

A vision for the transformation of healthcare in North Kirklees

Primary Care Strategy 2016-2021



“The secret of **change** is to focus all your energy not on fighting the old, but on **building the new**”

Socrates

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This strategy sets broad parameters for the system as a whole, recognising that there are many contributors shaping the future of primary care in North Kirklees

Foreword

As the Primary Care Support and Development Team for North Kirklees Clinical Commissioning Group, we are pleased to present the Primary Care Strategy for 2016-2021.

North Kirklees Clinical Commissioning Group recognises and accepts its responsibilities for assisting and supporting member practices and NHS England with a view to securing continuous improvement in the quality of general practice and primary care as a whole.

General Practice has been identified as one of the strategic work programmes for North Kirklees Clinical Commissioning Group's in 2015-16 and beyond, supporting along with a number of other programmes, the delivery of the strategic outcomes and overall vision for North Kirklees.

The Primary Care Transformation Programme very much builds on the arrangements and work already underway to commission improvements in primary care, within the context of General Practice in particular, and the main challenges posed by its pivotal role in delivering and supporting healthcare system reform through the NHS Five Year Forward View, both now and in the future.



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This document will guide and inform the response and future work plans of the Primary Care Transformation Programme plan and should be read in conjunction with:

- Joint Strategic Needs Assessment
- Joint Health and Wellbeing Strategy 2014-2020
- NKCCG Five Year Sustainability and Transformation Plan
- NKCCG One Year Operational Plan
- NKCCG Quality Strategy
- Care Closer to Home Strategy
- Urgent Care Strategy
- Planned Care Strategy
- Estates and Infrastructure Strategy
- Workforce Sustainability Strategy

Our vision

Our vision for healthcare in North Kirklees is one of seamless, high quality, accessible care delivered to all patients.

The challenge for Primary Care in the coming years will be to work in collaboration with the Care Closer to Home and Urgent Care agendas, laying the foundations for total service transformation in line with the objectives of the NHS Five Year Forward View.

By breaking down the old boundaries we aim to deliver patient centred care, regardless of provider. We will explore new and innovative ways of delivering place based care through integrated budgets, designing services to meet the needs of specific geographic populations.

The overall objectives required to deliver the overarching vision for transformation of health in North Kirklees have been identified as:

- **Easily accessible primary care services for all patients**
- **Consistent, high quality, effective, safe, resilient care delivered to all patients**
- **Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers**
- **Premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care**
- **Effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes**

We recognise the need to be linked with the community, acute, mental health, social care and public health strategies, so that patient pathways are seamless and the health economy works well together.

“Our Primary Care Strategy is focused around the **care of patients—the people doctors and nurses enter general practice to serve”**

Improving health outcomes and significantly reducing inequalities remain a key focus. Access, clinical effectiveness and patient experience are key components of our direction of travel.

All General Practices will need to have a relentless focus on improving the quality of care to patients, supported by proactive use of data, information and patient feedback. Quality improvement needs to balance and combine external scrutiny and regulation with locally-driven, peer led approaches with the needs of the patient at the forefront.

The key to achieving this balance is transparency. Reporting on quality indicators and service improvements to patients, between peers, to other care partners and to commissioners and regulators can help create a culture of continuous quality improvement.

General practice services should be outcome focussed, delivering health improvement and preventive care. By working collaboratively, sharing data on comparative performance, general practices are more motivated to drive each other to improve performance.

North Kirklees CCG member practices need to plan together and deliver together to achieve a better health service and be responsive to the challenge of providing a more efficient service. The CCG will support them to achieve this aim.

The overall objectives listed here stem from the key areas for improvement identified as part of the case for change through engagement with our member practices, stakeholders, patients and the wider public.

Having looked at the array of data available these overall objectives have been distilled into five key themes:



North Kirklees Primary Care Strategy 2015-2020

Themes for Action

KEY THEMES

1. Access to care

OVERALL OBJECTIVES

Easily accessible primary care services for all patients

2. Quality of care

Consistent, high quality, effective, safe, resilient care delivered to all patients

3. Workforce sustainability

Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers

4. Premises and Infrastructure

Premises and infrastructure which increase capacity for clinical services out of hospital and improve 7 day access to effective care.

5. Funding and Contracting

Effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes.

More details about the objectives and specific projects that will support the achievement of the overall objectives can be found in 'Themes for Action' on pages 14-19.

National context

The structure of the National Health Service and its approach to delivering healthcare is changing. This strategy is produced at a time of continued change, following the creation of Clinical Commissioning Groups (CCGs) which put general practice clinicians at the heart of commissioning healthcare services.

The NHS Five Year Forward View released in October 2014 outlines objectives around focussing on preventative care, empowering patients and puts forwards a number of new innovative models of care which encourage integration and a patient centred approach to delivery of care across a geographic population.

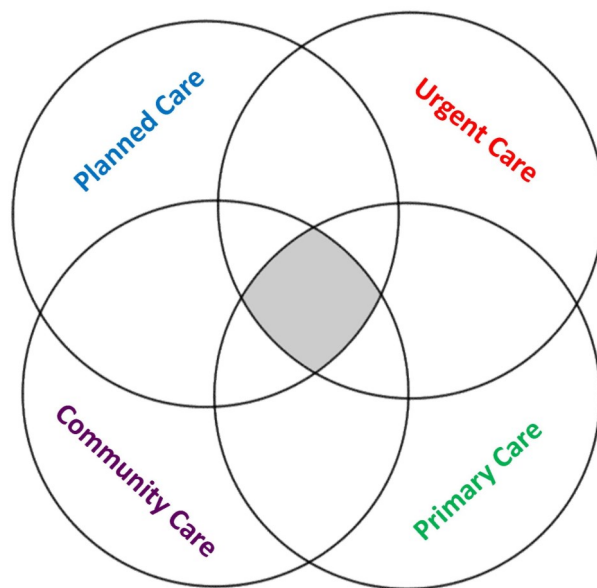
Prior to this the White Paper, Our Health, Our Care, Our Say: a new direction for community services started the process of reconfiguring community based services towards a more integrated model of working and has expanded to include a vision to transfer some hospital based care from the acute sector out into communities. This now forms part of our Care Closer to Home Transformation Programme.

