



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.



Overview of Options – Summary

The table below summarises the options. These are presented in more detail on the following slides and in the Supporting Documents section.

OPTION	OPTION DESCRIPTION	TOTAL REG. PATIENTS	TOTAL PRACTICES
1. Do Nothing	Continue to operate within existing system. Make no further changes to the current arrangements in place for collaboration across the GP practices.	162,846	17
2. Segment Harrogate town into 1 Hub	Harrogate is segmented into 1 hub to include Kingswood Surgery, East Parade Surgery, The Spa Surgery, Church Avenue Medical Group, Park Parade Surgery, The Leeds Road Practice, Dr Moss & Partners	80,726	Harrogate Town - 7
3 a Segment Harrogate town into 2 Hubs with Kingswood Surgery in the inner hub.	<u>Hub – Harrogate Inner</u> Kingswood Surgery, East Parade Surgery, The Spa Surgery, Park Parade surgery	Harrogate Inner: 36,328	Harrogate Inner - 4
	<u>Hub - Harrogate outer</u> Church Avenue Medical Group, Leeds Road Practice, Dr Moss & Partners	Harrogate Outer: 44,398	Harrogate Outer - 3
3 b Segment Harrogate town into 2 Hubs with Kingswood Surgery in the outer hub	<u>Hub – Harrogate inner</u> East parade surgery , The Spa Surgery, Park Parade Surgery	Harrogate Inner: 29,578	Harrogate Inner – 3
	<u>Hub – Harrogate outer</u> Kingswood Surgery, Church avenue medical group, The Leeds Road Practice, Dr Moss & Partners	Harrogate Outer: 51,148	Harrogate Outer – 4
4 a Segment Ripon & Masham together and Knaresborough and Boroughbridge together with Nidderdale Group Practice joining with Ripon and Masham	<u>Hub Ripon/Masham/Nidd</u> Nidderdale Group Practice, Ripon Spa Surgery, Dr Akester & Partners, Dr Ingram A J & Partners, North House Surgery	Hub Ripon/ Masham/ Nidd: 39,239	Hub Ripon/ Masham/ Nidd – 5
	<u>Hub Knaresborough/Boroughbridge</u> Church Lane Surgery, Spring Bank Surgery, Eastgate Medical Group, Stockwell Road Surgery, Beech House Sur.	Hub Knaresb/ Boroughbridge: 42,881	Hub Knaresb/ Boroughbridge – 5
4 b Segment Ripon & Masham together and Knaresborough and Boroughbridge together with Nidderdale Group Practice joining with Knaresborough and Boroughbridge	<u>Hub Ripon/Masham</u> Ripon Spa Surgery, Dr Akester & Partners, Dr Ingram A J & Partners, North House Surgery	Hub Ripon/ Masham: 28,758	Hub Ripon/ Masham – 4
	<u>Hub Knaresborough/Boroughbridge/Nidd</u> Nidderdale Group Practice, Church Lane Surgery, Spring Bank Surgery, Eastgate Medical Group, Stockwell Road Surgery, Beech House Surgery	Hub Knaresb/ Boroughbridge/ Nidd: 53,362	Hub Knaresb/ Boroughbridge / Nidd – 6
5. Segment Harrogate town into 2 hubs with Kingswood Surgery in the inner hub and Nidderdale Group Practice in the Outer Hub. Segment Ripon and Masham together and Knaresborough and Boroughbridge together.	<u>Hub – Harrogate Inner</u> Kingswood Surgery, East Parade Surgery, The Spa Surgery, Park Parade surgery	Harrogate Inner: 36,328	Harrogate Inner - 4
	<u>Hub - Harrogate outer</u> Church Avenue Medical Group, Leeds Road Practice, Dr Moss & Partners, Nidderdale Group Practice	Harrogate Outer: 54,879	Harrogate Outer - 4
	<u>Hub Ripon/Masham</u> Ripon Spa Surgery, Dr Akester & Partners, Dr Ingram A J & Partners, North House Surgery	Hub Ripon/ Masham: 28,758	Hub Ripon/ Masham – 4
	<u>Hub Knaresborough/Boroughbridge</u> Church Lane Surgery, Spring Bank Surgery, Eastgate Medical Grp, Stockwell Road Surgery, Beech House Sur.	Hub Knaresb/ Boroughbridge: 42,881	Hub Knaresb/ Boroughbridge – 5



