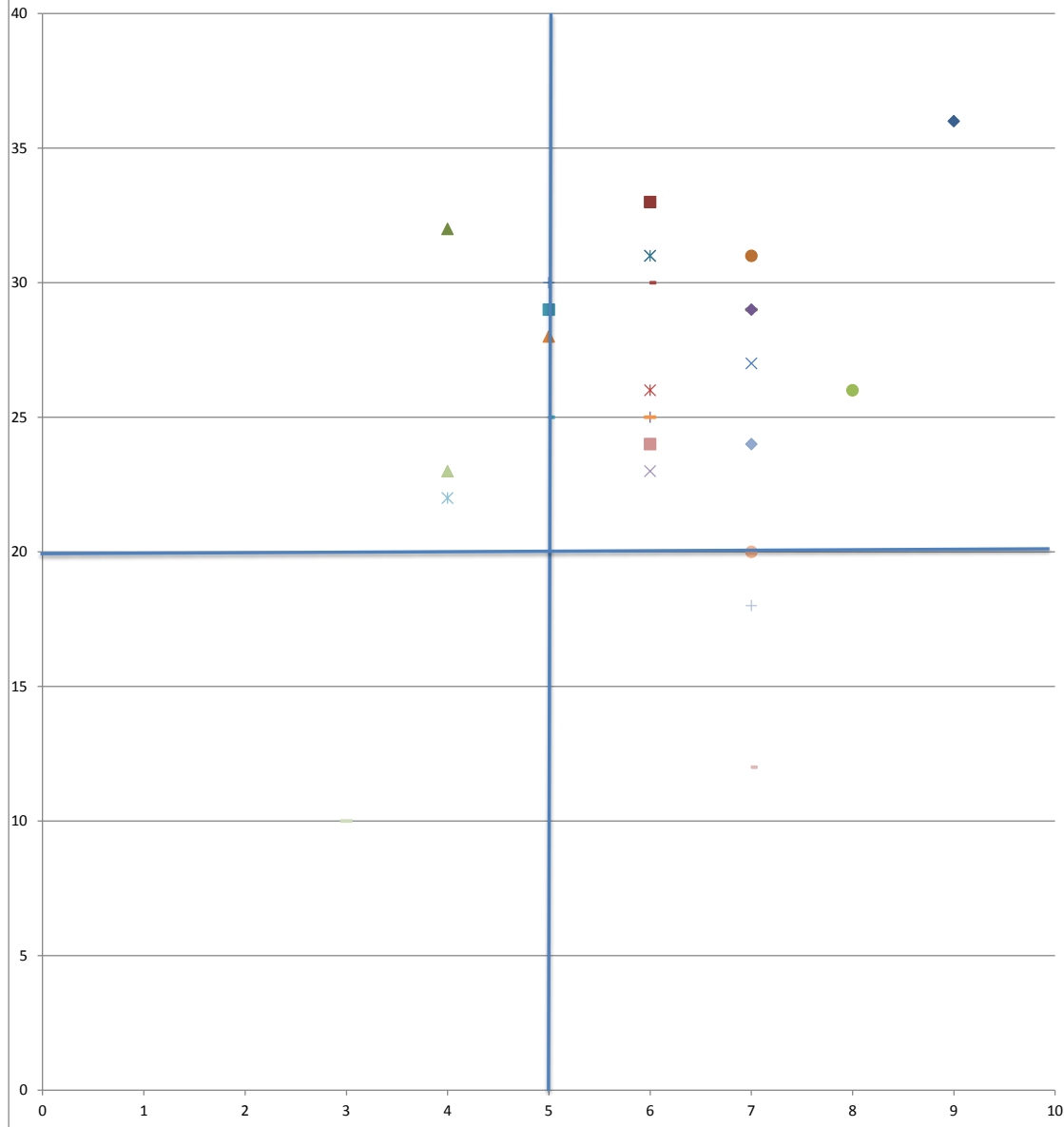


# Impact Vs Do-ability



- ◆ Consider inclusion of budgets for staff development 9 36
- Review of all enhanced services
- ▲ Standardisation of roles 4 32
- × Development of city wide training programme for all staff 6 31
- × Improve consultation times to enable a holistic and pro-active approach
- Staff Development including succession planning
- + Consider implementing a local QoF
- Improve integration with community services and secondary care – seamless
- Explore options to work closer with pharmacy
- ◆ Review of capacity in primary care
- Undertake review of secondary care services which could be delivered in primary care
- ▲ Consider options to improve access
- × Review of existing roles including GP, Nurse Practitioners
- × Development of a Self Care awareness programme including the education of school children
- Shared records across all main services
- + Direct access to diagnostics
- Review with public health existing disease prevention services
- Work with public health to review existing lifestyle services
- ◆ One system
- Review core contract – consider increased funding rather than existing additional funding options
- ▲ Explore alternative methods of communication with both patients and partners i.e.: video conferencing, Skype, email.
- × Explore options for joint working ensuring Practices maintain their identity
- × Undertake review of existing premises considering future ways of working
- Consider activity based rather than list based contracts
- + One Sunderland website rather than 51 individual practices intranet and internet – All health information in one place
- Shared back office functions including HR, IT, Business Planning, Payroll, Payments etc.
- Standardisation of pay



