Conexus Healthcare CIC Corporate Strategy 2026 - 2031

Positioning General Practice as the neighbourhood anchor, with Conexus as the at scale provider and co-ordinating infrastructure

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Managing Director's foreword

Welcome to the Conexus Healthcare five-year strategy for 2026-2031. I hope you agree that it sets out an ambitious group of objectives, centred on supporting our member practices to thrive amidst a period of significant change.

Conexus operates at scale on behalf of member practices – as a provider, infrastructure platform and coordinating leadership body.

The strategy recognises Conexus' commitment to the Wakefield Together Partnership and the desire to build a stronger Wakefield. It also reflects Conexus' place on the emerging Wakefield Place Provider Partnership, where system resource and risk will be collectively managed. We see Conexus' role in these partnerships as key to supporting our neighbourhoods and the primary / secondary care interface, realising shared efficiencies and improving patient experience.

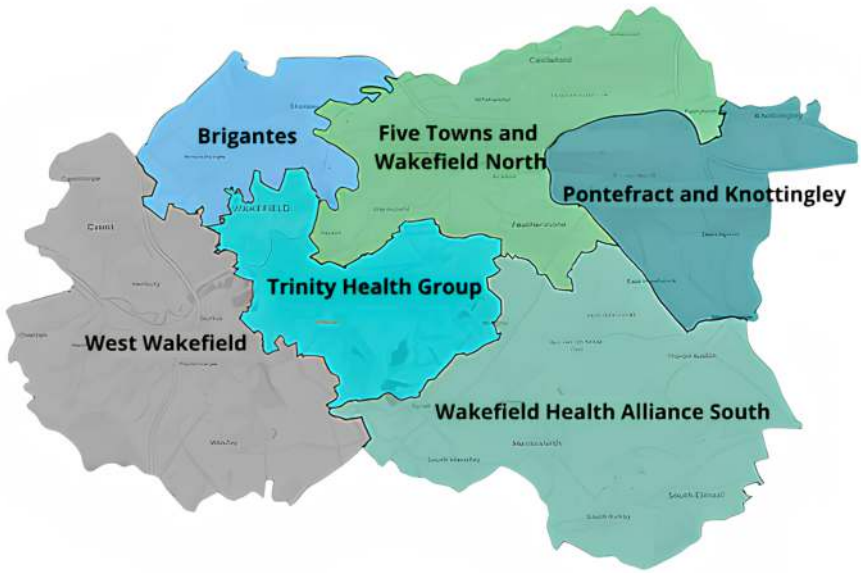
Listening to our shareholders, this strategy is grounded in a single aim: restoring and strengthening generalism as the core organising function of neighbourhood health with a focus on continuity, complexity, prevention and proactive care. Generalism is the capacity to manage undifferentiated presentation, multimorbidity, risk and continuity over time. It is essential to safe neighbourhood-based health systems. To restore this, however, we must displace current activity in General Practice where that activity is either in the wrong place or where we do not add value.

We recognise that General Practice cannot, and should not, hold work that belongs in voluntary, community, faith, and social enterprise (VCFSE) sector, mental health or social care settings. Success will depend on shared pathways, shared language and shared ownership of ongoing care.

By 2031, Conexus will have helped to reduce unnecessary workload in General Practice, creating capacity to embed neighbourhood models that allow General Practice to focus on what it does best.

Ultimately, we remain committed to improving patient care through sustainable, integrated and accessible services as well as improving the working lives of those employed in General Practice. I hope this strategy demonstrates that ongoing commitment.

Stephen Knight, Managing Director



Purpose and vision

Our purpose:

To provide tangible support that benefits our practices and the people of Wakefield.

Our vision:

We will provide sustainable, high-quality General Practice across our communities and neighbourhoods, enabled by digital integration, strong system partnerships and shared resource of estates, workforce and intelligence. We believe that General Practice should act as the anchor institution for neighbourhood health – coordinating care for defined populations in partnership with community care, secondary care, local authority, and VCFSE providers.

Releasing capacity within General Practice will enable proactive care planning, continuity and coordination – core functions that directly influence system flow and patient outcomes.

Our values

Our people, teams and culture are what people know and trust us for best. Our values proudly guide our decisions and influence our actions every day we come to work:

System context and operating environment

The publication of the NHS Long term plan sets a change in strategic environment focused on three key shifts:

- Analogue to digital
- Hospital to community
- Sickness to prevention

Several supporting documents have been issued alongside the plan, drawing out a strong emphasis on neighbourhood working and improving access to General Practice.

General Practice awaits the imminent publication of key contractual changes, with a promised reform to the General Medical Services (GMS) / Personal Medical Services (PMS) contracts and the publication of new Multi-Neighbourhood Provider (MNP) and Single Neighbourhood Provider (SNP) contracts.

A new Integrated Health Organisation (IHO) contract will also be published and usher in significant changes to our commissioning landscape and complement the strengthening of our provider relations at place.

As a partner in the Wakefield Together Partnership, Conexus is committed to delivering the Wakefield District Plan which seeks to build a stronger Wakefield, strengthening communities and reducing inequalities.

The plan recognises the health and care sector and emphasises the vision for people living healthy lives supported by an integrated model of neighbourhood working. It is a plan which describes a future where children reach their potential and where resource is targeted to reduce health inequalities using trauma informed approaches.

As an employer, we will not only align with the health-centric aspects of the plan but also support it by promoting local employment, reducing our carbon footprint and embedding social value in our everyday decision making.

