

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP32 : Ymateb gan: Cydffederasiwn GIG Cymru | Response from: Welsh NHS Confederation

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	The Welsh NHS Confederation response to Health and Social Care Committee's inquiry into the future of general practice in Wales.
<b>Contact</b>	Haleema Khan, Policy and Public Affairs Officer, Welsh NHS Confederation [REDACTED]
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## Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into the future of general practice in Wales.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers and are part of the NHS Confederation.

## Overview of the challenges facing general practice

3. General practice stands as the cornerstone of the National Health Service, handling a significantly larger patient volume than any other sector. Consequently, the failure of general practice would precipitate a systemic collapse of the entire NHS.
4. Approximately 90% of all NHS interventions and contacts occur within primary care, the true front door to the NHS. Demand is anecdotally reported to be 20% higher than pre-pandemic levels due to an increasingly ageing population, with increased complexities/frailty, increased demand, and higher public expectations. These complexities reach beyond purely medical issues but impact individual health and wellbeing and subsequently the demand on services, which is usually more evident in areas of higher deprivation where health inequalities are more apparent. While all primary care professionals share the objective of enhancing patient experiences, this must be balanced with a realistic appraisal of the service capacity amidst ever-increasing demand.
5. There are a number of challenges which must be overcome to improve the future of general practice in Wales:
  - **Funding:** The current funding situation for primary care is critically impacting general practice sustainability, with numerous practices struggling to provide adequate community care. The sector lacks the necessary resources to fully transition to a primary care-focused health system within the current contractual framework. Any

significant shift of services to primary care must be accompanied by commensurate resource allocation.

- **Training capacity:** Regarding training capacity and support for learners and supervisor, our members have suggested there needs to be a mechanism to support practices in integrating and implementing the necessary changes. Despite being remunerated for the time to support learners, not all practices can do this if there are no staff to provide additional clinical hours. Many practices struggle to release staff to attend education and training, to provide supervision for the induction or development of new and existing members of staff or to free up time to work as a team to implement changes. Our members have highlighted that the cluster infrastructure and/or communities of practice could be used to provide peer support, share lessons learned, and develop services over time.
- **Staff retention:** Our members have highlighted the importance of improving staff retention across general practice is complex and multifaceted due to the range of retention issues being faced, which can often vary between practices, the independent contractor status of services, the availability of key workforce data, and the service pressures being faced. These factors make it difficult for key stakeholders to engage and collaborate within the retention landscape. To help overcome such challenges and assist the progression of retention improvement within general practice, the availability of key workforce data, staff voice, and staffing resources to support is essential.
- **Multiprofessional workforce:** Developing a multiprofessional workforce in general practice faces several challenges. Pharmacy technicians require partnerships with pharmacy organisations for their initial training. Nurses in general practice struggle to access development opportunities due to unclear time allocations in General Medical Services (GMS) contracts. Additionally, the roles and impact of Allied Health Professionals (AHPs) are not well understood, and more funding is needed to support community services and ensure accessibility to AHPs in general practice.
- **Patient expectation:** Managing patient expectations is paramount, necessitating improved patient information and education. Clarity regarding the scope of services provided by GPs and other healthcare professionals is vital, as is a consistent national narrative on self-care and service utilisation, tailored with localised information.

## Challenges threatening the sustainability of general practice

### The funding model for general practice and current financial pressures

6. Our members agree that primary care and general practice is currently experiencing financial pressures and increased demand on services.
7. Regarding the funding model for general practice and current financial pressures, the financial landscape for general practice in Wales is under significant strain. NHS funding allocated to general practice has declined from over 8.7% of expenditure in 2005/06 to below 6.1% in 2020/21. This reduction occurred amidst rising inflation, escalating workforce costs and heightened post-pandemic demand, characterised by a surge in patient volume and presenting with higher complexity.

