

## APPENDIX 1

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

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

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	
<b>Recommendation 1:</b>	<b>All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool &amp; Stockton Health GP Federation (H&amp;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.</b>
<b>Responsibility:</b>	Emma Joyeux / Sarah Bowman-Abouna
<b>Date:</b>	December 2024
<b>Agreed Action:</b>	Update report to ICB place sub-committee (Stockton) and Health and Wellbeing Board (HWB).
<b>Agreed Success Measure:</b>	Sub-committee / HWB assured through report and discussion.
<b>Evidence of Progress (September 2025):</b>	<p>All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool &amp; Stockton Health GP Federation (H&amp;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"> <li>• <b>Stockton Local Authority</b> Director of Public Health Director of Adult, Health &amp; Wellbeing services Director of Children's Services</li> <li>• <b>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</b> Care Group Director</li> <li>• <b>North Tees &amp; Hartlepool Hospital NHS Foundation Trust</b></li> </ul>

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	<p>Locality Director</p> <ul style="list-style-type: none"> <li>• <b>Primary Care – Primary Care Network [PCN] Clinical Directors [CD]</b> Clinical Director - Stockton PCN Clinical Director - North Stockton PCN Clinical Director - Billingham and Norton PCN Clinical Director - Bytes PCN</li> <li>• <b>Healthwatch</b> Project Lead Healthwatch Stockton-on-Tees</li> <li>• <b>VCSE</b> Chief Executive Catalyst</li> </ul>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p><b>2 (On-Track)</b></p> <p>A copy of this report will now be shared with HWB and Stockton Place Committee.</p>
<p>Evidence of Impact (September 2025):</p>	<p>Examples of general practice issues discussed at Stockton Place Sub-Committee include:</p> <ul style="list-style-type: none"> <li>• List closure applications</li> <li>• Merger applications</li> <li>• Temporary closures due to the civil unrest</li> </ul>
<p>Evidence of Progress (May 2026):</p>	<p>The update report was shared with the Stockton Placed Based Committee on 23<sup>rd</sup> October 2025.</p> <p>The Stockton Place Based Committee in 2025/26 continued to be attended by System Partners and received updates in relation to general practice issues.</p> <p>Due to the ICB strategic commissioning transformation programme, and the requirement to reduce running costs by a further 30%, on 5<sup>th</sup> May 2026 a new ICB structure will go live. The Place Based Committee has therefore been stood down and new governance arrangements relative to the role and function of the organisation will be developed.</p> <p>A central General Practice, Pharmacy and Optometry Team has been formed, hosted by the ICBs Newcastle/ Gateshead Neighbourhood Health Team. This will support the implementation of consistent and timely processes in respect of general practice issues and responses to contractual changes which are required to be reviewed, approved and enacted.</p>
<p>Assessment of Progress (May 2026): (include explanation if required)</p>	<p><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>
<p>Evidence of Impact (May 2026):</p>	<p>Since the last update the following practice issues have been progressed:</p> <ul style="list-style-type: none"> <li>• Temporary list closure [Melrose Surgery]- until 15<sup>th</sup> September 2025</li> <li>• Temporary list closure [Dr Rasool]- until 15<sup>th</sup> September 2025</li> <li>• In hours closure on 22<sup>nd</sup> January 2026 [Densham Surgery] to allow staff to attend a funeral of a colleague</li> </ul>

