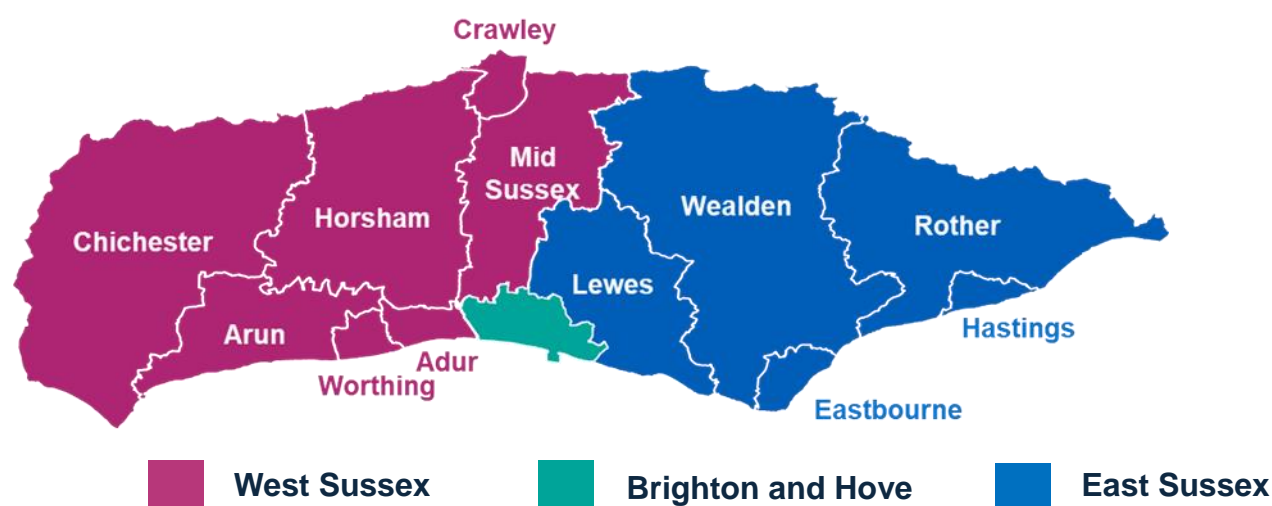


## Improving Access to General Practice in East Sussex – Update Report (September 2025)

### 1. Introduction and Context

- 1.1. This report provides members of the Committee with an update on the work being done to improve access to General Practice in East Sussex, this follows on from previous reports presented in December 2022, September 2023, and October 2024 and includes updates on specific areas requested such as GP appointment data, the Additional Roles Reimbursement Scheme (ARRS), Health Inequalities, and our approach to addressing unwarranted variation in Primary Care.
- 1.2. NHS Sussex Integrated Care Board (ICB) is responsible for delivering care to 1.72 million people, across three Places (East Sussex, West Sussex, Brighton and Hove). Within the three Places, there are 13 Integrated Community Teams (ICTs). The ICTs will act as the vehicle to integrate primary, community, social care and the voluntary sector services within a defined geographical ICT footprint.



Services across Sussex are largely provided by:

- 156 GP practices and 293 Community Pharmacies
- Two acute Trusts - University Hospital Sussex NHS Foundation (UHSussex), Surrey and Sussex Healthcare NHS Trust (SASH)
- One acute and community health Trust - East Sussex Healthcare NHS Trust (ESHT),
- One specialist Trust - Queen Victoria Hospital NHS Foundation Trust (QVH)

- One community health Trust - Sussex Community NHS Foundation Trust (SCFT)
- One mental health Trust, Sussex Partnership NHS Foundation Trust (SPFT)
- One ambulance provider - South East Coast Ambulance Services NHS Foundation (SECAmb)

1.3 As of August 2025, there are 50 GP practices in East Sussex, and 94 Community Pharmacies, as well as one Primary Care Hub (in Hastings). The total number of registered patients with a GP Practices in Sussex in July 2025 was 591,037. The registered list sizes of the East Sussex Practices vary from 28,553 at Foundry Healthcare Lewes to 2,840 at Sedlescombe House Surgery.

