PRIMARY CARE STRATEGY

A BLUEPRINT DESIGN FOR THE FUTURE OF GENERAL PRACTICE ACROSS EAST RIDING

JANUARY 2016
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Executive Summary

There are 179 primary care providers in East Riding of Yorkshire — 37 GP Practices, 63 Pharmacies, 35 Dental Practices and 44 Opticians (correct as of September 2015). Over many years, these have provided dedicated care for local people. The commissioning of these services has been the responsibility of NHS England. The East Riding of Yorkshire Clinical Commissioning Group’s (ERYCCG) Council of Members (a committee comprised of the Practice Representatives) voted to take on Joint Commissioning of General Practice under the co-commissioning arrangements. The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care. Co-commissioning is recognition that the ERYCCG is able to:

- Work with its clinicians and use their clinical insight and energy to drive changes in their local health systems that have not been achievable before now;
- Can deliver an holistic and integrated approach to improving healthcare for our local population

As a response to our co-commissioning responsibilities for general practice this strategy in the main concentrates on general practice - it is complimentary to the CCG’s Community Services Strategy. Only by defining what East Riding of Yorkshire can deliver within its own primary and community care system can reforms be considered at an acute hospital level. Expertise from a wide range of health and social care stakeholders has been used to produce the strategy. GPs have been the driving force with interviews being undertaken and attendance by GP Locality leads at the Primary Care Strategy Development Group. The CCG’s Patient Participation Group (PPG) Network also provided feedback from patients’ perspectives.

Our overall commissioning aim is to improve outcomes for patients and staff including increasing patients’ ability to care for and take responsibility of their health. To achieve our aims it is imperative that general practice as the foundation of care, fundamentally transforms from its current model of individual practices, to an integrated high quality service model, having collective responsibility for the health of the population. General practice will be the fulcrum of care, based on registered population, co-ordinating and providing that care. For these changes to be innovative and sustainable it needs to be general practice provider driven and clinically led.

General practice is under pressure from an increasing demand and is not sustainable in its current form. There is:

- An ageing population, growing co-morbidities and more complex needs
- Increasing patient expectations, resulting in large increase in consultations
- Growing dissatisfaction with access to services
- Fragmented services with patients having to tell their story to different health and social care professionals
- Inequalities in access & quality of general practice
- Increasing workforce pressures, including recruitment and retention problems

The current business model within general practice is evolving from relatively small organisations working independently to, networks, larger practices or federations of practices that are working together but still retaining their own identity and knowledge of the local population. The shift of care to out of hospital settings is a significant opportunity for general practice, especially if the local GP provider market can form into an efficient and responsive sector. The CCG will encourage practices to share Business Support Services, such as, Finance, Human Resources, Workforce and Information Technology.
Our vision for general practice is:

- **Integrated** - Staff across community, social care and general practice will be integrated, offer new, innovative ways of providing care
- **Right Staff** - The workforce in general practice will be supported to develop and evolve new models of working including a wider range of professional and non-professional roles
- **Clarity** - General practice will be clear on what it is, and is not; establishing a consistent offer from general practice and a consistent way of working with community and social care professionals
- **Sustainable** - Practices will work together to collaborate more effectively to support increased capacity in primary care and ensure long term sustainability of the sector

The current model of general practice does not easily allow for 7 day working, especially with our workforce capacity challenges. We will work with general practice to explore new models of care that will be accessible on a 24/7 basis through a combination of core, extended and out of hours services utilising the best in digital communication to improve access and flow for patients and will provide community based services that are currently delivered in a hospital setting. Management of chronic long term conditions is a core part of general practice. A different way of delivering the services is required; utilising a different skill mix to make best use of other primary care professionals and to integrate with public health, social care and community services to support individuals to maximise their independence and take responsibility for their own care needs. Any new model of general practice is dependent upon workforce capacity and co funding for primary care.

This strategy is a mechanism for East Riding general practices to influence and deliver the new model for its population which is right for East Riding. It is anticipated that the Strategy will take up to five years to fully deliver the transformation.
The Case for Change

There are 179 primary care providers in East Riding of Yorkshire — 37 GP Practices, 63 Pharmacies, 35 Dental Practices and 44 Opticians. Over many years, these have delivered dedicated care for local people.

The way in which in which we live our lives has changed and continues to change, affecting our healthcare needs and expectations. We are living longer and our opportunities to lead satisfying lives into later years have grown. Medical development has meant different interventions are now possible, and many of these could be provided in a primary care setting.

As a result, the traditional model of how primary care, especially general practice, is delivered is not sustainable. We see this in the following:

- The quality is variable and early diagnosis/interventions differ
- Services are not integrated around general practice and do not provide a seamless experience for patients
- Demands on health services are increasing but no new investment is available
- The GP workforce is burdened with increasing demand
- The estate is variable, lacks flexibility and is not being fully utilised
- The current model is not flexible enough to adapt services for the most vulnerable in our community
- Not keeping pace with technology
- The demographics of the population are changing.

This strategy sets out why things have to change and evolve in order to address the needs of our patient population in the future. Already new models of delivering general practice are beginning to emerge across the country and East Riding of Yorkshire CCG has an ambition to be a leader in the delivery of these innovative new models, accepting that there will be slightly different approaches and speed of change in the five localities within East Riding of Yorkshire.

The CCG includes 5 localities: Goole, Howdeshire and West Wolds, Haltemprice (split East and West), Beverley and Driffield (known as CHERY), Holderness and Bridlington. These localities are not co-terminus with those of the local authority but aligned to Care Management teams.

Why is Change Needed?

General practice is under pressure from an increasing range of supply, demand and other health service factors as identified by NHS England’s Call to Action, these being:

- An ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients along with the number of people with multiple long term conditions set to increase
- Patients with multiple morbidities require longer consultations to deal with their complex needs
- Increasing pressure on NHS financial resources, which will intensify further from 2015/16
• Growing dissatisfaction with access to services. Our recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services
• Services are fragmented with patients having to tell their story to different health and social care professionals
• Persistent inequalities in access & quality of general practice
• Increasing workforce pressures, including recruitment and retention problems

These pressures coupled with relatively little new investment, revalidation and workforce issues potentially make the model in its current form unsustainable.