8. Moreover, GP practices in areas of higher deprivation face disproportionate financial pressure. The current funding formula, the Carr-Hill formula, which is based on service utilisation rather than need, fails to adequately address the greater health needs of people living in more deprived areas. Additionally, the commissioning of "bolt-on" peripatetic services, rather than bolstering core general practice funding, exacerbates health inequalities. Practices in deprived areas often lack the capacity to engage with these additional service provisions, further widening the gap in healthcare access and quality.
9. Also, GPs are expressing growing concerns about their financial sustainability and the uncertainty caused by the current system of annual contract negotiations. The one-year settlements make long-term planning, practice expansion, and future investments difficult.
10. Ultimately, geographical location also significantly impacts practice demand. Practices serving university populations and those in popular tourist areas experience significant seasonal surges in demand, impacting on their capacity and affecting access for registered patients. While health boards are attempting to mitigate this through enhanced community pharmacy services, the underlying funding issue remains.

### **The efficacy of different models for managing general practice**

11. Our members have emphasised that the efficacy of the models for managing general practice is variable. The traditional independent contractor model, in place since the inception of the NHS, enables GPs to have autonomy to make decisions that best meet the needs of their patients, provides stronger continuity of care which improve patient outcomes and satisfaction, allows flexibility and innovation to implement changes which would be constrained in a larger organisation, and this model is cost-effective. However, the workforce data has highlighted a steady decline in the number of GP partners in recent years, and a change in the age profile, particularly in areas of greatest deprivation.
12. Directly managed practices by health boards provides an element of financial stability, access to wider support and resources, and greater opportunity to integrate services. However, the model reduces autonomy at a practice level and is not cost effective with current funding model. The BMA's "[Save our surgeries](#)" report highlighted for the 2022/23 financial year the average overspend per patient at a managed practice was £53.38, more than 33% the global sum figure, which is in keeping with the health boards experiences.
13. Moreover, federated models and general practice "at scale" models enable efficiencies through delivering economies of scale, provides access to wider pooled support and resources, and enables wider enhanced service delivery. However, these models are dependent on collaboration and the culture of the associated practices, there are complexities in management which can reduce continuity and there is a risk of "over-centralisation". Fundamentally, adequate funding is required for any model's true efficacy to be reached.

14. Furthermore, the NHS has long aimed to promote healthier lifestyles through effective interventions, but this effort is hindered by government targets, funding, and public health initiatives. A revitalised contract is required to strengthen primary and community care by establishing standardisation and stability, thereby ensuring consistent quality and accessibility of services. Practices should be incentivised to adopt best practices and foster greater collaboration with the broader health and social care system, including third-sector partners. Such collaboration would enhance the management of chronic conditions, facilitated by health board support or pooled practice investment in specialist development through economies of scale.
15. The GMS model, characterised by independent contractor status, offers significant advantages in service delivery. Its inherent agility and adaptability, clearly demonstrated during the COVID-19 pandemic, allow it to respond rapidly to changing circumstances, bypassing the complex management processes of traditional NHS organisations. The autonomy granted to GPs, provided they fulfil their contractual obligations, fosters flexibility and control in practice management.
16. However, this model is not without its vulnerabilities. Changes in the risk appetite of GPs, particularly among younger professionals burdened with student debt and housing challenges, pose a significant threat. Anecdotal evidence suggests a growing reluctance among newly qualified GPs to pursue partnership, with a notable shift towards salaried positions. This trend, coupled with an aging GP workforce, raises concerns about the long-term sustainability of the GMS model.

### **The suitability and maintenance of general practice estates**

17. As recently highlighted in our [calls for the Senedd election](#), investment in capital and infrastructure is key to transforming the NHS into a 21st century service and improving productivity by modernising crumbling buildings, replacing outdated equipment and investing in technology and digital infrastructure. In our survey of members, 59% of NHS leaders agreed the lack of capital investment for the NHS estate is the biggest financial challenge facing the NHS, with 47% saying the ability to invest in digital and technology is a challenge financially. We are calling on the next Welsh Government to launch a long-term capital and infrastructure strategy. This will enable the NHS and social care to drive efficiency, productivity and sustainability, while improving patient outcomes and the physical working environment for staff.
18. In relation to general practice, our members have stated that the lack of adequate general practice estate is a significant barrier to the delivery of services, innovation, workforce wellbeing and patient experience. Expansion or improvement is often impossible due to physical limitations, creating significant obstacles to the integration of a broader healthcare workforce and the delivery of care closer to home. The inability to host visiting specialist clinicians, such as audiologists, mental health professionals, and physiotherapists, leads to inequitable access for patients, as these services become concentrated in practices with available physical space.
19. Exacerbating the problem is the scarcity of capital funding and the limited availability of alternative funding sources. Even when funding is accessible, the capital development process is complex. However, opportunities exist for more integrated collaboration with

other public bodies, such as local authorities, fire services, educational institutions, and social landlords, to address estate challenges. This collaboration could range from large-scale integrated health and wellbeing capital schemes to the utilisation of local leisure facilities for clinics or social prescribing initiatives.