1.4 The 50 GP Practices in East Sussex are grouped into twelve Primary Care Networks (PCNs) and five Integrated Neighbourhood Teams (INT) - Lewes, Wealden, Eastbourne, Hastings, Rother – Annex A provides further detail.

1.5 In Sussex, the Primary Care Provider Collaborative (PCPC) is a body which brings together General Practice and Community Pharmacy across Sussex and will include Dentists and Optometrists in the future. It has been established to support Primary Care's role in developing neighbourhoods and there is a now a named GP, Community Pharmacy and Management lead for each of Sussex' 13 Neighbourhood footprints.

### **Strategic Context**

1.6 The New 10 Year Health Plan for England 'Fit for the Future' [10 Year Health Plan for England: fit for the future](#) published in July 2025 focusses on three key transformational shifts – From Hospital to Community, From Analogue to Digital and from Sickness to Prevention, with a strong focus on improving access to general practice by:

- **Bringing care closer to home** with the aim of delivering a faster, more convenient, equitable access to a wide range of services by establishing Neighbourhood Health Centres (NHCs) in every community, bringing together GP, nursing, mental health, pharmacy, dentistry, diagnostics and more under one roof.
- **Ending Barriers in Primary Care**, outlining an approach to ensure Same-day appointments guaranteed, ending the "8 am rush" for GP booking. Expanded capacity via multidisciplinary teams, administrative streamlining, and improved digital triage.
- **Improving the Digital Front Door** so that the NHS App becomes the primary route into the NHS,
- **Putting Prevention First** which will see the Shift from reactive to preventive care: expanded screening, vaccination, obesity management, and early intervention programmes.

- 1.7 In Jan 2025 NHS England published the 2025/2026 Priorities and Operational NHS Planning Guidance [NHS England » 2025/26 priorities and operational planning guidance](#) which highlighted the need to Improve patients' access to general practice by continuing to support general practice to enable patients to access appointments in a more timely way and to improve patient experience. ICBs should ensure that all GP practices inform patients, on the day they first make contact, how their request will be handled, as stipulated in the GP contract.
- 1.8 The key priorities for Primary Care for 2025/26 are:
1. **Increase GP Appointments:** The target is to achieve a 1.2% growth in GP appointments for 2025/26 compared to 2024/25, which equates to 11.62 million appointments in 2025/26.
  2. **Improve Patient Experience:** Patient experience will be measured via the ONS Health Insight Survey.

## 2. Improving General Practice Access in East Sussex

- 2.1 During the year 2024/2025 NHS Sussex exceeded its Operating Plan target for delivery of GP appointments by 11.5%. In East Sussex 3,771,179 GP appointments were delivered which was a 4.2% increase on the previous year.
- 2.2 Our target for 2025/26 is to exceed our performance in 2024/25 by delivering an additional 1.2% appointments in General Practices across Sussex.
- 2.3 The table below highlights the comparison of the total number of appointments delivered in East Sussex from April to July for 2025 against the same position in 2024. In total, there is a negative 2.8% variation, however we have seen an increase in performance over the last month and are not forecasting a negative position against our plans for 2025/26. This trend was also seen across Sussex with lower % recorded for both April and May across each Place.

East Sussex	April	May	June	Total
2024-25	308,589	313,634	290,401	912,624
2025-26	286,761	293,691	306,390	886,842
Variance	-7.1%	-6.4%	5.5%	-2.8%

- 2.4 Between April to July 2025 over 2.7 million General Practice appointments were delivered across Sussex, representing an 1.3% increase in activity for the same period last year. This is broken down in to Place in the table below:

	Apr-25	May-25	Jun-25	Total
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Brighton & Hove	136,545	137,718	143,497	417,760
West Sussex	488,618	487,453	510,177	1,486,248
East Sussex	286,761	293,691	306,390	886,842
<b>Sussex Total</b>	<b>911,924</b>	<b>918,862</b>	<b>960,064</b>	<b>2,790,850</b>

- 2.5 In June 2025, Sussex outperformed the other ICB's in the South East Region for the number of GP appointments provided per 1,000 registered patients – with 516 for Sussex, compared to an average of 468 for the South East. In East Sussex the total number of appointments per 1000 (531) is above both the Sussex, Regional and National averages – see table below.