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<b>Responsibility:</b>	Local Clinical Interface Group (LCIG) via ICB
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Local Clinical Interface Group (LCIG) to continue discussing primary and secondary care interface issues that are impacting on primary care capacity.
<b>Agreed Success Measure:</b>	Collaborative working between primary and secondary care to agree actions as outlined by Primary Care Access Recovery Plan (PCARP).
<b>Evidence of Progress (September 2025):</b>	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.
<b>Assessment of Progress (September 2025):</b> (include explanation if required)	<b>1 (Fully Achieved)</b>  Ongoing (business as usual)
<b>Evidence of Impact (September 2025):</b>	<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"> <li>• Standard Emergency Department outcomes letters have been developed and are going through final sign off</li> <li>• Prostate-Specific Antigen (PSA) active surveillance shared care agreement has been discussed and approved by the group</li> <li>• Regular reflections of positive work and sharing of 'quick wins' taking place in meetings to drive up confidence of stakeholders</li> <li>• Pain referral criteria being updated and agreed by the group</li> </ul> <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"> <li>• Culture and relationships across healthcare communities</li> <li>• Underpinning infrastructure</li> <li>• Making healthcare delivery more consistent</li> <li>• Improving customer service and experience</li> </ul>
<b>Responsibility:</b>	Practices
<b>Date:</b>	August 2024
<b>Agreed Action:</b>	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).

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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 (<b>Appendix 2</b>) 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><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>	<p><b>1 (Fully Achieved)</b></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"> <li>• <b>Densham and Dovecot Surgery:</b> The practices have now moved to a new cloud-based telephony system</li> <li>• <b>Marsh House Medical Practice:</b> The practice has moved to a new clinical system and is in the process of further improving their telephony system to include call back</li> <li>• <b>Alma Medical Centre:</b> The practice has now moved to a new cloud-based telephony system</li> <li>• <b>Yarm Medical Practice:</b> The practice has now moved to a new appointment and triage system</li> <li>• <b>Kingsway Medical Centre:</b> 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</li> <li>• <b>Norton Medical Centre:</b> The practice has a new management team and are undergoing significant changes to their ways of working further to the CQC assessment</li> </ul> <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>	

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	<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>
<b>Responsibility:</b>	PCNs
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Continue to support Primary Care Networks (PCNs) to implement Capacity and Access Improvement Plans (CAIP).
<b>Agreed Success Measure:</b>	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) <a href="#">contract</a> and associated <a href="#">guidance</a> 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"> <li>• Better digital telephony</li> <li>• Simpler online requests</li> <li>• Faster care navigation, assessment and response</li> </ul> <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> <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</i></p>

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	<i>should support PCNs, and practices as needed to take forward improvement priorities.</i>
Assessment of Progress (September 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>  Ongoing (business as usual)
Evidence of Impact (September 2025):	<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"> <li>• 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</li> </ul> <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> <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"> <li>• Deploy common digital tools across the PCN</li> <li>• Optimise staff and capacity, such as backfill for clinical supervision of Additional Role Reimbursement Scheme (ARRS) staff</li> <li>• 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</li> <li>• Retain some funding for risk management, which was used towards additional one-off/practice expenses throughout the year</li> <li>• Support the delivery and coordination of care continuity and improving the delivery of care to people living in care homes</li> <li>• Fund patient self-check in screens, call boards with campaign advertising and website renewal</li> <li>• Exploring Artificial intelligence (AI) technology to support the patient journey</li> </ul>

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<b>Responsibility:</b>	ICB & Cleveland LMC / H&SH
<b>Date:</b>	July 2024
<b>Agreed Action:</b>	NENC ICB to meet regularly with key stakeholders e.g. CLMC and H&SH.
<b>Agreed Success Measure:</b>	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)	<b>1 (Fully Achieved)</b> Ongoing (business as usual)
Evidence of Impact (September 2025):	The regular dialogue through effective partnership working has ensured a joined-up approach to the delivery of primary medical services.  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.
<b>Responsibility:</b>	Practice Manager Lead
<b>Date:</b>	September 2024
<b>Agreed Action:</b>	NENC ICB to be invited to regularly attend Stockton Practice Managers meeting to further develop collaborative working relationships.
<b>Agreed Success Measure:</b>	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)	<b>1 (Fully Achieved)</b> Ongoing (business as usual)
Evidence of Impact (September 2025):	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.  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.

