From the Permanent Secretary
and HSC Chief Executive

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Dear Daniel

Thank you for your correspondence of 13th March and requesting additional information following the Public Accounts Committee evidence session on the NIAO report 'Access to General Practice in Northern Ireland.'

The response to your first request, seeking a summary of actions taken by the Department against recommendations made in in NIAO report, is provided in the separately enclosed document. A response to all the other requests in your correspondence is set out below.

2. Details of any statistics that the Department may hold in respect of patient attendances to A&E, which would have been more appropriate for the care of a GP.

This information is not recorded by the Department. It would not be practically possible to disaggregate in this way as there would be many 'marginal' calls.

The Department publishes annual information on attendances at Emergency Departments in Northern Ireland. The latest publication is the *Northern Ireland Hospital Statistics – Emergency Care 2023/24*. This includes statistical information on referrals made by a GP to ED and also referrals made from patients utilising 'Phone First' and Urgent Care Centres.

3. Details of cancer diagnoses to demonstrate whether there is any evidence of delays in diagnosis due to delays experienced in accessing GPs.

Data collection in respect of cancer referrals starts from the date of referral into secondary care as that is the point at which there is a suspicion that an individual may need treatment. This is the same basis as data is collected elsewhere. Therefore, there is no data available to evidence if there are delays in cancer diagnosis due to issues in accessing GPs.

4. Details of the number of GPs that have handed back contracts and returned to the same practice into locum or salaried positions.

GPs are independent contractors, with each Practice being an employer in its own right. The Department therefore does not have visibility on whom Practices employ as locums or salaried GPs.

In four of the Trust-managed practices in the Western Health and Social Care Trust, and one of the Trust-managed practices in the Southern Health and Social Care Trust, at least one former contractor (at the time of contract handback) has been engaged as a locum in the Trust-managed practice. As we explained at the evidence session, this approach has advantages in terms of continuity of care.

5. A breakdown of costs for locums.

With regards to GP practices, as independent contractors they are the employers of any locums they deem required to deliver the service and the locum fee is agreed between the practice and the locum. The Department does not collect data on the locum spend within individual GP Practices.

In GP Federation run practices, the locum rate is £250 per session.

In May 2024, the Department reduced the rate being paid to locums in Trust-managed practices from £500 to £350. This rate of £350 is still in place. This figure was set on the basis of the need to ensure sufficient GP cover in all practices and is kept under review.

GP Federation-run practices employ salaried GPs as well as locums which brings a shared responsibility in the provision of GP services. This makes it easier for Federations to attract locum GPs and offer the lower rate per session. In contrast, the Trust-run

practices have been working entirely with locums which brings with it more responsibility given the locum could be the only GP working in the practice and making it a less attractive option. Furthermore, the Trust-run practices are usually more rurally based. Going forward, the Western Trust is moving to salaried GPs which will bring increased stability to those practice and will reduce the reliance on locums.

As provided in my response to the Committee dated 5th March, the table below details total spend on locums in Trust-managed practices for 2023/24 however it is important to note that this may include more than one locum per practice.

Practice	Number of Months managed by Trust in 2023/24	2023/24 £'k
Dromore (WHSCT)	12	761
Priory/ Springhill (SEHSCT)	4	225
Racecourse (WHSCT)	10	447
Maphoner/ Mullaghbawn (SHSCT)	9	515
Brookeborough /Tempo (WHSCT)	7	440
Kilkeel (SHSCT)	5	374

In general, the level of locum usage across Northern Ireland has remained consistent over the past number of years. The latest published data on GP workforce composition is provided below. As a proportion of the total workforce, locums have typically been in the 25% range; in 2024 this increased slightly to 27%.

Contract type	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Principal	1,190	1,169	1,163	1,181	1,180	1,175	1,129
Salaried GP	117	142	179	205	225	261	314
Retainer	16	23	22	24	14	12	11
Total	**1,323**	**1,334**	**1,364**	**1,410**	**1,419**	**1,448**	**1,454**
Locum	433	432	471	538	614	508	540

6. Details of the number of full-time equivalent GPs currently working in Northern Ireland

In line with the Statement of Financial Entitlements relating to GP contracts "Full-time" means, in relation to a performer of primary medical services with a contract of employment, a contractual obligation to work for at least 37½ hours per normal working week. A GP contractor is therefore a GP who provides at least nine sessions per week (eight clinical sessions and one administrative session). In line with this a full time GP would provide 414 sessions per year based on approximately 46 working weeks.

