

APPENDIX 1

PROGRESS UPDATE: Review of Access to GPs and Primary Medical Care

SCRUTINY MONITORING – PROGRESS UPDATE	
Review:	Access to GPs and Primary Medical Care
Link Officer/s:	Sarah Bowman-Abouna (SBC) & Emma Joyeux (NENC ICB)
Action Plan Agreed:	July 2024

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

General	
Recommendation 1:	All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool & Stockton Health GP Federation (H&SH), NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.
Responsibility:	Emma Joyeux / Sarah Bowman-Abouna
Date:	December 2024
Agreed Action:	Update report to ICB place sub-committee (Stockton) and Health and Wellbeing Board (HWB).
Agreed Success Measure:	Sub-committee / HWB assured through report and discussion.
Evidence of Progress (September 2025):	<p>All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool & Stockton Health GP Federation (H&SH), NHS Trusts, and general practices do regularly engage constructively around issues relating to general practice to ensure that patients are approaching / receiving care from the most appropriate services based on need.</p> <p>The Stockton Place Sub-Committee has the following key partners in attendance (alongside ICB members):</p> <ul style="list-style-type: none"> • Stockton Local Authority Director of Public Health Director of Adult, Health & Wellbeing services Director of Children's Services • Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Care Group Director • North Tees & Hartlepool Hospital NHS Foundation Trust

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	<p>Locality Director</p> <ul style="list-style-type: none"> • Primary Care – Primary Care Network [PCN] Clinical Directors [CD] Clinical Director - Stockton PCN Clinical Director - North Stockton PCN Clinical Director - Billingham and Norton PCN Clinical Director - Bytes PCN • Healthwatch Project Lead Healthwatch Stockton-on-Tees • VCSE Chief Executive Catalyst
Assessment of Progress (September 2025): (include explanation if required)	<p>2 (On-Track)</p> <p>A copy of this report will now be shared with HWB and Stockton Place Committee.</p>
Evidence of Impact (September 2025):	<p>Examples of general practice issues discussed at Stockton Place Sub-Committee include:</p> <ul style="list-style-type: none"> • List closure applications • Merger applications • Temporary closures due to the civil unrest
Responsibility:	Local Clinical Interface Group (LCIG) via ICB
Date:	March 2025
Agreed Action:	Local Clinical Interface Group (LCIG) to continue discussing primary and secondary care interface issues that are impacting on primary care capacity.
Agreed Success Measure:	Collaborative working between primary and secondary care to agree actions as outlined by Primary Care Access Recovery Plan (PCARP).
Evidence of Progress (September 2025):	Local Clinical Interface Group (LCIG) meetings have been established in Tees Valley, chaired by the Tees Valley Medical Director, and are continuing to take place monthly with good attendance and engagement from both Primary, Secondary care and CLMC colleagues. The LCIG is supporting discussions that are having a positive impact across both primary and secondary care and working through these collectively to resolve issues constructively and with mutual benefit.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>As part of the group valuable conversations and progress have been made around many areas. Some of the key outcomes as of September 2025 include:</p> <ul style="list-style-type: none"> • Standard Emergency Department outcomes letters have been developed and are going through final sign off • Prostate-Specific Antigen (PSA) active surveillance shared care agreement has been discussed and approved by the group • Regular reflections of positive work and sharing of 'quick wins' taking place in meetings to drive up confidence of stakeholders • Pain referral criteria being updated and agreed by the group

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	<p>The group will soon be agreeing 'interface principles' which will smooth the interface between systems, ultimately leading to improved patient care, and saving time and energy to focus on the more important and valuable contributions system partners make. These have been developed in consideration of the national 'red tape challenge' with the aim of reducing bureaucracy between interfaces of care. The red tape challenge has distilled suggestions from extensive engagement into 'top ten' recommendations under the following headings:</p> <ul style="list-style-type: none"> • Culture and relationships across healthcare communities • Underpinning infrastructure • Making healthcare delivery more consistent • Improving customer service and experience 	
Responsibility:	Practices	
Date:	August 2024	
Agreed Action:	Continue to support practices to move to a Modern General Practice Access (MGPA) model to improve access and patient experience (13 practices accessed funding in 23/24).	
Agreed Success Measure:	Improvements in GP Patient survey / local practice survey.	Number of practices accessing MGPA funding.
Evidence of Progress (September 2025):	<p>The General Practice Patient Survey (GPPS) results were released in January 2025.</p> <p>The data pack provided (Appendix 2) shows the positive changes in reporting between 2024 and 2025.</p> <p>In addition to the GPPS practices use the national Friends and Family Test (FFT) to gather more regular feedback about their services and use this to inform improvements and have active Patient Participation Groups (PPGs). The latest FFT data for June 2025 is also included in the data pack.</p>	<p>19 practices <i>[except for 1 in 24/25 who felt they did not require the funding]</i> accessed the MGPA transition funding in 24/25. The total funding released to practices across Stockton on Tees in 24/25 was £147,000.</p> <p>The funding in 24/25 was paid to practices to two waves, 75% upfront and 25% on completion of a value-based return to evidence the ongoing journey towards implementation of MGPA.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>It should be noted that at the time of the GPPS several practices continued to be on an improvement journey towards a MGPA model and therefore the survey will not capture these improvements. Of note:</p> <ul style="list-style-type: none"> • Densham and Dovecot Surgery: The practices have now moved to a new cloud-based telephony system 	

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	<ul style="list-style-type: none"> • Marsh House Medical Practice: The practice has moved to a new clinical system and is in the process of further improving their telephony system to include call back • Alma Medical Centre: The practice has now moved to a new cloud-based telephony system • Yarm Medical Practice: The practice has now moved to a new appointment and triage system • Kingsway Medical Centre: The practice is tied into a telephony contract until April 2026, after which they will be converting to a new cloud-based system which will include call back functionality • Norton Medical Centre: The practice has a new management team and are undergoing significant changes to their ways of working further to the CQC assessment <p>The MGPA value-based return also identified which practices would like further support from the ICBs Digital Support Hub to continue to improve ways of working in respect of operational processes linked to MGPA in their practices.</p> <p>10 practices in Stockton on Tees have received support from the Digital Support Hub.</p> <p>The support offer was also shared during the August 2025 practice engagement session to enable additional practices to seek support and the LDT will continue to receive updates from the Digital Support Hub on a bi-monthly basis.</p> <p>Note: NHS England have confirmed there will be no further MGPA funding in 2025/26.</p>
Responsibility:	PCNs
Date:	March 2025
Agreed Action:	Continue to support Primary Care Networks (PCNs) to implement Capacity and Access Improvement Plans (CAIP).
Agreed Success Measure:	Number of PCNs achieving maximum CAIP funding.
Evidence of Progress (September 2025):	<p>NHSE set out in the 2024/25 PCN Directed Enhanced Service (DES) contract and associated guidance that the following components of Modern General Practice needed to be in place in every PCN practice, and to be confirmed as such by the network Clinical Director and the constituent practices, for the full CAIP funding to be paid:</p> <ul style="list-style-type: none"> • Better digital telephony • Simpler online requests • Faster care navigation, assessment and response <p>Funding in 24/25 was apportioned equally across the three domains, such as that 100% of funding could only be received if the PCN has implemented MGPA requirements across all three areas.</p>