More recently Sir Bruce Keogh published his report 'Safer, Faster, Better' into the transformation of urgent and emergency care calling for an integrated approach between providers and outlined the key role that primary care had to play as first point of contact.

Over the next five years, primary care providers are faced with significant change, new challenges to improve the quality of services provided, develop a highly skilled and sustainable workforce and deliver truly integrated care.

The timing of this strategy is therefore also important to support primary care and enable it to deliver the vision of the NHS Five Year Forward View, meet the governments aims around 7 day access to services and provide assurance that North Kirklees CCG is commissioning excellence in overall healthcare.

“General practice has been at the heart of the delivery of primary healthcare in England for decades”

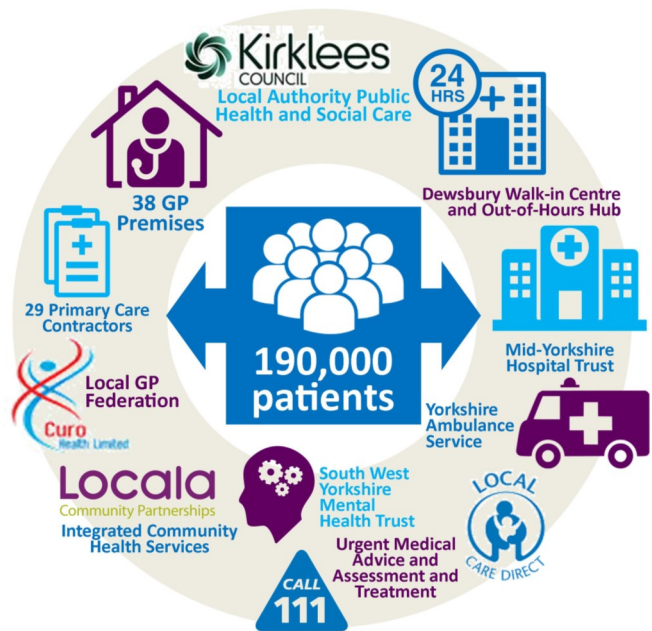


Local context

Here in North Kirklees and across the wider region of West Yorkshire there are significant programmes of transformation underway. The challenge going forward is to tie these together so that change becomes embedded.

The North Kirklees CCG has a central role, working with stakeholder partners, Kirklees Council and NHS England, to ensure that our commissioning responsibilities are met in full. To certify that the care which we commission and provide is of the highest possible standard and quality, we will undertake constant review and scrutiny in order to achieve best practice, making sure we maintain a sustainable, safe and high quality local health service.

General Practice clinicians, our practice teams and our patients play an important role in influencing our strategy and we need to understand how a primary care strategy will affect commissioning decisions for local authority, acute, mental health and community services.



Urgent Care Transformation

The overall commissioning strategy for the CCG describes the significant changes being proposed across the Mid Yorkshire health economy through the 'Meeting the Challenge Programme' by consolidating services into specialist sites across the region aimed at improving productivity and sustainability of all health services. In addition to this the acute sector must also respond to the recommendations made in Sir Bruce Keogh's review of Urgent and Emergency Care and NHS England's call for new models of care.

Care Closer to Home and Planned Care Transformation

There is a strategic shift of activity planned from hospitals to the community, preventing the need for hospital admission wherever possible. With enhanced integration of services for vulnerable patients, the aim is to ensure that people do not spend any longer in hospital than they need to.

