

Reporting to:	Trust Board 26th February 2015
Title	GP Engagement Strategy
Sponsoring Director	Debbie Vogler, Director of Business and Enterprise
Author(s)	Tricia Finch, Head of Planning Alison Jones, GP Engagement Manager
Previously considered by	Executive Directors, consultation with clinical and operational leads
Executive Summary	<p>The NHS Five Year Forward View identifies the need for healthcare services to be delivered in a different way in the future and describes the need to break down the barriers between primary and secondary care.</p> <p>Maintaining good relationships with GPs is critical to the successful delivery of the proposed new ways of working and will provide a strong foundation upon which to drive and deliver transformation.</p> <p>GP satisfaction and perception of our organisation can impact on referral patterns and market share. A more focused account management style approach to GP engagement and a focus on embedding the use of market intelligence information to inform decision making is required.</p> <p>The GP Engagement Strategy has been developed to provide a structured framework and process to support the Trust in delivering its strategy and to develop and embed robust engagement principles and activities across the organisation.</p> <p>The GP Engagement Strategy identifies 5 key priorities that will provide a focus for our engagement programme which will enable us to build relationships and develop services that provide the best care for our patients:</p> <ol style="list-style-type: none"> 1. Sustain effective and meaningful communication with primary care, and advise of service developments/changes in a timely way. 2. Develop and foster strong clinical engagement between Trust clinicians and GPs to share best practice and work in partnership to support a patient-focused approach to delivering healthcare. 3. Implement effective account management within primary care to enhance the Trust's reputation within primary care as a provider of high quality services. 4. Improve the marketing and promotion of the Trust's services so that we can retain and market share and provide a sound basis for further service developments and market growth. 5. Develop a robust process for horizon scanning to identify key factors and drivers which influence GP referrals into the Trust. <p>A detailed GP Engagement Work Plan underpins the strategy and describe the actions required to deliver it. This workplan will be reviewed and refreshed annually to reflect progress and to reflect any new issues arising through the engagement process and through service line reviews.</p> <p>Ensuring that our strategy is delivered requires input and ownership across the organisation. This draft strategy has been circulated widely to clinical and operational teams and is being presented to the Trust Board for approval.</p>

<p>Strategic Priorities</p> <p>1. Quality and Safety</p> <p>2a) Healthcare Standards: Operational Performance Standards</p> <p>2b) Healthcare Standards: Service Reconfiguration</p> <p>3. People and Innovation</p> <p>4. Community and Partnership</p> <p>5. Financial Strength: Sustainable Future</p>	<p><input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</p> <p><input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15</p> <p><input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</p> <p><input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</p> <p><input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</p> <p><input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</p> <p><input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)</p> <p><input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</p> <p><input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>
<p>Board Assurance Framework (BAF) Risks</p>	<p><input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience</p> <p><input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury</p> <p><input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff</p> <p><input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</p> <p><input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p> <p><input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p>Care Quality Commission (CQC) Domains</p>	<p><input type="checkbox"/> Safe</p> <p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>REVIEW and APPROVE the GP Engagement Strategy and the 2015/16 Workplan</p>

GP Engagement Strategy

2015 to 2018

Developing and Maintaining Good Relationships

January 2015



CONTENTS

1. Executive Summary
2. Strategic Context
3. Local Context
4. Competitive Environment
5. Marketing Framework
6. Developing our GP Engagement Strategy
7. Delivering our GP Engagement Strategy
8. Monitoring and Reporting Success
9. Summary

Appendices;

1. List of General Practices
2. SWOT Analysis
3. GP Engagement Work Plan
4. GP Engagement Strategy on a Page

The Shrewsbury and Telford Hospital NHS Trust's GP Engagement Strategy for 2015 - 2018

1. Executive Summary

The changing operating environment of the NHS makes it critically important that we focus time and attention on understanding what our customers want. Equally important is our ability to promote our services and achievements and engage with our key stakeholders in the debate about the options for the future provision of services.

The NHS Five Year Forward View identifies the need for healthcare services to be delivered in a different way in the future and describes the need to break down the barriers between primary and secondary care. Maintaining good relationships with GPs will provide a strong foundation upon which to drive and deliver transformation.

The GP Engagement Strategy has been developed to provide a structured framework and process to support the Trust in delivering its strategy and to develop and embed robust engagement principles and activities across the organisation. The strategy compliments the Trust's wider Stakeholder Engagement Strategy and the Trust's Marketing Strategy.

The 3 local commissioning bodies, which represent 75 practices within the Trust's catchment area, are responsible for services which equate to **81% of the Trust's total income**. The practices employ approximately **650 primary care staff** who could effectively influence patient choice and referral patterns.

In addition to the commissioning function the GP provider role is also developing. Within Shropshire and Telford the newly formed GP Federation represents their member GPs and the GP practices as businesses.

Since July 2014 the focus of the GP Liaison role has been changing to the more strategic one of GP Engagement, with much more of an emphasis on a business focus and strengthening links with primary care.

The GP Engagement Strategy identifies 5 key priorities that will provide a focus for our engagement programme which will enable us to build relationships and develop services that provide the best care for our patients:

1. **Sustain effective and meaningful communication** with primary care, and advise of service developments/changes in a timely way.
2. **Develop and foster strong clinical engagement** between Trust clinicians and GPs to share best practice and work in partnership to support a patient-focused approach to delivering healthcare.
3. **Develop effective account management** with primary care to enhance the Trust's reputation within primary care as a provider of high quality services.
4. **Improve the marketing and promoting of the Trust's services** so that we can retain and market share and provide a sound basis for further service developments and market growth.
5. **Develop a robust process for horizon scanning** to identify key factors and drivers which influence GP referrals into the Trust.

In order to deliver our strategy we have identified a set of key actions for the next 12 months which are detailed within a GP Engagement Work Plan. Progress against the delivery of our GP Engagement Strategy will be reported regularly to ensure that key actions have been delivered and also to assess the outcomes of these actions.

2. Strategic Context

The NHS Five Year Forward View identifies the need for healthcare services to be delivered in a different way in the future and describes the need to break down the barriers between primary and secondary care. Maintaining good relationships with GPs is critical to the successful delivery of the proposed new ways of working and will provide a strong foundation upon which to drive and deliver transformation.

The changing operating environment of the NHS makes it critically important that as an organisation we focus time and attention on understanding what our customers want and responding to their demands. Equally important for the success of the organisation is our ability to promote our services and achievements and engage with our key stakeholders in the debate about the options for the future provision of services.

