



Overview of Options - Method

A data map was built of the locality to help inform how best to segment the area, based on PCH and other criteria, to meet the commissioning intentions of the CCG.

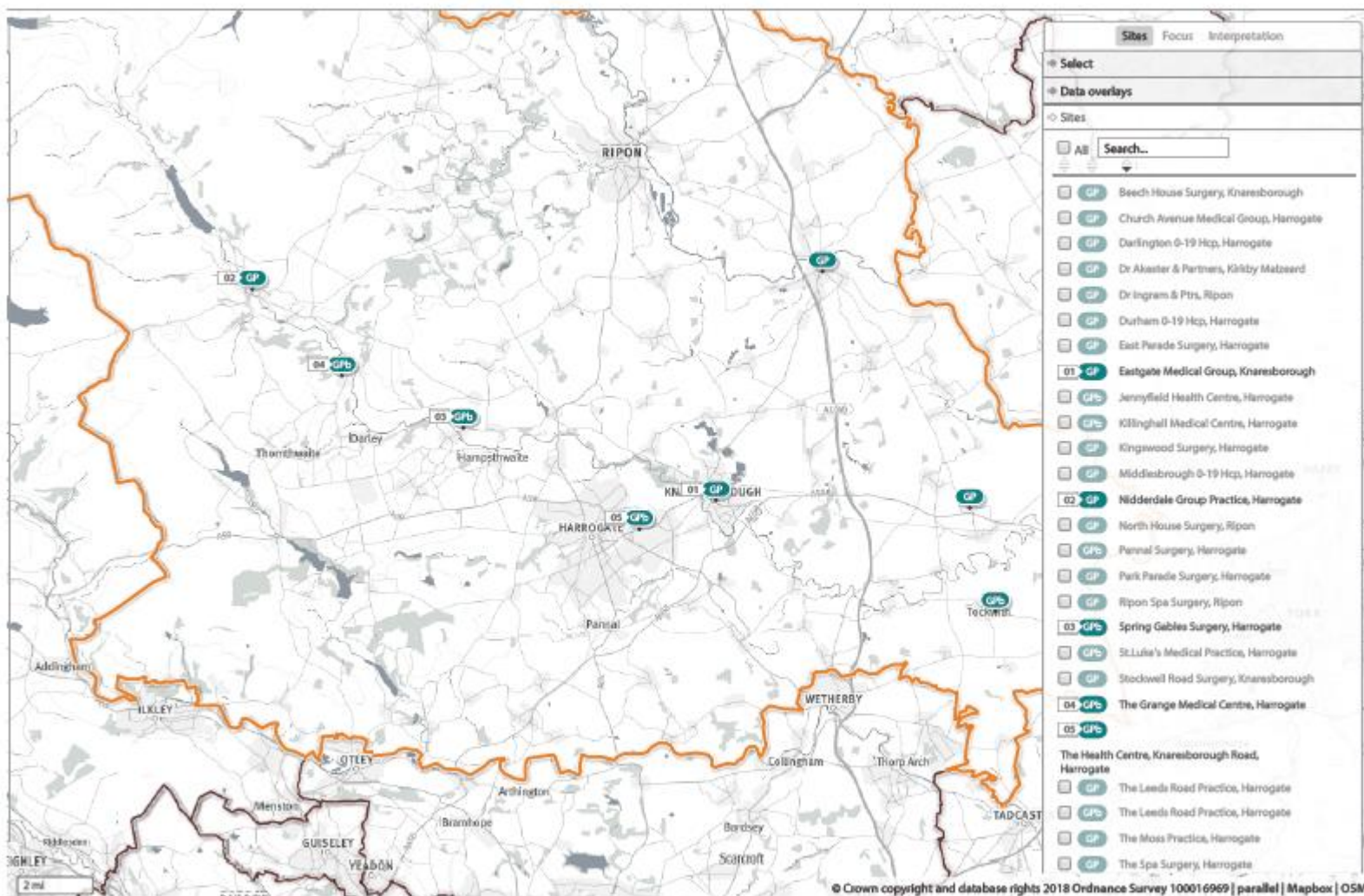
The data map is interactive and shows:

- Team / practice locations and boundaries
- Travel time by car/public transport for patients and staff
- Public Health data by output area
- QoF data
- Registered patients
- Population data

Through the data, a number of segmentation/hub options were identified. A sub-group of the Board was formed with representation across partners to review the data and options and come up with some recommendations.



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Map shows geographical area
GP Practices included:

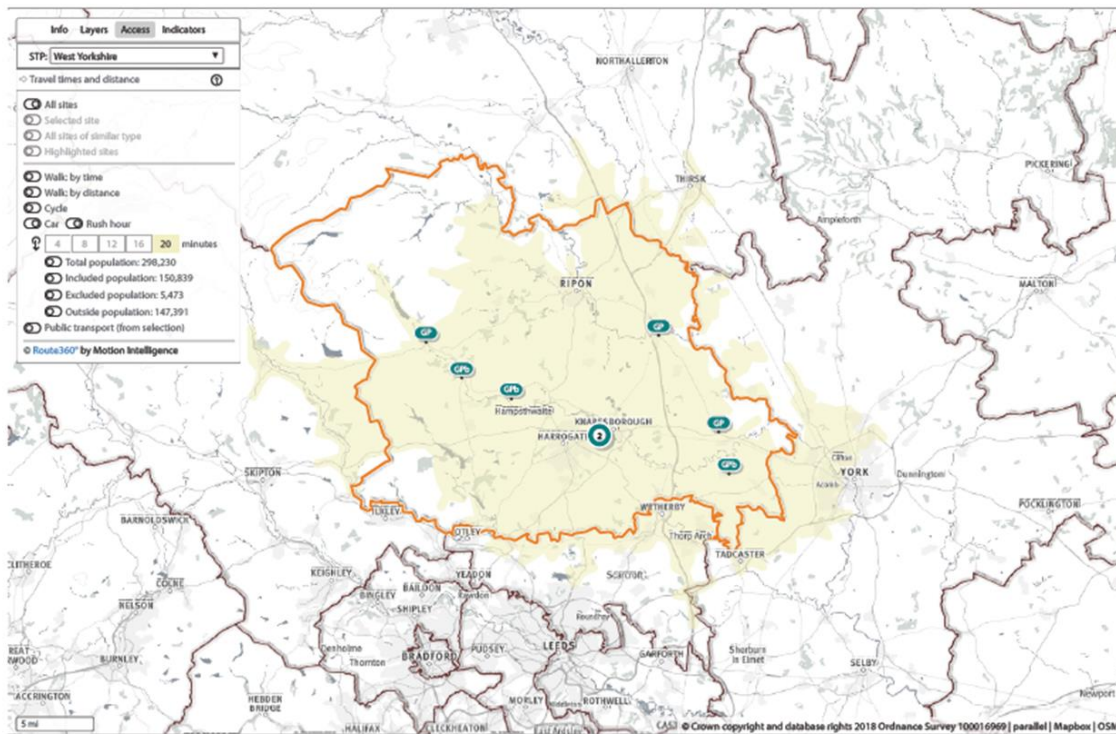
- **Nidderdale Group Practice**
- Church Lane Surgery
- Spring Bank Surgery
- Eastgate Medical Group
- Stockwell Road Surgery
- Beech House Surgery

Hub just about meets PCH recommended size with 53,368 registered patients.

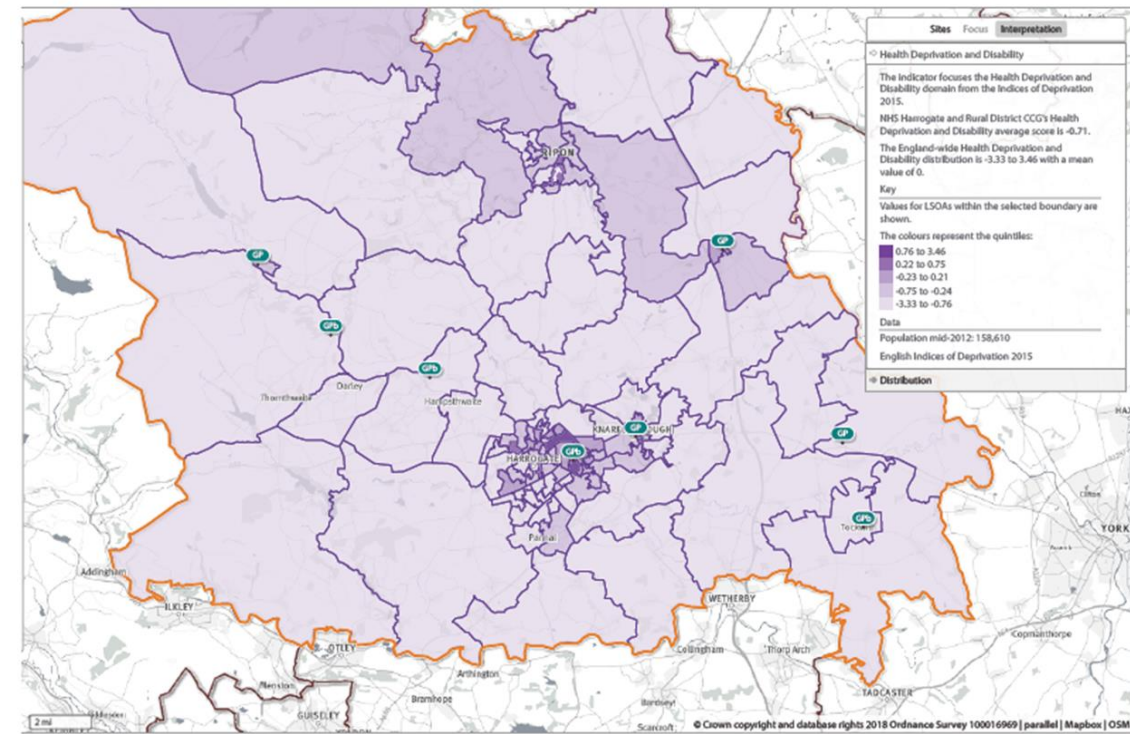


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Accessibility by transport within 20 mins



Health Deprivation & Disability Indices





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Benefits

- HDFT teams being split across the Hubs would help to enable sharing of skills across the Hubs.
- Travel by car/accessibility would be easier to manage
- Better fit for systems – Nidderdale would be with other practices on System One
- Some joint working arrangements already in place between Nidd and Church Lane (Knarborough/Boroughbridge) and Nidd is in the KGB cluster.

Costs

- NYCC and HDFT boundaries may need to change
- Potential additional travel cost of split hubs

Risks

- Team would be split between hubs, and there would be a potential impact on travel
- No clear direction from the data to guide where Nidderdale would best fit. This option may make it more difficult to determine a single hub point easily.
- Doesn't fit easily with NYCC boundaries.