Quality-assured working patterns are currently unavailable for active GPs in Northern Ireland. That said, unpublished management information sourced from the Northern Ireland Medical and Dental Training Agency providing an analysis of GP appraisals up to the 2022/23 year would suggest that the 23% increase in headcount was not replicated in terms of whole-time equivalent (FTE) GPs. Instead, it reflects a fairly stable FTE position in respect of GP Partners and salaried GPs until 2018/19, followed by a reduction of more than 5% between 2018/19 and 2021/22 before rising again by almost 10% between 2021/22 and 2022/23. This is based on self-reported information that is unvalidated and there are a number of factors to take into account including:

- Alternative methodologies may have been used to produce the analysis at different points in the series
- a small proportion of GPs may not have undergone appraisal; and
- the use of locums to provide GP sessions may not be fully captured

Caution should be exercised when making comparisons, particularly across time, based purely on headcount figures alone. A link to the Business Services Organisation website is attached below:
General Medical Services Statistics - Business Services Organisation (BSO) Website.

It is important to note that GMS is a demand-led service. The Department contracts with practices to provide care to their registered patients, who are ill or who perceive themselves to be ill. The contract does not specify a number of sessions to be provided, nor the number of staff (medical or otherwise) to be employed in providing that care; the Department has therefore, historically, not had access to data of that nature. These arrangements are a feature of how GMS services are arranged across the UK.

7. Further information on the GP workforce and outcome of Practice team surveys when this becomes available.

As you have noted in your letter, information in respect of the GP workforce and Practice team surveys is not yet available however we will share this with the Committee when it becomes available.

8. A copy of the Best Practice Guidance mentioned during Department of Health briefing.

The GP Access Working Group is currently overseeing the development of a suite of guidance to cover good practice in demand management. The Guidance is currently undergoing further iteration following feedback from the Working Group. We are working to finalise the guidance and plan to commence testing it with an initial group of GP practices early in the new financial with a view to subsequent wider engagement. When a final draft of the guidance has been approved, we are happy to share a copy with the Committee which we would anticipate to be before end June 2025.

Yours sincerely

PETER MAY

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NIAO REPORT – ACCESS TO GENERAL PRACTICE IN NI RECOMMENDATIONS

RECOMMENDATION	SUMMARY OF ACTIONS TAKEN BY DOH
Recommendation 1 **There is a clear need to improve the collection of activity data in general practice, both to better understand the volume and nature of activity and to inform decision making. While we acknowledge the Department's intentions in this regard, this should be taken forward as a matter of urgency.**	The Department introduced a standardised process for General Medical Services (GMS) activity data collection as part of the 2023/24 GMS Contract agreement with a focus on capturing the way GP practices record their appointment and non-appointment activity. This process is the first step in the process to creating a consistent approach to in-hours activity data across GP practices in Northern Ireland. In 2024/25, under the GMS Contract/Northern Ireland Contract Assurance Framework (NICAF), GP practices will continue to standardise how GMS activity is captured and coded in the General Practice Intelligence Platform (GPIP). The activity data collected is based on the numbers of "encounters" as recorded in Practice Clinical Systems by the corresponding "healthcare professional role". It is extracted/uploaded to the GMS activity dashboard that provides detailed information on activity across GMS services on a regional and sub regional basis. This data does not reflect all activity carried out in a Practice, only those recorded as encounters, and nor does it take account of how long the encounter lasts or the complexity. On review of the regional GMS activity, there appear to be discrepancies/variances within the data. Practices have been advised to revisit/read the guidance documentation and ensure it is applied/adopted to accurately reflect how GMS activity/encounter type is captured. The Department will continually monitor and keep the regional GMS activity under review to ensure a reduction in variance, and may require one to one support. This will determine the timeframe for completing quality assurance of the activity data and ceasing the weekly consultation data surveys. Under the Access Domain in NICAF, practices will develop and submit an internal and externally facing infographic highlighting activity levels in GMS, specifically for communication to patients for that contracting year by 30th April 2025.
Recommendation 2 **Data collected and published by the Department in relation to the GP workforce does not provide a full picture and is inadequate in terms of monitoring the workforce. Despite**	The Department agreed two workforce surveys through the Northern Ireland Contract Assurance Framework to include: 1) GPs working regularly within the Practice 2) Workforce Survey for clinical and administration staff (excluding GPs)

