

## Oxfordshire Joint Health Overview and Scrutiny Committee

<b>Date of meeting:</b> 11 September 2025	<b>Paper no:</b>
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<b>Title of paper:</b> General Practice access and estates in Oxfordshire
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<b>Paper is for:</b>	<b>Discussion</b>	✓	<b>Agreement</b>		<b>Information</b>	✓
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<b>Purpose of paper:</b> The paper sets out the key aspects of access to General Practice services in Oxfordshire. It includes access data as well as reference to Oxfordshire practice workforce and estates.  It is an update to the report provided in April 2024
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<b>Recommendations</b>  Members of HOSC are invited to note the contents of this update paper.
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<b>Date of paper:</b> 21 August 2025
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## General Practice access and estates in Oxfordshire

### 1. Introduction

This report is provided to the Joint Health Overview and Scrutiny Committee for information and discussion. The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It provides an update to the paper presented in May 2022 and April 2024.

### 2. Context

As of 1 August 2025, Oxfordshire has 64 General Practices providing general medical services to between 3,300 and 42,000 individuals. The reduction in the number of practices follows two separate practice mergers in Oxford City – 27@Northgate and 28@Northgate: St Bartholomew's Medical Centre and Hollow Way Medical Practice in April 2024. In both cases there was no change to the provision or location of services. Merging of two practices can often strengthen the resilience of smaller practices and allow more services to be provided. Following consultation Hedena Health closed their branch surgery at the Marston Pharmacy site. Patients will continue to access services via their main site or the Barton Surgery branch site.

### 3. Modern General Practice

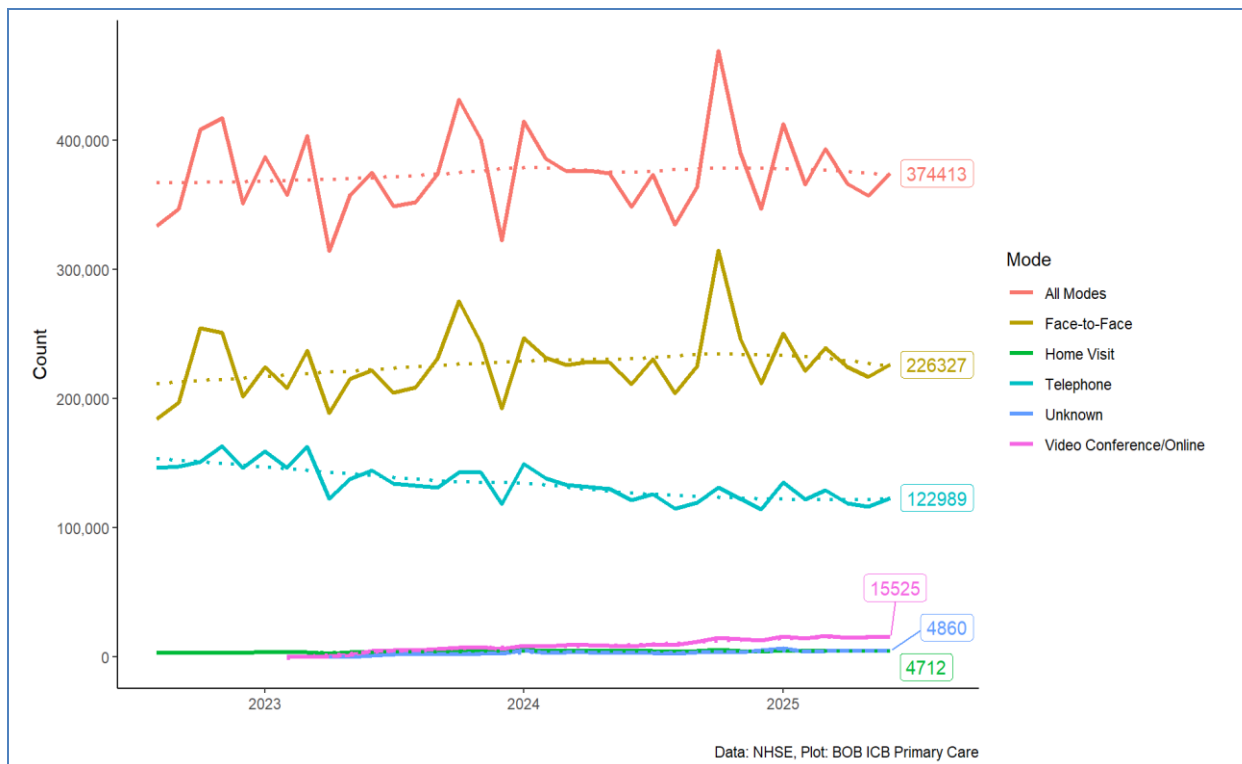
Modern General Practice was a concept introduced in 2024 to be the foundation of transformation within primary care to better align capacity with need, improve patient experience and improve the working environment for general practice staff: The fundamental components are:

