**Business Development Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.4 | 13/09/2023 | Sultan Mohamed | Nine TaylorElisabeth Hawkey |  |
| v1.4.1 | 12/01/2025 | Sultan Mohamed | Munira Mohamed | Reissued without change because of premises uncertainty |
|  | April 2025 |  |  | Next review |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 2](#_Toc121214346)

[**1.1 Introduction 2**](#_Toc121214347)

[**1.2 Purpose 2**](#_Toc121214348)

[**1.3 Status 2**](#_Toc121214349)

[2 Overview 2](#_Toc121214350)

[**2.1 Overview 2**](#_Toc121214351)

[**2.2 Premises 3**](#_Toc121214352)

[**2.3 The team 3**](#_Toc121214353)

[**2.4 Management 4**](#_Toc121214354)

[**2.5 Skill mix 4**](#_Toc121214355)

[**2.6 Training and workforce development 4**](#_Toc121214356)

[**2.7 IT 5**](#_Toc121214357)

[**2.8 Communication 5**](#_Toc121214358)

[3 Development 6](#_Toc121214359)

[**3.1 Patient service including service development 6**](#_Toc121214360)

[**3.2 Patient Participation Group 6**](#_Toc121214361)

[**3.3 Profitability 7**](#_Toc121214362)

[**3.4 Integrated Care Board 7**](#_Toc121214363)

[**3.5 Strategic planning 7**](#_Toc121214364)

[4 Summary 7](#_Toc121214365)

[**4.1 Summary 7**](#_Toc121214366)

[**4.2 Table of development actions 8**](#_Toc121214367)

# Introduction

## Introduction

This is the Business Development Plan (BDP) for Sheerwater Health Centre for the period 2023-2026. The plan details our strategic goals for the forthcoming three-year period and is tailored to meet the requirements of the entitled population.

## Purpose

Our strategy will revolve around the requirement to deliver high-quality, safe and effective patient care. The plan demonstrates to our patients, all staff and to a wider audience our intentions for future initiatives, providing focus and direction on improving the services offered by Sheerwater Health Centre.

Change is omnipresent and if Sheerwater Health Centre is to succeed, a plan to adapt to the ever-changing healthcare environment is pivotal to success and commensurate with the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/). We consider this BDP to be a “live document” which will be regularly reviewed and updated as required. Through the realisation of this document, we will build and maintain a strong organisational culture dedicated to achieving our shared goals.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/2022-01-01). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

# Overview

## Overview

Established in 1990s, Sheerwater Health Centre moved to its current site in 1999. Currently, we have 3,000 registered patients, cared for by a multidisciplinary team consisting of 14 staff, including a GP partner and 4 salaried GPs (two male, two female).

Our Mission Statement is:

*To provide our patients with high quality accessible care in a safe, responsive and courteous manner*

Our Vision:

* To provide high quality, safe, professional Primary Health Care GP services to our patients

•         To treat our patients and staff with courtesy, dignity and respect at all times

•         To provide a patient centred approach listening to, and understanding, their needs and empowering them to make decisions regarding their care

•         To promote best practice by utilising specialist expertise within the practice team and from external sources

•         To encourage a learning culture of continuous professional development for all members of staff

•         To promote health and well-being for all patients with a focus on prevention of disease

 •        To maintain an informed team to support each other and provide excellent delivery of services

Our shared core values are:

* Quality, and equality, in patient centred care
* Innovation in staff development and business support tools
* Integrity and professionalism
* Compassion and treating all patients and staff with dignity and respect

We pride ourselves on always delivering an outstanding service to all our patients, engaging with external agencies such as ICSs/ICBs, hospitals and community teams, and ensuring that our services meet the needs of our patient group. We continue to look for opportunities to work more collaboratively with our local services, which include:

* Membership of PCN Woking WISE 3
* Membership of local alliance NICS

## Premises

The practice moved from Albert Drive to its current Devonshire Avenue location in 1999. The purpose-built health centre building is owned by Woking Borough Council and is maintained by Skansa on their behalf.

Sheerwater area has undergone a massive redevelopment. The practice was to relocate in one of the new buildings presently under an advanced stage of construction. However, Woking Borough Council have experienced serious financial setbacks and the Government is actively looking at ways for minimising the Council’s financial exposure. In an effort to minimise their loss, one recommendation is that the practice will not move to a new building since the allocated space will be used for alternative accommodation to generate more income.

Around 2006, about a third of Sheerwater Health Centre was allocated to establish a dental practice. The dental practice has relocated recently which potentially allows the surgery to occupy the whole building as intended at the outset.