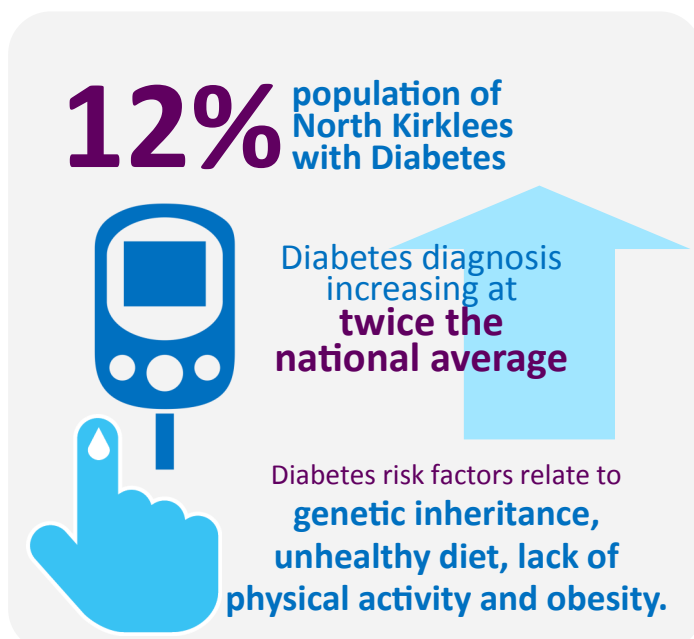
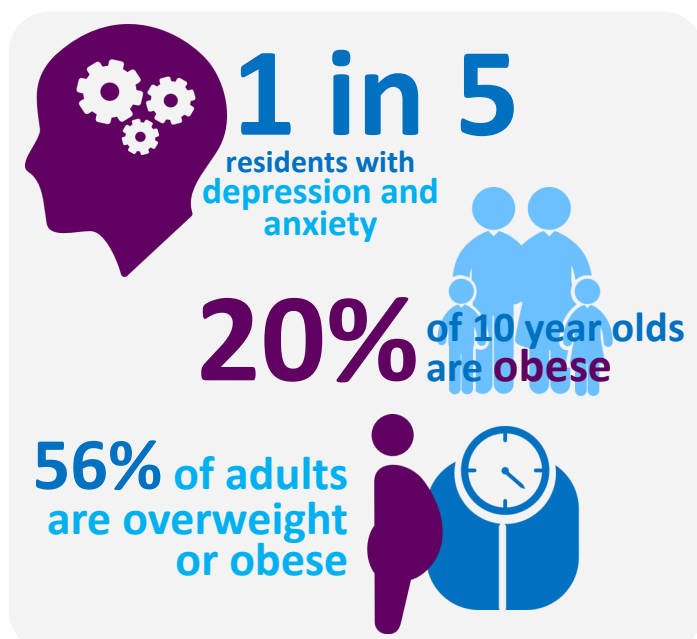
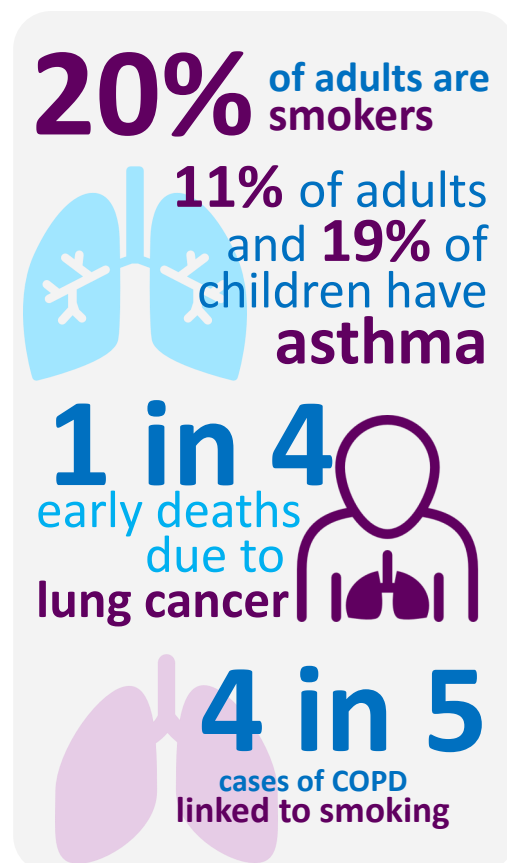
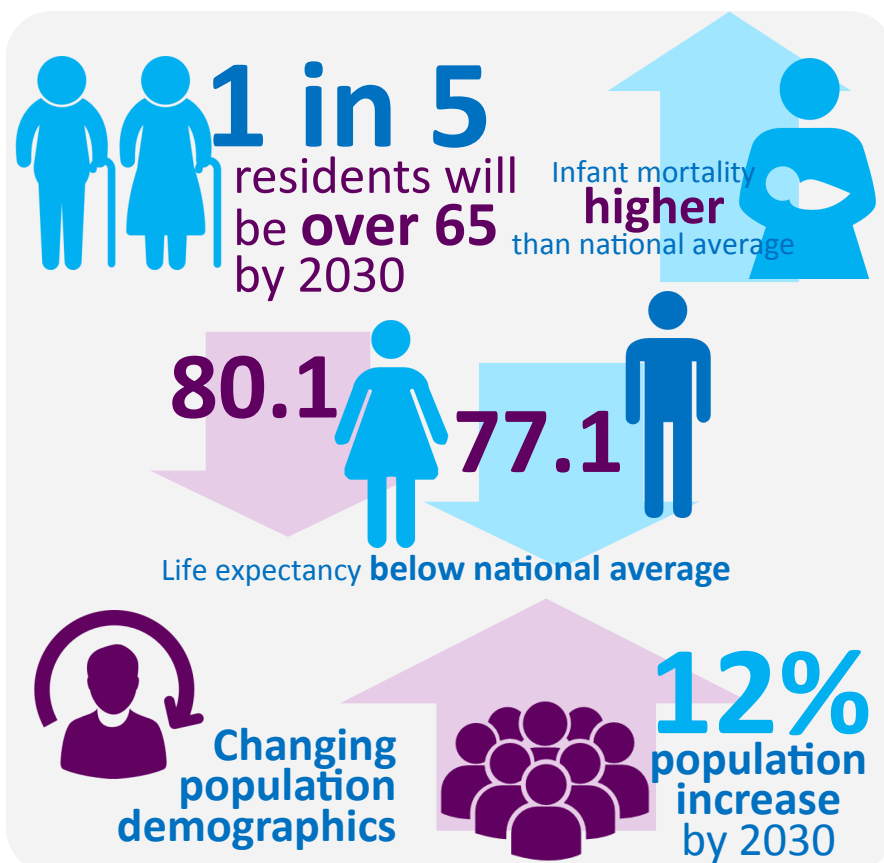
General Practice Transformation

North Kirklees CCG believes that general practice provides the foundation for all other healthcare services and that strong and sustainable general practice is crucial to securing health care services in the future. General practice has evolved significantly from its origins. Many practices have been at the forefront of innovation and quality improvement within primary care and the CCG will take the learning from these successes to implement further service improvements into general practice.



Health challenges in North Kirklees

North Kirklees has a population of 190,244 across Dewsbury, Batley, Birstall, Heckmondwike, Cleckheaton, Liversedge, Mirfield and Ravensthorpe. There are many communities with high levels of deprivation within the locality, with factors such as poor education achievement, unemployment, low income, and inadequate housing which increase the challenges of achieving positive outcomes for patients.



New models of care

Nationally, there is a growing consensus of the need to enable Primary Care to work at greater scale. New models of care should provide more proactive, holistic and responsive services for patients and some of these have been described in the NHS Five Year Forward View.

Multi-specialty Community Providers (MCPs)

While independent GP practices will remain where patients and GPs want that, the RCGP points out that general practice is entering its next phase of evolution. MCPs would provide a wider scope of services, making it possible for extended group practices to form through either Federations, Networks or single organisations and joining with community services to provide integrated care.

