

General Practice Services in Bracknell Forest

February 2025



Agenda

- National picture,
- Access model,
- Capacity,
- Estate.

Driving our Focus

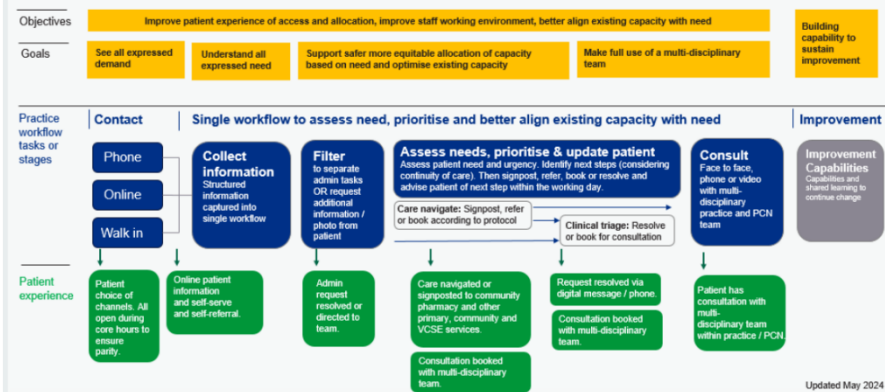


Delivery plan for recovering access to primary care

May 2023



Modern general practice (MGP)



Independent Investigation of the National Health Service in England

The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFRSEng

September 2024

Next steps for integrating primary care: Fuller Stocktake report

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS

MAY 2022



Delivery plan for recovering urgent and emergency care

Progress update and next steps

Summary and introduction

The [Delivery plan for recovering urgent and emergency care](#) was published in January 2023, setting out a 2-year action plan from April 2023 – backed by a £1bn improvement package and £200m ambulance fund – with the ambition of reducing the time people spend in A&E or waiting for ambulances to arrive.

The plan set out a series of actions to achieve this under the headings of:

- increasing capacity
- growing the workforce
- improving discharge
- expanding and better joining up health and care outside hospital
- making it easier to access the right care

