NHS North Kirklees CCG
Primary Care Strategy
2013/2016

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1. Introduction

North Kirklees Clinical Commissioning Group recognises and accepts its responsibilities for assisting and supporting NHS England to fulfill its duty to exercise its functions, with a view to securing continuous improvement in the quality of primary care.

Primary Care has been identified as one of the strategic work programmes for North Kirklees Clinical Commissioning Group’s in 2013/14 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 Programme very much builds on the arrangements and work already underway by NKCCG to commission improvements in primary care, within the context of the current and future role of general practice in particular, and the main challenges for the workforce posed by its pivotal role in delivering and supporting healthcare system reform, both now and in the future.

1.1 Vision

Having high quality and equitable primary care chosen by patients and local residents is central to our vision. 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. 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. The strategy promotes a patient-centred integrated service.

General practice has evolved significantly from its origins. Many practices have been at the vanguard of innovation and quality improvement. However, if general practice is to meet its new responsibilities and maintain its international reputation for excellence, it needs to adapt significantly. North Kirklees CCG has the opportunity to build on the strong values and professional ethos, which can be found across all practices in the area.

General Practices will need to have a relentless focus on improving the quality of care to patients, supported by proactive use of data and information. Quality improvement needs to balance and combine external scrutiny and regulation with locally-driven, peer led and user centred approaches. The key to achieving this balance is transparency. Reporting on quality to patients, between peers, to other care partners and to commissioners and regulators can help create a “virtuous circle” of quality improvement. GP commissioning can provide a new platform through which improvements in the quality of care in general practice can be driven.

There are a number of identified areas where general practice can influence patient health outcomes:

- Better identification of patients at risk
- Development of individualised care plans
- Provide support for self care and referrals to support services
- Support urgent care centre admission avoidance through initiatives such as, a single point of access to redirect to the most appropriate primary care service.

Primary care services should be outcome focussed, on health improvement and preventive health. By acting collectively, and sharing data on comparative performance, general practices are more
motivated to drive each other to improve performance. NHS North Kirklees 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.

This strategy supports a health care system transformation; with a practice network model. Population based primary health care will be closely aligned or integrated with community and social care providers. This will ultimately result in better primary health care and a reduced dependency on hospital based care. We will re-orientate the care system around primary care, with integrated community based care, aligning incentives for primary care to commission a system that reduces hospital dependency via increased urgent primary care access, including development of 24/7 services. Long term conditions and care closer to home both require work across whole health economy and co-ordination with local authority partners.

The case for commissioning integrated care is reinforced by the need to develop whole-system working to address the demands arising from an ageing population and an increase in the number of people with multiple long-term conditions. The evidence of the benefits, in particular to the experience of service users and their families, seen when organisations and services work together, make a compelling case for care to be co-ordinated around the needs of people and populations. Developing integrated care means overcoming barriers between primary and secondary care, physical and mental health, and health and social care to provide the right care at the right time in the right place, first time.

This strategy for developing primary care services across North Kirklees describes the local and national context to set the scene, and makes a clear case for change centred on 3 main objectives. It discusses some of the central challenges facing primary care clinicians at present, and describes the means by which we can overcome these challenges, turning them into real opportunities for service change and transformation, while maximising the efficiency, effectiveness and quality of care which we commission and deliver.

2. Context

2.1 National and regional context

The NHS structure and approach to healthcare is changing. This strategy is produced at a time of unprecedented change in the NHS, with the creation of clinical commissioning groups (CCGs) which put primary care clinicians at the heart of commissioning healthcare services. Healthcare for the residents of the North Kirklees health economy is thus now the responsibility of the North Kirklees Clinical Commissioning Group, which is comprised of its member practices. The CCG thus has a central role, working with stakeholder partners and NHS England, to ensure that our commissioning responsibilities are met in full. To ensure that the quality of care which we commission and provide, is of the highest possible standard, and subject to constant review and scrutiny in order to achieve best practice, to make sure we maintain a sustainable, safe and high quality local health service. GPs and our practices play an important role in influencing our strategy and we need to understand how a primary care strategy will affect commissioning decisions for acute, mental health and community services.

The overall commissioning strategy for the CCG describes the significant changes being proposed across the Mid Yorkshire health economy by consolidating services into specialist sites across the region aimed at improving productivity and sustainability of all health services. There is also a strategic shift of activity planned from hospitals to the community with the enhanced integration of services for vulnerable elderly patients, ensuring that people do not spend any longer in hospital than they need to
and preventing the need for hospital admission wherever possible. This will mean fewer people will need to attend A&E and have unplanned admissions to hospital.

Over the next five years, primary medical service providers are faced with new challenges and significant change to improve the quality and development of individual GPs and for organisations. The timing of this strategy is therefore also important to support GPs, the development of the CCG in primary care improvement, and provide assurance that North Kirklees CCG is commissioning excellence in overall health care.

