



Executive Summary

In South Yorkshire and Bassetlaw our thinking starts with where people live, in their neighbourhoods, focusing on people staying well. We want to introduce new services, improve coordination between those that exist, support people who are most at risk and adapt our workforce so that we are better at meeting people's needs.

Our primary care strategy sets out how commissioners and providers in primary care will work in partnership to transform care out of hospital and across primary and community care.

Each of the five Places in SYB have robust plans which include further developing Primary Care Networks and exploring the role of Federations and primary care 'at scale' to avoid duplication and maximise resources. This is the foundation of how we want to work.

We will determine which activities and developments are most efficiently and effectively done at different levels of scale and build on the flexible, permissive and productive approaches we adopted during wave 1 of the Covid-19 pandemic.

We will reduce health inequalities by taking a population health management approach and build on the increased self-confidence of people living in our strengthened communities to address low level mental health needs, loneliness and social isolation.

We want to focus on three key priorities:

Our people

We will recruit more staff with a wide range of skills and look at opportunities to develop roles that work across Primary Care Networks and secondary care. We also want to improve recruitment and retention with a focus on equality, diversity and inclusion. We will achieve our aims by planning in Places and Networks and supported through a whole system partnership approach using existing assets and with the SYB Workforce Development Hub.

Digital, innovation and estates

Covid-19 produced a step change in digital progress in primary care with video and telephone consultations, e-triage, e-repeat dispensing, the use of e-advice and guidance, tele-dermatology and work remotely becoming the new norm. But we need to go further. We want to embed these ways of working and for 'digital first' to be how we operate while ensuring that we don't exacerbate health inequalities through digital exclusion.

With innovation, we will work with the Yorkshire and Humber Academic Health Science Network and our partners to understand the current state, where gaps exist, and where there are further opportunities.

We will create a primary care estate that is fit for purpose, supports integration and collaborative working and aligns with and supports our digital and workforce agendas. This includes a co-ordinated approach to investment and working with Place leads to prioritise transformational projects.

Business intelligence

We want to develop an intelligence function to support a population health management (PHM) approach and help us identify and protect the most vulnerable and reduce health inequalities. We will first understand our needs and examine best practice before building a system-wide intelligence function and identifying our opportunities for improvements.



High level outcomes

We have set ourselves high level outcomes that will help us to measure our success. These include:

- Consistency of access to services
- Primary care involved in the development of new pathways
- People are empowered to keep themselves well and self-care; they can access high quality services in the right place at the right time
- Speeding up progress and increasing the scale of reducing health inequalities
- Resources flowing from hospital to primary care in response to activity shifts
- Availability 24/7

How do we know we're on track?

We will continually monitor our progress through a range of routes:

- Track national standards and how we are doing
- Updates on our three key priorities: workforce, digital and business intelligence
- We will ask patients and carers through our re-established Patient Representative Groups