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	<p>To support PCNs to make a declaration against achievement of any of the domains a declaration form was devised by Tees Valley Local Delivery Team (LDT) for use across the ICB.</p> <p>Within the PCN DES the following clause is set out in respect of cloud-based telephony (CBT):</p> <p><i>Where a practice is currently unable to adopt better digital telephony that is capable of enabling any of the components linked to this MGPA priority domain, for example because exit costs from a current contract are prohibitively high, and this has been agreed in writing by the ICB, the "better digital telephony" MGPA priority domain (or "improvement" as referred to in the Network Contract DES Specification) will be deemed to have been achieved if the PCN has agreed with the ICB a clear and deliverable plan to implement an appropriate digital telephony solution.</i></p> <p>To support the ICB in considering exceptional circumstances the Head of Service for Tees Valley and for North Cumbria developed principles to be applied to consider any requests from PCNs who feel any member practices should be considered under the above clause.</p> <p>The DES states: <i>PCNs and member practices should take an improvement approach to the implementation of modern general practice. Commissioners should support PCNs, and practices as needed to take forward improvement priorities.</i></p>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
<p>Evidence of Impact (September 2025):</p>	<p>At the end of March 2025 all 4 Primary Care Networks (PCNs) achieved the maximum CAIP funding.</p> <p>Two PCNs in Stockton on Tees submitted exceptional circumstances in relation to cloud based telephony, which were reviewed and accepted by the ICBs Local Delivery Teams [LDT] in line with the process developed and agreed improvement plan.</p> <p><u>2025/26 CAIP</u> The Capacity and Access Improvement (CAIP) payment will continue in 25/26 [worth £307,414 for Stockton on Tees] but will change from three domains down to two.</p> <ul style="list-style-type: none"> One domain will continue to focus on supporting modern general practice access [worth £204,942 in Stockton on Tees] while the other [worth £102,471 in Stockton on Tees] will incentivise PCNs to use the intelligence gained from population health risk stratification tools to stratify their patients – including to identify those that would benefit most from continuity of care <p>The ICB has developed a process for claims and exceptionality in relation to CBT and PCNs have until June 2026 to claim the CAIP funding.</p>

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	<p>The PCNs continue to support practices to implement MGPA models.</p> <p>CAIP and the MGPA funding are intrinsically linked and CAIP can only be achieved when practices make the improvements required at an individual practice level.</p> <p>In addition to CAIP PCNs receive capacity and access funding unconditionally. PCNs have reported using this funding to:</p> <ul style="list-style-type: none"> • Deploy common digital tools across the PCN • Optimise staff and capacity, such as backfill for clinical supervision of Additional Role Reimbursement Scheme (ARRS) staff • Allocate funding to practices on a monthly basis for continuity plans around staffing and overtime (non-ARRS roles) to ensure safe levels across the network particular in high pressured seasons such as winter • Retain some funding for risk management, which was used towards additional one-off/practice expenses throughout the year • Support the delivery and coordination of care continuity and improving the delivery of care to people living in care homes • Fund patient self-check in screens, call boards with campaign advertising and website renewal • Exploring Artificial intelligence (AI) technology to support the patient journey
Responsibility:	ICB & Cleveland LMC / H&SH
Date:	July 2024
Agreed Action:	NENC ICB to meet regularly with key stakeholders e.g. CLMC and H&SH.
Agreed Success Measure:	Regular meetings established.
Evidence of Progress (September 2025):	Regular meetings continue to be held on a monthly basis between key stakeholders to ensure early dialogue regarding areas of concern and interest and agreeing mutual support and collaborative working opportunities.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>The regular dialogue through effective partnership working has ensured a joined-up approach to the delivery of primary medical services.</p> <p>The relationships have enabled the ICB and stakeholders to work together to submit a bid for Stockton on Tees in relation to neighbourhood health, the outcome of which is expected in early September 2025.</p>
Responsibility:	Practice Manager Lead
Date:	September 2024
Agreed Action:	NENC ICB to be invited to regularly attend Stockton Practice Managers meeting to further develop collaborative working relationships.

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Agreed Success Measure:	Regular meetings established and attended by ICB.								
Evidence of Progress (September 2025):	The ICB has established practice engagement sessions on a locality basis across Tees Valley. A survey was issued to practices to consider their preference in the type and frequency of the meetings, and this was used to inform the ICBs approach.								
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)								
Evidence of Impact (September 2025):	<p>The first engagement meetings were held in August 2025. All practices were invited to attend. Practices confirmed their preference was to have these meetings via MS Teams to ensure that they could be recorded for anyone unable to attend.</p> <p>A forward plan of topics has been agreed, in line with feedback from practices about the topics they'd benefit from, along with the opportunity for a 'hot topics' discussion in each session and a Q&A section for any issues, queries or concerns practices wish to raise.</p> <p>In addition to the meetings a GP TeamNet page has been established which is a reference site for practices to access guest speaker presentations and a FAQ document which will be produced after every engagement session.</p> <p>The engagement sessions will be held on a quarterly basis [in line with feedback from practices] and will be held in the following months</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Locality</th><th>Meeting date</th></tr> </thead> <tbody> <tr> <td>Hartlepool and Stockton</td><td>07/08/2025</td></tr> <tr> <td>Hartlepool and Stockton</td><td>06/11/2025</td></tr> <tr> <td>Hartlepool and Stockton</td><td>05/02/2026</td></tr> </tbody> </table> <p>The meetings have been well received, with good attendance to date and the ICB is offering the practices the opportunity to shape the content of these sessions going forwards, so they remain timely and meaningful.</p>	Locality	Meeting date	Hartlepool and Stockton	07/08/2025	Hartlepool and Stockton	06/11/2025	Hartlepool and Stockton	05/02/2026
Locality	Meeting date								
Hartlepool and Stockton	07/08/2025								
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Hartlepool and Stockton	05/02/2026								
Responsibility:	SBC, Public Health and NENC ICB								
Date:	March 2025								
Agreed Action:	Improved links between local Planning Services functions, Public Health and NENC ICB in terms of new housing developments and the potential impact of these in relation to health service demand / pressures.								
Agreed Success Measure:	Regular discussions established.								
Evidence of Progress (September 2025):	The Tees Valley Strategic Estates Group is held on a bi-monthly basis chaired by the ICBs Strategic Head of Estates with Antony Phillips (SBC Place								

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	<p>Development Manager) as the main attendee from Stockton Borough Council. The meeting continues to be attended from a range of public sector partners including Health, LA's, Police, University, Tees Valley Combined Authority and Homes England.</p> <p>The ICB continues to encourage SBC and Public Health to contribute to the understanding of what the local needs are and the impact this will have on local health services, particularly in relation to general practice and new patient registrations.</p>
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	Improved relationships through horizon scanning and sharing information so that all key partners are involved in discussions when planning services and their locations for the future.

Communications	
Recommendation 2:	All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the Pharmacy First initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025
Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	<p>The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels.</p> <p>All Stockton on Tees PCNs have recruited a Digital and Transformation Manager through the Additional Role Reimbursement Scheme (ARRS) supporting practices and patients to access information about accessing the most appropriate services.</p> <p>The ICB has established a patient experience task and finish group, working with the Digital Team and HealthWatch to consistently promote pharmacy first, pharmacy first and enhanced GP access. Banners and leaflets to be developed and jointly branded between Healthwatch and the ICB to promote access routes across the region.</p>

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	PCNs and practices are routinely reminded of public health campaigns and cancer campaigns so that they can update their messaging on both website and in surgeries to ensure health promotion is a core part of their business.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	An example of this approach can be seen on the BYTES and Billingham and Norton PCNs resource hubs and on the ICB website: <ul style="list-style-type: none"> • Resource Hub - BYTES PCN • Billingham and Norton PCN • News North East and North Cumbria NHS • ICB Update - 15 August 2025
Responsibility:	Healthwatch Stockton-on-Tees
Date:	July 2024
Agreed Action:	Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees.
Agreed Success Measure:	Communications disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>It was noted during the Committee meeting when the action plan was agreed, that the proposed action for Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees had already been addressed following the recent circulation of a Healthwatch Stockton-on-Tees version of the 'Top Tips for Accessing your GP Practice'.</p> <p>Healthwatch Stockton-on-Tees stated:</p> <p><i>'Following research undertaken by Healthwatch South Tees, who have worked in collaboration with a range of professionals, we are able to provide information in response to questions and issues raised by local people about getting the most out of your GP practice.</i></p> <p><i>The most common questions and answers are presented in this document, which is also live on our website</i> https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice<i>) and will be included in our next Summer newsletter.'</i></p>
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	As above.
Responsibility:	ICB / SBC Public Health
Date:	March 2025