The Trust has worked with patients, communities, staff and partner organisations to agree our 10 Strategic Priorities for 2014/15 and 2015/16. Recognising the need to improve our relationships with GPs was considered during this process and is reflected within these priorities i.e. **'Embed a customer focused approach and improve relationships with our GPs through our Stakeholder Engagement Strategy'**.

Against each Strategic Priority we identified a suite of Operational Objectives for 2014/15 and 2015/16, which described the specific actions that we will take to deliver our strategy and achieve our vision. GPs are a key stakeholder group and to **'Manage GP relationships through a robust GP Engagement Strategy and focussed account management'** is one of these objectives.

The GP Engagement Strategy has therefore been developed to provide a structured framework and process to support the Trust to develop and embed robust engagement principles and a more business focus across the organisation. The strategy complements the Trust's wider Stakeholder Engagement Strategy.

The GP Engagement Strategy will also form part of the wider Marketing Strategy which is being developed to enable the Trust to be able to undertake thorough market assessments and develop and implement effective marketing strategies. Understanding our market position and identifying referral patterns which may be influenced by GP perception will inform and shape the development of a focused (GP) account management approach.

3. Local context

3.1 Demographics and location

Shropshire and Powys are sparsely populated regions with a relatively affluent older population profile. As a result of the rurality of the county many GP practices are located in small villages away from the major hospital towns. This can provide challenges with regard to engagement activities and also results in some GPs not feeling part of the local health economy.

Telford is predominantly an urban area, with a younger population and higher levels of deprivation. GP practices are located within densely populated residential areas many of which are located more than 5 miles from the PRH site. Whilst geography is not such an issue within Telford the organisational structure and dispersed nature of some practices within the GP community restricts the opportunities to engage on a face to face basis within current resources

3.2 GPs as commissioners

The NHS restructuring in 2013, which handed over the commissioning responsibility to clinicians, significantly increased the power and influence that GPs now have. In Shropshire and Telford our 2 local Clinical Commissioning Groups (CCGs) took responsibility for general health care commissioning within the county and specialist services were transferred to NHS England Specialised Services.

GPs hold positions on both Shropshire and Telford CCG Boards, and this demonstrates the power and influence which GPs now have through their commissioning responsibility. Each of these GPs appointed to their Boards continues to work in general practice. In Shropshire CCG, GPs have been appointed to the positions of Accountable Officer and Vice Chair. 4 GPs are also in post as GP Board Members, each of whom has a specific Clinical Director role, covering Performance and Contracting, Primary Care, Long Term Conditions and the Better Care Fund.

In Telford CCG a GP has been appointed as the Board Chair, and 4 GPs are also in post as GP Board Members. Between them, the 4 Telford GP Board Members' remits cover the best use of resources, ensuring the quality of provider and primary care services, and providing education and support for GPs. There is also a practice manager representative on the Telford Clinical Commissioning Group Board, to act on behalf of, and support the views of, the Telford GP practices at Board level.

Overall, the GPs' role on their respective Boards is to bring a local healthcare professional view on health-related issues to underpin the work of their CCGs and also an understanding of patient care in the primary care setting.

The commissioning structure in Wales has not significantly changed and services are still commissioned by 1 Teaching Health Board. However, GPs are actively involved in commissioning decisions.

These 3 commissioning bodies, which represent 75 practices within the Trust's catchment area, are responsible for services which equate to **81% of the Trust's total income**. The 75 practices employ approximately 350 GPs and more than 250 clinical support staff, such as practice nurses, and each practice has a Practice Manager equating to a total of approximately **650 primary care staff** who could effectively influence patient choice and referral patterns.

A summary of the commissioning groups and the number of practices is shown below:

- Shropshire CCG: (44 practices in 3 localities/clusters across North and South Shropshire, and Shrewsbury & Atcham).
- Telford CCG: (22 practices in the Telford area).
- Powys Teaching Health Board: (9 practices in the north Powys area).

A full list of all of the GP practices aligned to their commissioning bodies and localities is included in Appendix 1a.

A map showing the geographical location of each GP practice is shown in Appendix 1b (Telford) and Appendix 1c (Shropshire)

4. External Environment

4.1 GPs as providers

In addition to the commissioning function the GP provider role is also developing. Within Shropshire and Telford the newly formed GP Federation represents member GPs and the GP practices as businesses. While this organisation is still developing, the access to clinical practitioners and modern facilities provides them with a strong platform to influence as one coherent voice and through forming consortia potentially to compete for services.

GP engagement has previously focused on practice teams and practice managers as customers and referrers. The emerging community models of care are moving towards either non-consultant delivered services or consultant led services (as opposed to consultant delivered services). This provides an opportunity to work in partnership with the GPs and the GP Federation to develop joint proposals delivered by local GPs in partnership with acute specialists. One example was a recent partnership bid for establishing a Telford and Wrekin Community Gynaecology service.

4.2 Referral Processes

With the exception of two week cancer referrals and a few other exclusions GP practices in Shropshire County and Telford send new referrals to the Referral Assessment Service (RAS) and the Telford Referral and Quality Service (TRAQS) respectively, who forward these referrals to appropriate providers based on waiting times and patient choice.

GP practices in Powys send routine referrals to the Powys Teaching Health Board's referral management service for prior approval, and once approved, these routine referrals are forwarded to the Trust's Call and Book Office at Royal Shrewsbury Hospital.

All urgent (non-cancer) referrals are sent directly by Powys practices to the Call and Book Office. All two week cancer referrals are sent directly by Shropshire, Telford and Powys practices to the two week wait office at Royal Shrewsbury Hospital.

4.3 Other clinical referrals

The Trust also receives referrals from dental practitioners within primary care and clinicians within the following MOD and HM Prison services:

- RAF Cosford
- RAF Shawbury
- MOD Donnington
- Stoke Heath Prison.

Maintaining robust relationships with these healthcare professionals will also influence referral patterns within the county.

4.4 Competitors

When defining a 30 mile radius from the Royal Shrewsbury Hospital and the Princess Royal Hospital, there are 22 providers in the Trust's catchment area; 3 Foundation Trusts (including 1 Mental Health Trust), 5 Acute Trusts, 1 Community Provider with 5 community hospitals and 6 Independent providers. Other providers to which GP practices can refer patients based on geography and patient choice include:

- South Staffordshire and Shropshire Healthcare NHS Foundation Trust: Shelton Hospital
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

- University Hospitals Birmingham NHS Foundation Trust
- Betsi Cadwaladr University Health Board
- The Royal Wolverhampton Hospitals NHS Trust
- University Hospital of North Midlands NHS Trust (prev. UHNS)
- Worcestershire Acute Hospitals NHS Trust
- Wye Valley NHS Trust (not mapped)
- Shropshire Community Trust:
 - Bishop's Castle Community Hospital
 - Bridgnorth Community Hospital
 - Ludlow Community Hospital
 - Oswestry Health Centre
 - Whitchurch Community Hospital
- Nuffield Health Shrewsbury Hospital
- Nuffield Health Wolverhampton Hospital
- Cedar House Clinic
- Rowley Hall Hospital
- Shropshire Skin Clinic
- Spire Yale Hospital (Wrexham)

Healthcare services provided by the above are delivered from a range of facilities in multiple locations including acute hospital settings, community hospitals, GP practices, private clinics and local health centres.