- *Optimising contact channels*; offering patient choice of access channel (telephone, online and in person) via highly usable and accessible practice websites, online consultation tools and improved telephone systems.
- *Structured information gathering* at the point of patient contact (regardless of how the contact is made) to understand what is being asked of the service.
- *Using care navigation* and workflow process across all access channels to assess and prioritise need safely and fairly, and to efficiently get patients to the right healthcare professional or service, in the appropriate timeframe (including consideration of continuity of care) moving away from a 'first come first served' approach.
- *Better allocating existing capacity to need*, making full use of a multi-professional primary care team, community services and 'self access' options where appropriate and helping GPs and practice staff to optimise use of their time where it's needed most.
- *Building capability* in general practice teams to work together and to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change.

The ICB is working with practices to support the implementation of Modern General Practice. Funding and incentives are included as part of a system wide delivery plan, which also includes expansion of community pharmacy services, digital solutions and improvements across the primary and secondary care interface.

#### 4. GP Appointments

Appointment numbers in General Practice are collected and reported nationally each month<sup>1</sup>. The graph below sets out the appointments which have remained steady since 2023 although there have been seasonal variations.

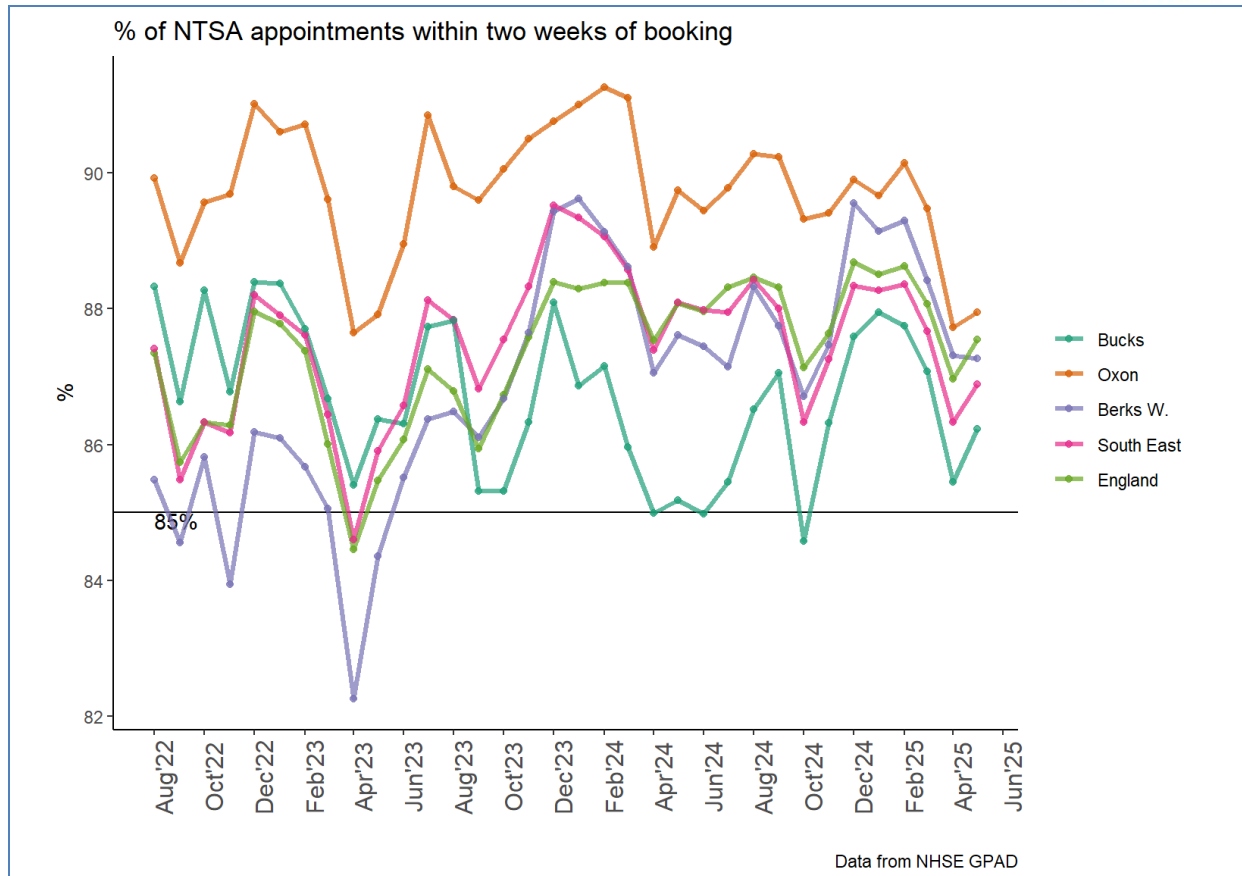


Graph 1 General Practice appointments by mode

In Oxfordshire appointment levels have been sustained at pre pandemic numbers since September 2020 with the number of appointments being delivered remaining steady. The appointment patterns follow the seasonal trends seen in previous years and the majority of appointments are delivered face to face. Of the 374,000 appointments offered in June 2025, 48.6% were offered by a GP.