Further detail on the Case for Change can be found in Appendix 1.

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1 NHS EAST RIDING OF YORKSHIRE CCG, GP Patient Survey, Latest survey results, July 2015 publication
National Policy

The NHS Mandate
The Mandate renews the focus on improving patient outcomes and reducing health inequalities.

The NHS Constitution
The NHS constitution sets out principles for what patients can expect from the NHS and what the NHS can expect from patients.

The NHS Outcomes Framework
The indicators in the NHS Outcomes Framework are grouped around five domains:
- Domain 1 Preventing people from dying prematurely;
- Domain 2 Enhancing quality of life for people with long-term conditions;
- Domain 3 Helping people to recover from episodes of ill health or following injury;
- Domain 4 Ensuring that people have a positive experience of care; and
- Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

For each domain, there are a small number of over-arching indicators followed by a number of improvement areas.

Everyone Counts: Planning for Patients 2014/15 to 2018/19
The five offers as set out in NHS England’s planning framework ‘Everyone Counts:
- Offer 1 NHS Services, Seven Days a Week;
- Offer 2 More Transparency, More Choice;
- Offer 3 Listening to Patients and Increasing their Participation;
- Offer 4 Better Data, Informed Commissioning, Driving Improved Outcomes; and
- Offer 5 Higher Standards, Safer Care.

NHS England (Seven key ambitions)
- Ambition 1 Securing additional years of life for people with treatable mental and physical conditions
- Ambition 2 Improving the health related quality of life for people with one or more long-term condition (including mental health conditions)
- Ambition 3 Reducing the amount of time people spend in hospital through better and more integrated care in the community, outside of hospital
- Ambition 4 Increasing the proportion of older people living independently at home following discharge from hospital
- Ambition 5 Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
- Ambition 6 Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community
- Ambition 7 Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

GP Contract
The GP contract 2015-2016 for England has been negotiated and agreed between the BMA general practitioners committee (GPC) and NHS Employers on behalf of NHS England. Changes to the current GP contract will be implemented over the lifespan of this strategy. Any change or increased flexibility should be fully utilised to help bring about the strategic change that is needed.

New deal for general practice
The Secretary of State described commitments to general practice on: a) workforce, b) infrastructure, c) reducing bureaucracy, d) helping to support struggling practices. He also outlined plans to review the way quality of care is assessed in general practice. In return he is asking GPs to work towards:
- offering appointments seven days a week
- assuming social prescribing responsibilities
- playing a more prominent role in public health
- taking ‘real clinical responsibility’ for patients

This strategy is a way of deciding ourselves what is the best model of delivering general practice for East Riding.
Better care, more locally, within budget, through transformation

Our Vision

General practice is often people’s entry point for the prevention and treatment of illness. It already includes a variety of professionals ranging from GPs, Nurse Practitioners, Nurses and Pharmacists through to allied health professionals and social care workers.

Our vision for general practice in East Riding is to be the centre of the wider health and social care system and it should provide high quality service seven days a week.

Advances in care and changing demographics mean that, with the right premises and skill mix, more care can be delivered in a community setting. Some people who have historically gone to hospitals to receive their care will no longer need to.

Our ambition is to integrate health and social care; having close interfaces and operating systems between all providers in the community including all NHS providers and the voluntary sector to provide a high quality and seamless service for the population. Delivery of these services will be as close to home as possible through a modern fit for purpose hub and spoke estates model, as described in the Community Services Strategy.

The CCG is anticipating a new model of general practice; we will work with general practice to deliver appropriate access (in line with national expectations) through a combination of core, extended and out of hours services with GPs working together (could be via networks or federations), utilising the best in digital communication to improve access and flow for patients and will provide community based services that are currently delivered in a hospital setting. We expect:

- General practice to work at a larger scale within ‘locality hubs’/networks
- The workforce will change to optimise the current primary care skills available
- Providers to have access to patient records
- The patient voice will be strengthened within each locality
- Shared specialist clinical services
- Better use of technology (such as, Virtual Consultations)
- Business Support Services, such as, Finance, Human Resources, Workforce and Information Technology, to be shared between practices (maybe networks of practices or by locality)
- Some general practice facilities will be fully utilised, seven days a week, within a locality hub or networks

In the future, the Locality Hubs will integrate district nurses, therapists, mental health nurses, and health care assistants and offer new, innovative ways of providing care. This will not necessarily mean that practices will have to relocate into a new centre (although this may be a solution in some areas, such as, Bridlington). Rather, it is about how providers in our community work together collaboratively to deliver the high quality, consistent services patients require.
Here is our summary vision for general practice.

**Integrated**
Staff across community, social care and general practice will be integrated, offer new, innovative ways of providing care

**Right Staff**
The workforce in general practice will be supported to develop and evolve new models of working including a wider range of professional and non-professional roles

**Clarity**
General practice will be clear on what is, and is not; establishing a consistent offer from general practice and a consistent way of working with community and social care professionals

**Sustainable**
Practices will work together to collaborate more effectively to support increased capacity in primary care and ensure long term sustainability of the sector

**Improved integration & collaboration**

**Delivers quality outcomes, closer to home**

**Improved patient empowerment**

**Sustainable for the future**
How Stakeholder Engagement has Shaped Development of our Strategy

Our approach (below) has helped establish our vision for designing services that are fit for the future and associated outcomes, and aligns the interests of NHS ERY CCG’s stakeholder groups, ensures clinical buy-in and keeps the patient in the centre:

We have worked closely with the community to seek people’s views prior to the strategy development. A number of initiatives have been undertaken so patients could contribute to shaping the development of the community hub model, including: surveys, insight polling (telephone and web), World Café Events, Healthy Lives, Healthy Futures for Goole.

Themes collated at various events have influenced the development of this strategy. Examples of engagement activity are provided in the following table.

