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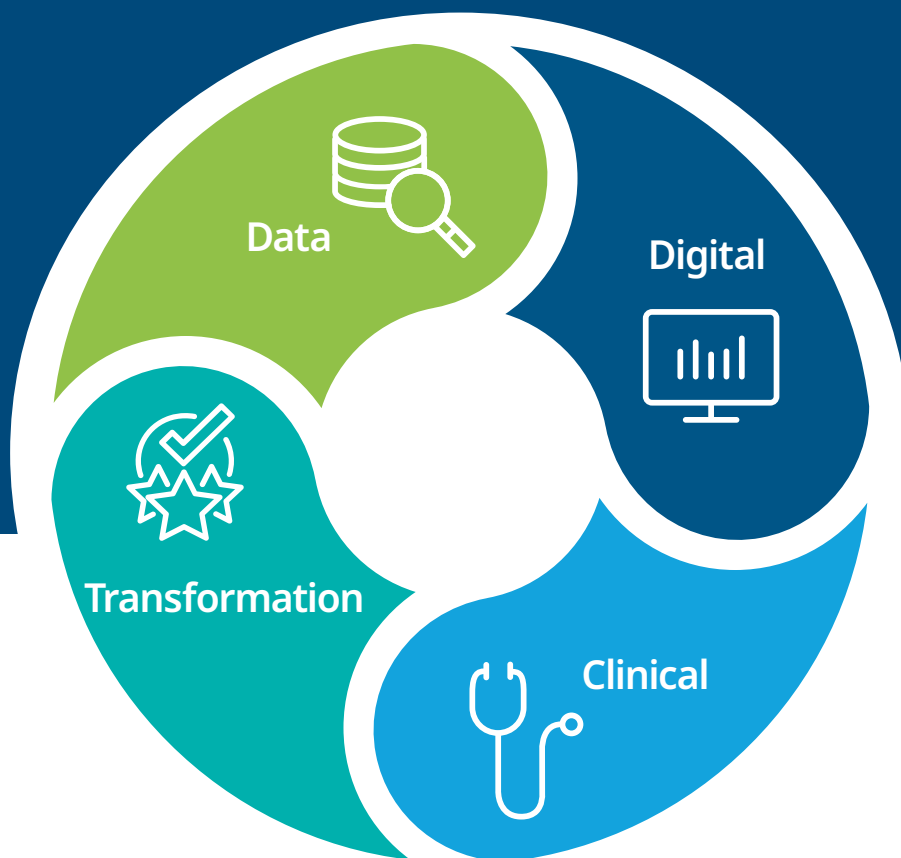
Sprint Four Workshop Report: Capacity Building for GP Access and Neighbourhood Placemaking

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Foreword

Across the health and care landscape, a quiet but transformative shift is taking root – one that moves care closer to where people live, connects services around communities rather than institutions, and rebalances power through collaboration, prevention, and co-production. The insights captured in this report reflect not only the vision of Sprint Group Four but also a collective readiness across the system to do things differently.

For too long, general practice has operated under immense pressure, shouldering rising demand while navigating legacy structures not built for the complexity of today's needs. Meanwhile, the communities we serve are not just grappling with ill health – they are facing interconnected challenges tied to housing, employment, isolation, and inequality. It is within this context that the concept of neighbourhood placemaking and integrated community teams becomes not a policy aspiration, but an operational imperative.

This report documents the learning from a dynamic and deeply honest discussion, bringing together voices from across the NHS (including NHS England, Integrated Care Systems, Trusts, Arm's Length Bodies, Health Innovation Networks, and NHS Innovation Accelerator), local government, the voluntary and community sector, academia, and frontline services. It explores the potential of place-based partnerships and neighbourhood teams to ease the burden on GPs, unlock preventative capacity, and build a more responsive and resilient system of care.

The commitment of all involved in the delivery of transformative change was/is inspiring. The relationships that have been established informed by shared principles/values point to the resilience of place based working partnerships. Against a backdrop of significant change across the NHS these underpinnings will be crucial for the successful delivery of their work on behalf of the communities that they serve.

At the heart of this conversation is a recognition that culture change is fundamental. Delegates spoke compellingly about the need to move from a transactional, target-driven approach to one rooted in shared values and trust. Comparisons with policing's shift toward community-led containment and prevention provided a powerful analogy: health must now take the same journey – shifting focus from crisis response to early intervention, from institutional dominance to shared neighbourhood leadership.

The challenges are real. Existing contractual frameworks often disincentivise integration. Information governance remains opaque and inconsistent. The voluntary sector continues to be undervalued despite its critical reach and responsiveness. Digital innovation is not evenly distributed, and where deployed, too often risks leaving the most marginalised behind.

But the opportunities are equally clear. We heard from areas like Wolverhampton, Dudley, and Nottinghamshire where local contracts, community co-production, and academic partnerships are already driving innovation. We heard that long-term relationships – not structural reform – are the bedrock of successful integration. We heard that what communities want is not more services imposed from above, but a genuine role in shaping the care and support that surrounds them.

The implementation strategy outlined in this report provides a practical route forward. It identifies clear workstreams – from neighbourhood team development and digital inclusion to VCSE integration and data infrastructure – and proposes actionable timelines, risks, and enablers. It is not intended as a top-down blueprint, but as a scaffold upon which local leaders can build bespoke, place-driven solutions.

Critically, the strategy reflects a shared call to reimagine the role of general practice – not as a lone gatekeeper of care, but as part of a broader, multidisciplinary effort that wraps around communities and tackles root causes. It asks Integrated Care Systems to lead boldly, enable experimentation, and commit to the long view.

If we are to succeed in this shift, we must also be honest about the conditions it requires: flexible funding models, regulatory support, aligned leadership, and a willingness to embrace risk in pursuit of transformation. The demand for urgent care access will not diminish overnight. But by investing in neighbourhood models now – with the humility to learn and the courage to persist – we can begin to change the tide.

This report captures more than a conversation. It reflects a movement – one grounded in practice, sustained by partnership, and driven by the belief that better is possible. We hope that this report provides leaders across the NHS with inspiring ideas to deliver change differently.

We commend the contributions of all those who shaped this work and invite systems, leaders, and communities to take this forward, together.

Sprint Co-Facilitators



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Attendees

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Paul Henderson	Director of Consulting	IQVIA
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Paul Birch	AD Population Health and Intelligence	Northamptonshire ICB
Dr. Ryan Hobson	GP Chair	Black Country Primary Care Collaborative
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Aidan Rave	Non Executive Director	NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board
Dr. Naresh Rati	GP	Modality Partnership
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Cllr. Angela Archer	District Councillor/Vice Chair	South Derbyshire District Council
Cllr. Shade Adoh	Nurse and Councillor	Umbrella.co.uk
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