2.2 **Local context - population and people**

North Kirklees has a population of 190,244 which is predicted to rise by 12% by 2030 especially in those aged over 65 years where 1 in 5 will be in this age group. The South Asian population is increasing, especially in Batley and Dewsbury where 38% of those under 18 are now South Asian.

Life expectancy at birth continues to increase but remains lower than nationally, significantly so for women. Male life expectancy at birth in Kirklees in 2008 was 77.3 years and female 80.9 years, compared to 77.9 years and 82 years nationally. Life expectancy in Dewsbury was significantly below the national rate for men and women, 75.4 years and 79.8 respectively. Men and women in Dewsbury can expect to live 4.9 years and 3.6 years respectively less than men and women in the Holme Valley. For women in Batley and Spen Valley, their life expectancy was also below the national rate, both 80.2 years.

North Kirklees has a higher birth rate than nationally and is rising. Of births in 2012, 2 in 5 were to south Asian women rising from 1 in 3 in 2005. Still births remain lower than nationally at 4 in every 1000 births. Babies born with low birth weight had reduced to 9%; although this is still higher than nationally (smoking caused low birth weight 1 in 3 of babies). Batley had the highest rate of low birth weight babies in Kirklees (12%) and Birstall and Birkenshaw was among the lowest (7%). Smoking in pregnancy has reduced to 17% from 19% in 2005 but not in white women in Batley 26% or Dewsbury 32%.

The rate of infant mortality is reducing, from 10 in 2000-04 to 6.9 per 1000 in 2009-11. Although the rate in Dewsbury has reduced from 13 in 2000-04 to 8.8 in 2009-11, it is still higher than 5.3 nationally. It is strongly linked to low birth weight, smoking and congenital abnormality, especially parental genetic closeness.

There is an increase in the number of births which are of south Asian origin, this contributes to 2 in 5 births and 38% of the population aged under 18 in Batley and Dewsbury.

The deprivation score for North Kirklees higher than other areas, which contributes to lower levels of social pride and trust felt in these communities, resulting in increased incidences of stress and increased risk of ill health and disease.

2.3 **Specific health issues**

- Infant deaths are reducing, however there remains an increased prevalence of white women smoke at delivery, especially in Batley and Dewsbury.
- Since 2005 there have been major improvements in reducing the number of young people who have their first drink at age 9 or less, reducing the number 14 year olds being sedentary and...
increasing the number of adults doing recommended levels of activity and educational attainment

- The period of time mothers breast feed needs to improve, in order to see a positive impact on infant health
- Early detection of cancers and heart disease is improving, resulting in a reduction in early deaths. Much needs to be done to remain vigilant regarding early awareness and diagnosis.
- Smoking remains a prime causal factor in the diseases most common in North Kirklees, such as cardiovascular disease, respiratory disease, cancers, and infant and children’s health
- Obesity is rising in adults, though it is static in children at present. This is still a concern especially as it is the adults that influence the lifestyle and behaviours of children
- Alcohol remains a challenge especially bingeing and its social consequences.
- Immunisation rates remain high, in accordance with WHO targets and related diseases remain low.
- TB remains higher than other parts of West Yorkshire, which are declining.
- Sexually transmitted infections are rising and HIV is still diagnosed at too late in too many cases.

Good self-management can alleviate much of the distress and disability linked to the major conditions affecting North Kirklees, especially depression and anxiety, pain, and coping with any long term condition.

This is challenging the local health system to find ways to work in partnership with patients and each other to prevent ill-health, improve health and treat people in an integrated and more cost-effective way in primary and community settings, especially those with chronic conditions and complex care needs.
2.4 Quality Premium

The Quality Premium is an additional incentive introduced as part of Improving Outcomes and Reducing Inequalities for patients, and is defined by the 5 domains of the NHS Outcomes Framework. The design of the Quality Premium will evolve from year to year.

For 2013-14 there will be 4 national measures, which are mandatory, and 3 local CCG specific measures which demonstrate the above, and meet the local measures criteria.

The four national measures are:

- Preventing people from dying prematurely. Potential years of life lost from causes considered amenable to healthcare. (Adults, children and young people).
- Enhancing quality of life for people with long term conditions: Avoidable emergency admissions; unplanned hospitalisation for chronic ambulatory care sensitive conditions; unplanned hospitalisation for asthma, diabetes and epilepsy in children; emergency admissions for acute conditions that should not usually require hospital admission (adults); emergency admissions for children with lower respiratory tract infection.
- Ensuring that people have a positive experience of care: Rollout of Friends and Family test (Maternity by end October 2013, other acute services by end March 2014) and Patient experience for acute inpatient care and A&E services as measured by the Friends and Family test.
- Treating and Caring for people in a safe environment and protecting them from avoidable harm: Incidence of MRSA and Clostridium Difficile (C.Diff).