A recent focus has been to ensure that those patients that need an appointment with their GP practice gets an appointment within 2 weeks where appropriate and that those who contact their practice urgently are assessed the same day or next day according to clinical need. 88% of Oxfordshire patients are seen within 2 weeks of contacting their practice which compares favourably with the national position of 86% and 55.5% of patients have a same day appointment (compared to 54.3% for England)

<sup>1</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>



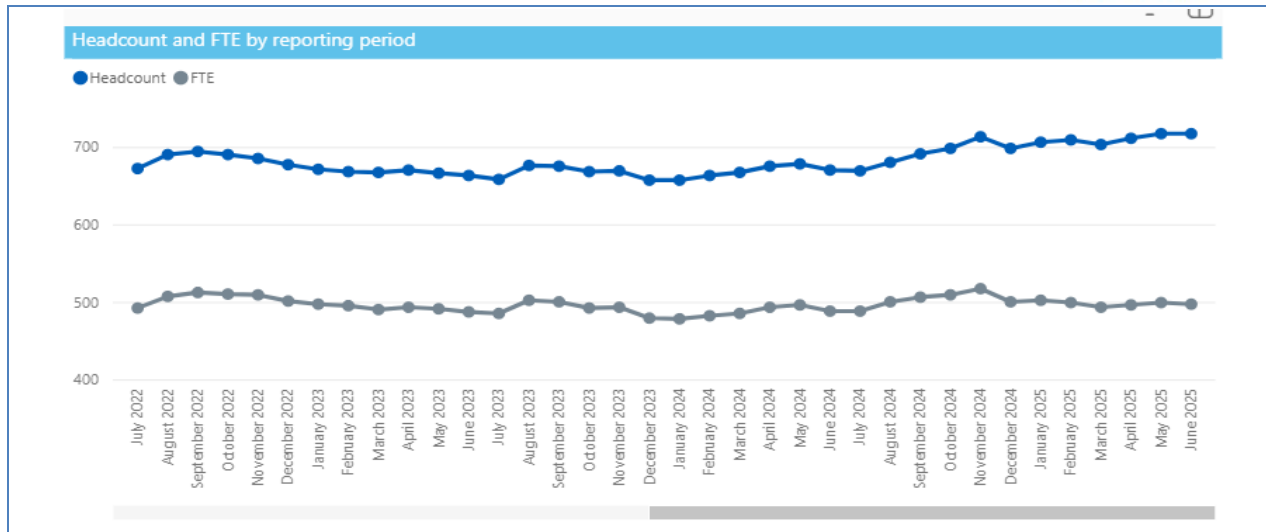
Graph 2 General Practice appointments not typically scheduled in advance (NTSA) scheduled within 2 weeks of booking

