



Agenda

- Meeting:** Thirsk and Malton Area Committee
- To:** Councillors Nigel Knapton (Chair), Caroline Goodrick (Vice-Chair), Joy Andrews, Alyson Baker, Lindsay Burr MBE, Sam Cross, Dan Sladden, Gareth Dadd, Keane Duncan, Michelle Donohue-Moncrieff, George Jabbour, Steve Mason, Janet Sanderson, Malcolm Taylor and Greg White.
- Date:** Friday, 27 March 2026
- Time:** 10.00 am
- Venue:** Council Chamber, Ryedale House, Malton, YO17 7HH

This meeting is being recorded (audio/visual) and will be uploaded to [our Youtube channel](#).

Presentation slides

- 6. Primary medical care and general practice access (Pages 3 - 24)**
Presentation by the Head of Primary Care, NHS Humber and North Yorkshire Integrated Care Board.

Thursday, 19 March 2026

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Primary Medical Care and General Practice Access Thirsk and Malton 2026

What is General Practice

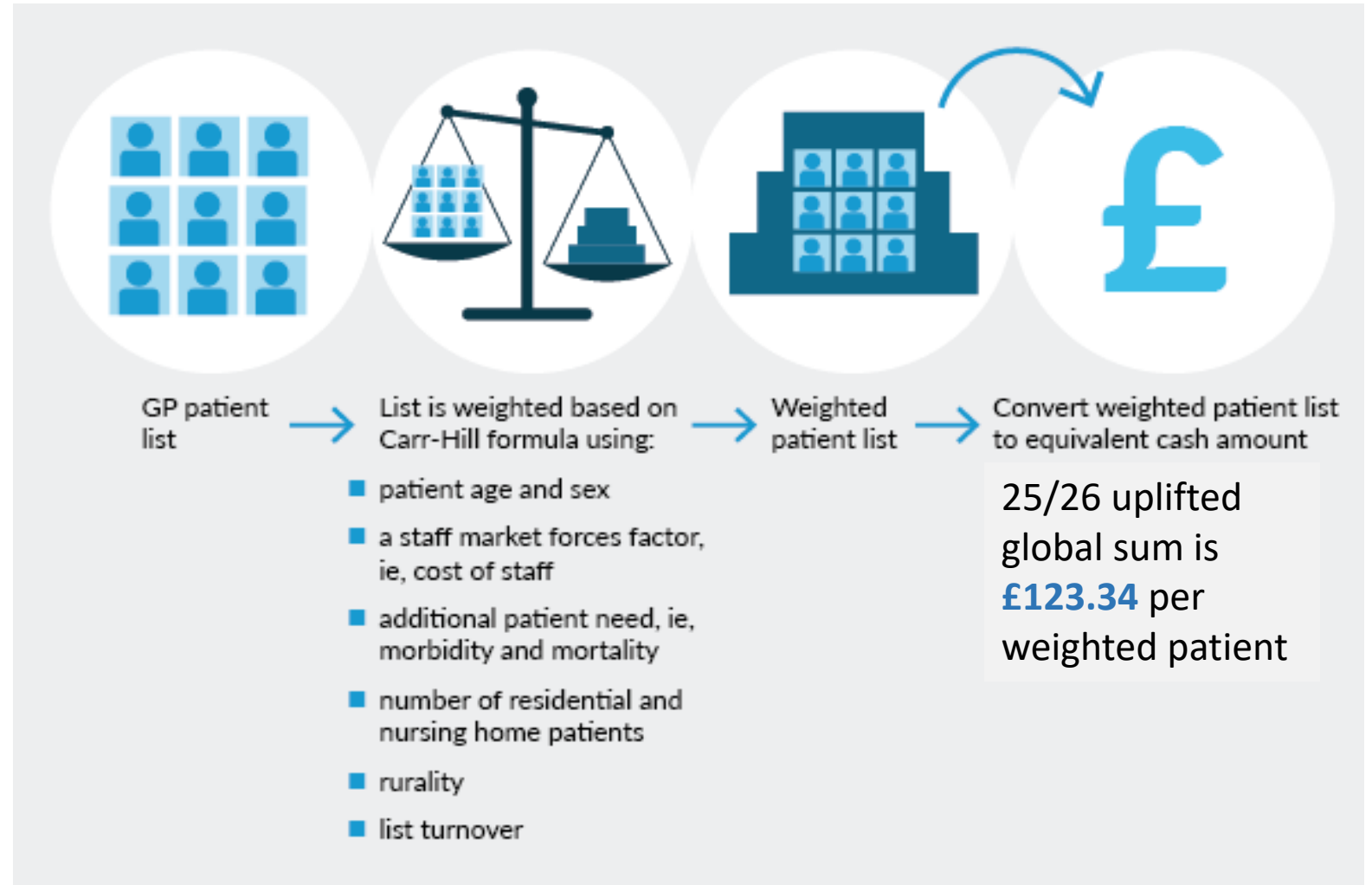
- General practices are the small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area
- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business
- Every individual or partnership of GPs must hold an NHS GP contract
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides
- General practice is the first point of contact with healthcare for many patients, as gatekeepers to secondary care; as generalists, practices see the whole patient and even whole patient's families
- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England, however Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities

GP Contract

- There are three different types of GP contract arrangements used by NHS commissioners in England:
 - General Medical Services (GMS)
 - Personal Medical Services (PMS) and,
 - Alternative Provider Medical Services (APMS)
- Some core parts of the GP contract include:
 - Agreeing a geographical or population area the practice will cover
 - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it
 - Provision of essential medical services to registered patients
 - Standards for premises and workforce and requirements for inspection and oversight
 - Expectations for public and patient involvement
 - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions
- **Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients**
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays

Core funding - global sum

Global sum payments are based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services**



Core funding – other income

- The Statement of Financial Entitlements (SFEs) sets out what General Practice can be reimbursed for
- Many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.
- Most practice income is paid to the practice rather than to individual GPs

Quality and Outcomes Framework scheme (QOF)

- QOF is a voluntary scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients
- Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve
- The value of a QOF point in 2024/25 is £220.62 – and the scheme has 635 points, there are 32 protected indicators worth 212 points.

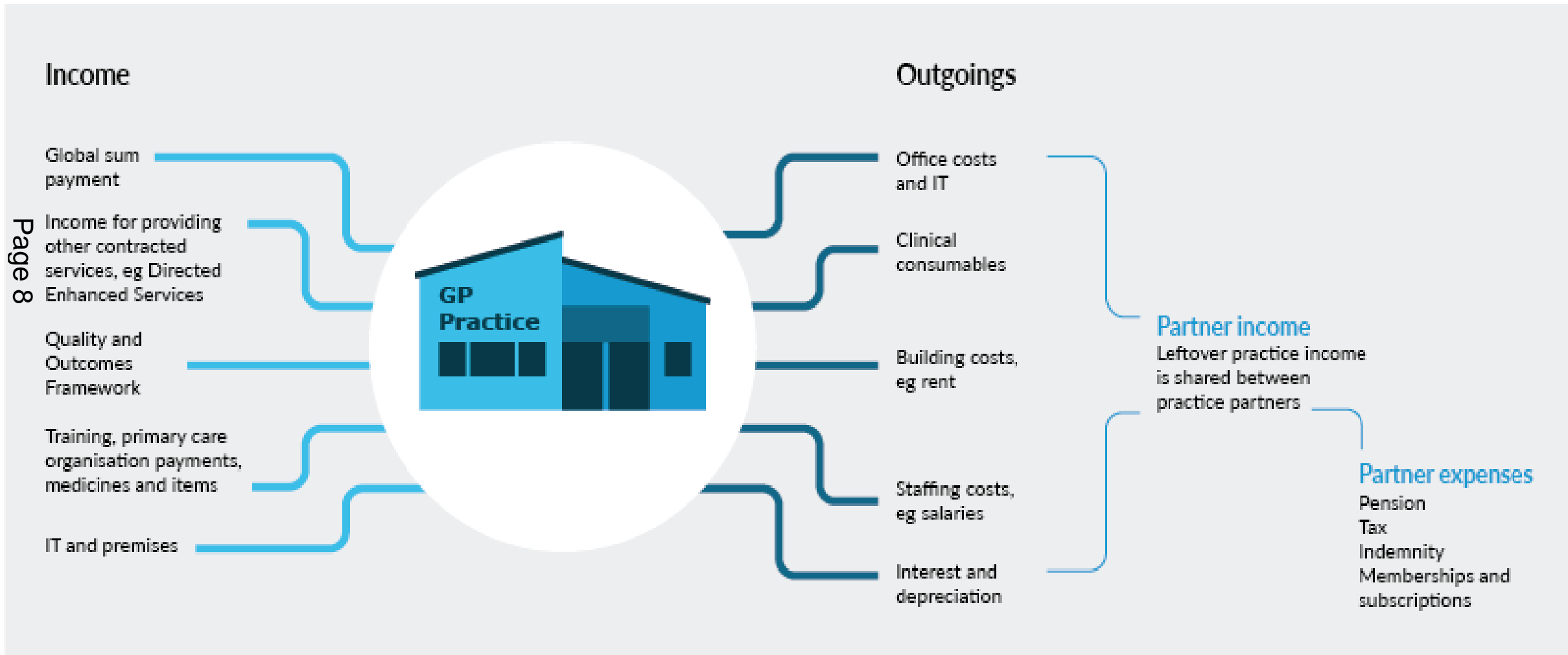
DES

- Each DES attracts a separate payment amount as set out in the SFEs

PCN

- Core PCN funding including Clinical Director payment and PCN Leadership & Management payment
- Enhanced Access payment
- Care Home premium
- Capacity and Access Support payment
- Additional Roles Reimbursement Scheme (ARRS)

Core funding - expenditure



Primary Care Networks (PCNs)