Primary and Acute Care Systems (PACs)

New contracting forms will allow a new variant of integrated care by allowing single organisations to provide list based GP and hospital services together, together with mental health and the community. This could be led by an Acute Trust or where there is a mature Multi-specialty Community Provider.

“Breaking down the old organisational boundaries, professional behaviours and political beliefs to focus on what is right for patients”

One possible result of the development of these new models could be an Accountable Care Organisation through integrated budgets across health and social care services which tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

In North Kirklees the view is to allow these models to evolve organically through increasing opportunities for collaborative working and the CCG will work with member practices to ensure that any new models are consistent with our ambitions for high quality, strengthened primary care. We will build on the clinical leadership that exists in our member practices to ensure clinicians are fully involved in decision making and new models of care across three service levels which are described below:

Level 1 – Individual General Practices

Level 2 – Cluster Networks

Level 3 – GP Federation

Level 1 – Individual General Practices

In the NHS, the main source of primary health care is general practice, providing the first point of contact in the health care system. Primary health care is based on caring for people rather than specific diseases. Therefore, the aim is to provide an easily accessible route to care, tailored to the patient's health care needs. This may mean, continuity of care for frail older people; nurse-led seamless care for patients with multiple long term conditions and urgent access for patients when they need it.

To support this approach, the CCG will look to commission additional services from general practice that will support the role of the accountable GP and improve services for older people and provide additional access to service for patients with urgent medical needs. The CCG will work with practices to support new ways of working that respond to patient needs and benefit the practice in terms of time and skills. This may include different ways of providing urgent appointments, home visits and support to nursing homes in partnership with community services.

Level 2 - Cluster Networks

Practice list sizes vary in North Kirklees, however, it is recognised that the current demands placed on individual practices is unsustainable and practices will need to work differently in the future to manage demand in new ways.

The CCG will support practices to work together through the cluster networks. This may be 'practice to practice' to encourage practices to provide more services on a locality basis or as part of integrated primary and community health and social care teams. The network will decide what services it wants to provide and how it will operate to deliver patient and practice benefits.

This may include how practices support housebound patients, inter-practice referrals or shared resources to improve outcomes for patients. Patients have told us they want to see a flexible approach to health care and have greater access to the wider general practice team.

Level 3 - GP Federation

General practice is largely based around independent contractors serving relatively small populations. It is envisaged that collaborative, general practice led services will go beyond the current scope of GP contracts, providing accessible and responsive out-of-hospital care led in conjunction with other practices and provider organisations. Concepts, such as Family Health Networks, Neighbourhood Development Groups etc, describe a model of care whereby most forms of non-acute, non-specialist care are provided at scale by general practice, in the community setting, with GPs playing a coordinating role on behalf of their populations.

Pressures facing General Practice as providers, mean that practices are increasingly working together to share economies of scale. In North Kirklees, all 29 practices have formed a provider federation (Curo Health Limited) which will allow practices to work in a more collaborative way, sharing back room economies of scale and providing a vehicle to offer a wider range of services. The CCG will work with the federation to develop new models of care that provide a greater range of services in the primary care setting, while maintaining quality, efficiency and equitable access for all patients.

Case for change

The NHS Five Year Forward View sets out the case for change in healthcare. North Kirklees CCG aims to enable general practice to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

Our vision for transformation in primary care is built upon a compelling case for change with a clear set of reasons for improvement. In developing the primary care strategy, five key themes have been used to underpin our planning activities in the short to medium term and these build on the work already undertaken and the improvements achieved.

Demand and Variation

Feedback shows there is still room for improvement when offering a service which is accessible to patients. The increasing level of demand both from an aging population and raised patient expectations means that primary care needs to find new ways of both managing activity, whilst at the same time delivering services in ways that meet patient needs. It is well known that there are limited numbers of GPs available within primary care and so assessing skill mix to make the best use of the skills and expertise available should be a focus. Because there are many different contractors providing services variation is inevitable however primary care providers need to come together to make processes, and pathways more efficient and consistent across the whole of the service.

Workforce challenges

Challenges around sustaining a competent and motivated workforce are well documented through evidence from Health Education England's Workforce Audit Tool, and providers feedback around the pressures of recruiting and retaining staff. Added to this, North Kirklees has a significant number of GPs, Nurses and Practice Managers approaching retirement age and struggles as an under-doctored area compared to other CCGs. Staff development and succession planning are areas which need a joined up approach with other local partners to avoid the cycle of staff moving around the healthcare system.

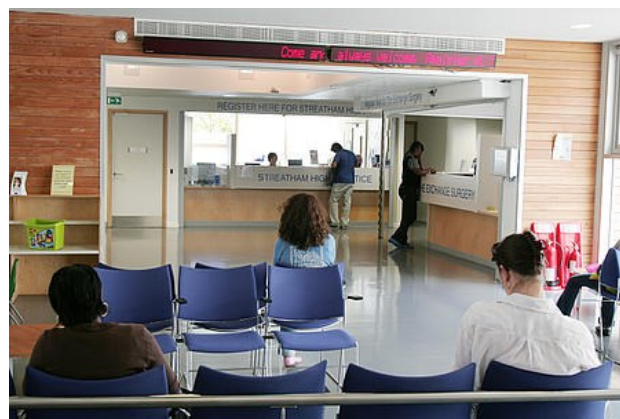
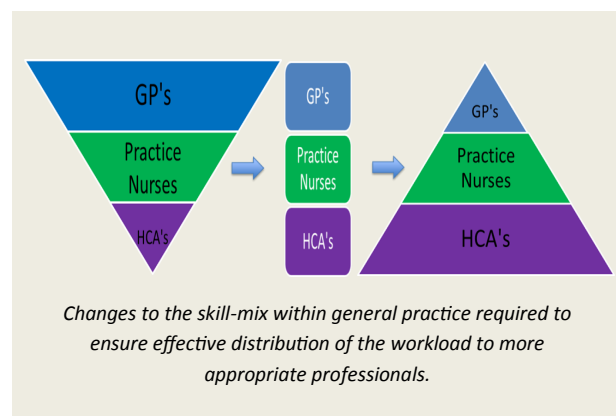
Premises and Infrastructure

Whilst North Kirklees is fortunate to have a number of recently built PFI estates there are still some smaller practices in old converted residential buildings which are not

fit for purpose. Ensuring that buildings are well used and fully occupied by the right services is an issue locally. Whilst primary care has 97% unified clinical systems, optimising the use of these systems to support wider access to care, increasing the use of digital systems such as Patient Online and e-consultation to improve clinical to patient and clinician to clinician communication still requires further work.