Quantitative survey feedback from the Insight Polling, Commissioning Intentions and GP Out of Hours Surveys has been combined and major themes identified. An at a glance summary is below:

- Support for locally based services (e.g. tests/diagnostics, pre-assessments, beds)
- Support for extended service hours, including evenings/weekends, for locally based services
- Huge support for GP services to be the place to access other services, receive advice and to offer extended service hours
- Better joined up care between health services and care professionals (e.g. improved communication and record sharing)
- Recognition that patients with long term conditions need support through care planning and access to specialist advice
- Appetite (from professionals, public and patients) for increased supported self-care including signposting, patient information and support groups
- Support to maintain social well-being (befriending service, meals, exercise classes, library service, etc).
- Support for increased use of technology

<table>
<thead>
<tr>
<th>Engagement Activity</th>
<th>When</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council of Members Meeting (open to all 37 practices)</td>
<td>Nov 2014, Aug 2015</td>
<td>28</td>
</tr>
<tr>
<td>GP out of Hours Survey</td>
<td>July 2014</td>
<td>119</td>
</tr>
<tr>
<td>Insight Polling Survey</td>
<td>February 2014</td>
<td>1150</td>
</tr>
<tr>
<td>Urgent Care Events x 2</td>
<td>February 2014</td>
<td>25</td>
</tr>
<tr>
<td>Community Care Commissioning</td>
<td>February 2014</td>
<td>160</td>
</tr>
<tr>
<td>Strategy Engagement Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning Intentions Survey</td>
<td>October 2013</td>
<td>244</td>
</tr>
<tr>
<td>Goole Stakeholder Liaison Group</td>
<td>October 2013</td>
<td>25</td>
</tr>
<tr>
<td>Caring for Each Other Event</td>
<td>March 2013</td>
<td>34</td>
</tr>
<tr>
<td>Primary Care Dev Group</td>
<td>Various</td>
<td>20</td>
</tr>
</tbody>
</table>

Total number of respondents/participants: 1785
Council of Members Workshop (November 2014)

At a workshop of the Council of Members (a committee comprised of the Practice Representatives) on 26th November 2014 members were asked to describe their vision of general practice over the next five years. This has resulted in a number of themes emerging.

The event was structured to allow practices the opportunity to provide direct clinical feedback to the CCG regarding key primary care issues including:

- Is there a need to change the way in which primary care is organised?
- Is there a need for us to have a Primary Care Strategy?
- Should practices be willing to get together with other practices to take forward the development of primary care?
- How does primary care support the integrated care agenda?

The following themes emerged and are shown in order or popularity:

- New models of working leading to integrated primary care/community services
- Effective general practice collaboration/matrix working/peer support and pooling also leading to greater capacity building and reconfiguration opportunities
- General practice to be resourced from secondary care to take a greater role in services offered and decrease pressure/activity in secondary care
- Primary and community care services will be co-located
- Better business and management intelligence
- 7 day working/extended opening hours in primary care
- Greater leadership role for non-GP practitioners in managing long term conditions
- Direct access and walk-in services
- General practice to prioritise what it is best at providing
- Localisation of budgets and decision making power
- General practice will need to have reduced bureaucracy
- Employers will have an increased responsibility to support the health and wellbeing of their staff, including occupational health benefits
- Patients will be encouraged to self-manage their long term conditions and take responsibility for their health and wellbeing

Primary Care Development Group

The public members of the Primary Care Development Group met on the 13th July 2015 to discuss the strategic plans for the development of these services in East Riding. Here is a summary of the key enablers that were identified:

- Public education – managing the message that other professionals can help other than GPs
- Looking after yourself / Skill to help – provide advice and guidance to people to manage their conditions
- Use of IT – greater use of mainstream IT, such as, Skype, apps for booking appointments
- Education of receptionists – supporting the first point of contact to navigate patients to more appropriate services/options
- Walk in service – consistent offering for walk in services
- Using other skilled professionals – pharmacists and physiotherapists could be utilised much more
- Community hospitals – need strong links with GPs
- Focus on discharge – from hospital needs to be more proactive to support transition to home or other care setting
- Joined up care – sharing of records, diagnostic tests, speeding up blood tests and the like

Community Services

Feedback was sought from all five CCG Locality areas during June 2015 with regards to the future direction of travel for Community Services. All five localities generally support the direction of travel for future community services. The top three strongest themes overall were:

17% Better integration
17% Support new ways of working
16% Whole system co-ordination

80% of responses focused on better communication and integration (45%) and getting the workforce set up right (35%) in response to ideas for ensuring services are brought together to deliver better outcomes.
Summary
In summary our extensive engagement has identified the following enablers:

- **Market Development** - New models of working are required to integrate primary care, community services, social care and public health
- **Estates** - Effective general practice collaboration/matrix working/peer support leading to reconfiguration opportunities
- **Informatics and Interoperability** - Better joined up care between health services and care professionals (e.g. improved communication and record sharing)
- **Workforce** - use the staff resources and skills within primary care more creatively
- **Patient Involvement** – educating the public around self-care and also to manage the message that other professionals can help other than GPs
- **Finance** - General practice to be resourced by decommissioning appropriate secondary care services, taking a greater role in decreasing pressure and activity in secondary care

Our strategy for General Practice has been designed around these key themes.
## Our Desired Outcomes