- PCNs, established in July 2019, are groups of practices working together to deliver nationally directed enhanced services (DES)
- PCNs are not organisations or legal entities – the PCN DES is offered to each individual practice as the legal entity agreeing participation
- Each PCN is led by a Clinical Director (CD) who represent the group of practices
- PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision making and operational arrangements
- PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access
- PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working

PCN Contract Directed Enhanced Services (DES)

PCNs are required to provide the following services – this is in addition to what practices are expected to provide as part of core GMS contracts

Services	
Enhanced Access	Medication reviews and medicines optimisation
Enhanced Health in Care Homes	Early Cancer Diagnosis
Social Prescribing Service	Tackling neighbourhood health inequalities
Personalised Care [including reviewing shared decision-making audit]	Cardiovascular disease and prevention

Investment & Impact Fund: redesigned for 25/26 to focus on 2 indicators:

Hi-03 : Percentage of patients on the QOF Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity

CAN-02 : Percentage of lower gastrointestinal urgent suspected cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral.

General Practices in Thirsk and Malton

- 12 GP Practices
- Registered population: 86,068
 - Smallest list size: 1,821
 - Largest list size: 21,116
- Average list size: 7,172
- across 3 Primary Care Networks
- January 2026 raw list size used for all

South Hambleton and Ryedale PCN = 38,018 patients

- Millfield Surgery = 8,055
- Pickering Medical Practice = 10,945
- Tollerton Surgery = 3,605
- Helmsley Medical Centre = 3,609
- The Kirkbymoorside Surgery = 6,214
- Stillington Surgery = 3,769
- Terrington Surgery = 1,821

North Riding Healthier Communities PCN (in-part)

