

Strategic Business Plan: 2022-24



Primary Care Doncaster: Helping practices to help their patients

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Foreword



Laura Sherburn

Chief Executive Officer
Primary Care Doncaster

Dear colleagues,

Here at Primary Care Doncaster, we are passionate about primary care, and harnessing its collective power to help practices help their patients. We are continuously talking to our member practices, and listening to what they and their patients need; which has now led to our refreshed Strategic Business Plan, setting out our aims and objectives for the coming years.

Primary care workload has grown significantly over recent years, due to a growing elderly population, changes in medical technology and the ways in which patients are treated, and of course, most recently, the COVID-19 pandemic and its legacy. Working together as a federation of practices can help to ease this pressure, by delivering some services at scale, developing the workforce, supporting infrastructure, and sharing best practice.

PCD's core strategic goals show how we will work to help practices continue to provide high quality care to the residents of Doncaster, in their role as first port of call to thousands of families, and the cornerstone of the NHS. I'd like to thank all the practice teams who have contributed to this plan, and who work tirelessly every day, delivering vital healthcare to patients.

Here's to a healthy and successful future for general practice.

Laura Sherburn
Chief Executive Officer



Introduction

Primary Care Doncaster (PCD) Ltd is a company limited by shares, set up in June 2017. The member shareholders are the 37 general practices in Doncaster, each holding a share worth £1. Each primary care network of practices has elected 1 GP Director of the company. These 5 Directors constitute the Board of the company, along with the Independent Chair, Chief Executive Officer, Head of Finance, Head of Business Development, Chief Nurse, Practice Manager Advisor, and the Local Medical Committee (LMC) Chief Executive Officer, as non-voting Board Members.

PCD supports all the layers of scale, from individual practice level, to Primary Care Networks (PCNs), to regional Integrated Care System representation. As well as delivering additional primary care appointments for each practice to book their patients into, PCD also supports practices to work in their five PCNs, providing them with the infrastructure to enable investment and innovation on a wider scale. Alongside this, PCD represents primary care within the Doncaster Provider Alliance, and is a member of the South Yorkshire Primary Care Provider Collaborative, influencing and shaping the design of future health and social care.

There are also population health challenges that can only be fully addressed by practices working together. Reducing health inequalities, and tackling the prevention agenda, is a huge task; and one that primary care should be at the very heart of. PCD aims to be a socially responsible organisation, working with its members and all its partners, to reverse the trends in preventable long-term conditions, and reduce variation in access to and quality of care across the borough.



Executive Summary

This Strategic Business Plan for 2022-2024 is a refreshed version of the 2020-2022 plan. The refreshed priorities take account of the current context, which includes PCD's position as an established and viable provider of at scale services, the Doncaster Provider Alliance, the NHS Long Term Plan, and the establishment of the ICS.

At the time of writing our previous Strategic Business Plan, PCD were focussed on three key themes: **Extended Access, PCNs and Practice Support** and **Partnerships and Pathways**.

Extended Access was a key priority for the organisation to deliver in partnership with the newly established PCNs. Work to improve and maximise the offer over the past few years has put PCD in a good position to be the "provider of choice" when the responsibility for Extended Access transfers to PCNs under the PCN Network DES in October 2022. This remains a key aim for PCD, alongside other clinical services, and is therefore expanded to the new core goal of **Delivery of services and initiatives at scale on behalf of Practices and PCNs**.

PCNs and Practice Support has led to PCD being the host organisation for 4 out of the 5 PCNs in Doncaster and this service has been provided with no charge to practices, due to the ability of PCD to reinvest surplus from other contracts, including Extended Access. Investment in capacity in the above areas has allowed PCD to offer support to practices outside of the PCN DES, and this capacity will be ready to offer support functions that may start to dilute or disappear as the CCG becomes less local and more region-centred. This goal has therefore matured into the two new core goals of **Provide corporate support and infrastructure for PCNs and Practices** and **Support resilience and quality improvement within General Practice**.