## 5. General Practice workforce

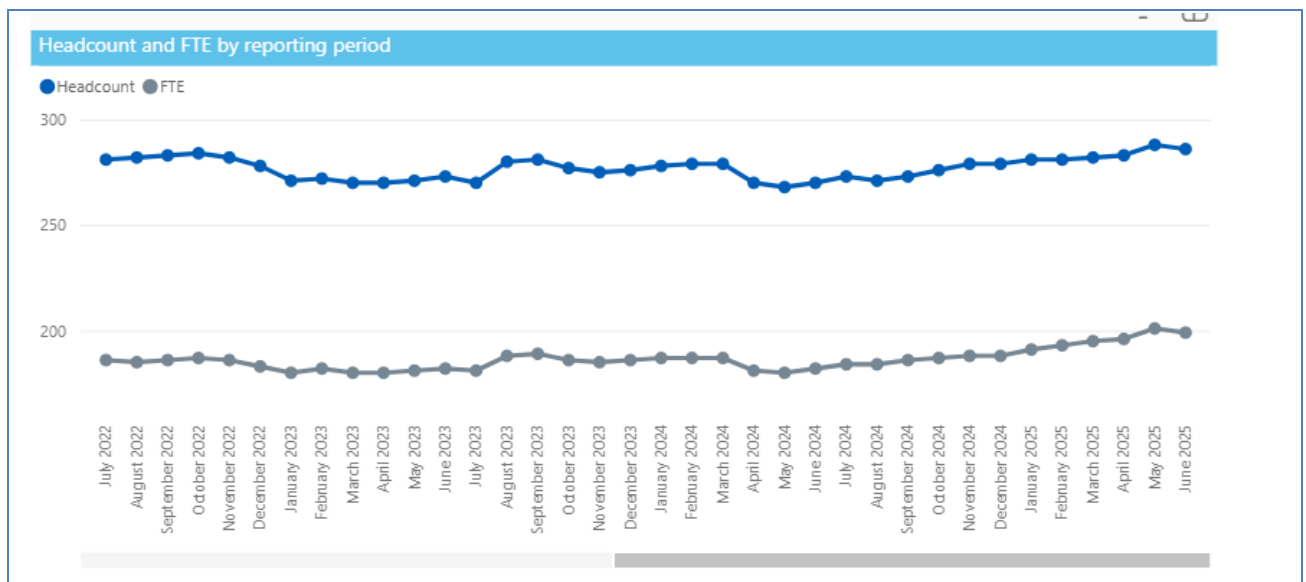
### 5.1. GPs

Practices are individual businesses and as such can decide on the number and type of staff that they employ. Data shows that Oxfordshire has slightly more GPs per 10,000 patients than the national average but slightly less nurses. The number of GPs have been slowly increasing over time<sup>2</sup>.

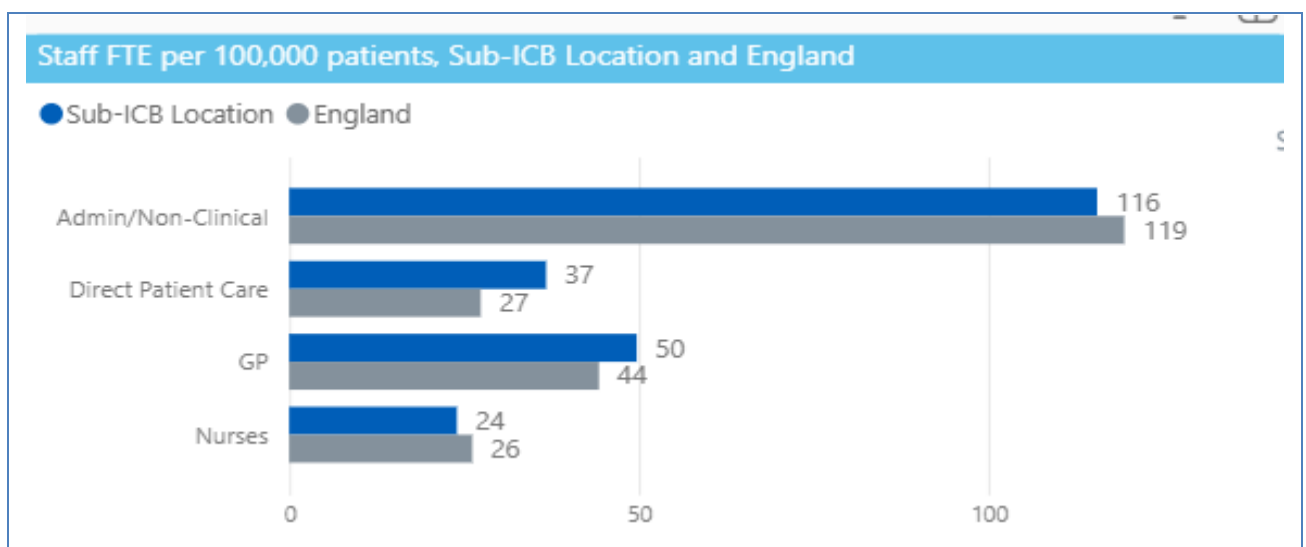
<sup>2</sup> [General Practice Workforce, 31 July 2025 - NHS England Digital](#)



Graph 3 Oxfordshire GP Headcount and full time equivalent (FTE)



Graph 4 Oxfordshire primary care Nurse Headcount and full time equivalent (FTE)