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	<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 style="text-align: left;">Locality</th> <th style="text-align: left;">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								
Hartlepool and Stockton	06/11/2025								
Hartlepool and Stockton	05/02/2026								
<b>Responsibility:</b>	SBC, Public Health and NENC ICB								
<b>Date:</b>	March 2025								
<b>Agreed Action:</b>	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.								
<b>Agreed Success Measure:</b>	Regular discussions established.								
Evidence of Progress (September 2025):	<p>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 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)	<b>2 (On-Track)</b>								
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.								
Evidence of Progress (May 2026):	The Tees Valley Strategic Estates Group continues to be held on a bi-monthly basis chaired by the ICBs Strategic Head of Estates with Antony Phillips (SBC Place Development Manager) as the main attendee from Stockton Borough								

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	<p>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 collaborate with SBC and Public Health to understand 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> <p>The ICB is linking into SBC Planning department to ensure the ICB is consulted on planning applications for new housing developments and is able to share the impact new houses would have on healthcare services and the requirements for investment into GP Premises to manage any increases to GP Practice list sizes. This has recently been expanded to include both Hartlepool and Durham Local Authority due to housing developments that cover multiple LA boundaries.</p> <p>The ICB is also part of the Tees Valley Care and Innovation Zone [TVCHIZ] Estates &amp; Facilities Workstream bring partners together to maximise the use of current assets for the delivery of Neighbourhood Care services and identify any gaps where investment maybe required for new builds.</p>
<p>Assessment of Progress (May 2026): (include explanation if required)</p>	<p><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>
<p>Evidence of Impact (May 2026):</p>	<p>Improved relationships and collaborative working now in place to undertake horizon scanning and share information so that all key partners are involved in discussions when planning services and their locations for the future.</p>

Communications	
<b>Recommendation 2:</b>	<b>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.</b>
<b>Responsibility:</b>	ICB / Practices / PCNs
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Continued promotion of public messaging through websites and social media channels.
<b>Agreed Success Measure:</b>	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>

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	<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> <p>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.</p>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>
<p>Evidence of Impact (September 2025):</p>	<p>An example of this approach can be seen on the BYTES and Billingham and Norton PCNs resource hubs and on the ICB website:</p> <ul style="list-style-type: none"> <li>• <a href="#">Resource Hub - BYTES PCN</a></li> <li>• <a href="#">Billingham and Norton PCN</a></li> <li>• <a href="#">News   North East and North Cumbria NHS</a></li> <li>• <a href="#">ICB Update - 15 August 2025</a></li> </ul>
<p><b>Responsibility:</b></p>	Healthwatch Stockton-on-Tees
<p><b>Date:</b></p>	July 2024
<p><b>Agreed Action:</b></p>	Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees.
<p><b>Agreed Success Measure:</b></p>	Communications disseminated through key services and VCSE.
<p>Evidence of Progress (September 2025):</p>	<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>  <a href="https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice">https://www.healthwatchstocktonontees.co.uk/advice-and-information/2024-05-13/i-need-see-doctor-top-tips-accessing-your-gp-practice</a> and will be included in our next Summer newsletter.'</p>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>

