

Arden Medical Centre



“Dedicated to providing a comprehensive, caring and patient-centred service”

Business Development Plan 2016-2020

Purpose of the business plan

The formation of Arden Medical Centre’s business plan is a positive and exciting new development for the surgery. Until now, Arden Medical Centre has not produced a business plan but we feel with the changing nature of general practice and our plans to become a training practice for Doctors this was an ideal time to set out our aims for the future.

In this business plan we will set out objectives about what we at Arden Medical Centre are trying to achieve and what we plan to do about it in the next four years.

We hope that our practice team and any new team members will find this plan useful by being able to see what we currently do and our plans for the future. We will also share this plan with the practice’s Patient Participation Group (PPG), patients and the local Clinical Commissioning Group (Solihull CCG).

With numerous changes and challenges within the NHS it is hoped this document may help us and others understand our future direction.

Introducing a business plan to Arden Medical Centre is a new concept but in producing it we have learned a lot about ourselves and hope to share a considerable amount of information among the partners and staff. We aim to review, update and change this plan throughout the years.

Overview of Arden Medical Centre & its activity

Arden Medical Centre was established in 1999 and move to its current location in 2004. We have 4529 registered patients looked after by a team of seventeen staff. We have four part-time GP partners (three female and one male).

As our mission statement says, we are

“Dedicated to providing a comprehensive, caring and patient-centred service”

We pride ourselves on providing high quality care in a small traditional family GP practice. We liaise well with local practices, hospitals, community services and the local CCG.

The Arden practice team

We are very proud of our team. We are dedicated and committed to providing a first class service to our patients. We aim to treat patients as we would wish to be treated ourselves.

We have a low staff turnover and believe this is due to how we look after our team and our approach to flexible working. All the team work part-time and this reduces the stress and pressures that working in the NHS can bring. Sometimes staff also choose to work in other GP practices which we are comfortable with, as this can be of benefit to the practice by bringing in new ideas and ways of working.

The team often go above and beyond their usual duties to ensure we provide the highest standard of care to our patients.

Every team member has an annual appraisal where the goals of the individual, teams and practice are discussed and agreement reached on the way forward. However the team are encouraged and are happy to openly discuss any issues and concerns that they have on a day to day basis. We actively encourage the team to enhance their personal development and recent examples of this include the Practice Manager completing the AMSPAR Practice Management qualification, one nurse completing a COPD qualification and another nurse who is currently undertaking a course on leg ulcers.

One of the GPs is a registered trainer and another GP is about to start working towards becoming a trainer. The practice has recently been approved as a Training Practice for doctors. A training practice has qualified doctors undertaking further training based at the surgery to gain experience in general practice under the supervision of our GP Partners.

We believe training and enhancing personal development is the key to improved staff performance. We offer regular training sessions in various formats (online / face to face) which the team attend. These include statutory, mandatory and recommended training which ensures all clinical and administrative areas function effectively.

Premises

Arden Medical Centre moved into its current premises in 2004. The building is owned and maintained by NHS Property Services.

In 2015 we recognised that the current premises are in need of upgrading and more space is needed. This is important for us as we become a training practice, as well as enabling us to cope with the increased housing development in the area. We have already met with NHS Property Services to discuss this issue and we are exploring a number of options

- Expanding into 'Freshfields'. This is the rest of the building we currently share with Community Services
- Physically extending our area of the building
- Moving to new surgery premises

All of above require careful planning and whichever option we choose it will be a large undertaking. Funding any of the options will need careful thought and we may be able to source funding through private companies or via various NHS property funds.

This expansion would be an ideal time to revisit all the services we currently provide and would give us the opportunity to model and integrate services and resources in order to increase our capacity to provide timely care and treatment in the most appropriate setting (care closer to home) for our growing patient population.

Expansion would enable the practice to continue to:

- Strengthen primary care, building on existing agreements and maximising local flexibilities whilst placing General Practice at the heart of the local community and health and social care.
- Deliver high quality and accessible services (e.g.more consulting rooms, larger waiting room)
- Ensure we can continue to provide (and hopefully expand) a wide range of services , keeping patient care closer to home
- Deliver effective clinical services, improved standards and clinical outcomes
- Provide additional and/or longer appointments which would allow clinicians more time to see patients with genuine, often complex needs, leading to fewer referrals and admissions to secondary care
- Deliver integration of services with the wider care team (more space for professionals allied to medicine e.g.Dermatology Nurse,Mental Health Workers, ENT)
- Encourage staff incontinuing to increase their skill-mix to provide services which meet local health needs
- Support the retention and recruitment of staff
- Foster good working relationships between primary and secondary care (additional consultation rooms will allow further scope for secondary care services to be provided within the Practice).

