

April 2024 Bucks HASC report – addendum to the Primary Care Annual Report

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Section 1: 23/24 Primary Care Network (PCN) review

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There has been continued national investment for the development of PCNs through several mechanisms.

I. Investments in Primary Care Networks (PCNs)

A) Network Contract DES Specification in 2023/24

The Network Contract DES is the primary contract for primary care networks (PCNs) and is updated annually alongside the core general practice contract. Buckinghamshire PCNs have delivered to the requirements of the Network Contract DES funding which equates to a total investment budget of £10.4 million in Buckinghamshire in 23/24. Deliverables in year included the design and delivery of plans and interventions for Tackling Neighbourhood Health Inequalities and Personalised Care. Commitments to supporting improvements in Early Cancer Diagnosis, deliver better Enhanced Health in Care Homes supplemented by Buckinghamshire Care Home SNS deliverables, CVD Prevention and Diagnosis, Medicines optimisation and of Enhanced Access were also areas of focus in the DES.

B) Enhanced Access

Under the Network Contract DES, PCNs are required to provide additional hours of access to patients in the evenings during the week and some weekend hours. 530 additional hours were delivered by General Practice in Buckinghamshire in 23/24 representing another £4.1 million of DES contract investment.

C) National Capacity and Access Improvement Payments (CAIP)

In 2023/24 there was a reduction in the number of investment and impact fund (IIF) indicators from 36 to 5 with the associated funding (£246m) being used to support the new Capacity and Access Payment designed to focus PCNs on improving access for patients. The plan covers the three areas of:

- patient experience of contact
- ease of access and demand management
- accuracy of recording in appointment books

Funding for this element of the DES was made available in two parts. PCNs received 70% of the funding (£172.2m nationally) unconditionally, based on their adjusted population, in 12 equal payments over the 2023/24 financial year. The remaining 30% of the funding (£73.8m nationally) will be paid to PCNs based on delivery of their agreed access improvement plans. Full delivery against the plan for an average PCN is worth approximately £60k. All Bucks PCNs have had their initial plans approved and they are currently being reviewed against progress. It is anticipated that all Buckinghamshire's PCNs will receive their remaining payment.

D) Impact and Investment Fund (IIF)

The Impact and Investment Fund (IIF) is an additional funding stream made available to PCNs through the Network Contract DES to support PCNs with the time, funding and flexibility to ensure patients can access good and timely care. The budget in 23/24 for Buckinghamshire sat at £573,000 based on PCN achievement over 5 investment and impact fund (IIF) indicators. PCN IIF achievements of note in year include:

- 75.89% of clinically at-risk patients 18–65-year-olds received a flu vaccine
- 75% of 2- and 3-year-olds received a flu vaccine
- 86.5% of appointment bookings where time from booking to appointment were 2 weeks or less

II. Improved collaboration and closer working across GP surgeries within a PCN

There are notable examples of GP surgeries working more closely within a PCN over the course of 23/24 and supported through the Network Contract DES mechanisms.

- Cygnet PCN - developed a 6-week support programme to empower young mothers living in an area with high level of deprivation.
- ARC PCN – developed a Dementia Carers Support Group to offer proactive social prescribing to carers supporting those living with dementia along with partner organizations.
- Dashwood PCN –delivery of childhood immunisations across a section of children at highest risk of deprivation and health inequality, from a high-risk inclusion group such as the BAME or traveller community and receiving social services input.

III. General practice collaboration with system partners

In Buckinghamshire, there are examples of PCNs working more closely with system partners and place-wide partnership between general practice and other system providers.

Examples of PCNs working with system partners include:

- Arc PCN hosts multidisciplinary team meetings (MDTs) for the Beaconsfield and Marlow areas, attended by various professionals including PCN ARRS staff, GPs, and adult social care. These meetings primarily focus on elderly and frail individuals, with housing concerns often raised by SPLW teams. Patients are brought to MDTs when uncertainty arises about their care, coordinated by a Care Coordinator and led by SPLW teams, with patient consent always sought.

- North Bucks PCN and The Swan Network - The Befriending service is a partnership between the social prescribers in the North Bucks PCN, The Swan Network and The Winslow Big Society with over 50 volunteers supporting our patients with friendly regular calls to reduce social isolation.
- Aylesbury Central PCN were awarded funding to focus on Liver Cancer Case Finding, one of just 10 providers in England to be awarded and the only PCN to receive the funding to deliver the pilot. The pilot aims to increase early detection of liver cancer to help achieve the Long-Term Plan ambition for 75% of all cancers to be diagnosed at an early stage by 2028. Aylesbury Central PCN are working with Health Share, Buckinghamshire Healthcare Trust and One Recovery Bucks.