- Derwent Surgery = 21,116
- Sherburn & Rillington = 5,789

Hambleton South PCN (in-part)

- Lambert Medical Centre = 8,591
- Thirsk Doctors Surgery = 8,213
- Topcliffe Surgery = 4,341

Filey Surgery = 8,782

Hunmanby Surgery – 4,499

Practice and PCN workforce

PCNs receive funding through the Additional Role Reimbursement Scheme (ARRS) to bring in new workforce to support an MDT approach and to deliver the DES requirements and in addition to current practice workforce. Under this scheme, practices will have access to:

- Advanced Practitioner
- Clinical Pharmacist
- First Contact Physiotherapist
- GP (ARRS)
- Mental Health Practitioner
- Occupational therapist
- Physician Associate
- Student Nursing Associate
- Care Coordinator
- Digital and Transformation Lead
- General Practice Assistant
- Health and Wellbeing Coach
- Nursing associate
- Pharmacy Technician
- Social Prescribing Link Worker

*SHaR PCN is part of a national pilot scheme and, as such, these roles are excluded from the information provided above

Primary care appointment activity

Thirsk and Malton Practices	Oct 2025	Jul 2025	Apr 2025	Jan 2025	Oct 2024
Total number of appointments	64,934	48,301	44,351	49,981	67,290
Total appointments (average) per 1,000 population	782.10	579.04	538.31	609.43	818.12
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	31%	41%	38%	42%	31%
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	20,679	16,803	16,383	17,915	20,728
% of appointments where the time between booking and the date of the appointment was over 2 weeks	24,031	11,872	10,902	11,315	25,945
% of appointments categorised as face to face	45,769	31,678	29,863	34,072	50,554
% of appointments categorised as telephone or video	15,652	14,002	12,566	13,771	13,487
Number of appointments recorded as Did Not Attend (DNA)	2,737	1,217	1,131	1,132	2,653

Primary Care appointment provision

- The number of patients registered with GP practices in England has been increasing. In December 2025, there were 63.89 million patients registered with GP practices in England, an increase of over 12% or 6.99 million since 2015
- A growing, aging population with increasingly long-term conditions and complex co-morbidities mean that demand for general practice is expected to rise further in the future. Health Foundation [modelling](#) indicates that an additional 6,500 FTE GPs (37,800 total) will be needed by 2031/31 to meet the growing clinical need, compared to the levels needed in 2021/22 (31,300).
- In December 2025, there were 28,777 FTE fully qualified GPs employed by NHS general practices in England. This represents a decrease of 587 fully qualified FTE GPs since September 2015, when the GP workforce dataset begins.
- Approximately 30.9 million standard appointments were delivered in December 2025. An average of 1.47m appointments per working day were delivered in the same month. 44.3% of these appointments were delivered by a GP.
- This workload is unsustainably high. A [2024 BMA poll](#) of nearly 3,200 GP registrars across the UK found 66.4% work outside scheduled hours most or every day, and 72.9% responded that they experienced burnout and stress as a direct result of their clinical posting.

