



Welcome to the NHS Primary Care Conference



2nd July 2026
The Royal Horseguards Hotel, 2 Whitehall
Court, London, SW1A 2EJ



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Chair Opening Address



Gurnak Singh Dosanjh

GP and ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire and Rutland ICB



Keynote Presentation



Dr Priya Kumar

GP Partner, PHM and Health Inequalities Lead
Kumar Medical Centre, Slough





KMC

YOUR HEALTH, OUR PRIORITY

KUMAR MEDICAL CENTRE

Population Health Approach to Primary Care

Presented by Dr Priya Kumar

GP Partner, Health Inequalities Lead, PHM Lead

PPL Senior Advisor

National Coach NNHIP

National Primary Care Research

Skill Clinic



Estefania Costa

Regional Primary Care
Nursing Workforce Educator
Lead, East of England
NHS England



Dr Tracey Vell MBE

Chief Officer Primary Care
Collaborative
NHSGM



Refreshments & Networking



Chair Morning Reflection



Gurnak Singh Dosanjh

GP and ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire and Rutland ICB



Case Study



Case Study



Max Gattlin

Director

X-on Health and The Cambridge Practice



Interview Session



Dr Shanker Vijay

GP Lead, Digital Transformation
- Primary Care
NHS England



Mark Bamlett

Deputy Director of Urgent and
Emergency Care (UEC)
NHS England



Interview Session



Laura Norton

Chief Operating Officer

North West Leicestershire GP Federation and PCN





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Lunch & Networking



Chair Afternoon Address



Gurnak Singh Dosanjh

GP and ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire and Rutland ICB



NHS Deep Dive



Paul Vaughan

National Deputy Director, Community Nursing, Primary Care
Nursing and Women's Health
NHS England



KEYNOTE

Access is a *nursing problem.*

Redesigning modern general practice from the front door out.

PAUL VAUGHAN / NHS ENGLAND

PrimaryCare+ 2026 / Prospero House, London / 2 July 2026

T H E A R G U M E N T

Access is not primarily a demand problem.

It is not primarily a digital problem.

It is not primarily a GP numbers problem.

It is a workforce design problem.

And at the centre of that design problem sits a profession this room systematically under-discusses.

Nursing.

W H Y A C C E S S F E E L S B R O K E N

**We have spent a decade solving access
*as if it were a throughput problem.***

More appointments

Faster triage

Digital front doors

Cloud telephony

You cannot technology your way out of a capability problem.

You cannot triage your way out of a capability problem.

At some point, someone qualified has to meet the patient and do the work.

What the GPN is already doing.

- Cervical screening
- Childhood and adult immunisations
- Long-term condition reviews
- Wound care
- Travel health
- Contraception
- Menopause review
- Pre-conception and postnatal
- Same-day minor illness
- Medication reviews

Both doors exist. Both are operating. Only one shows up in the national access conversation.

The settlement we never finished.

WHAT IT DELIVERED

- Clinical pharmacists at scale
- First contact physiotherapy
- Social prescribing
- A multi-professional team

WHAT IT LEFT UNFINISHED

- A reimbursable tier and a non-reimbursable tier
- Nursing on the wrong side of the line
- Nursing read as overhead, not investment
- Integration tension with community services

The answer is not to retreat. The answer is to finish the settlement we started.

Capability, not bodies.

Counting nurses has failed us for a decade. Developing the nurses you already have, and building a pipeline for three years out, is the exercise that pays back.

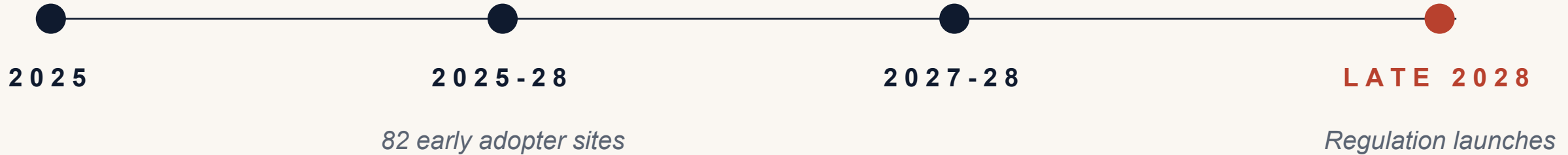
G P N	<i>Level 5</i>	Registered nurse, core general practice scope
E N H A N C E D	<i>Level 6</i>	Specialist areas, additional skills, prescribing
A D V A N C E D	<i>Level 7</i>	Masters level, four pillars
C O N S U L T A N T	<i>Level 8</i>	Expert practice, system leadership

A N D S O M E T H I N G I S A B O U T T O C H A N G E

NMC regulation of advanced practice.

Principles launched

Standards finalised



The pipeline you start now qualifies into the new regulatory environment.
The pipeline you do not start now
will not.

A N D A N O T H E R T H I N G

Neighbourhood health is a primary care story.

T H E U N I T

30-50k people. That is your PCN.

T H E I N T E G R A T O R

General practice, for most of the population most of the time.

T H E E N G I N E

Nursing, across general practice and community teams.

If any of the three is missing, the model does not fly.

The honest operational picture.

01

The retirement cliff

Senior community nursing ages out this decade. SPQ pipelines take years. Not funding places this year is not protecting 2029.

02

The contract interface

Practices handing back phlebotomy, wound care and catheter changes. Community services absorbing without resource. Patients bounce.

03

The local infrastructure

National frameworks exist. National regulation is coming. The training hubs, university partners and supervised practice models are not yet built locally.

Three asks of this room.

ICB LEADERS

Ask one question of your primary care workforce plan.

What percentage is nursing capability, as distinct from nursing headcount? If under half, the plan is not modern. Fix it before the planning round closes.

PCN CLINICAL DIRECTORS

Map your nursing workforce against the Framework.

By end of this calendar year. One practice manager plus one nursing lead. A day per PCN. The payoff is visibility of the capability gap you are carrying without knowing it.

GP PARTNERS

Identify one nursing role that could reduce your clinical load.

Within twelve months. Then have the conversation with your ICB about funding it. Not as a replacement. As a multiplier.

IF THIS ROOM MOVED

100 people.

Three asks.

Six months.

That is not hyperbole. That is arithmetic.

A Q U E S T I O N T O L E A V E Y O U W I T H

**If the argument is broadly right,
what is the one thing
you are going to do differently
*by the end of this quarter?***

Paul Vaughan / NHS England

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Skill Clinic



Jill Winters

Operations Director North Region
Active Neuro



Arpit Srivastava

GP Clinical Director, founder of
messageGP.com, Member NICE Technology
Appraisals Committee
Brunel 5 PCN, messageGP.com, NICE



Dr Faris Al-Ramadani

GP Partner | Digital Health Consultant | Non-Executive Director
St Wulfstan Surgery | OneHealth Ltd | Coventry & Warwickshire Partnership
Trust



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