Wakefield place has strong inter-organisational relationships but also faces significant financial and workforce pressures alongside a growing demand for our services. The sustainability of General Practice, secondary care and community services is interdependent. Actions taken in one part of the system will directly affect the others. We will recognise not only our own pressures, but those of our partners and seek to find shared efficiencies for the collective benefit.

The primary/secondary care interface is the most immediate opportunity for shared efficiency. Duplication, unclear clinical responsibility and stranded patients all place pressure on our services. A focused interface work programme, with front-line involvement, will be a priority.

Right care, right sector

General Practice is increasingly acting as a default holding space for need that would be better met elsewhere in the system.[1]

This includes social need, wellbeing support, mental health prevention, safeguarding coordination and long-term support for children, families and adults where medical intervention alone is not the solution. If we can free General Practice from holding the wrong type of demand, we can use this capacity to better coordinate and plan people's complex holistic needs with a focus on prevention and continuity. This, in turn, will reduce demand on secondary care, supporting it to deal with appropriate complexity.

This strategy is built on the principles of right care, right sector, right place. Our ambition is not to shift work between organisations, but to ensure that people are supported in the most appropriate setting, at the right time, by the right part of the system. This includes strengthening pathways into mental health services, adult social care, children's services and the VCFSE sector.

Delivering this will require:

- Clear, jointly owned pathways that avoid unnecessary medicalisation of social and wellbeing need.
- Strong neighbourhood-level coordination, with VCFSE partners embedded within multi-disciplinary teams.
- Shared language across organisations to support consistent communication with patients, families and carers, recognising that redirecting care may initially feel challenging for some individuals.
- Avoidance of duplication and the mitigation of gaps in provision.

[1] https://committees.parliament.uk/writtenevidence/58281/html

By reducing inappropriate demand flowing into General Practice, we will support primary care to focus capacity on continuity, complexity, prevention and proactive care, whilst ensuring people receive support that is more timely, holistic and sustainable.

We will define and publish a small number of jointly agreed 'right care, right sector, right place' pathway redesign priorities annually, and report progress through our Board and partnership governance structures.

Health inequalities and population health

Wakefield experiences significant and persistent health inequalities. There is a marked gap in life expectancy and healthy life expectancy between communities[2], driven by deprivation, long term conditions, mental health need and wider social determinants of health.

Conexus recognises that General Practice has a critical role to play in improving population health but cannot do so in isolation. This strategy aligns with the Wakefield District Plan and the Joint Strategic Needs Assessment (JSNA), and places neighbourhood working at the heart of reducing inequalities in access, experience and outcomes.

Our approach will:

- Use population health intelligence to inform where services are placed and how neighbourhood priorities are set.
- Support neighbourhood health teams to focus on cohorts experiencing the greatest inequalities, including people with severe mental illness, learning disabilities, children and families experiencing adversity, and frail older adults.
- Work with public health colleagues to improve the quality and use of data, including disaggregation by deprivation, ethnicity, age and sex.
- Embed prevention and early intervention as core functions of neighbourhood working, rather than additional activity.

Conexus will coordinate and facilitate General Practice leadership of neighbourhood health models, acting as the convening and coordinating function as well as being a multi-neighbourhood delivery vehicle.

Health inequalities and population health

By strengthening General Practice as part of an integrated neighbourhood model, Conexus aims to contribute to improving healthy life expectancy across the district, particularly for those communities currently experiencing the poorest outcomes.

We will routinely review access, referral patterns, prescribing and outcome data disaggregated by deprivation, ethnicity, age and sex. Where unwarranted variation is identified, neighbourhood teams will review any targeted improvement actions.

Taken together, these changes create both risk and opportunity. For Conexus, the opportunity lies in anchoring neighbourhood delivery around General Practice, ensuring General Practice capacity is protected while system efficiencies are realised.

The risk of Conexus not adapting to this changed environment is that the work undertaken to date is lost and other organisations will build this infrastructure without General Practice at its heart.

[2] There are marked inequalities in life expectancy for those living in Wakefield's most deprived neighbourhoods compared to those living in Wakefield's least deprived neighbourhoods. For males the gap is 9.2 years and for females the gap is 8.2 years. Office for National Statistics, accessed 16/10/2025, National life tables – life expectancy in the UK: 2021 to 2023,

System Sustainability

The backdrop against which these changes need to be made is one of whole-system demand and capacity mismatch and financial constraint. The broader financial position of system partners represents a material constraint and risk to delivery. As a health and care system we have net underlying deficits which place additional difficulties in achieving transformation due to the lack of double-running opportunity and external scrutiny.

As a system, we need to ensure financial sustainability and this will be achieved by addressing duplication, system inefficiencies and, most importantly, whole-system flow and demand. The financial position of General Practice, secondary care and community providers are interdependent. Destabilising one part of the system to stabilise another increases overall system risk.

Whilst the financial position can be seen as a constraint, it is also our greatest catalyst to change. As a federation, Conexus will work with our partners to deliver primary / secondary care interface services which address flow and inefficiencies. Where appropriate, we will advocate for the left shift of both activity and resource and aim to deliver this at the most appropriate scale, through practice, neighbourhood and federation levels.

General Practice in 2026

Wakefield's General Practice in 2026, has a lot to be proud of. We have good access, with more appointments per 1,000 patients than the national average.[1] Our patient satisfaction is above the national and regional averages.[2] We have increased our workforce with diversified roles and our staff retention is good.