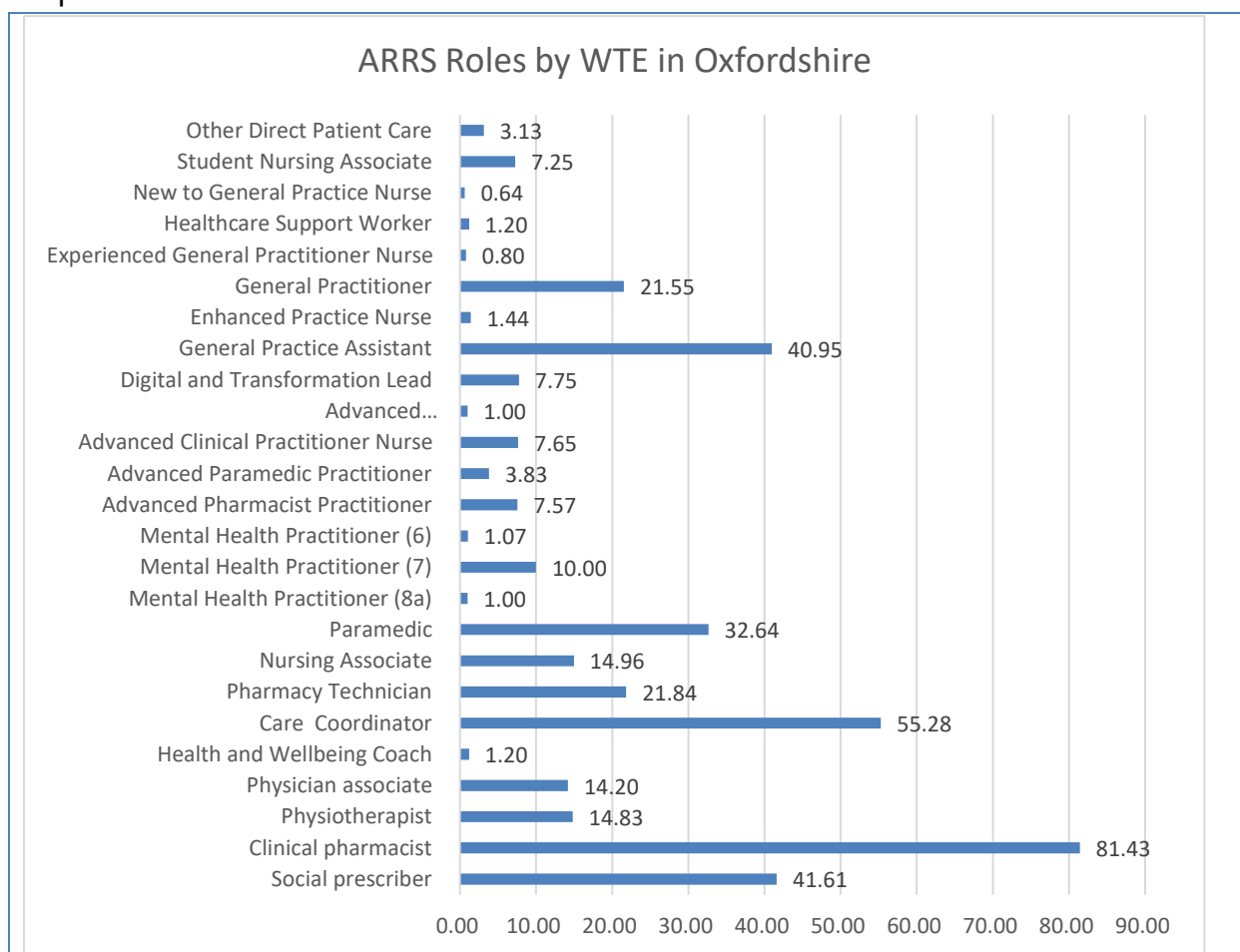
Graph 5 Oxfordshire primary care staff per 100,000 pts

There are several schemes in place to support and improve recruitment and retention of general practice staff including:

- GP retainer scheme which provides more flexibility and training support for those GPs thinking of leaving the profession to remain in post
- new to general practice fellowship scheme open to newly qualified doctors to support them transition to their first role in general practice.
- community of practice for personalised care roles to learn from each other and collectively improve their knowledge and skills to enhance patient care.
- Continuing Professional Development funding for nurses and allied health professionals
- Training and support for practice managers in various elements of running a practice such as HR, finance.

## 5.2. Additional Roles Reimbursement Scheme (ARRS)

The Additional Roles Reimbursement Scheme (ARRS) was introduced as part of the Primary Care Network contract in July 2019. The aim of the funding was to expand the primary care workforce by funding additional multi-disciplinary roles. Since the implementation of the PCN contract the number of ARRS roles has expanded. Oxfordshire now has 394.84 whole time equivalent ARRS staff split across 25 separate roles.



Graph 6 Oxfordshire ARRS staff as of 31 July 2025

### 5.3. ARRS GPs

In October 2024, the scheme was adjusted to include funding for recently qualified GPs with a separate allocation of funding to support this employment. To qualify for the funding GPs must have qualified in the past two years and not held a substantive post within general practice.

In Oxfordshire the funding for PCNs was just over £1m for the six months from 1 October 2024 to 31 March 2025. Appointing suitable individuals proved difficult due to the short-term nature of the funding but Oxfordshire practices appointed an additional 21.55 whole time equivalent GPs. Recently qualified GPs are now part of the ARRS.