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Agreed Action:	Key information and messages disseminated through Catalyst, community wellbeing champions and community spaces.																														
Agreed Success Measure:	Communications disseminated through key services and VCSE.																														
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices and wider partners with key messaging on websites and social media channels that can be further shared.																														
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)																														
Evidence of Impact (September 2025):	<ul style="list-style-type: none">News North East and North Cumbria NHSICB Update - 15 August 2025																														
Responsibility:	Practices																														
Date:	October 2024																														
Agreed Action:	Increase the number of patients with online accounts enabled with full prospective access (target is 95%).																														
Agreed Success Measure:	Remaining 5 practices to achieve 95% target.																														
Evidence of Progress (September 2025):	NHS England data in relation to prospective records access has been intermittent and NHS England have advised caution on the data as it is not always reliable. However, the ICBs Digital Support Hub continues to work with practices to identify opportunities to increase the number of practices with full prospective record access in place and this will continue to be a key priority in 25/26.																														
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track) Delayed progress due to GP Collective Action.																														
Evidence of Impact (September 2025):	<p>The below shows the achievement as of September 2025. Riverside Medical Practice merged with Arrival Medical Practice in June 2025 which has resulted in a significant number of records with 104 applied [redacted] transferring to the practice. To ensure this is resolved for Riverside Medical Practice dedicated support is being provided in addition to the hands-on support being provided to the practices below the target.</p> <p>All practices now have the settings enabled to allow prospective records access with the default setting being switched on in the NHS app.</p> <table><tr><th>Practice Name</th><th>Organisational Settings to allow prospective access (Y/N)</th><th>% of Registered patients excluded (104 code applied)</th><th>Prospective default for new NHS App users (Y/N)</th><th>% Online accounts with full prospective access</th></tr><tr><td>YARM MEDICAL PRACTICE</td><td>Y</td><td>32.10%</td><td>Y</td><td>70.82%</td></tr><tr><td>NORTON MEDICAL CENTRE</td><td>Y</td><td>4.33%</td><td>Y</td><td>78.03%</td></tr><tr><td>WOODLANDS FAMILY MEDICAL CENTRE</td><td>Y</td><td>19.68%</td><td>Y</td><td>95.0%</td></tr><tr><td>THE ROSEBERRY PRACTICE</td><td>Y</td><td>12.81%</td><td>Y</td><td>88.82%</td></tr><tr><td>RIVERSIDE MEDICAL PRACTICE</td><td>Y</td><td>65.03%</td><td>Y</td><td>26.80%</td></tr></table>	Practice Name	Organisational Settings to allow prospective access (Y/N)	% of Registered patients excluded (104 code applied)	Prospective default for new NHS App users (Y/N)	% Online accounts with full prospective access	YARM MEDICAL PRACTICE	Y	32.10%	Y	70.82%	NORTON MEDICAL CENTRE	Y	4.33%	Y	78.03%	WOODLANDS FAMILY MEDICAL CENTRE	Y	19.68%	Y	95.0%	THE ROSEBERRY PRACTICE	Y	12.81%	Y	88.82%	RIVERSIDE MEDICAL PRACTICE	Y	65.03%	Y	26.80%
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	Additional targeted support will continue to be offered to further improve this reported position.																					
Responsibility:	Practices and H&SH																					
Date:	March 2025																					
Agreed Action:	Promotion of enhanced access appointments on evenings and weekends.																					
Agreed Success Measure:	Increased utilisation of appointments.																					
Evidence of Progress (September 2025):	<p>Enhanced access continues to be offered by Hartlepool and Stockton Health GP federation [H&SH] on behalf of the four PCNs, offering a range of appointments to patients which are considered an extension of core general practice.</p> <p>Each year the hours required to be provided change on the basis of the PCNs adjusted list size being amended in January of each year to account for new patients joining or leaving PCN member practices. The total hours per week required from 1st April 2025 were:</p> <table><tr><th>PCN Code</th><th>PCN Name</th><th>Updated hours to provide in 2025</th></tr><tr><td>U63844</td><td>BYTES PCN</td><td>48:30</td></tr><tr><td>U94460</td><td>BILLINGHAM & NORTON PCN</td><td>53:30:00</td></tr><tr><td>U07032</td><td>NORTH STOCKTON PCN</td><td>51:30:00</td></tr><tr><td>U27349</td><td>ONE LIFE HARTLEPOOL PCN</td><td>40:15:00</td></tr><tr><td>U89141</td><td>STOCKTON PCN</td><td>70:00:00</td></tr><tr><td colspan="2"></td><td>263:45:00</td></tr></table>	PCN Code	PCN Name	Updated hours to provide in 2025	U63844	BYTES PCN	48:30	U94460	BILLINGHAM & NORTON PCN	53:30:00	U07032	NORTH STOCKTON PCN	51:30:00	U27349	ONE LIFE HARTLEPOOL PCN	40:15:00	U89141	STOCKTON PCN	70:00:00			263:45:00
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Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>																					
Evidence of Impact (September 2025):	<p>The ICB monitors utilisation of the enhanced access service in each PCN [booked and utilised appointments] by way of a monthly update report which is completed on behalf of the PCNs by H&SH. The ICB also requires PCNs to confirm if and when any enhanced access hours are to be re-provided due to any days which fall on bank holidays. The 24/25 booked and utilisation rates by PCN is as below:</p> <table><tr><th>24/25 Enhanced Access</th><th>Booked</th><th>Utilised</th></tr><tr><td>Stockton</td><td>79.49%</td><td>71.90%</td></tr><tr><td>North Stockton</td><td>71.81%</td><td>64.23%</td></tr><tr><td>BNPCN</td><td>87.38%</td><td>80.03%</td></tr><tr><td>BYTES</td><td>77.67%</td><td>67.70%</td></tr><tr><td>Average</td><td>79.09%</td><td>70.97%</td></tr><tr><td>Average 23/24</td><td>76.48%</td><td>68.72%</td></tr></table>	24/25 Enhanced Access	Booked	Utilised	Stockton	79.49%	71.90%	North Stockton	71.81%	64.23%	BNPCN	87.38%	80.03%	BYTES	77.67%	67.70%	Average	79.09%	70.97%	Average 23/24	76.48%	68.72%
24/25 Enhanced Access	Booked	Utilised																				
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Average	79.09%	70.97%																				
Average 23/24	76.48%	68.72%																				