The 3 local measures for North Kirklees CCG are as follows:

- Emergency Care Plans – Minimum of 5% of very high intensive users (VHIUs) with one or more long term condition (LTC) have an emergency care plan, (an emergency care plan to manage the patient’s care in a crisis situation to maintain care closer to home and prevent unplanned hospitalisation). Proxy measure will be a 5% reduction in the number of admissions for Unplanned Hospitalisations for Chronic Conditions (adults and children);
- Mental Health – Improved Access to Psychological Therapies (IAPT) – of the patients classified at ‘caseness’, 51% moving to recovery by 2014;
- NHS Health Checks – 25% of eligible population offered screening by 2014

Rationale

As an overriding principle throughout all of our planning activities, and in selecting the 3 Quality Premium priorities, we have stressed that there must be strategic fit to our Transformational Programmes, and links to the Joint Health and Wellbeing Strategy for Kirklees. This is an opportunity to put into place additional incentives which contribute towards a wider vision and strategy and have a positive influence on achieving our commissioning outcomes. The QP priorities also have clear links to contributing the achievement of the outcomes described in the Joint Health and Wellbeing Strategy (JHAWS).

The JHAWS describes 15 outcome measures across four main priority areas described in the Joint Strategic Needs Assessment, and the JHAWS gives example indicators against each one as to how these might be measured and managed. The JHAWS document can be accessed via the following link: [N:\Planning - 2013-14\NKCCG JSNA 2013_14\Health and Wellbeing Strategy 2013_20.pdf](N:\Planning - 2013-14\NKCCG JSNA 2013_14\Health and Wellbeing Strategy 2013_20.pdf).

North Kirklees CCG is proposing a joint approach with Greater Huddersfield CCG in selecting two out of the three indicators – IAPTs and NHS Health Checks - jointly across the Kirklees health economy, to promote partnership working and joint commissioning arrangements.

Quality Premium Measure 1: Emergency Care Planning

Emergency Care Planning, specifically highlights the focus on patient-centred care through ‘whole system’ partnership working which supports integrated working, improves health and reduces health inequalities through health promotion, prevention and early identification/intervention. This results in hospital avoidance, a reduction in admissions to nursing homes, care homes and residential care. It will also address the core themes for action by improving communication and cohesion between services, identifying issues as soon as possible, creating positive social norms and leading to coherent...
integrated commissioning. The proxy measure of success will be around the reduction in the number of unplanned hospital admissions for chronic conditions (adults and children), which actively supports the Mid Yorkshire Clinical Services Strategy, and transformational change. It also supports many of the outcomes described in the Joint Health and Wellbeing Strategy, for example increasing skills and capacity in communities; the level of support available to individuals, families and communities; enable older people to feel healthier, active and included; patients/service users taking control of their own lives and taking more responsibility for their lives; and minimising the impact of vulnerabilities, and helps service users to choose appropriate interventions appropriate to their own needs.

**Quality Premium Measure 2: Improving Access to Psychological Therapies (IAPTs)**

For the mandated trajectory for IAPTs – access standard – we must achieve 15% of the recognised population with depression and anxiety being able to access IAPT services by 2014-15. The proposed local trajectory across the Kirklees health economy is for 51% of those patients accessing services to move to recovery. Recovery is measured from clinical “caseness” at entry to service.

The definition of ‘caseness’ is a patient suffering from depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire (PHQ9) for depression and/or the Public Health Questionnaire (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient’s diagnosis. Patients will also be measured through exiting from sickness benefit. The measure has been selected as a priority across Kirklees as it supports the JHAWS by getting people off sickness benefit and back into work; it supports and promotes service users being in control of their lives, and taking more responsibility for their own health and wellbeing – through facilitated CBT and promoting skills to manage. It supports people managing their own vulnerabilities and helps service users to choose appropriate interventions appropriate to their own needs.

Adopting a common standard across Kirklees will promote greater joint working across the health community through means of integrated provision, e.g. job centre plus, primary care based services, and partnership work with third sector organisations. It supports one of the JHAWS core principles of making mental health everyone’s business.

**Quality Premium Measure 3: NHS Health Checks**

For NHS Health Checks, the stretch target for the Kirklees health economy has been set at 25% Health Checks offered to the relevant population for 2013-14, and then 25% for subsequent years to 2016 with the aim that all eligible population will have been offered by that time. The rationale for selecting this indicator is that it supports the strategic direction of early identification and recognition of people who are at risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia. This supports local strategic plans for treating patients closer to home and offering preventative intervention and emergency care planning to fundamentally reduce the risk of an exacerbation and the need to access acute services. This indicator supports the JHAWS through enabling people taking control of their own health and wellbeing; taking responsibility for their lives; minimising impact of vulnerabilities and taking part in design and delivery of services. It will support reducing health inequalities and increasing skills and capacity in communities. It supports multi-organisational working. It supports the JHAW core principles by focussing on all three levels of prevention – stopping issues starting, detecting and dealing with issues and minimising the consequences where they do.
2.5 Improvements in Primary Care across North Kirklees

