**SOUTH AXHOLME PRACTICE**

**Business Development Plan**

**PURPOSE OF THIS BUSINESS PLAN**

The purpose of this plan is to set out clear objectives about what we are trying to do here and to describe something about the practice and the changes we think are important to introduce over the next five years.

We hope that our staff (especially any new staff) will be able to see what we are doing, that the North Lincolnshire Clinical Commissioning Group will feel they understand our direction and that as a business we continue to prosper in a changing world.

In producing this plan, we have learned a lot about ourselves, and we have shared a considerable amount of information among the partners and staff. We genuinely believe that we are stronger as an organisation because of this work. We consider this plan to be a “living document” and will be updated and changed as we progress through each year.

**A** **BRIEF OVERVIEW OF THE PRACTICE AND OF ACTIVITY**

South Axholme Practice is a well-established practice that has operated in this locality since the early 1970s. There are 14,739 patients registered. The practice currently has 7 GP partners, 2 salaried GPs, 2 Registrars (trainee GPs), 2 Emergency Care Practitioners, 1 Nurse Practitioner/Prescriber, 4 Practice Nurses, 6 Healthcare Assistants, as well as a wide range of management and administrative, reception, and dispensary staff.

Our mission, the reason we are here, we see as:

**“To provide an appropriate and rewarding experience for our patients**

**whenever they need our support”.**

Our core values that are shared among the partners and staff are:

* Openness
* Fairness
* Respect
* Accountability

The practice has always prided itself on providing high quality medicine in a traditional family practice setting and that has been the unwritten rule for many years. We believe we are respected by our peers, and we have built a positive relationship with our consultant colleagues at NHS North Lincolnshire CCG. Three of our partners are GP trainers and learning and education is an important part of what we do.

**STAFFING**

We have a dedicated team of staff committed to providing a first-class service to our patient population. Our staff turnover is low, and we are always willing to explore different ways of working/skill mixing. An example of this is the way we have responded to the pressures of extended hours provision, and the need to meet the demands of our patients with the need to meet external targets. We believe that our patients see that their needs are now met with the flexibility we have built into our system and our staff are to be congratulated for the way they have responded to the problems we experienced here.

All staff are regularly reviewed and have an annual appraisal where the goals of the individual, teams and practice are discussed, and agreement reached on the way forward. Regular reviews act as a way of reinforcing effective performance, highlighting areas for improvement, and recognising developing strengths.

Training is the key to improved staff performance. Regular training sessions are attended by all staff to ensure all clinical and administrative areas function effectively.

**PREMISES**

The practice operates from five sites Epworth our main site and four branch surgeries located in Belton, Haley, Ostin Ferry and West Butterwick. All of our premises have been converted from domestic dwellings.

Finding and funding new surgery premises is a large undertaking. While there are several sites that might become available, funding the building of new premises needs careful thought. There are a number of companies who will build and lease surgery premises although this would not be the option of choice for the Partners. The Partners recognise that we need to review our facilities on an on-going basis in order to increase our capacity and so continue to set aside an annual budget for surgery improvements. We are also in the early stages of working with NHS North Lincolnshire in the preparation of proposals for funding from the Primary Care Transformation Fund to build a new integrated primary care centre to be in Epworth.

The need to remodel and integrate services and resources to provide timely care and treatment in the most appropriate setting is acknowledged in both the Five-Year Plan and the local CCG Draft Co-Commissioning of Primary Care Strategy. This will enable us to:

* Strengthen primary care, building on existing agreements and maximising local flexibilities whilst placing General Practice at the heart of health and social care embedding the modern practice of anticipatory care planning and integrating pathways of care providing seamless services across providers
* Deliver high quality and accessible services
* Ensure a wide range of services are maintained and accessible
* Provide effective clinical services, improved standards, and clinical outcomes
* Provide equitable access to services (provision of additional appointments with a variety of clinicians with differing skill mixes will allow more time to see patients with genuine, often complex needs, leading to less referrals and admissions to secondary care)
* Provide effective integration of services and the wider primary care team (more space for professionals allied to medicine e.g., Health Visitor, Physiotherapist, Mental Health Worker)
* Provide services which meet local health needs (allowing an increase in training of new GPs, District Nurses, and Nursing students in addition to providing a skill mix to support a modern and resilient workforce)
* Provide improved facilities to support the retention and recruitment of staff
* Make effective use of resources (pro-actively supporting patients to manage their own long-term conditions, care closer to home whenever possible and enhance continuity of patient centred care)
* Foster working relationships between primary and secondary care (additional consultation rooms would allow scope for secondary care services to be provided within the Practice).
* Provision of extended multi-disciplinary working between primary and secondary care (strengthening clinical triage and advice service reducing referrals, non-elective care and emergency admissions, reduced length of hospital stays where necessary, improved patient satisfaction and health outcomes whilst helping patients navigate through the correct channels of approach to health and social care)
* Effective co-ordination of complex care in the community centred on the needs of the patient allowing interaction outside of traditional boundaries with benefits and employment advisors and the third sector

**INFORMATION TECHNOLOGY**

We would describe ourselves as good but with room for improvement. We have seen the great strides taken by other practices when they have invested in new technology, and we are committed to developing more with IT.

We continue to use EMIS web to its full potential in respect of Workflow to enhance our document workflow processes and coding systems whilst also streamlining and reducing manual practices. In addition, we have recently undertaken a total redesign of our practice website to make it more informative and patient friendly.

**PATIENT SERVICES/SERVICE DEVELOPMENT**

We have looked back at our performance and the way we have responded to the challenges placed before us over the last few years. We were extremely disappointed at the result of our CQC inspection as ‘requiring improvement’ in January 2015 and have worked hard to achieving a ‘good’ rating at our subsequent inspection in August 2016. Historically we have achieved excellent points awarded to us under QOF and continue to do so. The feedback being received via both our patient online forum and our face-to-face Patient Participation Group is providing us with additional information on actions needed to be taken to address problems that our patients identify and will help us to improve services. However, we also accept that meeting patient expectations is not always easy. The quality of our premises is one area for continuing work, and we know we must work on the way we use the skills that we each bring so that patients are dealt with by the professional with most appropriate skills. We recognise that this will mean many of us being prepared to work in different ways. This is also an area where we will need to educate our patients.

**PROFITABILITY AND A CHANGING MARKET PLACE**

The GMS contract offers us a total contract sum to provide appropriate care and services to the patients registered with us and it is our decision on how much to invest in providing this service (staff, premises, equipment, information technology and other areas) and how much to take out as profit. These decisions continue to challenge us, especially as funding gets tighter each year.

We appreciate that the marketplace is changing, and we realise that continual cost increases are not sustainable, and that a new market will see change and consolidation. It is anticipated that the provision of CCG co-commissioning will bring with it some challenges and opportunities for the Practice. We need to think how else the market may change and whether we are best geared as to meet the future needs of our patients and as importantly, the partners and staff. We will continue to look at how best we can do this.

**MANAGEMENT**

Our management style is best defined as functional and informal. Our Practice Manager and Assistant Practice Manager have been in post for over nine years and together we have been trying to bring some new ideas into the practice. We try to instil a stress-free and lively environment, which encourages employees to remain focused and project a positive attitude to our patients. A professional but relaxed and friendly culture has developed among doctors, management, and employees.

As the NHS culture continues to become ‘administratively heavy’ we may have to re-examine our practice management arrangements and expand our administrative arrangements due to volume of workload.

**COMMUNICATION**

We meet as a group of partners along with the practice management on a bi-weekly basis with a pre-prepared agenda and organised into different topic areas, e.g., Finance, clinical governance, dispensary, training. These areas include a dedicated Primary Healthcare Team meeting where District Nursing and Health Visitors are invited to attend. We hold regular departmental meetings, e.g., Nursing/HCA, Reception, Dispensary, which all staff attend. We believe our in-house communication is good but there is always room for improvement.

**SKILL MIX – CLINICAL AND ADMINISTRATIVE**

A recurring theme to our re-examination of our current activity and our plans has been to examine carefully why we undertake certain activities that we have taken as a “given” for many years; one of these is a re-examination of our skill mix looking at who does what, both clinically and administratively.