However, we also face greater demand pressures owing to above average disease prevalence and greater deprivation.[3]

Generalism means whole-person continuity, undifferentiated diagnosis, risk management and coordination across pathways – not the preservation of professional boundaries. However, recently, we have seen a significant surge in demand for workload that doesn't necessarily require General Practice input.[4] The result of system pressures has caused stranded patients to re-present in General Practice to expedite care. National evidence suggests that a significant proportion of General Practitioner time is now spent coordinating other organisations' input rather than delivering direct clinical care.[5] This is not unique to Wakefield but is increasingly visible locally.

By diversifying our workforce, we have reduced the full generalist exposure of our trainees by differentiating their presentations. At the same time, a swelling demand for acute episodes has reduced the amount of time we spend on prevention and proactive care

[1] ICB access to General Practice dashboard December 2025
[2] IPSOS Murray patient survey 2025. www.gp-patient.co.uk/surveysandreports
[3] Wakefield ranks 59th most deprived area out of 296.English Indices of Deprivation 2025 (IoD25) 30 October 2025.
[4] Pressures in general practice data analysis British Medical Association.
[5] An audit of General Practice in Northumberland suggests that between 40-60% there is spent coordinating other organisation's care.

The role of Conexus

Certain cohorts, including people with serious mental illness (SMI), learning disabilities (LD), medically-unexplained symptoms, children and families under stress, frail older adults and multiple long term conditions are disproportionately affected by fragmented pathways and poor coordination, resulting in repeat General Practice contact without their issues being resolved.

We would prefer General Practice to use its capacity to prioritise continuity of care for the most complex, but to do so, we must first tackle those appointments that neither close the episode of care, nor add value.

Neighbourhood reform will shift clinically appropriate activity from hospital to community settings, supported by shared governance, workforce redesign and coordinated contracting. To realise the neighbourhood vision, we will also need improved and shared estate, IT and workforce infrastructure.

Overall, we are in a very strong position but must focus on addressing the growing amount of General Practice capacity spent without reaching resolution or value being added so that we use our resource in the most effective way.

Non-resolution is rarely a criticism of General Practice, but reflects system fragmentation that manifests, among other places, in General Practice. The sustainability of General Practice is now directly linked to system flow, acute performance and neighbourhood health outcomes. This means that our collective need to fix system-level problems in partnership, is more important now than ever.

The role of Conexus

Causes of non-resolution in General Practice	Potential intervention
Patients stranded returning to General Practice to expedite referrals	Work with secondary care to improve flow and reduce waiting lists
Newer clinicians not trained to full generalist standards.	Training and supervision packages aligned with the Resilience Academy
Unable to direct community resource in real-time.	Build Multi Disciplinary Team (MDT) working and Connecting Care v2.0
Lack of access to timely specialist advice	Provide specialist MDTs and an expansion / reimagination of Advice and Guidance
Increasing demand for acute episodes owing to low investment in prevention	Champion investment in prevention through General Practice leadership voice, evaluated benefits realisation following community interventions
System financial position prevents General Practice delivering innovation	Work with secondary care for innovation which produces shared efficiencies and gains
Infrastructure prohibitive	Support a shared neighbourhood estates and digital strategy

Conexus exists to strengthen and coordinate General Practice at scale.

We are owned by and accountable to our member practices. Our purpose is not to replace individual practices, but to enable them to operate sustainably, collaboratively and effectively within a changing system.

Conexus fulfils three distinct and complementary roles:

1 At-scale provider

Conexus delivers services on behalf of practices where scale, consistency and system alignment add value. This includes:

- Delivering commissioned services across multiple practices or neighbourhoods.
- Hosting specialist portfolio roles
- Providing structured interface services with secondary care and community partners.
- Supporting delivery of neighbourhood-based models at scale.

Where services are delivered at scale, Conexus ensures they remain rooted in General Practice and aligned to the needs of the registered population.

Operating at federation level allows:

- Workforce flexibility across neighbourhoods
- Consistent governance and quality assurance
- Reduced duplication
- More resilient service delivery

The role of Conexus

2 Infrastructure and coordination platform

Conexus provides the organisational infrastructure that individual practices, Primary Care Networks (PCNs) and neighbourhoods cannot efficiently deliver alone. This includes:

- Contracting and financial management.
- Workforce coordination and employment models.
- Data and analytic capability.
- Governance and clinical assurance frameworks.
- Service mobilisation and redesign support.

Through this infrastructure role, Conexus reduces fragmentation, supports consistency across neighbourhoods and enables General Practice to engage confidently in system-level delivery.

The Multi-neighbourhood provider (MNP) contract represents a natural extension of this role – with Conexus convening partners, contract managing at scale and ensuring governance alignment across neighbourhood providers.

3 Coodinating leadership partner

Conexus provides a single, coherent interface between General Practice and system partners. We will:

- Coordinate structured working across the primary/secondary care interface.
- Support shared clinical standards and governance arrangements.
- Align neighbourhood delivery with system priorities.
- Represent the collective position of member practices in system decision-making.

This leadership role is not about control. It is about coherence. By coordinating activity across practices and neighbourhoods, Conexus enables General Practice to act as a stable anchor within neighbourhood health – whilst ensuring changes are implemented safely and consistently.

Scale with accountability

Conexus operates across three scales:

- Individual General Practice
- Neighbourhood level
- Federation scale

Each level retains its distinct role and accountability. Conexus strengthens these layers through coordination not substitution.

