



Business Plan 2018- 2021

Resilience, Integration, Stability, Quality

July 2018

Suffolk Primary Care Business Plan 2018-2021

This 3 year business plan sets out our vision, objectives, and actions that will establish Suffolk Primary Care (SPC) as a successful Suffolk wide GP partnership. Delivery of the plan will be carried out following full consultation with the partnership.

Our strategic Vision

To be the leading partnership of local GP practices in Suffolk, following best practice models, retaining a local identity by supporting local communities and providing consistent and high quality patient care.

SPC's values are:

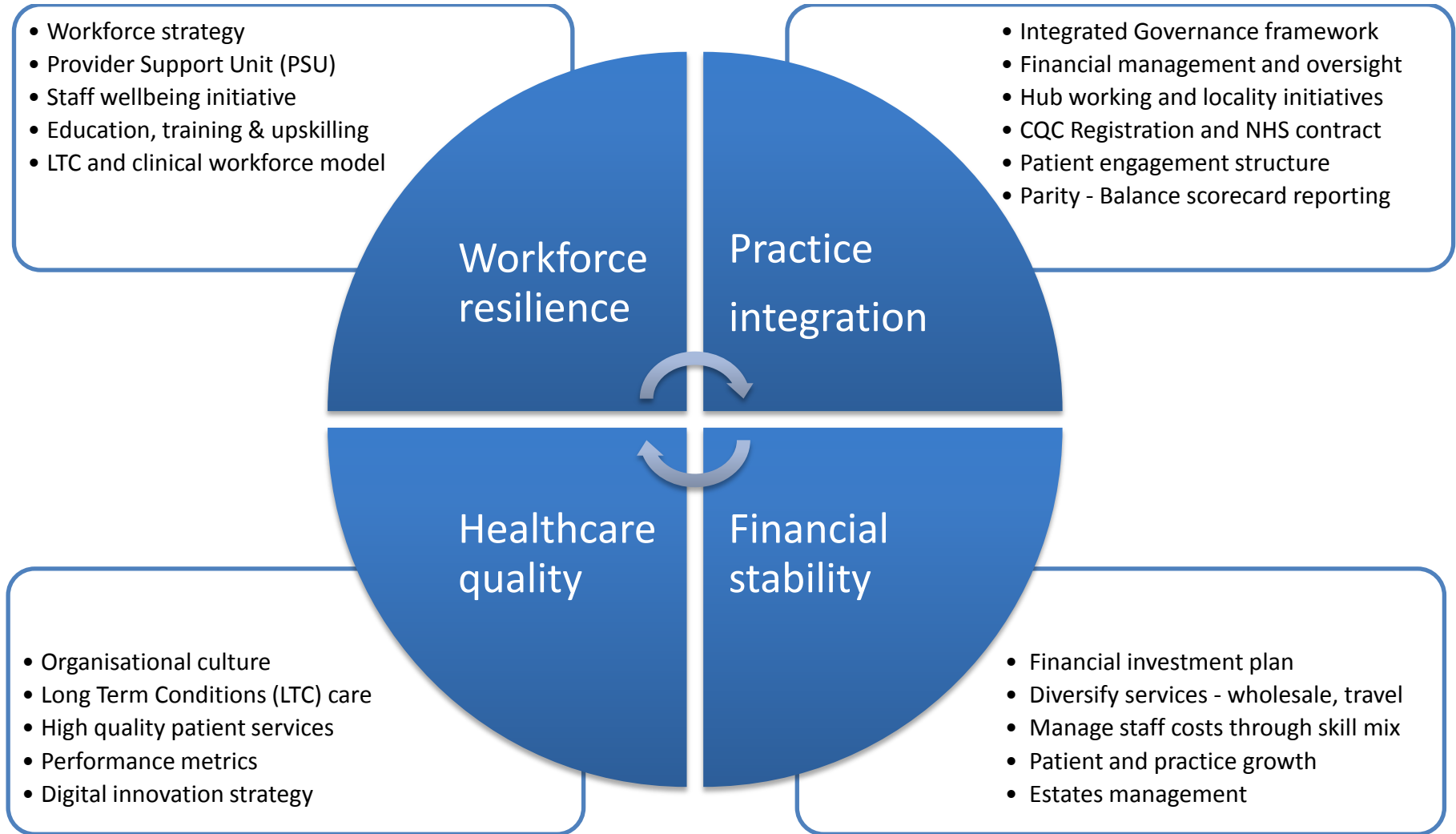
- Deliver compassionate and effective care
- Be driven by evidence-based outcomes
- Be sustainable
- Nurturing and supportive to our staff
- We are community focused
- We are ambitious for the future
- To be innovative

Our priorities: Resilience, Integration, Stability, Quality

SPC like all of general practice is faced with significant funding and recruitment challenges that affect our ability to deliver quality healthcare services. Our 4 business objectives to help us achieve our strategic aim in the coming 3 years are:

1. Create a stable and **resilient workforce** by supporting, training and upskilling our staff
2. Effective **practice integration** with clear governance, transparent accounting with locality initiatives and a clear path towards parity
3. Support **financial stability** by managing costs effectively, working at scale where appropriate and maximising income opportunities
4. Deliver **high quality patient care** through an integrated governance framework, utilising innovative technology and a quality focused organisational culture

Implementation of these priorities will be dependent on growth, investment and resource capacity all of which will affect our speed of change.



