



Woodlands & Clerklands Partnership

Vision, Strategy &
Objectives 2025



OUR VISION

To be the leading practice within our Neighbourhoods known for our commitment to; accessible high quality patient centred care, our positive team culture and our drive for continuous improvement.



OUR MISSION

We place quality patient care at the centre of our decision-making, working collaboratively with our patients and staff to deliver planned, proactive care, making every contact matter. Embracing new technology, opportunities and learning, that will improve experiences, health outcomes and financial performance.



Our Values



SWOT ANALYSIS



S

Strong GP to patient ratio (better than national and regional average) / Long serving workforce provides patient continuity of care / Training practice enables proactive recruitment for future resource plans / Strong performance in National GP Survey / Strong performance in FFT / Achievement of all QOF Quality Standards and PCN DES IIF / CQC achievement “Good” / Flexible staff who frequently go above and beyond and work additional hours to suit business need / High focus on training and development in Nurse Team / Established Workflow team that significantly reduces GP admin / High performing Pharmacist Prescribers who are absorbing more GP medication consultations / Good and sustained financial performance / Recognised by ICB and ABC as having the ability to support new services with a high level of care / Strong PCN Partners that maximise PCN DES opportunities / Additional space at Westvale supports patient numbers over next 2 years / Good quality of care provided by all Clinicians / Low level complaints / Positive relationship with our Care Homes who feedback on our high level of care / PPG formed in 2024 with face to face meetings / Womens Health ANP service

strengths

W

Unmet demand KPI growing / 8am rush causes long call wait times in the morning / Future planning for additional space for next 5 years + / Growing feedback from patients on appointment scheme areas such as; telephone call approach, wide window of waiting for call, lack of ability to book F2F, system does not support working patients or those who can not ring at 8am / Changes in Partners to allow for retirement of long standing experienced GP Partners / GP Skill set changes as experienced GP Leads retire / Adapting to new technology within some staff groups / Repeat touch points for patients with all clinicians such as Nurses, Pharmacists, when all outstanding items could have been addressed in first contact / repeat prescribing has too many touch points; 6 month re-auth, 28 day durations, acutes growing / High number of Housebound patients

weaknesses

O

Emerging technology offers opportunity to increase efficiency and health outcomes (AI, Risk Stratification tools, etc) / Grow stronger proactive relationship with PPG who can support us in our patient communications / Vasectomy service growing and ability to cover wider catchment / Nurse team skill level high and has ability to take on additional services such as freeze, ear irrigation, etc / First Crawley Town meeting of Diabetic Nurses proved successful and opportunity to grow this to a wider network of all Nurses/HCA’s every 6 months in order to share learning and best practice /Positive relationship with ICB and ABC with good feedback on our teams ability to support new services at short notice.

opportunities

T

Changing NHS plans creating lack of sustainability; NHSE changes and what it means, ICB staff reductions may create more admin work, reduced payment for services due to cuts impacting finances, impacting workforce plans / Government changes to NI and continued increases to NLW / PCN’s unknown future plans and how this will impact finances / Clinician burnout due to workload and pressures / Growing patient aggression across NHS especially experienced by PST has seen an increase in “warnings and removed from list”

threats

STRATEGIC OBJECTIVES AND KEY INITIATIVES 2025



CREATE “ONE TOUCH POINT” APPROACH TO CARE THAT WILL DELIVER A HOLISTIC PATIENT CARE PLAN, REDUCE CONTACTS AND INCREASE EFFICIENCY

- Implement “Birth Month Recall” for all Long Term Conditions
- Implement “Annual Medication Review” in Birth Month for all patients on repeat medications, link to LTC review where applicable
- Move patients to 2 month prescribing duration with re-authorization once a year at Birth month

CONTINUOUSLY REVIEW BOTH NEW AND EXISTING TECHNOLOGY TO ENSURE WE ARE MAXIMISING ANY OPPORTUNITIES (key area’s)

- Document processing and auto-coding
- Risk Stratification tool for patient health priorities and actions
- System One registration enhancement
- Processing Pathology results.

INTRODUCE MODERN GP PRACTICE TECHNOLOGY (DIGITAL TRIAGE) THAT WILL SUPPORT PATIENT SELF-CARE, AND IMPROVE PATIENT ACCESS, RESULTING IN LOWER UNMET DEMAND AND INCREASED RESOURCE EFFICIENCY

- Identify Digital triage product that meets our needs
- Establish Project, Training and communication plan to support this substantial change
- Aim to implement during summer 2025 to allow bedding in period before winter
- Create dashboard on performance to enable review with PPG and Partners for continuous improvement

MAXIMISE EXISTING SPACE AND CONSIDER PLANS FOR FUTURE SPACE

- Establish Westvale space and its utilisation, arriving June 2025
- Maximise opportunity for NHS funding for additional space (announcement May’25)
- Consider long-term options for space at Woodlands, previous 2nd floor extention, etc.