Partnerships and Pathways focussed around reducing competition and increasing collaboration between providers, on every level. PCD has successfully delivered against the contracts to deliver Enhanced Physical Healthcheck for patients on the Severe Mental Illness register and host the South Yorkshire & Bassetlaw Primary Care Workforce & Education Hub on behalf of all of South Yorkshire. These contracts have increased the income streams to the organisation significantly, and also created a regional relationship with a different commissioner other than the CCG. By maintaining participation and influence at SYB ICS level, PCD can ensure that member practices are best served when it comes to ensuring that PCN policy and ICS policy are connected and coherent. This priority has therefore developed into the new core goal of **System leadership and influence on behalf of General Practice**.

All of this is underpinned by our **Foundations of Transformation**, which provide the building blocks for delivery against our core goals. Through continued focus on **Workforce, Education and Training, Estates and Facilities, Integrated Governance, Member Practice Engagement** and **Digital and Information Technology**, PCD is well placed to deliver our overarching vision of **helping practices to help their patients**.



Mission, Vision and Values

PCD is here to:

- support general practices to increase their sustainability and resilience, and deliver high quality patient care;
- facilitate transformation and innovation in primary care services, influencing and shaping strategy through strong system partnerships; and
- access opportunities created by national and local policy, for general practice to grow and innovate, and continuously raise standards of care

Our mission is to help practices help their patients, and we believe passionately in primary care and harnessing its collective power.

It's our job to make sure that general practices in Doncaster are in the best place to succeed, so that everyone in our area can get access to the quality healthcare they need in a way that's as convenient as possible.

We're not here to replace General Practice. We work behind the scenes with local practices to provide high quality, additional essential care where it's needed most.

We're here to harness the collective power of primary care and to bring it within easy reach of everyone living in our communities.



Methodology

Stage 1: Review of Successes and Opportunities

To develop the framework for our strategy refresh, we first looked at what we have achieved so far, the current position of general practice and the future opportunities that we want to explore.

This included a review of:

- The previous PCD Strategy (2020-22)
- Approaches being taken by other GP Federations
- The national direction of travel being set by the NHS Confederation Network for Primary Care
- Recent contractual requests and commissions

Stage 2: Presentation to Board of Directors

The points / actions from the above review were used to prepare a draft proposal which focussed around a number of core goals, each filtering down into sub-goals or proposed areas of work.

These were presented to the Board of Directors, along with an overview of plans to engage with our stakeholders to ensure that the direction of travel was fit for purpose.

This led to the following next steps being agreed:

- Scheduling and completion of practice visits and presentations at March TARGET to obtain member practice input and feedback
- Based on feedback, finalise first iteration of our strategy, which will be illustrated in a Plan on a Page format for ease of reference and understanding
- Present final draft for Board consideration and approval in April
- Develop and implement Performance Framework to support Strategy

Stage 3: Consultation with Member Practices

Relatively early on in our visits to practices it was established that the work of PCD focusses around four pillars, which we have called core goals. These core goals were then taken forward to the remaining visits and presented at TARGET to ask the following key questions:

1. Which of the four core goals is most important to you and your practice?
2. What does each of the core goal mean to you?

The feedback allowed us to prioritise the core goals and ensure that the sub-goals represented the needs of our member practices. This feedback is summarised on the following page, and this informs our Plan on a Page and Detail behind the Core Goals, shown on [pages 10 and 11](#)



Consultation

Setting the Core Goals

Through practice visits, the direction of the strategy was set, four core goals were established and further input from our primary care colleagues was sought at TARGET sessions to rank the core goals in order of importance. This led to the following prioritisation:

1. Delivery of services and initiatives at scale
2. Resilience and quality improvement
3. System leadership and influence
4. Corporate support and infrastructure

Shaping the Sub-Goals

As well as agreeing our core goals we wanted member practice input to shape the detail of these, in the form of sub-goals. The sub-goals allow us to outline specific aims within the core goals, which support the current needs of primary care. At the same time we can remain adaptive to the changing pressures on primary care by having the overarching core goals, which can develop over time with new sub-goals as and when the need arises.