Workforce Resilience

Our aim is to have an efficient, effective and sustainable workforce across all our practices. The outcome being a resilient workforce; improved partnership working, with new consultation types and delivered by highly skilled integrated teams.

In addition to the 37 Partners as of July 2018 SPC employs 360 staff with a combined monthly wage bill of £640,000. For a whole year this represents an expense of over £7.5 million per annum. We know we have an ageing workforce, inefficient HR reporting and difficulties with recruiting clinical staff. It is important we have a workforce strategy that helps address these issues and provides management oversight of this critical resource.

Our aim of workforce resilience SPC has 3 objectives and associated work streams. These are:

1. **Effective HR management:** adoption of the NHS Employee Staff Record (ESR), digitise personnel records, HR strategic reporting to Practice Groups (PG) and Management Board, support staff throughout the year with a wellbeing programme, SPC employer branding though improving staff recruitment prospectus and raising SPC profile.
2. **Develop a SPC service model:** for both acute and chronic care including LTC protocols to enable transfer of work away from GPs, a project working with Suffolk GP Federation to develop a clinical service model and deliver 'GP as a consultant' training for staff, creation of an administrative provider support unit PSU to assist practices as well as future re-modelling of the management support structure to PGs in line with the development of centrally supported activities such as IT, Finance, Data and HR.
3. **Nurturing the next generation:** Training and Education by recruiting a Nurse Education lead to support trainee nurses and HCAs, appoint a GP lead for training and partnership with GP training schemes, increasing the number of GP student placements with SPC and have an active role in the Community Education Provider Network (CEPN).

Specific projects to help us achieve our workforce resilience objectives are shown in the Operation Business Plan 2018-2021 (Appendix 1).

Practice integration

To function effectively and support the transition to partner parity SPC practices need to ensure as a minimum that they use a single accounting system, operate within a unified governance structure and adopt a universal Human Resources software package. This will allow for transparency between Partners and PGs, as well as inform financial, clinical and workforce strategic planning.

At the December 2017 All Partner workshop on parity it was agreed SPC will aim to transition from our current status of profit retained in individual PG to a parity model using the following principles:

- Further integration and standardisation across SPC;
- Data and evidence-led change;
- Development of SPC workforce plan;
- Clear direction of travel;
- No Partners to be significantly worse off;
- Gradual evolution rather than sudden revolution for PG's.

Integration objectives are:

1. **Full PG integration with SPC Governance framework** – Completion of Datix roll-out and adoption of safety alert module. With central oversight provided by the Integrated Governance Committee.
2. **Financial management and oversight** – Completion of Business as Usual (BAU) process for financial reporting and development of detailed investment plans and modelling of future staff costs
3. **Hub working initiatives throughout SPC** – supported by IT/telephony infrastructure implement hub and locality initiatives including PSU and Integrated Neighbourhood Teams (INTs). Oversight and assistance provided by the Work Transformation Committee
4. **Parity Balanced Scorecard reporting** – using data to inform when and how parity should take place
5. **Complete CQC registration and NHS contractual set up** – ensuring regulatory compliance and reduce PG administrative burden
6. **Patient Engagement structure** – develop an effective system to involve patients in the design and development of services

What is SPC's Integrated Governance Committee (IGC)?

Integrated governance combines the principles of corporate, financial and clinical accountability and enables equality of input from clinical and non-clinical sources for the purpose of delivering recognisably high standards of care.

The IGC objectives are:

To establish effective reporting and SPC management oversight of the 9 Integrated Governance domains.

To establish appropriate working groups to deliver the agreed work streams and to ensure objectives are achieved within the agreed timeframe.

To report progress to the Management Board and highlight risks.