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Evidence of Impact (September 2025):	As above.
<b>Responsibility:</b>	ICB / SBC Public Health
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Key information and messages disseminated through Catalyst, community wellbeing champions and community spaces.
<b>Agreed Success Measure:</b>	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)	<b>2 (On-Track)</b>
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> <li>• <a href="#">News   North East and North Cumbria NHS</a></li> <li>• <a href="#">ICB Update - 15 August 2025</a></li> </ul>
Evidence of Progress (May 2026):	The ICB continues to have a strong social media presence and continues to support practices and wider partners by sharing key messages and branding that can be further shared.
Assessment of Progress (May 2026): (include explanation if required)	<b>1 (Fully Achieved)</b>  Ongoing (business as usual)
Evidence of Impact (May 2026):	<p>An example of the above include:</p> <ul style="list-style-type: none"> <li>• Close liaison and dialogue with Public Health regarding vaccination programmes e.g. COVID-19, with media campaigns and local providers shared to support signposting of patients</li> <li>• <a href="#">NHS England — North East and Yorkshire » New neighbourhood approach makes waves in Stockton and Tyneside</a></li> <li>• <a href="#">New health service to rollout for Stockton-on-Tees residents - Stockton-on-Tees Borough Council</a></li> <li>• Primary Care Networks receive a monthly bulletin with information that can be used by their teams to promote services and support patients to access wider support groups</li> <li>• <a href="#">Elm Tree Medical Centre   Thornaby   Facebook</a></li> <li>• <a href="#">Woodbridge Practice   Thornaby   Facebook</a></li> <li>• <a href="https://northeastnorthcumbria.nhs.uk/here-to-help-you/gp-practices/">https://northeastnorthcumbria.nhs.uk/here-to-help-you/gp-practices/</a></li> </ul>
<b>Responsibility:</b>	Practices
<b>Date:</b>	October 2024
<b>Agreed Action:</b>	Increase the number of patients with online accounts enabled with full prospective access (target is 95%).

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<b>Agreed Success Measure:</b>	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)	<b>2 (On-Track)</b>  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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <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> </thead> <tbody> <tr> <td>YARM MEDICAL PRACTICE</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">32.10%</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">70.82%</td> </tr> <tr> <td>NORTON MEDICAL CENTRE</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">4.33%</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">78.03%</td> </tr> <tr> <td>WOODLANDS FAMILY MEDICAL CENTRE</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">19.68%</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">95.0%</td> </tr> <tr> <td>THE ROSEBERRY PRACTICE</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">12.81%</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">88.82%</td> </tr> <tr> <td>RIVERSIDE MEDICAL PRACTICE</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">65.03%</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">26.80%</td> </tr> </tbody> </table> <p>Additional targeted support will continue to be offered to further improve this reported position.</p>	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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Evidence of Progress (May 2026):	<p>Targeted support continues to be offered to practices via the ICBs 'Digital Support Hub'.</p> <p>The ICB are offering 1-1 guidance and dedicated training sessions to help practices resolve outstanding technical issues. These sessions are available on a first-come, first-served basis, and practices are also signposted to the digital support hub during regular engagement sessions.</p> <p>Note- The figures included do not add up to 100%. This is because NHS England is providing the data using two different calculations:</p> <ul style="list-style-type: none"> <li>104 code percentages are based on the entire patient population, not just those over 16 / with online accounts etc</li> </ul>																														

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	<ul style="list-style-type: none"> <li>Online account with full prospective access is calculated by looking at only the patients with online accounts (not the entire patient population) who have been given full prospective records access</li> </ul>				
<b>Assessment of Progress (May 2026):</b> (include explanation if required)	<b>2- (On track)</b>  Business as usual for ongoing monitoring via the ICBs GP contracting Team.				
<b>Evidence of Impact (May 2026):</b>	A target is not written in to the GP contract as the contract implies all patients should have online access unless exclusions apply, so a 90% figure acts as a margin for flexibility, ensuring that practices are not deemed non-compliant if e.g. a handful of patients don't have full prospective records access.				
	<b>How progress is being monitored</b>	<b>Position statement</b>			
	Practices are correctly configured to ensure global organisation settings to allow for prospective access	All Stockton on Tees practices have their organisation settings correctly configured to allow for prospective access			
	Prospective access is the default for new NHS App users	All Stockton on Tees practices have prospective access as default for new NHS app users			
	Less than 10% of registered patients have withheld records access due to the need for an enhanced review	3 practices in Stockton have more than 10% with the 104 code* applied- Dedicated technical support is being provided to these practices			
	90% or more patients with online accounts enabled with prospective access	Online accounts will full prospective access has increased for all practices since the September 2025 update  1 practice is 1% away from having 90% of online accounts with full prospective access  3 practices are receiving dedicated technical support to increase their % of accounts			
	<b>Organisation Name</b>	<b>Organisational Settings to allow prospective access (Y/N)</b>	<b>Patients withheld access due to need for enhanced review (104 code*) (% of registered patients)</b>	<b>Prospective default for new NHS App users (Y/N)</b>	<b>Online accounts with full prospective access</b>
			<b>%</b>		<b>%</b>
	YARM MEDICAL PRACTICE	Y	31.41%	Y	71.5%
	NORTON MEDICAL CENTRE	Y	4.39%	Y	80.1%
	THE ROSEBERRY PRACTICE	Y	13.00%	Y	89.0%
	RIVERSIDE MEDICAL PRACTICE	Y	61.52%	Y	30.6%
	*The 104 code excludes patients from viewing records thus disabling these patients from having access to their record switched on. ** The previous target was 95%				

