



Hemyock Churchinford Dunkeswell

STRATEGY AND BUSINESS PLAN

April 2016 – March 2017

The purpose of this document is to outline the different elements of the practice strategy and how changes in the internal and external environment we work within feeds into the practice's business planning objectives for the coming year.

ORGANISATIONAL PURPOSE & STRATEGY

The purpose of the Blackdown Practice is to provide high quality medical, nursing and dispensing services to the practice population

The partners:

- Aim to provide good access to medical, nursing and dispensing services across the Blackdown Hills to standards that meet or exceed the regulatory and/or contractual requirements in premises that are fit for purpose.
- Wish to continue to improve and develop clinical, dispensing and administrative services through the use of well-designed and efficient processes, utilising information technology as appropriate.
- Are committed to listening to their staff and patients to support the improvement and development of services provided.
- Recognise that their staff are key to the success of the Blackdown Practice, are committed to their training and development and that they receive appropriate extrinsic and intrinsic rewards.
- Acknowledge and continue to develop the key working relationships the practice has with community healthcare staff, local voluntary organisations and other Mid Devon practices in their delivery of health and social care to the practice population.
- Recognise the unprecedented change and economic pressures facing the NHS and their responsibilities as both providers and commissioners of healthcare services to manage allocated funding appropriately.
- Understand that changes in the NHS could result in positive and/or negative changes in practice income. Therefore services must be delivered within a budget. Improvements to existing services or the provision of additional services must be developed efficiently through the prudent use of resources.

THE BLACKDOWN PRACTICE

ORGANISATIONAL STRATEGY – ISSUES TO CONSIDER

▪ Future partners/skill mix of clinical team

Following the retirement of Dr Couldrick and considering future retirements and the number of newly qualified GPs coming into the profession, the practice must remain attractive for new partners to want to join and invest in the partnership.

The practice has recently recruited two new Partners due to start in the autumn. When they have started there will be a review and redistribution of lead roles to balance the medical team e.g. minor ops, GP trainer, coil and implant insertion/removal, interest in audit, organisational and business acumen. It will also involve the development of an optimum skill mix across the entire clinical team, including the nurses and health care assistants.

▪ Long-term viability as a provider of medical, nursing and dispensary services

In an ever changing environment, maintaining 'what is Blackdown' is key and our front-line, patient-facing staff, both clinical and non-clinical, are crucial to continued success from a patient's perspective.

However, taking into the account the pressure applied to contractual budgets and the ever increasing non-clinical administrative burden of delivering and developing services means we will need to work differently. Members of the data quality team are already starting to work with other practices using the same clinical systems. This will need to be developed further with both clinical and non-clinical staff sharing ideas, training, protocols and, particularly for the practice managers, roles and responsibilities. This will not only reduce duplication but will also improve business continuity for key admin functions e.g. Blackdown could run the enhanced service searches for another practice if their data quality person was off sick or had left and they were unable to recruit.

The Practice is now part of the "Three Rivers Medical Group", a federation of Bampton Surgery, The Blackdown Practice, Bramblehaies Surgery, Castle Place Practice, Clare House Surgery, College Surgery and Wyndham House. The aims of this grouping are to be in the position to develop new, efficient and sustainable services that would otherwise be difficult or prohibitively costly for a practice to provide on its own and to reduce the duplication and administrative burden within practices. It is anticipated that this collaborative approach will afford us some protection to continue to provide services in the Blackdown Hills in an ever-changing NHS to our standards.

BUSINESS STRATEGY

Deliver a service that you would wish for a family member and that you would recommend to others whilst meeting regulatory requirements within budget

This will be supported by the following elements of both the business and operational strategy.

▪ Maximise income from core contract

Our core Personal Medical Service (PMS) contract funding has been reviewed and will be cut by £16,000 year-on-year for the next 5 years. This is outside the practice's control.

Our core contract is based on patient numbers; therefore increasing our list size would provide some protection against any losses from the PMS review. There is also a need to maximise income from other services, see below.

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- **Maximise income from QOF**

The QOF recall system has had a real benefit on the end of year QOF achievement. There is a need to ensure that; patients who have already been reviewed in year are not called again under the 'birthday recall' system, the prevalence of chronic disease is reviewed and registers are up to date and patients long overdue a review are encouraged to attend or formally decline a review for that year.

- **Maximise income from enhanced and other existing or potential future services**

There needs to be a shared understanding of each element of the enhanced service by relevant clinical and non-clinical staff, allocating a clinical champion where appropriate and advanced data quality processes to support timely and accurate submissions.