the acknowledged need to improve workforce data in general practice, due to capacity constraints, the Department currently has no plans to so. However, effective workforce planning and monitoring relies upon adequate and relevant information. As a result, the Department should review its workforce data needs and develop a plan for its improvement. Within this, it should explore and capture a measure which can account for the proportion of standard sessions that are provided by a GP. This should be a similar approach to the whole-time equivalent measure used elsewhere in the HSC.	Both surveys have been issued to all GP practices for completion and submission to the Department by 30 April 2025. The surveys will collect workforce information on GPs who work regularly in the Practice and workforce information on the GP Practice staff including other clinical and administration staff. Multi-Disciplinary Team information will also be collected. The Department will conduct an analysis of the data once all surveys have been received.
<u>Recommendation 3</u> **While the Department has undertaken a number of actions to build and sustain the GP workforce over recent years, there is no specific GP workforce strategy. In our view, there is a need for a workforce plan for general practice, identifying the overall number of GPs needed and the implications for the number of GP training places required, and which sets targets for overall workforce growth and the timescale within which this growth should be achieved.**	The Department of Health recognises the importance of a sustainable workforce for general practice and the need to build and sustain the GP workforce however, the issues that are impacting general practice are complex and will require a sustained long-term approach to address. The Department is concerned that a GP specific workforce strategy in isolation is unlikely to meet the need for a multi-faceted multi-disciplinary approach to primary care provision, one which draws on skills of a wide range of professionals to deliver care and treatment. A wider approach, drawing in a cross-section of the workforce in general practice, could potentially offer the opportunity to better co-ordinate existing strands of work on general practice workforce such as the MDT Steering Group, the Primary Care Nursing Steering Group and the GP Training Places Group. It is intended to progress work both on retention issues, and on the wider primary care workforce, in the coming year. This includes looking at future training places, continued rollout of MDTs and expanding the current skillmix. In terms of GP training places, the GP Training Places Group, led by the Department, has met and has

	been working on a proposal for training places for 2025/26. After that has concluded, work will progress on the longer-term requirement for future training places over the next 5 years.
<u>Recommendation 4</u> **Given the challenges within general practice, and the need to improve recruitment and retention, we believe it is an opportune time to review and where necessary refresh the retention schemes that are currently in place, drawing where appropriate, on best practice from elsewhere.**	**GP Induction and Refresher Scheme** The Induction and Refresher Scheme supported internationally qualified GPs and facilitated the return of GPs who had previously been on the Register but had taken a career break or spent time working abroad. Due to changes in its pathways to joining the GP Register; the Department has completed its review and updated the Induction and Refresher scheme in line with GMC pathways. As a result, the Induction and Refresher Scheme is now run as two schemes known as the International Induction Programme (IIP) and the GP Return to Practice Programme (RtP). The updated guidance notes have been displayed on the Northern Ireland Medical and Dental Training Agency (NIMDTA) website since week commencing 13th January 2025. <u>International Induction Programme (IIP)</u> The IIP provides a structured and supportive route for internationally trained GPs to enter General Practice in Northern Ireland. The General Medical Council (GMC) has recently changed its pathways for joining the GP Register. The Department has met with GMC representatives and liaised with Royal College of General Practitioners (RCGP) representatives in order to review and update the GP Induction scheme to align with these GMC changes, similar to the approach in England. The new updated scheme is now known as the International Induction (IIP) Programme. <u>GP Return to Practice (RtP) programme</u> The RtP programme has been updated recently (it was previously known as the GP Returner scheme). Changes have been made to streamline the application process in order to reduce the administrative burden on applicants. The programme has also been updated to reflect current best practice across the UK, and is now tailored to the needs of the applicant following a structured educational interview. **GP Mentor Scheme** The GP Mentor Scheme is an independent, supportive and safe mechanism for individual GPs to avail of as they navigate the ever-increasing pressures of delivering general medical services to their patients. Importantly, it is open to GPs at any stage of their career. The mentoring programme delivered by NIMDTA is available to GPs who are listed on the NI Medical Performers List and has SPPG as their designated body,