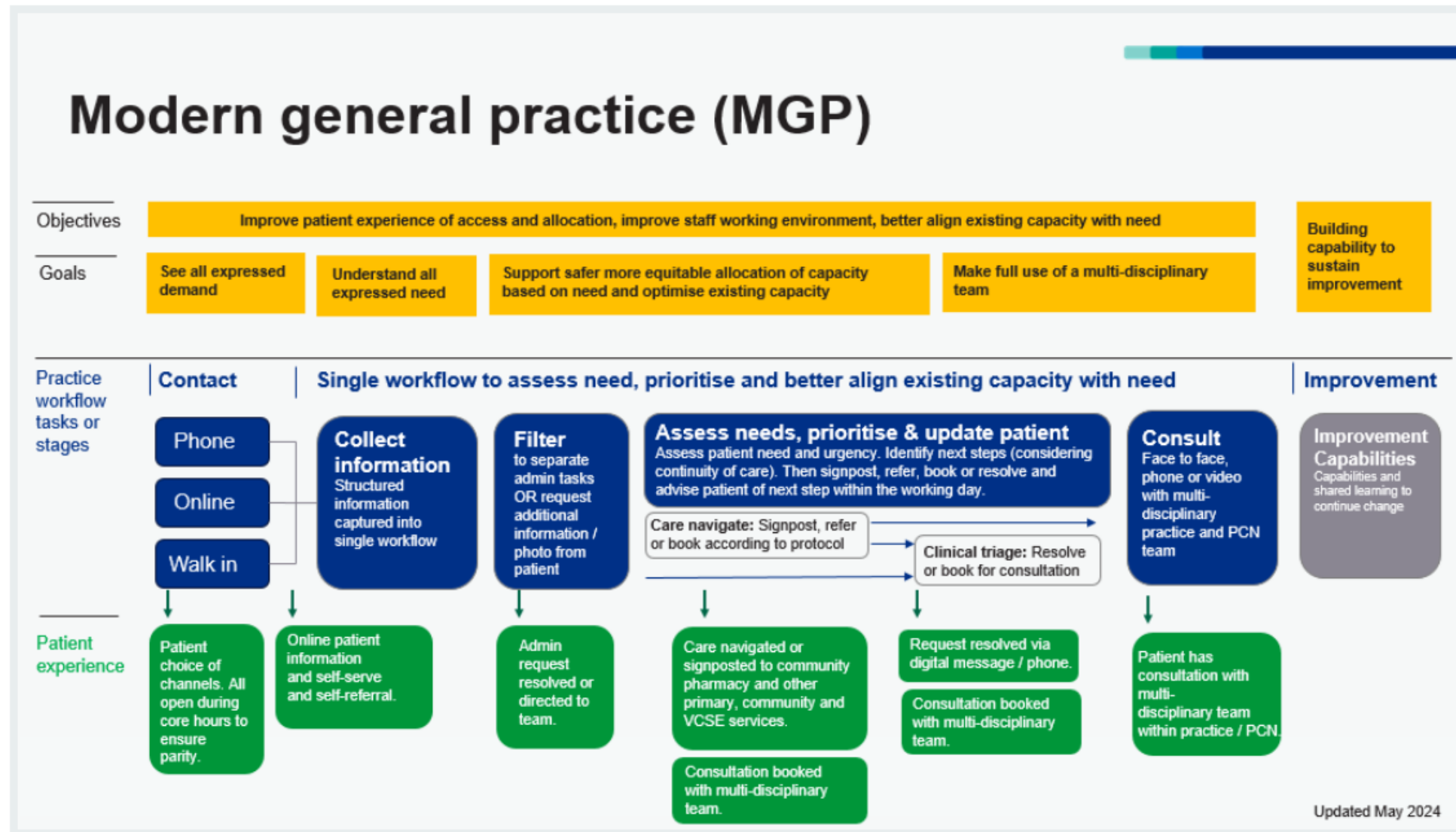
Over the first year of the plan, the NHS and social care have made significant and substantial progress on commitments made in the delivery plan.



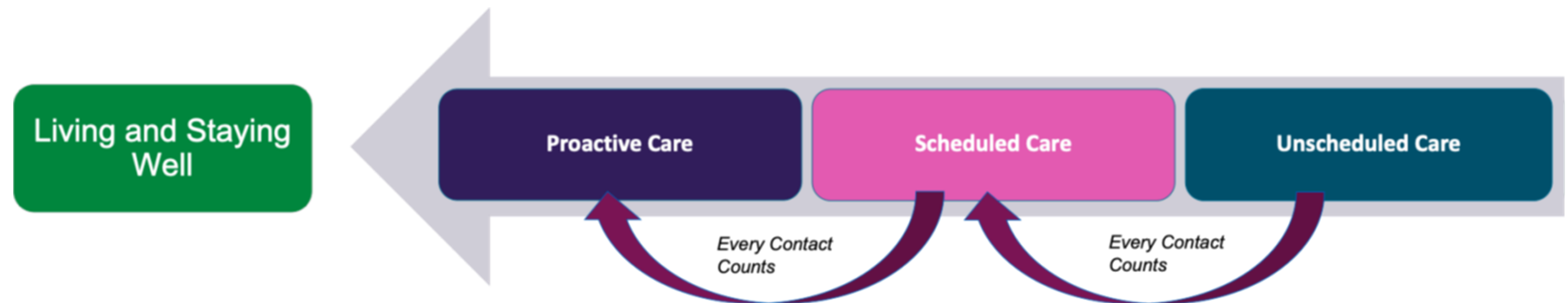
Reforming elective care for patients



Transforming General Practice – focus on Access



The national model combined with the strength in Frimley of population health approach with segmentation of population health needs aligned with the ambition to have a healthier population.