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	<p>Data shows an improvement from previous year in both appointments booked and utilised [which includes DNA rates].</p> <p>The enhanced access service continues to be widely promoted via phone lines, on websites and by QR codes/ banners. The service offers the opportunity for patients to attend appointments on evenings and weekends at convenient locations.</p>
Responsibility:	Practices and H&SH
Date:	March 2025
Agreed Action:	Promotion of at-scale services provided by H&SH that will reduce demand on practice appointments e.g. covid vaccinations, menopause clinics.
Agreed Success Measure:	Increased utilisation of at-scale services.
Evidence of Progress (September 2025):	<p>H&SH, as the sub-contractor of the PCNs enhanced access services also offer additional innovative appointment types such as group consultations and menopause clinics.</p> <p>In addition to this H&SH have continued to partner with the ICB to offer COVID-19 vaccinations during the spring programme for North Stockton PCN [who opted out of the programme] and the delivery of outreach clinics across the Tees Valley and will continue to do so in the Autumn/Winter 25/26 COVID-19 programme.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Menopause: Patients across the four PCNs in Stockton on Tees have benefited from a series of women's health events dedicated to supporting women from minority ethnic groups to understand menopause and access care with the aim to destigmatise the conversation around menopause, empower women to take control of their health and mitigate direct and indirect health issues affecting patients from minority ethnic groups experiencing menopause.</p> <p>COVID-19: During the 2025 Spring COVID-19 booster programme, H&SH delivered 332 vaccinations across all 5 localities in Tees using the RALPH bus and ensured housebound and care home patients received a COVID-19 vaccine.</p> <p>Ensuring coverage of the North Stockton PCN eligible population and offering outreach clinics enables those most vulnerable to receive a vaccine. Outreach clinics during the autumn/ winter programme will continue to be widely promoted using both ICB and national comms branding via Public Health, Intrahealth, community champions, practices etc. The Local Delivery Team will request that practices remind patients of the clinics in their locality to promote the opportunity to receive a convenient vaccine.</p> <p>Sexual Health: Since 1st Augst 2025, Teesside Together (provided by the Tees Alliance Partnership, which is led by University Hospitals Tees,</p>

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	<p>Hartlepool and Stockton Health and ELM GP Federation) will be working with 70 GP practices and approximately 100 community pharmacies across the region, providing emergency hormonal contraception through community-based hubs to promote early intervention, support informed choice, and reduce barriers to essential services.</p> <p>Other H&SH services: Community Healthcare Services Hartlepool & Stockton Health - Hartlepool & Stockton Health</p>
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Communications	
Recommendation 3:	Councillors and local MPs be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community) and encourage positive feedback as well as concerns (to help share and spread learning and best practice).
Responsibility:	Councillors / MPs
Date:	March 2025
Agreed Action:	Help support messaging around wasted appointments from Did Not Attend (DNA).
Agreed Success Measure:	Reduction in DNA rates.
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices and wider partners with key messaging on websites and social media channels that can be further shared.
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	<p>Examples of how ICB shares messages that can be used by wider partners to further disseminate:</p> <ul style="list-style-type: none"> • News North East and North Cumbria NHS • ICB Update - 15 August 2025 •  NENC ICB MP and local councillors upda <p>The ICB will look to include some further messaging in future around DNAs.</p>
Responsibility:	Councillors / MPs
Date:	March 2025

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Agreed Action:	Healthwatch communication to be used by Councillors and local MPs, for dissemination in the community – including contact details to send feedback.
Agreed Success Measure:	Communications disseminated in the community and feedback gathered.
Evidence of Progress (September 2025):	Healthwatch communication has been shared and is accessible on the Healthwatch website for Councillors and local MPs to use. Information is also available on the ICB website and NHS website
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> • GP practices North East and North Cumbria NHS • Appointments and bookings at your GP surgery - NHS

Communications	
Recommendation 4:	The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025
Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	<p>The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels, including the importance of general practice roles.</p> <p>NHS England also has examples of promotional materials available to use:</p> <ul style="list-style-type: none"> • NHS England — North East and Yorkshire » Meet your General Practice Team • NHS England — North East and Yorkshire » Social Prescribing Link Worker • NHS General Practice Team Help Us Help You - Primary Care Services Campaign Resource Centre
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>Some examples of this approach:</p> <ul style="list-style-type: none"> • PCN Services - BYTES PCN • Services – Billingham and Norton PCN • Elm Tree Medical Centre Thornaby Facebook

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	<ul style="list-style-type: none"> Norton social media: https://www.facebook.com/share/1P3ff2Ai6v/?mibextid=wwXlfr "Is a GP the most appropriate person to see? Please watch this NHS video regarding all the different health professionals that work within Norton Medical Centre. https://www.youtube.com/watch?v=CT0aB-EORMU The Norton Medical Centre Team is here to help you!"
Responsibility:	Healthwatch Stockton-on-Tees
Date:	July 2024
Agreed Action:	Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees.
Agreed Success Measure:	Communications disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>It was noted during the Committee meeting when the action plan was agreed, that the proposed action for Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees had already been addressed following the recent circulation of a Healthwatch Stockton-on-Tees version of the 'Top Tips for Accessing your GP Practice'.</p> <p>Healthwatch Stockton-on-Tees stated:</p> <p><i>'Following research undertaken by Healthwatch South Tees, who have worked in collaboration with a range of professionals, we are able to provide information in response to questions and issues raised by local people about getting the most out of your GP practice.</i></p> <p><i>The most common questions and answers are presented in this document, which is also live on our website</i> https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice<i>) and will be included in our next Summer newsletter.'</i></p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	As above.

Communications	
Recommendation 5:	Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.
Responsibility:	ICB / Practices / PCNs
Date:	March 2025

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Agreed Action:	Continued promotion of public messaging through websites and social media channels.
Agreed Success Measure:	Visibility on websites and social media platforms.
Evidence of Progress (September 2025):	The ICB continues to have a strong social media presence and supports practices with key messaging on websites and social media channels, including sharing good news stories relating to general practice.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>The PCN end of year report (see recommendation 9) was shared widely with PCNs, System partners and across the ICB to share the positive news stories across PCNs in Tees Valley.</p> <p>Whilst not a Stockton example, the ICB promotes good news stories from general practice on the ICB website: Eston patients benefiting from extra general practice appointments North East and North Cumbria NHS</p> <p>The LDT is actively working with ICB comms to have a rolling programme of good news stories from primary care and we anticipate the next story to involve the work that Billingham and Norton PCN have been undertaken with SBC regarding a parkrun in Billingham, to support a health and wellbeing offer for the community.</p> <p>The ICB has been promoting the GP patient survey results on social media:</p> <ul style="list-style-type: none"> • https://www.facebook.com/share/p/1A7KFShAfS/?mibextid=wwXlfr • https://www.facebook.com/share/p/1Yxa55P3s8/?mibextid=wwXlfr <p>H&SH also host an annual awards ceremony which champions the incredible work being done by General Practice teams across the local area. This year, they received an overwhelming 272 nominations for 148 different nominees across the eight categories.</p>
Responsibility:	CLMC / Practices
Date:	March 2025
Agreed Action:	Continued support from CLMC specialist in CQC areas to ensure all practices remain focused on the key lines of enquiry for any future inspections.
Agreed Success Measure:	CQC ratings of good or outstanding to be achieved.
Evidence of Progress (September 2025):	The LMC continues to provide expert CQC advice to practices via the employment of a CQC Advisor, and a dedicated website: Guidance Cleveland LMC Resources and Advice for Professionals .
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)

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Evidence of Impact (September 2025):	<p>The offer of support has been promoted via the ICB on a case-by-case basis and promoted to practices via the Protected Learning Times.</p> <p>Dedicated support has been offered to Norton Medical Centre to support them in response to the areas identified by CQC.</p> <p>The data pack (Appendix 2) evidences with the exception of 2 practices all practices are achieving a rating of good or outstanding.</p>
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Operational	
Recommendation 6:	All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.
Responsibility:	Practices
Date:	In line with end date of individual practice contracts
Agreed Action:	Support practices to transition from analogue telephony to Cloud Based Telephony (CBT).
Agreed Success Measure:	All practices to be on CBT.
Evidence of Progress (September 2025):	All practices are now on cloud-based telephony systems.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	Data is not yet publicly available regarding any quantifiable impact or improvement of CBT. However 70% of practices in Stockton have seen an increased positive response to the GP patient survey question relating to ease of getting through to GP practice by telephone compared to last year.
Responsibility:	ICB / Practices
Date:	October 2024 [or in line with end date of individual practice contracts]
Agreed Action:	Support practices to increase functionality of Cloud-Based Telephony (CBT), with particular emphasis on call-back function.
Agreed Success Measure:	All practices to have call-back functionality as part of CBT.
Evidence of Progress (September 2025):	All practices are now on cloud-based telephony systems. As previously mentioned, two PCNs (affecting now 3 practices) in Stockton on Tees submitted exceptional circumstances in relation to cloud based telephony, which were reviewed and accepted by the ICBs Local Delivery Teams (LDT) in line with the process developed and agreed improvement plan:

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	<ul style="list-style-type: none"> • Marsh House Medical Centre: Whilst the practice has a CBT contract, installation of the call back functionality has been delayed due to the recent migration of the practice clinical system from EMIS to Systm1. The practice has agreed to implementing call back functionality as soon as practical during 2025/26. • Kingsway Medical Centre: The practice is tied into a CBT telephony contract until April 2026, after which they will be converting to a new cloud-based system which will include call back functionality • Dr Rasool: The practice has agreed a new CBT contract which has call back functionality enabled. The practice intended to move to this system in Q1 of 25/26 however this has been delayed due to the ICB upgrading the Health and Social Care Network being upgraded [which is a secure network to enable health and social care data to flow quickly and securely]. A new installation date is expected in Q3.
Assessment of Progress (September 2025): (include explanation if required)	2 (On-Track)
Evidence of Impact (September 2025):	Data is not yet publicly available regarding any quantifiable impact or improvement of CBT. However, 70% of practices in Stockton have seen an increased positive response to the GP patient survey question relating to ease of getting through to GP practice by telephone compared to last year.

Operational	
Recommendation 7:	All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in place to support implementation to ensure both staff and patients are comfortable with the approach.
Responsibility:	ICB / Practices
Date:	March 2025
Agreed Action:	ICB to support Protected Learning Time (PLT) to enable practices to access education and training.
Agreed Success Measure:	Practice staff (admin and clinical) engagement with PLT.
Evidence of Progress (September 2025):	<p>The ICB recognises the importance of education and training to ensure the general practice workforce has protected time to receive education, training, and development.</p> <p>In 24/25 each locality was afforded six protected learning times (PLTs) - two face to face [conference], two virtual and two 'time ins' to afford practices the opportunity to have a practice development session or if they choose to work with other practice in the local area.</p> <p>To enable practices to close during the PLTs the ICB commissioned clinical cover from the GP Federations, with practices closed between 13:00-18:00 on PLT days [practices subcontract the 18:00-18:30 period separately].</p>

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	<p>The PLTs are arranged on different days per locality (Hartlepool and Stockton as one combined, Middlesbrough and Redcar and Cleveland as one combined, and Darlington) the PLT dates adhere to the principles agreed regionally including avoiding school holiday dates, Mondays and Fridays, rotating days to ensure those who have non-working days can access learning, and not holding more than one PLT on the same day or week to reduce impact on the system.</p> <p>The ICB, in conjunction with the Primary Care Training Hub are responsible for the agenda and event content in the face to face and virtual PLTs and identified appropriate topics in line with the ICBs Clinical Strategy, feedback from delegates and with support of the Primary Care Clinical Lead to identify topics of general practice interest.</p> <p>As detailed above Practices have two 'Time ins' each year. The agendas for these practice time ins are developed by individual practices, allowing the practices time to come together as a PCN or individually to deliver in house training. Practices indicated that they used these protected time ins to undertake specific in-house learning such as implementing new telephone systems, internal processes, and in house training on care navigation.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Practices have utilised the Protected Time ins during the preceding 12 months to focus on providing in house training on care navigation.</p> <p>Good engagement and attendance from practice staff (both clinical and non-clinical) at PLTs with practices utilising the opportunity to focus on protected learning</p> <p>Feedback was gathered following each PLT to understand if delegates found the topics of benefit and to help inform future sessions, with average feedback across the face to face and virtual events scoring 4.3 out of 5.0.</p> <p>PLTs have continued to be offered during 25/26 to date.</p>
Responsibility:	ICB / Practices
Date:	March 2025
Agreed Action:	ICB to promote national care navigation resources which are available for practices to access self-directed learning.
Agreed Success Measure:	Practice feedback from accessing care navigation resources.
Evidence of Progress (September 2025):	<p>The ICB continues to promote care navigation resources and regularly checks and challenges practices through the quality and variation process, encouraging practices to access self-directed learning and other resources available to them.</p> <p>NHS England have recently released updated Care Navigation guidance. This guide is for general practice teams who are seeking to improve the care</p>

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	<p>navigation processes in their organisation, which is a critical part of the modern general practice model.</p> <p>The ICB will continue to work with NHSE and others to review and ensure any future care navigation training aligns to this guidance and the MGPA model of faster care navigation.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Updated NHSE Care Navigation guidance shared with all practices.</p> <p>A number of care navigation providers have been contacted, and an evaluation of quality and cost effectiveness is being undertaken, with a view to move forward to commission additional training for 1,600 staff members across general practice in North East and North Cumbria.</p> <p>Practices have adopted care navigation as part of a modern general practice access model to support patients to access the right healthcare professional or service for their need.</p>
Responsibility:	Primary Care Training Hub (PCTH) to arrange, practices responsibility to ensure that staff are accessing the funded courses.
Date:	October 2024
Agreed Action:	Primary Care Training Hub (PCTH) to support practices with a taught training offer in care navigation to further aide confidence for practice staff.
Agreed Success Measure:	Practice staff have appropriate training in Care Navigation, Foundation and advanced courses offered during practice PLTs with the last training happening in October.
Evidence of Progress (September 2025):	<p>During 24/25 the Primary Care Training Hub (PCTH) supported practices with a boosted training offer in care navigation during PLTs to further aide confidence for practice staff and all localities were offered Care Navigation Training in both Foundation and Advanced courses available to practice administrative and clerical staff during protected learning times (PLTs).</p> <p>Following the announcement of the abolishment of NHSE and subsequent impending organisational restructure, the PCTH has shared a new way of working with ICB colleagues and wider stakeholders. The team are now aligned to North East and North Cumbria wide projects which will be delivered during 25/26 (instead of the currently locality-based way of working).</p> <p>As a result of reduced PCTH capacity and budget, the strategic decision has been made to pause some projects for this year which have previously been delivered. These will include:</p> <ul style="list-style-type: none"> • Training Needs Analysis - data and insights have been gathered over a period of 4 years which can be utilised, alongside stakeholder engagement to inform plans for 26/27

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	<ul style="list-style-type: none"> Personalised Care Roles Training Package – specific webinars have been delivered over past two years with available training capacity not fully utilised. Budget will be allocated to other priority projects Protected Learning Time – attendance at ICB oversight group will continue, but all other support offers will no longer be supported
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>All GP practice administrative and clerical staff offered structured training in Care Navigation during the preceding 12 months, both Foundation and Advanced.</p> <p>Positive feedback received from practice administrative and clerical staff who attended the Care Navigation training.</p> <p>This will inform additional training being commissioned by the ICB during 25/26 in respect of care navigation.</p>

Operational					
Recommendation 8:	To ensure appropriate workforce capacity is in place to maximise the local general practice offer:				
	a) NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.				
Responsibility:	ICB / PCNs				
Date:	March 2025				
Agreed Action:	Continue to support / encourage uptake of the ARRS scheme through regular dialogue with PCN Operational Managers to discuss workforce plans and available budget.				
Agreed Success Measure:	Increase in headcount (HC) and / or whole time equivalent (WTE) of ARRS roles (June 2023 data: 61 HC / 58.04 WTE across Stockton-on-Tees).				
Evidence of Progress (September 2025):	<p>The total Additional Role Reimbursement Scheme (ARRS) roles in Tees Valley up to 31st March 2025 based on ARRS claims received was 380.75 WTE/ 439 headcount.</p> <table border="1"> <thead> <tr> <th>Locality</th><th>Total Whole Time Equivalent [WTE]</th></tr> </thead> <tbody> <tr> <td>Stockton on Tees</td><td>97.46</td></tr> </tbody> </table> <p>Roles employed or engaged via ARRS continued to expand during 2024/25 and into 2025/26. The scheme provides PCNs with dedicated funding to cover salary, employer national insurance and pensions contributions for a defined list of staff. As in previous years, PCNs can choose which roles they wish to employ and whether to directly employ roles or contract for these roles with</p>	Locality	Total Whole Time Equivalent [WTE]	Stockton on Tees	97.46
Locality	Total Whole Time Equivalent [WTE]				
Stockton on Tees	97.46				