The Primary Care Development Group has developed an outcome framework for the strategy which is based around 5 key reform areas each of which incorporate a series of supporting outcome aspirations.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Definition – what do you think this looks like?</th>
<th>What is the measurable outcome?</th>
</tr>
</thead>
</table>
| 1 | Ensure the sustainability of primary care (general practice) | - We shall, explore, understand and evolve workforce models (inc. skill mix) to achieve a sustainable primary care workforce  
- Training packages are made available to achieve a sustainable workforce  
- Training across all disciplines to ensure skills available are used to best effect  
- Workforce & recruitment plans are achieved |
| 2 | Increase care closer to home | - Number of patients receiving care closer to home increases through a shift of services, and financial resources out of secondary care, where appropriate  
- Patients trained to self-manage their own conditions (inc. medication management, signposting of services, accessing advice)  
- Referrals reduced into secondary care for agreed areas where community/primary care services exist or through improved preventative and self care services  
- Improve numbers of patients able to self-care competently  
- Fewer GP appointments for self-managing patients |
| 3 | Increased and improved integration and collaboration of services | - Increased configuration of services working together as ‘single services’  
- Reducing fragmentation and duplication  
- Revised workforce model for general practice, making better use of other skills in primary care, such as, pharmacists  
- The right care professional meets demand  
- Increase in patient experience of services  
- Reduction in number of referrals into agreed services where community/primary care services exist or through improved preventative and self care services  
- More services delivered in a primary care setting  
- Reduction in total number of diagnostic tests across East Riding in agreed cases (reducing duplicated tests)  
- Best practice shared |
| 4 | Deliver quality outcomes | - Delivering consistently ‘good’ outcomes for patients across East Riding  
- There is clarity of ‘the primary care offer’ ensuring consistency across ERY  
- Deliver national and locally agreed targets  
- For example, reduction in unstable diabetics achieved and increase in consistency between practices  
- Improved GP Survey Results |
| 5 | Improved patient empowerment | • The public are clear on how they can/should access urgent care services across East Riding  
• Access to care plans & records  
• The public have increased confidence to self-care | • Reduction in A&E attendances  
• Better usage of technology e.g. eReferral, eBooking apps  
• Improvement of patients knowledge, e.g. self-management of conditions, services available |
Realising the Potential

Primary Care Provider Market Development

Overview
Investment in Market Development will be key to the ongoing sustainability of general practice and to enable general practice to embrace the new models described in this strategy. The CCG will need to commit to the following support to ensure progress:

- support the evolution of Locality Commissioning Forums to Provider Development Forums
- support the design of the right governance structure to deliver the model for integrated primary and community services
- support organisational and professional cultural change
- ensure the relevant specialist skills are available throughout implementation
- agree decision-making processes and appropriate risk management

Configuration – new models of care
This strategy demonstrates the need for new ways of working. The CCG is anticipating a new model of general practice, which has the following principles:

- General practice supported to work at a larger scale within ‘locality hubs’/networks reducing the need to go to hospital but ensuring personalised care for patients is maintained. This will happen over time dependent on an individual practice’s readiness or necessity.
- General practice will be integrated with community services and social care
- The workforce will change with a greater role for nurses, physios, Community Psychiatric Nurses, pharmacists, paramedics, emergency care practitioners, and health care assistants. There will be new and innovative opportunities for staff development within each locality
- All service providers will have access to patient records to ensure a more integrated and effective response to urgent care needs
- The patient voice will be strengthened within each locality, building on the further development of patient participation groups/networks.
- Demand on urgent hospital care will reduce as patients are treated through MDT approaches and care plans
- There will be a general shift of resources and work from acute hospitals to general practice
- Share specialist clinical services (such as, heart failure nurses) by having virtual consultations or shared clinics in the locality
- Some hospital sites could become primary care-led sites offering a full range of diagnostic and other non-acute services
- Business Support Services, such as, Finance, Human Resources, Workforce and Information Technology, to be shared between practices (maybe networks of practices or by locality)

Some General practice facilities will be fully utilised, seven days a week, within a locality hub or networks
Below is an indication of the journey that general practice could develop. Further modelling would need to be completed on population size of hubs.

CCG / General Practice Communication
The CCG is keen to improve communication with general practice, both from a commissioning and provider perspective. Keeping member practices on board is central to our success. Recent 360° feedback has suggested that the connection between practices and commissioning is not as strong as it could be; it should be our ‘unique selling point’.

Some approaches that the CCG will support are:

- Strengthen locality links – work with GPs to understand what the local challenges are and create a high level of shared purpose between practices and make sure that contributes to planning care for patients. Support practices to take more responsibility for their population - not just for the patient in the consultation. That in turn involves being proactive about patient care and not just reactive.
- Employ technology & social media where possible - practice engagement can be made much more streamlined and democratic by using the likes of online questionnaires (e.g. Survey Monkey) to canvass opinions from GPs. Some CCGs are using Twitter as a means of keeping in touch not just with practice but with practice populations, too. People are trying different things, from email newsletters to video clips on YouTube.
- General practice communication workshop – design and hold an event with primary care professionals, such as, GPs, Practice Managers and Nurses to agree the best way of communicating & disseminating CCG progress.

Developing the General Practice Offer
Earlier in the Strategy we described how the Primary Care Development Group has developed an outcome framework for general practice which is based around 5 key reform areas, each of which incorporate a series of supporting outcome aspirations. The CCG will create a task and finish group consisting of representation from the GP community, CCG management, Local Medical...
Committee, and patients to create a core offer for general practice based around delivering the outcome framework. The CCG will collaboratively monitor the outcomes with individual practices using an agreed Dashboard.

**‘Pathfinder’ Primary Care/Community Care Transformation**

The CCG is supporting general practice to develop to be able to be fit for the future by offering a ‘pathfinder’ bid opportunity seeking general practice to embrace integration (with GP colleagues and wider provision) and new ways of working (workforce/technology/estates). The successful bid will demonstrate what general practice will ‘do’ and how they work with partner organisations to own the full pathway and seek offers for how pathways will support patients with Long Term Conditions around prevention & self-management (including voluntary sector, community and public health), end of life patients, care home patients. The CCG will support the successful bidder(s) to implement their proposals and sharing the lessons across East Riding of Yorkshire.