Contracting and Funding

Primary care contracting is complex and not always focussed on outcomes for patients. Providers and commissioners report that implementing, and monitoring contracts across so many providers offers challenges. With the shift of care into the community, effective and properly funded contracts are vital. Integrated approaches which are focused on the needs of the patient and improvements to the quality of care are needed to ensure that different groups of providers work better together.



Engagement

As part of the development of the Primary Care Strategy the CCG held a number of engagement events with patients, the public, member practices and other local stakeholders.

Our engagement team worked to undertake patient surveys. Existing data was collated and analysed as part of the engagement process. This included patient feedback from Patient Advice and Liaison Service (PALS) complaints, Freedom of Information requests, GP Patient Survey data and Patient Experience data. The CCG engaged with member practices through a number of different routes including feedback from a Membership Forum, a number of Governing Body development sessions, via the GP Federation and through a specially arranged Primary Care Summit. The comments gathered from this engagement activity included:

General access to services

Patient wanted more flexibility around opening hours and access to appointments outside of core hours, this was particularly important to working patients. Extended access to both same day and pre-bookable appointments was indicated. Patient surveys reflected a desire for increased access on Saturdays for routine care but the majority felt that most weekend appointments should just be for urgent medical needs. GPs felt that improving access to core primary care services would have positive impacts for patients.

Networking practices to improve access

For urgent appointments, patients were happy to see another clinician other than their own named GP and were willing to travel to other practices if necessary. For routine appointments patients were less likely to travel for an appointment and felt that where the patient was elderly, vulnerable or had a long term or complex condition, continuity of care and the reassurance of their own practice was important. This was also reflected in the comments from clinicians relating to more collaborative working.

Use of effective signposting and triage models

The use of a triage system whereby a healthcare professional could assess their needs and signpost them to the most appropriate service was seen as acceptable by patients. It was made clear though, patients preferred that triage be done by a healthcare professional and not a receptionist. Patients were happy to speak to their GP or a health professional via telephone but improvements would need to be made to any call back systems. The use of clinical triage was supported by clinicians and had been successfully used by some practices.

Better use of online services

An overwhelming number of patients reported that their practice had an appointment system where they had to ring at 8:00am to get an appointment which did not work and was frustrating. Patients wanted to be able to ring up or go online at any time to book appointments in advance.

Patients already using online services were keen for these to expand to include appointments with other health professionals. There was a general lack of awareness though of online services with both patients and primary care staff about what these could do and that these services are available via a phone app. Some patients and clinicians were not yet comfortable with the use of email or video consultations as they felt it may take longer than a phone consultation however they did suggest video consultation could be useful for patients requiring pre-booked reviews. These views were supported by GPs through a desire to make better use of technology generally.

Provision, quality and information about services

Patients were keen to see a wider range of services provided via their GP Practice such as physiotherapy, counselling, social care and hospital based services. They would be happy to access these services at another practice although concern was expressed again over the accessibility for vulnerable patients.

Patient education

A key message that came across from both the public and staff was the need for patient education both on the services available and how and when to access them. It was commented that information about different healthcare professionals and their roles would support patients to understand which clinicians to choose or why they had been signposted to particular clinicians.



Themes for action overview

The CCG Governing Board members are key to supporting the delivery of this strategy, by using their clinical expertise, skills in leadership and the co-operation of the member practices and health and social care partners to effect change.

The delivery of the strategy will help address the challenges and opportunities presenting in shaping the local NHS in North Kirklees. The strategy will succeed with the clinical ownership by North Kirklees GPs and working in conjunction with Kirklees Council and other health partners.

The strategy proposes several key objectives that are focussed on what North Kirklees CCG and its member practices need to plan and deliver together.

The need to have a proactive approach to planning and delivering health and social care services is vital, now more than ever. Our aim will be that we not only focus on developing preventative care pathways which ensure patient's are given the right care, at the right time, by the right person but also to think more medium and long term rather than only focussing on short term solutions.

We will encourage input, feedback and views from a wide range of stakeholders across the North Kirklees health economy and patient representatives, as part of our commitment to maintain continuous engagement with our member practices and health and social care partners.

We will publish an equality impact assessment on any proposed changes and the comments and views on specific issues will help to shape the final proposals for general practice transformation throughout the coming years.



“Primary Care is at a critical juncture. Whilst seen by the Government and NHS England as the ‘foundation’ for the future delivery of healthcare there are a number of significant challenges that must be overcome.”

THEME 1—Access to care

Easily accessible primary care services for all patients in North Kirklees.

CORE ACCESS

Easy access to same day and pre-booked appointments within core hours Monday-Friday 8:00am-6:30pm at all GP Practices

EXTENDED ACCESS

Easy access to same day and pre-booked appointments during extended hours from an efficient delivery model

Patients should be able to easily access routine general practice services from all providers during core hours, Monday-Friday 8:00am-6:30pm. Achieving this outcome is seen as a key enabler to deliver other parts of service transformation such as the Keogh recommendations around urgent care. By ensuring there is sufficient same day capacity within primary care this will allow patients to go to their GP as a first point of contact. We will also be looking at the quality of access available to patients not only the quantity.