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	<p>other organisations e.g., Local Acute Trusts, Local Authorities, or Private/ VCSE organisations.</p> <p>The Local Delivery Team (LDT) [primary care] continues to provide advice, guidance, and support to PCNs in relation to ARRS, through quarterly PCN/ ICB head of primary care catch up meetings with PCN ops leads, and monitoring of a dedicated email account for primary care network queries.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>The 58% increase in WTE ARRS roles in Stockton since March 2023 demonstrates the commitment from PCNs to develop the ARRS roles, embedding a multi professional approach to managing patients in primary care.</p> <p>In 25/26 further roles have been added to the ARRS scheme, widening the scope further. In addition, all restrictions on the numbers of roles have been removed further increasing flexibility for PCNs to employ the roles needed for their communities.</p> <p>Through the utilisation of ARRS more people are being seen in the right place first time, with practices able to expand the primary care workforce. ARRS roles support improving patient access and deliver a wider range of services, ultimately enhancing patient care outcomes.</p>
Responsibility:	PCNs
Date:	October 2024 [workforce plan]
Agreed Action:	Submission of PCN workforce plan to capture current and future PCN workforce intentions.
Agreed Success Measure:	Increased utilisation of available budget for ARRS spent by PCNs.
Evidence of Progress (September 2025):	<p>The LDT [primary care] supported PCNs through the 24/25 workforce planning round via check in calls and by providing PCNs with quarterly ARRS statements to track their workforce spend throughout the year, continuing to work collaboratively with system partners to facilitate role development and creating an ARRS calculator to support budget management within PCNs.</p> <p>In October 2024 the ICB developed a workforce plan template and process to support PCNs to detail their ARRS workforce and their forecast plans to inform regional teams and draw down the required ARRS funding to support PCNs.</p> <p>The ICB are currently reviewing the process for PCN workforce planning 25/26, it is expected that this will be a very similar process and template as the previous workforce planning round, with some additions to take into account the new roles and uplifts applied in year.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>

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Evidence of Impact (September 2025):	<p>The ICB developed and implemented a workforce planning template and process at short notice following announcement by NHSE that this was to be determined by the ICB.</p> <p>The LDT [primary care] held check in calls with all 14 PCNs to support the PCNs with their workforce planning submission, which were then submitted to the ICB regional team and ICB finance to ensure the ARRS budget was accurately forecast.</p> <p>The 58% increase in WTE ARRS roles in Stockton since March 2023 demonstrates the commitment from PCNs to develop the ARRS roles, embedding a multi professional approach to managing patients in primary care.</p> <p>PCNs remain aware of the ARRS budget available and how this can be utilised.</p> <p>As of 31st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).</p>
Responsibility:	ICB / PCNs
Date:	March 2025
Agreed Action:	Encourage PCNs to explore new roles, working in collaboration with system partners.
Agreed Success Measure:	Increase in roles employed directly by PCNs and or by system partners.
Evidence of Progress (September 2025):	<p>In October 2024 NHS England announced that £82 million of ringfenced funding nationally would be made available to PCNs to recruit newly qualified General Medical Practitioners [GP]. There were a number of queries relating to the GP role including the number of practices the role could work across, the maximum claimable amount being below the expected costs associated with recruiting a GP and a lack of clarity over the role continuing into 2025/26.</p> <p>From April 2025 ARRS was made more flexible with the main ARRS funding combined with the GP ARRS funding to create one funding stream.</p> <p>Several Practice Nurse roles have also been added to the scheme such as Healthcare Support Workers, New to General Practice Nurses, Experienced General Practice Nurses, Consultant Nurses in Primary Care.</p> <p>The introduction of these new roles, removal of all caps on all other direct patient care roles and combination of the main ARRS and GP ARRS funding provides much greater flexibility to PCNs enabling them to review the PCN patient needs and recruit clinical roles to match this need/ demand.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	As of 31 st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).

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	<p>PCNs are actively recruiting to the roles relevant to their PCN. Stockton PCN and Billingham and Norton PCN have recruited GPs via the ARRS scheme, and BYTES has recruited an enhanced nurse to date.</p> <p>The PCNs will be completing their workforce plan for 25/26 in October 2025 to provide a forward plan for remainder of the year which will identify the intentions to further increase the employment of these roles.</p>
Responsibility:	PCNs / H&SH
Date:	March 2025
Agreed Action:	Continue to support PCNs to work with system partners to trial and embed new roles. PCNs to determine employment model, which may include a third-party employer e.g. H&SH Federation to employ and manage identified ARRS roles.
Agreed Success Measure:	Number of ARRS roles employed by H&SH supporting PCNs.
Evidence of Progress (September 2025):	<p>As above.</p> <p>H&SH are one potential employer/ sub-contractor of ARRS roles, other partners include Mind and North Tees and Hartlepool Foundation Trust.</p> <p>The ARRS roles required, and the employment models are determined by the PCNs.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>As of 31st March 2025 there are 97.46WTE ARRS staff working in general practice (March 2023: 59.58WTE; March 2024: 82.52WTE).</p> <p>53.53WTE of these ARRS roles are employed by partner organisation such as H&SH, Mind, and secondary care.</p> <p>Thousands of people across Tees Valley benefitting from mental health practitioners in GP surgeries - Tees Esk and Wear Valley NHS Foundation Trust</p>
	b) All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.
Responsibility:	Practices / CLMC
Date:	March 2025
Agreed Action:	ICB to support practices by providing free advert listing with the BMJ Careers, which may encourage GPs from outside of the area to move to Tees.
Agreed Success Measure:	Number of practices using this resource to advertise recruitment opportunities.
Evidence of Progress (September 2025):	BMJ careers continues to be available for practices and PCNs to advertise free vacancies within Tees Valley.

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Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Job Search BMJ Careers Example extract from a recent advert: <i>"We are seeking a Newly Qualified GP to join our team through the NHS Additional Roles Reimbursement Scheme (ARRS). This position offers flexibility working, depending on the requirements of the Primary Care Network (PCN), with working hours of 4 sessions per week, 3 x clinical and 1 x admin/CPD. Our ideal candidate is passionate about transforming healthcare delivery by embracing technology and automation to enhance patient care and streamline processes.</i> <i>We are looking to recruit one GP for a total of 4 sessions per week.</i> <i>This role will be solely located at Norton Medical Centre, Stockton."</i>
Responsibility:	Practices / CLMC
Date:	March 2025
Agreed Action:	CLMC continues to support the job advert service for practices.
Agreed Success Measure:	Number of practices using this resource to advertise recruitment opportunities.
Evidence of Progress (September 2025):	CLMC continues to support the job advert process. The website link provides a range of job opportunities including GP, ANPs, Practice Managers and admin and clerical vacancies, along with long term locums. The website also promotes the benefits of working in Tees Valley: https://statics.teams.cdn.office.net/evergreen-assets/safelinks/2/atp-safelinks.html
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Vacancies Current Job Openings with Cleveland LMC Example extract from a recent advert: <i>"Woodlands Family Medical Centre are looking for an enthusiastic, reliable full-time receptionist to join our very busy, friendly practice in Stockton-on-Tees."</i>
Responsibility:	Practices / CLMC
Date:	March 2025