Agreed actions and timescales:

<table>
<thead>
<tr>
<th>Action No</th>
<th>Action</th>
<th>Commences</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD1</td>
<td>Provide management support to implement and review the successful ‘pathfinder’ submission</td>
<td>Apr-16</td>
</tr>
<tr>
<td>MD2</td>
<td>Support existing Locality Commissioning Forums and evolve into Provider Development Forums</td>
<td>Nov-15</td>
</tr>
<tr>
<td>MD3</td>
<td>Provide CCG assistance to developing networks of practices</td>
<td>Nov-15</td>
</tr>
<tr>
<td>MD4</td>
<td>Support the design of the right governance structure to deliver the model for integrated primary and community services</td>
<td>Apr-16</td>
</tr>
<tr>
<td>MD5</td>
<td>General practice communication workshop – design and hold an event with primary care professionals, such as, GPs, Practice Managers and Nurses to agree the best way of communicating &amp; disseminating CCG progress.</td>
<td>Jun-16 (PTLs)</td>
</tr>
<tr>
<td>MD6</td>
<td>Create a task and finish group to establish the General Practice offer</td>
<td>Jan-16</td>
</tr>
</tbody>
</table>
**Estates**

**Overview**

East Riding of Yorkshire has a wide range of premises where general practice services are delivered. These range from purpose-built primary care centres to converted houses. At evenings and weekends, these premises are largely unused despite the NHS reimbursing the rent and rates for all general practices.

The traditional way of organising premises has provided some stability to the NHS, but it has also led to inactivity. Other health services are now delivered virtually or from ‘hot desks’ in various locations, but general practice is still largely delivered from consultation rooms in long established buildings.

Restrictions on established premises or from landlords can sometimes hamper attempts to deliver more integrated services.

As described in this Strategy, General practice will work at a larger scale within ‘locality hubs’/networks reducing the need to go to hospital but ensuring personalised care for patients is maintained; this will mean that locations from which these services are provided change.

Many services across the country are already provided in shopping centres, schools and workplaces as well as virtual consultations being provided by telephone or Skype. This is already being explored in Goole.

Changes in service models will bring about greater integration and better use of technology which will lead to changes in the way that premises are used in the future with many services brought together. Eventually, patients are likely to have more contacts with the services virtually than they do face-to-face.

In order to shift activity into the primary care sector, we need to:

- Optimise how current general practice buildings are utilised
- Reduce the levels of empty space and any “void” costs, and agree alternative plans for premises that are not up to appropriate standards
- Ensure estate development is focussed on schemes which deliver this strategy
- Work with wider partners to better use all publically owned or leased estate (across health and social care) and explore other local premises (shops, schools, leisure centres etc)

**GP Infrastructure Funding**

Central Government have committed to funding GP premises development with 11 ERY bids being agreed by NHS England. The CCG are working with NHS England to agree funding mechanisms which will allow schemes to be progressed with no extra funds existing at present to support revenue. The CCG used the estates criteria to rank current schemes in priority order and are initially going to support changes to how estate is used in Bridlington. The CCG supported BridInc (GP Federation) to develop a bid for the New Deal for Primary Care (to improve premises and infrastructure) supporting new ways of working and improved access to services. The bid has secured capital funds of over £10m to build a new community hub in Bridlington. Revenue implications must be neutralised to progress

Agreed actions and timescales:

<table>
<thead>
<tr>
<th>Action</th>
<th>Action Description</th>
<th>Commences</th>
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<tr>
<td>E1</td>
<td>Assessment of general practice estates and an evaluation of the opportunities</td>
<td>Nov-15</td>
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<tr>
<td>E2</td>
<td>Support to developments which deliver all/majority outcomes of this strategy</td>
<td>Nov-15</td>
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**Informatics & Interoperability**

**Overview**

Our vision of Informatics is to ensure that high quality clinical information is accessible in an integrated, shared clinical record, in real time, at the point of care; to ensure that programmes are fully aligned to enable the clinical business needs of general practice.

- Shared information to support integrated joined up care
- Better information to support clinical decisions, accessible 24 hours a day, 7 days a week
- Faster communication and turn-round times across the health and social care community – e-referrals become the norm
- Greater patient access to information about their care and services – via Connect to Support
- Improvements to staff working lives
- Improved access, resource utilisation and cost savings – deploying Virtual Consultations
- Better information for management and governance
- Robust data security standards in place and being enforced for patient confidential data

**Systems**

The information systems in the East Riding of Yorkshire are fragmented around organisational boundaries. Where integration exists, it is normally due to a national requirement or contract (e.g. SystmOne data sharing, 111 messaging, Summary Care Record, Choose and Book, pathology messages etc). Each organisation has to carry out optimisation work to make the way their systems work better and more effectively.

For staff in the community to provide care to patients they must have access to the information systems at the point of care. This may include accessing two or three systems across organisations to access and update different records. This is a bureaucratic burden and wastes time for professionals, which could be used for patient care.

**Virtual Clinics**

Those most vulnerable in our community are often those groups who do not, or cannot engage with the traditional delivery of general practice.

The elderly, those with mental health conditions, and those with physical or learning disabilities should receive the same high-quality care as all residents.

Identifying those most vulnerable is a challenge. Progress is being made to identify those patients most at risk on GP lists. The Rapid Response ‘pilot’ in Goole, Howdenshire and West Wolds is a good example of this and learning informed changes to that ‘pilot’.

However the mechanisms to proactively intervene for those patients who have a range of long term conditions, those with mild to moderate vulnerability, is inconsistent. Two areas that could assist this are:

- Risk stratification – develop a consistent approach to Risk Stratification, triangulating general practice data and Community Services data to identify our most vulnerable patients (i.e. embedding the use of RAIDR)
- Virtual Consultations/Clinics – mainstream technology is available to engage patients in their own home, or within their care home. We expect patients to have more contacts with the service virtually than they do face-to-face.

**Connect to Support**

East Riding of Yorkshire Council Connect to Support is a new website for people needing support in East Riding. People can find everything they need to help them with their support, from local services (social care, health and voluntary sector), national products and services, plus information and advice and much more.
By adopting this web resource related services could be included making it a useful tool for GPs (and other general practice staff) to help navigate patients to the most appropriate services. It is our intention to use this resource consistently across East Riding to help people navigate the health and social care system. The CCG will also explore the interface with 111 to improve triage/navigation.