	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>
East Sussex	497	509	531
Sussex Total	490	494	516
South East	450	448	469
England	459	457	478

- 2.5 In addition, we continue to work with PCNs to ensure that they deliver the required minimum level of Enhanced Access requirements in East Sussex, contractually set out in the form of a specific number of additional minutes of appointments based on size of registered population, as well as encouraging local innovation based around local population needs.

### 3. Delivering improvements in Primary Care through working with our PCNs and Integrated Neighbourhood Teams

- 3.1 Our Primary Care Networks are positioned as the 'front door' of Integrated Neighbourhood Care and are at the core of the model, connecting primary care with wider services so patients experience more joined up care. The Additional Roles Reimbursement Scheme (ARRS) enables a wider mix of staff i.e. social prescribers, health and wellbeing coaches, mental health practitioners to provide the connections into the wider services as appropriate for the individual.
- 3.2 Adult social care and children's service staff are aligned to PCN/ICT footprints, and social workers will often join multidisciplinary team meetings in PCNs. PCNs also host adult mental health practitioners who work alongside the Sussex Partnership NHS Foundation (SPFT) to provide links across the system.
- 3.3 Our recently published Draft Commissioning Intentions outline our approach to transforming primary care services by going further and

ensuring that healthcare services in Sussex become more proactive in supporting residents with identified high and ongoing care needs and to ensure there is greater continuity of care provided across the spectrum of neighbourhood health providers, focussed on the needs of the individual.

- 3.3 In order to support the achievement of this ambition, in 2026/27 we expect practices to follow the Sussex neighbourhood health framework, where:
- all general practices within each of the 13 Integrated Community Team areas in Sussex will be expected to risk-stratify their patients, using the John Hopkins tool, in accordance with the agreed system framework of population need, including the identification of those patients who would benefit most from continuity of care.
  - all general practices, community pharmacies and dental services, are expected, under the leadership of their neighbourhood clinical and managerial primary care leads, to collaborate with other community physical health and community mental health services; specialist clinical leads (e.g. frailty consultants and respiratory consultants); voluntary community and social enterprise sector providers; and hospices, to improve patient experience and care. Where required, some members of practice teams and / or additional roles reimbursement scheme roles, will be asked to work under the leadership of a multi-disciplinary team.

#### **4. PCNs tackling Health Inequalities**

- 4.1 All East Sussex PCNs have made tangible progress and engaged in multi-agency collaboration to support their Tackling neighbourhood health inequalities plans. This has included teams within the ICB, East Sussex County Council, OneYou East Sussex, Wave Leisure, Health in Mind (SPFT), ESHT, Healthwatch, Surrey & Sussex Cancer Alliance and various voluntary organisations including Vandu language services, Macmillan Cancer Support, East Sussex Community Support.
- 4.2 The following specific actions show a commitment to addressing health issues with equity potential. (e.g., reductions in the number of high-risk hypertensive patients, identifying patients needing further support/ referrals, improved signposting, reduction in prescribed opiates, audit and review of 2 Week Wait referrals and pathway for vulnerable patients, improve 2 Week Wait Colorectal referrals, and establishing a PCN Mental Health team.)
- 4.3 East Sussex PCNs have demonstrated commitment to tackling health inequalities through diverse partnerships and targeted interventions. To further strengthen equity, there is a need to ensure that actions are explicitly shaped by disaggregated data and community voice, with focused attention on those facing the greatest health

disparities. Embedding equity impact assessments and aligning with national frameworks like Core20PLUS5 will help ensure sustained and measurable progress in closing health gaps.