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Agreed Action:	CLMC continues to support practices with Skilled Worker Visas to retain GPs as they leave the Vocational Training Scheme (VTS).
Agreed Success Measure:	Number of visas in place.
Evidence of Progress (September 2025):	CLMC continues to support registrars and practices in the skilled worker application. The website link provides guidance for registrars and for practices. Also provides list of practices within Tees with skilled worker status. Practices and Registrars can view the guidance on the website here: You searched for skilled worker - Cleveland LMC
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	The support continues to be promoted to registrars and practices via CLMC bulletin, and at CLMC yearly Doctors in Training Conference.
Responsibility:	CLMC
Date:	10/07/24
Agreed Action:	CLMC (working with ICB, H&SH and a PCN) to hold a GP Trainees Conference to share the advantages of continuing to work in Tees with VTS graduates.
Agreed Success Measure:	Feedback from the conference.
Evidence of Progress (September 2025):	CLMC have held two successful Doctors in Training Conferences, held in July 2024 and July 2025. The ICB and local Federations were invited and attend to give an overview and role of GP within the ICB and Federation. A local GP and PM presented on PCNs, gave an overview how they are funded and how the networks work.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	Feedback from attendees was very positive, with the request for it to be repeated. Discussions taking place with Training school how we can promote further and do more sessions for registrars.
	c) Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.
Responsibility:	PCN / PCTH
Date:	Funding end date – March 2025

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Agreed Action:	Funded offer from the NHSE PCTH to create a PCN educational lead whose remit is to aide the PCN in increasing placements for all types of student learners. 1 PCN in Stockton signed up.
Agreed Success Measure:	Increase in student placements numbers.
Evidence of Progress (September 2025):	<p>Educational Leads were provided during 2024/25 via the Primary Care Training Hub.</p> <p>The Leads met quarterly to share learning and experiences and support identifying placements for students within PCN practices Dr Shuja Hafeez [Primary Care Training Hubs Clinical Lead] led on this in Tees Valley.</p> <p>Dr Nick Steele [BYTES PCN] and Dr Mohib Ellahi [Stockton PCN] were identified Educational Leads.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>This funding (from NHS England) has now ended and the Educational Leads have stepped down.</p> <p>NHSE has now moved towards a peer ambassador programme approach, where experienced clinicians or community members (ambassadors) share their knowledge and support to drive change or improve services within the primary care sector. The ICBs transformation team are developing the approach to ensure that practices can be signposted to, and provided hands on support to adopt new ways of working.</p>
Responsibility:	Practices / PCTH
Date:	March 2025
Agreed Action:	PCTH training needs analysis undertaken annually to understand the current requirements within GP practices for workforce training (327 responders in 2024 for Tees compared to 305 in 2023). Training is then commissioned for nursing staff based on staff needs utilising NHSE Continuing Professional Development (CPD) funding. Training offers are distributed via weekly bulletins and bimonthly newsletters.
Agreed Success Measure:	Increase in completion of Training Needs Analysis to strengthen training offers across the area.
Evidence of Progress (September 2025):	The Training Needs Analysis was carried out by the Primary Care Training Hub [PCTH] in March 2025.
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	The TNA has helped inform the commissioning of training by the PCTH, and the ICB through dedicated protected learning times [PLTs] which continue to be offered 6 times per year to practices.

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	The PCTH has continued to promote training offers to practices via bulletins.
Responsibility:	PCTH / PCNs
Date:	March 2025
Agreed Action:	Ensure that National offers and suggestions are communicated to the workforce with options for local staff to join implementation and task and finish groups to support development of pre-programmes of work in area such as preceptorship programmes for newly qualified nursing staff.
Agreed Success Measure:	Local nurse coverage on regional and national groups and implementation of new programmes of work to support the nursing agenda.
Evidence of Progress (September 2025):	<p>The PCTH has continued to promote training offers to practices via bulletins and GP TeamNet.</p> <p>The ICB has a monthly PCN bulletin which promotes opportunities of regional and national training and development for staff.</p> <p>In addition to this the ICB has accessed expert advice and guidance for PCNs in relation to advanced practice roles to support PCNs to recruit and embed these roles.</p> <p>The addition of new to nursing and experience nursing roles in ARRS will increase the opportunity to support workforce progression, and development opportunities for nursing careers in general practice.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>Nurses are part of the ICB Lead Nurse group. They are also invited to provide feedback on a range of initiatives for example the 'CNO002 Discovering a Nursing Career in General Practice' and also able to join a task and finish group in designing a pilot to improve referral processes into the 'Behavioural Support for Obesity Prescribing (BSOP) pathway'.</p> <p>There has been a range of courses offered within the Tees area including access to the Mary Seacole Programme and Practice Nurse leadership development.</p>

Operational	
Recommendation 9:	The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.
Responsibility:	ICB
Date:	March 2025
Agreed Action:	Continue to support shared learning between PCNs through the bi-monthly Hartlepool and Stockton (HaST) Clinical Directors (CD) Locality Meeting and the bi-monthly PCN CD Forum (all 14 PCNs in Tees).

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Agreed Success Measure:	Share learning.
Evidence of Progress (September 2025):	<p>Bi-monthly locality meetings and Quarterly Clinical Directors Forums remain in place across Tees Valley. All PCNs are invited to attend. Guest speakers from a range of organisations are invited to attend, including TEWV, North Tees, Public Health and ICB subject matter experts.</p> <p>The meetings and forums also provide the opportunity for PCNs to share operational learning and experiences, and this has led to a PCN Managers forum, led by the PCN Managers, being established.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	All practices in Stockton (facilitated through PCNs) have supported an application to take part in the National Neighbourhood Health Implementation Programme.
Responsibility:	ICB
Date:	September 2024
Agreed Action:	PCN 23/24 End of Year report to be published.
Agreed Success Measure:	Report highlights ongoing development of PCNs, innovative ways of working and key successes achieved in 23/24.
Evidence of Progress (September 2025):	<p>The PCN end of year report was published, and is embedded below:</p> <div style="text-align: center;">  <p>TV PCNs end of year report 23-24 FINAL.px</p> </div>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	<p>This report was shared widely with PCNs, System partners and across the ICB to share the positive news stories across PCNs in Tees Valley.</p> <p>The report for 24/25 is currently in draft and has been provided to the ICBs design team to add the ICBs branding, with a view to this being signed off on 26th September for sharing with system partners.</p>
Responsibility:	PCNs
Date:	March 2025
Agreed Action:	Continue to support collaborative working within PCNs as part of CAIP.
Agreed Success Measure:	Number of PCNs achieving maximum CAIP funding.