Participation in Primary Care Network (PCN) has made it possible to have access to additional staff (ARSS) for administration and clinical work. The practice is a part of Woking WISE 3 network.

Additional space would inevitably lead to higher expenditure in terms of insurance, utility, security and fire protection.

The practice intends to become a training one at some stage in the future and having extra accommodation would be a tremendous help.

In view of intended move to a new building, many aspects of the current building have not been given the attention required to keep it in good shape. Addressing various building issues with the landlord (Woking Borough Council) and the CCG (who reimburse the building rent) will not be straightforward.

The regeneration has resulted in a very significant reduction in practice list size which is now growing although still below the value at the start of the regeneration programme.

## The team

Our staff, both clinical and administrative, ensure that our patients are treated with dignity, respect and empathy; we treat patients as we would like to be treated ourselves. All staff are committed to delivering an outstanding service. Encouraging an ethos of continuous improvement, effective personal management and flexible working routines is a key driver behind our staff retention.

Staff have the option to work full or part-time, reduce or increase hours, and gain experience of other settings, all of which have a positive effect on service delivery. Staff are actively encouraged to raise any concerns they have in the workplace, either during practice meetings, or with members of the leadership team. We aim to ensure that they have a manageable work-life balance, that we minimise any levels of stress, and that they are able to suggest changes to improve the patient experience.

All staff undergo an annual appraisal where the goals of the individual, team and practice are discussed and agreed, with actions documented as to how the said goals are to be achieved.

## Management

Our managerial structure is defined as ‘flat hierarchal’, enabling the direct involvement of the team in the decision-making process, enhanced communications and rapid responses to business issues, but ultimately a collaborative working environment, promoting continuous improvement and innovative thinking. The team is led by Dr Munira Mohamed with support from Nine Taylor and Elisabeth Hawkey, who will ensure that effective leadership underpins all that we do in line with [CQC Mythbuster 48: Well led – vision and strategy.](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-48-well-led-%E2%80%93-vision-strategy) We aim to maintain a relaxed, friendly and inclusive ethos to encourage transparency and an open culture.

The various staff changes in the very near future would require us to look at the management structure and determine working arrangements that would be effective for the business

## Skill mix

At Sheerwater Health Centre, we are continually reviewing the mix of skills across the multidisciplinary team. We have reviewed the job descriptions of all of our team and introduced cross-functional team-working, with staff learning new skills, meaning that they can provide in-house cover for colleagues during both planned and unplanned absences.

## Training and workforce development

Training is a regular occurrence at Sheerwater Health Centre and is coordinated by Nine Taylor the practice manager. Staff training complements personal development and underpins improved staff performance. Training for both clinical and administrative staff includes, but is not limited to, statutory, mandatory and recommended training.

With the aspiration to become a training practice in future, we hope to ensure our GP trainers have satisfied training requirement to fulfil their future roles.

We actively encourage the team to continually enhance their personal development; this is demonstrated via the advanced practice nurse completing a refresher course, and an HCA who is presently undertaking a phlebotomy training in-house following an external phlebotomy course. Personal development, beyond that just required by professional bodies, is crucial to the attainment of our mission statement.

## IT

We are committed to improving our IT systems.

The following are improvements that will enhance the system and ultimately the service offered to the patient group:

* Use of accuRx for communication with patients.
* Introducing Wi-Fi for both patient and staff use
* Revamping the practice website with smartphone and app compatibility
* Providing training for staff regarding website updates/management
* Efficient use of e-Consult
* Introduction of iGPR

## Communication

Communication is key in any organisation; we are content that our communication is very good, but understand that it may need improving, and continually ask for feedback to enable us to improve our services.

1. **Internal**

We hold a number of internal meetings, all of which have a set agenda and minutes taken:

Staff meeting

Multi-Disciplinary-Team meeting

Practice Meeting

The purpose of such meetings is to review processes, evaluate issues which may have arisen, address any staff concerns, discuss continuous improvement initiatives and make plans for the quarter/year.

1. **External**

In addition to monthly meetings attended by practice manager and GPs at the ICS/ICB and practice managers’ meetings, the practice also holds regular meetings with a number of external stakeholders such as the district nursing team, palliative care teams, health visitors, and midwifery teams.

MDT meeting

Furthermore, we would like to extend the scope of our meetings to consider the inclusion of specialist teams within the community such as mental health, social care and social workers.