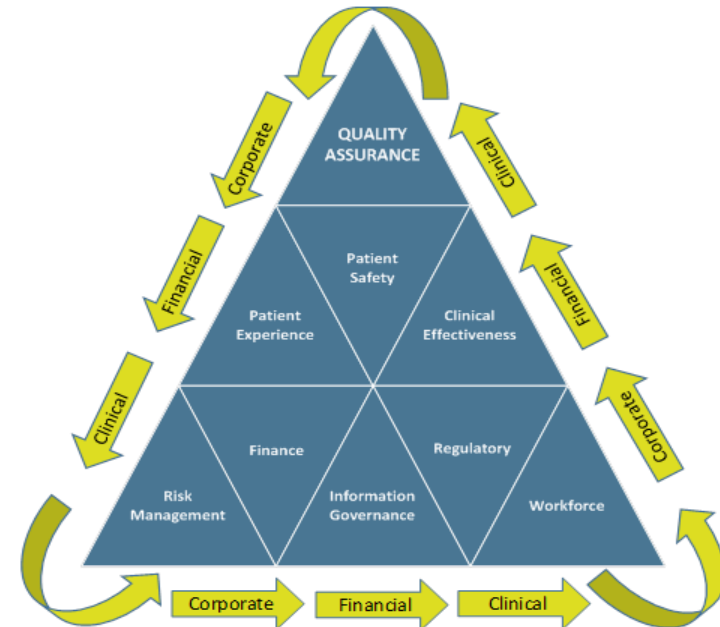
To work collaboratively with SPC practice partner groups PGs to deliver IGC priorities.

To share information with PGs to ensure continuous improvement and learning occurs.

Who sits on the IGC?

CMO lead (chair), Management Board members, Practice Managers and Nurse representative

SPC's Governance Domains



Financial Stability

To bridge the gap in partner income per session and achieve parity we need to generate an additional £1 million in profit equivalent to £10 per patient. The annual turnover of SPC was £18.5 million in 2017/18 with net total profit projected to be £5.6 million. A 5.5% increase in annual turnover would bridge the gap.

Collectively we are planning ways to grow sustainable income, increase profits and bridge the financial gaps between PG profits by maximising or adding to income streams. These activities can be summarised by our 4 financial objectives:

1. **Maximise income opportunities** – clinical research, LES/DES optimisation, pharmacy wholesale business, travel service
2. **Increase dispensary profitability** – whilst supporting SPC practices achieve NHS prescribing spend targets
3. **Reduce operating expenses** – 2.5% year on year reduction for the 3 year business planning period
4. **Cover the running costs of SPC central** – by April 2021 SPC Central running costs are entirely self-funded

There are numerous opportunities for SPC to generate additional non-core services income into SPC, In the first year we signed a cluster contract with the Clinical Research Network worth £25,000 per annum. At the beginning of 2018/19 we negotiated a doubling in the value of the contract which will enable SPC to invest in clinical research capacity which will attract further investment and income to SPC.

Currently 5 of the 11 SPC practices have contractual rights to dispense to patients. SPC Dispensing practices operate at approximately 20% profit margin. Nationally the average is 24%. With a coordinated response to dispensary activities profit margins of 30% in each practice is achievable.

Specific projects to help us achieve our financial stability objectives are shown in the Operation Business Plan 2018-2021 (appendix 1).

Additional funding attracted to SPC as a result of working at scale

Since inception SPC have secured £3 per patient CCG funding =£300k, £180k clinical pharmacist NHS England funding, £97k digital AI funding, £25k engage touch, also there was an original 50p per patient match funding = £75k, £25k in clinical research network funding generated and £75k secured for nurse lead and PSU admin. Total additional investment into SPC secured = £777k

Crudely you could say £300k investment by partners attracted additional funding into SPC of £777k. A multiplier of 2.54

Savings and income generated by the centre to cover central costs

In the first year SPC has benefited £80k in accountancy savings, £10k in rationalised contracts and £25k in management savings across practices. Plus clinical research profit for the year in excess of £10k. A total = £125k

We have committed SPC central running costs approximately £300k per annum so SPC central in this current year is costing £175k. This difference being met by the £1.50 per patient SPC practice contribute.

In years 2 and 3 we expect this figure of £175k to get significantly smaller as we generate additional income from research and other income activities. It is our intention that by April 2021 SPC Central running costs are entirely self-funded.

SPC central recruitment of clinical and non-clinical staff providing services such as clinical pharmacists, paramedics, mental health nurses, medical secretaries and clinical coders represents another opportunity to generate efficiency savings benefiting practices both financially and in terms of GP workload.

Healthcare Quality

High quality patient care is a key driver to the success and long term vision of Suffolk Primary Care. We have a commitment to continuously improve and also to adopt new methodologies, process and technologies with the aim of delivering better outcomes for patients.

We strive to provide the best possible care for patients, families and communities. We take responsibility for the care they provide to patients, and for their clinical and professional non-clinical practice. As such we are follow the RCGP 2017 position statement on Quality¹ in which it states:

Defining quality in general practice

In practice this means that [we] focus on improving the experience of care for patients, carers and families:

- ✓ Acting in ways that show kindness, empathy, honesty and integrity, listening and sharing decisions in line with patient preferences.
- ✓ Being receptive and responsive to feedback on the care they provide to patients and being committed and actively participating in the process of continuous quality improvement.
- ✓ Providing person-centred and co-ordinated care, understanding the interaction between physical, psychological and social issues and working closely with key partners such as the extended Primary Care Team, voluntary, community and social care sectors.
- ✓ Delivering continuity of care for patients, especially those with complex needs, by ensuring that whenever appropriate and possible, patients feel that their clinicians know about and understand them and the context that they live in.
- ✓ Supporting patients to take control, understand their choices, set and achieve their goals by assisting them to gain the knowledge, skills and confidence to make the right decisions for them and to optimise their health and wellbeing.
- ✓ Encouraging and empowering patients and their carers to become equal partners in the co-creation of local services that address their needs and the needs of their local community.
- ✓ Ensuring the best possible access to advice and services that meets patients` needs within the resources available, and being advocates for those patients who do not receive timely clinical management.