There is a wish for the practice to continue delivering a broad range of enhanced services that are off value. The income received for delivering some service do not necessarily cover the full cost therefore each service must be scoped to ensure cost-effective delivery with processes changed where appropriate to minimise clinical and administrative workload, maximise income and reduce end of year reconciliation and claw back.

- **Use assets for income generation**

In terms of property, there is underutilised space at Churchinford. At Hemyock and Dunkswell there is little room for development only redesign.

Private income streams are limited to 10% where notional rent is reimbursed. However over 50% of the first floor at Churchinford is reimbursed at storage rate and notional rent applies to activity in core hours (8:00am-6:30pm). Potential longer-term options should be explored that could increase income.

Practice staff are also a considerable asset. Staff providing services to other practices or organisations (already in place with Devon Doctors and the Mid Devon Practice Manager Forum) could be developed as part of federated working.

- **Maximise dispensary income**

Business continuity within the dispensing team continues to improve. All partners and dispensary staff should have an understanding of dispensary income. Lead partners and key dispensary staff need to be aware of wholesaler and manufacturer discount schemes.

- **Minimise and manage expenditure**

Not enough time is currently allocated to financial planning, reporting, review and monitoring processes and contracts. If this time cannot be found from existing resources additional time/expertise may be required but, taking into account the need to not expand the staffing budget, funds to pay for this will need to be found within the existing staff budget.

Good working knowledge of IM&T by clinical and non-clinical staff could improve the efficiency of processes across the practice, reducing the need for overtime and the effective use of IT systems will be crucial in the development of new services and the management of expenditure.

OPERATIONAL STRATEGY

- **Manage clinical and non-clinical staff workload and associated delivery costs**

Workload in doctors' surgeries across the country is increasing but there are ways of managing this. Use of IM&T plus a culture of audit and continuous improvement will provide an underlying benefit when reconfiguring, developing and maintaining clinical and non-clinical processes and workload.

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Projects to address workload efficiency and underlying staff costs include:

- finalising the reconfiguration of Hemyock reception;
- action the audit of potentially avoidable appointments and review how clinics are set up and run and;
- extending the roles in the nursing team.

Whilst it may be preferable to have a clear plan for the full service redesign, it is prudent to move gradually to ensure the impact of one change is taken into account at the next stage.

- **Premises maintenance and development**

There is a need for the premises to remain fit for purpose, not only for patients and staff but also to ensure a rolling programme of refurbishment apportions costs appropriately to those partners coming up to retirement and the premises are attractive to new partners buying into the business.

Remedial work is required to improve the impact of the premises on the environment.

- **Appraisal and performance management processes**

The appraisal process should continue to focus on the performance and development of staff and must relate to the strategic aims and objectives of the practice.

- **Training and development**

The partners have always invested in training. This will continue but must reflect the needs of the business and there must be evidence that training undertaken is put into practice and that any training is evaluated.

BUSINESS PLANNING OBJECTIVES 2016-2017 FOR COMPLETION BY MARCH 2017:

1. Complete refurbishment of Hemyock reception (by the end of July 2016).
2. Develop and audit and review programme (by the end of July 2016).
3. Increase list size through the development of a subtle corporate image and communication strategy by the end of August 2016:
 - Revamp stationery, signage, website (mid July 16) and patient pack to include logo;
 - Appropriate advertising of service/inclusion of local interest pieces (clinical and non-clinical) in local newspapers, parish magazines, newsletter, website;
 - Utilise patient group for support.
4. Decide whether EMIS patient chase should be purchased to rationalise QOF appointments by the end of September 2016.
5. Introduce a new telephony system by the end of September 2016.
6. Establish leads for each area (by the end of July 2016) and improve knowledge of the overall business, enhanced services and GP contract across the relevant sections of the practice (by the end of September 2016).
7. Practice Manager to move from operational/implementation role to business and planning/programme management role.
8. Increase capacity for financial planning, reporting, review and monitoring through reconfiguration or recruitment (the latter only where absolutely necessary).
9. Develop robust method of assessing the costs of different methods of enhanced service delivery and use this to decide whether a service should be delivered or could be delivered differently, utilising technology to improve efficiency (by the end of October 2016).
10. As part of the premises, maintenance and refurbishment plans, start to incorporate plans to reduce the environmental impact of the Blackdown practice.

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11. Ensure staff objectives and training plans are clearly linked to organisational and business strategy.

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