This strategy builds upon the good practice implemented by the former Kirklees Primary Care Trust, such as peer review to improve GP performance; mergers of smaller practices to maximise practice support and increase patient services; increasing the number of community-based services; service redesign around the patient to allow care closer to home, prescribing efficiencies, saving money to be invested in enhancing patient care. There has been considerable progress in the last 18 months, and Primary Care Clinicians are proving instrumental in driving the commissioning strategy forwards, with several key areas of work already identified as ways in which primary care can significantly improve patient outcomes. These are:

- Better identification of patients at risk
- Development of individualised care plans for people living with long term conditions – linked to the Quality Premium target
- Support for self care/self management and referrals to support services
- Establishment of, and support to multidisciplinary teams
- Increased collaboration with integrated community teams, social care, 3rd sector & voluntary agencies
- Reduce the reliance on secondary care, and re-engineering patient pathways to make better use of other services
- Admissions avoidance through proactive management and early identification of deterioration of those patients most at risk.
- Working in an increasingly collaborative manner with other primary care colleagues across a wider area network
- Sharing data on comparative performance
- Transparency- regular reporting on quality and sharing of best practice
- Establishing a practice network model (within geographical clusters)
- Ensuring that new and revised patient pathways are evidenced based & seamless, reducing unnecessary handovers and potential duplication
- Working with public health teams to identify and reduce health inequalities
- Re-orientation of the care system so that it is more responsive to patient need
- Reducing demand on secondary care by exploring new and innovative primary care led services.

2.6 Challenges for primary care in North Kirklees

Considered alongside the demographic picture and context above, there are many challenges facing the general practice workforce in North Kirklees. In particular many of our GPs in North Kirklees are nearing retirement age, with many of those also working as single-handed practitioners. There is an increasing reliance upon practice nurses, many of whom are also nearing retirement, whilst the number of GPs who are salaried or working part-time is also increasing.

The drive for increasing choice and service integration, providing care closer to home and placing greater emphasis on patient and public involvement is a significant challenge for the general practice workforce in particular and the wider primary care workforce.
In addition, the revalidation and compliance with the new NHS Commissioning Outcomes Framework proves challenging. To avoid confusion with the NHS Outcomes Framework, the NHS Commissioning Outcomes Framework has now changed its name to the CCG Outcomes Indicator Set. The purpose of the CCG Outcomes Indicator Set is to:

- drive local improvements in quality and outcomes for patients
- hold CCGs to account for their progress in delivering these outcomes
- provide clear, publicly available information on the quality of healthcare services commissioned by CCGs.

The CCG Indicator Set is not, however, simply the local version of the national outcomes framework. The national outcomes framework is comprehensive - and many of the measures are meaningful only at the national level. Instead, the CCG Indicator Set will describe how CCGs will be held to account for the improvement in outcomes in their locality. It also outlines that it is reasonable and fair to expect that this will be achieved through more effective commissioning.

The Health and Social Care Bill places statutory duties on the Secretary of State, NHS England and CCGs to promote continuous improvements in the quality of health services, with particular regard to clinical effectiveness, patient experience and patient safety. The Bill also places a duty on the NHS Commissioning Board to conduct an annual assessment of how well each CCG has discharged its duties, including its duty of continuous quality improvement. The CCG Indicator Set will enable the NHS Commissioning Board to measure achievement, and publish information on achievement against this duty of quality.

The CCG Indicator Set will become operational from April 2013, as CCGs take on full responsibility for commissioning.

These many challenges and reforms are going to require a transformation in the skills and working practices of GPs and their staff in particular but also the wider primary care workforce; whilst:

- meeting and maintaining standards;
- achieving savings and financial balance;
- working in partnership with patients, the public, providers and key stakeholders; and
- demonstrating quality improvements in care

Early discussions with GP members of the governing body held early in 2013 began to explore some of the particular issues faced by North Kirklees primary care clinicians and this highlighted a number of local factors. These are:

- The on-going pay freeze;
- 30% reduction in QOF income;
- Ever higher thresholds to achieve QOF targets;
  - More work for the same money
- AQP for LES;
  - Another erosion of income unless practices respond to this quickly
- Pensions changes;
• MPIG – being phased out in the next 7 years and PMS reviews;
• CQC registration;
• Seven day opening;
• Needless data collection that leads nowhere;
• Double standards in management of providers;
• Workload not proportionate to available money;
• National top down targets;
• Poor communications;
• Work being “dumped” in Primary Care;
• Engagement in the CCG;
• Bureaucracy and form filling – red tape;
• Incentives – creating the right balance between carrots and sticks.

“Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we’ve been waiting for. We are the change that we seek.” – Barrack Obama.

The success of CCGs is inextricably linked with the ability of primary care to change itself1. For CCGs to transform care for patients they must start with the transformation of primary care.