Examples of place-wide partnership working include the Buckinghamshire Interface group was established during the Covid-19 pandemic to facilitate the closer working of primary, community and acute care. Membership includes senior leaders from BHT as well as general practice. Three priorities identified for 2024/25 include:

- Call/recall system for hospital and community settings.
- Proactive prevention for people at risks of falls.
- Improving quality and safety through shared learning events.

The group also recognised some specific challenges to improve its effectiveness including enhancing communication with on the ground clinicians, better integration with Bucks Executive Partnership and better incorporation of the Community Team into the work of interface. As a first step towards this the Interface Meetings now provide a Highlight Report which is shared across formal communications channels and social media and any individual queries regarding secondary care requests of general practice notified to the trust.

Finally, there were historical issues surrounding the Discharge to Assess (D2A) model in Buckinghamshire, highlighted in early 2023, including who held clinical responsibility and therefore subsequent increased risk to patient safety, as well as a lack of central coordination of these patients. This lack of coordination created several potential risks: challenges in workload management, discharge medication inaccuracies, poor information transfer and rapid readmissions. Through a task and finish group, an agreement was reached that the future discharge model should provide high-quality care and appropriate support for those involved in patient care. An interim solution was agreed upon which involved a small number of GP practices and block beds to facilitate discharge from secondary care while ensuring geographical coverage in Buckinghamshire. An MOU was developed to commission a total of 40 block beds in Care Homes to support hospital discharge, backed by a multidisciplinary team (MDT), with the ambition for a cross-system MDT. The discharge hub model will continue in Bucks under the existing MOU from April 2024 with reduced bed numbers, which will be extended for a further 12 months.

IV. Other ways of working at-scale in general practice

PCNs are one method of working at scale in general practice. Buckinghamshire has notable other examples of this at-scale working.

One example of this at-scale working is with the GP Provider Alliance (GPPA). Against a backdrop of criticism for disinvestment in Primary Care, the BOB ICB are pioneering this approach to General Practice Leadership and investing in mechanisms to support and provide resilience to General Practice and its Primary care Networks and GP Federation.

The General Practice Provider Alliance (GPPA) provides the united front for General Practice in Buckinghamshire by directly working at System and Place with the ICS and local providers. It supports Buckinghamshire General Practice resilience through the principle of the maintenance of choice and autonomy of its constituent members whilst being able to provide a consensus opinion to System and External Partners regarding opportunities to improve and develop services for Buckinghamshire residents.

Some key highlights have included:

- Close working to design a new model of Care Home Hub, supported by GP-led multi-disciplinary Teams;
- Work to address commissioning gaps in Buckinghamshire, for example around the provision of ECGs, and their support to develop both a short and long term solution;
- Engagement around our Health Inequalities projects, including the development of proposals for a Deep End Network, for GPs working in the ten wards in Buckinghamshire that have the highest levels of social deprivation.

Another example of at-scale work with general practice has been through the GP federation in Buckinghamshire, Fedbucks. In February 2023, practices highlighted commissioning gaps, specifically:

- ECGs
- Vaginal pessaries
- IUS/Mirena for menorrhagia or HRT
- Denosumab injections

The GPPA surveyed Buckinghamshire practices to understand the scale of the commissioning gaps. Based on these responses we estimate that nearly 12,000 hours of work without a commissioned service are undertaken in these four areas every year.

Over the past 12 months, general practices, PCNs and FedBucks have been represented by the LMC and the GPPA to review and discuss these services with the ICB and produced a Locally Commissioned Service for ECGs in collaboration with the ICB. This has meant that over 1,000 ECGs per month have been delivered across 37 GP practices, with the remaining 10 practices able to refer patients to a service run on their behalf by FedBucks.

A final example of at-scale working has been around tackling health inequalities. Practices and PCNs in the most deprived wards in Bucks receive the lowest capitation funding due to nationally set funding formulas, and tend to have the lowest approval ratings from patients and the starkest inequalities in outcomes. This year the GPPA and ICB are focusing on enabling these PCNs and practices to be better supported. This includes the ICB developing an Inequalities Service to support practices in delivery of outcomes for their patients. The GPPA are also establishing a general practice 'Deep End network' to provide a preventative approach to health inequalities, providing dedicated forums for knowledge-sharing, learning and problem-solving to general practice teams to supporting people experiencing inequality. To ensure this is not only accessible to those with a very strong interest, but is tailored to the communities in need, we will target funding to ensure attendance and backfill for the practices whose patients experience inequalities.