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<p>Evidence of Progress (September 2025):</p>	<p>Bi-monthly locality meetings and Quarterly Clinical Directors Forums remain in place across Tees Valley. All PCNs are invited to attend. Guest speakers from a range of organisations are invited to attend, including TEWV, North Tees, Public Health and ICB subject matter experts.</p> <p>The meetings and forums also provide the opportunity for PCNs to share operational learning and experiences, and this has led to a PCN Managers forum, led by the PCN Managers, being established.</p> <p>Collaborative working is also supported through the CAIP process as previously outlined (recommendation 1), with the sharing of learning facilitated through the ICB Local Delivery Team [primary care].</p>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
<p>Evidence of Impact (September 2025):</p>	<p>At the end of March 2025 all 4 Primary Care Networks (PCNs) achieved the maximum CAIP funding.</p> <p><u>2025/26 CAIP</u> The Capacity and Access Improvement (CAIP) payment will continue in 25/26 [worth £307,414 for Stockton on Tees] but will change from three domains down to two.</p> <ul style="list-style-type: none"> • One domain will continue to focus on supporting modern general practice access [worth £204,942 in Stockton on Tees] • The other [worth £102,471 in Stockton on Tees] will incentivise PCNs to use the intelligence gained from population health risk stratification tools to stratify their patients – including to identify those that would benefit most from continuity of care <p>In addition to CAIP PCNs receive capacity and access funding unconditionally. PCNs have reported using this funding to:</p> <ul style="list-style-type: none"> • Deploy common digital tools across the PCN • Optimise staff and capacity, such as backfill for clinical supervision of Additional Role Reimbursement Scheme (ARRS) staff • Allocate funding to practices on a monthly basis for continuity plans around staffing and overtime (non-ARRS roles) to ensure safe levels across the network particular in high pressured seasons such as winter • Retain some funding for risk management, which was used towards additional one-off/practice expenses throughout the year • Support the delivery and coordination of care continuity and improving the delivery of care to people living in care homes • Fund patient self-check in screens, call boards with campaign advertising and website renewal • Exploring Artificial intelligence (AI) technology to support patient journey <p>All practices in Stockton (facilitated through PCNs) have supported an application to take part in the National Neighbourhood Health Implementation Programme.</p>

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Public / patient feedback	
Recommendation 10:	Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.
Responsibility:	Practices
Date:	March 2025
Agreed Action:	Practices to continue efforts to encourage participation in PPGs.
Agreed Success Measure:	Increased engagement from PPGs.
Evidence of Progress (September 2025):	Practices continue to promote and encourage patients to join their PPGs, acting in line with their contractual requirements. The role of PPGs is likely to expand as the 'you and your patient charter' is embedded.
Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	A couple of examples on PPG promotion include: <ul style="list-style-type: none"> • https://www.tennantstreetmedicalpractice.nhs.uk/patient-group/ • Patient Participation Group « Woodbridge Practice <p>NHS England » You and your general practice</p> <p>NHS England have launched the 'you and your general practice charter' which all practices are expected to have on their website by 1st October 2025 as part of a contract variation which has been issued by NHS England. As part of the charter, there is a section on how patients can help their GP practice, which includes the following:</p> <p>"Join the Patient Participation Group: You practice will have a group of patients who can offer feedback on the services it delivers. Your practice website should explain how you can join."</p>
Responsibility:	Practices
Date:	March 2025
Agreed Action:	Friends and Family Test (FFT) participation to be encouraged and results published on practice websites.
Agreed Success Measure:	Increased FFT responses.
Evidence of Progress (September 2025):	The ICB monitors the FFT participation as part of the ICBs approach to quality and variation and ensures practice websites are checked to demonstrate that practices are creating opportunities for patients to feedback via the FFT and

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	<p>that the improvements made are shared with patients and meeting their contractual requirements to do so.</p> <p>Practices are required as part of the quality and variation process to articulate how they use patient feedback to inform service improvements.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual)</p>
Evidence of Impact (September 2025):	The FFT data has been supplied as part of the data pack, demonstrating the number of submissions and the rate of positive vs negative feedback.
Responsibility:	ICB / SBC Public Health
Date:	March 2025
Agreed Action:	Opportunistic information about PPGs disseminated through HealthWatch, Catalyst, community wellbeing champions and community spaces as part of ongoing discussions with service users. ICB to support development of a leaflet.
Agreed Success Measure:	PPG messaging disseminated through key services and VCSE.
Evidence of Progress (September 2025):	<p>Whilst the ICB has not developed a leaflet, there are toolkits available from the National Association for Patient Participation and The Patients Association:</p> <ul style="list-style-type: none"> • National Association for Patient Participation – Welcome to the National Association for Patient Participation • Patient Participation Groups The Patients Association
Assessment of Progress (September 2025): (include explanation if required)	<p>1 (Fully Achieved)</p> <p>Ongoing (business as usual) as opportunistic</p>
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> • Patient Participation Groups – Catalyst Stockton • The PPG Guide Guidance for establishing and running a Patient Participation Group Healthwatch Data

Public / patient feedback	
Recommendation 11:	NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.
Responsibility:	ICB
Date:	March 2025
Agreed Action:	ICB to review process to themes complaints/ compliments at a more granular level.
Agreed Success Measure:	Data made available to local delivery team in Tees Valley.

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Evidence of Progress (September 2025):	<p>The Tees Local Delivery Team continue to receive information regarding complaints and compliments (where relevant), which are considered as part of the quality and variation approach (see next action for further detail on this process).</p> <p>This intelligence includes any MP queries and subsequent responses provided that are relevant to general practice. One MP query has been responded to in relation to Stockton on Tees practices during 24/25 in relation to Yarm Medical Practice.</p>
Assessment of Progress (September 2025): (include explanation if required)	<p>2 (On-Track)</p> <p>New national requirements and processes have superseded previous exploratory arrangements for more granular level data at local level (as supposed to ICB level).</p>
Evidence of Impact (September 2025):	<p>NHS England have launched the 'you and your general practice charter' which all practices are expected to have on their website by 1st October 2025 as part of a contract variation which has been issued by NHS England.</p> <p>This will also require the ICB to have a route for patients to provide feedback. This will be led by the patient and public involvement team, with the ICBs website to be updated to enable comments and feedback to be captured.</p> <p>This information will also be considered in the ICBs quality and variation group once available and the Local Delivery Team will be reviewing all websites in due course to ensure this charter is available for patients via this route.</p> <p>NHS England » You and your general practice</p>
Responsibility:	ICB
Date:	March 2025
Agreed Action:	Themes from available data to be discussed as part of the Primary & Community Care Quality and Variation Group.
Agreed Success Measure:	Feedback from the Primary & Community Care Quality and Variation Group.
Evidence of Progress (September 2025):	<p>The Tees Valley Local Delivery Team led on the development of an ICB wide Standard Operating Procedure (SOP) for how Quality & Variation across general practice should be managed in line with delegated commissioning of general medical services.</p> <p>Part of the new process includes a standard set of 'key lines of enquiry' (KLOE) questions which form a 'deep dive' of each practice and identifies potential themes across practices. Practices are asked to respond on the KLOEs and then are considered by the ICBs subject matter experts across primary care, quality, safeguarding, medicines management, contracting, estates and digital within a monthly quality and variation group.</p> <p>The SOP was considered exemplar by NHS England and has been recommended for adoption beyond the NENC ICB.</p>

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Assessment of Progress (September 2025): (include explanation if required)	1 (Fully Achieved) Ongoing (business as usual)
Evidence of Impact (September 2025):	<p>Standard SOP now in place across the ICB, with standardised templates, questions and resource guides developed.</p> <p>Since April 2025, 26 'deep dives' have been undertaken on practices across Tees Valley [12 have been for Stockton on Tees practices]. 14 on a rolling basis and 12 on a risk basis [of which 3 were on a risk basis in Stockton on Tees].</p> <p>Practices are selected on a rolling basis [for deep dives to be undertaken once every 3 years] and on a risk basis [when data or intelligence may warrant a review sooner than the 3-year period. A deep dive rota has been developed which records when the deep dive was undertaken, key themes and any support requirements.</p> <p>Key themes of the deep dives have included: QoF exemptions, high opioid and gabapentinoid prescribing, cervical screening.</p> <p>The deep dives have enabled support to be identified for practices to work through themes with the subject matter experts from the ICB.</p> <p>In addition, practices have been provided the opportunity to sign up to the national General Practice Improvement Programme [where relevant] - with Norton Medical Practice due to commence in September 2025.</p> <p>Feedback from 'You and your general practice' will be incorporated into the SOP when available and where relevant.</p>

Assessment of Progress Grading:	1 Fully Achieved	2 On-Track	3 Slipped	4 Not Achieved
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Supporting data pack (see **Appendix 2**):



UPDATED%20Access%20to%20GPs%20a