.
- ↑ **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** – February data confirms that 83% of patients are seen within 14 days of booking an appointment against a national aim of 85%, this is an upward trajectory. We do know that practices offer patients appointments beyond 14 days that are clinically appropriate to support Long Term Condition reviews. NHS E was not able to systematically differentiate between new patient-initiated requests for appointments and practice-initiated planned follow up appointments for the majority of the year however this has now been resolved and we should start to see a more accurate position in 24/25.

**Patients seen on the same day or next day from point of booking** – February data confirms that 40% 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.

NHS E have recently published an audit that all of HNY Acute Trusts have completed. The ICB Clinical and Professional Group will use this as our baseline position to understand progress, next steps and any support needed.

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

## 6. Public Satisfaction with the NHS and social care 2023

### 6.1 National Centre for Social Research's (NatCen's) British Social Attitudes (BSA) survey 2023

The National Centre for Social Research's (NatCen's) British Social Attitudes (BSA) survey has been conducted annually since 1983. Each year, the survey asks people what it's like to live in Britain and what they think about how Britain is run, including measuring levels of public satisfaction with the health and care services. The most recent BSA survey was carried out between 12 September and 31 October 2023. It asked a nationally representative sample of 3,374 people (across England, Scotland and Wales) about their satisfaction with the National Health Service (NHS) and adult social care services overall, and 1,206 people about their satisfaction with specific NHS services, as well as their views on NHS priorities, principles and funding.



## 6.2 Satisfaction with GP services:

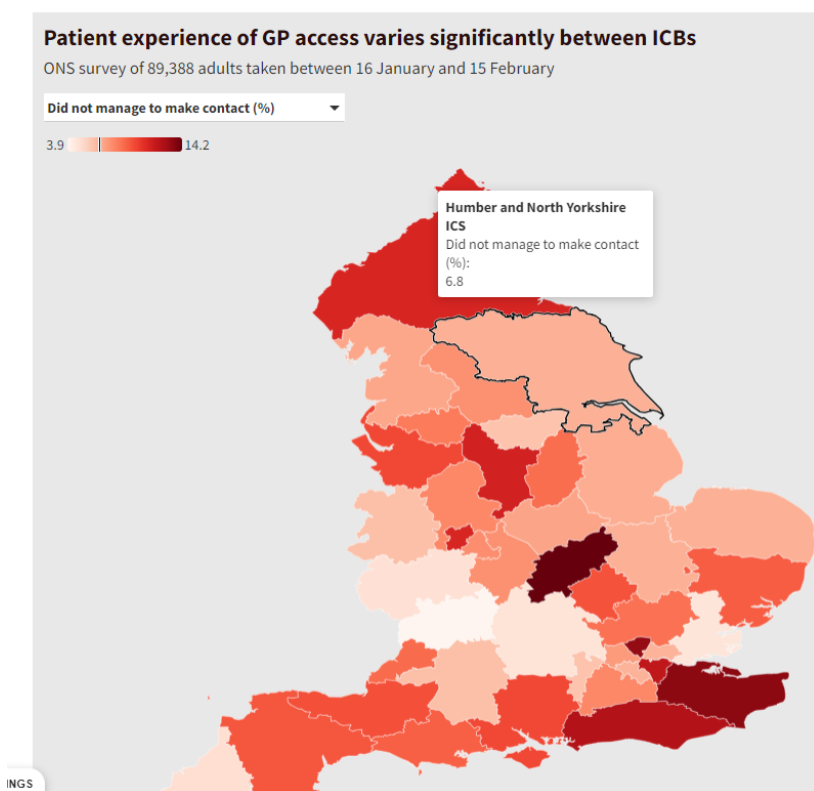
- 34% of respondents said they were satisfied with GP services; the lowest level of satisfaction recorded since the survey began. Since 2019, satisfaction with GP services has fallen by 34 percentage points with 41% of respondents reporting being very and quite dissatisfied.
- 71% of respondents said it takes too long to get a GP or Hospital Appointment.

The ICB will use the 2023/24 patient satisfaction survey results to compare what our patients are saying about our locally commissioned services and compare our progress against the 2022/23 position.

## 6.3 Patient Experience of GP Access across ICBs

The Health Service Journal reported on the 12<sup>th</sup> April 2024 on the number of patients who could not reach a GP:

- In the worst performing ICB 14.7% of people reported being unable to access a GP practice
- Across HNY an average of 6.8% of patients reported being unable to access a GP practice compared to the best ICB of 3.9% in Gloucestershire



## 7. Primary Care Access Recovery Plan, Year 2

NHS England has recently published plans for Year 2 of PCARP, there are 10 delivery actions:

### Empower patients

- Increase use of NHS App or other digital channels
- Continue to expand Self-Referrals to appropriate services
- Expand uptake of Pharmacy First services

### Implement Modern General Practice Access

- Complete implementation of better digital telephony
- Complete implementation of highly usable and accessible online journeys for patients
- Complete implementation of faster care navigation, assessment and response
- National transformation/improvement support for general practice and systems

### Build capacity



- Continue with expansion and retention commitments in the Long-Term Workforce Plan
- Cut bureaucracy**
- Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations
  - Make online registration available in all practices

We will be working with Place Leads to develop a delivery plan for 2024/25 to achieve the aims of Year 2 as detailed above.