20. All primary care contractor estates should be considered as part of the relevant health boards estate strategy and programmes, as well as the wider estate strategy for the relevant Regional Partnership Boards. Security of funding for GP contractors will provide the assurance required to support the personal investment from contractors into the estate infrastructure. Also, restrictions around the improvement grant provision from Welsh Government provide barriers to the effective utilisation of funds to improve estate and considerations on the level of funding with this element of support should be reviewed in the context of inflationary pressures seen in the estates/infrastructure sector.

### **Access to technology**

21. Our members have highlighted that digital technologies offer significant potential to empower patients and streamline access to services, thereby mitigating inappropriate demand and freeing up clinical capacity for complex cases. Practices in Cardiff and the Vale University Health Board, for example, are meeting in-hours access standards by providing telephone services and digital appointment requests through platforms like the NHS Wales App and communication/triage tools. However, variability in digital literacy among patients and staff, as well as digital poverty, pose significant challenges. Health boards and practices must proactively address these barriers, responding to concerns raised by external bodies like the Older Persons Commissioner for Wales, to ensure equitable access for all.
22. Moreover, our members have emphasised that primary care contractors have limited connectivity to wider systems, poor IT infrastructure, and variable integration, hindering the efficient delivery of care and effectiveness of any digital health solutions. This is coupled with the varying levels of digital literacy among the population which limits their ability to engage with digital health tools effectively, practices and populations in the most deprived parts of the society and most adversely affected.
23. In addition, there is no consistent primary care metric data set to enable efficient and robust patient outcome monitoring and contractual monitoring. There remain challenges around data sharing due to the data controller legislation in place, GP practices being data controllers for their own records.
24. Furthermore, the management of clinical systems and data presents ongoing challenges. The national transition to a single clinical system (EMIS) is underway, but the unexpected administration of Vision's parent company has necessitated immediate contingency plans. Health boards are supporting practices in implementing business continuity plans while the planned migration takes place. The collection of data from general practices requires further development to better quantify demand and understand the reasons for patient contacts. This would enable more effective service planning and patient flow within multi-professional teams.

25. Ultimately, the goal is to create a holistic data system that seamlessly links primary and secondary care, facilitating optimised service planning, error reduction, and improved patient outcomes.

**The general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team.**

26. Our members agree that there are further improvements to be made to the general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team.

**Workforce Planning**

27. General practice faces significant workforce challenges, including widespread shortages and an ageing workforce, that is why we are [calling](#) on the next Welsh Government to investment in a long-term plan for the NHS and social care workforce and their education. By investing in our workforce, embracing innovation, and fostering collaboration across the healthcare system, we aim to ensure that general practice continues to play a vital role in delivering high-quality, patient-centred care to our communities.

28. Younger GPs are increasingly reluctant to become partners, and staff retention is difficult due to high workloads, burnout, and competition from other sectors. While multidisciplinary teams improve efficiency, maintaining adequate medical staffing and providing leadership development and workforce planning support are crucial. Additionally, encouraging placements in deprived areas and offering incentives for recruitment to these areas are essential strategies to address the workforce crisis.

29. The traditional model of partnership in general practice is facing a decline in appeal. The financial rewards are often less attractive compared to opportunities in secondary care or salaried positions. Moreover, the substantial financial commitment required for partnership, encompassing mortgages, staffing costs, and business responsibilities, poses a significant barrier for younger professionals. This lack of new partners creates a detrimental cycle, increasing the workload on existing partners and further diminishing the attractiveness of the independent contractor model.

30. Compounding this issue is the ageing workforce, with a large proportion of GPs and nurses nearing retirement age, leading to challenges in succession planning. The growing preference for portfolio careers and flexible working arrangements, while beneficial for individual GPs, adds complexity to practice sustainability. Furthermore, while diverse work opportunities offered by health boards can enhance GP retention, they also draw professionals away from independent contractor roles.