EVERYDAY IN THE NHS



Individual patient journeys

Changes in hospital medical staff since 2010, by specialty

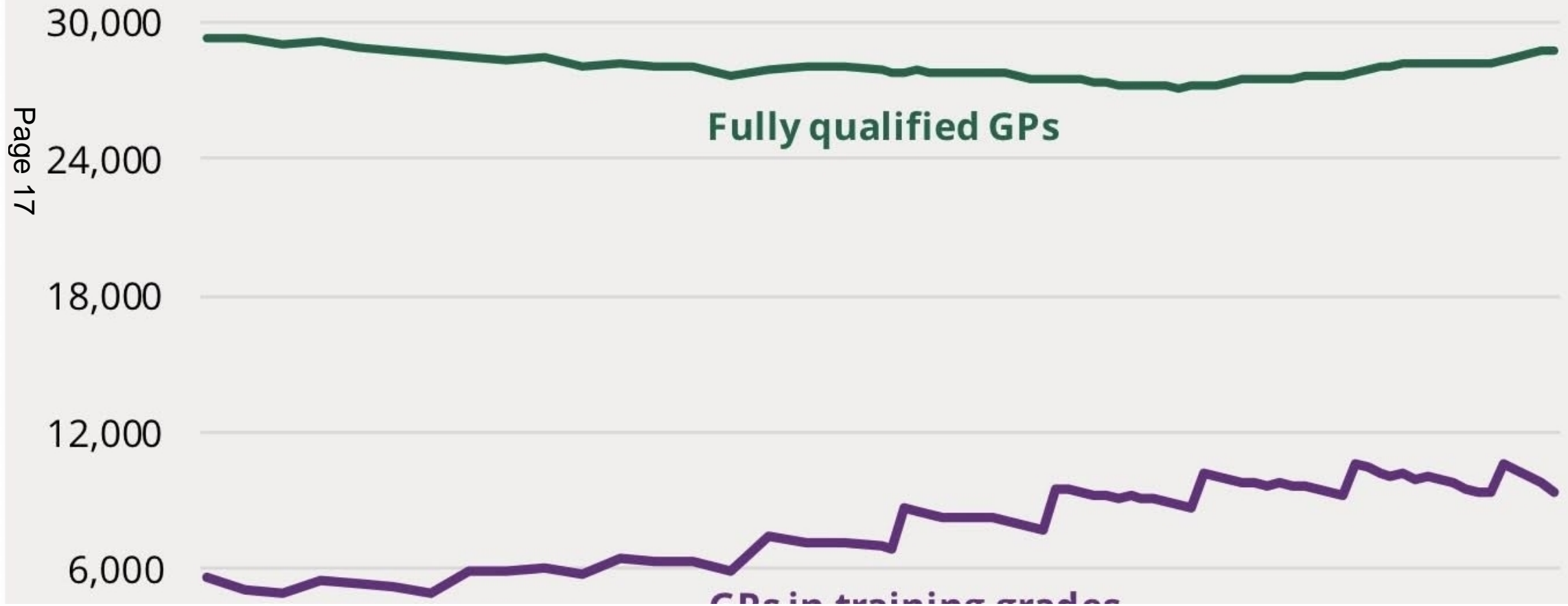
FTE, England, as of November in 2010, 2018 and 2025

Specialty	Nov 2010	Nov 2018	Nov 2025	Change 2010–2025	
General medicine	25,596	30,147	44,783	+19,188	+75%
Surgical	20,823	23,790	30,716	+9,894	+48%
Anaesthetics	11,482	14,053	17,993	+6,511	+57%
Emergency medicine	5,038	7,025	11,735	+6,697	+133%
Paediatric	7,287	8,566	11,066	+3,779	+52%
Radiology	3,436	4,494	6,250	+2,814	+82%
Obstetrics & gynaecology	5,390	6,066	8,006	+2,616	+49%
Psychiatry	8,794	9,107	11,923	+3,128	+36%
Pathology	3,836	4,299	5,561	+1,725	+45%
Clinical oncology	1,031	1,324	1,910	+879	+85%
Dental	2,065	2,422	2,836	+771	+37%
Public health & community	2,221	1,062	839	-1,382	-62%
Total	96,998	112,354	153,619	+56,620	+58%
General Practice	32356.	27386.	28698.	-3658.	-11%

Source: NHS Digital, [NHS Workforce Statistics - November 2024](#), Doctors by Grade and Specialty data file

The number of fully qualified GPs has fallen by 2% since 2016 but numbers have been increasing over the past two years.