¹¹¹ <http://www.rcgp.org.uk/clinical-and-research/about/clinical-news/news-archive/september/new-rcgp-position-statement-on-quality.aspx>

To enable us to deliver quality and excellence as an organisation, we will focus on the following objectives and activities:

1. **To communicate and promote the values of Suffolk Primary Care.** The key message being of quality and excellence clinically and as a business. As we become more resilient we too should excel at delivering quality throughout the organisation.
2. **Robust and responsive governance in place to ensure patient safety.** This will be achieved with the full implementation of Datix and adoption of sector leading protocols and procedures. As well as having effective universal policies we will ensure that SPC is responsive in dealing with safety alerts
3. **Provide quality indicators reporting through the development of our Data team.** To encourage localised process improvement work at individual practices which is supported by the central team we need to produce accurate and reliable practice data.
4. **Embedding a culture of clinical quality** through the use of audits, development of 'best practice' clinical processes and the implementation of these through shared learning, training and support. The sharing of expertise across practices will be achieved either through centralised recruitment or direct sharing between practices.
5. **Development of new services.** We have introduced physiotherapy clinics across a number of practices we need to build on this strategy through the implementation of the pharmacy services and mental health teams. These services need to add value and deliver quality healthcare outcomes for our practice population.
6. **Digital Services and use of AI and online video consultations.** Providing patients with the ability to manage their healthcare through apps or the web or other digital means and developing those services to link-in with our clinical protocols such as Long Term Conditions LTC. The innovative use of technology will allow us to attract GP resources e.g. home based workers and unlock clinical capacity.
7. **Engagement of staff** is critical to the success of the organisation we have developed a dynamic and progressive Managers steering group that allow us to develop strategies and initiatives. We have been able to recruit managers, salaried GPs and Nurses to various roles on the IGC and transformation committees, thus ensuring we always have the input of the staff working 'on the ground'.

We are keenly focused on **patient engagement** and the importance of involving patient views in the direction and strategy of the organisation. We continue to deliver regular communications through our newsletter and attendance at PG meeting's across Suffolk. We would aim to have a patient representative involved more formally to ensure the needs of our patients are at the centre of how we function and continue to deliver excellence on an operational day to day basis.

Business Plan Objectives: Timeline for completion

Business objective	2018/19	2019/20	2020/21
1. Effective HR management	✓	✓	✓
2. Develop a SPC service model	X	✓	✓
3. Talent management: Training and Education	X	✓	✓
4. Full PG integration with SPC Governance framework	✓	✓	✓
5. Financial management and oversight	✓	✓	✓
6. Hub working and locality initiatives throughout SPC	X	✓	✓
7. Complete Registration and NHS contractual set up	X	✓	✓
8. Patient engagement structure	X	✓	✓
9. Parity - Balance scorecard reporting	X	✓	✓
10. Maximise income opportunities	X	X	✓
11. Increase dispensing profitability	✓	✓	✓
12. Reduce operating expenses	✓	✓	✓
13. Cover the running costs of SPC central	X	X	✓
14. Communicate and promote values of the SPC	✓	✓	✓
15. Responsive safety governance	✓	✓	✓
16. Reporting of practice quality metrics	X	✓	✓
17. Embedding a culture of clinical quality	X	✓	✓
18. Development of new clinical services.	X	X	✓
19. Digital services, AI and online consultations	X	✓	✓
20. Staff Engagement	✓	✓	✓