31. Furthermore, a critical issue is the limited opportunity for professional development within general practice. This creates a workforce that is stagnant in skill and an unattractive environment for younger professionals. Employers of practice staff must prioritise the development of progression and development opportunities, supported by Health Education and Improvement Wales (HEIW), health boards, and Primary Care Academies. Without addressing these workforce challenges, including the ageing workforce, lack of professional development, and financial constraints, the sustainability of general practice will remain severely compromised.
32. HEIW is significantly enhancing healthcare workforce planning in Wales through the development and implementation of data-driven tools and strategic initiatives. A key advancement is the creation of an education-to-employment pipeline data dashboard. This tool leverages diverse data sources, including population projections, workforce statistics, and training data, to simulate and forecast future workforce supply and demand. Initially focused on the GP and nursing workforces, the dashboard is slated for expansion to encompass pharmacy and other healthcare professionals. Notably, the data generated by this dashboard is already being utilised in real-time decision-making, directly informing the commissioning of GP specialist training places.
33. Furthermore, progress is evident in the identification and analysis of the mental health workforce. By consolidating data from across health and social care, HEIW has launched a dedicated mental health workforce dashboard. This crucial tool provides a comprehensive understanding of the workforce's supply and structure, enabling effective planning and the development of long-term sustainability strategies. Complementing these efforts, each health board has established a primary and community care academy. These academies support local education and training tailored to specific population needs and will play an increasingly vital role in data-led workforce planning, working in conjunction with health board workforce planning colleagues.

### **Recruitment of new staff into general practice**

34. Regarding recruitment of new staff into general practice, HEIW is actively expanding GP training by increasing primary care placements for foundation doctors, aiming to enhance integration between care sectors and strengthen the GP Specialty Training Programme. They have also focused on developing a strong pipeline of General Practice Nurses (GPNs) through partnerships with educational institutions and general practices, significantly increasing placement capacity and providing a foundation program for new GPNs.
35. In the pharmacy sector, HEIW has boosted the presence of pharmacy undergraduates and trainees in GP practices, embedding multi-sector training and establishing pathways for career advancement. Programs like "Access To" and transition programs for experienced pharmacists and technicians are being implemented, alongside continued professional development opportunities.
36. Ultimately, HEIW is committed to promoting NHS Wales careers through initiatives like the Powys Academy Careers Education Enterprise Scheme, reaching schools and colleges to highlight opportunities in healthcare.

## **Retention of experienced staff**

37. The National Staff Retention Programme, hosted by HEIW, has been established to provide a system-wide approach to improving staff retention through the delivery of evidence-based and data-driven continuous improvement interventions. The programme supports and enables services across NHS Wales to develop evidence-based interventions that improve retention, through the enhancement of staff experience, wellbeing, work-life balance, career development, leadership, working environments, and cultures across the system, inclusive of general practice.
38. Currently, several collaborations have been established that relate specifically to general practice. These include involvement within the scoping of the Public Health Wales-led project 'Vision of Primary Care in 2035 - Retention of General Practitioners', the "Nurse Retention Plan" and the development of General Practice retention improvement pilot sites to assist practices in identifying retention metrics, baseline positions, and priorities for address, with full support from retention leads and the wider retention programme. Once the initial pilots are complete, it is intended that the finalised successful approaches will be spread and scaled accordingly.
39. HEIW has supported current GPNs to develop in their role as educators through the nursing student and GPN foundation programme. Feedback from these nurses indicates that when given the time to perform this role well, they enjoy the challenge of supporting a learner to develop new competencies and provide mentorship to those beginning their GPN journey.
40. Leveraging data from the newly developed workforce data model and information held by NWSSP, efforts are currently underway to identify and survey individuals leaving primary care. This initiative aims to uncover common themes that can be addressed to enhance retention in the future.

## **Staff Workload and Wellbeing**

41. HEIW is refining role definitions through competency frameworks for various healthcare positions, enabling strategic workload redistribution across general practice teams, including non-clinical staff. HEIW are also developing a multi-professional toolkit to aid in this process. Significant progress is being made in developing the non-clinical and non-registered workforce. This includes creating accredited training programs, work-based learning opportunities, and establishing a task force to standardise quality assurance and address development needs. To further support this, the Band 4 Registered Nursing Associate role has been introduced, and academies are providing learning opportunities for non-clinical staff, aiming to reduce the administrative burden on clinicians.