4.5 Market Share

The Trust's Strategy Team completed a market assessment in March 2014, which identified that the Trust has consistently shown a small reduction in market share over the last 4 years (approx. 1% yr on yr) Since this assessment, the Trust has continued to monitor market share on a quarterly basis for all activity, admitted patients and outpatients.

As at June 2014¹, the inpatient market share for Shropshire County was 73.7%, for Telford & Wrekin 84.7% and for Powys 55.2%. The outpatient market share as at June 2014 for Shropshire County was 57.4%, for Telford & Wrekin 77.3% and for Powys 43%. This variation between Shropshire County and Telford and Wrekin can be explained in part by the rural nature of the market in parts of Shropshire and the choice available to patients of alternative providers such as Worcester and Wye Valley. However some unexplained variation can be seen between more urban practices and also between some specialities.

Changes in the absolute volumes of activity are multi-factorial and reflect both demographic changes, shifts to community based services and other clinical developments. However, changes in market share can be reflective of both the Trust's reputation and how we are perceived. As GPs are the main referral route into the Trust, developing and maintaining strong relationships with them will enable the Trust to repatriate the activity that has been lost to competitors and ultimately grow market share for those services which are deemed viable for expansion.

Whilst not yet fully embedded within the organisation, the Trust recognises the need to use market share data and other GP intelligence as a routine across the Care Groups in informing their business decisions.

¹ Activity within CHKS is not available until 3 months after the period date, September activity will be available late December / early January.

5. Marketing Framework

Understanding our local market and the wider health economy will ensure that our plans reflect the needs of our local population and reflect the service development plans of those who are responsible for commissioning our services.

Building strong relationships within the health economy and enhancing our reputation will support the Trust's longer term strategy to be the provider of choice. Developing services that are patient-focused and responsive to health needs will ensure that we provide the best possible care for our patients.

The Trust's wider Marketing Strategy which is under development will focus on 4 goals:

1. To maintain or increase our market share.
2. To strengthen our marketing capacity and capability.
3. To develop strong partnerships.
4. To promote our organisation and the services we provide.

The GP Engagement Strategy will complement the Trust's Marketing Strategy in the following ways:

Marketing Goal 1: To maintain or increase our market share: through relationship management adopting and embedding a customer-focused approach to strengthen our relationships with GPs and other health care professionals within the county.

Marketing Goal 2: To strengthen our marketing capacity and capability: through channelled marketing and account management approaches and a business- focused horizon scanning framework to ensuring that we are able to respond to our environment.

Marketing Goal 3: To develop strong partnerships: through close working relationships building upon the existing clinical partnerships to develop more integrated primary and acute models of care.

Marketing Goal 4: To promote our organisation and the services we provide: through active positive marketing literature and campaign including the well-established GPConnect brand, the use of social media and regular communication and education events.

Strengthening our relationships with our local GPs, both as commissioners and as providers, will ensure that we retain our existing market share and will provide a sound basis for promoting our services.

6. Developing our GP Engagement Strategy

This section describes our current position, the aims and objectives of the GP Engagement Strategy, key priorities and the actions required to deliver our strategy. Our overarching strategy has been developed for the next 3 years. The strategy is supported by a work plan that will be reviewed and refreshed annually.

Through previous GP Liaison intelligence and GP Satisfaction Surveys we have identified key areas where we need to improve our services and processes. This intelligence has enabled us to identify where we are today and some of the issues that we need to address.

This in turn has shaped the development of the 5 key priorities that will provide a focus for our GP engagement programme which will enable us to build relationships and develop services that provide the best care for our patients.

6.1 Current Position

A GP Liaison Manager was appointed in September 2008, to provide an easy access portal into the Trust, offering a responsive GP Liaison service to problem-solving, and to gather and pass on feedback from primary care to Trust colleagues. The GP Liaison Manager's remit was also to co-ordinate a programme of personal contact with GP practices, with all contacts and issues raised being logged, and more recently to access GP referral intelligence and Trust market share information to help inform internal business planning.

Since July 2014, however, the focus of the GP Liaison role has been changing to the more strategic one of GP Engagement, with much more of an emphasis on strengthening links with primary care and a more business focus. This includes managing good customer relationships, bringing primary and secondary teams together to support service improvements, feeding back to Trust teams on GPs' satisfaction and market share bringing clinical teams together through educational events and study days, and being a source of information for primary care.

While all patient-related queries from GPs are now directed to the PALS team and specialty-specific queries to the appropriate operational contacts, the GP Engagement Manager continues to investigate and resolve GP concerns which relate to process issues within the Trust.

The GP Engagement Manager leads on the annual GP Satisfaction Survey, to gather and analyse feedback from GP practice teams, and report back to the Executive Board and Care Groups on where the Trust needs to target efforts to improve our services. The GP Engagement Manager also supports the Care Groups and corporate teams in service redesign projects and developments which have a direct impact on primary care.

The established and identifiable GPConnect brand still underpins the work of the GP Engagement Manager, with a dedicated email address, mobile phone number and website page on the Trust's website. The GP Engagement Manager also continues to produce the monthly GPConnect newsletter, which is issued to, and well-received by, all GP practices in the Trust's catchment area.

The communication to GPs provides positive updates on achievements, improvements and developments. The newsletter focuses on a "You Said We Did" approach to reinforce our commitment to change and consideration of their feedback.

Robust clinical engagement between primary and secondary care is essential if the Trust is to strengthen links and improve relationships with primary care. The GP Engagement Manager is working with partner organisations, for example, our local CCGs and the Institute of Rural Health, to arrange, organise and facilitate GP education and learning events, such as study days and education sessions for GP practice teams.

Our current position as a corporate service has been summarised within a SWOT analysis framework, and these details are included in Appendix 2.

6.2 Key Priorities

The aim of the GP Engagement Strategy is to strengthen and sustain engagement and communication with local GP commissioners and providers in order for the Trust to improve its reputation as an organisation which prides itself on Putting Patients First.