<b>Summary of Prioritised Initiatives</b>	<b>Do-ability</b>	<b>Impact</b>
Consider inclusion of budgets for staff development	9	36
Review of all enhanced services	6	33
Staff Development including succession planning	7	31
Development of city wide training programme for all staff	6	31
Improve consultation times to enable a holistic and pro-active approach	6	31
Improve integration with community services and secondary care – seamless	6	30
Consider implementing a local QoF	5	30
Explore options to work closer with pharmacy	7	29
Review of capacity in primary care	7	29
Undertake review of secondary care services which could be delivered in primary care	5	29
Consider options to improve access	5	28
Review of existing roles including GP, Nurse Practitioners	7	27
Shared records across all main services	8	26
Development of a Self Care awareness programme including the education of school children	6	26
Direct access to diagnostics	6	25
Work with public health to review existing lifestyle services	6	25
Review with public health existing disease prevention services	5	25
One system	7	24
Review core contract – consider increased funding rather than existing additional funding options	6	24
Explore options for joint working ensuring Practices maintain their identity	6	23
Standardisation of roles	4	32
Explore alternative methods of communication with both patients and partners i.e.: video conferencing, Skype, email.	4	23
Undertake review of existing premises considering future ways of working	4	22
Consider activity based rather than list based contracts	7	20
One Sunderland website rather than 51 individual practices intranet and internet – All health information in one place	7	18
Shared back office functions including HR, IT, Business Planning, Payroll, Payments etc.	7	12

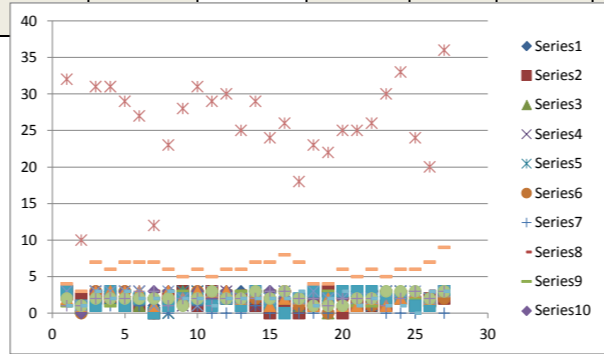
Standardisation of pay	3	10
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**General Practice Strategy Prioritisation Criteria**