IT

We are committed to further developing our use of IT. Our Practice Manager is on the local CCG board which looks at ways of providing and delivering IT services.

IT plans for the future include

- SKYPE consultations. Setting up and offering SKYPE consultations to patients
- Installing Wi-Fi for the practice and patients
- Implementing iGPR (medical reports online) to reduce secretarial workload and ensure safe, secure transmission of medical notes / copy notes to insurance companies & solicitors
- Patient online access to their medical records (read coded entries) and test results
- Converting internal practice documents from a Word format to PDF to enhance security

Patient service

We have reviewed our performance and the way we have responded to the challenges placed before us over the last few years.

The practice participates in the Quality and Outcomes Framework (QOF).

QOF is the annual reward and incentive programme detailing GP practice achievement results. It is a system intended to improve the quality of general practice, reward practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

It is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. The indicators for the QOF change annually. QOF awards practices achievement points for:

- managing some of the most common chronic diseases, e.g. asthma, diabetes
- managing major public health concerns, e.g. smoking, obesity
- implementing preventative measures, e.g. regular blood pressure checks

In previous years we have achieved 100% in our QOF although the last two years have seen an achievement rate of 99% in 2014 & 97% in 2015.

We conduct annual patient surveys and are very encouraged by the positive responses we receive. The survey is designed in conjunction with our PPG, and using the results we work with them on an action plan to take into account patients' comments and suggestions

Patients will be able to access their medical records online from April 2016 and we will work with patients and the PPG to deliver this contractual requirement.

As mentioned at the start of this business plan, we aim to become a training practice (TP). Since the start of this plan, we have met, been assessed and now approved as a TP. We will work with staff and patients on implementing this service to start from August 2016.

We are also working with the local CCG on data sharing with local hospitals (Your Care Connected). We strongly believe that data sharing of patient information with other clinical professions is vitally important, and improves patient care. However we also acknowledge patients' concerns about data sharing; we will work with our patients to address these concerns.

Profitability and a changing market place.

Arden Medical Centre is a private business, although we (like all GP surgeries) contract to NHS England to deliver GMS (General Medical Services) services.

The GMS contract offers us a total contract sum in order to provide appropriate care and services to 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 continues to challenge us, especially as funding gets tighter each year.

The NHS is changing, and the market place is also changing, and we realise that continual cost increases are not sustainable. Several practices in Solihull have joined forces (merged), partly in order to consolidate overheads. We have no current plans to do this although we have friendly relationships and reciprocal agreements on one or two issues with a couple of local practices. We are happy for this to continue and possibly expand further if appropriate. All Solihull GPs have formed a local federation (Solihealth). This enables practice to share some costs and bid for local services, something we could not do alone as a small practice.

There are many challenges for a small practice like ours but also opportunities. We need to think how else things may change and how we as a relatively small practice are best placed to meet the future needs of our patients and those of the GP partners and staff. We will keep this under review.

Management

We have a flat hierarchal management structure. We would define ourselves as efficient and friendly. We try to instil a stress-free but lively environment, which encourages the team to remain focussed and projects a positive attitude to our patients. A relaxed and friendly culture has developed among the doctors and the rest of the team. We keep all our activities under review and are always looking for new ways to "work smarter" and to improve the quality of our services and care of our patients.

We have had to re-examine our practice management arrangements due to volume of workload. We are encouraging our Practice Manager to delegate more tasks to the Senior Receptionist. This will free up our Practice Manager to concentrate more on some of the “bigger picture” issues e.g. recruitment, IT plans, premises extension/expansion.

We realise that we need to keep reviewing the way we organise our routine management tasks to see if there are ways in which we could make improvements.

Communication

We have a weekly practice meeting (Wednesday afternoons) where the partners meet along with the Practice Manager with a pre-prepared agenda.

We hold regular team meetings (Reception and administration / Nurses & HCAs/ full team) to share best practice, look at any current issues affecting the team, discuss ideas and make plans for the future.

We also have regular meetings with other clinical teams e.g. District Nurses, Health Visitors / Macmillan Nurses). Even though our clinical system enables us to all enter data onto one record, regular face to face meetings mean we can discuss any patient concerns and care plans.

