

# Supporting Sustainable General Practice

General Practice
Sustainability
Health-Check Tool

# **Document Version Control**

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NHS England South (South West)

Date	Contributor	Version	Comment/Change
28-04-15	Author	0.1	First draft
05-05-15	Author	0.2	Expansion of questions sets for Patient Experience, Clinical Capacity and Skill Mix, Management Capacity, Clinical Safety, Financial Capacity, Premises Capacity and Condition. Addition of Clinical Workforce questions
01-06-15	Author	0.3	Expansion of question sets for Patience Experience and Clinical Capacity and Skills Mix
11-06-15	Author	0.4	Expansion of question sets for Clinical Workforce
22-07-15	Author	0.5	Addition of contributor/participant stakeholders
06-08-15	Author	0.6	Expansion of Financial Capacity and Management Capacity
10-08-15	Author	1.0	For Distribution
11-11-15	Author	1.1	Updated contact details
18-12-15	Author	1.2	Correction of Marina Muirhead's email address (NHS England)
31-03-16	Author	1.3	Updated contact details

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# **Resource Development Stakeholders**

This information resource has been developed in consultation with the following organisations:

- Bristol CCG
- Somerset CCG
- South Gloucestershire CCG
- NEW Devon CCG
- South Devon and Torbay CCG
- NHS Kernow CCG
- Avon LMC
- Somerset LMC
- Devon LMC
- Cornwall LMC
- South West Academic Heath Science Network
- Severn Deanery
- Sample groups of GPs and Practice/Business Managers within all seven South West CCG areas
- NHS England South (South West) Primary Care

## Introduction

This document aims to help General Practices in considering and assessing their current sustainability. It offers a range of questions designed to provide a General Practice with a wide range of qualitative information, which can then be used to:

- Assess their current status
- Provide evidence-based understanding of whether their current business model is sustainable
- Provide an evidence-based opportunity to consider the need for business model change
- Provide an evidence-based opportunity to consider the options for enhancing their business model

Any information gathered by a General Practice as a result of using this tool is for the sole use of that Practice. However, NHS England can also provide support in:

- Facilitate use of the Health-Check Tool
- Reviewing findings
- Considering conclusions drawn
- Exploring options for business model change
- Accessing information and advice about collaboration with other Practices and community providers
- Approaching other Practices
- Commencing dialogue with other Practices (including guided facilitation of discussion events)
- Guidance around objectives setting and solution-based outcomes

The General Practice Sustainability Health-Check Tool is divided into key sections, as follows:

- Patient Experience
- Clinical Capacity and Skill Mix
- Administrative Capacity and Skill Mix
- Clinical Safety
- Management Capacity
- Financial Capacity
- Premises Capacity and Condition
- Clinical Governance
- Management Information and Business Intelligence
- Delivery of Care Challenges and Barriers
- Range of Provision Gaps and Limitations
- Stress Points and Tensions

Each section offers a range of open questions to enable Practices gather qualitative information through discussion within the Practice team. Responses to questions can either be recorded within the tool, or recorded elsewhere.

The Health-Check Tool has been developed in consultation with a range of subject-matter experts, including NHS England and CCG Primary Care Leads, Local Medical Committees, GPs and Practice Managers.

It is one of a suite of NHS England South (South West) documents focused on supporting General Practice in achieving and maintaining sustainability, and exploring new, innovative ways of working.

## The Health-Check Tool

## **Patient Experience**

#### **Objective**

To consider your patients' experiences of accessing and using the services provided by your Practice

#### **Links To**

Improving access and quality - contacting the Practice; booking appointments; obtaining timely appointments; accessing information; seeing/speaking to the most appropriate professional; receiving the most appropriate service

- 1. Have we undertaken patient satisfaction surveys, and if so, what kind and how often?
- 2. What feedback have we received from patients?
- 3. What conclusions did we draw from the surveys' finding?
- 4. What learning are we able to draw from patient complaints and compliments?
- 5. Which areas of our services do patients value?
- 6. With which areas were patients dissatisfied?
- 7. What anecdotal evidence is there of patients' attitudes towards our services?
- 8. Is there analysis of peaks and troughs in demand?
- 9. Are there trends in the kinds of service requested or accessed, e.g. long-term conditions; social prescribing; collecting results; diagnostic tests e.g. phlebotomy; mental health; complex conditions; frail patients; specific social groups e.g. marginalise?
- 10. What work are we doing via patient engagement to develop new working relationships with patients relating to self-care and personal responsibility, and service redesign?
- 11. Have we considered different models of access such as Skype, telephone triage, Productive General Practice or Dr First? What benefits do/could these offer us?
- 12. What would be the cost and benefit of making improvements to our patients' experience?