## **Training and continuing professional development**

42. Regarding training and continuing professional development, HEIW is strategically developing its academy network to serve as a robust infrastructure for understanding and addressing the diverse learning needs of the general practice workforce. This involves not only identifying current skill gaps but also anticipating future requirements. Through ongoing development of the academy infrastructure, HEIW aims to establish a

clear delineation of training responsibilities, distinguishing between educational programs that can be effectively delivered on an All-Wales basis and those best suited for localised delivery. Concurrently, HEIW is prioritising the development and implementation of a comprehensive Continuing Professional Development (CPD) and Education strategy. This strategy will provide a structured framework for lifelong learning, ensuring that healthcare professionals have access to the resources and opportunities necessary to maintain and enhance their skills throughout their careers.

43. Furthermore, HEIW is investing significantly in the development of clinical and leadership capabilities within general practice. The integrated care GP fellowship, clinical fellowship programme, and the advanced clinical healthcare course are designed to support both new and established clinicians in developing specialised interests that align with the evolving primary care model in Wales.
44. Recognising the critical role of practice managers in the efficient operation of general practices, HEIW is making significant strides in improving their training and development. This initiative aims to address challenges related to attraction, recruitment, and retention. Ongoing efforts include identifying existing qualifications and training priorities, developing a comprehensive competency framework that outlines the core skills required by practice managers, and creating a structured career development pathway with CPD opportunities. By enhancing the training and development of practice managers, HEIW aims to equip these key individuals with the necessary skills and knowledge to navigate the complexities of modern general practice, ultimately improving the quality of patient care and contributing to the long-term sustainability of the workforce.
45. In a forward-looking initiative, HEIW is set to collaborate with colleagues in Digital Health and Care Wales (DHCW) to further enhance the already developed Digital Capability Framework. This partnership aims to create a comprehensive digital roadmap for primary care, ensuring that the sector is well-equipped to meet future challenges. By leveraging the expertise of both organisations, HEIW and DHCW will provide targeted training and education opportunities to develop digital literacy among primary care professionals. This initiative will not only improve the digital skills of the workforce but also support the integration of innovative digital solutions, ultimately enhancing patient care and service delivery in primary care settings.

#### **Growth of the multidisciplinary team.**

46. HEIW is prioritising the development of robust multidisciplinary teams within general practice. This involves the strategic integration of various healthcare professionals, including nurses, pharmacists, and allied health professionals, to deliver comprehensive patient care. To facilitate this integration, HEIW has established supportive frameworks and training programs designed to optimise team functionality. Furthermore, a toolkit and supervision guidance are currently under development, aimed at providing general practices with the necessary resources for effective onboarding and management of new multi-professional team members.
47. A key focus for HEIW is the enhancement of mental health care within primary care settings. This is being addressed through the development of a competency framework

and specialised training/education pathway for practitioners working with individuals with mental health needs. Aligned with the Mental Health Strategic Plan, this initiative aims to standardise and improve the quality of mental health support provided by primary care teams. The project encompasses a comprehensive review of the All-Wales Curriculum for Mental Health Workers in Primary Care, an assessment of existing training provisions, and the development of new resources as required. Pilot programs with key groups will be conducted to refine the framework before its final implementation.

48. In addition, HEIW is working closely with the General Medical Council and the Royal College of General Practitioners to effectively integrate Physician Associates into general practice. This collaborative effort involves the development of resources and training programs specifically designed for supervisors, ensuring they are well-equipped to support Physician Associates. Furthermore, induction frameworks will be created to assist practices in the employment and integration of Physician Associates, thereby ensuring a coordinated and consistent approach to their role within general practice.

