Delivering the GP Forward View in North Kirklees

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Delivering the GP Forward View

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1. Introduction

The GP Forward View was launched in early 2016 as a toolkit to support transformation and deliver sustainability in General Practice. This document highlights the challenges facing general practice both currently and in the future. It sets out an approach which is split into 5 key themes to manage these challenges and ensure sustainability in the future. The GP Forward View also provides practical support through the 10 high impact changes which can be implemented within practice to manage the increasing pressure on General Practice.

Primary Care is at the heart of the NHS and is recognised and acknowledged as being one of the greatest strengths of the NHS in the below key quotes:

“General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS” Five Year Forward View, NHS England, 2014.

“There is arguably no more important job in modern Britain than that of the family doctor” Simon Stevens, Chief Executive, NHS England, GP Forward View, 2016

“If general practice fails, the whole NHS fails” Professor Martin Roland and Sam Everington, British Medical Journal, 2016

Locally, we recognise that General Practices are the cornerstone of local service delivery therefore in advance of the publication of the GP Forward View, we worked with member practices in North Kirklees to develop an organisational primary care strategy which responds to our local challenges and sets out our ambitions to address these in the future.

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

We have reviewed our local strategy alongside the national mandates within the GP Forward View and ensured the national requirements are met in our local plans.

Our CCG Primary Care Strategy can be accessed via the link below: https://www.northkirkleesscg.nhs.uk/wp-content/uploads/2016/01/Primary-Care-Strategy-2016-2021-vFINAL-220116.pdf
1. Introduction

Our local plans need to take into account the following population challenges:

- We have a high BME population. We therefore need to ensure services are tailored to meet the specific needs of this population group.
- Our birth rate is the highest in West Yorkshire therefore we need to ensure we have sufficient children's services locally.
- We have an increasing elderly population in line with national trends. We need to ensure we take a systems approach to meeting the health and social care needs of this population.
- North Kirklees CCG will work collaboratively with the local authority to ensure we have appropriate weight management services to tackle obesity.
- North Kirklees CCG will work in collaboration with General Practice and the Local Authority to ensure we have an integrated alcohol service.
- The Kirklees Joint Strategic Needs Assessment (JSNA) evidences that North Kirklees has a high number of individuals from ethnic minority groups and children. The primary care workforce needs to reflect this by having access to materials and languages other than English.
2. Key Themes in the GPFV

The GP Forward View aims to make general practices more resilient to ensure these services are future proofed and able to respond to the challenging times faced now and in the future. The GP Forward View focuses on a number of themes which transformation plans have developed to deliver action against at a local level, building on the work which was done to develop our Primary Care Strategy. This plan also outlines how we will develop new ways of working in primary care and promote working at scale by removing artificial boundaries between services to deliver the best outcomes for patients. Sections 5 to 11 of this document outlines the actions we will take across each of these themes to deliver the GP Forward View in North Kirklees to ensure that our patients receive high quality care locally and our general practice is resilient, responsive and able to flex to meet the challenges, some known and some unknown, of the future.
In response to the unprecedented challenges facing the NHS nationally, a number of plans have been developed or are in development including the GPFV. It is vital that all of these plans align and support delivery of each other to ensure that they deliver on their ambitions and improve outcomes for patients. This can often appear complex and disjointed. Figure 1, below, illustrates how the plans which are being developed on a regional, local and organisational level fit together. North Kirklees CCG have been actively engaged and involved in the development of plans over a Kirklees footprint and the regional STP footprint (West Yorkshire and Harrogate). The development of these plans has been driven from a bottom up approach ensuring that local priorities and challenges are reflected at all levels. Likewise, where it is considered more effective to review and transform services over a larger footprint, these priorities have been reflected in local plans. The local contribution to delivering the priorities identified at a regional level is currently being worked through. It is important to note that all of these plans are developed at a point in time and in an environment where change is happening at a fast pace, all plans will be signed off as draft with the caveat that they are live and will be updated as changes occur and programme of work evolve and develop.
3. Alignment with STP and Local Plans

North Kirklees CCG are engaged in the West Yorkshire and Harrogate STP. A number of priorities have been identified for collaboration at this level, one of which is primary and community services. Figure 2 identifies these priorities and the rational for a regional approach to delivering better outcomes for patients. The West Yorkshire and Harrogate STP is unique in that a large proportion of the transformation which will achieve the ambitions will be delivered at a local level. Local organisations have come together across Health and Wellbeing Board footprints to develop plans which outline the transformation priorities for doing this. North Kirklees CCG is part of the Kirklees Health and Wellbeing Plan.

The Kirklees Health and Wellbeing Plan has been developed in collaboration with North Kirklees CCG, Greater Huddersfield CCG, Kirklees Council, local acute Trust, Mental Health and Community Services Providers. The plan outlines our local challenges and the areas we will work on as a collective to address these challenges. These areas also support delivery of the ambitions within the West Yorkshire and Harrogate STP from a local level. Figure 3 provides a summary of these areas of transformation and the common threads which runs through all of the work we will progress as part of this plan. One of the identified areas of transformation is ‘Capacity and Quality’ of Primary Care, the GPFV Transformation Plan for NKCCG will drive delivery of this at a CCG level.

Figure 2: Identified Priorities - West Yorkshire and Harrogate STP

- Cancer services
- Urgent and emergency care
- Specialist services
- Stroke (hyper-acute and acute rehab)

- Standardisation of commissioning policies
- Acute collaboration
- Primary and community services

- Mental health
- Prevention at scale

We work together because of the need for critical mass
We work together to reduce variation and share best practice
We work together to achieve greater benefits

Figure 3: Identified Priorities - Kirklees Health and Wellbeing Plan
4. Vision for General Practice

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

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

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

Our plan to deliver our vision and GP Forward View in North Kirklees between now and March 2020 is driven by the following key policies:

- General Practice Forward View (GPFV) 2016
- NHS Operational Planning and Contracting Guidance 2017 – 2019
- Development of West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)
- Development of Kirklees Health and Wellbeing Plan
- North Kirklees Primary Care Strategy 2016
- Kirklees Digital Roadmap 2016
- Interim North Kirklees Estates Strategy 2015 links to 1 public estate work stream in the Kirklees Health & Wellbeing Plan
- Interim North Kirklees Workforce Strategy
- NKCCG Communications and Engagement Strategy
- Healthwatch Kirklees - Why can’t I get an appointment with my GP?’ January 2014
- The Third Sector and Kirklees Council A Strategy for 2015 – 2025
- The Kirklees Joint Strategic Needs Assessment (JSNA) last updated August 2016

The GP Forward View will support delivery of these policies/plans at a local level.
4. Vision for General Practice – Outcomes which Drive Delivery of this Vision

Seamless, integrated care, delivered to all patients

<table>
<thead>
<tr>
<th>Theme</th>
<th>Access</th>
<th>Quality</th>
<th>Workforce</th>
<th>Premises &amp; Infrastructure</th>
<th>Funding &amp; Contracting</th>
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</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Daily accessible primary care services for all patients</td>
<td>Consistent, high quality, effective, safe care delivered to all patients</td>
<td>Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers</td>
<td>Premises and infrastructure which increase capacity for clinical services out of hospital and improve easy access to effective care</td>
<td>Effective contracting models which are fair, and properly funded to deliver integration and positive health outcomes</td>
</tr>
<tr>
<td>Outcome</td>
<td>CORE ACCESS: Easy access to same day and pre-booked appointments within core hours Monday to Friday 8:00am to 6:30pm at all GP Practices</td>
<td>CONSISTENT CARE: Reduce or eliminate variation in the quality of care services across all practices</td>
<td>INTEGRATED WORKFORCE: Workforce made up of a range of skilled professionals to deliver support to the clinical care team</td>
<td>ADAPTABLE INFRASTRUCTURE: Purpose-built, flexible, multi-use premises which are adaptable to changes in services, capacity or demand</td>
<td>FAIR CONTRACTING: True value-based funding for core service provision to reduce variation between providers</td>
</tr>
<tr>
<td></td>
<td>EXTENDED ACCESS: Easy access to same day and pre-booked appointments during extended hours from an efficient delivery model</td>
<td>HIGH QUALITY CARE: Achieve high national average performance in key quality areas such as QOF Outcome domains</td>
<td>DIGITAL INFRASTRUCTURE: Effective and efficient digital working which supports clinicians and patients to catch up on missed care and improve access to care</td>
<td>WELL UTILISED INFRASTRUCTURE: Integrated, multi-disciplinary premises which include a range of professional and support services that are resourced, but sufficiently free to future proof or expand</td>
<td>PLANNED CONTRACTING: Proactive management of activity through out of secondary care to ensure movement is properly planned and resourced</td>
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<tr>
<td></td>
<td>OVERNIGHT ACCESS: Easy access to urgent medical advice and treatment 8:00 pm to 8:00 am 7 days a week</td>
<td>EFFECTIVE CARE: Improved performance in patient reported outcome measures such as QOF Outcome domains</td>
<td>EFFECTIVE AND ENGAGED WORKFORCE: Staff who feel valued, involved and valued by patients and practice colleagues and is able to retain their workforce</td>
<td>INTEGRATED CONTRACTING: Contract models which facilitate care collaborative working and integration of services through role-based commissioning</td>
<td>PROACTIVE CONTRACTING: Use of co-commissioning to take a strategic control of primary care budgets ensuring realignment with service development</td>
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<tr>
<td></td>
<td>DIGITALISATION: Increased use of digital access services like Patient Online, email and video consultation and support for self-care</td>
<td>SUSTAINABLE CARE: Reduction in number of Patient Safety Incidents and increased use of Event Reporting Systems</td>
<td>COMPETENT WORKFORCE: All staff are suitably enabled and remain competent and resilient through opportunities for professional and personal development</td>
<td>PLANNED INFRASTRUCTURE: Pro-active infusions and infrastructure and work to make it more efficient and patient-centred care</td>
<td>EFFECTIVE CONTRACTING: Effective contract management through performance and sustainability to ensure performance and activity is leveraged and affordable</td>
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<td></td>
<td>EMPOWERING INFRASTRUCTURE: Premises which support staff and patients with new roles and support opportunities to improve outcomes and patient experience</td>
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Delivering the GP Forward View in North Kirklees
4. Vision for General Practice - What will the future look like for patients in terms of receiving seamless, high quality, accessible primary care?