The CCG wants to ensure that there is appropriate extended access to primary care services beyond core hours. This will support the Government's agenda on 7 day access to GP services. The CCGs view is that, whilst taking in to consideration patient's views on convenience, extended access to both urgent and routine care should be delivered from a model which is both efficient and accessible such as a hub and spoke model. A collaborative approach to service deliver also offers added resilience to smaller practices who struggle to offer extended services and will be implemented through collaborative working with the Care Closer to Home programme.

Rapid response to urgent medical needs and professional clinical advice should be available to all patients within North Kirklees 24 hours a day, 7 days a week. The challenge moving forward is to integrate and simplify services in a way which enables patients to understand where and how to access care when they need it.

In order to support wider access to primary care, adoption of digital ways of working will be promoted. This includes digital access to appointment booking, prescription ordering and medical records, digital consultations via email and video as well as encouraging patients to manage their health and wellbeing through easy access to advice and self care tools.

OVERNIGHT ACCESS

Easy access to urgent medical advice and/or treatment 8:00pm to 8:00am 7 days a week

DIGITAL ACCESS

Increased uptake of digital access to services via Patient Online, email and video consultation and tools to support self care.

Demand is currently restricted in some cases by poor access, so management of the inevitable increase through increasing capacity is absolutely key if it is to remain sustainable.

Prevention, self care, meaningful chronic disease management and a comprehensive system of educating and empowering patients would all be part of this. Monitoring changes in demand and capacity will provide evidence to support any changes to service provision.

Samira's Story

Samira is a 30 year old mother of 3 who is normally fit and well. On Friday morning as she was getting ready for work she developed an itchy rash near her right eye and is extremely worried that it might spread. She contacts her GP practice on Friday afternoon after finishing work as an early years teacher at the infant and primary school just around the corner.

Her GP practice offers her a telephone consultation with a GP on the same day, and Samira agrees. At 3:40pm she is contacted by a GP and is given advice on how to manage the rash.

She is still extremely worried and would prefer to see someone in person in spite of the advice given. Samira is offered a face to face appointment with an Advanced Nurse Practitioner at 7:30pm that day but with a neighbouring practice.

Although not her own practice, Samira accepts the appointment as the clinician will be able to see her medical records happy to attend and just wants to be seen and reassured.



THEME 2—Quality of care

Consistent, high quality, effective, safe care delivered to all patients.

CONSISTENT CARE

Reduce or eliminate variation in the quality of core services across all practices.

HIGH QUALITY CARE

Above threshold/national average performance in key quality areas such as QoF, CCG Outcome domains.

EFFECTIVE CARE

Improved performance in patient reported outcome measures such as GP Patient Survey, satisfaction surveys and Friends & Family Test.

SAFE & RESILIENT CARE

Reduction in number of Patient Safety Incidents and increased use of Event Reporting Systems.

Our vision is that general practice providers will consistently provide high quality, accessible, safe and resilient care, as evidenced through appropriate assurance systems. This may include regular capacity and demand audits, Primary Care Assurance Tool, Primary Care Quality Matrix to demonstrate year on year improvements.

Overall quality of services will be assessed in conjunction with the CCG's Quality Strategy. The production of transparent, publicly available benchmarking data will allow patients and the wider public to see and provide feedback on the performance of local services.

All providers will be expected to participate in incident reporting to improve patient safety outcomes and be engaged in peer review to support a culture of continuous improvement. Practices should include advice, engagement and support from a wider clinical peer group across the health and social care system delivered through improved digital working such as web-conferencing, virtual meetings and e-consultation.

Working in collaboration with Care Quality Commission and NHS England, the CCG will ensure that all providers meet with contractual and regulatory requirements. An open approach will be adopted which encourages shared learning with examples of best practices from providers.

The CCG will encourage co-operative working between providers, community healthcare services and public health teams to deliver proactive, preventative, holistic and integrated services. This will mean that patients will be assured that their care and treatment in general practice is delivered to the same high standards regardless of which practice they are registered with and they can easily compare their service to others in North Kirklees.

Doris' Story

Doris is 85 and suffers from hypertension, diabetes and arthritis. Her general health has been declining since her husband died three years ago. She hasn't been able to get to her doctors surgery for a blood test in a while as she does not have transport. Her GP surgery recently started to work with other neighbouring practices to offer routine care on Saturdays. Doris gets her son to take her to see a diabetes nurse who is shared between all the practices.

The nurse sees that Doris is struggling to manage her diabetes and often finds all the medication she is taking confusing. The diabetes nurse sits down with Doris and works out a treatment plan for her diabetes with some realistic goals around improving her mobility. To support her to achieve these the nurse refers her to the 'Better in Kirklees' social prescribing hub who arrange for her to join a local AgeUK exercise club and even arrange for a befriending service to drive her to the club.

The diabetes nurse also arranges for a care co-ordinator to visit Doris at home. The care co-ordinator talks with Doris about the different long term conditions she has, the medication she is taking and how to take it properly.

At her next appointment her diabetes is much improved, she feels more confident and happy as she is getting out more to the club. She has even made some new friends from the club who go for lunch together each week and her hypertension is also better after the care coordinator showed her the right way to take her tablets and why it was important.



THEME 3—Workforce sustainability

Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers.

INTEGRATED WORKFORCE

Integrated teams with GPs at the core, using a range of skilled professionals to deliver appropriate clinical care.

EXTENDED WORKFORCE

Use of non-clinical professionals, community and voluntary and patient groups to support recovery, self care and independence.

Primary Care workforce is changing. We need a plan to ensure that we have a workforce to deliver this strategy. General practice workforce requires modernisation, still based around the GP practice holding responsibility for the care of its registered patients but with a stronger population focus and an expanded workforce. It will be important to support these changes through training, education and opportunities for professional and personal development.

A separate strategy will be developed which will focus on the four R's of sustainability; *recruitment* of new staff, *retention* of existing staff through expanded, enhanced roles and clear career development, *returning* staff to the workforce and *replacing* some roles with different ones to allow a more effective workforce.