We have been examining who does what and we have surprised ourselves with what activities can be undertaken by people other than those who have traditionally worked on that role, e.g., development of the HCA role, implementation of a Nurse Practitioner/Prescriber and Emergency Care Practitioners. This has resulted in significant delegation and cost savings; the ability to redeploy the resources we have released in other ways, and it has improved the job satisfaction of staff who have been given greater responsibility. It is an area we continue to work on.

**PATIENT FORUM**

We have also developed an online patient forum and a face-to-face Patient Participation Group who meet with representatives of the practice on a six-weekly basis.

**CLINICAL COMMISSIONING**

One of our biggest challenges is Clinical Commissioning. We are a member of the NHS North Lincolnshire Clinical Commissioning Group and are committed working with them and to the ongoing development and provision of patient services in this area.

**SUMMARY**

Primary care is at the heart of community-based care and services need to be built around practices to transform community services centred around practices and their populations. The current facilities at our Epworth site are not effectively supporting the delivery of care and space is now at a premium. Scope for the further development of services is severely limited and there is every likelihood that the Practice will struggle to meet the requirements of the key messages above without the provision of additional consulting facilities over the coming five years. All GPs wish to provide high quality additional services in appropriate premises to allow for enhanced primary and community services to be extended. The current lack of space will soon have a detrimental effect on the care that the Practice is able to provide to our patients.

Our large practice list continues to remain stable, and indications are that this is not likely to reduce. The Practice is already struggling for space to provide additional sessions where appropriate, host community worker sessions in a rural location for the benefit of our patients and there is an inability to host additional GP trainees despite our desire to do so.

We also recognise that rural practices are a key requirement for delivery of effective and efficient services. They also provide the opportunity to physically co-locate health, community, social care, mental health, and acute services to facilitate partnership working and improve access for patients, especially in a community where transport links are limited.

Patients will be able to be supported and actively involved in developing their own care to prevent crises and help them manage in the event of crises, particularly the elderly and their families/carers to plan for progression of illnesses and for end-of-life care, in turn reducing the need for emergency and unplanned admissions.

This is the first business plan we have produced at this Practice, and we are pleased with the outcome. We recognise that we could have included much more information, but as a first statement it gives all our staff and others interested in our progress (the patients, our staff, and financial advisers) a picture of what we are doing and some of the changes we intend to make over the coming months.

It is important to keep this document up-to-date and this we intend to do on a regular basis to enable all to know what is happening, what areas of change are delayed and what changes have been achieved.

**SUMMARY OF GOALS AND OBJECTIVES**

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| --- | --- | --- | --- | --- | --- |
| **AREA OF WORK TO BE EXAMINED** | **TASKS TO BE UNDERTAKEN** | **LEAD PERSON** | **INTERIM MEASUREMENT** | **COMPLETION DATE** | **COST** |
| **Patient Services** | Aspire to maximum points under QOF | Dr F Jaafar, Practice Management | Report to partners by 31 Dec on those areas where we need to make changes to. What needs to be done and what investment is required if any? | 31 March 2016 yearend review and then annually to 31 March 2020 |  |
| **IM&T** | New practice websiteIdentification and provision of required training | Practice Management | On-going requirements | August 2017Annually until 31 March 2020 |  |
| **Proposal for funding for new Epworth surgery premises** | Discussions with NHS North Lincolnshire commenced March 2015 re proposal for Primary Care Transformation funding | Dr John Gallagher, Practice Management | Awaiting further information from NL CCG | Unknown |  |
| **Staffing** | Continuing review of skill-mix | Practice Management |  | Annually until 31 March 2020 |  |
| **Patient Forum/Participation** | Quarterly meetings with Chair and Deputy | Dr Karena Platts, Practice Management | Report to partners annually | 31 March 2016 then annually until 31 March 2020 |  |
| **Commissioning** | Reading, research and discussion and training programmes and keeping up with the debate | All Partners, Practice Management | Regular reporting back to management team and partners | Annually until 31 March 2020 |  |
| **Market Position/Future organisation of the practice** | Discussion with other interested parties/practices on the future likely make-up of the marketplace | All Partners | As required | Annually until 31 March 2020 |  |