## 5. Improving Access and Reducing Unwarranted Variation

- 5.1 Reducing variation in primary care is a crucial objective for healthcare systems aiming to deliver consistent, high-quality care to all patients. Variability in care can arise from differences in clinical practices, access to healthcare services, resource availability, and even patient demographics. Addressing this variation can have significant positive impacts on patient outcomes, healthcare efficiency, and equity.
- 5.2 Reducing unexplained or 'unwarranted' variation in general practice continues to be a priority in Sussex and is key in ensuring that every patient has access to high quality services alongside better access to these services. In recognition of this we have co-developed a new Quality Improvement programme with our Primary Care Clinical Leads, and our Primary Care Provider Collaborative, which is currently been delivered with Practices and PCNs in their neighbourhoods throughout 2025/26.
- 5.3 The new local scheme aims to support Practices to reduce variation between across four priority areas: Improving Patient Access to General Practice, Disease Management, Improving patient experience of General Practice and referral pathways and interface. The scheme is focussed on metrics that allow practices to better understand where variation - both unexplained or unwarranted - exists providing support to general practice colleagues to identify where improvements can be made, based on sharing best practice, utilising quality improvement methodologies to enable change to happen both at an individual practice, neighbourhood or across Sussex as appropriate.
- 5.4 The programme launched in March 25, and all neighbourhood teams across Sussex now have named QI Lead and are actively participating in the programme. Since the inception of the programme all neighbourhoods have been engaging in the programme through facilitated sessions and have now concluded sprint one, have started sprint two with sprint three starting in September 2025.
- 5.5 Sprint One Focus Areas included:
  - Pharmacy First uptake - % by practice
  - Patient Satisfaction Survey - Overall experience of contacting GP practice
  - National Diabetes Audit Data
  - Learning Disability (LD) Health Checks uptake - % of eligible population and
  - A&E attendances per 1000 population
- 5.6 Neighbourhood Sprint Activity – Highlights for East Sussex:



- Wealden: Focused on variation in LD Health Check delivery and explored coding inconsistencies, offering tailored practice support.
- Rother: Initial work on diabetes recall. Early engagement completed, though operational delays have slowed momentum.
- Hastings: Identified a data gap for Pharmacy First. Convened neighbourhood wide discussions and connected with the Sussex Respiratory Network to explore opportunities on chronic obstructive pulmonary disease (COPD) diagnosis.

5.7 The second sprint is now underway with neighbourhoods identifying new priorities, with neighbourhoods choosing COPD, Asthma, improving patient experience in GP practices, increasing physical health checks for patients with Severe Mental Illness (SMI), Diabetes, and Referral rates with the focus specifically on rate difference between practices for specific specialities between standard referrals and advice and guidance requests. The third sprint is taking place following the next workshop in September 2025.

5.8 In addition to our work with PCNs and Neighbourhoods Teams we are also continuing to work with individual practices to provide targeted support to explore and understand where unexplained variation may exist. Where areas are identified then we have a programme of support available, which includes engagement in the national Practice Level Support (PLS) Offer, accessing funding to support Modern General Practice, and bespoke support tailored to practices.

## **6. Developing an Improving Primary Care Patient Experience Programme 25/26**

6.1 As noted earlier, in the 2025/26 NHS priorities and operational planning guidance there are two main measures. Improve access to general practice and urgent dental care, and specifically for general practice the measure of Improve patient experience of access to general practice as measured by the ONS Health Insight Survey, all of which provide an opportunity to further support our patients to understand how to navigate the system, including understanding the different skills within a practice to allow people the best opportunity to access appropriate health and care first time, supporting the shift from Treatment to Prevention.

6.2 The Improving Primary Care Patient Experience Programme 25/26 (IPCPE) has been developed to focused upon direct interventions to enhance and improve patient experience across primary care at Sussex wide, place and practice level.