We see the need for a modern, integrated general practice team which has the GP at the core but blends different skilled health and social care professionals together to ensure that patients are treated by the most appropriate person to meet their needs. This holistic approach will also look to utilise the skills of voluntary and community sector staff.

The CCG will address the need to embed general practice succession planning with a high proportion of practice staff approaching retirement. Staff development should be a high priority for all general practices.

“Only 29% of GP Trainees want to become contractors or GP partners. Flexibility and work-life balance is a key consideration”

MOTIVATED & ENGAGED WORKFORCE

Staff who feel valued, involved and empowered to improve themselves, their colleagues and the services they work in.

COMPETENT WORKFORCE

All staff have clear career progression and remain competent and resilient through opportunities for professional and personal development.

SUSTAINABLE WORKFORCE

Roles which are sustainable through internal staff development and robust proactive succession planning.

CHALLENGED WORKFORCE

Staff are encouraged to innovate and improve through a culture of continuous learning, research and teaching opportunities.



Dr Smith's Story

Dr Smith has been a GP for 15 years. He has been struggling under the pressure of ever increasing demand from patients. Through collaboration, he and his four neighbouring practices have joined together

to form an operational network. Patients from all five practices can access extended hours care up to 8pm on weekdays through a hub practice with access to shared medical records.

The practices have also agreed to share staff providing much needed nursing input around diabetes which his own nurse was not trained in. In exchanged for 1 day of ANP time from a neighbouring practice. Dr Smith is now able to offer a Dermatology clinic for all patients in the network, a skill which he had little time to use previously. The network also employs a full time Clinical Pharmacist who amongst many other things, responds to acute medicine requests, reviews patients on complex medication regimens, completes medication reviews with patients and processes prescription medicine requests in outpatient and discharge letters.

THEME 4—Premises and infrastructure

Premises and infrastructure which increase capacity for clinical services out of hospital and improve 7 day access to effective care.

To deliver the ambitions of primary care it is essential to have estates and infrastructure which are fit for purpose to deliver effective general practice services. Infrastructure including technology should support staff to deliver care in an efficient way. Premises, infrastructure and technology should support digital working, clinician to clinician interfaces and clinician to patient interfaces. To support this the CCG will look for unified clinical systems and integrated communications platforms.

The key to this will be to work with other partners for example the local authority, practice landlords and NHS Property Services to maximise premises within communities. The aim should be to deliver flexible multi-use premise that are adaptable to service needs and look for innovative and collaborative projects for health and social care provision.

The CCG will work in collaboration with local public sector partners on a proactive Estates and Infrastructure Strategy. To strengthen workforce development, premises and infrastructure should support a culture of teaching, learning and development for both staff and patients. An educational focus within estates will be key to this.

Infrastructure and technology should support patients to be involved in managing their own health and wellbeing and decisions about their care through information, advice and engagement.

Terry's Story

Terry is 48 and works as a mobile breakdown mechanic for a small company in town. Terry is working longer hours than ever and having to cover a greater area. He feels like he is only home to sleep and then back out to work, free weekends are becoming less frequent. He is concerned that the extra stress is affecting his blood pressure. He does not have time to make an appointment with his GP surgery due to his unpredictable job.

His surgery uses a health pod in the reception area. Terry is able to pop in when he is free on his way home and take his own blood pressure. The pod is linked to his medical record. Terry's blood pressure is a little high so he calls the surgery the next day to speak to the GP over the telephone. His GP can see Terry's BP reading from the previous day and is able to offer him some advice without the need to come in to the surgery.



ADAPTABLE INFRASTRUCTURE

Purpose-built, flexible, multi use, premises which are adaptable to changes in services, capacity or demand.

DIGITAL INFRASTRUCTURE

Effective and efficient digital working which supports clinician to clinician and patient to clinician interfaces.

EDUCATIONAL INFRASTRUCTURE

Premises which support a culture of teaching and learning both for healthcare professionals and patients.

WELL UTILISED INFRASTRUCTURE

Integrated, multi occupancy premises which include a range of providers and services but with sufficient room for future growth/expansion.

PLANNED INFRASTRUCTURE

Pro-active estates and infrastructure plans , well managed which link whole health and social care systems.

HEALING INFRASTRUCTURE

Premises and infrastructure which support staff and patients wellbeing, relieve stress and support recovery.

EMPOWERING INFRASTRUCTURE

Premises and infrastructure which supports patients to manage their health and wellbeing and be involved in decisions about their care.

“Four out of 10 GP practices felt their current premises were not suitable to deliver services to patients”

BMA GP Survey 2015

THEME 5—Funding and contracting

Effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes.

In starting to explore how we can influence real transformational change in general practice across North Kirklees we need to consider some key principles, the main one being that “no work is moved without proper resource being moved with it” – i.e. workforce or finances. Member practices have already identified several key principles and areas which will form priorities in terms of service change throughout 2015-16 and beyond. These are:

- Supporting true equitable funding for core service provision across all general practice providers.
- Contract models which facilitate integration of services or close collaborative working.
- Proactive management of workload shift from secondary care to primary care, properly resourced and planned
- Effective contract management of all providers to ensure performance and activity levels remain affordable ensuring that poor performance does not negatively impact on other parts of the healthcare system
- Streamlining and simplifying enhanced service contracting and management based on improved health outcomes.

The introduction of co-commissioning is seen as a key enabler allowing the CCG an opportunity to take more strategic control over general practice budgets, thereby retaining any efficiency savings within primary care for future investment.

The purpose of this is not only to support further improvements to quality in general practice but also to provide additional investment where possible ensure the long term sustainability of general practice services in North Kirklees.

“90% of patient contacts in the NHS happen in primary care for only 8% of the total budget”

The aim should be the integration of all budgets both local authority, health and social care through either a multidisciplinary community provider (MCP) or primary and acute care system (PACS). One possible future could see the formation of an Accountable Care Organisation allowing for placed-based budgets, which truly deliver cradle to grave services for the entire population.