Transformation is about major change, it is radical and designed to be organisational wide. It is time to de-link clinicians from structures, professions and organisational loyalties

3. Development of Primary Care – the case for change

Our vision for excellence 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, three key objectives have been used to underpin our planning activities in the short to medium term.

These are:

3.1 Primary Care transformation

The NHS England document “Improving General Practice – A Call to Action August 2013” sets out the case for change in primary care. 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. We will also work closely with member practices, patient groups and other professional organisations, to develop our strategic approach to commissioning of primary care services. This fits with North Kirklees CCG aspirations for urgent care, to ensure a vibrant urgent healthcare environment at Dewsbury Hospital, recognising the opportunity to strengthen the offer through the integration of 24/7 primary care provision.

1 http://ccginformation.com/?cat=96
3.2 Primary Care 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.

3.3 Primary Care collaboration

Working in partnership with the NHS England and the Area Team will ultimately strengthen the quality of care provided to patients. Full collaboration is key to achieving a unified operating model for the contracting of primary care services, which will encourage universal population-based health care coverage of services, fairness and equality, improved contracting and assurance of value for money. Collaboration will also achieve transparency in the way general practice services are commissioned, including alignment of new opportunities for primary care provision with the CCG strategy.

These broad brush objectives form the cornerstone of our vision to transform primary care across the North Kirklees health economy. It is clear that “standing still” is not an option, but we have identified many key issues which seem to be preventing us moving forward with realising these objectives, and until these issues are explored further and action taken to resolve them, it will be difficult for us to develop our vision for delivery of exemplary primary care across North Kirklees.

However, it is recognised that primary care is under enormous and increasing pressure from the consequences of an increasing population (such as the rising numbers of people with long term conditions, increasing frailty, dementia and the number of people now living with cancer). Rising expectations from patients, downward pressure on finances and the increasing impetus to shift activity from hospital to community settings all mean that GPs face an ever challenging workload on a day to day basis, and this is now coupled with new responsibilities of CCG member practices in clinical commissioning. This means that GPs may not have the impetus or motivation to bring about real transformational change around the provision of primary care, particularly when thinking about new business models. Some specific challenges may be:

- Loss of personal lists
- Loss of independence
- Lack of support for the innovator
- Relationships with other practices/GPs
- Disparity in income between practices
- Lack of suitable premises
- Time constraints
- Business development skills
- Clinical Leadership
- Lack of movement with innovative change across the sector
4. Achieving our key objectives

It is important to describe what short – medium term actions we need to take in order to achieve our key objectives, as described above. A comprehensive primary care delivery plan published by the CCG in the Spring of 2013, and which is attached as an appendix to this document, details specific projects of work which, when achieved throughout 2013-14, will contribute towards the delivery of our objectives and the delivery of the North Kirklees CCG strategy, which is also attached as an appendix to this document.

The key objectives for Primary Care for 2013 – 16 are as follows;

- Reducing variation whilst driving up quality of care
- Improving access
- Optimising use of NHS resources

4.1 Reducing variation whilst driving up quality of care

Artificial variation is created by the way we set up and manage systems. Sources of artificial variation relevant to reducing waiting times include:

- The way we schedule services
- The working hours of staff and how staff leave is planned
- The order in which we see and treat patients
- How much work we group and deal with in batches
- How we manage clinics to deal with priority or urgent case

It differs from natural variation (the other source of variation) which is an inevitable feature of health services. An example of natural variation would be the differences in symptoms and disease that patients present with. Reducing artificial variation is a priority: it is preventable and evidence suggests that much of the variation in waiting times along a clinical pathway is due to artificial sources.

There is a lot of evidence to suggest that significant variation is caused by systems set up in healthcare and our patterns of working. Waiting lists and waiting times often build up because of variation in demand and capacity, where demand temporarily exceeds capacity.

The main ways of reducing artificial variation are:

- To look at patterns of working
- To design efficient clinical pathways

There are a number of areas that the strategy considers which help in describing and understanding the variance in the type and clinical quality of services that patients received

- **Access** – we have a wide variation in patient experience, the range of services offered, and opening times and availability of primary care professionals;
- **Clinical quality** – we have variations in the numbers of people being screened for cancer and immunised for childhood vaccinations, expected prevalence levels and prescribing rates;
- **Patient health outcomes** – reducing premature mortality rates from the major causes of death; enhancing peoples’ quality of life with long term conditions.
- **Value for money** – there is an over reliance on acute hospitals with significant variation in GP referrals, attendance at A&E is higher than we expect or want; we spend more per patient in some localities than others which is not equitable or fair.
- **Quality reporting systems.** NHS-funded providers need to improve their support staff around implementing guidance on reporting of serious incidents. General practice should demonstrate that they have in place fully functional reporting systems for serious incidents, that staff know how to use them, that systems are used, and that appropriate action is taken in response to incidents, including provision of appropriate support to the affected patients and their carers.

