

Policy priorities for 2024/2025

Developed by balancing: members own priorities, horizon scanning of future NHS/DHSC focus, how members prioritised our own priorities, our ability to secure funding

Golden thread: health inequalities, lived experience and co-production to underpin all our policy work

Accessibility and inclusion

1. Diagnosis and follow-up with focus on health inequalities, including mental health support.
2. Inclusive comms and access including digital exclusion, focus on primary care initially.
3. NHS recovery for all e.g. Elective waiting lists, MDTs in primary care, dentistry.

Working with people & communities

1. ICS –community and patient involvement, how VCSE sector underpins this.
2. Wider inclusion in clinical research.
3. New models of community prevention e.g such as grassroots health creation/self-management.

NHS future development

1. Health inequalities data development
2. Intermediate/community care e.g virtual wards
3. Secondary care prevention e.g. screening, weight loss, smoking cessation, plus cultural change in leadership to allow this

Comms influencing priorities 2024/25

Developed by focusing on members top priorities, with a decision to make cost of living a predominantly comms/public affairs campaign. All aimed at national press bar ICS/ICB

System pressures

1. Elective recovery pressures.
2. Need for good comms for all especially on waiting times/MDTs.
3. Access for all in new primary care recovery plan.

Health inequalities

1. Strengthen health inequalities data.
2. Waiting list inequalities.
3. Calling for a cross-Govt strategy to end the inequality gap in healthy life expectancy.

Cost of living

1. Costs of energy, travel and digital access.
2. Prescription charges.
3. Sickness benefits .

ICS/ICB (trade)

1. Need for new approach to VCS/ICS relationship.
2. Need for enhanced role of community & patient voice in ICS.
3. Robust ICP role and focus on wider determinants.
4. Geographic inequalities.