Added value

Conexus' added value lies in its ability to convene, contract, coordinate and deliver at scale.

These are functions that are difficult to achieve at individual practice level but are essential for:

- Shifting activity appropriately into neighbourhood settings.
- Improving flow across the primary/secondary care interface.
- Delivering consistent, high-quality services across Wakefield.
- Protecting the integrity of generalist care whilst enabling specialist collaboration.

Our role is to make system reform operational for General Practice – ensuring that neighbourhood models, interface redesign and workforce transformation are delivered coherently and sustainably.

Strategic objectives

Our five strategic objectives will shape and direct our work.

1 Restore Generalism and maximise the value of General Practice capacity

Reduce the proportion of General Practice appointments that do not close an episode of care or add meaningful value. This will be measured through annual audits of intervention areas across General Practice.

Restoring generalism enables General Practice to coordinate risk, manage multimorbidity and act as the population-level flow regulator within neighbourhoods. We do not seek to reduce activity, but to ensure the capacity we have is used in the most effective way.

We will strengthen generalist capability across our workforce through structured recruitment, mentoring, supervision and exposure to undifferentiated care. Referral and activity data will be reviewed by clinician role to identify unwarranted variation and support continuous improvement whilst recognising that high and low referral rates are not necessarily a marker of clinical quality.

2 Improve flow across the primary/secondary care interface

Create shared efficiencies between General Practice and secondary care by reducing duplication, administrative chasing and stranded work across the interface.

This will be measured through the financial and capacity efficiencies realised from interventions that improve flow between settings.

Improving flow across General Practice and secondary care highlights a symbiotic relationship: the performance of each sector depends on the effectiveness of the other. We will work intentionally with acute partners to design and implement innovations that release shared capacity and improves patient pathways.

3 Lead neighbourhood health teams across Wakefield

Conexus will support the development of six multi-organisational neighbourhood health teams covering the whole population of the Wakefield district.

These teams will include formal connectivity with mental health services, VCFSE organisations, adult social care and safeguarding services, with named links into each neighbourhood multi-disciplinary team (MDT). Their focus will be prevention, addressing health inequalities and coordinating care for complex populations.

MDTs should avoid generating additional workload or burden for partners, but instead release capacity to improve shared efficiencies and health outcomes.

Conexus will expand its current role beyond supporting PCNs to operating at neighbourhood scale - providing a convening and coordination platform, operational delivery capability and shared back-office infrastructure.

4 Strengthen General Practice system leadership

Ensure General Practice leadership within the system is representative, transparent and accountable.

This will be achieved through a strengthened General Practice Provider Alliance (GPPA) that enables structured two-way engagement between practices and provides a clear, collective mechanism for engagement with system partners.

5 Build a sustainable and digitally enabled organisation

Ensure the long-term sustainability of Conexus through diversified income streams and longer-term contractual arrangements.

This will be measured through the proportion of organisational income associated with any single contract and the average duration of commissioned contracts.

Alongside this, we will invest in digital capability to support multidisciplinary working, real-time coordination and business intelligence. Digital tools will also support measurement of care resolution and system efficiency.

Service and growth strategy

The primary/secondary care compact

To grow Conexus and our neighbourhoods in a responsible and sustainable manner, we must operate with clear rationale for any change, clearly identifying the shared benefits realisation and patient impact as well as effectively managing wider system-risk. As such, we will work with the following principles when considering growth:

- Shared objectives.
- Agreed flow principles.
- Data transparency.
- Workforce mentorship.
- No unilateral service shifts.
- Managed risk transfer.

Growth areas

We will focus our service growth activity on five key areas, all of which support the strategic objectives outlined earlier:

1 Growth area one:

Grow Conexus' involvement in planned care, working initially with Mid Yorkshire Teaching Trust (MYTT) and South West Yorkshire Partnership Foundation Trust (SWPYFT) to look at shared priorities. We will establish joint governance over the interface and use Conexus to deliver peer-review of referrals to provide education, advice and support back to the referrer; deliver targeted community provision; and support pathway redesign.