## 8. 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 exceed delivery of our ambition for 2023/24 by 187k above plan appointments by 2024.
- ✓ Digital Telephony - delivery plan with all practices who were/are on analogue systems to transfer to digital telephony supporting all practices / PCNs delivering a modern general practice.
- ↑ Continued progress of eligible patients signing up to the NHS App with performance slightly below NHS E average.
- ↑ GP Appointments – to work with North Lincolnshire Place to review the target number of appointments due to being under target for the planned increase but higher than average for the number of appointments per 1,000 population.
- ↓ GP Appointments – Continue to work with Communities of Practice across Hull to attract and retain GPs and increase the number of Direct Care workforce.
- ↓ Accessing GP Practices – whilst we are in the top half of well performing ICBs according to the HSJ article we will continue to work across our system to further improve our patients experience of access General Practice during 2024/25.

## 9. Members are asked to:

- I. Note the contents of the report.
- II. Be assured that progress is being made on delivery of the Access Recovery Improvement Programme.
- III. Note that Place Leads will be working with PCNs to develop plans in alignment with the recently published guidance.

## APPENDICES

### 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	Progress
Community Musculoskeletal Services.	MSK in North Lincs – local discussions are taking place with the ambition to have self-referral in place by January 2024.	<ul style="list-style-type: none"> <li>A meeting with key stakeholder is scheduled 22/04/24 to discuss and plan timescales for implementation of a self-referral pathway for MSK in North Lincs.</li> </ul>
Audiology for older people including hearing aid provision.	Providing Self-Referral pathways across all Places.	<ul style="list-style-type: none"> <li>In Hull, ER, STFT, Y&amp;SFT existing hearing aid users can self-refer, however new patients will need to be referred through their GP.</li> <li>Self-referral pathways currently in development in North/NE Lincs, for implementation post April 24.</li> <li>HDFT only accept referrals from GPs and consultants. (no further update provided on plans to implement self referral pathway).</li> </ul>
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.	<ul style="list-style-type: none"> <li>Estelle Butters requested feedback from the stocktake</li> </ul>
Community Podiatry.	Providing Self-Referral pathways across all Places.	<ul style="list-style-type: none"> <li>Hull &amp; East Riding – Referrals currently need to be made in discussion with GP. Looking to develop plans for a self-referral process but need to understand demand implications.</li> <li>Self-referral pathway in place for existing patients in North/NE Lincs through the SPA.</li> </ul>

		<ul style="list-style-type: none"> <li>• HDFT offer a self-referral pathway (includes new patients), which also covers the Y&amp;S areas.</li> </ul>
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.	<ul style="list-style-type: none"> <li>• The CWS went live in Sept 23 with offering Self Referrals and had received around 10 referrals up until February.</li> <li>• Patients can refer via phone or online via a website.</li> <li>• The online form is currently not available via the website due to the Cyber Attack. NRS are working to re-instate the website asap.</li> </ul>
Falls services.	Some elements of falls pathway in North Yorkshire – Place lead aware.	<ul style="list-style-type: none"> <li>• York and Vale of York they are in the process of developing a falls pathway.</li> <li>• North Yorkshire Place are working with North Yorkshire Council following the recommendations that came from a falls summit held last year. As part of the actions from that summit, on 24<sup>th</sup> April 24 there is a partnership face-to-face event for falls with a view to developing priorities linked to falls (and gaps in service) that came from the summit event.</li> </ul>

## Appendix 3 - Interface Programme

North and North East Lincolnshire Places	January 2024
<b>What are the priority areas being focussed on?</b>	
<ul style="list-style-type: none"> <li>• Consensus statement on primary and secondary care interface responsibilities</li> <li>• Public facing information following referral to secondary care (that will be consistent with the above)</li> <li>• 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</li> <li>• Clinical pathway development (shoulder pain completed, low back pain in process)</li> <li>• Improving the quality of suspected colorectal cancer referrals and improving use of the Non Specific Symptoms suspected cancer pathway (updated referral form now agreed and ready to implement).</li> <li>• Authorisation and governance process for non-medical practitioners in primary care to request forms of imaging (completed)</li> <li>• Eliminating remaining hard copy referral processes (completed)</li> <li>• Outpatient transformation</li> </ul>	
<b>What is going well?</b>	
<ul style="list-style-type: none"> <li>• 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)</li> <li>• 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</li> <li>• Dedicated project management support in North and North East Lincolnshire Places has been critical to the successes achieved</li> </ul>	
<b>What are the challenges, risks and issues?</b>	
<ul style="list-style-type: none"> <li>• Lack of attendance by senior secondary care clinicians for meetings has been a more significant issue since the last update and the past 4 meetings have been inquorate due to this. IA has been a factor on only one of those occasions. The senior clinician who represented NLaG most frequently was on leave for health reasons and then on a phased return but will not be returning to represent NLaG in these meetings in the foreseeable future and has not been replaced. Attendance by other senior clinicians has always been more sporadic.</li> <li>• Development of the new NLaG/HUTH internal group leadership arrangements has been cited repeatedly by Trust representatives as a reason for delaying reaching agreement or taking action on issues, so this is significantly disrupting progress.</li> <li>• 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 (this remains unresolved)</li> </ul>	