Through our previous GP Liaison intelligence and our annual GP Satisfaction Surveys we have identified key areas where we need to improve our services and processes. We have developed 5 priorities to provide a focus for our GP engagement programme which will enable us to build relationships and develop services that provide the best care for our patients:

1. **Sustain effective and meaningful communication** with primary care, and advise of service developments/changes in a timely way.
2. **Develop and foster strong clinical engagement** between Trust clinicians and GPs to share best practice and work in partnership to support a patient-focused approach to delivering healthcare.
3. **Implement effective account management** within primary care to enhance the Trust's reputation within primary care as a provider of high quality services.
4. **Improve the marketing and promoting of the Trust's services** so that we can retain and market share and provide a sound basis for further service developments and market growth.
5. **Develop a robust process for horizon scanning** to identify key factors and drivers which influence GP referrals into the Trust.

7. Delivering our GP Engagement Strategy

In order to deliver our strategy we have identified a set of key actions for the next 12 months. Each of these actions, and the responsible leads, is detailed within a workplan. The scope of GP engagement is significant and requires ongoing commitment. Adopting a GP account management approach to managing relationships is time intensive and will require us to establish an ongoing engagement programme. Capacity and capability to do this will need to be reviewed.

7.1 GP Engagement Work Plan

The GP Engagement Strategy describes our approach and the key principles which underpin our future engagement framework. A detailed GP Engagement Work Plan will underpin the strategy and describe the actions that we will take to deliver our strategy and also to enable us to monitor success.

The GP Engagement Work Plan for 2015-16 is shown in Appendix 3. The actions have been drawn together from the intelligence gathered through regular GP Engagement contact with practices and from the GP Satisfaction Survey responses, and have been prioritised in accordance with what GP practices have made clear need to be addressed as a priority.

The GP Engagement Manager will maintain, monitor and update the annual GP Engagement Work Plans, by feeding in to the process new actions gathered from GP feedback, and liaising with appropriate Trust colleagues to identify milestones and check for completion.

The GP Engagement Manager will provide support and business intelligence to the annual planning processes to embed a customer focused approach to future service development. Through the business planning workshops and the horizon scanning framework a GP engagement dimension will be integrated into the overall planning considerations.

The annual GP Engagement Work Plan will be reviewed, amended annually and updated so that the Trust can respond both to the latest intelligence received from primary care and also to changes in the local GP commissioning environment.

7.2 Account Management

Adopting and establishing a rolling programme of contacts with practices will ensure that the Trust is engaging with all of the GP community. Recognising the rural locations of practices, key contacts within the practice teams and existing GP forums will underpin this work.

The Trust will identify a list of 'priority practices' which will be targeted first. Market share information and a review of soft intelligence received will inform this exercise. The service line reviews will also provide some direction in focusing and prioritising marketing activities.

A rolling programme of contacts and visits will be developed to manage relationships to improve the reputation of the Trust, raise the profile of the staff and services and to promote the Trust's achievements. This programme will be supported throughout the organisation with input at executive level and operational level where necessary.

Feedback received from GPs and their representatives will be shared with the operational teams to inform the future events programme which will include 'Meet the Team' events, clinical learning events and ad-hoc presentations to GP practices and GP practice forums. These events will be led and delivered by the clinical teams with support and facilitation by the GP Engagement Manager.

8. Monitoring and Reporting Success

Progress against the delivery of our GP Engagement Strategy will be reported regularly to ensure that key actions have been delivered and also to assess the outcomes.

8.1 GP Engagement Progress Reports

The GP Engagement Manager will provide a monthly progress report at each meeting of the Strategy Team, which is chaired by the Director of Business and Enterprise and quarterly update reports will be provided to the Executive Board and to the Business Development and Engagement Committee.

GP Market Share analysis will form part of service line reviews. As soft intelligence is collected, a measure of GP Perception by Care Group will also be developed to form part of the monthly 4 legged stool report to Trust Board.

Regular updates on progress will also be included within the existing strategic and operational reporting framework i.e. progress against Operational Objectives to the Chief Operating Officer on a quarterly basis and progress against Strategic Priorities to the Trust Board in line with the wider Board Assurance Framework. Ad hoc GP Engagement reports will also be provided to the Strategy Team and to the Executive Board as required.

8.2 GP Satisfaction Survey

One of the key measures of success will be how GPs perceive the Trust and their level of confidence in our ability to change. Soft intelligence received through contacts and visits will be included in the regular reports described above. In addition to this an annual survey will be undertaken which will be sent to all GPs and practice staff.

A revised GP Satisfaction Survey has been developed to enable us to assess the impact of the engagement process and the actions identified within the annual Work Plan. The questions are more in line with and relevant to the Trust's current direction of travel and strategic intentions, and the responses will still help us to assess our success with making tangible improvements in our services.

The new GP Satisfaction Survey questionnaires will be available both in paper form, as before, to enable face to face discussions and will also now be available electronically through SurveyMonkey. The survey will be conducted annually and will be promoted through the GPConnect publication to raise the profile of the survey and to encourage responses.

The new GP questionnaire covers 4 key areas:

- to identify the key factors that they feel influence choice from both their perspective as a referrer and from the perspective of their patients
- to consider whether they have encouraged patients to choose alternative providers to comment on where they have seen improvements in services and processes
- to advise where they feel further improvements can be made and importantly how they can contribute to delivering these.

The 2014 survey also includes a Friends and Family test question to identify whether GPs as individuals would recommend the Trust.

The process of collating, evaluating and assessing the responses to the annual GP Satisfaction Survey will be co-ordinated by the GP Engagement Manager. An annual report on the survey findings will be reported to the Executive Board.

8.3 GP Referral Patterns

Another indication that GPs perception of the Trust is improving will be the Trust's overall market share of local activity. As part of the developing Marketing Strategy, measuring our market share and monitoring the movement in our market share will form part of the regular market intelligence reports.

Market share and changes in GP referral patterns by specialty will be provided on a regular basis to the Care Groups and also as part of the business planning intelligence. This will provide key messages to support the development of both annual business plans and effective marketing strategies.

9. Summary

The GP Engagement Strategy has been developed to respond to the strategic direction of the Trust and to ensure that we focus time and attention on understanding what our customers want.

Local factors including capacity within the team, historical GP perception, rurality of the county and the differing structures within our catchment area will influence the roll out of our account management approach.

Recognising that GPs have a significant influence as customers and a growing interest as competitors requires the Trust to manage relationships with GPs as both customers receiving a service and as joint partners providing a service.