**Digital Roadmap**

By April 2016, the CCG are expected to submit a local digital roadmap detailing how we will be paper-free at the point of care by 2020. The CCG are required to establish the ‘footprint’ of the local digital roadmap. The footprint for a roadmap will cover either a single CCG area or multiple CCG areas. The CCG must decide whether or not to cluster together with neighbouring CCGs – resulting in Lead and Partner CCGs – in the development of a single roadmap.

**Mobile Working**

The CCG will support the implementation of mobile technology in working practices which will enable health and social care professionals to access patient records and other online resources at the point of care and on the move. The use of mobile technology in community services has been widely publicised as a key enabler of faster, better quality, more efficient healthcare. Benefits can include:

- immediate benefits for patients and the organisation through leaner more efficient processes.
- professionals can benefit from improved job satisfaction and the flexibility to work from home and on the move.
- new ways of working enable a more responsive, flexible style of working which provides productivity gains.
- staff workloads can be managed in real time and flexible working patterns can extend access.
- better access to clinical advice and test results offers the opportunity to extend services and levels of care.

- releasing capacity is the opportunity to optimise the use of our estate.
- enables delivery of care from organisational silos to multi-disciplinary teams.
Information Technology to support Public Education

A variety of media and communication methods will be introduced to increase patient engagement and education. Communicating extended opening hours and other services through channels, such as, laminated notices for households, flat screens in surgeries, text reminders, answer phone messages, gate notices, local free newspapers and advertisers, and a local ‘iPhone’ app. Much of this currently exists across ERY and will be brought together in a cohesive campaign.

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Workforce

Overview
We recognise the challenges that the current workforce gives us. We shall take a number of steps to make GP practices more sustainable. We will encourage practices to:

- use the staff resources and skills more creatively. The CCG will assist practices and networks of practices to develop new skill mix models
- share resources effectively across practices
- ensure services are triaged appropriately and based on need
- reduce the burden of administration on GPs, by sharing back office functions
- better access to information to make decisions (see earlier section)
- use Virtual Consultations to improve access and maximise use of resources
- develop role of pharmacists to support some service areas, such as, minor ailments, medication reviews and clinics
- work with local Voluntary and Community Sector to provide different local services for lower level needs, and
- work with the University of Hull’s Academy of Primary Care to co-create a career path through Health Care Assistants and into nursing

Using other skills
We need to make better use of other primary care professionals. For example, pharmacists are the third largest health profession after medicine and nursing. Pharmacists are highly trained, yet their skills are not always fully utilised. The role of the community pharmacist must be developed to provide a greater input into patient care, such as, undertaking medication reviews and clinics and dealing with minor ailments.

The CCG has supported the development of other roles in primary care, and have supported:

- Development of a new course with Hull and East Yorkshire Hospital Trust to train GP with Special Interest in Older People. This is the first of this type in the country with the first East Riding GP due to start in the next month add actual date as now reads as out of date, and a second due to start December starting December
- Pilot of Physiotherapy to support development of new roles in general practice (evaluation is due in June 2016).
- Funded over 10 nurses to complete mentoring training so that they can have students on placement from Hull University. This will allow more nurses to gain exposure to primary care early in their career.
- Encouraged practices to apply for the NHS England offer on training Pharmacists with clinical skills by offering trainees financial support to practices for the first three years.

Practices can benefit directly by ensuring their patients can access services in a timely manner. For example, there is sometimes significant pressure on practice staff in early mornings from surges in telephone requests for GP appointments. Across the country, some practices have implemented operating model changes, such as, GP telephone triage or automated telephone or web booking which has eased strain on receptionists and freed them up to play a vital role within general practice. Where demand on practice staff has been reduced this has led to them to be able to undertake other clinical administration activities which benefit the practice.

Training
The CCG has invested in several training programmes for practices, including funding GPs to complete an MBA, and designing a bespoke course with Hull University and Hull CCG for Practice Managers in Business Development. We are working on an extension to this to allow for a diploma. Funding has been provided to support GP update courses for all GPS in the East Riding.
Recruitment
Nationally it has been reported that one in 3 trainee GP posts are empty and there have been warnings of looming crisis as the figures show widespread vacancies for trainee GPs. The CCG is fully cognisant of this and have taken a number of steps to offset the impact of this. These initiatives include:

- Pilot internships with GPs for Hull University Student Nurses in cooperation with Health Education Yorkshire and Humber this was presented at the RCGP Annual conference in Glasgow October 2015
- Funding a bursary for GPs or nurses to encourage recruitment to the area
- Advertising nationally for the East Riding area.

We are not planning on being able to buck the national trend and our plans are to support changes in skill mix in practices. We will also investigate creative recruitment solutions, such as, joint appointments with social care. This could be particularly powerful for increasing community integration and enhancing social prescribing. Additionally the CCG will look at apprenticeships, and working with the pre-university workforce.

GP Network Organisational Development Plans
The CCG sees OD support to the GP Networks/Federations as part of its strategy to develop the market such that we can realise our ambitions with regards to changing patient pathways and different ways of working.

Success will be measured against the following broad areas.

- Leadership Development – the ability of the GP network to be responsive and engaged locally with commissioners and providers.
- System and process development – the ability of the GP network to meet good governance standards and bid to provide services alongside competitors on an equal footing.
- The production of individual GP network OD plans.

- The extent to which the GP networks are able to support one another and work together in particular in the area of back office functions.

Outcomes and benefits of the programme will be a sustainable and effective organisation, suitably equipped to meet and deliver the challenges of the future. They will be able to have the time to be transformational and innovative, and have the skills to implement this based on their specific local needs. Additionally it will see an engaged and supported workforce, increased patient engagement and more partnership working to deliver better outcomes for the local population.

Morale
Another important feature in delivering a transformed primary care service is how to improve the morale of the GP workforce. With a shortage of GPs, increased patient expectations and many practices seeing a fall in their core funding as a result of GP contract changes, our GPs may not have a strong desire for change.

We need to support professionals through this period of transformation. Maintaining the status quo is not a realistic choice and we have to find a way to support clinicians as well as to harness and encourage those who have a vision for joined-up services.