Overall we believe our communication is good but there is always room for improvement.

We are currently working with the local CCG on a pilot project for MDT (multi-disciplinary team) meetings to include adult social care, district nurses, community matrons and social workers.

Skill mix

As a practice we look at which team member does what and we have found that many activities can be undertaken by people other than those who have traditionally worked on that role; 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. We believe that more than one person should be able to do each task, so that if one member of the team is off, there is someone else who can do the work and keep things going.

Patient Participation Group (PPG)

Arden Medical Centre has always an active PPG. Since the changes in the NHS (2014) their role has changed.

Previously the PPG raised funds for the surgery and attended flu Saturday clinics. Now the PPG meet quarterly and undertake the following:

- Produce a quarterly newsletter
- Produce & circulate annual patient survey
- Attend and provide input at area PPG meetings
- Encourage, collate and feedback patient concerns

We are extremely grateful for all the work the PPG do for the surgery and look forward to continuing this close collaboration with our patients. We are aware of the need for the PPG to adequately reflect the makeup of the practice population and do our best to invite a variety of patients to join (thinking of age, gender, ethnic origins and patient experience)

Clinical Commissioning (CCG)

Arden Medical Centre is part of Solihull Commissioning Group. Clinical Commissioning is a big challenge and we are committed to working with them and to the on-going 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.

The current facilities are not effectively supporting the delivery of care and space is now at a premium. Scope for the further development of services within our current space is severely limited and there is every likelihood that our Practice will struggle to meet the requirements of the key messages above without the provision of additional consulting facilities over the coming four years. All our 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 our Practice is able to provide to our patients.

The Practice is keen to support new ways of working and improve access to services

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.

We have arrived at this stage and produced this document as a result of following a meeting with partners where we drew together all the information we had discussed. 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.

Purpose of the business plan

Following the publication of our first business plan in 2016, this is our first review of our progress.

Since the initial report in 2016 we have:

- Received an 'outstanding' rating from the Care Quality Commission
- Achieved Training Practice status
- Increased our staffing and amended our skill mix

Overview of Arden Medical Centre & its activity

Our patient numbers have slowly increased and we now have 4562 registered patients looked after by a team of 19 staff. We still have four part-time GP Partners (three female and one male)

The Arden practice team

Since becoming a Training Practice (TP) in August 2016 we now have 3 GP trainers. We have Foundation Year 2 Doctors and medical students.

We have employed a Business & Administration Apprentice to help with reception duties and assist the Practice Manager.

One Nurse has completed her leg ulcer training and runs dedicated clinics for surgeries in Solihull to refer in to.

Premises

In our initial business plan we documented that we had met with NHS Property Services (NHSPS) regarding our expansion plans. NHSPS conducted an utilisation study of our premises and Freshfields (next door) and concluded that Arden Medical Centre have reached capacity. We met again (in June 2017) with NHS Property Services, Birmingham Commissioning Group and Solihull Commissioning Group to try and take our discussions further. Whilst they all acknowledged our issues around capacity they informed us that at the current time there is no funding available for expansion (in any form). They have listed us as a 'priority' and will keep us informed of any NHS funding / improvement grants that may become available in the coming months.

This does present us with a challenge due to the additional staff we have employed and the fact that as well as an FY2 Doctor, in 2018 we have committed to take a GP

Speciality Trainee (GPST). However we will be looking at our options and will continue to engage with NHPS on this issue.

IT

We have begun our SKYPE pilot but due to technical issues this has not gone as well as we had hoped. Currently our IT department are looking into this issue.

Wi-Fi has been agreed for all practices across Solihull and we hope this will be installed by the end of 2017

We are using the NHS e-referral service (previously called Choose & Book) for the majority of our referrals. The NHS aims to have all referrals done by this method by 2020 as it is a fast, secure way of processing patient referrals. It also provides a good audit trail. There have been some compatibility issues with the clinical system we use and other infrastructure concerns but after meeting the e-referral team (in July 2017) it is hoped these will be addressed and the system will improve.

Patient service

Our QOF achievement in 2016/17 was 99%.

We continue to run our annual patient survey (all detail on our website)

Since April 2016 patients have been able to access their medical records (read-coded entries) and there are still plans for this to be expanded to full clinical records by 2019.

Since becoming a training practice the feedback from the patients (& CCG) has been very positive.

Full data sharing (as mentioned in initial report) has yet to take place.