Proposed Initiative		Impact of the Initiative (Compare each initiative against each of the requirements below. What impact will the initiative have on this requirement - Score 0-3)													Do-ability (How do-able is this initiative? Is it value for money, how much effort will it take and what are the risks involved in doing, or not doing, the initiative - Score 0-3)				
		CCG Strategic Objectives			CCG 5 Year Outcome Ambitions				Sunderland Future State for General Practice						Impact Score	Do-ability			
		Transforming out of hospital care through integration and 7 day working	Transforming in hospital care, specifically urgent and emergency care and 7 day working	Enabling self care and sustainability	Improve health related quality of life for people with long term conditions	Improve patient experience of out of hospital care	Reduce emergency admissions	Reduce years of life lost	Sustainable general practice	Appropriate access (Right person, right place, right time for right condition)	Consistent and high quality	Self Care	Appropriate skill mix	System working		VFM & Financial Sustainability	Effort	Risk	Do-ability Score
Workforce	Standardisation of roles	3	3	3	3	3	2	2	2	1	2	3	2	3	32	2	1	1	4
	Standardisation of pay	1	2	1	1	1	0	1	0	0	0	1	1	1	10	1	1	1	3
	Staff Development including succession planning	3	2	3	3	1	3	1	3	2	3	1	3	3	31	2	2	3	7
	Development of city wide training programme for all staff	3	2	2	3	2	2	1	3	1	3	3	3	3	31	2	2	2	6
	Review of capacity in primary care	3	1	1	3	1	3	1	3	3	3	1	3	3	29	2	2	3	7
	Review of existing roles including GP, Nurse Practitioners	2	1	1	3	2	2	1	2	2	2	2	3	3	27	2	3	2	7
Ways of Working	Shared back office functions including HR, IT, Business Planning, Payroll, Payments etc.	1	0	1	0	0	0	0	3	2	3	0	1	1	12	2	3	2	7
	Explore options for joint working ensuring Practices maintain their identity	2	2	1	0	0	2	0	3	3	3	1	3	3	23	2	1	3	6
	Consider options to improve access	3	3	3	1	3	2	1	1	3	2	2	2	2	28	1	2	2	5
	Improve consultation times to enable a holistic and pro-active approach	2	1	3	3	3	3	1	3	3	3	2	3	1	31	2	2	2	6
	Undertake review of secondary care services which could be delivered in primary care	3	3	2	2	2	2	0	3	3	2	1	3	3	29	3	1	1	5
	Improve integration with community services and secondary care – seamless	2	2	3	3	2	2	0	3	3	3	2	3	2	30	2	2	2	6
	Direct access to diagnostics	3	2	2	1	2	2	0	3	3	2	1	2	2	25	2	2	2	6
	Explore options to work closer with pharmacy	1	1	3	1	2	2	1	3	3	3	3	3	3	29	3	2	2	7
IT Infrastructure	One system	3	0	2	2	2	2	0	3	3	3	1	1	2	24	2	3	2	7
	Shared records across all main services	3	1	2	3	2	3	0	3	2	2	0	2	3	26	3	3	2	8
	One Sunderland website rather than 51 individual practices intranet and internet – All health information in one place	2	0	1	1	1	1	0	2	2	2	2	2	2	18	2	2	3	7
	Explore alternative methods of communication with both patients and partners i.e.: video conferencing, Skype, email.	1	1	3	2	2	1	0	2	2	2	3	1	3	23	1	2	1	4
Premises	Undertake review of existing premises considering future ways of working	3	3	0	1	2	0	0	3	3	1	2	2	2	22	1	1	2	4

Prevention and Self Care	Work with public health to review existing lifestyle services	3	0	3	3	1	2	2	2	1	2	3	1	2	25	1	2	3	6
	Review with public health existing disease prevention services	3	1	3	3	2	1	1	2	1	2	3	1	2	25	2	2	1	5
	Development of a Self Care awareness programme including the education of school children	3	1	3	2	1	1	1	3	1	3	3	2	2	26	2	2	2	6
Contractual / Financial	Consider implementing a local QoF	3	1	3	3	3	1	0	3	3	3	2	1	3	30	3	1	1	5
	Review of all enhanced services	3	2	3	3	3	2	0	3	3	2	2	2	3	33	3	2	1	6
	Review core contract – consider increased funding rather than existing additional funding options	3	1	1	2	2	1	0	2	2	3	1	3	3	24	3	3	0	6
	Consider activity based rather than list based contracts	1	2	2	1	2	1	1	3	1	1	1	2	2	20	2	2	3	7
	Consider inclusion of budgets for staff development	3	2	3	3							3	3	3	36	3	3	3	9

Key	
<b>Impact - Score each initiative 0-3 (Total Score = 42)</b>	
<i>NB: Sustainability is weighted x 2</i>	
0 - Initiative does not link to that requirement	
1 - Initiative loosely links to that requirement	
2 - The initiative has a clear link to that requirement	
3 - The initiative strongly links to that requirement	
<b>Do ability - Score each initiative 0-3 (Total Score = 9)</b>	
0 - Initiative uses too much of that aspect - ie: initiative is too costly, risk is too great, too much effort	
1 - Initiative uses a significant amount of that aspect	
2 - Initiative uses a fair amount of that aspect	
3 - Initiative uses very little of that aspect ie: cost is very small, very little risks and small amount of effort to deliver	