Appendix. 1 Operational Business Plan 2018 – 2020

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
1	1	Dedicated HR Support	Appoint NHS experienced HR support	Apr-18	6 months	Sept-18	High	Improved HR processes HR leads and admin support	Standardised HR protocols & recruitment systems in place.	PM Steering Group	JC	Green
1	2	Provider Support Unit PSU	Create central administrative team to provide additional support and admin resilience to PGs	Jun-18	6 months	Dec-18	High	Effective productivity PSU to provide: 1. Med Sec, 2. Clinical coding, 3. Note summarising	Deliverable in required timeframes and meeting quality standards	PM Steering Group	JC	Yellow
1	3	Staff wellbeing initiative	12 month programme of activities focusing on 4 areas (Physical health/ Mental health/Financial wellness/policies & culture)	Dec-18	10 months	Oct -19	Med	A holistic approach to employee wellness, working in partnership with teams to share ideas, experiences and resources	Baseline staff survey audit and comparison	HR Team	JC	Yellow
1	4	HR Software	Implement Employee Staff Record ESR for all SPC staff	Apr-18	12 months	Mar-19	Low	All staff to use electronic payslips and leave request	Software deployed	HR Team	PB	Green
1	5	Digitise personnel records	Digitise personnel records onto ESR including training logs	Dec-18	9 months	Aug-19	Med	Efficient record keeping and greater compliance	100% HR records on ESR	HR Team	JC	Yellow
1	6	HR Strategic reporting	Deliver HR strategic reporting to PGs and Management Board	Nov-18	12 months	Oct-19	Med	Quarterly HR report produced and shared with management board	Workforce report ESR produced	HR Team	PB	Yellow
1	7	SPC Prospectus	Create staff recruitment prospectus and raise SPC profile	Jan-19	6 months	Jul-19	Low	Provide an overview for colleagues interested in learning about SPC	PDF of prospectus available on SPC website	Exec Team	NR	Green

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
1	8	LTC Protocols	Develop LTC protocols to enable transfer of work away from GPs	Apr-18	6 months	Sept-18	High	Standardised SPC LTC protocols	PGs adopted SPC LTC protocols	WTC	NM	
1	9	LTC Care processes	Practices to review and adopt standardised SPC LTC care pathway	Sept-18	12 months	Aug-19	High	Improved patient outcomes and increased staff productivity	HCA role in LTC pathway	WTC	NM	
1	10	Clinical workforce	Clinical workforce modelling project adopting skill mix and effective HCA and Nurse utilisation	Apr-18	18 months	Sept-19	High	Detailed staff profile Identify future number of clinical staff SPC require	Clinical Workforce model for PGs	WTC	PB	
1	11	Nurse Education Lead	Recruit a Nurse Education lead to support trainee nurses and HCAs	Aug-18	4 months	Nov-18	Med	Appointment of Nurse education lead & staff supported with training	Number of nursing staff developed	WTC	PB	
1	12	Nurse Career structure	Create nursing staff career path including JDs and competences for each grade	Jan-19	12 months	Dec-19	Med	Improved recruitment and retention of nursing staff	Reduced turnover of nursing staff	WTC	PB	
1	13	Management structure re-modelling	Development of future operational model to support delivery of SPC objectives.	Aug-18	12 months	Jul-19	High	Establishment of focused teams e.g. HR, Data, Finance, Complaints & patient liaison, Compliance (CQC, H&S),	Cost to be no more than current cost of structure	PM Steering Group	JC	
1	14	GP as a Consultant training	Deliver GP as a consultant training for SPC staff	May-18	6 months	Oct-18	Med	Training partner found and course created. Delivered to Suffolk GPs	Materials and training delivered	WTC/GP Education Lead	NM	
1	15	GP education lead	Formalise GP lead and SPC partnership with GP training schemes	Apr-18	6 months	Sept-18	Med	Recruit a GP lead within SPC	GP lead(s) in post	WTC	NM	

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
1	16	GP Students	Increase the number of GP student placements with SPC	Sept-19	12 months	Aug-20	Med	More PGs participate to maximise student placements	20% increase in GP student placements	WTC	NM	
1	17	CEPN	Have active SPC representation within the CEPN/STP Training HUB	Apr-18	21 months	Dec-19	Low	Access and influence system wide resources to develop workforce	Attendance at CEPN steering group	WTC	PB	
1	18	Apprenticeship Levy	Practices to maximise benefit of employing apprentices	Aug-18	12 months	Jul-19	Low	Effective use of apprentices throughout SPC	Increase in apprentices employed	Finance Team	SW	
1	19	GP career path to SPC partner	Clarify the career path for salaried GPs wishing to become SPC Partners	Apr-19	10 months	Jan-20	Med	SPC attractive to salaried GPs Assured of partner recruitment process	Appointment of partners to SPC	WTC	NM	
1	20	Career pathway for all staff grades	Develop and publish career pathway to aid recruitment and retention in support of clinical model	Jun-19	12 months	May-20	Med	Have clear training and mentoring to aid staff wishing to develop their career		WTC	NM	
1	21	Oversight and coordination of core training	Avoid duplication and streamline process for training oversight	Jun-19	8 months	Feb-20	Med	Pooled budget Training lead Train the trainer		PM Steering Group	JC	
1	22	Gap Year/Med students temps	Scheme to employ on a seasonal basis gap year and med students	Nov-18	12 months	Oct-19	Low	Summer and Xmas employment of HCA and clinical admin roles		PM Steering Group (linking to WTC)	JC	
1	23	Shared clinical services	Develop a range of clinical services to support PGs – coil fittings, implants, COPD diagnosis, minor surgery	Jan-19	12 months	Dec-19	Med			WTC	NM	
1	24	Clinical Workforce Bank	Recruit clinical staff on fixed term contract to work across multiple sites	Jul-18	36 months	Jun-21	Low	Newly qualified GPs recruited on 12 month (locum type) contracts	Reduction of Locum usage across group	WTC	JC	