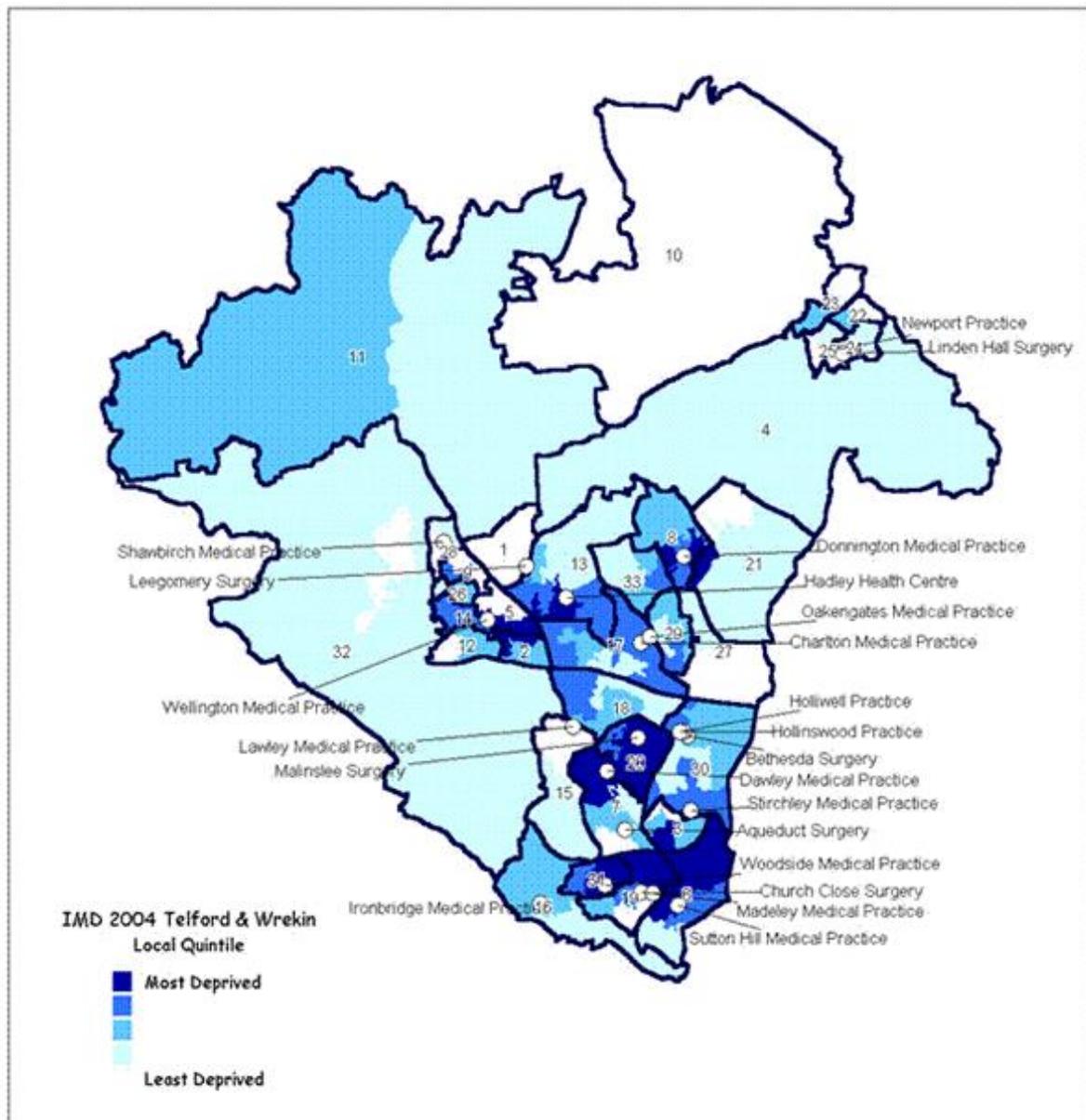
Embedding robust GP engagement principles within the Trust will improve both clinical relationships to support pathway development and business relationships to influence referral patterns and service development.

A summary of our GP Engagement Strategy is shown in Appendix 4: GP Engagement Strategy on a Page.

**Local General Practices
Aligned to Commissioner/Locality**

Shropshire Clinical Commissioning Group	Telford and Wrekin Clinical Commissioning Group
North East	Charlton Medical Practice
Bridgewater Medical Practice	Church Close Surgery
Clive Medical Practice	Dawley Medical Practice
Dodington Medical Practice	Donnington Medical Practice
Hodnet Medical Practice	Hadley Medical Practice
Market Drayton Medical Practice	Hollinswood Surgery
Richmond House Medical Practice	Holliwell Medical Practice
Shawbury Medical Practice	Ironbridge Medical Practice
Wem and Prees Medical Practice	Lawley Medical Practice
North West Shropshire	Leegomery Surgery
Cambrian Medical Centre	Linden Hall Surgery
Caxton Medical Practice	Madeley Medical Practice
Ellesmere Medical Practice	Malling Health – Wrekin
Knockin Medical Practice	Malling Health – Telford
Plas Ffynnon Medical Practice	Oakengates Medical Practice
Prescott Medical Practice	Shawbirch Medical Centre
Shrewsbury & Atcham	Stirchley Medical Practice
The Beeches Medical Practice	Sutton Hill Medical Practice
Belvidere Medical Practice	Trinity Healthcare Centre
Claremont Medical Practice	Wellington Medical Practice
Haughmond View Medical Practice	Wellington Road Surgery
Marden Medical Practice	Woodside Medical Practice
Marysville Medical Practice	
Mount Pleasant Medical Centre	
Mytton Oak Medical Practice	Powys Teaching Health Board
Radbrook Green Medical Practice	Wylcwm Street Surgery (Knighton)
Riverside Medical Practice	Llanfair Caereinion Health Centre
South Hermitage Medical Practice	Llanfyllin Health Centre
Shropshire Walk-in Health Centre	Arwystli Medical Practice
Westbury Medical Practice	Glantwymyn Health Centre
South East Shropshire	Machynlleth Health Centre
Albrighton Medical Practice	Montgomery Health Centre
Alveley Medical Practice	Newtown Medical Centre
Bridgnorth Medical Practice	Welshpool Health Centre
Broseley Medical Practice	
Ditton Priors Medical Practice	
Highley Medical Practice	
Much Wenlock and Cressage Medical Practice	
Shifnal & Priorslee Medical Practice	
South West Shropshire	
Bishops Castle Medical Practice	
Church Stretton Medical Practice	
Cleobury Mortimer Medical Practice	
Craven Arms Medical Practice	
Pontesbury Medical Practice	
Portcullis Medical Practice	
Station Drive Medical Practice	
The Meadows Medical Practice	
Worthen Medical Practice	