V. Support provided for general practice

Buckinghamshire general practice have a series of networks and meetings to ensure collaboration and sharing of best practice and challenges. These include:

- Monthly PCN Leadership Meetings, attended by PCN Clinical Directors and those with management responsibility for the PCN. In our most recent meeting 2 PCNs shared their operating models and talked about their structures and work.
- Monthly Peer to peer meeting for PCN Management, a meeting to troubleshoot strategic and operational issues.
- LMC Monthly Practice Manager Drop-ins to support Practice managers in their challenging day to day roles.
- ICB Facilitated Managers Forum for Managers across Practices and PCNs.
- Assemblies – The GPPA hosts twice a year assemblies for general practice.
- Protected Learning Time – this is a combination of protected time for practices to work as a team, addressing their learning needs, or supporting training, as well as a virtual program curated by the GPPA drawing on expertise forum system partners to share with Practice and PCN teams.
- Other forums include; Social Prescribing Forum, Digital Forum, digital Innovation Group, CVD Champions network, Workforce Support Leads Network.

Section 2: 24/25 GP contract and DES arrangements

An initial letter providing an overview of the 24/25 GP contract was released at the end of February, with the contract specification recently released.

Highlights of the 24/25 GP contract and what we know today, including the Network Contract DES for PCNs, includes the following:

- 1.9% pay growth for the core GP contract, including for contractor GPs, salaried GPs, other practice staff.
- Cut bureaucracy for practices by reducing and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. Similarly, the Impact and Investment Fund (IIF) indicators are reducing from 5 to 2.
- Help with cash flow and financial flexibilities by raising the QOF aspiration from 70% to 80%, and the CAIP payments will now be paid at any point in the year once the criteria have been met.
- More PCN staffing flexibility by including enhanced nurses in the ARRS and removing caps on all other direct patient care roles.
- Simplified DES requirements, including replacing 8 of the current PCN service specifications with one overarching specification. Enhanced Access will remain as a separate specification.

The GP contract for 24/25 was imposed and has faced controversy. On the 28th March, the results of the BMA referendum on the contract were shared, with 99% of 19,000 GPs and GP registrars voting 'no' to accepting the Department of Health and Social Care and NHS England 24/25 GP contract changes, which accounts for about 70% of qualified GPs. This is primarily due to the contract baseline funding uplift of 1.9%, which is below inflationary pressures in recent years, as well as not including GPs in existing funding of the ARRS budget, and new funding that can only be used to hire non-GP staff which the BMA says will make it harder to hire more doctors in general practice.

The GP contract negotiations are led nationally, rather than by the ICB. While the ICB cannot control the outcome of the national negotiations, it can seek to identify ways of bolstering primary care through other mechanisms, such as investment in locally

commissioned services to support the work of general practice outside of the core GMS contract.

Section 3: Additional Roles Reimbursement Scheme (ARRS) overview

Additional Roles Reimbursement Scheme (ARRS) funding in 2023/24 continued to cover actual salary plus employer on-costs (National Insurance and pension) to the maximum per whole time equivalent amounts as outlined in the Network Contract DES Specification. The DES has reinforced the investment in local leadership as well as removing the caps on a couple of ARRS roles encouraging further recruitment of ARRS staff during 2023/24. Changes have included the following:

- adding Advanced Clinical Practitioner Nurses to the reimbursable roles
- increasing the cap on Advanced Practitioners to three per PCN
- removing the caps on Mental Health Practitioners.

ARRS staff continue to be recruited to PCNs maximum allocated budgets to provide the additional appointments, improve patient access to general practice, and provide personalised, proactive, care for the populations that they serve. PCNs have been supported to take advantage of virtual options to support services where applicable and to widely advertise for recruitment in national job boards and specialist professional publications to assist with recruitment to roles where they have been challenging. ARRS workforce data continues to be regularly monitored to ensure that all PCNs are adding to the appropriate capacity which will match their patient needs (see Table 1 below).