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

The nurse sees that Doris is struggling to manage her diabetes and offers to help her understand how to take her medication correctly. The diabetes nurse sets up a treatment plan for Doris with some home care support to improve her mobility. To support her to achieve this, the nurse refers her to the ‘Better in Kirklees’ social prescribing hub who arrange for her to join a local AgeUK exercise club and even arrange for a befriending service to drive her to the club.

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

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

**Samira’s Story**
Samira is a 30 year old mother of 3 who is normally fit and well. On Friday morning as she was getting ready for work she developed an itchy rash near her right eye and is extremely worried that it might spread.

She contacts her GP practice on Friday afternoon after finishing work as an early years teacher at the infant and primary school just around the corner.

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

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

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

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

His surgery uses a health pod in the reception area. Terry is able to pop in when he is free on his way home and take his own blood pressure. The pod is linked to his medical record. Terry’s blood pressure is a little high so he calls the surgery the next day to speak to the GP over the telephone.

His GP can see Terry’s BP reading from the previous day and is able to offer him some advice without the need to come into the surgery.
4. Vision for General Practice – What Will the Future Look Like for GPs?

Dr Smith’s Story

Dr Smith has been a GP for 15 years. He has been struggling under the pressure of ever increasing demand from patients. Through collaboration, he and his four neighbouring practices have joined together to form an operational network. Patients from all five practices can access extended hours care up to 8pm on weekdays through a hub practice with access to shared medical records.

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

A vision for delivering extended and enhanced high quality accessible primary care services to all patients in North Kirklees.

Clusters based on Kings Fund recommendation of 30-50k population
6. Supporting and Growing the Workforce

Our Ambition:

*Our ambition is to have a motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers.*

There are a number of components to this:

**INTEGRATED WORKFORCE** - Integrated teams with General Practice at the core, using a range of skilled professionals to deliver appropriate clinical care. GPs remain at the core of all our service delivery plans with a sound support structure made up of consultants, GPs with special interests to support specific cohorts of patients, supervised trainee clinicians, multi skilled nurses, healthcare assistants, supervised students and ‘other’ prescribers such as paramedics and pharmacists.

**EXTENDED WORKFORCE** - Use of non-clinical professionals, community and voluntary and patient groups to support recovery, self care and independence. Advances in front end algorithm systems and easy to use and read diagnostic equipment has opened up avenues for non-clinical teams to safely carry out initial points of investigation on behalf of clinicians. There is also a growing network of social prescribing teams, community groups, expert patients and specific charities with a wealth of knowledge to help patients who are appropriate for self-care and symptom management support.

**MOTIVATED & ENGAGED WORKFORCE** - Staff who feel valued, involved and empowered to improve themselves, their colleagues and the services they work in. We recognise that feeling valued is a tangible motivator for staff retention. Appraisals for primary care staff should be carried out effectively and provide support to develop and train staff. Retaining existing staff in primary care needs to be a key priority, this can be done through offering career development, personal development, fair pay and terms and a good work-life balance. We will continue to work with the practices to ensure team members can contribute to regular team meetings and where appropriate attend cluster meetings and/or practice learning events.
6. Supporting and Growing the Workforce

Our Ambition:

CAREER PROGRESSION - is often cited as the reason some clinicians move to new jobs. Working closely with our practices we will foster increased opportunities for clinicians and non-clinicians to learn new skills that will strengthen the workforce sustainability and improve the practice performance and patient experience.

On 30th November 2016 the bid for the Nursing Associate Fast Follower pilot facilitated by North Kirklees as the lead provider has been selected by HEE to deliver a 2 year training course for via 3 of our General Practices. Being 1 of only 24 test sites across the country this exciting innovation will bridge the gap between health and care support workers. This will bring together a wide range of organisations including educational institutions, care homes, acute, community and mental health trusts and hospices. It is our ambition to grow the Nurse Associate and Care Navigation roles in Primary Care.

INNOVATE Lots of new models of care are currently being piloted or rolled out across primary care which are demonstrating improved patient outcomes. Several of our practices are actively piloting schemes locally with a view to working at scale during 2018. These initiatives include but are not exhaustive of: recruitment of over 20 nurse associates, pharmacists in practice, triage and doctor first, on site low level mental health counsellors and support workers, care coordinators supporting LTC management and ‘Priderm’ a group of local GP’s jointly providing a community dermatology service.

SUSTAINABLE The CCG are actively supporting the practices individually and via joint venture with out single federation to develop: Training practices, training academies and accessible learning programmes, freeing up capacity within practices to help senior clinicians mentor new colleagues and introduce different types of health care practitioners and technicians into the primary care environment, secure some effective working at scale models by the end of 2017 to help reduce the risks of GP burn-out and meet increased patient demand. Support centralised functions for admin, triage and treat, sourcing appropriate clinical systems to ensure safe data sharing facilities. Introducing care navigation with a robust directory of services underpinning the delivery. Explore options for physio first and an on site low level mental health service, increase on site community services to minimise the need to send patients to hospital for routine procedures.
6. Supporting and Growing the Workforce

Our Ambition:

Support the 4 R’s: Return, Recruit, Retain, Replace

- Returning retired or non-working staff back to the local workforce.
- Recruiting new staff to the local area through increasing training capacity and developing innovative roles which capture the candidate’s interest.
- Retaining existing staff through offering career development, personal development, fair pay and terms and a good work-life balance.
- Replacing some positions or reallocating responsibilities to new or different roles able to undertake some areas of work in primary care.

Developing a culture of learning and teaching

- Role development/ CPD to enhance the skills and flexibility of the general practice workforce to take on extended roles and provide complex care.
- Competency frameworks for all general practice roles including GPs to allow for clear career development.
- Use of Apprenticeships (clinical & non-clinical) to support the development of healthcare support workers such as practice admin, HCAs etc e.g. Care Certificate, Certificate in Health Service Administration.
- Development of all general practice roles in key areas such as mental health, elderly medicine, dementia, children’s health and veterans’ health.
- Capability development plans for staff groups to take on added skills i.e. clinical receptionist, nurse triage etc.
- Encouraging and recognising teaching and learning as necessary part of sustaining an engaged and vibrant workforce in the longer term.
- Increase community-based academic activity to improve effectiveness, research and quality.
- Develop incident reporting and patient safety cultures.
- Support and develop peer review and clinical supervision.
6. Supporting and Growing the Workforce

Our Ambition:

Changes to the skill-mix within general practice required to ensure effective distribution of the workload to more appropriate professionals. The changes will also need to take in to account the expected increase in patient population by 25%

<table>
<thead>
<tr>
<th>Ratio</th>
<th>GP</th>
<th>ANP</th>
<th>PN &amp; HCA</th>
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<tbody>
<tr>
<td>4:2:1</td>
<td>77</td>
<td>24</td>
<td>64</td>
</tr>
<tr>
<td>3:2:2</td>
<td>72</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>1:2:4</td>
<td>24</td>
<td>48</td>
<td>96</td>
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* In addition to the above figures we require an additional 52 Full Time GP’s as highlighted by the Royal College of GPs (RCGP) report in Feb 2015 which stated we are the fifth most under doctored area within England.
6. Supporting and Growing the Workforce

Current Position:

The Royal College of GPs (RCGP) report in Feb 2015 stated that North Kirklees was the fifth out of CCG areas nationally needing more GPs. As a percentage of the workforce, it requires an uplift of 60% which equates to 52 additional full time GPs. There are currently 17 full time equivalent GPs and 14 Nurses over 55 years old and approaching retirement. There is currently limited GP training capacity within North Kirklees with only 4 of 29 practices accredited to train new GPs. Evidence shows that limited training capacity has a negative impact on recruitment.

The CCG has supported an Advanced Training Practice programme for nurse training to allow practices to accept student nurse placements. This has been very successful in promoting general practice to newly qualified nurses. We are looking to replicate this networked training approach with GPs.

Data gathered from the Heath Education Yorkshire & Humber Workforce Tool shows that over 77% of practices in North Kirklees are above the national average of 2000:1, for number of patients per full time GP and North Kirklees as a whole has the third highest number of patients per full time GP in West Yorkshire.

The Health Education England (HEE) workforce is survey is completed by 75 % of North Kirklees Practices the remain 25% complete their return via the Primary Care Web tool, the CCG will work with member practices to encourage all practice to submit their workforce data via HEE so that we have one full and complete set of data.

The Kirklees Joint Strategic Needs Assessment (JSNA) evidences that North Kirklees has a high number of individuals from ethnic minority groups and children. The workforce needs to reflect this such as care navigators having access to materials and languages other than English.
6. Supporting and Growing the Workforce

North Kirklees patient to full time GP ratio

Source – NKCCG Workforce Data, Health Education England, September 2016

Additional Data for:
- Parkview Surgery - 3,333 per FTE GP
- Calder View - 1,880 per FTE GP
6. Supporting and Growing the Workforce

Historically North Kirklees has always been under-doctored finding recruitment and retention of staff much more difficult compared to larger and more affluent surrounding CCGs such as Wakefield and Leeds. This long standing challenge has resulted in the workforce becoming proportionately older with 22% of GPs over 55 years old compared to 16% across West Yorkshire and 19% of GPs aged 45-54. This pattern is repeated within the Nursing roles with 30% of Nurses over 55 years old and 32% aged 45-54 which is worse than West Yorkshire as a whole.