Location of Telford and Wrekin GP Practices

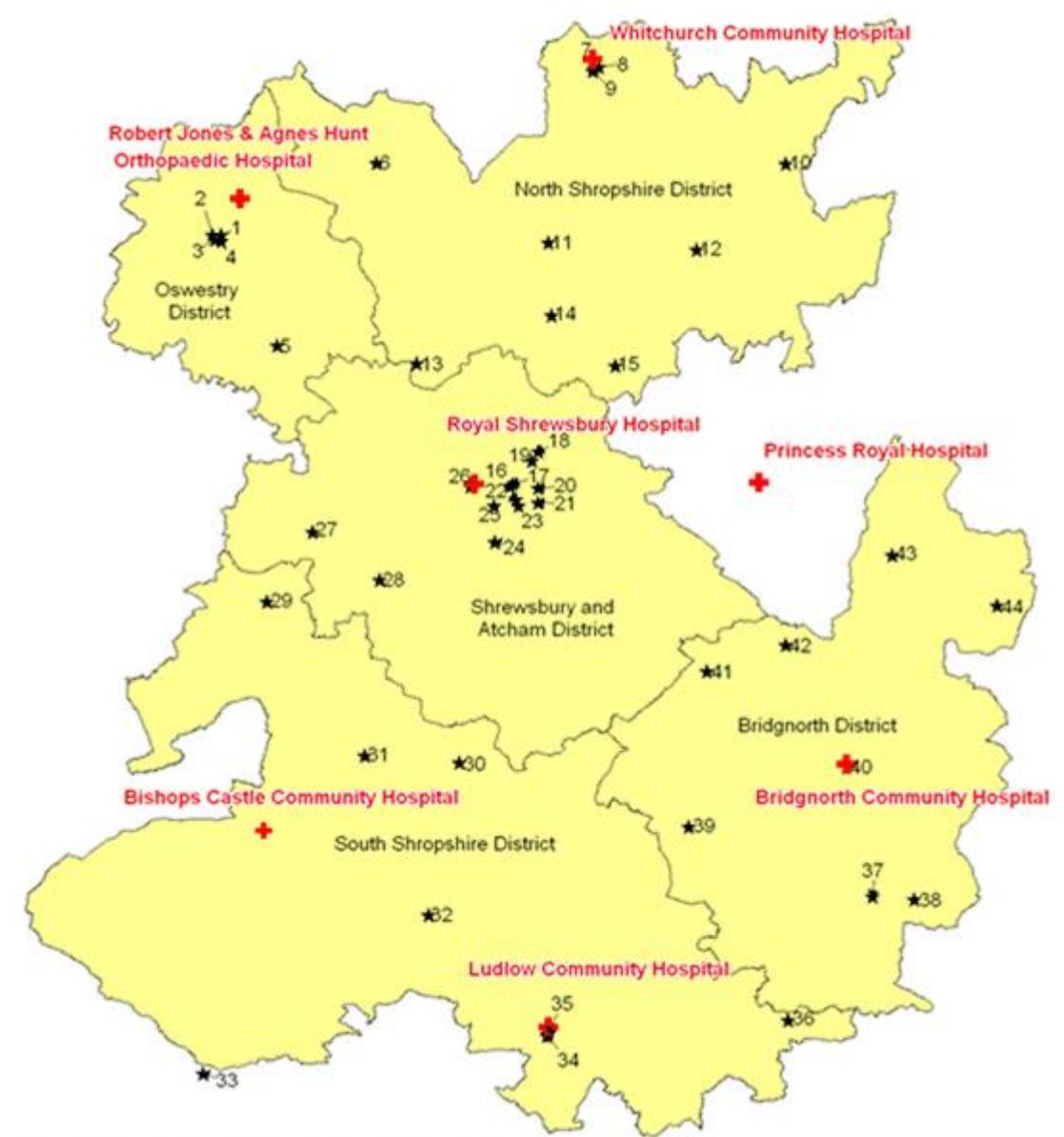


NB - since this map was produced by the then Telford and Wrekin PCT:

- Bethesda, Aqueduct and Malinslee practices have merged to become Trinity Healthcare.
- Malling Health - Wrekin and Malling Health – Telford have been established as walk-in centres, at Princess Royal Hospital and in Telford town centre respectively.

The one GP practice, Linden Hall Surgery in Newport, which refers less than the expected market share for inpatient and outpatient activity is highlighted on the map.

Location of Shropshire County GP practices and hospitals



See key below:

Key to Shropshire County GP practices (as shown on map above)

Practice	Number	Practice	Number
Caxton, Oswestry	1	Marysville, Shrewsbury	23
Willow Street, Oswestry	2	The Beeches, Bayston Hill	24
Cambrian Medical Centre, Oswestry	3	Radbrook Green, Shrewsbury	25
Plas Ffynnon, Oswestry	4	Mytton Oak, Shrewsbury	26
Knockin	5	Westbury	27
Ellesmere	6	Pontesbury	28
Bridgewater Street, Whitchurch	7	Worthen	29
Richmond House, Whitchurch	8	Church Stretton	30
Dodington, Whitchurch	9	Bishops Castle	31
Market Drayton	10	Craven Arms	32
Wem & Prees	11	The Meadows, Knighton	33
Hodnet	12	Portcullis, Ludlow	34
Prescott, Baschurch	13	Station Drive, Ludlow	35
Clive	14	Cleobury Mortimer	36
Shawbury	15	Highley	37
Claremont Bank, Shrewsbury	16	Alveley	38
Riverside, Shrewsbury	17	Brown Clee, Ditton Priors	39
Haughmond View, Shrewsbury	18	Bridgnorth	40
Mount Pleasant, Shrewsbury	19	Much Wenlock & Cressage	41
Belvidere, Shrewsbury	20	Broseley	42
Marden, Shrewsbury	21	Shifnal & Priorslee	43
South Hermitage, Shrewsbury	22	Albrighton	44

NB - since this map was produced by the then Shropshire County PCT:

- Willow Street practice, Oswestry has merged with Cambrian Medical Centre on the same site in Oswestry.
- The Shropshire Walk-in Centre has been established in Shrewsbury.

Those GP practices which refer less than the expected market share for inpatient and outpatient activity are highlighted in the table above and on the map.