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	<p>Note- The figures included do not add up to 100%. This is because NHS England is providing the data using two different calculations:</p> <ul style="list-style-type: none"> <li>• 104 code percentages are based on the entire patient population, not just those over 16 / with online accounts etc</li> <li>• Online account with full prospective access is calculated by looking at only the patients with online accounts (not the entire patient population) who have been given full prospective records access</li> </ul>																					
<b>Responsibility:</b>	Practices and H&SH																					
<b>Date:</b>	March 2025																					
<b>Agreed Action:</b>	Promotion of enhanced access appointments on evenings and weekends.																					
<b>Agreed Success Measure:</b>	Increased utilisation of appointments.																					
Evidence of Progress (September 2025):	<p>Enhanced access continues to be offered by Hartlepool and Stockton Health GP federation [H&amp;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 1<sup>st</sup> April 2025 were:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">PCN Code</th> <th style="text-align: left;">PCN Name</th> <th style="text-align: right;">Updated hours to provide in 2025</th> </tr> </thead> <tbody> <tr> <td>U63844</td> <td>BYTES PCN</td> <td style="text-align: right;">48:30</td> </tr> <tr> <td>U94460</td> <td>BILLINGHAM &amp; NORTON PCN</td> <td style="text-align: right;">53:30:00</td> </tr> <tr> <td>U07032</td> <td>NORTH STOCKTON PCN</td> <td style="text-align: right;">51:30:00</td> </tr> <tr> <td>U27349</td> <td>ONE LIFE HARTLEPOOL PCN</td> <td style="text-align: right;">40:15:00</td> </tr> <tr> <td>U89141</td> <td>STOCKTON PCN</td> <td style="text-align: right;">70:00:00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><b>263:45:00</b></td> </tr> </tbody> </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			<b>263:45:00</b>
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Assessment of Progress (September 2025): (include explanation if required)	<p><b>1 (Fully Achieved)</b></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&amp;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>																					

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	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%
	<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>		
<b>Responsibility:</b>	Practices and H&SH		
<b>Date:</b>	March 2025		
<b>Agreed Action:</b>	Promotion of at-scale services provided by H&SH that will reduce demand on practice appointments e.g. covid vaccinations, menopause clinics.		
<b>Agreed Success Measure:</b>	Increased utilisation of at-scale services.		
Evidence of Progress (September 2025):	<p>H&amp;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&amp;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><b>1 (Fully Achieved)</b></p> <p>Ongoing (business as usual)</p>		
Evidence of Impact (September 2025):	<p><b>Menopause:</b> 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><b>COVID-19:</b> During the 2025 Spring COVID-19 booster programme, H&amp;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>		