Source – NKCCG Workforce Data, Health Education England, September 2016
6. Supporting and Growing the Workforce

Based on the above information we are headed for a workforce crisis with over 50% of GPs and 80% of Nurses reaching or approaching retirement age within the next 5-10 years. The next section of our plan explains how intend to mitigate the risk over the next 4 years by exploring opportunities for practices to recruit overseas GP’s, Increase the number of training practices, broaden, extend and introduce new roles in to primary care such as Physician Associates, Physiotherapists and Clinical Pharmacists.
## 6. Supporting and Growing the Workforce

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Develop active signposting template for reception staff and source training. Develop a directory of services to aid active signposting and care navigation</td>
<td>Build on active signposting training and develop the role of Care Navigators for practices in North Kirklees</td>
<td>Evaluate active signposting and care navigation within North Kirklees and modify as needed</td>
<td>Fully embedded clinical signposting and care navigation with practices across North Kirklees.</td>
</tr>
<tr>
<td>A number of practices across North Kirklees have already implemented apprenticeship schemes for Reception and HCA functions.</td>
<td>Carry out a baseline analysis of the number of apprentices working in practice. Following the audit the Federation and CCG will work with practices to grow and encourage apprenticeships in primary care</td>
<td>Continue to grow and encourage apprenticeships in primary care for Reception and HCA functions</td>
<td>Evaluate apprenticeship scheme in North Kirklees and modify as needed</td>
</tr>
<tr>
<td>Explore opportunities available to recruit overseas GP’s</td>
<td>Identify practices that that wish to recruit overseas GP’s and develop an implementation plan and start the recruit process</td>
<td>Recruit overseas GP’s and ensure there is adequate support to retain them in North Kirklees</td>
<td>Evaluate the recruitment of overseas GP’s</td>
</tr>
<tr>
<td>A number of practices are already taking part in the advanced training program to support student nurses in primary care,</td>
<td>Continue to grow, encourage and support student nurse placements in primary care</td>
<td>Evaluate student nurse programme in primary care and modify as needed</td>
<td>Fully embedded student nurse programme in primary care</td>
</tr>
<tr>
<td>Map and understand current workforce roles working within Primary Care, work up proposals for extending and broadening the workforce to include Clinical Pharmacists, Mental Health Workers, Paramedics, Physio First, Care Navigators and Podiatrists</td>
<td>Implementation of Clinical Pharmacists, Mental health workers, Paramedics, physio first into Primary Care</td>
<td>Grow, extend and increase the new workforce of Clinical pharmacists, Mental health workers, paramedics, physio first</td>
<td>Evaluate the implementation of the extended workforce working within Primary Care.</td>
</tr>
<tr>
<td>Develop shared roles between primary, community &amp; secondary care</td>
<td>Develop shared roles between primary, community &amp; secondary care</td>
<td>Continue to Develop shared roles between primary, community &amp; secondary care</td>
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Delivering the GP Forward View in North Kirklees
6. Supporting and Growing the Workforce

Timeline for Delivery:

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<tbody>
<tr>
<td>Work with local GP federation to develop an implementation plan to implement the 4 R’s: (Return, Recruit, Retain, Replace) by: • Building an educational infrastructure within North Kirklees • Increasing number of training practices in North Kirklees • Increasing number of trainers/mentors in North Kirklees • Supporting developments in infrastructure which promote training i.e. teaching rooms, multifunction suites, meeting facilities, seminar rooms, training infrastructure, communications and technology • Developing networked training communities – using a central resource centre model</td>
<td>Implementation of the 4 R’s</td>
<td>Evaluate the implementation of the 4 R’s across North Kirklees and modify as needed</td>
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</table>

A small cohort of Practice Managers, CCG staff and Federation Staff are enrolled on NHS Leadership Training programme, encourage other practices to join the next programme

Champion and encourage Practice Managers, CCG staff and Federation Staff to enrol on the 2017/18 NHS Leadership Training programme

Champion and encourage Practice managers, CCG staff and Federation Staff to enrol on the 2018/19 NHS Leadership Training programme

Champion and encourage Practice managers, CCG staff and Federation Staff to enrol on the 2019/20 NHS Leadership Training programme
### 6. Supporting and Growing the Workforce

#### Timeline for Delivery:

<table>
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<tbody>
<tr>
<td>Description</td>
<td>Work with local GP federation and practices to implement a plan to reduced the turnover of staff and the number of vacant positions within primary care. Promote North Kirklees as a good place to work.</td>
<td>Implementation of the patients as teachers and experts scheme</td>
<td>Carry out an evaluate on the effectiveness of the plan and modify as necessary</td>
<td>Carry out an evaluate on the effectiveness of the scheme and modify as necessary</td>
</tr>
</tbody>
</table>
| Actions     | Explore using patients as teachers and experts  
• Experts by experience  
• Patients involved in creating learning materials, case studies, real patient problems as basis for problem-based learning, virtual patient cases, (may involve video of patient), use of patient narratives  
• Patient shares his/her experience with students of chronic illness, disability etc or give feedback on communication skills | Implementation of the patients as teachers and experts scheme                                                                                   | Carry out an evaluate on the effectiveness of the scheme and modify as necessary                                                               | Carry out an evaluate on the effectiveness of the scheme and modify as necessary                                                               |
| Practice    | Practice Manager and Reception development sessions have been provided throughout 2016/17 by the Primary Care Training Centre                          | Identify further education and training needs for Practice Managers and Reception staff and source adequate training                           | Source identified training                                                                                                                  | Evaluation of training provided                                                                                                                |
| Manager     |                                                                                                                                              |                                                                                                                                              |                                                                                                                                              |                                                                                                                                              |
| Reception   |                                                                                                                                              |                                                                                                                                              |                                                                                                                                              |                                                                                                                                              |
## 6. Supporting and Growing the Workforce

**Timeline for Delivery:**

|------------|-----------|-----------|-----------|
| Championing new roles in general practice  
  • Introduction of Physicians Associate roles  
  • Introduction of Nurse Associate roles  
  • Development of Preceptorship Plus Programme  
  • Introduction of Health Coaches, Health Trainers, Health Champions, Care Navigators | Grow, extended, increase, encourage and support new roles in general practice | Evaluate the implementation of the new roles working within Primary Care. |  |
| Develop implementation plan to engage with the public to understand the current challenges faced within Primary Care | Implementation of engagement strategy.  
  • Inform the public of the challenges faced within healthcare around workforce  
  • promote a greater understanding of generalist care and demonstrate its value to the health service  
  • support the public to understand the benefits of new roles within general practice | Evaluate implementation of the engagement strategy |  |
6. Supporting and Growing the Workforce

Timeline for Delivery:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Scope and develop a plan to ‘Grow Your Own’ workforce from the population of North Kirklees</td>
<td>Develop relationships and work with: • Primary school age children to induct in to ‘what the NHS is’ ‘who works in the NHS’ etc. • Teenagers (12-14) to highlight healthcare as a potential career route • GCSE/6th Form students to provide a co-ordinated work experience programme / placements in general practice • Younger staff through Apprenticeship Schemes and building the talent pipeline through clear structured career development • Supporting existing staff to develop and move into new roles such as HCAs into nursing, practice admin into practice managers • Volunteers and widening involvement in local healthcare services e.g. patient champions, health ambassadors</td>
<td>Evaluate the implementation of the ‘Grow your own workforce’ programme and modify as necessary.</td>
<td>Continue to develop a plan to ‘Grow Your Own’ workforce from the population of North Kirklees</td>
</tr>
</tbody>
</table>
### 6. Supporting and Growing the Workforce

**Timeline for Delivery:**

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<tr>
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</thead>
<tbody>
<tr>
<td>Develop a model to increase GP training practices</td>
<td>Increase the number of training practices</td>
<td>Allow increased training</td>
<td></td>
</tr>
<tr>
<td>Scope the possibility of joint working with Wakefield CCG to form a training academy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The development of clear competency and career progression frameworks for all roles within primary care</td>
<td>Implementation of competency and career progression frameworks for all roles within primary care</td>
<td>Evaluate the implementation of competency and career progression frameworks for all roles within primary care</td>
<td></td>
</tr>
</tbody>
</table>
7. Improving Access to General Practice

Our Ambition:

Our Ambition is to deliver Easily accessible primary care services for all patients in North Kirklees by building on some of the current initiatives and strategies that are already producing improved access pathways and patient care outcomes.

There are a number of components to this:

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

Several North Kirklees practices currently demonstrate effective sign posting, triage and treat systems within their practices and most are supportive of piloting a wider offering to other member practices. This can be initially instigated at local or cluster level with a longer term plan to triage at scale via the single federation.

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

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

**DIGITAL ACCESS** - Increased uptake of digital access to services via Patient Online, email and video consultation and tools to support self care

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

Our Ambition:

Rationale:
The government’s mandate to NHS England for 2016-17 gives NHS England a goal that by 2020, “100% of population has access to weekend/evening routine GP appointments”.

Objective six of the mandate states that, “We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends ...”

What success looks like, direction, milestones: All practices in England should ensure that their patients have extended access to pre-bookable appointments by 2020.

Extended access is delivered by a practice when, in their own practice or through a group to which they belong, patients may access routine bookable appointments on both Saturday and Sunday and either in the early morning (before 8.00am) or evening (after 6.30pm) on each of the other five days of the week.

Criteria for ‘full’ extended access is:

- Provision of pre-bookable appointments on a Saturday; and
- Provision of pre-bookable appointments on a Sunday; and
- Provision of pre-bookable appointments weekday mornings or evenings

NKCCG Registered Practice Population – ONS 2015 Mid-Year Population Estimates = 190,493
7. Improving Access to General Practice

Current Position:

Since Healthwatch Kirklees became established in April 2013, they have seen a constant stream of comments from members of the public about access to GP appointments. In 2014 Healthwatch Kirklees published “Why Can’t I get an appointment with my GP” report. Issues identified in the report are not just unique to Kirklees, the situation is mirrored nationally this is largely because demand is far outweighing capacity. This is for many reasons, including an increase in people living longer; people having multiple, chronic conditions; people inappropriately requesting GP appointments when self-care or advice/medication from a pharmacist would suffice; patients failing to cancel appointments.

All 29 Practices in North Kirklees are currently providing extended access under the definition and criteria identified under the Direct Enhanced Service for 2016/17. In October 2016 the CCG acknowledged that locally we needed to increase access over and above core and extended hours and therefore we implemented the Quality Access Scheme (QAS). 27 of the 29 practices have signed up to deliver the QAS and by 2017/18 we aim to increase this to all 29 practices. The QAS focuses on improving Access in Primary Care, Quality of care and reducing variation and Medicines management. In order to meet the requirements of the QAS practices are required to deliver an additional 30 minutes of extended access per 1000 registered patients per week outside of core and extended access. The QAS has generated an additional 91 hours per week of additional appointment in General Practice.
7. Improving Access to General Practice

The local GP Federation for which all 29 practices are members, has been identified as a key enabler for delivering the requirements of full extended access, practices will be working at scale on a hub basis and as such will ensure the following requirements are met by 100% of practices in 2018/19:

**Timing of appointments:**
- Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day
- Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
- Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week

**Capacity:**
- The CCG will commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population

**Measurement:**
- The CCG and the Federation will ensure usage of a nationally commissioned new tool which will be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

**Advertising and ease of access:**
- The Federation and CCG will ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service.
- The CCG and the Federation will ensure ease of access for patients including, all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services. Patients will be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

**Digital:**
- The Federation and CCG will ensure that digital technology is supported and utilised to deliver improved access in general practice.

**Inequalities:**
- Any identified inequalities in patients accessing general practice will be resolved locally in the first instance by the CCG and the Federation

**Effective access to wider whole system services**
- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services
7. Improving Access to General Practice

What do our patient survey results tell us?