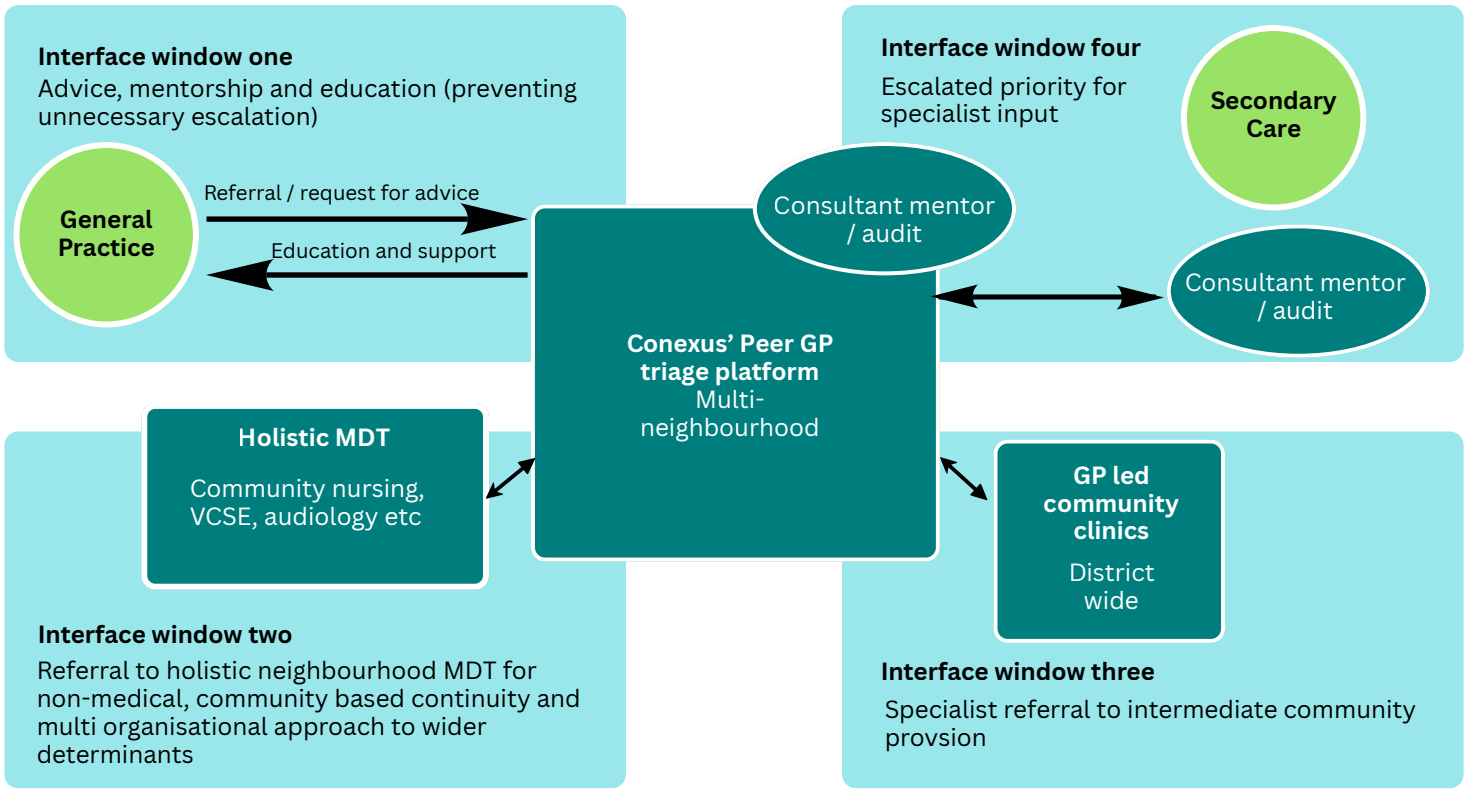
We will champion timely advice and guidance, consultant mentoring and joint general practitioner-consultant workplans for the primary-secondary care interface with a clear ambition to reduce re-presentation as well as overall demand flowing into secondary care.

We will co-design a primary/secondary care interface workplan, focusing on 3-5 high-impact specialities at any one time identified from outlying specialities such as Ear, Nose and Throat (ENT), endocrinology, neurology, women's health and adult attention deficit hyperactivity disorder (ADHD).

By approaching planned care in this way, we will aim to release capacity into both General Practice and secondary care, speeding up waiting times and closing more episodes of care sooner.

The primary/secondary care interface is not a referral boundary. It is a shared clinical governance and pathway design space. As such, we will jointly govern any interface services and share the gains from any improvements.

The diagram below outlines our overarching vision in this space.



Service and growth strategy

Conexus will provide (under joint governance) a platform for the peer review of referrals using General Practitioners mentored by consultants in the relevant speciality. Over time it could provide a Single Point of Access (SPoA) for referrals and aims to coordinate four interface windows between primary and secondary care:

Interface window one: Will provide General Practice staff with education, support, advice and guidance to prevent unnecessary escalation.

Interface window two: Will interface with neighbourhood MDTs for support with wider determinants of health or complex comorbidities.

Interface window three: Will make specialist referrals to intermediate community provision avoiding unnecessary secondary care input.

Interface window four: Will escalate referral priority for secondary care input by reducing the numerical flow of activity into secondary care.

The diagram intentionally shows that flow can happen in both directions and the intent is that activity can be passed through the central hub back to other interface windows. We would like it to support not only General Practice referrals but also consultant-to-consultant referrals and those made by other partners. Over time, we would like to explore how this could interface with discharge.

Supervision, mentoring and audit will be provided by consultants within relevant specialities to the peer reviewing GP's employed by Conexus.

2 Growth area two:

Grow GP Care Wakefield's current provision of scaled urgent primary care. By expanding the provision of GP Care's contracts, we will further support the expansion of General Practice into this setting, ensuring that problems are resolved earlier and not deferred to further General Practice appointments or unnecessary emergency department attendances.

We will explicitly look for better interface with virtual wards, gain clarity on urgent versus emergency care and revisit the role of general practitioners streaming in the emergency department and urgent care settings, based on data on impact, safety and workforce sustainability.

We will support the development of Neighbourhood Health Centres and work with Mid Yorkshire Teaching Trust to reduce pressures on the emergency department and urgent treatment centres by keeping urgent primary care activity in the community.

The interface will be jointly governed with primary and secondary care and report into a joint board.