### 5.4. Physician Associates/Assistants

Physician Associates (PAs) have been included as part of ARRS funding since April 2023. Concerns were raised regarding patient safety, role clarity, and the rapidly expanding presence of PAs which resulted in an independent review of the roles being undertaken - The Leng Review<sup>3</sup>. The purpose of the review was to assess the safety and effectiveness of PAs in healthcare settings. The outcome of the review was published in July 2025 with key points being:

- Physician associates should be called "physician assistants" to emphasize their supportive function.
- New physician assistants should gain at least two years of experience in secondary care before working in primary care or mental health.
- Physician assistants should be part of a structured team led by a senior clinician, with a designated doctor as their line manager and supervisor.
- A permanent faculty should be created for professional leadership, with training and credentialing standards set by relevant medical bodies.
- General Medical Council (GMC) requirements for physician assistants should be presented separately from those for doctors to clarify the differences in their roles.

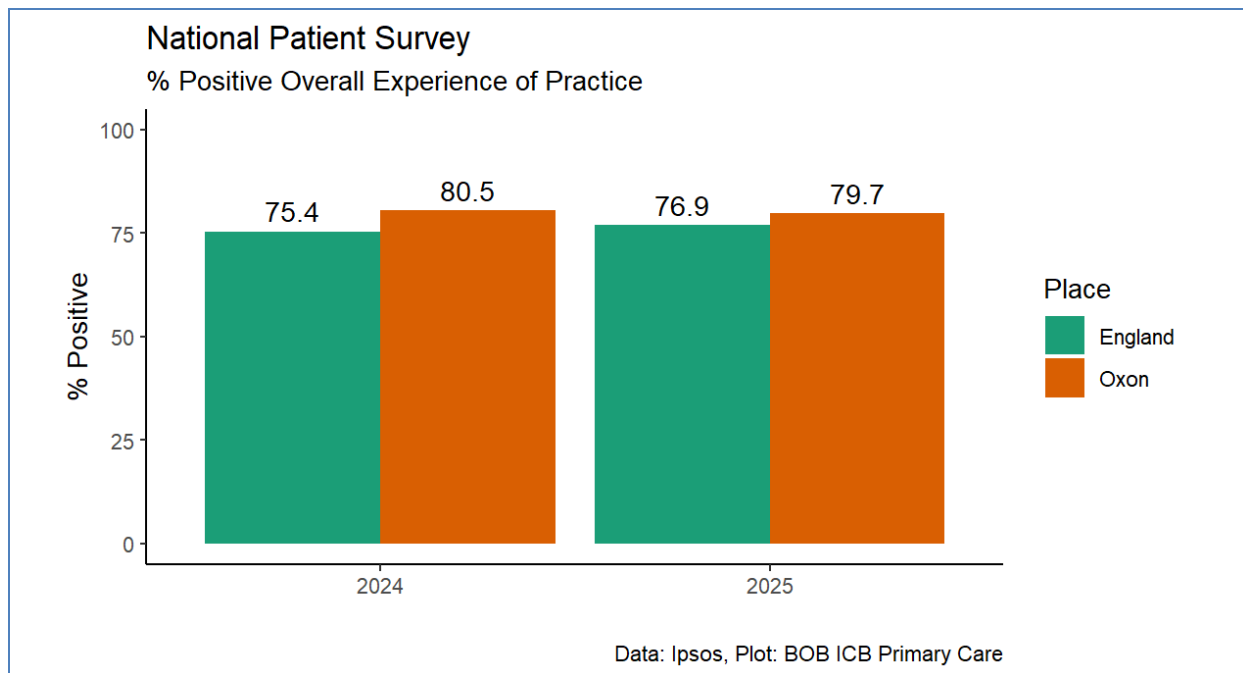
The numbers of PAs have not decreased in Oxfordshire as a result of the concerns and the publication of the Leng Review. At financial year end (31 March 2025) the whole time equivalent for Physician Assistants in Oxfordshire was 11.25. The position at end of Q1 2025/26 was 14.2 whole time equivalent. The ICB has worked with practices using PAs to ensure that they have appropriate safeguards in place.

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<sup>3</sup> [The Leng review: an independent review into physician associate and anaesthesia associate professions - GOV.UK](#)