Through practice visits and the TARGET sessions, our member practice colleagues shared their thoughts around the changes and challenges posed by the implementation of the ICS and the shape of primary care in 2022 onwards. Key points from these discussions are highlighted below:

- Hospitals / secondary care place significant demand on practices
- ARRS roles are generally working well
- CCG / PCN / PCD joint working and communication has improved
- Extended Access works well, however there is some concern about the upcoming changes
- Some appetite for centralised functions such as practice HR / Administration
- Suggestion that PCD should be an equal partner alongside DBTH & RDaSH
- Appetite for practices not to be 'left behind' when the ICB comes in.
- Demand posed by letters / emails is too high
- Suggestions for at scale services PCD could deliver to support practices were: colposcopy, diagnostics, mental health, menopause clinic and spirometry

An overarching theme from engagement was that PCD needed to be agile in order to provide more services and be flexible to changing needs. However, this then poses a dichotomy, as provision at scale can be perceived as being a barrier when practices or PCNs wish to do something bespoke based on the needs of their locality / patients.

PCD must, therefore, be able to manage the benefit of economies of scale of working across place, whilst making sure the needs of practices and PCNs are accommodated through a level of bespoke support to meet local needs.



Member Practice Feedback

1 Delivery of services & initiatives at scale

practice renovations
centrally facilitated investigations
representation centralise information not scared of failure
Community services meeting pop needs
outpatients in the community
sustainability **Spirometry Hub** ear care availability
bring services into GP equitable for all diagnostics
stability Improved Access TARGET
Patients good Sexual Health
Extended Access efficiency accessibility
Integrating services **Enhanced Access** back office support
workforce **reduce GP workload** estates
trying new things **Working at scale** continuity of care
consistency
moving with times hubs not just in centre close to home
Clinical champions Vaccinations
community investigations reduce inequalities
expand ARR roles incr appointment capacity

2 Resilience and quality improvement

Medicines management
support practices GP business continuity
excellence Audit templates
workforce wellbeing
staffing **run failing practice**
Local locum bank CPD
support innovation education community hubs
agenda for change for all strengthen IT
better healthcare reduce variations
improving outcomes
practice buildings

3 System leadership and influence

PCD as 'the voice'
Be seen be heard
workforce wellbeing
Joint PCD/PCN/LMC voice
Primary Care Influence
Seat at the table **PCD at the table one voice**
PCD represent GP opioids
Representing GP in ICS
hold pool of locums
Primary care as leader
fairness and equity

4 Corporate support and infrastructure

representation
Staff CPD GP Business Continuity
Mentoring **HR support**
improved access to care **Finance** partnership work
back office support **Estates** Leadership training
better coordination **governance** embedding of ARRS
PCNCs **Host Employment** Hosting PCNs
stronger IT Career development Local policy catalogue
Hosting Sub-Contracts
workforce wellbeing

Setting our Strategy

Through the above engagement with our member practices we have been able to establish our strategic goals and where to prioritise resources in the coming months and years. For example, as shown in the word clouds*, the hosting of PCNs and all of the back office support that comes with this such as hosting employment, financial management, analytics and governance is perceived as less of a priority by general practice than providing clinical services at scale. Supporting struggling practices and improving workforce wellbeing have emerged as new areas of focus for us as we move forward.

The level of feedback in terms of services at scale (core goal 1), means that we have a robust understanding of practice needs and can use this to help inform future decisions around new services.

This has led to the delivery of our refreshed strategy, which is presented in the following formats:

- Plan on a Page - overview of our Core Goals and the foundations of these
- Detail behind the Core Goals - the sub-goals for us to focus on within the overarching aims, at this point in time

*Word clouds are not representative of a complete response from the full PCD membership and further consultation and engagement will take place throughout the term of this strategy.