**Link to JSNA**: N:\Planning - 2013-14\NKCCG JSNA 2013_14\NKCCGGB 13 58 JSNA.pdf

**Variation in Quality and Outcomes Framework performance**

We can compare the performance of practices across North Kirklees against each other as well as the performance of others across England, by using QOF data across a range of indicators, for example around how long term conditions are managed. It is possible to compare the recorded prevalence of the long term conditions of the registered population and how this compares to the expected prevalence. This can indicate unmet health need in the population.

Some of the specific projects described in the primary care delivery plan (Appendix A refers) to meet this objective in North Kirklees during 2013/14 are:

- Developing a Quality / performance matrix to reduce variation
- Understanding the capacity and demand in primary care to reduce variability across the patch; and specifically around the use of appointment systems
- Review system processes as a result of the above and support practices to implement change
- Achieve a reduction in A&E Attendances through better primary care access
- Assess the impact of the vulnerable adults incentive scheme, preventing 1 emergency admission per week
- Review the potential use of Map of Medicine and promote the roll out and use of in all practices following review.

4.2 Improving access to primary care

A manifesto published in 2013 by the NHS Alliance “Breaking Boundaries” makes a number of key proposals around developing a true primary care led NHS, and which describes breaking the boundaries between

- Patients and clinicians
- Clinicians and managers
- Clinicians working in different silos
- Primary care providers and the communities they serve
- Specialists and generalists
- In hours care and out of hours care

The manifesto calls for everyone to break the boundaries that too often disable people from caring for themselves and prevent clinicians from delivering high quality, cost effective, integrated care with a new focus on health and wellbeing and prevention.

In order to maximise the effectiveness of the level and quality of services we can effectively commission and provide in primary care across North Kirklees we are planning a number of innovative programmes of work designed to increase the time GPs, nurses & other clinicians have available to meet their patients’ needs. This will include some intensive workforce development, such as reviewing skill mix in practice and providing training in specialist areas e.g. palliative care.

We will also be considering how the use of technology can help improve access, specifically around the use of appointment systems & practice processes, which will help us meet national targets around providing patient access to their own records, booking their own appointments, efficiencies around prescribing, and also providing a range of telehealth type services designed to maximise clinical time. We will be taking the opportunity to perform a full review of our estate, specifically with the aim of more fully integrating services to provide better and more effective patient care.

Some of the specific projects described in the primary care delivery plan to meet this objective in North Kirklees during 2013/14 are:

- Review extended hours working and formulate long term strategy for implementation, including Out of Hours services
- Develop a project plan to support 24/7 access to primary care, supporting equality of access by improving choice across Clusters
• Review the Cardiology, Dermatology and MSK pathways and develop a series of recommendations for improvement

• Support ongoing pathway redesign for the diagnosis and treatment of Dementia, in line with national strategy and develop a project plan for implementation

• Review the transfer of patients diagnosed with Cancer to tertiary services and make recommendations for improvement

• Review provision of diagnostics in primary care in line with AQP principles, for ECG, ultrasound and MRI

• Develop project plans for e-consultations and real time access to specialist clinical advice

• Promote the use of Choose and Book across all practices

• Develop a project plan for electronic patient access to online prescriptions, access to their records, and for booking appointments

• Work with practices to improve access through a range of modern technologies and alternatives to face-to-face appointments.

4.3 Optimising use of NHS Resources

The NHS Alliance Manifesto describes the need to develop primary care and general practice from its current model if it is to take on much of the work currently done in hospital. To achieve this, it will need to keep its best elements – personal, holistic and continuing care and patient advocacy – but extend to provide diagnostic, outpatient-type services and treatment services closer to patients homes.

In order to achieve this, General Practices will need to work together and pool resources and talent creating services either within their constituent practices or in other community assets so they can extend their scope to provide care for patients. This includes working together across groups of practices to look at variation in performance, as well as exploring a range of opportunities for practices to work together. To support this, we also need to move toward a new era of an integrated information landscape that can support the development of a knowledge culture, based as much on maintaining health and wellbeing as providing treatment for illness.

The manifesto makes several key proposals:

• To support and encourage practices to look at new ways of working across practices as well as with patients and the wider community to improve patient outcomes and their focus on patients is at the centre of what they do;

• GPs need to unleash the power of the registered list, using it to take on full responsibility for the health of those on their list, in partnership with statutory and voluntary agencies;

• Introduce effective systems for practices within CCGs or localities to explore clinical variation, understanding why there are differences among clinicians and across practices and making changes where necessary;

• Develop our thinking around data sharing to ensure that data is not only used for the care of the individual but also shared responsibly to allow for effective planning and resourcing and to support peer review to drive quality improvement. General practitioners in particularly have a
responsibility to spread the belief that well-founded knowledge is absolutely fundamental to ensuring better care – with a shared sense of ownership and responsibility amongst clinicians and patients alike.