MAXIMISE FUNDING AND NEW OPPORTUNITIES FROM NHS, ICB, PCN, ABC AND OTHER SOURCES

- Continuously keep updated on changing documents for above organisations
- Maintain positive relationships with ICB, ABC & PCN

CONINTUOUSLY REVIEW RESOURCES TO ENSURE FUTURE PROOF OF SKILLS AND ALLOW FOR GROWTH OF CLINICIAN NUMBERS WHERE A GAP IS IDENTIFIED AND FUNDING PERMITS

- Review Partner & GP recruitment plan
- Update Training plan to establish skills in; Minor surgery, Freeze, Vasectomy, Joint Injections, Mother & baby checks, Coils & Implants, Respiratory specialist, Diabetic specialist, Cardiovascular specialist
- Identify opportunities to move services to Nurses or other appropriately skilled clinicians





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MOVE TO MODERN GENERAL PRACTICE / DIGITAL TRIAGE



What our patients think of our current system:

Pros

- “Fast efficient and effective.”
- “Prompt call back for a telephone consultation.
Satisfactory outcome with medication prescribed and no need for a face to face appointment.”
- “I was very grateful to get a face to face appointment with the doctor because I was feeling poorly and phoned up that morning.”
- “I had spoken to the doctor not long after booking a call back and they organised an appointment with a relevant doctor for the following day to see someone.”
- “Saw doctor quickly, got medication to help with the symptoms.”
- “I got an appointment the same day.”
- “I had a call back quickly and was able to pick up a prescription straight away. Very quick and easy.”
- “It was a phone appointment - I missed the call a few times and I really appreciated the dr called me 4 times until I answered.”
- “Asked for a call back which I received and had an appointment the same day.”

Cons

- “I waited hours by my phone all day.”
- “I just want to be seen face to face”
- “I got a call at 5:45pm but by this time I was unable to answer my phone.”
- “I kept missing the GP call and then had to ring back in but by then it was too late so I had to ring again the next morning at 8am”
- “Very frustrating to be 36th in the queue at 8:05am and then to be told to call back tomorrow as no appointments left.”
- “I do not feel it is the job of the Dr’s receptionist to triage, as certain conditions which have the potential to be serious could be dismissed.”
- “When I booked the appointment, why couldn’t I just book a face to face rather than have to have a call and then come in”
- “It took us more than a month before we could get an appointment for a follow-up”
- “I work 8-5 and it’s really hard to call and wait for doctors to call you.”



What is MGP / Digital Triage



- Digital telephony including call back functionality
- Routinely using telephony data to support capacity/demand planning and QI



- Online consultations available for patients to made admin and clinical requests at least during core hours



- Consistent approach to care navigation and triage, including collection of structured information for walk-in and telephone requests, so there is parity between online, face to face and telephone access
- Ask patients their preference to wait for a preferred clinician if appropriate, for continuity

Why are we making this change ?



- NHS direction is for GP Practices to move to this model (although not mandatory)
- Patients are utilising technology such as chat and apps to complete more online transactions and so the desire and capability to do this for health has grown
- Technology has improved and we have seen it delivering results in patient access, patient care and better use of resources to meet unmet demand.
- Consistent approach to care navigation and triage, including collection of structured information for walk-in and telephone requests, so there is parity between online, face to face and telephone access
- We recognise our GP's are feeling overwhelmed with workload both in appointments and administration. Those practices that have moved to MGP have reported a better balance for GP's
- Our GP's are increasingly converting more telephone calls in to face to face appointments, meaning that the previous time saving benefit has been
- Our PST staff are current gatekeepers, their role is extremely challenging when access is poor and this impacts their motivation and recruitment
- Our patients have voiced through PPG, Friends and family and complaints that they feel the current system no longer meet the needs of a majority of patients (as per previous slides)

Our chosen Digital Triage system



We have chosen a system and are now in negotiation with the supplier

Over 16yrs olds

- ✓ Structured collection of information online or via call to reception - same form used in both places, but encourage online use where possible.
- ✓ Request is processed by system and a priority given for example; Same day, 3 days or 7day+ appointment
- ✓ Patient is immediately offered an appointment choice that meets their priority, patient can choose time, site and clinician
- ✓ Appointment predominantly face to face but will be an option for telephone.
- ✓ When same day appts not available or criteria meets Pharmacy first potential, the request will go to Duty Doctor to assess and action by; managing patient themselves or requesting reception to send advice such as Pharmacy First / MSK Referral, etc.

Under 16yrs olds & Vulnerable Patients

- ✓ To call PST who will complete a separate request form on behalf of the patient

Considerations



- We mustn't under estimate the impact of this change on everyone
- Whilst positive, there will be some challenges, there will be the need for some tweaks and changes whilst the system beds in
- The initial form the patient completes is detailed to allow for the priority to be set, similar to 111 but the advantage is the patient will be immediately offered an appointment.
- As with all change, some people will be early adopters and some people may resist/kick back on the change but overall the outcome of the new system will be improved access
- Initially we will open up the system during core hours but we have the capability to extend hours once system has bedded in
- There is massive communication piece to patients, and we need support from you, our PPG to achieve this
- We hope to implement this summer when we are generally a bit quieter, allowing time for us to adapt before winter.

WE ASK THAT THIS DECISION IS NOT SHARED EXTERNAL TO THE PPG AS WE ARE ABOUT TO START INTERNAL COMMUNICATION