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
2	1	Integrated Governance Structure	Full representation and participation of PGs within the IGC and use of Datix.	Apr-18	15 months	Jun-19	High	Governance working effectively and demonstrates clear oversight.	Independent audit of IGC completed	IGC	JM	
2	2	Transparent Financial oversight	Improved process for financial monitoring	Apr-18	9 months	Dec-18	Med	Recruitment and spending decisions improved	Monthly PG finance report circulated	IGC	SW	
2	3	Signing of SPC leases	Existing surgery leases with 3 rd party landlords to be transferred to SPC	Apr-19	12 months	Mar-20	Low	All lease premises signed by partners on behalf of SPC	100% lease premises signed	Exec Team	PB	
2	4	Develop Parity balanced scorecard	Establish transparent partner parity model	Jun-18	15 months	Sept-19	High	Use of balanced scorecard with metrics.		Exec Team	NR	
2	5	Use of parity balanced scorecard	Adoption and refinement of parity reporting using the balanced scorecard	Sept-19	24 months	Aug-21	Med	Partners adopt a financial parity model		Exec Team	NR	
2	6	CQC registration	SPC registration is up to date with CQC with single provider status	Apr-19	6 months	Sept-19	High	11 GP provider registrations reduced to 1 organisation.	Registration approved	IGC	PB	
2	7	Single NHS LES contract	SPC CCG wide LES contract covering all East or West practices	Apr-20	12 months	Mar-21	Med	Improved LES management and achievement	Improved LES achievement	Exec Team	PB	
2	8	Virtual Patient Reference Groups	Develop an effective SPC wide PPG forum	Jun-19	9 months	Mar-20	Low	Strong patient feedback and engagement		PM Steering Group	JC	
2	9	Locality/Hub initiatives	Localities to identify local priorities and deliver locality projects	Oct-18	15 months	Feb-20	Med	Adoption of LTC, Admin Hubs, Call centre, Home visiting	Participation in INT	WTC	JC	
2	10	Ipswich Practices Integration	Facilitate integration of the Ipswich practices including unified clinical model and back office functions.	Dec-18	24 months	Nov-20	Low	Integration plan agreed between Ipswich Practices	Single clinical model for NW Ipswich practices	PM Steering Group	PB	

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
2	11	System1 PG adoption	Completion of S1 migration for all SPC practices	Apr-18	9 months	Dec-18	High	Successful transfer of clinical system and all staff using correctly	Brandon migration completed	WTC	ES	Green
2	12	System 1 – universal configuration	Create a universal template that all clinicians adopt	Sept-18	12 months	Aug-19	High	Standardised S1 template throughout SPC supports cross site working		WTC – System 1 working group	NM	Green
2	13	Estates solution	Transfer of partner property into appropriate property vehicle	Apr-18	12 months	Mar-19	High	Partner agreement on treatment of prop assets. To be shown in partnership deed		Exec Team + Professional legal/Tax advice required	NR	Green
2	14	Car lease scheme	Support staff and reduce staff expense	Oct-18	4 months	Jan-19	Low			IGC	SW	Yellow
2	15	Practice policy Audit	Carry out annual practice policy audit	Jul-18	12 months	Jun-19	Low	Appropriate policies in place and adopted	Follow up audit results	PM Steering Group	JC	Green
2	16	Communication and PR plan and support	Ensure well informed staff and stakeholders, using social media , website, newsletters.	Jul-18	18 months	Dec-19	Med	Positive stakeholder engagement and sharing of what works well	Annual report	Exec Team	PB	Yellow
2	17	Integration of Wave 2,3 and 4 practices	Support practices to join SPC in a coordinated way	Sept-18	24 months	Aug-20	Low	Successful integration of new practices joining SPC		PM Steering Group	JC	Yellow
2	18	SPC Complaints lead manager	Clear coordination and oversight pf all complaints and incidents using Datix	Mar-19	12 months	Feb-20	Med	Escalation of patient complaints is overseen by single complaints lead	Complaints lead for SPC appointed	PM Steering Group (link into IGC)	JM	Yellow
2	19	External stakeholder engagement	SPC active leader in wider Health and Social Care system	Apr-18	24 months	Mar-20	Low	Mutually beneficial project with secondary care underway		Exec Team	NR	Green
2	20	Delegated roles and responsibilities	Clarify day-to-day activities to be carried out by PGs and central operational teams	Aug-18	3 months	Oct-18	Med	Update clause 18.1.3.2 of Partnership deed	Deed updated	PM Steering Group	JC	Yellow