	including their Responsible Officer. Funding of £19,800 was confirmed on 10 October 2024; this funding is now recurrent. Existing and new applications were processed from November 2024. Since then the number of applications received has been steady with 29 applications to date, 107% increase on the total for 23/24 year. On 20 March 2025 there have been 44 mentoring sessions delivered: Fees paid £12,100. A pre and post mentoring survey is circulated to each mentee however this is not a mandatory requirement for joining the scheme. 7 mentees have completed the survey, with 6 mentees rating their experience of the scheme as 'Excellent' and 1 rating it as 'Good'. Every mentee surveyed would recommend the scheme to a colleague. It is difficult for mentees to speak about their experience with mentoring because of the often-personal nature of the goal and possible easy identification of the candidate. Reasons for requesting mentoring include goal setting, time management, career planning, a safe place to have a discussion relating to a work issue, return to work after time off, recommendation, burnout and stress. The mentoring service is not a wellbeing service. Mentors act as a professional colleague with experience and have had similar goals. Mentors do not hold a mentoring qualification. The Post Project Evaluation for the 2024/25 mentoring scheme is not yet complete however it is on track to complete by target date of 30th June 2025. Mentoring sessions continue and overlap the year end. The mentor's survey will be issued in the coming months. **Attract Recruit Retain Scheme** The Attract, Recruit, Retain scheme supports recruitment of GPs in hard to recruit areas. The scheme is reviewed annually and updated in line with needs/outcomes identified following year end. The scheme is currently being reviewed and is planned to complete by 30th June 2025, with a view to introducing any appropriate changes from April 2025 for the 25/26 financial year. **GP Fellowship Scheme** The Regional GP Fellowship Scheme is designed to support recently qualified GPs to transition from the training environment to independent practice by providing a supportive workplace with opportunities for personal and professional development. It is recognised that this will have to address the specific needs of the increasing number of graduates from outside Northern Ireland entering GP training here over recent years. The Scheme, which was introduced in 2019/20, has recruited three cohorts of Fellows and feedback has been very positive. The Department is considering how the Scheme might be further developed, subject to available

	funding, such as to extend the range and scope of Fellowship placement opportunities and provide for Educational Bursaries to be available for all Fellows. In September 2024, DoH commissioned a second Fellowship scheme for GP Practices in the Southern Trust area, designed to attract salaried GPs to work in Practices which they have taken over due to contract hand-backs. There has been four Fellows now recruited in the Southern Fellowship Scheme with plans for a further recruitment exercise. The Post Project Evaluation for the 2024/25 financial year is planned to complete by 30th June 2025.
Recommendation 5 **MDTs are a key element of transformation in both primary care and wider healthcare in Northern Ireland. Progress to date, however, has not matched ambitions, as a result of both a lack of adequate funding and qualified staff. While the order for future roll-out has been identified, no timeline for full regional roll-out has been set and no action plan exists for its delivery. In the absence of sufficient funding, the Department needs to explore alternative options for the implementation of the MDT model over the coming years, and develop credible plans for the future roll-out of MDTs across Northern Ireland, taking account of the anticipated constrained funding outlook, and the availability of staff in key professions. These plans should be costed and should include an overall timeframe for delivery and key implementation milestones. There is also a need to expedite the**	Full rollout of the Primary Care MDT programme will be taken forward in a 2-phase approach over the next 7-8 years, the first phase of which will be supported by the recently announced allocation of £61m of Transformation funding to the Primary Care MDT Programme. This will enable completion of the model in the 7 existing MDT areas, and expansion into 5 new GP Federation areas with a population of around 670,000 people, over the next 4 years to the end of 2028/29. The new areas to benefit from transformation funding are North Belfast, the South-West (Fermanagh/ West Tyrone), East Antrim, Craigavon and Dungannon/ Armagh. Detailed delivery plans are currently being developed between Trusts and GP Federations at a local level to determine the sequencing and timescale of investment in practices. The second phase is anticipated to run for a further 3-4 years from 2029/30 and would see MDT complete in the remaining 5 GP Federation areas. The Department has introduced some important changes to the approach being taken to MDT rollout in this next phase of implementation to ensure that the benefits of programme are as equally distributed as possible By focusing the next phases of the rollout of MDTs on the core practice-based roles we can substantially reduce the additional funding required, while still helping to sustain practices across Northern Ireland. Previously, MDT had also featured increased investment in district nursing and health visitors in community settings. In response to ongoing social care workforce challenges, Social Workers will now be deployed at a ratio of 1:10,000 patients, in line with the other core MDT roles. There will also be a 1 year pause in the recruitment of Social Workers in new MDT areas. Consideration is also being given to expanding the range of professions included in the MDT by running pilot