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	<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><b>Sexual Health:</b> Since 1st Augst 2025, Teesside Together (provided by the Tees Alliance Partnership, which is led by University Hospitals Tees, 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><b>Other H&amp;SH services:</b>  <a href="#">Community Healthcare Services   Hartlepool &amp; Stockton Health - Hartlepool &amp; Stockton Health</a></p>
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Communications	
<b>Recommendation 3:</b>	<b>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).</b>
<b>Responsibility:</b>	Councillors / MPs
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Help support messaging around wasted appointments from Did Not Attends (DNA).
<b>Agreed Success Measure:</b>	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)	<b>2 (On-Track)</b>
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"> <li>• <a href="#">News   North East and North Cumbria NHS</a></li> <li>• <a href="#">ICB Update - 15 August 2025</a></li> <li>• </li> </ul>

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	 NENC ICB MP and local councillors upda  The ICB will look to include some further messaging in future around DNAs.
Evidence of Progress (May 2026):	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 (May 2026): (include explanation if required)	<b>1 (Fully Achieved)</b> Ongoing (business as usual)
Evidence of Impact (May 2026):	DNA rates in Stockton practices have been on average around 3.7% for the last 5 months, slightly higher in October 2025 due to increased seasonal flu activity. This is similar to the Tees Valley position (3.83% in Feb 26 <a href="https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice">https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice</a> )  Practices continue to promote the importance of keeping or cancelling appointments: <ul style="list-style-type: none"> <li>• <a href="#">Queens Park Medical Centre   Stockton-on-Tees   Facebook</a></li> </ul>
<b>Responsibility:</b>	Councillors / MPs
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Healthwatch communication to be used by Councillors and local MPs, for dissemination in the community – including contact details to send feedback.
<b>Agreed Success Measure:</b>	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)	<b>2 (On-Track)</b>
Evidence of Impact (September 2025):	<ul style="list-style-type: none"> <li>• <a href="#">GP practices   North East and North Cumbria NHS</a></li> <li>• <a href="#">Appointments and bookings at your GP surgery - NHS</a></li> </ul>
Evidence of Progress (May 2026):	Information is made available to share and NHS messaging is often re-shared by Stockton LA and the Community Wellbeing Champions social media sites.
Assessment of Progress (May 2026): (include explanation if required)	<b>1 (Fully Achieved)</b> Ongoing (business as usual)

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Evidence of Impact (May 2026):	<p>Healthwatch Stockton-on-Tees: <a href="#">Modern General Practice Access: What People Across Our Region Told Us   Healthwatch Stocktonontees</a></p> <p>Stockton on Tees Community Wellbeing Champions: <a href="https://www.facebook.com/watch/?v=1285805166867071">https://www.facebook.com/watch/?v=1285805166867071</a></p>
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Operational	
<b>Recommendation 6:</b>	<b>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.</b>
<b>Responsibility:</b>	Practices
<b>Date:</b>	In line with end date of individual practice contracts
<b>Agreed Action:</b>	Support practices to transition from analogue telephony to Cloud Based Telephony (CBT).
<b>Agreed Success Measure:</b>	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)	<b>1 (Fully Achieved)</b> Ongoing (business as usual)
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.
<b>Responsibility:</b>	ICB / Practices
<b>Date:</b>	October 2024 [or in line with end date of individual practice contracts]
<b>Agreed Action:</b>	Support practices to increase functionality of Cloud-Based Telephony (CBT), with particular emphasis on call-back function.
<b>Agreed Success Measure:</b>	All practices to have call-back functionality as part of CBT.
Evidence of Progress (September 2025):	<p>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:</p> <ul style="list-style-type: none"> <li>• <b>Marsh House Medical Centre:</b> 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 System1. The practice</li> </ul>