6.3 The Key Programmes of work within this initiative include:

- Provision of a Primary Care focused communications and engagement suite of resources

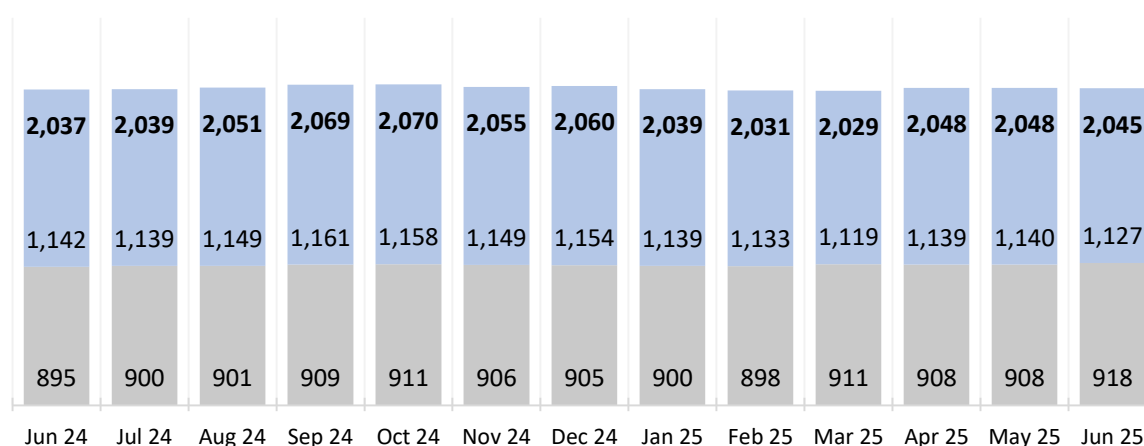
- Unlocking the potential within existing Patient Participation Groups (PPGs) – includes development of a self-assessment toolkit, creating PPG champions and creating a bespoke training programme for PPGs
- Promoting translation and integrating services amongst marginalised communities

## 7. Increasing our Primary Care Workforce

- 7.1 Increasing the Primary Care workforce is both a national and local priority, both in terms of recruiting and training more staff, but also supporting and retaining existing ones too. Nationally the previous government set out a [Long Term Workforce Plan](#) for the NHS in June 2023, while in Sussex we have developed our own [Sussex People Plan](#) across system partners which includes a key focus upon supporting the Primary Care workforce. This is particularly important not just for improving access to Primary Care, but also in working with partners to develop new Integrated Community Teams (ICTs) in Sussex.
- 7.2 Over the past two years, we have surpassed Primary Care Workforce recruitment targets across Sussex at both PCN and practice level. From June 2023 to June 2025, the workforce grew by 537.0 FTE, comprising 279.0 clinical and 258.0 non-clinical roles. In East Sussex alone, there was an increase of 130.5 FTE, with 72.8 FTE clinical and 57.7 FTE non-clinical staff added.
- 7.3 Key points to note as of June 2025 in East Sussex:
- Compared to a year ago the Primary Care workforce increased by 8.1 FTE (or 0.4%) to 2,045 FTE. The Clinical workforce shrank by -1.4% or -15.7 FTE; non-Clinical staff +2.7% or 23.8 FTE.

East Sussex Primary Care workforce (FTE)

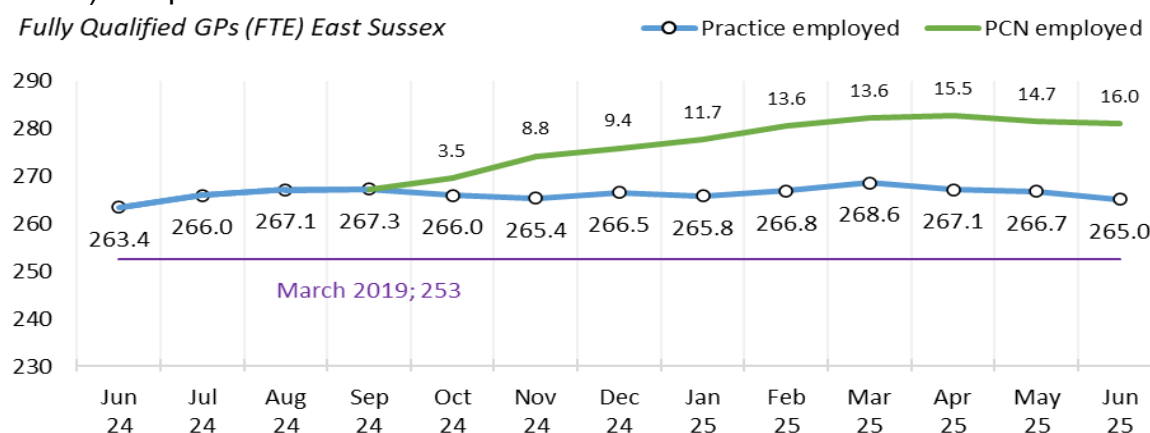
■ Admin/non-clinical staff ■ Clinical staff