Table 1: Illustrates the range of funded PCN ARRS roles & FTE recruited across Buckinghamshire PCNs in 2023/24 and 2022/23.

| DES funded ARRS ROLES | Buckinghamshire WTEs 22/23 (as of March 23) | Buckinghamshire WTEs 23/24 (as of Feb 24) | Change |
|--|--|--|---------------|
| Social Prescriber | 35.6 | 32.84 | -2.76 |
| Clinical pharmacist | 49.1 | 58.69 | +9.59 |
| Physiotherapist | 8.4 | 12.38 | +3.98 |
| Physician Associate | 7.5 | 15.77 | +8.27 |
| Health and Wellbeing Coach | 14.2 | 11.95 | -2.25 |
| Care Coordinator | 46.7 | 69.20 | +22.5 |
| Pharmacy Technician | 15.3 | 15.35 | +0.05 |
| Trainee Nurse Associate | 2.5 | 3.51 | +1.01 |
| Nursing Associate | 1.7 | 6.01 | +4.31 |
| Paramedic | 16.5 | 16.29 | -0.21 |
| Mental Health Practitioner (8a) | 7.8 | 3.00 | -- |
| Mental Health Practitioner (7) | | 5.80 | -- |
| Mental Health Practitioner (6) | | 0.00 | -- |
| Mental Health Practitioner (5) | | 0.00 | -- |
| Mental Health Practitioner (4) | | 0.91 | -- |
| Advanced Clinical Practitioner - Nurse | | 5.92 | -- |
| Advanced Practitioner - Pharmacist | | 8.23 | -- |

| | | | |
|--|------------|---------------|---------------|
| Advanced Practitioner - Paramedic | 4.3 | 1.99 | -- |
| Advanced Practitioner - Physiotherapist | | 0.80 | -- |
| Dietician | 0.00 | 0.00 | -- |
| Digital and Transformation Lead | 5.2 | 8.34 | +3.14 |
| General Practice Assistant | 6.2 | 9.08 | +2.88 |
| Apprentice Physician Associate | | 0.00 | -- |
| Chiropodist/Podiatrist (including Advanced Practitioners) | 0.00 | 0.00 | -- |
| Occupational Therapists (including Advanced Practitioners) | 0.00 | 0.00 | -- |
| Bucks ARRS Workforce (Total FTEs) | 221 | 286.06 | +65.06 |

Source: *Data NHSE ARRS Portal

Note: the status of ARRS roles in PCNs is always a snapshot in time. There can be flux in number of WTEs due to circumstances such as staff leaving and ongoing recruitment of those roles, changes in staffing plans.

PCN Clinical Directors and Network Managers also are encouraged to take up leadership and training through national initiatives like the General Practice Improvement Programme (GPIP) and Workforce Development Managers lead roles intended to support the development of PCN ARRS staff along with other leadership & development courses and opportunities.

Section 4: Patient Participation Groups (PPGs)

All GP practices are required by their contract to have and engage with a Patient Participation Group. BOB ICB have had assurance through annual e-Declaration from 43/47 Buckinghamshire practices that they have met this requirement. The ICB is following up with the remaining 4 practices.

Additionally, the ICB and GPPA are continuing to support practices making the most of working with their PPGs by planning learning sessions for summer 2024 to have high performing GPs and their PPGs share best practices on how they work together.

Finally, Healthwatch in Buckinghamshire has been actively working with PPGs to start identifying ways of supporting. The Patient and Public Experience Manager started full-time for Healthwatch in January 2024, and the group has worked with Healthwatch Oxfordshire and the ICB to develop a baseline survey for PPGs exploring how they would like to be supporting moving forward. The online survey ran from 25 January to 9 February, and it was sent to all PPG leads and Practice Manager contacts and was promoted in a Healthwatch Bucks / ICB Primary Care webinar. They received 31 responses and heard from 25 PPGs (over half the practices in Buckinghamshire). They carried out follow up in person interviews with 12 people covering 8 PPGs to get a more in-depth perspective, with the last interview taking place on the 23rd February. They are in the process of finalising the report and the recommendations. The recommendations will focus on enhancing the support and communications that PPGs receive both from the ICB and from Healthwatch Bucks.

Section 5: Priorities for PCNs for the next 12 months

The ICB has been developing a Primary Care Strategy over the past year to provide a vision for a more resilient, integrated primary care in BOB. The strategy focuses on the following three priorities:

- Access: ensure people get to the right support the first time to meet their needs
- Integrated Neighbourhood Teams (INTs): provide personalised, proactive care to people with complex needs, supported by INTs.
- Prevention: design targeted support for everyone to stay well by understanding our population by a review of the information, starting with cardiovascular disease.