# Development

## Patient service including service development

The practice routinely reviews our patient service, particularly the challenges presented to us, analysing how we have overcome and improved as a result of such challenges. The Quality Outcomes Framework (QOF) is an incentive programme for GP practices, aimed at improving the quality of general practice. 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, with new measures being introduced and indicators being retired. 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

Sheerwater Health Centre’s achievements can be viewed at

<https://www.gpcontract.co.uk/search/?search=H81123>

We have implemented the Friends and Family Test (FFT), which regularly yields positive results, and these results are displayed in the waiting room and on the practice website. The practice team review the results and we intend to take action to make improvements where necessary and inform the patients via a ‘you said, we did’ section on our website, also displaying this information in our waiting room.

Service development remains at the heart of all that we do. As part of our continuous improvement ethos, we will maintain a consistent approach to comparing and benchmarking using the [Fingertips National General Practice Profiles](https://fingertips.phe.org.uk/profile/general-practice); this will act as a tool to aid practice development.

## Patient Participation Group

Our PPG membership has been variable in 2022-2023. This year we are focused on revitalising the group. We will ensure that the PPG also focuses on engagement with carers as key stakeholders. We have had active support from the group when the practice was faced with loss of income resulting from reduced list size - a direct consequence of the regeneration programme. The backing of the group and CCG was responsible for persuading Woking Borough Council to support the practice financially until such time as the effects of the programme were reversed. [Practice Business Case for Woking Borough Council]

Through revitalising this group, we will also focus on:

* Mechanisms for reviewing membership
* Actively encouraging diversity within the membership
* Developing terms of reference for members
* Utilising feedback on quality improvement projects as part of our continuous development

## Profitability

Under our existing contract GMS, we are allocated a total sum for the provision of services to our patient group. The decision regarding the allocation of such funds for services (and profit) rests with us, the practice. Within an ever-changing marketplace, such decisions are challenging, particularly with continual cost increases taking place.

To ensure sustainability, we will continually review the allocation of the total sum to ensure we meet the needs of our patients and staff. We maintain a commitment to further develop the services we provide through re-investment of any profits.

## Integrated Care Board

Sheerwater Health Centre is part of Surrey Heartlands ICB, with whom we have an excellent working relationship, and we remain fully committed to working with the ICB. We are currently liaising with the group about using the whole healthcare centre building for patient services.

## Strategic planning

Strategic planning remains crucial to ensure that the vision, growth, and direction of the organisation is maintained. We actively manage our leadership and development plans through talent management, succession planning and recruitment.

# Summary

## Summary

Sheerwater Health Centre is an innovative and forward-thinking practice with a fully committed team, offering an excellent level of patient care, and we will continue to do so, but will seek to enhance the services offered to our patient group.

Our BDP has identified areas in which we need to make improvements if access to services is to be improved. We will always consult with our patients, involving them at every stage of the process to ensure they are fully aware of the planned changes, the implementation process and how the changes will affect them as a patient, carer or interested party.

We will regularly update the BDP to reflect any changes we make or intend to make between 2023 – 2026.

## Table of development actions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area | Actions required | Nominated lead | Interim actions | Target date | Cost (if applicable) |
| Premises | Consider implication of expanded premises, including the area occupied by the dental practice | Business manager | * Discuss a way forward with the CCG
* Discuss various aspects of the premises with the landlord (Woking Borough Council)
 | February 24February 24 | N/A |
| Staff | Recruit and employ a GP to replace Dr Kakati who is leaving | Practice manager and partners | * Advertise post in LMC and other areas
* Advertise for a Physicians’ Associate or Paramedic
 | November 23November 23 | Cost reduction by reducing one or more sessions with a new GP |
| Service development | Strive to achieve maximum points available for QOF | Practice nurse (with support of salaried GPs) | * Review current standings, identify ways of making improvements
* Present findings and action plan to team and implement
 | February 24 | N/A |
| IT | Make progress with One Domain project | Practice manager | * To liaise with implementation team & informing the whole team of progress / benefits
 | January 23 | No cost implications |
| PPG | Revitalise PPG | Practice Manager with assistant from consultant manger | * Promote PPG, actively encouraging membership
* Prepare for seeking moral support from the PPG if financial assistance from WBC and/or the CCG is terminated, thereby impacting delivery of satisfactory services to patients
 | January 24Jan/Feb 24 | N/AReduction or absence of financial support for losses incurred as the result of Sheerwater Regeneration programme will seriously affect our ability to deliver patient services satisfactorily  |
| Training practice | Relevant staff to undertake suitable training to enable them to become trainers | Practice manager/ Business Manager | * Seek financial assistant for attending essential courses
 | Apr/May 2024 |  |