- Practice employed total GPs (including in training) have increased by 1.4% (+5 FTE) compared to June 2024.
- PCN employed GPs, introduced in August 2024 as part of ARRS, have reached 16.0 FTE.
- The Fully Qualified GP workforce (excluding in training) has increased by 0.6% (1.7 FTE) compared to June 2024.

Fully Qualified GPs (FTE) East Sussex



- Fully Qualified GPs (FTE/100k) in East Sussex are above England and above the comparator system average (42.0).
- When including ARRS GPs, the fully qualified GP workforce has increased by 17.6 FTE, reaching 281.0 FTE. Compared to other systems, and excluding ARRS GPs due to unavailable comparison data, East Sussex reports 45.9 FTE per 100,000 patients, above the national level (44.3) and the South East average (43.6) and ranking second among comparator systems.
- East Sussex now has 32.7 FTE nurses per 100,000 patients which is significantly above the England level (26.2) and South East average (25.5) and ranks second among comparator systems.
- Practice-employed Direct Patient Care staff 45.6 FTE per 100,000 patients, East Sussex remains well above the England level (27.4) and the South East average (30.5) while ranking highest among comparator systems.

### Additional Roles Reimbursement Scheme (ARRS)

7.5 As of June 2025, the total ARRS workforce in East Sussex was 358.5 FTE; comprising 352.1 clinical FTE and 6.4 non-clinical FTE. With 62.1 FTE per 100,000 patients, East Sussex has the highest ARRS workforce across Sussex.

7.6 The most employed ARRS roles in East Sussex are:

- Care Coordinators – 118.5 FTE
- Advanced Practitioners – 39.8 FTE
- Clinical Pharmacists – 38.9 FTE

- Pharmacy Technicians – 36.0 FTE
- First Contact Physiotherapists – 24.5 FTE
- General Practice Assistants – 24.3 FTE

7.7 This growing workforce is becoming an integral part of general practice, enabling practices to offer a broader range of support directly to patients, reducing the need for onward referrals to other services.

## **8. Planning for Winter 2025/26**

### **Highest and ongoing Needs Programme**

- 8.1 In preparation for Winter we are working alongside the Primary Care Provider Collaborative to establish Neighbourhood Teams focussed on the proactive identification and management of patients with the highest and ongoing needs to improve their outcomes.
- 8.2 This programme builds on the Cohort Identification and Proactive Care Winter Project 2024-25 and will sit alongside our existing locally commissioned Frailty and End of Life services in Primary Care.
- 8.3 The current Frailty and End of Life Locally Commissioned Service (LCS) supports practices to identify those with severe frailty or palliative care needs and to deliver appropriate interventions such as care planning and structured medication reviews.
- 8.4 The ambition is to evolve towards a better and more integrated proactive care service in future based on integrated multidisciplinary community teams delivering holistic care to those with the highest needs.
- 8.5 To promote the further development of integrated community teams, NHS Sussex is starting focussed work across several providers. Identified professionals from General Practice, Community Nursing, Mental Health, Social Care, VCSE, and Hospice Services will be asked to work together and consider how they can better support people proactively.
- 8.6 A series of workshops with each Neighbourhood team will be taking place from September 25, with the aim to implement this approach across Sussex from October 25.