- **32%** of patients surveyed said they did not find it easy to get through to someone at their GP surgery on the phone.

- **89%** by phone, **23%** in person, **6%** online

- **66%** of patients rated their OOH experience as fairly good or very good.

- **Only 32%** of patients are aware that they can use online services to book appointments, order repeat scripts or access medical records. **Only 15%** have used the service in last 6 months.

- **54%** day not convenient, **14%** time not convenient, **6%** not preferred GP, **17%** couldn't book ahead

**We need to improve access to/awareness of online booking**

**We need to offer better choice and flexibility to patients**

*Source - GP Patient Survey July 2016*
7. Improving Access to General Practice

What do our patient survey results tell us?

- **72%** of people would be willing to travel to another practice for an urgent appointment.
- **59%** of people would be willing to travel to another practice for a routine appointment.
- **81%** of people agreed that they want GP practices to provide a wider range of services.
- **69%** of people agree that weekend appointments should be for urgent appointments only.
- **42%** of people agree that weekend appointments should be open to everyone.

**Alternative ways of having an appointment**
- **66%** by phone
- **42%** by Skype
- **35%** by e-mail

**81%** of people felt that practices should be open longer hours.
**56%** of people want both evening and weekend appointments.
**51%** of people agreed that they would be willing to travel to another practice for a weekend appointment.

This information was used to influence the development of our future model for General Practice.
Improving Access to General Practice

Demand for primary care consultations is increasing and is projected to increase year on year.

A proportion of the demand is being driven by the over 65 years population which often have more complex needs. We are responding to this through the development of the frailty model as part of our move towards new models of care.
## Timeline for Delivery: All patients able to access primary care services 8am-8pm

<table>
<thead>
<tr>
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<tr>
<td>27 / 29 practices partaking in the Quality Access Scheme which is generating an additional 91 hours per week of additional appointment in General Practice over and above core and extended access enhanced service</td>
<td>Working with local federation and practices to encourage all 29 practices to sign up to the Quality Access Scheme which would result in an additional 95 hours per week of appointments in General Practice, which is over and above core and extended access, equating to additional 30 mins consultation capacity per 1000 population. Review the effectiveness of the Quality Access Scheme and modify the GPFV plan as necessary Discussions and working up a proposal with local federation on the implementation of full extended access in order to implement in 2018/19, explore opportunity to use existing provider to work in partnership e.g. LCD for call handling</td>
<td>Using the GPFV funding allocations of £3.34ph to commission and implement full extended access across 100% practices via our GP federation</td>
<td>Using the GPFV funding allocations of £6.00ph to commission and implement full extended access across 100% practices via our GP federation</td>
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</table>
## 7. Improving Access to General Practice

### Timeline for Delivery:

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<tbody>
<tr>
<td><strong>Analysis of the Primary Care Quality Matrix</strong></td>
<td>Use the nationally commissioned tool to measure appointment activity by practices both in hours and in extended hours.</td>
<td>Review plans following the outputs and analysis of the appointment activity tool</td>
<td></td>
</tr>
<tr>
<td><strong>Evaluate findings from CQC reports</strong></td>
<td>Scope the delivery of the a SPOC triage system for all GP contacts at a NKCCG level, locality level or collaborative practice level, as directed by the membership practices.</td>
<td>Develop and commission a model of delivery of a GP single point of contact.</td>
<td>Implement the GP single point of contact model</td>
</tr>
<tr>
<td><strong>Scope and procure a model of Out of Hours Primary Care provision, to reflect the North Kirklees CCG vision, and the predicted growth in population. This will need to reflect the particularly high numbers of children and young people in North Kirklees and the anticipated growth in the North Kirklees of approx. 9,000 homes which may equate to an increase in population of approx. 25% of the current population</strong></td>
<td>Implement a model of Out of Hours Primary Care provision</td>
<td>Evaluate and amend the model of Out of Hours provision</td>
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### 7. Improving Access to General Practice

**Timeline for Delivery:**

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<tr>
<td><strong>Scope the viability of GPs in core hours being placed in Ambulatory Care working with Acute clinicians, to improve access and develop the system resilience and development of further professional collaboration.</strong></td>
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<tr>
<td>Work with NHS England and agree the model for procurement of the 2 APMS practices to support improved access to primary care; particularly in relation to care home support and a collaborative home visiting service in areas of weak resilience e.g WF12.</td>
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<tr>
<td>A North Kirklees specific directory of health and wellbeing services is currently being compiled to facilitate the role out of clinical signposting and care navigation training to all practices</td>
<td>Access to a North Kirklees specific directory of health and wellbeing services will be available care navigation training to be offered to all practices</td>
<td>Evaluate active signposting and care navigation within North Kirklees and modify as needed</td>
<td>Fully embedded clinical signposting and care navigation with practices across North Kirklees.</td>
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</table>
## 7. Improving Access to General Practice

### Timeline for Delivery:

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<tbody>
<tr>
<td>Scope the implementation of the Carer’s Charter</td>
<td>Implement, develop, pilot and sign up to the Carer’s Charter</td>
<td>Roll out and measure</td>
<td>Evaluate</td>
<td></td>
</tr>
<tr>
<td>Develop and implement a primary care access communication strategy to relay how we are extending access to our population. This will be cognisant of the high numbers of children and young people, and the diversity and ethnic mix of North Kirklees CCG. This will include focus on improving electronic and non face to face interventions and the scoping and procurement of supporting IT infrastructure as needed e.g. systmone modules.</td>
<td>Review and modify the primary care communication strategy reflect the implementation of service redesign</td>
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<td></td>
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<tr>
<td>Develop models to advertise increased primary care capacity</td>
<td>Launch and evaluate advertising campaign</td>
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</table>
8. Transforming Estates and Technology

Our Ambition:

*Our Ambition is to deliver “Premises and infrastructure which increase capacity for clinical services out of hospital and improve 7 day access to effective care”*

There are a number of components to this:

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

**DIGITAL INFRASTRUCTURE** - Effective and efficient digital working which supports clinician to clinician and patient to clinician interfaces

**EDUCATIONAL INFRASTRUCTURE** - Premises which support a culture of teaching and learning both for healthcare professionals and patients

**WELL UTILISED INFRASTRUCTURE** - Integrated, multi occupancy premises which include a range of providers and services but with sufficient room for future growth/expansion

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

**HEALING INFRASTRUCTURE** - Premises and infrastructure which support staff and patients wellbeing, relieve stress and support recovery

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

Supports delivery of the Kirklees Health and Wellbeing Plan
To deliver our ambitions for primary care it is essential to have estates and infrastructure which are fit for purpose to deliver effective general practice services. Infrastructure including technology should support staff to deliver care in an efficient way. Premises, infrastructure and technology should support digital working, clinician to clinician interfaces and clinician to patient interfaces.

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

Infrastructure and technology should support patients to be involved in managing their own health and wellbeing and decisions about their care through information, advice and engagement. Every opportunity should be utilised to support people to play a greater role in their own health and care. This begins before the consultation, with methods of signposting patients to sources of information, advice and support in the community. Common examples include patient information websites, community pharmacies and patient support groups. For people with long-term conditions, this involves working in partnership to understand patients' mental and social needs as well as physical. Many patients will benefit from training in managing their condition, as well as connections to care and support services in the community. Estates and technology are key to being able to deliver self care especially by using apps and health pods which also align to social prescribing and care navigation.

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

Current Position in North Kirklees:

**Estates**

There are 29 GP practices within North Kirklees area as well as 9 branch practices. The GP estate is defined as the estate from which the core services of the General Medical Services (GMS) and Personal Medical Services (PMS) contracts are delivered. The estate is owned or leased from private landlords or NHS Property Services by GP’s for the delivery of their service and they are responsible for the upkeep of the premises and meeting the requirements of minimum standards as outlined in their contract.

6-facet survey on GP estates was carried out initially in 2010, in 2016 this work has been recommissioned to enable us to understand our current position.

The CCG has co-ordinated submission of bids for capital funding from the Estates and Technology Transformation Fund (ETTF). 7 bids have progressed to the next stage of the process. The CCG will work with practices and NHS England to complete appropriate due diligence with a view to planning investment in a timely and affordable manner.

North Kirklees has a population of approx. 190,000 residents. The proposed housing developments to regenerate the Kirklees economy will result in nearly 9,000 new homes which could result in a population increase of nearly 20% by 2028. This will significantly stretch General Practice services which will have to increase by 25% to meet the demand. This projected increase will need to be stratified through all of our plans. The CCG will work with the Local Authority and practices in the neighbouring areas to effectively plan services for this additional growth.
8. Transforming Estates and Technology

Current Position in North Kirklees:
The below table shows the proposed housing increase for the North Kirklees area by 2028, the practices across North Kirklees will have to increase the services they provide by 25% to meet the demand.