We hope to be able to support practices as described above.
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<td>W2</td>
<td>Implement a plan to deliver the future workforce skill mix (including non-clinical staff, such as, receptionists)</td>
<td>Apr-17</td>
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<td>W3</td>
<td>Develop Outline Organisational Development Plans for the GP Networks/Federations</td>
<td>Nov-15</td>
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<td>W4</td>
<td>Work with Health Education England to influence future commissioning of training locally</td>
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<td>W5</td>
<td>Share local/national positive practice across ERY (e.g. triage approaches)</td>
<td>Nov-15</td>
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**Patient Involvement**

**Overview**
Much has been made about getting people to take better care of themselves. We know it’s key to a healthier East Riding. Many “patient engagement” strategies have been tried across the country, but we still struggle with unreasonably high rates of long term conditions and the life-changing complications they cause.

It’s time for new attempts and new innovations. This Strategy will help us do that. There is good evidence that better patient engagement isn’t just the right thing to do—it also helps general practice improve their quality and outcomes of care, and lower costs. Our person-centred strategy is focussed on:

- Creating foundations for effective engagement
- Accurate and complete information flow between patient and providers (see earlier section)
- Public education to increase self-management

**Patient Participation Groups**
Underpinning commissioning services is effective patient participation; the CCG has engaged and involved the public in these strategic changes to deliver the aspirations of the local population who will be actively involved in evaluation of the services. The CCG has recently established an ‘Ideas Sharing’ network with Practices. The CCG can engage Patient Participation Groups (PPG) or Patient Reference Groups (PRG) within the five or six localities and we have plans to strengthen these links.

Our approach will offer a range of opportunities for patients, carers and the public to give views on what is best in general practice and what might need improvement. This will be driven through the Primary Care Development Group (which includes members of the public) drawing on the wider range of public involvement activities.

Engaging patients’ views will operate using GP surgery patient participation groups at its core and will develop further listening events across the area where local people will be invited to share their experiences of services, and there will be additional opportunities to contribute via the website and social media. There will also be specific engagement activity with hard to reach groups, including the travelling community, BME communities and those with physical or mental health conditions.

**Public Health**
Improving care for people with long-term conditions must involve a shift away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventive, in which people with long-term conditions are encouraged to play a central role in managing their own care.

More systematic approaches are needed to integrate local community and public health interventions with primary and community care. This would enable practices to advertise and promote these opportunities to patients.

Time and skills within the public health and primary care workforce need to be allocated for this type of work to enable the skills and facilities within communities to support people, especially people with long-term conditions and population groups with particular needs. Coherent messages could be developed across public authorities to increase self-care across East Riding of Yorkshire.

**Public Education**
Public education has been one of our themes consistently fed back through engagement. The CCG needs to think differently about how it can communicate more effectively with its population and in particular change patient behaviour. By investing in social marketing techniques to enable our population to take greater responsibility for their wellbeing, encouraging lifestyle changes, holistic care planning and better care navigation will help us manage demand effectively across health and social care.
A variety of media and communication methods will be introduced to increase patient engagement and education. Communicating extended opening hours and other services through channels, such as, laminated notices for households, flat screens in surgeries, text reminders, answer phone messages, gate notices, local free newspapers and advertisers, and a local ‘iPhone’ app. Much of this currently exists across ERY and will be brought together in a cohesive campaign.

The CCG’s aim will be to encourage members of the public to take responsibility for their own health. Part of the campaign will be supporting people to understand their own health and promoting self-care. This could also include educating children/young adults at schools and colleges.

Agreed actions and timescales:

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<td>P1</td>
<td>Devise forward plan for PPG/PRG engagement and execute (via ‘Ideas Sharing’ network)</td>
<td>Apr-16</td>
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<tr>
<td>P2</td>
<td>Seek social marketing experts to design a campaign to educate the local population on the changes in the health and social care landscape</td>
<td>Apr-17</td>
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</table>
**Finance**

**Overview**

We know that there will be very limited new resource for the NHS and other public authorities in the next five years. As well as the increased health demands on our system we will see a growth in population over the next ten years in East Riding. We will seek to address inequalities in funding and continue to support general practice to access national funds for initiatives such as the spread of new care models, primary care access and infrastructure, technology roll-out and to drive clinical priorities such as diabetes prevention.

**Payment System**

Primary care providers receive different payments for delivering primary care services. We need to ensure that there is a more even distribution of funding, within our existing financial envelope. This may mean some practices see their funding reduce whilst others see it increase.

The funding system generally treats hospitals and primary care differently by rewarding hospitals for each item of service, known as ‘payment by results’ (PbR), while primary care is funded based on how many patients are registered with the practice. Although not all of our providers are PbR, for example, the community services and mental health contract are block arrangements. With the CCG taking on co-commissioning responsibilities for general practice the two systems could be balanced so that general practice provides more services in the community, linked to delivery of outcomes. We have to see a shift in resources from the hospital-provided services into appropriately designed primary care services in order for transformation to happen.

**Local and National Funding**

We have explored avenues to identify resources to incentivise the transformation of general practice and help bring about new ways of delivering services as set out in this strategy. The CCG has also supported investment in general practice from national funding schemes such as:

- Bid support for the GP networks to collaborate for Prime Ministers Challenge Fund
- Supported practices to develop a bid for the New Deal for Primary Care (to improve premises and infrastructure) supporting new ways of working and improved access to services. A number of bids were successful which indeed secured funds of over £10m to build a new community hub in Bridlington, which was the largest in the country
- Bid on behalf of stakeholders for ‘Building a Healthy Sustainable Future for Goole Hospital’ which was awarded a £230,000 grant from the Bromhead Medical Charity to fund the development of a new and innovative dementia support service
- We are also offering support for pharmacists working in Primary Care.

**Business Intelligence**

Through working with commissioning support partners we have been developing Business Intelligence through better triangulation of primary and secondary care performance.