Full time equivalent GPs, quarterly data until Sep 2021, then monthly



PCN Services

SHaR PCN is contracted to provide Enhanced Access provision, e.g. appointments outside of core surgery. The PCN provides these hours from 8 main hubs:

Easingwold Health Centre, Pickering, Millfield, Kirkbymoorside, Helmsley, Stillington, Tollerton and Terrington

Hambleton South PCN offers Enhanced Access across sites at;

- Thirsk Doctors Surgery, Chapel Street, Thirsk
- Friarage Hospital Northallerton

Derwent Practice provides Enhanced Access provision across 4 days each week

Sherburn & Rillington Practice provides Enhanced Access provision across 6 days each week

All PCNs offer a variety of services on top of Enhanced Access

GP Patient Survey - 2025 results

Survey question	National average	SHaR PCN Average	Other practices' Average
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	53%	86%	67%
% of patients surveyed describe their experience of contacting their GP practice as good	70%	90%	79%
% of patients surveyed felt their needs were met during their last general practice appointment	90%	94%	96%
% of patients surveyed had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment	93%	96%	97%
% of patients surveyed describe their overall experience of this GP practice as good	75%	89%	87%

Key: **indicates better than national average**; **indicates worse than national average**

Access challenges

- Covid-19
- Staff sickness
- Recruitment and retention difficulties – admin and clinical
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Did Not Attend (DNA) appointments
- Public health concerns in press e.g. mpox, Strep A
- Outdated technologies e.g. analogue telephony
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Estates limitations

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Capacity and Access Improvement Plan

The Capacity and Access Improvement Plan (CAIP) is a funding scheme that supports PCNs to improve how patients experience GP services. It is additional funding, on top of existing support, and is paid when PCNs can show they have made agreed improvements.

- The CAIP covers **two main areas**:

1. Risk stratification to support continuity of care.

- This means using information to identify patients who need more regular or consistent care, Making sure those patients see the same healthcare professionals where possible, Providing better ongoing care for people with complex or long-term needs, In simple terms: people who need the most support get more joined-up and familiar care.

2. Supporting modern general practice access

- This focuses on improving how patients contact and access GP services, including: Easier phone access, Simpler online contact, Faster review and response to patient requests. In simple terms: it should be easier and quicker for people to get help from their GP practice.

How PCNs qualify for payment

- Each PCN must meet national assessment criteria for each improvement. These criteria must be met by all GP practices within the PCN, not just some. The PCN Clinical Director is responsible for checking whether the criteria have been met and this assessment must be completed before 31 March 2026.
- If both improvements are achieved, the total payment equals $£1.375 \times$ the PCN's adjusted population
- The funding is split two-thirds for Supporting Modern General Practice Access and one-third for Risk stratification to support continuity of care

Building capacity

- **Larger multi-disciplinary teams [Additional Roles Reimbursement Scheme funding]**
 - PCNs encouraged to make full use of their entitlement
 - ARRS roles have been expanded to include
 - Digital and Transformation Leads [who will support the move the MGPA]
 - Advanced clinical practitioner nurses
 - Enhanced Nurses
 - The restriction on the numbers of certain ARRS roles has been dropped
 - Training for nursing associates
- **More new doctors**
 - All doctors completing GP specialty training can access the two-year fellowship
 - Increase the number of GP practices holding visa sponsorship licences
- **Retention and return of experienced doctors**
 - Pension changes
 - National and local GP retention schemes

Cutting bureaucracy

Improving the primary–secondary care interface

- Onward referrals
 - Patients referred into secondary care who need another referral, for an immediate or a related issue, the secondary care provider should make this for them, rather than sending patient back to GP to refer
- Complete care
 - Hospitals should ensure that on discharge or after an outpatient appointment, patients receive everything they need, including fit notes
 - Discharge letters should highlight clear actions for the GP (including prescribing medications required)
- Call and recall
 - Hospitals should establish their own call/recall systems for patients for follow-up tests or appointments so that patients do not have to ask their practice to follow up on their behalf
- Clear points of contact
 - Hospital providers should establish single routes for general practice and secondary care teams to communicate rapidly

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