<table>
<thead>
<tr>
<th>Location of land for development</th>
<th>Number of homes which could be built by 2028</th>
</tr>
</thead>
<tbody>
<tr>
<td>former Soothill Cricket Club, Soothill Lane, Batley</td>
<td>43</td>
</tr>
<tr>
<td>Wards Hill, Batley</td>
<td>16</td>
</tr>
<tr>
<td>Lady Anne Business Park, Lady Ann Road, Soothill, Batley</td>
<td>83</td>
</tr>
<tr>
<td>52 Upper Batley Low Lane, Batley</td>
<td>28</td>
</tr>
<tr>
<td>Land of Soothill Lane, Lower Soothill, Batley</td>
<td>458</td>
</tr>
<tr>
<td>Land east of Leeds Road, Chidswell, Dewsbury</td>
<td>1535</td>
</tr>
<tr>
<td>Squirrel Hill Reservoir, Staincliffe Road, Dewsbury Moor, Dewsbury</td>
<td>26</td>
</tr>
<tr>
<td>Mayman Lane, Mount Pleasant, Batley</td>
<td>35</td>
</tr>
<tr>
<td>Woodlands Road, Batley</td>
<td>40</td>
</tr>
<tr>
<td>Mayman Lane, Batley</td>
<td>16</td>
</tr>
<tr>
<td>Carlinghow Lane, Batley</td>
<td>12</td>
</tr>
<tr>
<td>19 Staincliffe Hall Road, Staincliffe, Batley</td>
<td>20</td>
</tr>
<tr>
<td>Halifax Road, Staincliffe, Batley</td>
<td>19</td>
</tr>
<tr>
<td>Land to the north east of Highfield Drive, Birstall, Batley</td>
<td>31</td>
</tr>
<tr>
<td>Land south of Mill Street, Birstall, Batley</td>
<td>224</td>
</tr>
<tr>
<td>former Cemex Site, Smithies Moor Lane, Birstall, Batley</td>
<td>11</td>
</tr>
<tr>
<td>Park House Healthcare, Whitehall Road West, Birkenshaw, Cleckheaton</td>
<td>100</td>
</tr>
<tr>
<td>Raikes Lane, Birstall</td>
<td>70</td>
</tr>
<tr>
<td>Cleckheaton Bowling Club, Park View, Cleckheaton</td>
<td>20</td>
</tr>
<tr>
<td>Highmoor Lane, Hartshead, Liversedge</td>
<td>46</td>
</tr>
<tr>
<td>Tesco Superstore, Northgate, Cleckheaton</td>
<td>41</td>
</tr>
<tr>
<td>916 Halifax Road, Scholes, Cleckheaton</td>
<td>15</td>
</tr>
<tr>
<td>Whitechapel Middle School, Whitechapel Road, Cleckheaton</td>
<td>133</td>
</tr>
<tr>
<td>Brook House Mill, Blame Road, Cleckheaton</td>
<td>21</td>
</tr>
<tr>
<td>Ashbourne Drive, Liversedge</td>
<td>69</td>
</tr>
<tr>
<td>Rooks Avenue, Cleckheaton</td>
<td>50</td>
</tr>
<tr>
<td>Moorfield Avenue, Scholes, Cleckheaton</td>
<td>14</td>
</tr>
<tr>
<td>Westgate, Cleckheaton</td>
<td>198</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location of land for development</th>
<th>Number of homes which could be built by 2028</th>
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</thead>
<tbody>
<tr>
<td>Moorlands Business Centre, Balme Road, Cleckheaton</td>
<td>6</td>
</tr>
<tr>
<td>Merchant Fields, Hunsworth Lane, Cleckheaton</td>
<td>318</td>
</tr>
<tr>
<td>Land north of Westgate, Cleckheaton</td>
<td>10</td>
</tr>
<tr>
<td>Cliff Street, Dewsbury</td>
<td>40</td>
</tr>
<tr>
<td>Land at Providence Street, Earlshheaton, Dewsbury</td>
<td>25</td>
</tr>
<tr>
<td>Land to the east of Long Lane, Earlshheaton, Dewsbury</td>
<td>15</td>
</tr>
<tr>
<td>Magma Ceramics, Preston Street, Earlshheaton, Dewsbury</td>
<td>34</td>
</tr>
<tr>
<td>Land at School Street, Chickenley, Dewsbury</td>
<td>57</td>
</tr>
<tr>
<td>Land off Smithy Parade, Dewsbury</td>
<td>18</td>
</tr>
<tr>
<td>Headfield Mills, Savile Road, Savile Town, Dewsbury</td>
<td>30</td>
</tr>
<tr>
<td>Land to the south of Ravensthorpe Road, Thornhill Lees, Dewsbury</td>
<td>4000</td>
</tr>
<tr>
<td>Land north west of Forge Lane, Thornhill Lees, Dewsbury</td>
<td>79</td>
</tr>
<tr>
<td>Land off Long Causeway, Thornhill, Dewsbury</td>
<td>21</td>
</tr>
<tr>
<td>10 Kimersley Street, Thornhill Lees, Dewsbury</td>
<td>18</td>
</tr>
<tr>
<td>The Combs Hall Lane, Thornhill, Dewsbury</td>
<td>15</td>
</tr>
<tr>
<td>Red Laithes Court, Red Laithes Lane, Ravensthorpe, Dewsbury</td>
<td>13</td>
</tr>
<tr>
<td>Land off Meadow Bank, Dewsbury Moor, Dewsbury</td>
<td>16</td>
</tr>
<tr>
<td>Land at Oxford Road and Reservoir Street, Dewsbury</td>
<td>23</td>
</tr>
<tr>
<td>Spenborough Industrial Estate, Parker Street, Liversedge</td>
<td>15</td>
</tr>
<tr>
<td>Boundary Street, Heckmondwike</td>
<td>29</td>
</tr>
<tr>
<td>2-4 Traith Court, White Lee, Batley</td>
<td>32</td>
</tr>
<tr>
<td>Dale Lane, Heckmondwike</td>
<td>15</td>
</tr>
<tr>
<td>8 Church lane, Gomersal, Cleckheaton</td>
<td>18</td>
</tr>
<tr>
<td>Stubley Farm, Leeds Road, Heckmondwike</td>
<td>39</td>
</tr>
<tr>
<td>Cliffe Mount, Ferrand Lane, Gomersal, Bradford</td>
<td>115</td>
</tr>
<tr>
<td>Former Allotments, Leeds Road, Mirfield</td>
<td>19</td>
</tr>
<tr>
<td>Land to the east of Slipper Lane, Mirfield</td>
<td>12</td>
</tr>
<tr>
<td>Land south west of DunBottle Lane, Mirfield</td>
<td>15</td>
</tr>
<tr>
<td>Land to the east of Northorpe Lane, Mirfield</td>
<td>39</td>
</tr>
<tr>
<td>Sheep Ings Farm, Granny Lane, Mirfield</td>
<td>63</td>
</tr>
<tr>
<td>Land at Flash Lane and DunBottle Lane, Mirfield</td>
<td>60</td>
</tr>
<tr>
<td>Land north of Lady Heaton Drive, Mirfield</td>
<td>28</td>
</tr>
<tr>
<td>Land at Slipper Lane, Leeds Road, Mirfield</td>
<td>183</td>
</tr>
</tbody>
</table>

**TOTAL** 8794
Current Position in North Kirklees:

Technology

General Practice is at the heart of a wider system of integrated care in Kirklees and the strengthening of links with community health services, acute care, social care, third sector organisations and community pharmacy is essential.

Digitalisation and technology can enable this transformation and integration effectively and accelerate the creation of new models of primary care that can deliver ‘primary care at scale’. Technology can enhance the General Practice role as the gateway to more specialised treatments and facilitate in the smooth transition of patients across care settings and organisational boundaries by improving digital access and choice into primary care appointments, providing digital transfers of care, allowing patient interactive self-help technologies, the opportunities for e-consultations and the standardisation of referral management functions to reduce variations in care provision. Appropriate and increased access to primary care services has been shown to producing savings in prescribing, hospital referral and admissions and the use of A&E. Research estimated (2012/13) 5.8 million patients attended U&EC because they were unable to get an appointment or convenient appointment in general practice.

There are 29 individual GP Practices across North Kirklees. The establishment of a small number of GP practice collaborations creates an important vehicle to facilitate the shift of services into primary care and community settings - delivering innovation that benefits patients and value for money and the use of technology to enable this is essential and provides peer pressure and supportive interventions for those practices who are slow off the mark and digitally immature. The CCG recognises the important role this collaboration of practices can play and believes this is an important feature of our ability to delivery change at scale within general practice locally.

There are a large number of instances across other care settings within North Kirklees that utilise SystmOne -In all community services GP OOH services /Palliative care services. As a result of this many of our patients we have an effective detailed shared care record with legitimate consent and access rights being in place.

Most practices are already operating effectively ‘paper free at the point of care’ with no reference to paper based notes during patient consultations and in many transaction to and from acute secondary care organisations (Path lab requests and results and Electronic discharge letters), however mobile working for home visits or care home consultations has very limited paper free utilisation. Furthermore despite developments towards paper light and paper free working; there is still limited reliance in some cross organisational interactions a dependency of paper and fax.
8. Transforming Estates and Technology

Timeline for Delivery:

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<tr>
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</thead>
<tbody>
<tr>
<td>Map utilisation of current estates usage and their occupancy</td>
<td>Following utilisation study of current unoccupied estates - implement a plan to increase occupancy of CCG funded estates with high quality out of hospital services and expand practices where needed</td>
<td>Increase occupancy of CCG funded estates with high quality out of hospital services</td>
<td>Previously unoccupied estates now occupied by high quality out of hospital services</td>
</tr>
<tr>
<td>Identify appropriate space for care navigation and social prescribing services to take place within practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estates Technology &amp; Transformation Fund – progress bids submitted to NHS England for improving Primary care estates</td>
<td>Successful bids in cohort 2 to start</td>
<td>Estates Technology &amp; Transformation Fund scheme completes</td>
<td>Implementation of the central resource centre model</td>
</tr>
<tr>
<td>Cohort 1 bids to be completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk assess and scope potential cybersecurity issues when implementing new technology within Primary Care</td>
<td>The CCG also recognises within our Local Digital Road Map that access to Wi-Fi is an essential enabler for the development of a digital workforce and to support our development of digital resources for self-care.</td>
<td>The CCG will install WIFI in practices in line with GPFV specification once the official detail and guidance is announced this will be funded via the GPFV allocations</td>
<td></td>
</tr>
<tr>
<td>A number of practices are taking part in a pilot which allows NHS 111 to book directly into GP Practice appointments</td>
<td>Evaluate and roll out to existing practices</td>
<td></td>
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</tr>
</tbody>
</table>
## 8. Transforming Estates and Technology

### Timeline for Delivery:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Increase the use of online services and EPS2 via the Quality Access Scheme</td>
<td>Increase the use of online services and EPS2 via the Quality Access Scheme</td>
<td>Continue to work with primary care to increase usage of online services and EPS2, monitor and evaluate usage.</td>
<td>Continue to work with primary care to increase usage of online services and EPS2, monitor and evaluate usage.</td>
</tr>
<tr>
<td>Explore and scope the potential utilisation and implementation of new communication methods for some consultations, such as phone and email, video consultations, online portals such as AskmyGP</td>
<td>The CCG will implement the general practice consultation software system using the additional funding as support from the GPFV</td>
<td>The CCG will implement the general practice consultation software system using the additional funding as support from the GPFV</td>
<td>Evaluation of new consultation software</td>
</tr>
<tr>
<td>Risk assess and scope potential cybersecurity issues when implementing new technology within Primary Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modification of NEW Devon Formulary, import and populate a web-based system by local clinicians providing pre-referral guidance, patient advice and access to local pathways</td>
<td>Implementation and encourage clinicians to utilise</td>
<td>Evaluate Usage and take appropriate action</td>
<td></td>
</tr>
</tbody>
</table>

Delivering the GP Forward View in North Kirklees
## 8. Transforming Estates and Technology