3 Growth area three:

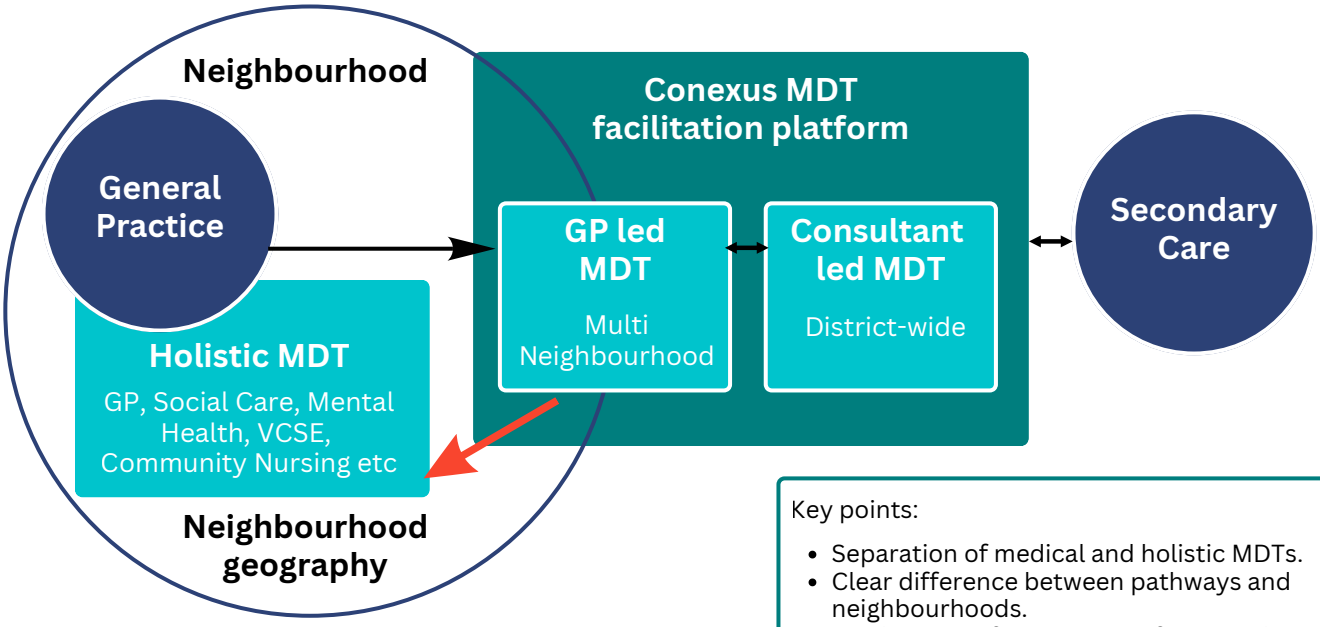
Expand neighbourhood health working with a focus on prevention, continuity and complexity. We will ensure a more connected MDT with embedded health, VCFSE and adult social care partnerships and live-time relational collaborations. This will reduce unnecessary appointments and improve patient flow.

We see a separation of the medical pathway and medical MDT from the neighbourhood "holistic MDT" which will concentrate on care planning and coordination across sectors. The holistic MDT will give a greater focus to:

- The wider determinants of health.
- Proactive care planning.
- Continuity for complex patients.
- Coordination across sectors.
- Anticipatory management of frailty and multi-morbidity.

Conexus will facilitate and host the medical MDTs and support neighbourhoods to deliver and administer the holistic MDTs directed by neighbourhood leads.

Service and growth strategy



Key points:

- Separation of medical and holistic MDTs.
- Clear difference between pathways and neighbourhoods.
- Single point of engagement for consultants (MYTT and SWYPFT).
- GPs central to coordinating and care planning in both MDTs.

The model will create a left shift of activity and resource from secondary care to the community. The goals of Conexus' coordination are to:

- Shift activity from the acute to neighbourhoods.
- Shift activity from medical interventions to non-medical models.
- Reduce avoidable escalation.
- Improve flow.
- Improve anticipatory care.

Neighbourhood reform is not simply about relocating services, it is about redesigning pathways so that care is delivered at the lowest clinically appropriate level, supported by coordinated contracting and infrastructure.

Alongside partners, Conexus will coordinate and contract-manage the safe transfer of activity into neighbourhood settings ensuring workforce readiness, governance and system alignment.

4 Growth area four

Continue to grow Conexus' offer of practice support including research, payroll, HR and other support services. The services will be provided under a cost sharing group and the offer will be expanded to other organisations working within neighbourhoods.

We will not expand without justification or benefit to patients or practices.

Commercial and financial strategy

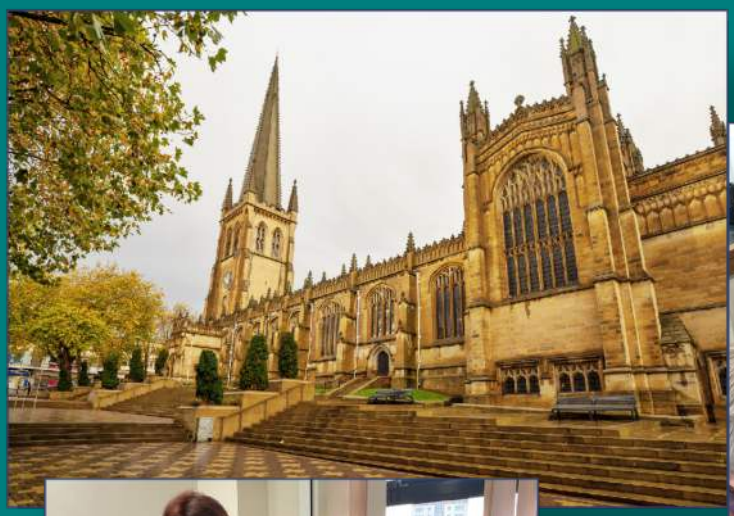
Over the course of delivering the strategy, we aim to diversify the income mix reducing reliance on the PCN Directed Enhanced Service (DES) including the Extended Access contract aligned with it. We seek to do this through applying for the Multi-Neighbourhood Provider contract as a natural expansion of our current support for PCNs. We will also work with partners to attain longer-term contracts aligned to the growth strategy in areas such as the primary/secondary care interface and urgent care.