Additionally, there will be further clarity around resourcing and capacity to drive improvements through the 24/25 GP contract, covered in earlier sections. The LMC will also be supporting access in primary care by improving workflow and handoffs via the interface, through such actions as developing an educational video for trusts to articulate how primary care operates in BOB and Buckinghamshire. [Trusts | Berks, Bucks & Oxon LMCs \(bbolmc.co.uk\)](https://bbolmc.co.uk)

For Buckinghamshire, primary care will also be oriented around the priorities identified through the Buckinghamshire Executive Partnership (BEP), which is currently planning priorities for 24/25. A primary delivery mechanism for the BEP for 24/25 will be through developing INTs. Customising the strategy to fit Buckinghamshire is paramount, so for example same day access will look to the clinical assessment service (CAS) to determine if that should be expanded.

Estates continues to be a priority, which has been covered in more detail in the Future of Primary Care Planning report with the council.

Finally, there are several structural elements in place to support these transformation initiatives. Along with the GPPA, the ICB has a team within the Primary Care Directorate devoted to supporting PCNs and their transformation initiatives.

Section 6: IT developments

- **GP websites** NHS England (NHSE) has published guidance [Creating a highly usable and accessible GP website for patients](#). Implementation of this is encouraged in the [Delivery plan for recovering access to primary care](#) (May 2023). BOB ICB intends to provide recommendations to practices by the end of June 2024 about steps to improve the accessibility and usability of their websites by their patients.
- **Telephony** All Buckinghamshire practices now have digital telephony systems in advance of the [national analogue switch-off](#). The [Delivery plan for recovering access to primary care](#) sets out steps for practices to implement key features to support patient access. These are now largely in place, but there are a small number of practices without a call-back facility i.e. patients have the option to be called back when they are higher in the queue. BOB ICB is working with these practices to address this as soon as possible.
- **Online consultation overview** – All GP practices have been required to offer online consultation since April 2020. BOB ICB offers a choice of 3 fully funded systems to GP practices (AskFirst, eConsult and Footfall). Alternatively, practices can choose other part-funded or unfunded systems. On-line consultation is an important access route for patients into general practice alongside improved telephony and any other local access arrangements.
- There are now more than 8 **Digital and Transformation Leads** at PCNs in Buckinghamshire, which support the management infrastructure in PCNs and adopting digital tools to support primary care. The Leads and Network Managers regularly come together in a digital innovation forum held by the ICB.

Appendix

- I. Additional examples of good practice in PCNs
- II. Structure of the GPPA and perspectives on working with the GPPA

I. Additional examples of good practice in PCNs:

- The Digital Cafés initiative, spearheaded by Arc Bucks PCN in collaboration with various organisations including BOB ICB Digital Team, Buckinghamshire Libraries, and The Good Things Foundation, aims to address the challenges faced by individuals in adopting digital technologies. These cafés offer informal and friendly IT support to help people overcome barriers hindering their use of technology, such as difficulty in sending emails or accessing online health resources. Research by NHS Digital highlights multiple barriers to digital connectivity, and the initiative recognizes that individuals may face several of these simultaneously. To tackle this, the PCN secured support from The Good Things Foundation, obtaining SIM cards with free data to assist those lacking internet access due to financial constraints. The Digital Cafés have already made a tangible impact, providing assistance with various tasks including navigating the NHS App, basic smartphone operations, accessing trusted online health information, and organizing digital photo galleries. Testimonials from participants underscore the importance of such initiatives in catering to the needs of older individuals, who often lack accessible avenues for tech-related inquiries. As one grateful patient expressed, ***"Thank you so much, there is nowhere an 80-year-old can go to ask these questions, I'm so pleased that you are here to advise."***
- The Swan Network responded to the urgent healthcare needs of asylum seekers in their local community with a compassionate and innovative approach. Collaborating with the local authority and third sector organisations, they established primary care services in a temporary healthcare facility within a nearby hotel. Led by their Clinical Services Manager, their dedicated team of healthcare professionals ensured a welcoming and culturally sensitive environment for asylum seekers. By setting up the clinic in the hotel, they eliminated barriers to healthcare access and provided timely and comprehensive medical attention. Services offered encompassed general health screenings, vaccinations, treatment for common illnesses, mental health support, specialist referrals, and collaboration with community wider community services. This initiative exemplified The Swan Network's not only provided essential medical care but also demonstrated the importance of solidarity and compassion in the face of challenging circumstances.