We have a number of programmes of work planned for the short to medium term which will enable us to review our current resource, and to implement real transformational change around maximising our resources to ensure delivery of our strategy. These include ensuring our member practices are fully engaged with the commissioning planning process and regularly involved in all developmental sessions aimed at progressing new and innovative service provision. We will also be working with practices to promote innovation through identification of new technologies (e.g. telehealth, telemedicine etc) which will support new pathways of care, improving diagnosis and ongoing management of our patients. We will support a process of continuous organisational development and promote education and development for our entire workforce to reach their full potential.

Some specific projects planned to enable us to deliver this objective include:

- Development and implementation of the primary care strategy;
- Undertake a workforce analysis across primary care and roll out a competency based training needs analysis, making recommendations for workforce development which meets the demands of the patient population;
- Ensure that we have sufficient resource to attend NHS Health Education England, to develop the training and development opportunities, specifically within primary care, for example Advanced Training Practices (ATP) for student nurse placements;
- Review employment legislation to ensure that we can adequately resource into the future;
- Implement a competency based framework for primary care nurses;
- To work with information from the Assurance Framework;
- To work collaboratively and promote tri-partite working between General Practice, the CCG and the Area Team and produce a development plan for improving primary care where necessary.

5. **Key Enablers**

There are a range of enablers that are recognised as important to support the delivery of the strategy:

- Working with NHS England and the Area Team review the use of contract flexibilities available, to ensure that we contract for the best care and use the contract to drive clinical quality of care and the patient experience;
- Clinical leadership – to deliver the clinical model of healthcare and champion change;
- A continuous process of engagement with our member practices, and our health and social care partners including patients and the public to ensure that our planning processes are as inclusive as possible and represent the views of our local stakeholders and population;
- An iterative primary care incentive scheme which will provide a further framework to progress transformational change, and promote continuous engagement;
- A new care system re-orientated around primary care will require innovation and energy, and the strategy supports and encourages innovative practices. NHS North Kirklees will ensure
that primary commissioned services not only demonstrate quality and innovation, but also seek to resolve persisting health inequalities.

- Patient Choice and information about what they can expect, and how they should respect their health, maximising new opportunities for connecting with our communities through use of new technologies.
- The architecture to support this strategy will require transparent primary care performance management systems and appropriate regulation to hold contracts to account and for audit of public resources;
- We recognise the need for a visible and clear process for contractor changes – retirements, list mergers, building disposal and will work with our stakeholders and NHS England to achieve this;
- NHS North Kirklees CCG will commit to provide resources to offer primary care professionals education, training and help with organisational development.

5.1 Information Management and Technology (IMT)

IMT is an enabler to be able to share information amongst practices and to support and educate patients in their self care management. This strategy will require connections with the information management plans. Practices should be able to access electronically information relating to their patients when they are treated in other parts of the health system. This particularly includes pathology, diagnostics, community and hospital systems. Discharge and outpatient summaries should be delivered electronically and in a timely manner.
New General Practice Extraction Service (GPES)

GPES is a centrally managed primary care data extraction service that will be capable of obtaining information from all GP practices in England for specific and approved purposes whilst ensuring patient confidentiality and privacy.

Currently in development and its first major deliverable will be data for the Quality and Outcomes Framework (QOF) and the Calculating Quality Reporting Service (CQRS) from April 2013.

The service is being developed and centrally managed on behalf of the NHS by the Health and Social Care Information Centre with the sponsorship and support of the Department of Health.

5.2 Workforce Planning

The primary care workforce is changing. We need a plan to ensure that we have a workforce to deliver this strategy. The primary care workforce requires modernisation, to include succession planning for GPs, enhanced roles for practice nurses, health care assistants and practice managers taking on a larger portfolio of business management. The plan should focus on recruitment and retention issues to retain professional staff once trained.

The workforce plan should address the need to embed primary care practitioner succession planning with a high proportion of GPs 61 years and over. Succession planning should be a high priority for single handed practices where the GP is aged 60 years or over. In particularly, we need to discuss with GPs situations where the contractor owns their premises to identify their future intentions and options of
the local population; access to a female GP should also be considered important. Promoting self care, partnership working with allied health professionals, using telephone triage and the use of email are all methods which can be used to address the workforce issues.

5.3 Estates Strategy

To deliver the ambitions of Primary Care it is essential to have estates which are fit for purpose to deliver effective primary care services. The key to this will be to work with other partners for example the local authority to maximise premises within the communities and look for innovative and collaborative projects for health and social care provision.

The CCG will work in collaboration with NHS England and NHS Property Services Ltd. on a proactive estates strategy.

6. Transformational change in primary care – how do we achieve our objectives?

In starting to explore how we can influence real transformational change in primary care 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 2013/14 and beyond. These are:

- Quality should not be compromised;
- Greater integration between health & social care;
- Establish local access to diagnostics
- Establish E-consultations in all specialities
- Ensure that more appointment slots are available through Choose and Book at MYHT
- Improve use technology in primary care – for example, telehealth / teledmedicine, predictive risk, access to patient records and order of prescriptions
- Establish a single point of access for out of hours provision
- Create more training practices
- Rotation of GPs to A&E for placements
- Increase access to primary care appointments
- Develop a 24/7 Primary care centre on the Dewsbury site.