We will continue to apply a 15% overhead contribution to all of our contractual income. Additional surplus will only be applied when contracts are delivered outside the local system.

We will continue to build reserves from the current £300,000 to £750,000. This is in line with our reserve strategy, which uses a risk-based approach to protect the company stability at its current size. The reserve target will be reviewed annually along with the risk appetite, which is currently a moderate risk appetite to enable growth. Should the requisite reserve be met, Conexus will invest any surplus into further income generation in line with this strategy.

Our annual budgets will be made available to Board and to shareholders.

Our commercial discipline will support General Practice sustainability by keeping General Practice subsidy to a minimum and by delivering services tied back to our purpose (of providing tangible support to our practices).



Workforce reform

Neighbourhood workforce models should enable professionals to work to the top of their competence and towards the full capabilities of their license, reducing duplication and improving patient experience.

Neighbourhood reform requires a shift from profession-based models to competence-based deployment, with clinicians and non-clinical partners alike working at the top of their competence. This includes greater use of non-medical and VCFSE provision in preventative and wellbeing models.

We will offer to host roles that are operationally directed by our PCNs and neighbourhoods. We will employ core staff and maintain a strong staff bank and associate pool for those services that operate in GP Care Wakefield or our training services. Our employment in neighbourhood provision will bring a broader skill-mix which goes beyond that provided in both General Practice and PCNs.

Our recruitment intent is to increase employment from those that live within Wakefield and offer them vocational training for career development.

We will not actively compete with our shareholders or raise our salaries in a way as to intentionally draw staff into Conexus from them. Where possible, we will consider sub-contracting delivery to our practices as a means of stabilising their workforce and practice.

We will measure staff turnover and analyse exit interviews to continually improve our terms, conditions and working environments.

Our workforce is our greatest asset, and it is our people who add the patient value to consultations. Alongside our competency framework and pay structure, we will focus on the training and supervision required to attain the highest quality workforce.

We will build a dispersed leadership approach, actively supporting leaders from within our practices and we will plan for succession early to prevent disruption.

We will strive to protect and develop generalism across our workforce to avoid unintended deskilling. This will include a greater exposure to undifferentiated presentations alongside supervision and mentoring. GP specialist roles should not ideally exceed 20 percent specialist focus in order to preserve the breadth of generalism.

We will work with clinical trainers to ensure General Practice Specialty Trainees are exposed to continuity, prevention and complexity, and review referral patterns by role to support education and generalist development.

Our workforce lead will oversee our training portfolio and work with Clinical Educators to build appropriate annual programmes linked to both General Practice Protected Learning Time (known locally as TARGET) and Conexus' General Practice Resilience Academy.

In developing our staff, we will undertake the Investors in People accreditation, improve the use of digital and AI tools and relocate the Conexus HQ premises.

Operating model and governance

Our aim is to strengthen General Practice and as such we will not compete with it. Where services can be delivered in General Practice, Conexus will promote this model.

Where services better suit themselves to a scaled delivery (not district wide) Conexus will support delivery through neighbourhoods and only where a service requires a district-wide approach for reasons of efficiency will we approach direct delivery in Conexus.

Where services are delivered through neighbourhood or PCN arrangements, our Cost Sharing and Liability Agreements will dictate the responsibilities, but as much autonomy as possible will be given to the PCN / neighbourhood to decide and direct decisions.

Operating model and governance

Conexus will provide the infrastructure and expert advice to neighbourhoods to ensure robust and transparent governance. Conexus will act as an operational delivery vehicle for at-scale services and commission and contract-manage services devolved to neighbourhoods or General Practices. Conexus will also convene and coordinate leadership for General Practice across the district.

Where a service is directly delivered through Conexus, we will do so through the Board's delegation to the Managing Director. The Managing Director will, through the Senior Leadership Team, oversee and direct resource accountable to the Board of Directors.

The Board will oversee the delivery of this strategy and, through delegation to committees, scrutinise the finance, risk management, quality and workforce.

In addition, Conexus will continue to convene the Enhanced Access Board to oversee GP Care's operations and the GP Provider Alliance to coordinate a broader system view from General Practice and ensure the view provided by Conexus truly represents General Practice.

Conexus intends to bid for the Multi-Neighbourhood Provider contract when released. Conexus is uniquely positioned to hold this contract because it:

- Already operates across practices, PCNs and neighbourhoods.
- Has governance rooted in General Practice.
- Provides neutral infrastructure rather than competing provision.
- Can mobilise workforce flexibly across neighbourhood boundaries.
- Protects reinvestment within local General Practice and communities.
- Holds a trusted position within Wakefield's Place Provider Partnership.

Each Neighbourhood footprint has a General Practitioner Board Director as well as a district-wide Practice Manager and Practice Nurse representative. In addition, two independent Non-Executive Directors are appointed with specific skillsets required by the Board.