Responses		

Responses/cont.		
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#### **Clinical Workforce**

#### **Objective**

To consider the current clinical workforce, causes and consequences of unfilled posts, potential consequences of planned retirements and challenges to successful recruitment

#### **Links To**

Achieving or improving sustainability - considering alternate or collaborative means of addressing gaps in clinical workforce; considering and developing succession plans

- 1. Are members of our clinical workforce retiring in the next twelve months?
- 2. What is our succession plan for when members of our clinical workforce retire?
- 3. What is the current status of our Partners' Agreement, and how have transferable succession liabilities been addressed?
- 4. What are our current vacancy levels?
- 5. What are the obstacles or challenges in achieving successful recruitment?
- 6. What is our approach towards employing locums?
- 7. How much are we relying on locums?
- 8. How could we encourage clinical personnel to come and work with us?
- 9. Are there any alternatives or collaborative ways of addressing the gaps in our clinical workforce?

Responses	

Responses/cont.	

## **Clinical Capacity and Skill Mix**

#### **Objective**

To consider the range, diversity and combination of clinical skills and resources available to patients

#### **Links To**

Improving meeting of need - considering alternate or collaborative means of accessing services; considering alternate forms of clinical service delivery e.g. establishing specialist nursing services or enabling access to shared nursing services located elsewhere; resource sharing with neighbouring Practices or community health services

- 1. What is our current clinical workforce?
- 2. Where are the gaps or areas of regularly unmet need?
- 3. Does our clinical workforce have any specialist knowledge or skillsets?
- 4. What is our approach/strategy for training and development?
- 5. Do nearby Practices offer specialist Primary Care or Community Health services?
- 6. Do we use or have we considered other professionals to deliver services e.g. pharmacists?
- 7. Do we have innovative ideas for new ways of providing care, and if so, what are they?
- 8. How could we develop and implement these ideas e.g. working with other practices, working with our service commissioners, working other community providers?

Responses/cont.		

## **Administrative Capacity and Skill Mix**

## **Objective**

To consider the range, diversity and combination of administrative skills and resources available to patients and clinical staff

#### **Links To**

Ensuring that the administrative support infrastructure is able to meet the business's requirements; developing or demonstrating good/best practice in the provision and development of administrative support; considering how administrative resources could be shared or accessed across other practices

- 1. What is our current administrative workforce?
- 2. What are the gaps in skillset or areas of unmet need?
- 3. Does our administrative workforce have any specialist knowledge or skillsets?
- 4. What is our approach/strategy for training and development?
- 5. How do we learn from approaches to administrative support and deployment in other practices?
- 6. Do we have a career development structure for administrative personnel?
- 7. How do we currently utilise our administrative resources and are there opportunities or potential benefits from reviewing our use of administrative support?
- 8. What is our project management capacity/capability?

Responses	

Responses/cont.	

## **Clinical Safety**

#### **Objective**

To consider all aspects of clinical safety - assurance measures in place; processes; threats; adherence to protocols; assessment of historical events and incidents; outcomes and conclusions of any previous assessments of clinical safety

#### **Links To**

Improving patient and personnel safety - promotes quality in service delivery and working environment; offers opportunities to create and demonstrate good/best practice

- 1. How safe is our practice?
- 2. Have we recently undertaken a clinical safety audit?
- 3. Can we define our team's safety culture?
- 4. What assurance processes and protocols do we have in place?
- 5. What improvements can we make?
- 6. Do we include clinical safety in team/practice meeting agendas?
- 7. How do we include clinical safety in staff training?
- 8. Do we regularly review patient records to identify areas of common harm e.g. delays in diagnosis or treatment and causes?
- 9. How do we report clinical safety issues?
- 10. Do we undertake 'lessons learnt' approaches to clinical safety?
- 11. Could we benefit from looking at other practices' approaches to clinical safety? Can we use our commitment to clinical safety as a driver or factor in developing collaborative work with their practices?

Responses	

Responses/cont.		