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	<p>has agreed to implementing call back functionality as soon as practical during 2025/26.</p> <ul style="list-style-type: none"> <li>• <b>Kingsway Medical Centre:</b> 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</li> <li>• <b>Dr Rasool:</b> 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.</li> </ul>
<p>Assessment of Progress (September 2025): (include explanation if required)</p>	<p><b>2 (On-Track)</b></p>
<p>Evidence of Impact (September 2025):</p>	<p>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.</p>
<p>Evidence of Progress (May 2026):</p>	<p>As previously reported all practices have cloud-based telephony systems [CBT].</p> <p>Exceptional circumstances that were submitted in 25/25 for two practices [Marsh House Medical Centre and Kingsway Medical Centre] have now been resolved.</p> <ul style="list-style-type: none"> <li>• <b>Marsh House Medical Centre-</b> System configuration with the telephony provider has now taken place and call back will go live in Mid- May</li> <li>• <b>Kingsway Medical Centre-</b> The practice has now moved to a new CBT provider which meets all system requirements, including call back functionality</li> </ul> <p>Unfortunately, Dr Rasool have continued to be hampered with digital delays outside of their control. The practice continues to work closely with North of England Commissioning Support [NECS] who have advised that a new circuit is being installed, alongside a new router. A pause of 5 weeks is technically required before the site can be migrated therefore there is an expected change over date of Mid-May.</p>
<p>Assessment of Progress (May 2026): (include explanation if required)</p>	<p><b>2 (On-Track)</b> (with expectation of <b>1 (Fully Achieved)</b> by mid-May – as such a verbal update will be provided)</p>
<p>Evidence of Impact (May 2026):</p>	<p>CBT telephony data is now routinely available, although NHS England note that the data is official statistics in development and not all suppliers of Cloud Based Telephony are sending data</p> <p><a href="#">Cloud Based Telephony in General Practice: Supporting Information - NHS England Digital</a></p> <p>Practices are using data they receive directly from their supplier to inform capacity and demand planning and better understand telephony data / trends.</p>

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Public / patient feedback	
<b>Recommendation 11:</b>	<b>NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.</b>
<b>Responsibility:</b>	ICB
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	ICB to review process to themes complaints/ compliments at a more granular level.
<b>Agreed Success Measure:</b>	Data made available to local delivery team in Tees Valley.
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><b>2 (On-Track)</b></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 1<sup>st</sup> 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><a href="#">NHS England » You and your general practice</a></p>
Evidence of Progress (May 2026):	<p>The ICB has created a process to respond to 'you and your GP practice charter feedback' and has a website link for patients to submit their feedback. Feedback is provided to local teams to liaise with practices to receive updates further to any patient feedback received, this is then reported through the Tees Valley Quality and Variation Group and up through the ICBs primary care sub-committee.</p>

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	All practices have the 'you and your GP practice charter' link on their websites and inform patients how to submit their feedback.
Assessment of Progress (May 2026): (include explanation if required)	<b>1 (Fully Achieved)</b>  Ongoing (business as usual)
Evidence of Impact (May 2026):	2 pieces of feedback have been received to date for Stockton practices to the ICB via the 'you and your GP practice' route, 1 piece of feedback was positive, and 1 piece of feedback led to improved processes for parents seeking to access an appointment for their child.  Feedback will continue to be reported and discussed via the Tees Valley Quality and Variation Group.
<b>Responsibility:</b>	ICB
<b>Date:</b>	March 2025
<b>Agreed Action:</b>	Themes from available data to be discussed as part of the Primary & Community Care Quality and Variation Group.
<b>Agreed Success Measure:</b>	Feedback from the Primary & Community Care Quality and Variation Group.
Evidence of Progress (September 2025):	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.  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.  The SOP was considered exemplar by NHS England and has been recommended for adoption beyond the NENC ICB.
Assessment of Progress (September 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>  Ongoing (business as usual)
Evidence of Impact (September 2025):	Standard SOP now in place across the ICB, with standardised templates, questions and resource guides developed.  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].  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

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	<p>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 enables 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>
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<b>Assessment of Progress Gradings:</b>	<b>1</b> Fully Achieved	<b>2</b> On-Track	<b>3</b> Slipped	<b>4</b> Not Achieved
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