Department's evaluation of implementation to date to inform the revised business case, learn lessons for future implementation and to ensure expected benefits are maximised.	schemes for new roles, as well as expanding skill mix by exploring alternative banded roles. As part of this work, officials have engaged with policy leads and a range of Allied Health Professionals, including Paramedics, Occupational Therapists and speech and language therapists. Engagement has also been taken forward around an expanded role for the Community and Voluntary Sector. The allocation of £61m transformation funding will also support additional investment in university training places to provide a workforce pipeline in key professional groups that MDTs recruit from. As part of this, the Department of Health commissioned an additional 90 university training places for 2024/25 entry and second tranche of 90 places will follow in 25/26. Both tranches will be broken down as follows: 30 Physiotherapy; 10 Occupational Therapy; 10 Mental Health Nursing; 40 Social Work There is £7.3m total funding planned for the delivery of both tranches. The Department recognises the need to expedite its evaluation of MDT implementation to date and while not yet complete work is ongoing to achieve this.
<u>Recommendation 6</u> **Stabilisation of Practices at risk is essential. Whilst any solution will inevitably involve long term planning, there is a significant risk that the costs associated with dealing with failing Practices could have a destabilising effect across the system. We recommend that work is undertaken to stabilise GMS services, to increase the sustainability of the service and contain costs associated with supporting failing Practices. This should include monitoring of the financial impact of failing Practices.**	Work is ongoing to stabilise GMS services and facilitate the sustainability of the service, including actions to support workforce as set out in the responses to recommendations above. In 2024/25, as part of the GMS contract negotiations, the Quality and Outcomes Framework was removed in order to also reduce bureaucracy facing GP practices. The 2024/25 GMS contract agreement also sought to address GP contract holders concerns about cash flow and £33.9m of funding was repurposed into core funding through the incorporation of the Quality and Outcomes Framework. As part of the Department's Winter Preparedness Plan for 2024/25, an extra £3.4m was made available to help GP services meet additional winter demand. A further £4.6m was also provided to assist with the delivery of proactive support and care to those in nursing and residential care homes. In addition, a further £3m was provided in-year to support GPs. Agreeing a contract for 2025/26 is a key element of providing stability to the GMS in the short term. Negotiations with NIGPC are ongoing in this regard. Looking to the longer term, the ambition is to have a GMS contract which is fit for future purpose, and which

	better meets the changing environment and context in primary care. Minister has made clear his ambition to rebalance how HSC services are delivered, to facilitate a greater proportion of care to be provided in Primary and Community care, closer to people's homes and with less reliance on secondary care. It is recognised that this will require a combination of investment via the GP contract, as well as investment in wider Primary Care services and workforce. Unfortunately, from 2023/24 to February 2025, sixteen GP Contracts have been returned - Eleven in 2023/24 and five in 2024/25 to date. Of the five contracts handed back in 2024/25, two of the Practices have been agreed for takeover with the third practice having its patient list dispersed to neighbouring practices. Work is ongoing to secure contractors for the remaining two Practices. Despite the pressures on General Practice and the number of practices that have handed back their contracts, with the support of GP Federations and Trusts in taking on contracts, together we have ensured that in recent years only one of these contract hand-backs has resulted in practice closure. Whilst the support of GP Federations and Trusts in taking on contracts, has been important in providing stability, we recognise that more sustainable options are required in the longer term. The Southern Trust currently holds two contracts on a temporary basis. The Southern Trust has appointed a Lead person to oversee the running of these two practices. The Lead person continues to work with the GP locums and the Practice team in identifying any areas which require attention and put plans in place to address these. Following a number of contract handbacks in the Southern Area, a new two-year GP Fellowship programme was introduced in September 2024 within the southern locality to offer attractive portfolio roles to newly and recently qualified GPs. The roles would include specific, fixed sessions within GP practices alongside the opportunity to develop specialist skills, leadership opportunities and portfolio career underpinned by a fixed GMS clinical commitment. To date, two GPs (both 0.75 Whole Time Equivalent) have been recruited and a second round of recruitment is underway. The Western Trust has been taking steps to move away from the locum GP led service provision to recruiting salaried GPs in the practices it is responsible for. This is an important step to support the sustainability and stability of these services for the future and will help promote continuity of care for patients. In September 2024, the Western Trust interviewed and appointed five Salaried GPs. Four took up post in January 2025 and one is due to take up post in April 2025. Interviews were held again in January this year and