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<td>F1</td>
<td>CCG financial targets must be met. All financial decisions must be made within this parameter</td>
<td>Apr-16</td>
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<tr>
<td>F2</td>
<td>Resource shifts – need to model the move from acute provision into the locality hubs/networks (dependent on decommissioning acute services to fund)</td>
<td>Apr-16</td>
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<td>F3</td>
<td>Continue to provide advice and support to GP networks/Federations/Practices to bid for national funds</td>
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<td>F4</td>
<td>Explore the flexibilities that different forms of GP contracts offer as vehicles for change with an emphasis on establishing a range of newly configured PMS/APMS contracts with clearly defined outcomes for patients</td>
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<td>F5</td>
<td>Create a fair and equitable distribution of funding (PMS/GMS &amp; Secondary/community/primary)</td>
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<td>F6</td>
<td>Deliver Value for Money by commissioning for outcomes</td>
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## Action Plan

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<td>MD2</td>
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<td>Support existing Locality Commissioning Forums and evolve into Provider Development Forums</td>
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<td>Provide CCG assistance to developing GP networks and Networks of GP practices</td>
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<td>Support the design of the right governance structure to deliver the model for integrated primary and community services</td>
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<td>MD5</td>
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<td>General practice communication workshop – design and hold an event with primary care professionals, such as, GPs, Practice Managers and Nurses to agree the best way of communicating &amp; disseminating CCG progress.</td>
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<td>Create a task and finish group to establish the General Practice offer</td>
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<td>Workforce</td>
<td>I8</td>
<td>The CCG’s IT Strategy must recognise the importance of general practice (including training requirements)</td>
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<td>W1</td>
<td>Implement a plan which delivers access to training required for current and future workforce</td>
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<td>W2</td>
<td>Implement a plan to deliver the future workforce skill mix (including non-clinical staff, such as, receptionists)</td>
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<td>W3</td>
<td>Develop Outline Organisational Development Plans for the GP Networks/Federations</td>
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<td>W4</td>
<td>Work with Health Education England to influence future commissioning of training locally</td>
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<td>W5</td>
<td>Share local/national positive practice across ERY (e.g. triage approaches)</td>
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<td>Patient Involvement</td>
<td>P1</td>
<td>Devise forward plan for PPG/PRG engagement and execute (via ‘Ideas Sharing’ network)</td>
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<td>P2</td>
<td>Seek social marketing experts to design a campaign to educate the local population on the changes in the health and social care landscape</td>
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<td>Finance</td>
<td>F1</td>
<td>CCG financial targets must be met. All financial decisions must be made within this parameter</td>
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<td>F2</td>
<td>Resource shifts – need to model the move from acute provision into the locality hubs/networks (dependent on decommissioning acute services to fund)</td>
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<td>F3</td>
<td>Continue to provide advice and support to GP networks to bid for national funds</td>
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<td>F4</td>
<td>Explore the flexibilities that different forms of GP contracts offer as vehicles for change with an emphasis on establishing a range of newly configured PMS/APMS contracts with clearly defined outcomes for patients</td>
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<td>F5</td>
<td>Create a fair and equitable distribution of funding (PMS/GMS &amp; Secondary/community/primary)</td>
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<td>F6</td>
<td>Deliver Value for Money by commissioning for outcomes</td>
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Appendix 1 - Why is Change Needed?

Services are not integrated
Although there are some excellent examples of integrated care being implemented, people are still too often treated as a new patient every time they see a different health or social care professional (care records are not routinely shared between the different professionals). Links with social care are developing but much greater integration is needed. This also applies to the vital role played by the voluntary sector.

GP Survey Results
We have carried out a local analysis of the national GP Survey results and united with our intelligence from our member practice’s Patient Participation Groups and other feedback mechanisms indicate that patients are generally pleased with the quality of the existing services where they exist and when they are available. Some concerns have been raised with regards to the availability of out of hours services and the waiting time for particular GP appointments.

Specifically, the GP Patient Survey results demonstrate:

- considerable variation between ERY practices
- no patterns or trends in terms of geography, practice size, or Federation membership
- no correlation between results for the different questions
- that the indicator with most outliers among ERY practices is 'Ease of getting through...on the phone'

Access
East Riding of Yorkshire is a rural area containing varying sized villages, market towns and dispersed agricultural communities. It has an aging population reliant on local services including transport, post offices and shops. Some smaller surgeries are struggling to offer good access to a full range of services.

The chart below provides a helpful summary of results taken from the National GP Survey.

Chart 2: Experience of GP Surgery

Chart 2 indicates practice outliers, however, there are some practices that are below the national average. This signifies that as a community we need to provide better experience of GP services and within our strategy we shall address how we plan to do that.
In Chart 3 shows practice outliers versus the national average in terms of patients getting access to the surgery on the telephone.

Chart 3: Ease of Getting through to the Surgery on Phone

We will take creative steps to ensure patient access is core to our strategy; we will offer better access which will distribute the need over an elongated period, and outside of core hours by encouraging GPs to work together (which could be via GP networks/federations), and utilising technology to allow web booking, therefore, easing telephone demand and improving patient experience.

Local Patient Intelligence

We know that small practices are at risk of reducing or closing some services as they become less viable as independent entities. Patient Participation Groups have voiced concerns about the numbers of out of hours events which end up as inappropriate A&E admissions. The offer of waiting room visits against Did Not Attends (DNA) appointments for urgent cases, and a low number of Saturday clinics only partially alleviate the concerns.

Patients are also concerned about the limited services available by smaller and less sustainable practices.

The percentage of people with long term conditions feeling supported to be independent and manage their own condition has reduced slightly over the past 3 years.
**Workforce Challenges**

The CCG has worked collaboratively with Health Education England (HEE) and supported the workforce age profile return that has allowed accurate mapping of the age profile of staff working in general practice for the first time. This information is being used to work together on addressing the workforce challenges likely over the next 5 years. As part of this, the CCG plans to host a further event for older GPs to discuss retention issues for those close to retirement.

The CCG has also had particular challenges with regards to recruitment in certain parts of the geography.

Chart 4: East Riding of Yorkshire Age Profile