Big turnout for Community Event

Practice Manager **Sue Hazell** reports from *Southmead Surgery*

On Thursday 13 July Dr Tilly Siva held a well-attended Community Event in the Village Hall, organised by our social prescribers, Jane Quince & Emily Freeman.

Earlier in the year Dr Siva had attended a Leadership Course with GPs across Bucks, Oxfordshire & Berkshire. While there, he was inspired by hearing about community events that had proved successful in other parts of the country.

As Farnham Common is a community, he felt that this would be a good initiative to bring and share with the village.



Tea, cakes and talk

Everyone was invited to join us for tea and cakes and talk about what was happening in the village and find out what people would like to see.

Our friends and patients were able to meet local organisations such as Carers Bucks, the Village Hall, Sing & Sign, the Cinema Club, Short Mat Bowls, the Library, Rotary Club, Prevention Matters, Tai Chi with Simon Jennings, Signature Care Home, Tracey Trust, Women's Institute, Yoga with Lindi, and Parenting Special Children. A wonderful turnout!

A big thank you to everyone who came, it was a fun afternoon!

We hope to build on this event & hold another towards the end of the year.

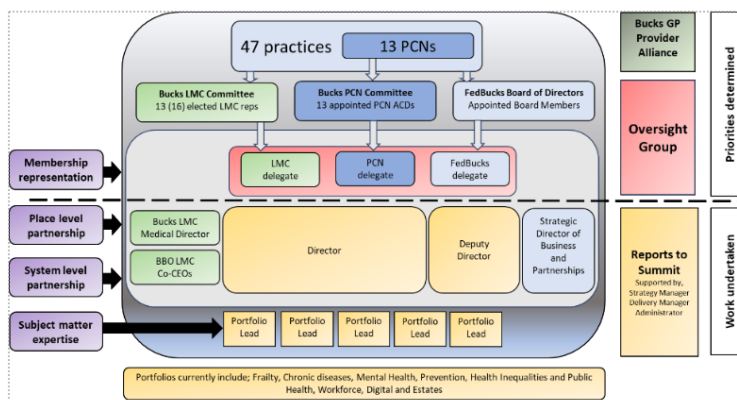
In September Emily will be setting up a local walking group.
If you are interested in joining, please email her emily.freeman5@nhs.net
or leave her a message with Reception.



III. Structure of the GPPA:

The purposes and remits of the GPPA are to:

1. Collaborate on issues that affect general practice
2. Gain consensus wherever possible to represent a united front
3. Operate as the 'system partner' for the benefit of General Practice in the BOB ICS
4. Work with other ICB system partners to agree on ICS priorities for General Practice in the BOB ICS
5. Be recognised as subject matter experts in General Practice service delivery and how those ICS priorities should be delivered within General Practice



Perspectives on working with the GPPA:

“The GPPA are integral to partnership working in Buckinghamshire. Whether sitting on our Buckinghamshire Executive Partnership, working through the operational challenges of the day, or helping us shape the future of primary care through the BOB Primary Care Strategy; their knowledge, experience and influence has helped ensure the voice of primary care is more closely embedded in our decision-making architecture.

Philippa Baker, Buckinghamshire Place Director

“As a large council serving over half a million people it is critically important that we develop a positive relationship with primary care so that we can work collectively to improve the health and wellbeing of our residents. The formation of Bucks GPPA has undoubtedly enhanced communication and collaboration between general practice and Buckinghamshire Council and allowed us to develop a partnership which enables a stronger contribution from General Practice in thinking and decision-making processes.

I am confident that the integration of Bucks GPPA into initiatives like Opportunity Bucks (with the establishment of a Deep End Network of practices) will result in even greater benefits for our communities and we are delighted to be able to work productively with the GPPA on a range of issues.”

Rachael Shimmin

Chief Executive, Buckinghamshire Council

“General Practice is complicated and communicating directly with GPs to get a consensus view has historically been challenging. The GPPA has simplified communication channels to enhance the GP contribution to collaborative work. Bucks GPPA are now a core member of the Bucks Exec Partnership and have become an essential system partner in the design and delivery of local priorities.

As well as their contribution to the BEP, the GPPA has allowed BHT to begin collaborative work with General Practice providers to develop new Community Services for our patients as we look to define and implement Integrated Neighbourhood Teams in Bucks.”

Neil Macdonald

Chief Executive

Buckinghamshire Healthcare NHS Trust