East Riding of Yorkshire & Hull Places	December 2023
<b>What are the priority areas being focussed on?</b>	
<ul style="list-style-type: none"> <li>• Advice and Guidance.</li> <li>• Gynaecology pathway from community to hospital.</li> <li>• Shared care.</li> <li>• Developing an interface with Mental Health services.</li> <li>• Cancer screening and work with the Cancer Alliance.</li> <li>• Reconfiguration of Community Services.</li> <li>• Development of an adult ADHD pathway and an adult Disordered Eating pathway.</li> </ul>	
<b>What is going well?</b>	
<ul style="list-style-type: none"> <li>• Working across Primary and Secondary care and achieving good engagement with clinicians from both sides and with the LMC as a key partner on all workstreams.</li> <li>• Advice and Guidance workstream is taking a two-stage approach:             <ul style="list-style-type: none"> <li>◦ Developing principles, identifying what is going well, what opportunities are, and what the system wants Advice and Guidance to become; then</li> <li>◦ Once the principles and aspirations are agreed, taking things forward on an individual Specialty basis.</li> </ul> </li> <li>• Gynaecology pathway work has good support from a well-established GP federation, the community provider, and the acute trust. Currently facilitating conversations with community provider to be able to support the secondary care gynaecology waiting list work.</li> <li>• Shared care workstream has agreed to prioritise Rheumatology as the first Specialty to explore; data has been shared, but needs further exploration to understand any geographic variation and potential solutions.</li> <li>• We have been building on existing discussions with positive input from all sides in relation to Mental Health interface. This is working well at PCN level and there is excellent engagement with PCN Clinical Directors, and a shared ambition to tailor Mental Health services at neighbourhood level</li> <li>• Very good engagement between the Cancer Alliance and General Practice in relation to screening and the Cancer Alliance are facilitating conversations between General Practice and the Acute Trust to solve issues in relation to the cancer pathways.</li> <li>• Community Service reconfiguration engagement events have been well attended with good participation from across the system.</li> <li>• Pathway development around adult ADHD and adult disordered eating design has involved General Practice early and this has been well received; a system-wide approach is being taken and this too has been recognised and well received.</li> </ul>	

**What are the challenges, risks and issues?**

- There are opportunities to involve further Primary Care contractor groups in discussions and planning, particularly in relation to interface and service design; this will be relevant in thinking about how the breadth of Primary Care can support the transformation of services.
- The HUTHT and NLaG Group-model development may lead to significant change in senior clinical leadership; this would require new relationships to be developed and is causing some disruption due to uncertainty of role in the future.
- Capacity for PCN Clinical Directors is limited and there are competing demands on their time; consideration around resource is still required.
- Competing demands on the ICB Place team may lead to limited programme support; this will need to be factored into Place work planning.
- In relation to shared-care, General Practice workload needs to be considered and recognised, and broader conversations around what a shared-care agreement is and is not may need to be undertaken across the system.
- Less well-established relationships between General Practice and Mental Health Services may take longer to develop than anticipated.
- Implementation of new pathways will require resourcing to ensure that long-term outcomes and impacts are achieved, rather than taking a short-term focus.
- The NHS is in a challenged position currently, but the Interface work needs to remain a priority to allow the system transformation work to be carried out; if it were de-prioritised cross-system relationships would be lost and the momentum that we are developing would disappear.

**York and North Yorkshire Place**

**What are the priority areas being focussed on?**

- Agreement of ways of working: copying the Harrogate document that exists and echoing for York
- Creation of a single point of access for clinician complaints/concerns about inappropriate transfer of work
- Behind complaints/concerns being received about inappropriate transfer of work, agreeing a cross system group to arbitrate decisions
- Relationship building between membership of group
- Transformation work themes: barriers to progress, challenges in transformation work
- Establishing LCPs (NY) across 4 locality footprints to represent partners in each geography

**What is going well?**

- Relationships positive and strengthening
- Attendance improving
- Better awareness of each stakeholder's perspectives and priorities
- Agreement on system ways of working with accompanying document reached
- Shared priority of establishing a single point of access, utilising RSS team ability to support this
- Agreeing system consensus as a way of working, applying this principle to pathway changes, interface changes and service development
- Hambleton & Richmondshire LMC locality Lead planned from April to support Interface working

**What are the challenges, risks and issues?**

- The issues that stall transformation work are similar to those that have stalled roll out of REI: lack of clinician time to dedicate to this, job plans not including education/training time to spread learning and reduce referral, digital enablement often a concern. The will to transform care is there, but giving time to clinicians to do things differently is a barrier.
- Attendance most pressured by industrial action/winter pressures
- Continued Primary Care demands