SWOT analysis GP Engagement

Strengths	Weaknesses
<ul style="list-style-type: none"> • Dedicated GP Engagement Manager to provide support to Care Groups and help to facilitate communication channels • Well established GPConnect brand • Developing relationships with CCGs and commissioners over the last year to develop services within some specialties • Developing relationships with GP Federation • Good clinical relationships with GPs and other healthcare professionals within some specialties • Developing clinical engagement activities through visits and learning events 	<ul style="list-style-type: none"> • Limited dedicated GP engagement resource available (1 post Trust-wide) • Generally poor reputation of the Trust as perceived by some GPs • Negative GP comments received through the GP Satisfaction Survey • Limited operational resource and commitment to the engagement process • Lack of account management business focus • Lack of understanding by some Trust clinicians of how primary care works • Generally poor promotion of our achievements and marketing of services • Differing requirements of English and Welsh commissioners
Opportunities	Threats
<ul style="list-style-type: none"> • Build on GP Engagement Manager role and framework and increase support across the Trust • Develop and embed a customer focussed account management approach to GPs • Continue to develop and strengthen relationships with GPs and CCGs through a robust GP Engagement Strategy • Build on our clinical reputation to optimise increasing demands of a 'customer service' culture • Positively promote our services to GPs and the public including use of the Trust website and other social media • Support the development of 'niche' services that play to our strengths and fulfil unmet need • Rolling programme of Roadshows and workshops for GPs • Work with primary care to develop alternative models of patient care and revised pathways • Joint working with CCGs, GPs and nursing homes to smooth the patient pathway around admissions and discharges • Improve two-way information flows between GPs and the Trust • Build and strengthen joint partnership arrangements with the GP Federation • Further development of the "You Said We Did" process to report progress to primary care 	<ul style="list-style-type: none"> • Relationships with GP commissioners and decision makers – if weak could threaten future service developments and contracts • Increasing competition from both the independent sector and local Trusts e.g. Wolverhampton, Leighton and UHNS results in loss of market share • GPs influencing patient choice either through negative endorsement of the Trust or positive endorsement of other providers • Impact of RAS and TRAQS over patient choice based on providers' waiting times • Perceived negative reputation of the Trust by GPs • GPs' frustration with the Trust's processes and pace of change

GP Engagement Work Plan 2015-16

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)
<p>1. Sustain effective and meaningful communication with primary care, and advise of service developments/changes in a timely way.</p>	<ul style="list-style-type: none"> ➤ Maintain the monthly production of the GPConnect newsletter, and establish and agree a timetable for input from the Care Groups on team profiles, service developments and “good news” stories. ➤ Use the ad hoc GPConnect Newsflashes to issue urgent service-related messages to primary care, and the GPConnect Special Editions to inform GPs about new and existing services. ➤ Adopt the “You Said We Did” process of reporting back to GP practices on progress made to address concerns raised. ➤ Inclusion of ad hoc Executive “Message of the month” contributions which have a specific relevance for GPs. ➤ Develop an interactive communication channel with GPs using social media. ➤ Ensure that Trust staff are familiar with the GP Engagement remit and communication route to GP practices. ➤ Scope the potential to develop a quarterly/six monthly GDPConnect newsletter for dentists, and similar publications for other practitioners such as optometrists and pharmacists. 	<p>Director of Business and Enterprise</p>	<p>GP Engagement Manager</p> <p>GP Engagement Manager</p> <p>GP Engagement Manager</p> <p>GP Engagement Manager</p> <p>Business Planning Manager, GP Engagement Manager</p> <p>GP Engagement Manager</p> <p>GP Engagement Manager</p>

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)
<p>2. Develop and foster strong clinical engagement between Trust clinicians and GPs to share best practice and work in partnership to support a patient-focused approach to delivering healthcare.</p>	<ul style="list-style-type: none"> ➤ Pursue opportunities to establish and maintain clinical networks between primary and secondary care. ➤ Build and develop relationships with the GP Federation as partners, with regular (quarterly) Executive to Executive meetings, and regular (quarterly) operational management meetings. ➤ Ensure that regular Consultant input is provided to practice protected learning time afternoons and in-house practice education sessions. ➤ Support and facilitate GP visits to Trust clinical settings and ad hoc Consultant visits to GP practices. ➤ Establish a timetable for arranging Meet the Team events for GPs, to identify and agree specific input from the Care Groups and specialties. ➤ Support and facilitate visiting clinical teams to move through GP practices, to facilitate direct lines of communication between the Consultants and GPs. ➤ Establish multidisciplinary project teams to consider opportunities to develop community based services. 	<p>Medical Director</p> <p>Director of Business and Enterprise</p> <p>Medical Director</p> <p>Clinical Directors</p> <p>Clinical Directors</p> <p>Clinical Directors</p> <p>Clinical Directors</p>	<p>GP Engagement Manager</p> <p>Head of Planning</p> <p>GP Engagement Manager</p>
<p>3. Implement effective account management within primary care to enhance the Trust's reputation within primary care as a provider of high quality services</p>	<ul style="list-style-type: none"> ➤ Implement an account management approach with targeted priority practices, based on: <ul style="list-style-type: none"> ○ quantitative data relating to market share ○ qualitative data relating to GP Satisfaction Survey data and soft intelligence. ➤ Support and facilitate Executive and senior management team visits to GP practices, forums and other primary care sites. 	<p>Director of Business and Enterprise</p> <p>Director of Business and Enterprise</p>	<p>GP Engagement Manager</p> <p>GP Engagement Manager</p>

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)
	<ul style="list-style-type: none"> ➤ Establish a database to record contact with GP practices and issues raised. ➤ Invite GP participation to the business planning workshops. ➤ Develop a robust mechanism for reviewing and responding to GP feedback, and which informs service development and planning decisions. 	<p>Director of Business and Enterprise</p> <p>Director of Business and Enterprise</p> <p>Director of Business and Enterprise</p>	<p>GP Engagement Manager, Business Planning Manager GP Engagement Manager</p> <p>Head of Planning</p>
<p>4. Promote the Trust's services so that we can retain market share and provide a sound basis for further service developments and market growth.</p>	<ul style="list-style-type: none"> ➤ Actively develop a commercial marketing approach with targeted GP practices using the 4P marketing model. ➤ Identify priority services/specialties and provide input to the production of promotional literature which can be disseminated to GP practices. 	<p>Director of Business and Enterprise</p> <p>Clinical Directors</p>	<p>Head of Planning, GP Engagement Manager</p> <p>GP Engagement Manager</p>
<p>5. Develop a horizon scanning framework to provide business intelligence and identify key factors and drivers which influence GP referrals into the Trust.</p>	<ul style="list-style-type: none"> ➤ Develop a robust horizon scanning framework to identify and respond to changes in our external environment. ➤ Undertake regular market analyses of GP referral patterns, looking at trend analysis and producing headline data for action/review. ➤ Provide a regular suite of marketing reports to the Care Groups and Executive Directors. ➤ Identify the needs of our local market through the feedback collected from both the GP Satisfaction Survey and regular GP Engagement contact, to help shape service developments within the Trust. 	<p>Director of Business and Enterprise</p>	<p>Head of Planning</p> <p>GP Engagement Manager</p> <p>GP Engagement Manager</p> <p>Head of Planning, GP Engagement Manager</p>

The Shrewsbury and Telford Hospital NHS Trust - GP Satisfaction Survey for 2014

We would appreciate a few minutes of your time to complete this short survey.