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
2	21	Succession Planning	Planning for proposed staff changes due to take place in coming 12-18 months	Aug-18	18 months	Jan-20	Med	Succession plans implemented across SPC PGs		PM Steering Group	JC	
2	22	Finalise Partnership deed	Ensure deed reflects partnership from April 2019	Aug-18	8 months	Mar-19	Med	Updated partnership deed is agreed by all SPC partners	Partnership Deed for SPC signed	Exec Team	NR	
2	23	Estate space maximisation	Release unproductive surgery space to increase clinical capacity	Nov-18	12 months	Oct-19	Med	Additional space capacity created to host staff		PM Steering Group	JC	
2	23	Universal document management	Document solution that gives full accessibility to both PG and centrally held documents	Jul-18	9 months	Apr-19	Med			IGC	JC	
3	1	Population growth within SPC	Expansion of SPC through new practices joining SPC. Model impact on workforce requirements	Jul-18	9 months	Mar-19	Low	Skill mix workforce planning Admin clinical workflow	10% growth in list size year on year	Exec Team	PB	
3	2	Optimise QOF	Efficient management and delivery of QOF using appropriate resources and protocols	Jul -18	9 months	Apr-20	High	Efficient LTC pathways PG Benchmarking	Additional income: £150,000	PM Steering Group	SW	
3	3	LES/DES contracts	Efficient management and delivery of ES using appropriate resources and protocols	Jul- 18	9 months	Apr-20	High	PG Benchmarking Centralised claims processing	Additional income: £100,000	PM Steering Group	SW	
3	4	Personally Administered PA Items	Identifying and maximising income from PA items	Aug- 18	12 months	Aug -19	Med	Improved process for PA claims and tracking Systems for auditing	Additional income: £75,000	Finance Team	SW	
3	5	Workforce efficiency savings	Skill mix workforce Admin clinical workflow Efficient LTC pathways	Oct-18	18 months	Mar-20	High	Identification and realisation of workforce efficiencies	Increased Net Profit margin: £100,000	PM Steering Group	PB	

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
3	6	Single SPC bank account	Currently £2.5 million sitting in 11 SPC bank accounts. Managed efficiently will generate income and reduce costs	Apr-19	12 months	Mar-20	Med	Bank cost savings and finance team efficiencies created	SPC use of single bank account	Finance Team	SW	Yellow
3	7	Central Finance	Central coordination of finance functions to reduce duplication	Jul-18	12 months	Jun-19	High	Efficient finance function managed centrally supporting all PGs	Partner and Manager satisfaction	IGC	SW	Yellow
3	8	SPC Cost savings	Identify 5 contracts per year to rationalise and save costs on	Apr-18	36 months	Mar-21	High	Improved process for financial monitoring	Increased Net profit margin	PM Steering Group	SW	Yellow
3	9	Medical defence group scheme	Establish group medical indemnity policy and reduce insurance costs	Jan-18	12 months	Dec-18	Med	Group policy in place covering all SPC staff	Reduced cost and GP satisfaction	IGC	PB	Yellow
3	10	Dispensing profitability baseline	Carry out baseline assessment of profitability	Jan-18	3 months	Mar-18	Low	Carry out dispensing profitability audit	Increased Net profit margin	Exec Team	PB	Green
3	11	Dispensing procurement deals for SPC	Maximise procurement processes	Jun-18	6 months	Nov-18	Med	Set up SPC wide enhanced purchasing deals		Exec Team	PB	Green
3	12	Dispensing practice coordination	Develop leadership and coordination capability amongst dispensing staff	Mar-18	9 months	Dec-18	Med	Centrally coordinate purchasing deals		Exec Team	PB	Red
3	13	Clinical Research income	Sustainable research team working autonomously across SPC	Apr-18	18 months	Sept-19	Med	SPC to achieve clinical research status with the NIHR/RCGP/CRN	Additional SPC Income	Exec Team	PB	Green

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
3	14	Partnership working with Pharma	Develop long term working partnerships with pharma and other global research organisations	Sept-18	24 months	Aug-20	Low	Clear statement defining SPCs relationship with pharma		Exec Team	PB	Green
3	15	Pharmacy Wholesale Operation	2 stage process: (1) local dispensing practices apply for wholesale licence and (2) SPC applies post April 2019 for licence and coordinates activity	Apr-19	18 months	Sept-20	Med	SPC submits application on behalf of dispensing PG	Additional SPC Income	Finance Team	PB	Yellow
3	16	Travel Clinics	Dedicated travel clinical set across SPC to maximise expertise and profitability	Feb-19	12 months	Jan-20	Low	Generate cost savings and income with a SPC travel service		PM Steering Group	SW	Red
3	17	Visible accountancy support	Communication and partner links with SPC accountants	Jul-18	12 months	Jun-19	Low			Finance Team	SW	Yellow
3	18	Unexplored Income streams	Private surgery, dermatology, cosmetics	Dec-18	24 months	Nov-20	Med	Diversified SPC income streams		Finance Team	SW	Yellow
3	19	Conflict of Interest Register	SPC commercial and political interests to be declared and shared	Jul-18	4 months	Oct-18	Med	Register updated quarterly and circulated to partners	Register circulated to all partners	IGC	PB	Green
4	1	Integrated Neighbourhood Teams initiative	All practices participate in INT (Connect) projects receiving £1/patient CCG funding	Oct-18	18 months	Mar-20	High	PGs engaged in the development and function of INTs	INT effective	WTC	PB	Yellow
4	2	Clinical audit programme	Continue to develop across SPC and ensuring clear evidence audits are being actioned	Apr-18	24 months	Mar-20	Med	Audits in place across all practices. Actioned reviewed and shared. Evidence of completed audits held centrally	Reduction in patient numbers on high risk medications	IGC	JC	Yellow