### Timeline for Delivery:

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Increase the use E-consultation and E-referral in practices via the Quality Access Scheme, continue to work with secondary care to encourage and promote more clinical specialities to implement E-consultation</td>
<td>Increase the usage of E-consultation and E-referral in practices via the Quality Access Scheme, continue to work with secondary care to encourage and promote more clinical specialities to implement E-consultation</td>
<td>Continue to work with primary care to increase usage of E-consultation and E-referral, monitor utilisation. Encourage secondary care to extended the clinical specialities to implement E-consultation</td>
<td>Continue to work with primary care to increase usage of E-consultation and E-referral, monitor utilisation. Encourage secondary care to extended the clinical specialities to implement E-consultation</td>
</tr>
</tbody>
</table>
9. Better Workload Management

Our Ambition:

- Better utilisation of admin support within practices to read code and reduce GP time for post handling
- Multi skilled reception teams that can carry out phlebotomy and simple diagnostic procedures
- Develop ANP’s skills to read and interpret path lab results on behalf of GP’s
- Increase utilisation of other healthcare practitioners working along side GP’s and nurses
- Clinical Triage at scale
- Treat at scale – GPSI’s carry out clinics on behalf of clusters or federation wide
- Implement a GP Home Visit Service
- Trial in-hours escorted patient transport services to bring isolated and partially mobile patients into practice safely instead of arranging a home visit as a last resort
- Better use of referral process
- Specialist nurses carrying out mobile clinics across clusters
- Trial in-hours home visiting service across clusters
- Increase use of OSCAR – Online Support and Clinical Advice Resource

Supports delivery of the Kirklees Health and Wellbeing Plan
Capacity & quality of primary care
9. Better Workload Management

Current Position in North Kirklees:

Workload has been identified by the 2015 BMA survey as the single biggest issue of concern to GPs and their staff. Latest research, published in the Lancet, suggests that there has been an average increase in workload in general practice of around 2.5 percent a year since 2007/8, taking account of both volume and acuity. Whilst some of this rise can be addressed by increasing the workforce, we also want to support practices in moderating demand and reforming how we support and organise services.

As part of the national development programme expressed in the GP Forward View, funding has been approved through the Time for Care programme for 25% of practices in North Kirklees to receive packages of on-site Productive General Practice (PGP) Quick Start support. The programme focuses on chasing the tail, workplace organisation, minimum job requirements, workforce planning, consistency of approach and Failure Demand. Practices will receive six hands-on support sessions in their practice, plus four group-based learning sessions with other local practices. The programme is scheduled to be completed by March 2017. It is anticipated that further funding will be released in April 2017 and the CCG will be encouraging practices who have not signed up to take part in 2017/18.

North Kirklees CCG are working with the NHS England Sustainable Improvement Team to implement the 10 High Impact Actions across practices to release time for care. At our first session its was identified by Practice Managers, GP’s and our Federation that they wanted to concentrate on Active Signposting and Social Prescribing as the first two areas.

North Kirklees CCG has also commissioned a social prescribing service “Better in Kirklees”, the service is working closely with the CCG, Federation and GP practices to increase the number of referrals.
## 9. Better Workload Management

### Delivering the 10 High Impact Changes in Kirklees

<table>
<thead>
<tr>
<th>Action</th>
<th>Mechanism</th>
</tr>
</thead>
</table>
| **1. Active Signposting** | • Working with NHS England Sustainable Improvement Team to implement  
• Sharing local and national examples of how this has been implemented in other practices and areas  
• Source and roll out Care Navigation training for reception staff in North Kirklees  
• Scope the potential development of a clinical advice and booking triage service.  
• Scope the potential utilisation and implementation of online portals such as AskmyGP. Enables patients to seek help on a medical matter via the practice website or via an app. The clinician then gains a precise and detailed history from each patient before they reach the consulting room. The GP can decide on the best course of action, deal with remotely, by phone, signpost to another HCP and therefore only seeing patients who are clinically appropriate.  
• Modification of NEW Devon Formulary, Import and populate a web-based system by local clinicians providing pre-referral guidance, patient advice and access to local pathways |
| **2. New Consultation Types** | • Scope the potential development of a clinical advice and booking triage service.  
• Scope the potential utilisation and implementation of online portals such as AskmyGP. Enables patients to seek help on a medical matter via the practice website or via an app. The clinician then gains a precise and detailed history from each patient before they reach the consulting room. The GP can decide on the best course of action, deal with remotely, by phone, signpost to another HCP and therefore only seeing patients who are clinically appropriate.  
• Sharing expert clinical staff across federations to carry out group consultations for long term conditions  
• Increase the use E-consultation in practices via the Quality Access Scheme, continue to work with secondary care to encourage and promote more clinical specialities to implement E-consultation.  
• Explore options for the use of new GPIT e.g. skype, Wi-fi and the digital roadmap  
• Utilisation of the estates and technology transformation fund |
9. Better Workload Management

Delivering the 10 High Impact Changes in Kirklees

<table>
<thead>
<tr>
<th>Action</th>
<th>Mechanism</th>
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</thead>
</table>
| 3. Reduce DNAs          | • Improve access above core and extended hours via Quality Access Scheme to reduce “just in case” appointments, audit utilisation of appointments and continue to monitor monthly DNA rates  
                          • Utilise GPIT to remind and support simple cancellation  
                          • Full implantation of the Digital Roadmap  
                          • Work is underway with the practices and the sustainable Improvement Team to assist practices in implementing the 10 high impact actions. Practices will learn and share best practice techniques on managing non-attendances  
                          • Wider use of MJOG text reminder and auto-cancellation system to automatically free up declined appointments |
| 4. Develop the Team     | • Encourage practices to partake in the NHS Leadership Training programme and the Practice Managers development sessions provided by the Primary Care Training Centre.  
                          • Reception Staff Development programme - Encourage practices to partake in the Primary Care Training Centre development programme, source and roll out Care Navigation training for reception staff in North Kirklees  
                          • Broadening and expanding the workforce to encompass Clinical pharmacists, Mental health workers, paramedics, physio first  
                          • Introduce and pilot new roles in General Practice - Physician Associates, Nurse Associates  
                          • Continue to encourage and embed Apprenticeship Training in practices e.g. Reception, Admin and Health Care Assistants |
| 5. Productive Work Flows| • Development of the GP Federation to encourage sharing of systems, procedures, staff training and back office functions such as HR, payroll.  
                          • Existing cohort of practices to champion and encourage other practices to partake in the Productive General Practice Quick start programme which identifies ways to work more efficiently and effectively and reduce waste in routine processes.  
                          • Encourage and promote practice attendance at the Sustainable Improvement Team sessions which are aimed at supporting practices to implement the 10 high impact actions to release time for care  
                          • Improved working environment and technology - GPIT, digital roadmap and estates and technology transformation fund |
## 9. Better Workload Management

### Delivering the 10 High Impact Changes in Kirklees

<table>
<thead>
<tr>
<th>Action</th>
<th>Mechanism</th>
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</thead>
</table>
| **6. Personal Productivity**| • Existing cohort of practices to champion and encourage other practices to partake in the Productive General Practice Quick start programme which identifies ways to work more efficiently and effectively and reduce waste in routine processes  
• Encourage and promote practice attendance at the Sustainable Improvement Team sessions which are aimed at supporting practices to implement the 10 high impact actions to release time for care. |
| **7. Partnership Working**  | • Continuing development of the GP Federation which all 29 practices are part of  
• Intention to work in partnership with others to develop new models of care e.g. new frailty model – Locala, Federation and the CCG  
• Sharing skills across federations  
• Continued development of the GP Federation to encourage the sharing of systems, procedures, staff training and back office functions such as HR, payroll |
| **8. Social Prescribing**   | • Working with NHS England Sustainable Improvement Team to implement  
• Source and roll out care Navigation training for GP reception staff in North Kirklees  
• Work collaboratively with Practices, CCG, Federation and the Social Prescribing service to increase awareness and referrals  
• Consider increased use of voluntary sector and community providers by offering capacity within primary care to third sector organisations to deliver ‘self-care’ and ‘group support’ in a familiar and safe environment  
• Set up practice based workshop style events with expert patient groups and community/third sector organisations to help improve self-care and reduce social isolation |
# 9. Better Workload Management

**Delivering the 10 High Impact Changes in Kirklees**

<table>
<thead>
<tr>
<th>Action</th>
<th>Mechanism</th>
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</table>
| **9. Support Self Care** | • Source and roll out Care Navigation training for reception staff in North Kirklees  
• Work collaboratively with practices, CCG, Federation and the Social Prescribing service to increase awareness and referrals.  
• Patient Education Programmes for long term conditions and comprehensive care plans  
• Consider increased use of voluntary sector and community providers by offering capacity within primary care to third sector organisations to deliver ‘self-care’ and ‘group support’ in a familiar and safe environment  
• Sharing expert clinical staff across federations to carry out group consultations for long term conditions  
• Use MJOG system to text to mobile & land-lines invites to healthcare events and in-house health promotion workshops |
| **10. Develop QI Expertise** | • Practices who have already attend the NHS Leadership Training programme to champion and encourage other practices to partake in the programme  
• Existing cohort of practices to champion and encourage other practices to partake in the Productive General Practice Quick start programme. The programmes will look at improvement tools such as Lean, PDSA and SPC  
• Encourage and promote practice attendance at the Sustainable Improvement Team sessions which are aimed at supporting practices to implement the 10 high impact actions to release time for care  
• The CCG Quality Team is working with practices to encourage the reporting of incidents  
• Implementation of the Quality Access Scheme to reduce variation in General Practice in relation to referrals |
### 9. Better Workload Management

**Timeline for Delivery:**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>The first cohort of 7 practices are signed up to the Productive General Practice Quick start Programme</td>
<td>Champion and encourage the other practices to partake in the Productive General Practice Quick start programme</td>
<td>Evaluate the effectiveness of Productive General Practice Quick start programme</td>
<td></td>
</tr>
<tr>
<td>Encourage and promote practice attendance at the Sustainable Improvement Team sessions which are aimed at supporting practices to implement the 10 high impact actions</td>
<td>Implement the 10 high impact actions</td>
<td>Begin to employ in Primary Care clinicians who historically provide secondary care and diagnosis</td>
<td></td>
</tr>
<tr>
<td>GP Federation development - explore sharing skills and services across federation, sharing back office functions e.g. HR, finance, training, reception admin etc</td>
<td>GP Federation development, sharing skills and services across federation, sharing back office functions e.g. HR, finance, training, reception admin etc</td>
<td>GP Federation development, sharing skills and services across federation, sharing back office functions e.g. HR, finance, training, reception admin etc</td>
<td>GP Federation development, sharing skills and services across federation, sharing back office functions e.g. HR, finance, training, reception admin etc</td>
</tr>
<tr>
<td>Pilot delivery of the Nurse Associate role in Primary Care</td>
<td>Employ Care Navigators</td>
<td>Continue to train develop and empower care navigators and document management teams (practice admin teams) to read code and deal with correspondence and allocate to appropriate associate e.g. GP, Nurse, On-site Pharmacist, prescription clerk, receptionist etc.</td>
<td>Evaluate the care navigators and document management teams and modify as required</td>
</tr>
<tr>
<td>Implement Clinical Pharmacists</td>
<td></td>
<td>Implement General Practice SPOC triage systems</td>
<td></td>
</tr>
<tr>
<td>A register of staff skills and qualifications and areas of interest</td>
<td>Build IT supporting infrastructure</td>
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</tbody>
</table>
10. Redesign of Care Delivery

Our Ambition:

*Our ambition is to explore the development of a collaborative provider within North Kirklees to deliver a range of services out of hospital settings, meaning patients who require specialist acute intervention to go hospital.*

We will develop clinical resource centres to manage patients in primary care which will enable us to offer a wider range of services to meet the needs of local people and better access to services whilst using the workforce available to us more effectively. There is a strategic shift of activity planned from hospitals to the community, preventing the need for hospital admission wherever possible. With enhanced integration of services for vulnerable patients, the aim is to ensure that people do not spend any longer in hospital than they need to. Proactive management of activity shifts out of secondary care to primary care need to be properly planned and resourced.