### **The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided.**

49. Our members agree that there are further improvements to be made regarding patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided.
50. Primary care services, including general practice, faces the challenge of balancing patient need against patient demand. This is often mismatched, particularly in areas of greatest deprivation, and has led to difficulties in maintaining equitable access to care, the quality of care provided and the loss in confidence of the public in services. Consideration of the balance between transactional, urgent, same-day demand and holistic, long-term, relationship-base care needs to be struck. Widescale efforts to shape public expectation is required to ensure general practice can meet the needs of future generations.
51. The demand for GP services is escalating due to a confluence of factors, including population growth, an aging demographic, increased co-morbidity, and heightened demand. Despite initiatives like Primary Choice and the Community Pharmacy-led Common Ailment Scheme, the surge in demand is impacting practices, leading to appointment shortages and patient discontent. To address this, greater emphasis should be placed on promoting self-care and self-management, leveraging digital technologies such as personal devices for chronic condition management and exploring the potential of Artificial Intelligence for data processing and health monitoring.
52. Furthermore, public trust in general practice is facing significant challenges, stemming from misconceptions and evolving service delivery models. The transition to a multi-disciplinary team approach, while essential for prudent healthcare, is often misunderstood, leading to a perception that care from non-GP specialists is inferior. Robust triage systems, while necessary to manage demand, can result in negative

patient experiences. Misunderstandings about the role of GPs in expediting secondary care appointments contribute to inappropriate service utilisation and public frustration.

53. Additionally, the erosion of the traditional named GP system, driven by demand pressures, has diminished the personalised and contextual relationships between patients and practitioners, impacting patient satisfaction and service performance.

## **Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care.**

54. Our members agree that there are opportunities to improve general practice to make it fit for the future and take a more preventative approach to care.

55. The below provides some ways improvements in general practice could be made:

- **Funding:** Our members advocate for significant reforms to the general practice funding model. They propose a commitment to long-term investment in primary care, coupled with a thorough review of the Carr-Hill formula to ensure funding accurately reflects service scope and demand. A minimum guaranteed income is also suggested for enhanced stability. Additionally, a strategic "left shift" of NHS resources towards primary care is recommended to improve financial sustainability and patient-centred care. Finally, a shift to a Value-Based Health and Care approach is urged, prioritising clinically driven best practices and outcome measures over procedural reporting.
- **Different models of general practice:** There are opportunities to consider the efficacy of different models for general practice include the provision of incentives towards partnerships particularly in areas of greatest deprivation including financial support and resources which could include practice management support and/or estates. Also, focus on models which provide continuity of care, collaboration and autonomy to clinicians. Our members have stated there is robust evidence which highlights the importance of continuity on patient outcomes and combined with clinician autonomy the benefits on clinician wellbeing.
- **Digital:** In access to digital and technology, our members have emphasised that there are improvements to be made which include the development of a nationally agreed primary care metric minimum data set to embed into both health board and Welsh Government monitoring and assurance processes.
- **Digital medicines programme:** Our members have suggested the full implementation of the Digital Medicines Programme to deliver the benefits of a fully digital prescribing approach in all care settings in Wales and help patients manage their medicines in the NHS Wales App including ordering repeat prescription, viewing medication and nominating a pharmacy of choice. Additionally, the implementation of digital literacy programs to educate patients on how to use digital health tools effectively and ensure that all patients have access to the necessary technology to engage with digital health solutions would be beneficial.
- **Workforce planning:** Addressing the critical workforce challenges in general practice requires a multifaceted approach. Opportunities to improve the situation include the crucial funding and implementation of the Strategic Workforce Plan for Primary Care, which aims to establish a sustainable workforce model aligned with national health strategies. Enhanced workforce planning, encompassing demand modelling, is also

essential to anticipate future needs and ensure equitable distribution of healthcare professionals.

- **Workforce wellbeing:** Prioritising workforce wellbeing through expanded support programs for physical and mental health, alongside flexible working arrangements, is vital. Finally, developing and enhancing leadership programs, coupled with dedicated funding to facilitate clinician integration with neighbourhood-based services as outlined in the "Fuller Stocktake," will contribute to a more robust and responsive general practice workforce.
- **Communication with patients:** Two key opportunities exist to improve communication and patient engagement within general practice. Firstly, a universal communication plan should be implemented, involving all relevant stakeholders, to manage public expectations of the NHS and promote a "need" based approach to service delivery, with a strong focus on preventative health. Secondly, mandating Patient Participation Groups within each practice or neighbourhood cluster will ensure that patients are actively involved in service provision decisions, fostering a more collaborative and responsive healthcare system.
- **Preventative care:** To further enhance general practice, a strong emphasis on preventative care initiatives, focusing on early intervention and chronic condition management, can significantly reduce the burden on primary care and the wider NHS. Addressing health inequalities through targeted strategies is essential to ensure equitable access to care for all population groups.