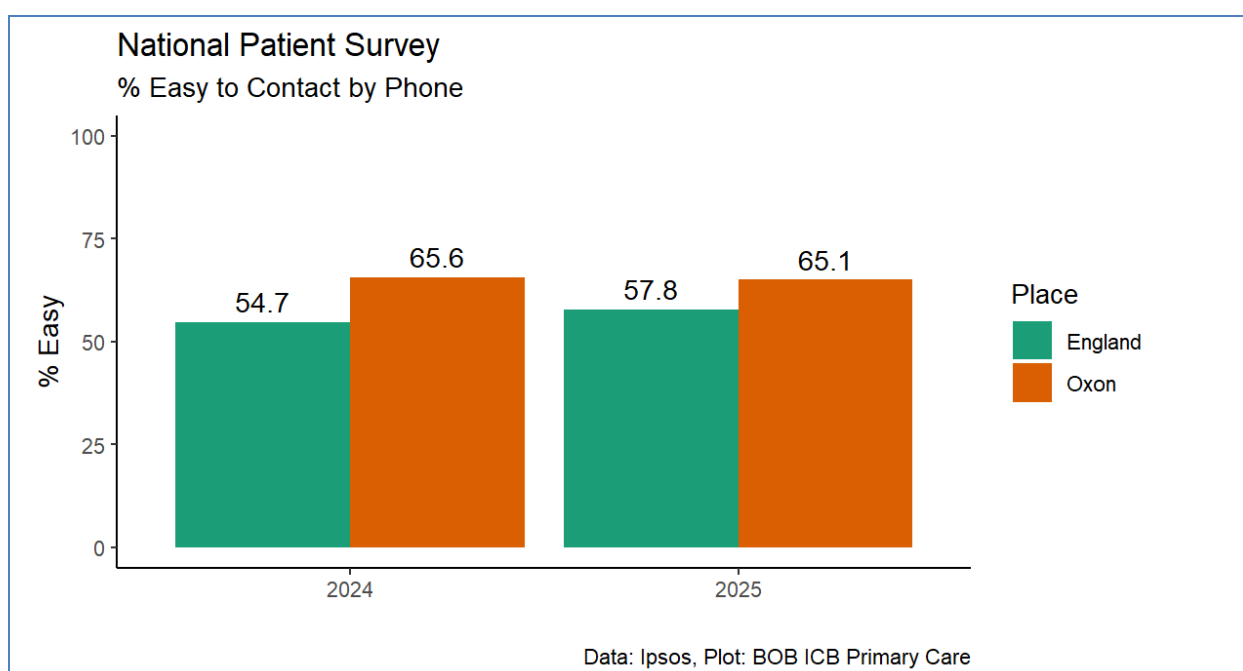
## 6. Patient Access Survey

The GP Patient Survey is an independent annual survey run by Ipsos on behalf of NHS England. The survey is sent out to over two million people registered with GP practices in England. The results show how people feel about their GP practice. Oxfordshire remains above the England average for overall experience of their GP practice. However there was a slight decrease when compared to 2024 survey results



Graph 7 Oxfordshire GP access survey on overall experience of practice

Those that report *ease of getting through on the phone* is significantly greater than the England average. The ICB is currently rolling out a new online consultation tool as more patients are looking to contact their doctor through an online portal.



Graph 8 Oxfordshire GP Access data on ease to contact practice by phone



Detailed information at practice and PCN level can be found [GP Patient Survey](#) .

The NHS Friends and Family Test (FFT) is a contractual requirement for primary care. The last data available is for January 2025. The percentage of patients rating experience as positive in Oxfordshire practices was 93%, which is in line with the average for BOB practices and SE Region and above the national figures. This has increased by 3% since the same time period in 2024.

## **7. Schemes to support general practice access**

### **7.1. Pharmacy first**

Pharmacy First schemes are further being promoted to remove reliance on general practice for some health tasks. This includes the initiation and continuation of oral contraception, blood pressure monitoring and treatment of minor illness including 7 common conditions where Pharmacists can issue antibiotics and other prescription medication according to agreed pathways. Further information can be found [Pharmacy - Stay Well](#)

### **7.2 Urgent dental appointments**

The ICB has also commissioned an Urgent and Non-Urgent Unscheduled Care Dental Access Appointments Scheme.

- *Urgent unscheduled care*: patients who may need clinical care within 24 hours or as soon as practically possible, unless the condition worsens; or
- *Non-urgent unscheduled care*: patients requiring dental care within 7 days, unless the conditions worsens.

The ICB has agreed with 36 practices across BOB to provide this service in 2025-26. Details of the practices taking part in the scheme and of the days they are providing these sessions have been forwarded to NHS 111. Patients should contact 111 in the first instance if they need dental care. NHS 111 will signpost to urgent or unscheduled care at these practices.

## **8. Primary care Estate**

### **8.1. Current context**

It is recognised that many GP premises across BOB need additional capacity and modernisation, due to the mix of house conversions or older purpose-built surgery buildings not designed for modern day healthcare. There are currently 154 practices across BOB operating out of 223 practice sites. Very few have room to expand which means practices have outgrown their existing space.

Whilst the ICB recognise the importance of primary care estate, the many constraints including a lack of capital, high rental costs and lack of suitable options make investment and improvement in primary care estates difficult.