	three further GPs have accepted posts. In total the Western Trust have appointed eight salaried GPs. Whilst the rate paid to these staff is a matter for the Trust, the salary package being offered is commensurate with the rates offered for salaried GP roles elsewhere in Northern Ireland. Importantly, recruiting salaried GPs will reduce the Trust's reliance on GP locums for the delivery of GP services in these Practices. The Department remains committed to the GP partnership model for the provision of GMS services, however, it is also important to have viable alternatives in place to ensure consistency of service delivery for patients in instances where it has not been possible to recruit GP partners. The Department are working to future target implementation dates for an interim evaluation and a full evaluation of the Western HSC Trust pilot scheme of October 2026 and November 2027 respectively.
<u>Recommendation 7</u> **Where Trust involvement in the delivery of primary care services has identified weaknesses and potential lessons that are of use to the sector as a whole, we recommend that the Department identifies the best means of disseminating this information.**	GP practice visits perform a challenge and inspection function as well as a forward-looking, quality-improvement role. They provide a significant opportunity for the Department to maintain supportive links with practices as part of an on-going process of dialogue and engagement and to identify examples of best practice. In essence this represents another avenue for learning lessons and sharing best practice. The Department has developed a proforma confirming the systems/processes which should be in place within the GP practices, with the aim of focussing on good practice. It has been shared with all GP practices as part of the 2023/24 practice visit process to be used as a check list for reviewing process and systems and ensure they are as robust as possible. This will also provide assurance to the Department that the practice is in line with all other practices governance and management processes. This will also provide assurance should a practice face difficulty or require further assistance from the Practice Improvement and Crisis Response Team (PICRT) that basic recommended processes are already established. Following the visit, the practice receives a Practice Visit Report summarising what was discussed on the day and highlighting any recommendations or issues to take forward. The practice support manager will also work with the practice to take these forward if required. The Western HSC Trust agreed to a three-year pilot scheme for managing some of the GP practices within the Trust area. As part of that pilot scheme, the Trust will be required to submit progress reports with the first report following the 2024/25 financial year. In relation to that, a strategic planning group has been set up to include representatives from the WHSCT and the Department to review progress made by the WHSCT in managing the practices in that area. The first meeting is scheduled for early April 2025. Lessons learned have now also been incorporated into the Northern Ireland Contract Assurance Framework

	agreed in 2024/25. Each GP Practice is subject to the Northern Ireland Contract Assurance Framework and will be required to provide an assurance that they are working towards securing partnership agreements with an aim to having these in place by 30th April 2025.
Recommendation 8 **There is clear evidence that patients are experiencing problems in accessing GP Practices, improvement in which will present significant challenges for the Department and Practices. While acknowledging the work undertaken by the GP Access Working Group and its intentions around the telephony pilot, its findings to date clearly highlight the need to increase capacity in general practice. While we appreciate that increasing capacity in the longer term in general practice is linked to wider workforce strategy, we would encourage the Department to consider what actions it might take in the shorter term to improve patient access to services, including the patient experience of accessing services. This should include implementing best practice processes in GP Practices.**	The Department is committed to ensuring that patients will be able to continue to access high quality, sustainable GP services now and in the future. Officials are continuing to engage on developing proposals for ways to improve access to GP services, including options for improvements to technology, though available funding will also be a factor in what will be possible to implement. These proposals will be brought forward as part of the Departments negotiations on the 25/26 GP contract and engagement with NIGPC is already underway on this. As part of the work to develop these proposals, consideration is being given to innovative approaches designed to improve access in other parts of the UK. Planning for a workshop to explore digital progress in primary care will be an agenda item at the next meeting of the next GP Access Working Group. The GP Access Working Group is currently overseeing the development of a suite of guidance to cover good practice in demand management. The guidance is undergoing further iteration following feedback from the group and we hope to begin testing it with an initial group of GP practices early in the new financial with a view to subsequent wider engagement