We will support system reviews of interface governance, working with secondary care to build a primary/secondary care interface work programme and front-line pathway workshops. This will include agreement on clinical responsibility, discharge communication standards and escalation routes to reduce duplication and chasing.

We will also seek to strengthen our practice manager and nursing voices.

Risks, dependencies and assumptions

1. Policy shift is a key risk. This strategy is built on evolving national and regional changes. There remains a significant risk that such a bold alignment to current policy could destabilise Conexus if, for example, there was a change in government or change in policy direction. However, by aligning ourselves locally with the District Plan and neighbourhood level delivery we have set this strategy around guiding principles which are broader than just the current health policy.

2. Commissioner changes / behaviour is a risk to this strategy. With the scale of national, regional and local restructure that is currently underway, we risk losing the trusted working relationships and need to rebuild them with new individuals. This could delay our progress and risk contract award. Our active collaboration within the emerging Wakefield Place Provider Partnership is imperative to ensuring General Practice retains voting rights at place.

3. Practice disengagement is a fundamental risk to this strategy. Not only is General Practice the intended beneficiary of this strategy, but they also provide us with the people, the estate and the leadership to deliver the objectives. If we lost General Practice support, we would be unable to deliver this strategy.

4. Workforce supply is not currently a problem, but if we expanded the scale and scope of Conexus' business at pace then workforce would be a key limiting factor. It also poses a risk around quality if we don't have a sufficient choice of workforce available, which would limit the effectiveness of the interventions proposed.

5. Financial exposure may become a risk should Conexus enter into contracts or service delivery where costs are fixed or escalate faster than income, where contracts are short-term or where income is activity dependent. This is mitigated through clear standing financial instructions with Board-level approval on significant contracts, a clear reserves policy and scrutiny through our internal Audit and Risk Committee and external auditors.

6. The broader financial position of system partners may limit investment capacity or create tension during service shifts. We will need to clearly plan for system-level risk and stability.

7. Pace of change may be a risk to sustainability. We will actively plan activity mobilisation to ensure Conexus is not over-burdened and to ensure that it does not underdeliver on quality. We will also pilot solutions before spreading and scaling to control the speed of roll-out.

8. Misalignment is a key risk between General Practice, acute, community and commissioners. Pathway redesign may create perverse incentives or destabilise existing provision.

9. The movement of services or activity in the left shift may destabilise workforce and financial contributions if not carefully managed. The success of General Practice, neighbourhoods and the acute trust are interdependent; destabilising one risks destabilising the others.

10. If system partners pursue neighbourhood or interface development in isolation, without strong General Practice involvement, there is a risk that General Practice becomes marginalised rather than strengthened.

Implementation roadmap

Phase 1 (years 1-2)

- We will establish our position within the Wakefield District Place Provider Partnership and work with partners around priorities aligned to shared efficiencies in planned care, urgent care and neighbourhood working.
- Initial pilots into planned care specialties including ENT will be delivered.
- We will pursue the multi-neighbourhood and single neighbourhood provider contracts and support the neighbourhood delivery of MDT working.
- We will expand our offer of practice support, focusing initially on HR, Payroll and Research.
- We will commence measuring our impact against reducing unnecessary General Practice appointments.

Phase 2 (years 3-4)

- Building on the piloting in phase one, we will spread and scale this work across further specialities, working with partners to create coherent neighbourhood plans for planned, unplanned and MDT working.

Phase 3 (year 5)

- In phase 3, we will consolidate the delivery against our strategy and position ourselves for the next phase.
- This strategy may be subject to earlier review based upon risk or environmental changes.

Measure of success and review

We we will focus our efforts on an overarching measure: namely, addressing General Practice appointments that end without a resolution or value being added.

This can be a result of several factors but will form our **North Star** metric by which we measure success. Consequently, our five strategic objectives are aligned to this, and all our interventions will be measured against this metric using a standardised audit methodology agreed with Practices to ensure comparability and transparency.

Our system impact will be measured by the number of efficiencies we generate through freeing up capacity for our partners

Patient satisfaction will be measured through either Patient Reported Outcome Measures (PROMs) or Friends and Family Test (FFT)

We will track more general success through financial KPIs associated with our budgetary cycle, delivery performance held accountable to shareholders, and our workforce stability measured through turnover rates

Our General Practice impact will be further assessed by reductions in duplicate tasks, letters and chasing

Our longer-term impact will be to consider our influence on healthy life expectancy and inequalities in access and experience

We will review our progress against the strategy with a review cycle whereby we will set annual objectives for the coming year and review progress against the previous years' objectives

Chair's Summary

This strategy sets out an ambitious approach, aimed at moving us closer to our vision of sustainable, high-quality General Practice across our communities and neighbourhoods, enabled by digital innovation, system collaboration and shared resource.

It also intentionally sets out to tackle a very specific problem of addressing General Practice appointments that end without resolution or value being added. By bringing back capacity to General Practice we will be able to focus on continuity of care for the most complex patients.

This strategy has been written with our General Practices and our system partners and is designed to intentionally align under the Wakefield District Plan.

Fundamentally, we seek to maintain General Practice at the heart of the current developments. Given the pace of the national and local changes, this strategy will remain dynamic and subject to review.

Your Board will continue to maintain oversight and you can be assured of our commitment to providing tangible support for the benefit of our practices and the people of Wakefield.

Dr Shakeel Sarwar
Chair

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