### **Winter Vaccinations – COVID and Flu**

- 8.7 Eligibility for Covid Vaccinations for our Autumn and Winter programme includes the following:
  - Residents in a care home for older adults
  - All adults aged 75 years and over

- Persons aged 6 months and over who are immunosuppressed
- 8.8 The COVID-19 programme will run from 1 October 2025 to 31 Jan 2026. However, the national ambition is that the majority of COVID-19 vaccinations should be completed by 19 December 2025.
- 8.9 In preparation for the start of the campaign we have been working with our neighbourhood teams, local authority Public Health colleagues and care home system leads with a focus on neighbourhood working to improve uptake with a focus on identifying those areas where vaccine hesitancy or lower uptake exist.
- 8.10 There are 182 COVID vaccination sites across Sussex; for East Sussex this includes 55 Community Pharmacy Providers, 7 local Practice or PCN delivery sites and 1 Federation led delivery site.
- 8.11 In February this year the national flu immunisation programme 2025 to 2026 letter was published, which outlined the importance of vaccination to provide direct protection to those who are at higher risk of flu associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children. The programme is critical in supporting NHS and adult social care resilience through the winter months when hospital admissions are at their peak, demand on adult social care is high, and GP practices see an increased number of patients. The eligibility cohorts have remained the same as previous years.
- 8.12 The Autumn and Winter campaign dates are outlined below:
- Pregnant women and all eligible children will start from 1st September 2025. For school aged cohorts, vaccination in schools should be completed by 12 December 2025 with further catch-up opportunities as appropriate.
  - All other adult flu cohorts will start from 1 October 2025 and will run until the 31 March 2026. Although, we anticipate that the majority of vaccinations should be completed by the end of November 2025 to provide the best possible protection going into winter.
- 8.13 We have been working closely with our local Trusts to ensure that frontline health and social care workers are given the opportunity to get vaccinated; and each Trust has an action plan in place with the aim of increasing uptake for 25/26.

## 9. Conclusion

- 9.1. This report gives an overview of the latest position for the East Sussex HOSC on improving access to General Practice services locally.
- 9.2 Improving access to, and experience of Primary Care, is a continuing strategic priority for NHS Sussex. We are committed to maintaining our focus on making it easier for patients to access community and primary care

services in East Sussex, working with our practices, PCNs and Neighbourhood Teams.

- 9.3 Our focus in 2025/26 will be to continue to focus on improving access, continuity and the experience of general practice, ensuring that everyone who needs an appointment with their GP practice gets one, and those who contact their practice urgently are assessed the same or next day according to clinical need supported by increased use of our digital enablers. We continue to focus on reducing unwarranted or unexplained variation across our PCNs and Practices and deliver an enhanced offer to General Practices to support this.
- 9.4 NHS Sussex is committed to ensuring that everyone across our communities have access to high quality health and care services when they need support.

## Annex A – Practices aligned to Integrated Neighbourhood Teams

Integrated Neighbourhood Team	Practice
Eastbourne	Arlington Road Surgery Grove Road Surgery Harbour Medical Practice Park Practice Seaside Medical Practice Sovereign Practice The Lighthouse Medical Practice Victoria Medical Practice
Hastings	Carisbrooke Surgery Harold Road Surgery Hastings Old Town Surgery High Glades Medical Centre Priory Road Surgery Sedlescombe House South Saxon House Surgery The Station Practice
Lewes	Chapel Street Surgery Foundry Healthcare Old School Surgery Quayside Medical Practice Seaford Medical Practice
Rother	Collington & Pebsham Surgery Fairfield surgery Ferry Road Health Centre Little Common Surgery Martins Oak Surgery Northam Surgery Oldwood Surgery Rye Medical Centre Sedlescombe House & Westfield Surgeries Sidley Medical Practice
Wealden	Ashdown Forest Health Centre Beacon Surgery Bird in Eye Surgery Bridgeside Surgery Buxted Medical Centre Downlands Medical Centre Groombridge and Hartfield Medical Group Hailsham Medical Group Hertsmonceux Integrative Health Centre Manor Park Medical Centre Quintins Medical Centre Rotherfield Surgery Saxonbury House Surgery

	Stone Cross Surgery The Meads Surgery Wadhurst Surgery Wealden Ridge Woodhill Surgery
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