The critical piece of work which ought to address some, if not all of the above principles, will be around exploring potential new models of delivery of primary care across North Kirklees – and the potential for moving to a federated model.

Other principles will include:

- 24/7 working. How can we do this differently? How can we work with Member Practices to agree how best we tackle the issues? Some ideas would include:
  - A number of practices delivering from a primary care / urgent care centre;
  - One practice taking on the entire responsibility for delivery;
An alternative solution is found.

- We must see AQP as a positive, and help practices respond proactively to the process, which treats all potential providers equitably. This would include:
  - Deal with the “double standards” on funding using AQP
    - Help practices bid
    - The possibility of 1 practice leading on behalf of all practices
    - Possibly set up a “provider unit”.
- QOF support for Practices to protect and grow income;
- Support with CQC registration;
- Increase the understanding of workforce and then perform a workforce review;
- Undertake analysis leading directly to improved outcomes;
- Undertake a training needs analysis and then support improved delivery of the required additional support;
- Form a “buying group” to help practices reduce expenditure;
- Identification of new “carrots” – incentives for change;
- Streamline the measurements to achieve outcomes proportionate to the value of the work (evidence the information required, e.g. JHAWS)
  - Don’t collect data for the sake of it
  - Use incentives to drive outcomes – keep it equitable – possible interpractice referrals process.
- Work to enable the practices to respond well to national targets
- Manage communications in a more timely and efficient manner, e.g. electronic discharge letters, System1 tasks
  - Work across the system to improve communications with investment in Primary Care – better manage requests (the reason for asking in the first place should be made clear)
  - Form better relationships with all providers around communications
- Work to achieve stronger engagement with practices
  - Enable practice representation on all work groups
- No shift principle is embedded in the culture of the CCG.

7. **Recommendations and next steps**

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 recommendations that are focused on what NHS North Kirklees CCG and its member practices need to plan and deliver together.

- To have a clear focus for the primary care system around addressing the improvements in health outcomes and overall quality. This would include supporting continuing improvement in
the quality and productivity of primary care services, ensuring universal quality standards of service delivery and to:

- Improve health outcomes in key areas, for example cancer, diabetes, COPD, coronary heart disease in line with our JSNA and the JHAWS;
- Enable local measures of success defined in our performance framework and delivery plans;
- Improve access, reduce variation in primary care provision, and maximise use of NHS resource.

- To support and work with a North Kirklees network/federation of practices as a strategic partner with other health and social care providers in the full collaboration around delivery of population-based services. It is expected that our patients will have an improved experience, with a better managed episode of care, by reducing duplication across the provider services.
  - A federated model of primary care provision will be able to provide a wide range of primary care and out of hospital services – e.g. urgent care, diagnostics, a range of specialist clinics – and performance manage the system and improve quality using local, regional and national outcome frameworks;
  - Integrated teams comprised of a community health visitors, midwives, and the primary care team should be used within the federation for integrated case management;
  - The integrated service model should have named individuals working with practices in the federation;
  - The federation will focus particularly on self care and health promotion and prevention of ill health.

- Working with the Area Team, to support the federated network of GPs in the transition from sub-standard primary care premises into fewer, but better facilities. This will include:
  - A proactive Estates strategy in collaboration with the Area Team and NHS Property Services Ltd. with a delivery plan;
  - Solutions for practices not meeting statutory obligations;
  - Exploration of entrepreneurial options within networks that maximise utilisation within existing practices
  - Supporting practice mergers, managing retirements and disposal of owner-occupied buildings;
  - Improving patient experience and overall quality of premises;
  - Hearing what patient representatives want to see improved.

- To have a workforce plan that supports succession planning and enhanced role of GPs, nurses, practice managers and other allied practice staff. This will need to consider:
- Links to all health professionals in the integrated care model, including pharmacists and community staff;
- Maximising the developing of nursing roles and their contribution to improving safe and effective care;
- Enhanced role for practice management, with increased responsibilities;
- Inclusion of the wider primary care workforce, such as pharmacists.

In line with national standards and outcomes, maximise the role and benefits of IM&T to ensure practices are able to access high quality information relating to their patients in order to improve quality and value for money, including:

- The use of risk stratification / proactive case management to support the use of emergency care plans;
- Enabling patient access to their own health records supporting self-care / self-management;
- Maximising the use of Choose and Book and other appointment based systems to improve access to clinical care;
- Maximising the use of telehealth / teleconsultations to improve access and further promote patient independence and management of their own conditions.
- Desktop access to a range of clinical information and protocols to support decision making in primary care.

The strategy will be published for local consultation during the Summer of 2013. 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 primary care transformation throughout 2013/16.