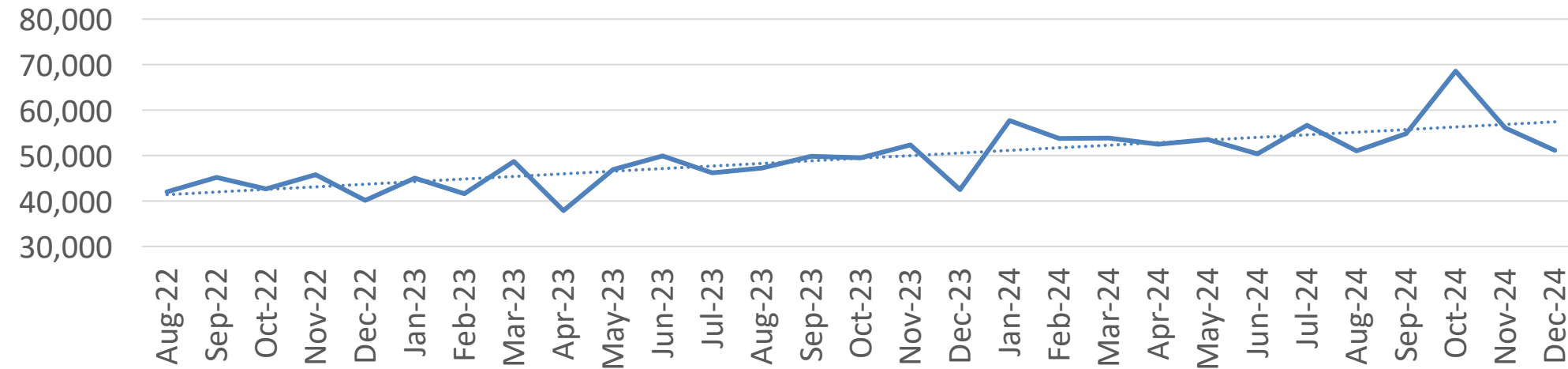


General Practice Appointments – Dec 2024

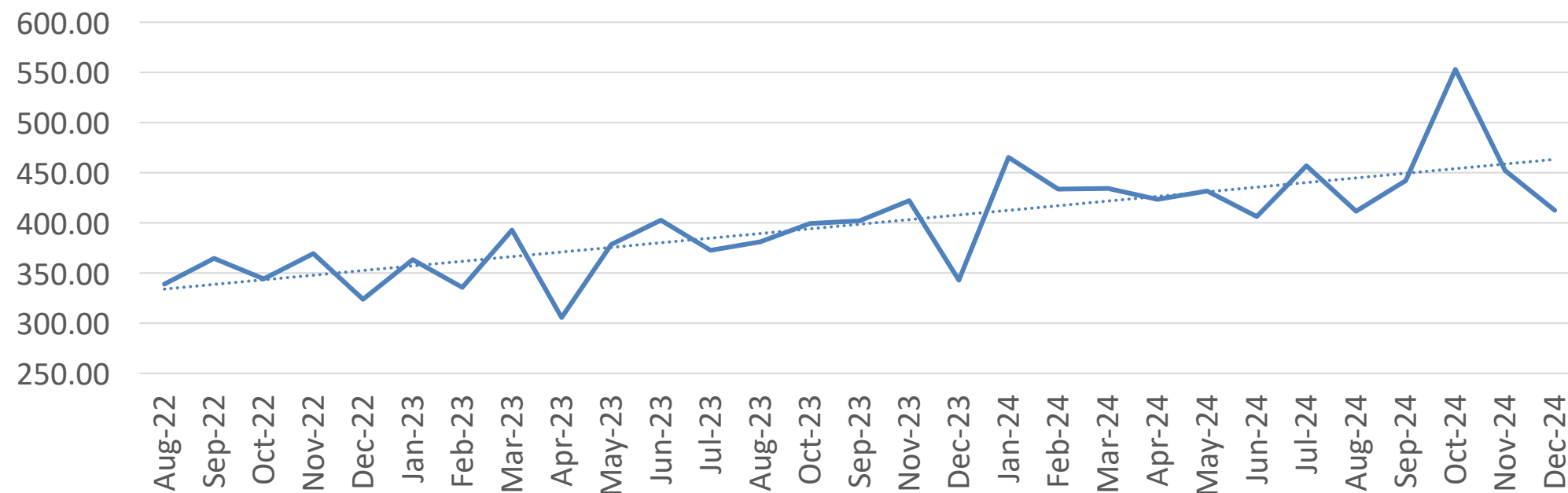
Bracknell Forest



Appointments Over Time

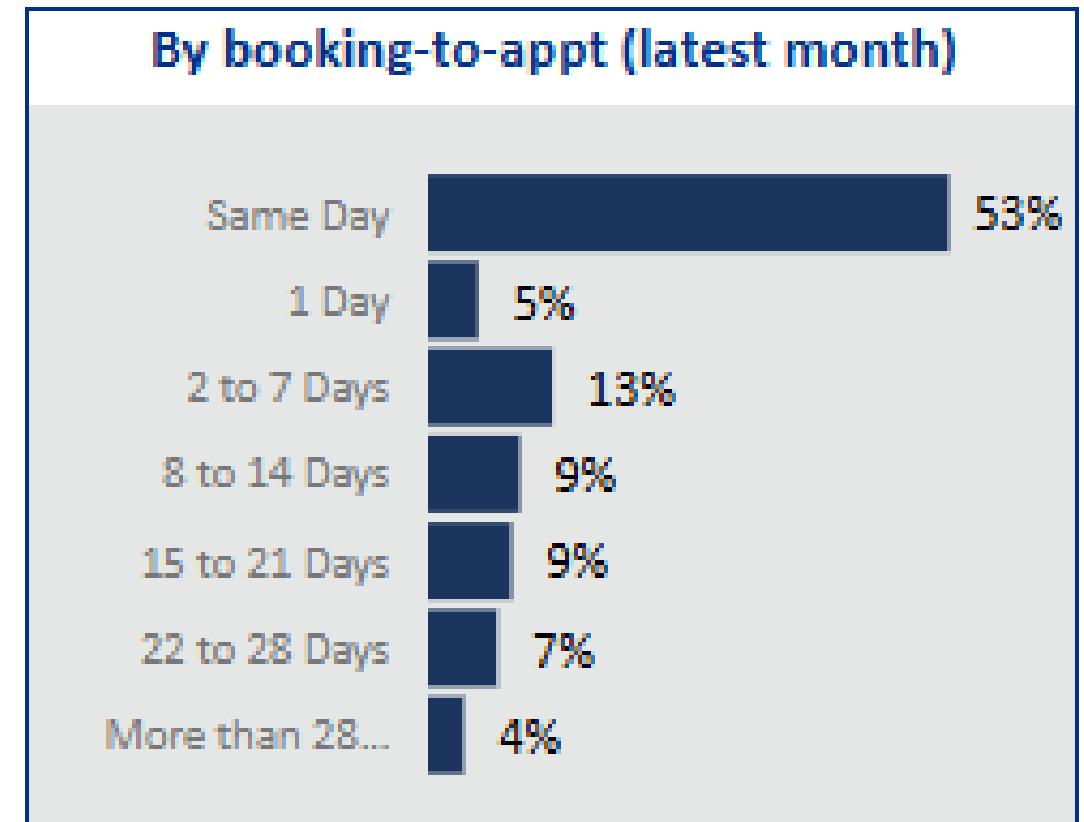


Appointments per 1,000 Registered Patients Over Time



Appointment Data

By booking-to-appt (latest month)



General Practice Estates

Status	Meaning	Number of Buildings
Core	Buildings that will remain in operation delivering primary care services for at least the next 10 years	5
Flex	Buildings that will be providing primary care services for at least the next five years but may not be needed longer-term as the clinical model evolves	3
Tail	Buildings that don't support current models of care or are poorly located, so should be disposed of within the next five years. These are buildings where there is little opportunity for expansion or to bring the facility up to standard.	2