Impact													
	CCG Strategic Objectives			CCG 5 Year Outcome Ambitions				Sunderland Future State for General Practice					
	Transforming out of hospital care through integration and 7 day working	Transforming in hospital care, specifically urgent and emergency care and 7 day working	Enabling self care and sustainability	Improve health related quality of life for people with long term conditions	Improve patient experience of out of hospital care	Reduce emergency admissions	Reduce years of life lost	Sustainable general practice	Appropriate access (Right person, right place, right time for right condition)	Consistent and high quality	Self Care	Appropriate skill mix	System working
<b>Governing Body Comments in relation future state for general practice</b>	N/A			N/A	N/A	N/A	N/A	To ensure sustainability of general practice to realise economy and benefits; Ensure equity of access and patients are able to access all services available at every practice / cluster.	Patients want appointments with their GP in a reasonable timeframe; If we do not deliver appropriate access and patients are not seen within reasonable timescales evidence shows they will use other healthcare facilities.	Too much variation at the moment - not equitable; Need a cost effective gate keeper model.	There is evidence showing inappropriate use of services; Self care supports longer term health benefits and needs for individuals; Self care will support other parts of the system to deliver.	Currently capacity is a huge issue in general practice; Appropriate use of skills and resources will provide value for money and ultimately better care for patients; Appropriate use of skills will provide staff satisfaction and patient satisfaction.	Recognition that general practice is also part of the solution to deliver integration - without being part of the full system this will fail; Integration will increase the volume of patients waiting to be seen - this needs to be evidence based with informed opinion and input; Huge risk is disconnect in the system and integration agenda is not delivered.
<b>Further definitions</b>	Right Care: Right Place: Right Time; Right Skills; System wide approach with one common vision; Multi-disciplinary teams in localities working together with people, adults and children with long term conditions / complex needs to ensure person centred co-ordinated care; Improved overall quality of care for the elderly; Reduced variation in primary care Patient centred; A system which is simple to navigate; Reduced emergency admissions to hospital as people are cared for effectively in the community.	Equality of access across the City to urgent care, 24/7 hub; Reduced handoffs in the system; Reduction in emergency admissions	Local people influence and understand the system; A city that actively supports / enables people to be and stay healthy, well and happy; Improved public health outcomes; Managing demand Using community assets.	Average health status (EQ-5D*) scores for individuals aged 18 and over reporting that they have a long-term condition. It assesses whether health-related quality of life is increasing over time for the population with long-term conditions, while controlling for measurable confounders (age, gender, disease mix etc). The overarching indicator (together with complementary improvement indicators) provides a picture of the NHS contribution to improving the quality of life for those affected by long-term conditions.	Patient experience of GP out-of-hours services, measured by scoring the results of one question from the GP Patient Survey (GPPS) The indicator is based on the percentage of people responding 'Good' or 'Very Good' to the following question: 'Overall, how would you describe your experience of out-of-hours GP services?'	Directly age and sex standardised rate of emergency admissions for acute conditions that should not usually require hospital admission. Preventing conditions such as ear, nose or throat infections, kidney or urinary tract infections, or heart failure from becoming more serious. Some emergency admissions may be avoided for acute conditions that are usually managed in primary care. Rates of emergency admissions are therefore used as a proxy for outcomes of care.	Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population. Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities. The Office for National Statistics (ONS) produces mortality data by cause, which excludes deaths under 28 days (for which cause of death is not classified by ICD-10 codes). These indicators therefore relate to deaths between 28 days and 74 years of age inclusive.	Definition of sustainable: maintainable, viable, supportable.	Definition of appropriate: suitable, correct, applicable, right.	NHS England have a single common definition of quality which encompasses three equally important parts: *Care that is clinically effective- not just in the eyes of clinicians but in the eyes of patients themselves; *Care that is safe; and, *Care that provides as positive an experience for patients as possible	NHS Choices describe self care as outlined below: Self care means looking after yourself in a healthy way, whether it's brushing your teeth, taking medicine when you have a cold, or doing some exercise. If you have a long-term condition, there are extra things you may need to consider, such as making changes to your diet, different types of exercise or different types of medication you may need to take. Self care also means staying active by doing things that are important to you, such as gardening, seeing friends and family, going on holiday, or continuing to work, if possible. It involves looking at what you can do and want to do, rather than what you can't do. Living a healthy lifestyle is an important part of self care for everyone. Self care doesn't mean you get less help from your doctor.	NHS England outline this is about having the right staff with the right skills in the right place. There is much talk about taking 'a whole systems approach' to planning. This is not just about getting the different parts of the system round a table and understanding their roles. It is about gathering local intelligence to understand the impact of changes in one part of the system on everything else.	

Do-ability			
	VFM & Financial Sustainability	Effort	Risk
<b>Further guidance notes</b>	Consider how much implementing the initiative will cost. Will the initiative provide cost to save opportunities? General guide re scoring: 0 = initiative is very costly and will provide no savings 1 = initiative is costly but has potential to save £100 - £499k 2 = initiative is costly but has potential to save £500 - £999k 3 = initiative is costly but has potential to save in excess of £1m	Consider how much effort will be needed to implement the initiative. General guide re scoring: 0 = initiative requires unrealistic amount of effort 1 = initiative requires significant effort to implement 2 - Moderate effort to deliver initiative 3 - Effort to deliver initiative is minimal	Consider the risks in implementing the initiative. General guide re scoring: 0 = the risks to implement the initiative significantly outweigh the benefits 1 = the risks to implement the initiative are significant however there are benefits which can be identified 2 = there are moderate risks to delivery of this initiative but these are outweighed by the benefits 3 = there are minimal risks and benefits are significant

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