Question 1: Please tick your top 5 five factors from the list below which influence you in your choice of provider for your patients' health care.

Rank	
	My personal knowledge of Consultants and other hospital staff
	Feedback from my patients
	Feedback from other health professionals
	The range of services available
	How easily I can contact Consultants by telephone and/or email
	How long my patients have to wait for an appointment
	How quickly I receive information back about my patients
	The information that I can access about the services available
	How I am treated by the hospital staff
	The quality of medical care during treatment
	Health care outcomes

Question 2: Please now indicate your level of satisfaction with how The Shrewsbury and Telford Hospital NHS Trust meets your needs for all of the following factors.

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
My personal knowledge of Consultants and other hospital staff				
Feedback from my patients				
Feedback from other health professionals				
The range of services available				
How easily I can contact Consultants by telephone and/or email				
How long my patients have to wait for an appointment				
How quickly I receive information back about my patients				
The information that I can access about the services available				
How I am treated by the hospital staff				
The quality of medical care during treatment				
Health care outcomes				

Question 3: Please use this space for any comments you wish to make regarding your answers to Questions 1 and 2.

Question 4: Thinking about your patients, what are the main factors in the list below which you consider influence them in their choice of hospital? Please tick all that apply.

✓	
	Which hospital my patients would prefer to use
	My patients' previous experience of a hospital
	Feedback from my patients' friends and family
	The range of services available
	How easily my patients can contact the hospital
	How long my patients have to wait for an appointment
	How my patients are treated by the hospital staff

Question 5: For all those factors listed below, please indicate how important you think each is for your patients.

	Very important	Important	Not very important	Not at all important
Which hospital my patients would prefer to use				
My patients' previous experience of a hospital				
Feedback from my patients' friends and family				
The range of services available				
How easily my patients can contact the hospital				
How long my patients have to wait for an appointment				
How my patients are treated by the hospital staff				

Question 6: Please use this space for any comments you wish to make regarding your answers to Questions 4 and 5.

Question 7: Reflecting on your answers to the previous questions, have you actively encouraged your patients to use a health care provider other than our Trust over the last 12 months?

Yes

No

Question 8: If you have answered Yes to Question 7, please can you give your reasons why.

Question 9: Looking back over the last 12 months, where have we improved?

Question 10: Looking forward to the next 12 months, what can we do better?

Question 11: Reflecting on your answers to the previous question (Looking forward to the next 12 months, what can we do better?) how do you think you can contribute to working with us on service improvements?

Question 12: How likely are you to recommend The Shrewsbury and Telford Hospital NHS Trust to friends and family if they needed care or treatment?

- Extremely likely**
- Likely**
- Neither likely nor unlikely**
- Unlikely**
- Extremely unlikely**
- Don't know**

Question 13 : What is the main reason for the answer you have chosen to the previous question?

Question 14: Please use this box for any further comments you wish to make.

Question 15: To help us with our analysis of the survey findings, please indicate your GP practice.

GP Practice:

Question 16: If you would like to leave your contact details, please do so below (optional).

Name:

Email:

Thank you for taking the time to complete the GP Satisfaction Survey, and please return it to Alison Jones, GP Engagement, Trust Headquarters, Stretton House, Royal Shrewsbury Hospital. If you have any queries or wish to discuss this further please contact Alison on either (01743) 492591, mobile 07747 532926, or at GPConnect@sath.nhs.uk

The Shrewsbury and Telford Hospital NHS Trust GP Engagement Strategy on a Page 2015-2018

Strategic Priority	Embed a customer focused approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
<p><i>Sustain effective and meaningful communication with primary care, and advise of service developments / changes in a timely way</i></p>	<ul style="list-style-type: none"> • Maintain the monthly production of the GPConnect newsletter • Use the ad hoc GPConnect Newsflashes to issue urgent service-related messages • Adopt the “You Said We Did” process of reporting • Inclusion of ad hoc Executive “Message of the month” in the GPConnect newsletter • Develop an interactive communication channel with GPs using social media • Ensure that Trust staff are familiar with the GP Engagement remit and communication route • Scope the potential to develop a quarterly/six monthly GPConnect newsletter for dentists and other practitioners
<p><i>Develop and foster strong clinical engagement between Trust clinicians and GPs to share best practice and work in partnership to support a patient-focused approach to delivering healthcare.</i></p>	<ul style="list-style-type: none"> • Pursue opportunities to establish and maintain clinical networks between primary and secondary care • Build and develop relationships with the GP Federation as partners • Ensure that regular Consultant input is provided to practice protected learning time and education sessions. • Support and facilitate GP visits to Trust clinical settings and ad hoc Consultant visits to GP practices. • Establish a timetable for arranging ‘Meet the Team’ events for GPs. • Support and facilitate visiting clinical teams to move through GP practices. • Establish multidisciplinary project teams to consider opportunities to develop community based services.
<p><i>Implement effective account management within primary care to enhance the Trust’s reputation within primary care as a provider of high quality services</i></p>	<ul style="list-style-type: none"> • Implement an account management approach with targeted priority practices • Support and facilitate Executive and senior management team visits to GP practices, forums and other primary care sites • Establish a database to record contact with GP practices and issues raised • Invite GP participation to the business planning workshops • Develop a robust mechanism for reviewing and responding to GP feedback
<p><i>Improve the marketing and promoting of the Trust’s services so that we can retain and market share and provide a sound basis for further service developments and market growth.</i></p>	<ul style="list-style-type: none"> • Actively develop a commercial marketing approach with GP practices using the 4P marketing model • Identify priority services/specialties and provide input to the production of promotional literature
<p><i>Develop a robust process for horizon scanning to identify key factors and drivers which influence GP referrals into the Trust.</i></p>	<ul style="list-style-type: none"> • Develop a robust horizon scanning framework to identify and respond to changes in our external environment • Undertake regular market analyses of GP referral patterns • Provide a regular suite of marketing reports • Identify the needs of our local market through the feedback collected from both the GP Satisfaction Survey and regular GP Engagement contact