PLANNED CONTRACTING

Proactive management of activity shifts out of secondary care to ensure movement is properly planned and resourced.

PROACTIVE CONTRACTING

Use of co-commissioning to take strategic control of primary care budgets enabling new/enhanced service development.

OUTCOMES-BASED CONTRACTING

Simplified and streamlined contract and funding models which are easy to understand for providers and commissioners and are based on outcomes.

EFFECTIVE CONTRACTING

Effective contract management through prioritisation and sustainability to ensure performance and activity levels remain affordable.

INTEGRATED CONTRACTING

Contract models which facilitate close collaborative working and integration of services through place-based commissioning.

FAIR CONTRACTING

True equitable funding for core service provision to reduce variation between providers.

Abigail, Practice Manager's Story

Abigail struggles with her role as Practice Manager, to reconcile all the different service payments the practice is due for the work it does beyond the core contract. Historically her practice was not as well equipped at negotiating as some others in the CCG and so finds wide variation between what she and her neighbouring practice receive for the same work. With an integrated primary care contract all additional services provided to registered patients are linked together as a single payment which is the same for every practice delivering the services making it much easier for Abigail to and the CCG to process, leaving time to spend on improving the services in the future.

Enablers to support transformation

Co-commissioning of primary medical services

On 1st May 2014, Simon Stevens announced new opportunities for CCGs to co-commission primary care services in partnership with the NHS England. The NHS Five Year Forward View describes primary care co-commissioning as a key enabler in developing seamless, integrated out of hospital care based around the diverse needs of local populations. It will also drive the development of new models of care such as multi-specialty community providers and primary and acute care systems.

There are three models that the CCG could take forward:

Level 1 - Greater involvement in primary care commissioning

Level 2 - Joint commissioning

Level 3 - Delegated commissioning

Co-commissioning would allow us to create a joined up, integrated out of hospital service for our local population with primary care leading and shaping the desired model. Helping to drive the development of an MCP model described by Simon Stevens 'Five Year Forward View', and building around groups of GPs combined with nurses and other community health services, mental health and social care.

The focus would be on a holistic, integrated approach to the individual and would be built around populations aligned with community and social care services. Co-commissioning is seen as an opportunity to collaboratively develop solutions around workforce, including exploring new models of working across health, for example Physician Assistants. Examples include supporting GP access arrangements and exploring seven day working by collaborative working.

Co-commissioning would allow the CCG strategic control of the primary care budget to protect and invest resources in response to healthcare challenges and advances in technology through a sustainable and resilient model. For example, digital working, such as video consultations, telemedicine and other solutions which would support general practice to work more effectively.

In January 2015, the CCG Member practices voted in support of the CCG to commission Level 1 - greater involvement in primary care commissioning for 2015/16. In October 2015 member practices again voted to remain at Level 1 - greater involvement in primary care commissioning.

“Transforming primary care needs to maximise the use of enablers available to shape a healthier future for patients and lead the out of hospital agenda.”

Clinical Leadership

The CCG Governing Board members are key to the delivery of this strategy, by using their clinical skills, skills in leadership and the co-operation of the GP membership and health and social care partners to effect change. Every GP, Practice Nurse and the extended primary care team are essential to effecting positive outcomes for patients.

In addition, the CCG will work with individual Clinicians and the Membership board to strengthen clinical leadership within the CCG:

- Clinically led Peer review to promote individual learning through best practice
- Improved relationships with secondary care clinicians through Clinical Networks and pathway redesign

Patient Education

Throughout all the transformation programmes underway, patient education is seen as the core. Education empowers patients and puts them in the heart of services. It is about designing and delivering health and social care services in a way, which is inclusive and enables residents to take control of their health care needs. An empowered activated patient:

- Understands their health condition and its effect on their body.
- Feels able to participate in decision-making with their healthcare professionals
- Feels able to make informed choices about treatment.
- Understands the need to make necessary changes to their lifestyle for managing their condition.
- Is able to challenge and ask questions of the healthcare professionals providing their care.
- Takes responsibility for their health and actively seeks care only when necessary
- Actively seeks out, evaluates and makes use of information.

Empowered patients will better understand how to navigate between the many sectors in the healthcare system. When unsure about where to go or what to do next, the empowered patient will feel confident to ask for the information they need.

Monitoring and evaluating

Having the right governance and implementation structures in place to support achieving the objectives that will deliver our vision for general practice in North Kirklees is vital.

Recently the CCG underwent an external review of its governance processes and a number of recommendations have been made.

To ensure that general practice is transformed in a way which ensures integration with the other key service transformation programmes around Care Closer to Home and Urgent Care an overarching governance structure has been proposed. This would integrate the existing Primary Care Strategy Group with the CCGs Clinical Strategy Group to offer a more holistic view of transformation. It was also felt that a working group aligned to each of the five key themes would be required to deliver real impact in these areas ensuring that the objectives outlined previously were being addressed.

By feeding back into the overarching governance structure the challenges faced in each of the five working groups can be looked at in conjunction with other projects running in the co-dependent transformation programmes. This is because many of the issues faced are similar across the three programmes.

The new structure highlights the view that in order to affect change, transformation must be delivered from the bottom up. The involvement of general practice contractors through the four cluster networks and the GP Federation will engage member practices so that they are able to take ownership of areas of work, get involved with trialling new ways of working themselves and support the development of grass roots innovation.

In addition to aligning a key theme to a cluster we are proposing that Clinical Leaders working in the Planned Care Transformation Programme identified in our commissioning intentions, are also able to work with an identified cluster of practices. Service development and pathway redesign can then be reviewed by local clinicians and have the benefit of wider input with member practices.

Clusters should take the lead in developing and supporting commissioning plans from the ground up, work on specific national and local performance areas where appropriate and collaborate with practices to provide a test bed for future service improvements.



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