Profitability and a changing market place

With NHS England's plans for GP Practices (GP Forward View) 12 local practice have come together to provide services 'at scale'. We formed Solihull GP Alliance in April 2017 and although still in its infancy, we have already worked together on:

- Streamlining NHS Health Checks
- Providing a local diabetes service for initiating insulin in primary care (previously done in hospitals)

We are now working together on:

- Reducing waste on prescribing by empowering patients to order their own medication, rather than the pharmacies doing this on patients behalf
- Streamlining policies & procedures across the 12 practices.

This is not 12 practices merging, but 12 like-minded practices wanting to work closer together to deliver high quality patient care at scale and closer to home. More information is available on our website.

Management

We have employed a Business & Administration Apprentice (via Solihull College) to assist reception and help the Practice Manager. This has meant the Practice Manager and Senior Receptionist are able to concentrate on more management issues and personnel.

Communication

We continue to have our weekly practice meetings.

The pilot MDT (Multi-disciplinary team) meetings have continued and we meet every 6-8 weeks with fellow professionals (mental health, district & community nurses, care navigator and social worker) to discuss patients.

We have just started diabetic MDT meetings which enable us to meet with diabetic specialists (every four months) to discuss and review our diabetic patients and look at local pathways.

Skill mix

Since the initial report we have:

- A New Healthcare Assistant who has previous nursing experience. This enables us to offer additional appointments for some tasks previously carried out by the practice nurses. We plan to expand this area in the next 12 months so one of our HCAs can offer suture removal, dressings and ear irrigation.
- We have trained more staff to scan in documents on to the clinical system. The majority of our post comes electronically but it still needs to be scanned and attached to a patient record and then forwarded to a clinician for completion. Having more staff being able to scan means we can process these documents in a timely manner.

Patient Participation Group (PPG)

Our PPG continue to meet on a quarterly basis and we are very grateful for their continue input and support. We currently have seven PPG members.

Clinical Commissioning (CCG)

We continue to work closely with Solihull CCG. There is currently a public consultation about the CCG merging with two Birmingham CCGs. More information can be found at:

<http://solihullccg.nhs.uk/get-involved/the-future-of-the-birmingham-and-solihull-nhs-clinical-commissioning-groups>

Summary

The update above shows just how quickly plans can evolve in GP practice and the NHS.

Overall our mission remains the same:

“Dedicated to providing a comprehensive, caring and patient-centred service”

Summary of goals and objectives 2016-2020

| Area of work to be examined | Tasks to be Undertaken | Lead Person | Interim Measurement/Actions | Completion Date | Cost | Update July 17 |
|-----------------------------|---------------------------------|-------------------|--|--|-------------------------------|--|
| Patient service | Aspire to maximum QOF points | PM & All Partners | PM reports to GP Partners monthly. GP Partners have individual QOF areas of responsibility | 31.03.2016 & then annually on 31 st March | | Done |
| Patient service | Become a training practice (TP) | Dr Ullah | TP approval Logistics/process of setting up of TP as TP Review of service | 01.02.2016 01.06.2016 31.12.16 & every 6 months thereafter | See separate TP business plan | TP approval Aug 16 Reviewed quarterly |

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|-----------------|--|---------------------------------------|---|---|--|-------------------------------------|
| Patient service | Patient online access to medical records | PM & Dr Holt (IG /Caldicott Guardian) | IT software & IG in place Policy for patient access to GP Partners for agreement | April 2016 April 2016 | | Read coded records available Apr 16 |
| IT | Set up of SKYPE consultations | PM | CCG involvement Logistics of setting up. IT software/equipment in place Review of service | Dec 2017 6 monthly after go-live | | Ongoing due to IT issues |
| IT | Set up iGFR reporting (medical reports online) | PM & Secretaries | Software installation | April 2016 | | Started and new IT |

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|----------|--|---------------------------------------|--|---------------------------|--|----------------------------|
| | | | Training | April 2016 | | software upgrade Aug 17 |
| | | | Insurance company/patient feedback | Dec 2016 | | |
| IT | Data sharing models | PM & Dr Holt (IG /Caldicott Guardian) | IT software & IG in place. Data sharing agreements | July 2016 Dec 2016 | | Ongoing |
| Building | Increase to building size to allow for increased capacity/demand | PM & GP Partners | NHS Property Services / Planning review | Dec 2017 | | Done |
| | | | Funding | | | No funding available |
| | | | Interim report to GP Partners | April 2016 | | |