## **Management Capacity**

#### **Objective**

To consider the level and availability of management resource; to consider gaps in and threats to dedicated management time and resource

#### **Links To**

Improving business management - improving the skills and resources needed to grow and develop the practice as a business e.g. enabling dedicated time/resource to look at enhancing income streams, resource sharing or opportunities for collaborative work that will enhance service delivery or ease pressure on the service

- 1. What is our practice management structure?
- 2. How do clinical and non-clinical management work together?
- 3. Do we combine operational and strategic/business development responsibilities, and if so, how?
- 4. Have we recently had a change of practice manager?
- 5. Can our approach to practice management be improved, and if so, how?
- 6. What are the stress-points and challenges in practice management?
- 7. How is practice management supported and developed in our practice?
- 8. What are the skills gaps or areas of unmet need in our approach to practice management?
- 9. What examples of good/best practice can/do we demonstrate externally?
- 10. How can we share knowledge and expertise among neighbouring practices?
- 11. How do we access examples of good/best practice in other practices?
- 12. How could we access/benefit from business development approaches at other practices?
- 13. How could we look at sharing knowledge/expertise/resources in developing our business?
- 14. What is our practice's vision or aims for its future?
- 15. How are we managing this?

Responses		

Responses/cont.	

## **Financial Capacity**

#### **Objective**

To consider the current financial status of the practice. To consider the actual or potential financial impact of staff leaving, retiring etc. To consider funds available for investment (personnel, premises, managerial time, business development time, new technologies etc.)

#### **Links To**

Improving sustainability - promoting and developing business development, including identification of additional income streams; developing approach to investment; developing approach to maximising existing income streams by considering economies of scale from collaboration

- 1. Who commissions our services?
- 2. What are our income streams?
- 3. Do we know how much profit, if any, we are taking from the practice?
- 4. Is the draw down for a partner (per session) less than the practice would pay for a locum per session?
- 5. Is this going to increase or decrease in the future? What might be the causes of this?
- 6. Are our income streams sufficient for maintaining operational service delivery?
- 7. What are the current threats or challenges to our income streams and cash flow?
- 8. How could we enhance or expand our income streams?
- 9. What is our approach and ability to invest in personnel, premises, managerial time, business development time, equipment, new technologies etc.?
- 10. How could this be improved? Who takes responsibility for financial management at our practice?
- 11. Do we have any skills gaps in our ability to undertake successful financial management?
- 12. How can we access business development resources?
- 13. Do we have knowledge/skills in-house?
- 14. Can we access business development resources via collaboration?
- 15. What is our awareness of business development activity across neighbour practices?

Responses		

Responses/cont.		

## **Premises Capacity and Condition**

#### **Objective**

To consider the suitability, adequacy and quality of current premises; to consider whether it is fit for purpose; to consider where current premises contributes to gaps in service provision and/or human and physical resource procurement.

#### **Links To**

Achieving or improving sustainability - developing or implementing a formalised approach to premises or location improvement; maximising use of premises or location; exploring opportunities for collaboration in providing improved service access and operational management

- 1. Do our premises or location represent a threat to or challenge in achieving/maintaining sustainability?
- 2. Have we undertaken any evaluation or assessment of our current premises?
- 3. If so, what did we learn/conclude?
- 4. If not, how could we approach premises assessment?
- 5. What would be the key elements we would want to investigate?
- 6. How do our current premises restrict or challenge our ability to support effective service delivery?
- 7. Are we able to consider an approach to improving our current premises?
- 8. What would be the implications of or resources required for improving our current premises?
- 9. How could we apply collaboration with other practices or providers to realise improvements?
- 10. What resources would we need to enable us to actively consider how to improve our premises/location?
- 11. Have neighbouring practices undertaken premises or location improvement, and if so, how?
- 12. Are there any opportunities for sharing premises or location space to enhance service provision or operational management?
- 13. What are the legal or financial constraints to exploring improvement of premises or location?
- 14. Do we understand NHS England's role in premises procurement and management?

Responses			

Responses/cont.	

## **Clinical Governance**

## **Objective**

To consider the level of adoption of, and adherence to, clinical governance measures and structures. To consider threats to, and gaps in, clinical governance measures and mechanism.

#### **Links To**

Achieving and maintaining sustainability - a lack of adherence to clinical governance could threaten or challenge the clinical and/or operational viability of a practice, or contribute towards gaps in knowledge or expertise, clinical effectiveness, patient and public engagement, risk management and information management.

- 1. Who is responsible for maintaining and developing our approach to clinical governance?
- 2. How is our clinical governance policy applied?
- 3. How does our clinical governance policy meet internal, local and national requirements and standards?
- 4. Do we need to improve our adherence to clinical governance, and if so, how can we do this?

Responses		

Responses/cont.		

## **Management Information and Business Intelligence**

## **Objective**

To consider our ability to effectively analyse and report on our activity, for both internal and external use; to consider our skills mix for developing and producing quantitative and qualitative business intelligence, and use of technology as a tool for analysis and reporting; to consider why we need to produce reports and information, and how it is produced and presented.