Our Plan on a Page

Our Strategic Vision

PCD is passionate about primary care and harnessing its collective power to help practices help their patients



Our Core Goals

Delivery of services and initiatives at scale on behalf of Practices and PCNs



Support resilience and quality improvement within General Practice



System leadership and influence on behalf of General Practice



Provide corporate support and infrastructure for PCNs and Practices



Our Constitutional Objectives

Develop sustainability and resilience in practices



Facilitate transformation through strong system partnerships



Access opportunities for practices to grow and innovate



Foundations of Transformation

Workforce, Education & Training



Estates & Facilities



Integrated Governance



Member Practice Engagement



Digital & Information Technology



Our Strategic Vision

PCD is passionate about primary care and harnessing its collective power to help practices help their patients



Delivery of services and initiatives at scale on behalf of Practices and PCNs



Goal 1: Delivery at Scale

Sub-goals:

- 1.1 Deliver and develop clinical services, working with practices and PCNs to meet local demand, and generally increase and improve access to primary care
- 1.2 Problem solving of practical issues where a collective / centralised approach will relieve pressure on primary care and / or the wider healthcare system
- 1.3 Maximise existing resources within general practice and wider primary care services by identifying and supporting opportunities to deliver new care pathways in the community, closer to home

Goal 2: Resilience and Quality

Sub-goals:

- 2.1 Work with primary care to continually raise standards of care, clinical effectiveness and patient experience
- 2.2 Support struggling practices to become more resilient through increased collaboration, innovation and learning, utilising infrastructure to support when appropriate
- 2.3 Promote and support a culture of learning, including establishing the organisation (PCD) as a source of resilience, learning, support and mutual aid
- 2.4 Deliver training and education for primary care staff, clinical and non-clinical in line with requirements

Support resilience and quality improvement within Practices and PCNs



System leadership and influence on behalf of Practices and PCNs



Goal 3: Leadership and Influence

Sub-goals:

- 3.1 Act as the vehicle to facilitate 'one voice' for Doncaster primary care (general practice, community pharmacists, dentistry and optometry) within the healthcare system and ICS
- 3.2 Influence and shape local strategy on behalf, and based on the needs, of primary care providers
- 3.3 Membership of Place based Provider collaboratives
- 3.4 Represent Doncaster primary care "provision at scale", within the SY ICS Primary Care Provider Collaborative, influencing and shaping the design of future health and social care

Goal 4: Support and Infrastructure

Sub-goals:

- 4.1 Offer a menu of support services to practices and PCNs, including HR, Workforce, Finance, Data and BI Analysis, Communications and Contract Management (including acting as contractor where required)
- 4.2 Invest in capacity and capability to support general practice in relation to each of the foundations of transformation: workforce development; estates & facilities; integrated governance; membership engagement; digital and IT

Provide corporate support and infrastructure for Practices and PCNs



Next Steps

Delivery

To monitor delivery of our core goals and the sub-goals within, we are now working to develop a performance framework, which will act as a workplan for each of our leads to take forward the requirements.

This framework will be populated on a monthly basis, with reporting via the PCD monthly Board of Directors meetings. This will enable the organisation to identify any areas of growth that may lead to refreshed sub-goals, as well as monitoring where the sub-goals may require additional focus to deliver.

As we set in motion various programmes of work to deliver our goals, we will further engage with and involve Doncaster's practices and patients alike, to ensure that the work we undertake is aligned to the population's health needs and has the best chance of success.

Review

The overall Strategic Business Plan will be reviewed in January 2024. The framework will be monitored regularly via the monthly PCD Board of Director meetings. Engagement with primary care will continue throughout the period of this Strategic Business Plan, with the opportunity to shape the sub-goals as and when new requirements emerge.





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