The CCG, local GP federation and practices are scoping existing services and procedures that are currently carried out by secondary care which could potentially be safely transferred to primary care examples include:

- ENT
- Cardiology
- Paediatrics
- Minor Injuries Service
- Diabetes
- Respiratory
- Pre operative assessments

Our ambition is to develop integrated teams within primary care. These teams will have a multi-skilled workforce and enable us to deliver a wide range of services within a primary care/community based setting. This approach will ensure patients are seen by the most appropriate clinician for their needs rather than relying on GP interventions, therefore will support our local workforce plans.

Better use of technology will be key in delivering this approach as will patient education and care planning to ensure that patients begin to take more responsibility for self care, thus reducing demand on services.

We will also use risk stratification methodology to identify our most vulnerable cohorts of patients and ensure they are managed.
10. Redesign of Care Delivery

Current Position in North Kirklees:

Plans are also in development to test a collaborative provider approach through the development of an integrated model for frail elderly patients in North Kirklees. It is anticipated that this will include:

- Medical cover for care homes
- Screening and identification
- Training and Education
- An Integrated Frailty team
- Out of Hours advice and support

The CCG, working with partners across health and care has already commenced an ambitious plan to deliver new models of care and integrated ways of working to deliver both efficiencies as well as reducing the care quality gap.

Current out of hospital services provided in primary care:

- Access to diagnostics - 24 hour ABPM and ECG’s
- Insulin initiation
- Community dermatology service
## 10. Redesign of Care Delivery

### Timeline for Delivery:

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<tr>
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<tbody>
<tr>
<td>Work collaboratively on care redesign e.g. frailty</td>
<td>Ongoing federation development, sharing skills across federation, Intention to work collaboratively with others e.g. frailty pathway across primary, secondary and acute care</td>
<td></td>
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<tr>
<td></td>
<td>Consider increased use of voluntary sector and community providers by offering capacity within primary care to third sector organisations to deliver ‘self-care’ and ‘group support’ in a familiar and safe environment</td>
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<td></td>
</tr>
<tr>
<td>Social Prescribing - work collaboratively with practices, CCG, Federation and the Social Prescribing service to increase awareness and referrals</td>
<td>Develop a Directory of Services to support social prescribing</td>
<td>Increase use of social prescribing models</td>
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<tr>
<td>Scope the model for delivering enhanced services such as home visiting services and care home support through x2 APMS practices</td>
<td></td>
<td>Develop and finalise the model of delivery through an urgent care centre.</td>
<td>Implement an urgent care centre</td>
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## 10. Redesign of Care Delivery

### Timeline for Delivery:

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</thead>
<tbody>
<tr>
<td><strong>Scope the delivery of primary and acute care</strong>&lt;br&gt;Ambulatory Care</td>
<td><strong>Scope the potential development of a clinical advice and booking triage service</strong></td>
<td>Implementation of a clinical advice and booking triage service as a single point of primary care contract</td>
<td></td>
</tr>
<tr>
<td>16/17 work with practices to benchmark ENT procedures that are currently being undertaken in primary care and scope other ENT services that could be safely transferred to primary care.</td>
<td>Pilot acute / primary care and ambulatory care.</td>
<td>Implement acute / primary care and ambulatory care</td>
<td></td>
</tr>
<tr>
<td>16/17 work with practices to benchmark Cardiology procedures that are currently being undertaken in primary care and scope other Cardiology services that could be safely transferred to primary care.</td>
<td>17/18 work with the federation to develop and pilot a primary care led ENT services delivered by expert clinical resource at a collaborative, cluster or cooperative level.</td>
<td>18/19 Agree and procure a model of primary care led ENT services</td>
<td></td>
</tr>
<tr>
<td>16/17 work with practices to benchmark Cardiology procedures that are currently being undertaken in primary care and scope other Cardiology services that could be safely transferred to primary care.</td>
<td>17/18 work with the federation to develop and pilot a primary care led cardiology service delivered by expert clinical resource at a collaborative, cluster or cooperative level.</td>
<td>18/19 Agree and procure a model of primary care led cardiology services</td>
<td></td>
</tr>
<tr>
<td>16/17 work with practices to benchmark paediatric services that are currently being undertaken in primary care and scope other paediatric primary care services that could be safely transferred to primary care.</td>
<td>17/18 work with the federation to develop and pilot a primary care led paediatric service delivered by expert clinical resource at a collaborative, cluster or cooperative level.</td>
<td>18/19 Agree and procure a model of primary care led paediatric service</td>
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</table>
## 10. Redesign of Care Delivery

### Timeline for Delivery:

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</thead>
<tbody>
<tr>
<td><strong>2016/17</strong></td>
<td>16/17 work with practices to benchmark minor injury services that are currently being undertaken in primary care and scope other minor injury services that could be safely transferred to primary care.</td>
<td>17/18 work with the federation to develop and pilot a primary care led minor injury service delivered by expert clinical resource at a collaborative, cluster or cooperative level.</td>
<td>18/19 Agree and procure a model of primary care led minor injury service</td>
<td></td>
</tr>
<tr>
<td><strong>2017/18</strong></td>
<td>Explore implementing a GP home visiting service</td>
<td>Implementation of GP home visiting service</td>
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<tr>
<td><strong>2018/19</strong></td>
<td>Scope new ways of working around diabetes and respiratory increasing capacity for clinical services out of hospital via new models of care (central resource centre)</td>
<td>Implementation of central resource centre model to deliver services out of hospital via new models of care, around diabetes, respiratory and cardiology</td>
<td>Implementation of central resource centre model to deliver services out of hospital via new models of care</td>
<td></td>
</tr>
<tr>
<td><strong>2019/2020</strong></td>
<td>Scope the development of GP led short stay beds</td>
<td>Implement 24/7 GP led beds at Dewsbury campus</td>
<td>Implement 24/7 GP led beds at Dewsbury campus</td>
<td></td>
</tr>
</tbody>
</table>
| **Peer review of priority areas under rightcare , explore suggestions made by GP’s** | Peer review of priority areas under rightcare , explore suggestions made by GP’s |                                                                                                                                                                  |                                                                                                                                                        |}

Delivering the GP Forward View in North Kirklees
11. Investment in General Practice and Primary Care

Funding for reception navigators and reception training

Funding to support implementation of new roles in primary care (MH Workers, Clinical Pharmacists)

Estates, Technology and Transformation Funding

Funding opportunities through the Local Digital Roadmap

Transformation Funding £290K across WY&H used by NHSE to develop a transformation team to support implementation of 10 high impact changes

National monies to deliver extended access. (£3.34 1819, increases annually to 20/21)

GP resilience monies - £690K WY&H in 16/17. Further funding in 17/18 and 18/19.

Vulnerable practice funding

Investment

Workforce

Workload

Care Redesign

GP Forward View

North Kirklees
Clinical Commissioning Group
11. Investment in General Practice and Primary Care

The below table highlights the investment in General Practice and Primary Care from 2016 to 2021, the investments made are over and above GMS, PMS and APMS practice budgets. In addition to the funding indicated below, the CCG also funds a number of community services which support the out of hospital agenda.

<table>
<thead>
<tr>
<th>2016 / 17</th>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Access Scheme - Curo Health Ltd</td>
<td></td>
<td>£774,190</td>
</tr>
<tr>
<td>Practice Support</td>
<td></td>
<td>£21,000</td>
</tr>
<tr>
<td>Care Coordinators</td>
<td></td>
<td>£124,500</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td></td>
<td>£233,854</td>
</tr>
<tr>
<td>24 Hour Ambulatory Blood Pressure Monitoring</td>
<td></td>
<td>£71,096</td>
</tr>
<tr>
<td>Basket of Procedures</td>
<td></td>
<td>£204,727</td>
</tr>
<tr>
<td>Diabetes-Insulin</td>
<td></td>
<td>£46,000</td>
</tr>
<tr>
<td>Reception and care navigators training</td>
<td></td>
<td>£16,568</td>
</tr>
<tr>
<td>2017 /18</td>
<td></td>
<td>£</td>
</tr>
<tr>
<td>Quality Access Scheme - Curo Health Ltd</td>
<td></td>
<td>£931,123</td>
</tr>
<tr>
<td>Practice Support</td>
<td></td>
<td>£21,000</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td></td>
<td>£238,858</td>
</tr>
<tr>
<td>24 Hour Ambulatory Blood Pressure Monitoring</td>
<td></td>
<td>£72,617</td>
</tr>
<tr>
<td>Basket of Procedures</td>
<td></td>
<td>£209,108</td>
</tr>
<tr>
<td>Diabetes-Insulin</td>
<td></td>
<td>£46,984</td>
</tr>
<tr>
<td>Reception and care navigators training</td>
<td></td>
<td>£33,116</td>
</tr>
<tr>
<td>Online general practice consultation software systems</td>
<td></td>
<td>£49,673</td>
</tr>
</tbody>
</table>
11. Investment in General Practice and Primary Care