Options Appraisal – Summary

OPTION	REG. PATIENTS	PRACTICES	BENEFITS	COSTS	RISKS	RECOMMENDATION
1. Do Nothing	162,846	17	No benefits.	No integration efficiency. No impact on travel time/ cost savings in terms of co-location	Does not address commissioning intentions of the CCG. Does not meet any of the PCH criteria	NOT RECOMMENDED
2. Segment Harrogate town into 1 Hub	80,726	Harrogate Town - 7	Avoids artificial divide. Service continuity. Single point of access for patient. Easier management of capacity. Increased collaboration due to proximity of practices and overlap of registered patients. Potential for co-location. Good fit with combined HDFT Harrogate North and South teams. Potential to sub-divide for some functions.	Possible increase in travel time if central hub not identified. Possible cost of multiple hubs.	Exceeds PCH target at 80,726 (NB. PCH have confirmed this is possible). Difficult to establish estates for central hub. Potential lack of alignment for NYCC boundaries	RECOMMENDED
3 a. Segment Harrogate town into 2 Hubs -Kingswood Surgery in the inner hub.	Harrogate Inner: 36,328	Harrogate Inner - 4	Greater potential for co-location in inner Harrogate. Increasing collaborative working practices could lead to improvements in patient outcomes. Travel is improved. Improved extended access. Meets PCH target registered population sizes. Kingswood fits better with inner from an estates point of view.	Duplication of Harrogate town hub estates. Duplication due to artificial divides	Divisions are artificial Estate option for Harrogate Outer not obvious	POSSIBLE
	Harrogate Outer: 44,398	Harrogate Outer - 3				
3 b. Segment Harrogate town into 2 Hubs -Kingswood Surgery in the outer hub	Harrogate Inner: 29,578	Harrogate Inner – 3	Greater potential for co-location in inner Harrogate Increasing collaborative working practices could lead to improvements in patient outcomes. Travel is improved. Improved extended access	Duplication of Harrogate town hub estates	Divisions artificial. Inner hub slightly under and Outer hub slightly over PCH target. Estate option for Harrogate Outer not obvious. Kingswood fits better with Inner estates.	NOT RECOMMENDED
	Harrogate Outer: 51,148	Harrogate Outer – 4				



Options Appraisal – Summary

OPTION	REG. PATIENTS	PRACTICES	BENEFITS	COSTS	RISKS	RECOMMENDATION
4 a. Segment Ripon, Masham & Nidd together and Knaresborough and Boroughbridge together	Hub Ripon/ Masham/ Nidd: 39,239	Hub Ripon/ Masham/ Nidd – 5	Registered population size meets PCH criteria Fits better with other boundaries/geographies. Potential for better links with Ripon hospital. Recommended due to the geography. Closer cluster – less patient (e.g. physio) /staff travel time. The ‘enhanced Primary Care’ offer would be more accessible for patients under this structure rather than alternatives. Accessibility / travel time better. Better for potential for extended access - additional primary care services would be available. Better able to allocate resources between GP practices -potential for reduced clinician travel time. The interoperability of the systems exists in the current system and community teams work across more than one system.	Duplication due to use of 2 systems	Use of two systems - currently the two systems do not have interoperability function – duplication. Sharing of staff resources would be impacted as they would be accessing more than one system. Impact on quality of service to patients if systems not aligned. NYCC teams not currently in alignment with boundaries for the hubs. Workload of care homes not spread across the hub due to lower density of care homes. No clear direction from the data to guide where Nidd would best fit - some joint working already in place between Nidd & Knaresb / BB and Nidd is in the KGB cluster.	RECOMMENDED
	Hub Knaresb/ BB: 42,881	Hub Knaresb/ BB – 5				
4 b. Segment Ripon & Masham together and Knaresborough, Boroughbridge & Nidd together	Hub Ripon/ Masham: 28,758	Hub Ripon/ Masham – 4	HDFT teams 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 already in place between Nidd & Knaresb / BB and Nidd is in the KGB cluster.	NYCC and HDFT boundaries may need to change Potential additional travel cost of split hubs	Team would be split between hubs - 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.	POSSIBLE
	Hub Knaresb/ BB / Nidd: 53,362	Hub Knaresb/ BB - 6				
5. Segment Harrogate town into 2 hubs -Kingswood Surgery in the inner hub and Nidderdale Group Practice in the Outer Hub. Segment Ripon and Masham together and Knaresborough and Boroughbridge together.	Harrogate Inner: 36,328	Harrogate Inner - 4	Better fit for systems – Nidderdale would be with other practices on System One. .	NYCC and HDFT boundaries may need to change Potential additional travel cost of split hubs	Lack of a clear location for a central hub for Harrogate Town Outer – this hub would have a diverse population of rural and urban possibly having different needs. Doesn’t fit easily with other organisational boundaries which impacts ability to integrate. Harrogate Outer hub is greater than the recommended PCH size and Ripon/Masham is slightly lower.	POSSIBLE
	Harrogate Outer: 54,879	Harrogate Outer - 4				
	Hub Ripon/ Masham: 28,758	Hub Ripon/ Masham – 4				
	Hub Knaresb/ Boroughbridg e: 42,881	Hub Knaresb/ Boroughbridg e – 5				