#### **Links To**

Improving sustainability - promoting and developing evidence-based business cases and change plans; enhancing evidence-based understanding of demand on service provision, reasons for patient contact and attendance, unmet need and gaps in range of services offered

- 1. How able are we to analyse and report on our activity, quality and performance?
- 2. How able are we to utilise software systems to analyse our activity, quality and performance?
- 3. Do we have gaps in skills mix for data and information analysis?
- 4. Are we maximising our use of systems and software to support our requirements for activity, quality and performance analysis and reporting?
- 5. Are we always able to effectively respond to internal and external requests for management information and business intelligence?
- 6. Are there areas or sets of information that would benefit our ability to remain sustainable but we're unable to produce and/or analyse?

Responses	

Responses/cont.	

# **Delivery of Care - Challenges and Barriers**

## **Objective**

To identify what can obstruct or threaten delivery of care; to consider the reasons why these challenges or threats are present

#### **Links To**

Revising business models - exploring new ways of delivering care; learning from examples of change and transformation to enable consideration of shared resources and collaborative working

- 1. What threatens or challenges our ability to deliver care to our patients?
- 2. What are the causes of these challenges and how do they impact on care delivery?

Responses	

Responses/cont.		

## **Range of Provision - Gaps and Limitations**

## **Objective**

To identify gaps in current service provision; to consider when and why services are requested but cannot be provided

#### **Links To**

Revising business models - exploring new ways of delivering care; learning from examples of change and transformation to enable consideration of shared resources and collaborative working to help address unmet need

- 1. What are the categories of demand on our services?
- 2. Are there themes and trends within the reasons why patients contact our practice and request GP appointments?
- 3. Are there themes and trends within areas of unmet need? How able are we to include strategic management and business development within our managerial infrastructure?
- 4. Who is/should be responsible for the development of innovation and creativity in service provision and management?

Responses	

Responses/cont.	

## **Stress-points and Tensions**

## **Objective**

To identify stress-points and resultant tensions in all business processes, functions and pathways e.g. patient access and communication, administration, management and supervision, clinical service provision, use of systems and technology etc.

#### **Links To**

Revising business models - exploring new ways of designing and managing clinical service provision and business administration and planning; learning from examples of change and transformation to enable consideration of shared resources and collaborative working to help ease stress-points

- 1. What are the pressure-points in our patient pathways into and, where applicable, onwards from our practice?
- 2. What are the causes of these pressure points?
- 3. What are the pressure points within our processes for service management, system administration, personnel recruitment, retention and supervision and clinical service provision?
- 4. What are the causes of these pressure points?
- 5. Do we need to include succession planning in our approach to strategy and business development?
- 6. Are we able to work cohesively as a practice team?
- 7. What are the pressure-points within our practice team structure and communication?
- 8. How responsive is the practice team to challenge and change if it represents enhanced service provision and a sustainable business model?
- 9. Is the practice team clear about who is responsible for decision-making and leadership around change and innovation?

Responses		

Responses/cont.	

## **Next Steps**

The information gathered from using the Health-Check tool can be used as the foundation to:

- Assess your Practice's current status
- Provide evidence-based understanding of whether your current business model is sustainable
- Provide an evidence-based opportunity to consider the need for business model change
- Provide an evidence-based opportunity to consider the options for enhancing your business model

Your Practice may be able to interpret the outcomes and conclusions drawn from completing the Health-Check tool, and begin considering options for addressing any issues arising. However, if your Practice would like help and support in understanding the outcomes and conclusions drawn from completing the Health-Check tool questions, NHS England can provide a number of support mechanisms, including:

- Exploring options for business model change
- Accessing information and advice about collaboration with other Practices and community providers
- Approaching other Practices
- Commencing dialogue with other Practices (including guided facilitation of discussion events)
- Guidance around objectives setting and solution-based outcomes

## Who to Contact at NHS England?

NHS England's GP Sustainability and Transformation initiative is part of the NHS England South (South West) Primary Care Team's work programme. Heads of Primary Care are **Marina Muirhead** (BNSSSG) and **Julia Cory** (DCIOS).

Marina Muirhead can be contacted on **0113 8253 605** or **07525 495691** or by email at <a href="marinamuirhead@nhs.net">marinamuirhead@nhs.net</a>

Julia Cory can be contacted on 0113 8248 967 or 07900 715328 or by email at julia.cory@nhs.net