<table>
<thead>
<tr>
<th>2018 / 19</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Access</td>
<td>647,664</td>
</tr>
<tr>
<td>Reception and care navigators training</td>
<td>33,095</td>
</tr>
<tr>
<td>CCG allocations to support new ways of working</td>
<td>577,936</td>
</tr>
<tr>
<td>Online general practice consultation software systems</td>
<td>66,190</td>
</tr>
<tr>
<td>PMS Money (awaiting decision and governance on how this money will be invested)</td>
<td>906,440</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019/20</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Access</td>
<td>1,171,052</td>
</tr>
<tr>
<td>Reception and care navigators training</td>
<td>33,081</td>
</tr>
<tr>
<td>Online general practice consultation software systems</td>
<td>33,081</td>
</tr>
<tr>
<td>PMS Money (awaiting decision and governance on how this money will be invested)</td>
<td>892,234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2020/21</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception and care navigators training</td>
<td>33,063</td>
</tr>
<tr>
<td>PMS Money (awaiting decision and governance on how this money will be invested)</td>
<td>877,562</td>
</tr>
</tbody>
</table>

**Additional monies held by NHS England**
- GP resilience monies - £690K WY&H in 16/17. Further funding in 17/18 and 18/19
- Vulnerable practice funding
- Estates, Technology and Transformation Funding
- Transformation funding £290K across WY&H used by NHSE to develop a transformation team to support implementation of 10 high impact changes
11. Investment in General Practice and Primary Care

Strategy for General Practice Investment

• North Kirklees CCG is at present at Level 1 for Co-Commissioning - Greater involvement, it is our intention to work with our member practices and progress to Level 3 - Delegated commissioning. The introduction of delegated commissioning is seen as a key enabler allowing the CCG an opportunity to take more strategic control over general practice budgets, thereby retaining any efficiency savings within primary care for future investment. The purpose of this is not only to support further improvements to quality in general practice but also to provide additional investment where possible ensure the long term sustainability of general practice services in North Kirklees.
• Maximise the use of non-recurrent funding available through the GP Forward View
• Ring fence Primary Care budget
• Proactive management of activity shifts out of secondary care to primary care and ensure movement is properly planned and resourced
• Transfer of funding from secondary care to primary to enable and support care redesign
• The current financial position of the NHS and locally in the CCG limits the ability fund primary care developments
• In 2017/18 the CCG will explore the fairness of funding to practices to ensure all practices are receiving equitable funding
• Bids for resilience monies will be submitted for 2016/17, 2017/18 and 2018/19

Resilience bids for 2016/17 will be submitted to NHSE by 30th December 2016. The CCG is currently working with practices to identify priorities for resilience monies and therefore the bids listed below are not an exhaustive list.

• Project management and practice incentive to carry out a capacity and demand audit
• Project management to work up a plan to support doctors from primary care to gain experience in Ambulatory care at Dewsbury Hospital
• Scoping and trial of an ANP within a recognised highly demanding geographical area
• Development of a working base site and IT for the federation
• Project management to scope the primary care element of frailty support within Primary Care
• Pilot a core hours home visiting service
• Develop a primary care cardiology service specification
• Fund further exploration and training for practices to develop the care navigator role outside of the funding already allocated via the GPFV
12. Regional and National Support to Deliver this Plan

<table>
<thead>
<tr>
<th>Ambition</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supporting and Growing the Workforce</td>
<td>Financial Investment, Resources, Support from the Transformation Team</td>
</tr>
<tr>
<td>2. Improving Access to General Practice</td>
<td>Financial Investment, Resources, Support from the Transformation Team</td>
</tr>
<tr>
<td>3. Transforming Estates and Technology</td>
<td>Financial Investment, Resources, Support from the Transformation Team</td>
</tr>
<tr>
<td>4. Better Workload Management</td>
<td>Financial Investment, Resources, Support from the Transformation Team</td>
</tr>
<tr>
<td>5. Redesign of Care Delivery</td>
<td>Financial Investment, Resources, Support from the Transformation Team</td>
</tr>
</tbody>
</table>

‘The Local Medical Committee support the development and creation of the North Kirklees GPFV plan to support the resilience of General Practice and improved service provision for patients. The LMC however, recognise that the execution of the plan requires appropriate funding and resourcing and there needs to be transparency around both of these elements.’
13. Engagement

As a CCG we are committed where possible, to undertaking some form of engagement, even in cases where it is determined that it is not a statutory requirement. We aim to involve stakeholders at two key points when we are considering making changes to services.

1. **As proposals are being developed** to ensure that patients/stakeholders have the opportunity to shape them
2. **When we are making the final decision** which may be as part of a formal consultation process
3. **Evaluation** to ensure services are fit for purpose

### Relevant Engagement Activities Undertaken to Date: Development of the NKCCG Primary Care Strategy

The CCG, embarked on engagement over an eight week period. The engagement was designed to capture the views of the wider public, voluntary and community groups and key stakeholders.

The following engagement methods were used as part of this process.

- Existing data was collated and analysed including data from previous engagement and patient experience reports were also analysed for any issues relating to GP services.
- Patient survey to gain views on GP services
- Facilitated discussion at Public Engagement Events
- Facilitated discussion with GP Membership via a Primary Care Summit

The CCG will ensure a communication and engagement strategy is in place for all areas of the GPFV plan
Future Engagement Plans

As we implement our strategy all changes will be subject to the usual CCG engagement processes

Engagement in producing the North Kirklees GPFV plan

The Local Medical Committee support the development and creation of the North Kirklees GPFV plan to support the resilience of General Practice and improved service provision for patients. The LMC however, recognise that the execution of the plan requires appropriate funding and resourcing and there needs to be transparency around both of these elements.

Healthwatch have had the opportunity to consider this plan in its final draft status and do support elements of the plan, significantly those plans relating to Access. This reinforces previous work Healthwatch has done to reflect and address concerns raised by patients across North Kirklees; whom have struggled to make appointments to see their GP. Healthwatch request that North Kirklees CCG consider asset locking public funds as they transact and procure the individual components of this plan.

The GP Federation fully support the GPFV plan for North Kirklees, they acknowledge the challenges and are concerned that finance and resource underpin the success of developing the plan for our local population.

The Council of Members support and agree with the North Kirklees GPFV plan in principle and acknowledge the need to establish new models of care and that for this to happen appropriate funding, resource and support should be allocated to primary care.

The CCG has also presented and discussed the GPFV plan with our Patient Reference Group.
# 14. Risks and Mitigations

<table>
<thead>
<tr>
<th>Risks</th>
<th>Score</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that the population of North Kirklees will expand</td>
<td>4x4 = 16</td>
<td>Based on housing proposals to be completed by 2028 we know the population within North Kirklees will rise by 20% therefore we need to increase GP capacity by 25% to manage the additional demand</td>
</tr>
<tr>
<td>There is a risk that the GP contracts will not provide enough clarity to allow flexibility of resource or redesign</td>
<td>4x3 = 12</td>
<td>To be mitigated through co-commissioning and the CCG becoming fully delegated</td>
</tr>
<tr>
<td>The financial resource required to redesign primary care is significantly greater than the proposed allocations</td>
<td>5x5 = 25</td>
<td>There maybe potential to draw on other resources and work with neighbouring CCG’s to develop a regional approach and pool budgets.</td>
</tr>
<tr>
<td>The workforce required to deliver the new models may not be available</td>
<td>5x4 = 20</td>
<td>The CCG’s Workforce Sustainability group will be responsible for implementing the ambitions and actions detailed in the GPFV plan</td>
</tr>
<tr>
<td>Not all practices may want to work in collaboration with other practices</td>
<td>4x3 = 12</td>
<td>Given there is an existing local GP federation which includes all 29 practices it is anticipated that practices would be willing to work with each other. The local GP Federation will work with practices to resolve any potential issues.</td>
</tr>
<tr>
<td>The Federation may not grow/ mature in time to be able to support primary care delivery or bid for new primary care services on behalf of all member practices</td>
<td>4x4 = 16</td>
<td>Support and resources are required to allow the GP Federation to develop</td>
</tr>
<tr>
<td>NKCCG may not be complete to take on co-commissioning, which could negatively impact</td>
<td>4x4 = 16</td>
<td>The CCG is engaging and working with Council of Members to gain agreement to proceed with Co-Commissioning. A Co-Commissioning event will be held at PPT on 17th January with the Council of Members to discuss the benefits and the risks of not proceeding.</td>
</tr>
<tr>
<td>The NKCCG GP Forward View may not be suitable robust to articulate the plans</td>
<td>4x3 = 12</td>
<td>The GPFV plan is an initial plan further development and adaptation is anticipated. Project Support Managers for Primary Care will ensure that any changes are reflected within the plan.</td>
</tr>
<tr>
<td>The NKCCG resource to support the service changes may not be sufficient</td>
<td>4x3 = 12</td>
<td>There maybe potential to draw on other resources such as local GP Federation and work with other CCG’s to develop a regional approach.</td>
</tr>
</tbody>
</table>

North Kirklees CCG GPFV plan is a fluid plan, further adaptation and amendments may be required in order to execute the plan fully, risks will continue to be updated and addressed via our governance structure.
15. Governance

Current CCG Model of Governance Structure

- Greater Involvement
- Governing Body
- SMT
- QPFC
- Audit
- TARC

Supported by CCG constitution and conflicts of interest policy

Proposed model of Governance structure post 1st April 2017

- Full Delegation
- Governing Body
- SMT
- QPFC
- Audit
- TARC
- Primary Care Co-Commissioning Committee

Supported by updated CCG constitution and updated conflicts of interest policy. Governing body approval for Terms of Reference for Primary Care Co-Commissioning Committee

The CCG is actively exploring taking delegated primary care commissioning responsibilities from NHS England

Delivering the GP Forward View in North Kirklees
Appendix 1: Evidence Base

1. ‘North Kirklees GP Workforce Report’, Health Education England Yorkshire & Humber Region


7. ‘Why can’t I get an appointment with my GP?’ Healthwatch – Kirklees, January 2014

8. General Practice Forward View (GPFV) 2016


10. Development of West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

11. Development of Kirklees Health and Wellbeing Plan

12. North Kirklees Primary Care Strategy 2016

Appendix 1: Evidence Base

14. Interim North Kirklees Estates Strategy 2015  links to 1 public estate work stream in the Kirklees Health & Wellbeing Plan

15. Interim North Kirklees Workforce Strategy

16. NKCCG Communications and Engagement Strategy

17. Healthwatch Kirklees - Why can’t I get an appointment with my GP?’ January 2014


Delivering the GP Forward View in North Kirklees

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