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
4	3	Quality Indicators project	Set up working group to define quality in SPC and finalise metrics to be measured	Sept - 18	9 months	May-19	High	Demonstrate increasing quality (clinical, financial, operational) within SPC practices	Clinical and non-clinical KPIs used	IGC	PB	Yellow
4	4	Practice Data reporting	Produce data reports to encourage continuous improvement of services	Jul-18	9 months	Mar-19	Med	Continuous quality improvement through the sharing of data	Monthly report produced	IGC	PB	Yellow
4	5	SPC safety alert management	Centralise safety alert management to avoid duplication of activities	Oct-18	6 months	Mar-19	High	Safety alerts responded to quickly with evidence and no duplication	Regular audit across all practices to demonstrate and evidence actions taken	PM Steering Group (linking into IGC)	JC	Red
4	6	Standardised telephony infrastructure	Support delivery of resilient reception, PSU, medical secretaries, clinical triage activities	Oct-18	12 months	Sept-19	High	1. Intergrated telephony 2. Call handling centrally across SPC 3. Resilience across PSU + shared teams		PM Steering Group	ES	Yellow
4	7	Online consultations implementation	Iplato project aimed at increasing homebased GP recruitment to service online patient demand	Sept-18	12 months	Aug-19	Low	1. AI care navigation 2. Video consultations 3. LTC self-reported data 4. Two way SMS communication with patients		WTC	ES	Yellow
4	8	Patient liaison support role	Promotion of online services and local support group. Directing patients to appropriate sources of care and the use of technology	Aug 18	6 months	Feb 19	Low	Recruitment of patient liaison officer, in post across 7 of the east practices	Patient survey results	PM Steering Group	JC	Green

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
4	9	Digitisation of clinical records	Carry out 2 wave project to remove patient records stored in and digitise onto the clinical record	Dec-18	18 months	May-20	High	Freed up working space in SPC surgeries. Improved estate efficiency	No. of records stored off surgery	PM Steering Group	PB	
4	10	West Suffolk Hospital WSH collaboration	Identify and deliver opportunities to benefit from joint working.	Jul-18	18 months	Dec-19	Med			Exec Team	NR	
4	11	Patient Representative employee	Patient representative working with practice and management team	Jan-19	6 months	Jun-19	Low	To ensure there is input from a patient level regarding projects and initiatives		Exec Team	JC	
4	12	Newmarket Community Hospital	Improve patient services in a fully integrated community setting	Apr-18	24 months	Mar-20	Low			Exec Team	NR	
4	13	Clinical Pharmacy service	Continue to expand and roll out the employment of clinical pharmacists across SPC	Jan-18	18 months	Jun-19	Med	Increased employment of clinical pharmacists across SPC	1 pharmacist per 10,000 patients	WTC	PB	
4	14	Mental Health skill mix	Employment of specialist mental health nurses across SPC	Jan-18	18 months	Jun-19	High	Improved local provision to support GPs manage mental health	Skill mix ratio in practices	WTC	PB	
4	15	Continuity of Care	Undertake project to improve continuity of care offered to patients across all SPC PGs	Nov-18	12 months	Oct-19	High			WTC	NM	
4	16	Systematic patient feedback	Development of methods to ensure patient feedback is received and used constructively	Feb-19	9 months	Nov-19	Med	All practices to have embedded programme to respond to gather and respond to patient feedback		PM Steering Group (link into IGC)	JC	

Priority	No.	Project Title	Description	Start Date	Duration	Target Date	Priority	Project Outcomes	KPIs	Operational support	Lead	RAG
4	17	Social prescribing	Work with Health and Social Care colleagues to embed social prescribing resources into PGs	Oct-18	12 months	Sept-19	Med	Participation in a Suffolk wide Social prescribing initiative	Social prescribing available in all SPC PGs	WTC	NM	
4	18	CQC inspection compliance and coordination	Support practices to maintain CQC standards and to support PGs during inspections	Apr-19	18 months	Sept-20	Med	The creation of a compliance lead for SPC	Good or Outstanding CQC rating for all practices	PM Steering Group	JC	