Despite this across Oxfordshire there are two major projects to improve primary care estate which includes a new surgery building in Great Western Park in Didcot and expansion of Bicester Health Centre into space vacated by Oxford Health NHS Foundation trust to increase the number of consulting rooms available.

## 8.2. Health service planning

The ICB is a duty-to-cooperate prescribed body under the Town and Country Planning (Local Planning) (England) Regulations 2012 and as such local planning authorities and county councils are under a duty to cooperate with the ICB on health matters that cross administrative boundaries. As a result, the ICB has regular meetings with local Council planning authorities in Oxfordshire to ensure that primary healthcare is considered in planning.

The ICB is also invited to attend Planning Advisory Group meetings, which is organised by Future Oxfordshire Partnership (now known as Oxfordshire Leaders Joint Committee) to set out the challenges of primary care estates.

In 2024/2025, the ICB reviewed more than 10 Oxfordshire draft local plan and/or neighbourhood plan documents and made formal representation to 7 consultations including both local plans, neighbourhood plans and infrastructure delivery plans (IDPs), which have implications for primary healthcare in the local area, including:

- Littlemore Neighbourhood Plan Public Consultation
- Wallingford Neighbourhood Plan Review Consultation
- Thame Neighbourhood Plan Review Consultation

Despite the ICB not being a statutory consultee in planning applications the ICB is proactively working with local Council partners to ensure appropriate primary healthcare mitigation is identified for those strategic and major developments within Oxfordshire. Mitigation may include the provision of land and/or a new facility and/or financial contributions towards primary care estate projects of existing premises.

In August 2024, the ICB issued a letter to all Heads of Planning to set out the types of planning applications to be consulted and the use of Community Infrastructure Levy (CIL) to support primary care estates projects. Currently, the ICB is responding to those major developments (10 or more units) or have significant impact on a local Primary Care Network (PCN). The ICB has also made representations in appeals to reinstate the ICB position in securing necessary primary care mitigations if necessary.

In 2024/2025, ICB has provided comments on 66 planning applications including pre-applications in Oxfordshire.

## 8.3. Developers Contributions

The ICB considers many requests for expansion/extension of GP premises some of which can be funded or part funded by housing developer contributions through the

Town Planning system. However, these contributions are not generally easily allocated nor sufficient to fund major new build projects in areas of significant population growth.

Healthcare has been allocated 20% of the infrastructure proportion of Community Infrastructure Levy (CIL) funding from South Oxfordshire District Council and Vale of White Horse District Council for primary healthcare projects supported by ICB.

These contributions have been approved for extensions to two existing practice estate in Abingdon as well as for the Great Western Park development with plans emerging for other areas.

#### 8.4 Project Initiation Documents

The ICB receives many project initiation documents (PIDS) which set out practice proposals for increase in space. The ICB has a prioritisation matrix which it uses to assess the priority of requests with housing growth, lack of current space, available capital and strategic fit being key parameters. Unfortunately, many of the schemes are not deemed value for money by the district valuer as the costs of building do often not make the projects viable.

Solutions such as use of developer's contributions especially through Community Infrastructure Levy which has less constraints can be helpful.

#### 8.5 Utilisation and Modernisation Fund

The Primary Care Utilisation and Modernisation Fund was announced during the 2024 Spending Review and provides new national capital funding of £102 million in 2025 to 2026 to support improvements in the primary care estate.

The fund aims to:

- enhance the use of existing infrastructure
- create additional capacity for the GP and practice workforce
- enable additional patient appointments

The ICB has put forward 8 GP schemes for Oxfordshire although not all of them will progress. Many are small schemes whereby admin space will be converted to more clinical space.

### 9. Next steps

The 'Fit for the Future- 10 Year Health Plan for England'<sup>4</sup> published in July 2025 sets out the UK Government vision for the next ten years of the health service. As care shifts from the hospital to the community, General practice will be at the heart of the new Neighbourhood Health Service. This will bring together skilled professionals into patient centred teams, provide personalised care and deliver care into local communities.

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<sup>4</sup> [NHS England » Fit for the Future: 10 Year Health Plan for England](#)

Digital tools can provide a way of streamlining processes for both the patient and the practice although it is recognised that not all individuals will wish to use a digital/online route. All practices now offer online registration when a patient wants to register with a practice. The ICB will continue to promote the use of the NHS app as its functionality increases (including ability to track prescription requests between a GP practice and a community pharmacy and being able to book appointments through the NHS app). The 10year plan focuses on making the NHS App a world-leading tool for patient choice.

There is already good innovative practice across Oxfordshire such as the Same Day Urgent hub in the southeast of the City, integrated neighbourhood teams in Bicester, Banbury and Headington; use of AI technology to record key points from a consultation direct into the patient notes. The aim will be to spread this good practice across Oxfordshire to improve access to the right care for patients.