Reporting to:	**Trust Board - 30 July 2015**
Title	GP Engagement Update Report
Sponsoring Director	Debbie Vogler, Director of Business and Enterprise
Author(s)	Tricia Finch, Head of Planning
Previously considered by	Executive Directors
Executive Summary	The 2015-2018 GP Engagement Strategy was presented to the Trust Board on 26th February 2015. The following report has been produced to provide an update on the work to date. The new GP Engagement framework is a proactive approach seeking opportunities for development. The Corporate team is working closely with clinicians and managers within the Care Groups to improve relationships and facilitate processes and events to bring together primary and secondary care professionals. Since the launch of the framework this year, significant work has taken place including; ☐ A programme of face to face contacts and events delivered by our clinical teams and the Trust's GP Engagement Manager. These include attendances at practice meetings, support to education sessions and promotional 'Meet the Team' events. ☐ All articles published under the brand of GPConnect are written in the 'You Said We Did' style to demonstrate the Trust's commitment to responding to the issues that GPs have raised. ☐ Results of the 2014 GP Satisfaction Survey have been considered alongside results from the first internal Clinical Satisfaction Survey to enable the Trust to identify common themes and opportunities to improve services. ☐ The Trust is working closely with the GP Federation to build partnership relationships which will support service redesign and future tender submissions. ☐ The 6 Deep Dive reviews to date have been supported by GP market intelligence. A suite of reports have been produced for each specialty ☐ The Medical Director met with the Telford GP Forum in November 2014. Since then he has established the Shropshire Clinicians' Forum, the first Shropshire event took place on 21st May 2015. ☐ Scoping work has been completed to identify the priority practices; areas where the Trust may benefit from early and more intensive marketing and relationship management and interventions. Capacity within the Care Groups and the corporate teams has always been a constraint that has significantly affected the Trust's ability to respond and progress marketing and engagement initiatives. Going forward this will be addressed through the new Business Development Manager function which introduces a matrix concept providing dedicated capacity to each of the 4 Care Groups and expertise across 4 business functions: planning, GP engagement, market intelligence and service reviews.

Strategic Priorities	
1. Quality and Safety	☐ Reduce harm, deliver best clinical outcomes and improve patient experience. ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☒ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☒ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☐ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ 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 ☐ 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 ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our structural inbalance 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
Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☒ Responsive ☒ Well led
☐ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** The Trust Board is asked to NOTE the progress to date and SUPPORT the next steps within the five GP Engagement Strategy priority areas.

GP Engagement Update to Trust Board

30th July 2015

1. Introduction

The 2015-2018 GP Engagement Strategy was presented to the Trust Board on 26th February 2015. The following report has been produced in response to the detailed discussions at the Board Meeting and describes:

- The rationale for developing a strategy;

- The 5 Key Priorities within the GP Engagement Strategy;

- Who is responsible for engaging with GPs: the multiple levels of engagement and the work so far;

- The next steps;

- Resourcing the strategy.

2. Rationale for Change –the need for a GP Engagement Strategy

Better understanding of each GP Practice as a business and what drives their referral patterns is an important development within the Trust's GP Engagement Strategy. The GP Engagement Strategy has been produced to:

- Demonstrate the Trust's commitment to prioritising the improvement of GP relationships;

- Provide a framework for the organisation and bring together the multiple levels of engagement across the Trust;

- Provide a focus for activities through an annual work plan;

- Support and develop business skills and relationships.

In 2014 GPs were asked the Friends and Family Test question and only 52% responded that they would be happy to recommend the Trust to friends and family. The survey also identified that 58% of GPs had actively referred patients elsewhere.

Whilst improvements in operational performance will influence patient choice, the need to work closely with local GPs is essential in order to:

- Address local **reputation management** issues which if ignored could result in alternative providers entering the market and patients choosing to be seen elsewhere;

- Build **clinical relationships** to **support service transformation** across the primary, community and secondary care interfaces;

- Develop robust **business partnerships** to **pursue growth and development opportunities.**

3. Recap: the GP Engagement Strategy Priorities

The GP Engagement Strategy **5 key priorities** are to:

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 to enhance the Trust's reputation within primary care as a provider of high quality services;
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;
5. Develop a horizon scanning framework to provide business intelligence and identify key factors and drivers which influence GP referrals into the Trust.

Since the strategy was presented in February **delivery dates** have been agreed for each of the actions. These are included in Appendix 3 of the updated GP Engagement Strategy which can be found in the Board Supplementary Information pack.

4. Responsibilities and Work to Date

In July 2014 the **GP Engagement Framework** was launched. The new framework is a proactive approach seeking opportunities for development. The Corporate team is working closely with clinicians and managers within the Care Groups to improve relationships and facilitate processes and events to bring together primary and secondary care professionals. Since the launch of the framework this year, significant work has taken place and these activities and achievements are described in Appendix 1 of this report.

5. Next Steps – delivering the GP Engagement Strategy

As described above a significant amount of work has already taken place at all levels within the Trust. Clinical engagement is progressing well and GP intelligence is now starting to inform service reviews and particularly through the deep dive process.

The Trust now needs to focus on developing processes and intelligence to introduce a business-focused approach and enhanced awareness of the market place within the Care Groups. This will be supported through the Business Development Manager role.

The priorities for Quarter 2 include:

- Delivering the Quarter 2 milestones identified in the GP Engagement Work plan;

- Identifying market opportunities;

- Provision of robust business intelligence;

- Resource review.

5.1 The Quarter 2 Milestones are described within the GP Engagement work plan: key areas of activity will include **bringing together primary and secondary care to review specific pathways**. The Trust has worked with the GP Federation in defining these priority pathways.

5.2 Understanding our GP practices as businesses and identifying market opportunities based on **quantitative data**: market share, and also on **qualitative data**: GP Satisfaction Survey data and soft intelligence obtained throughout the year from the GP Engagement Manager and clinical contacts.

5.3 Robust business intelligence will be provided through a **suite of market intelligence reports** that have been developed to support more market-focused decision-making at all levels.

6. Summary

Whilst reputation, access to services and shorter waiting times are key drivers of patient choice, establishing strong relationships with our GPs will **strengthen the Trust's position as the provider of choice**.

The changing operating environment of the NHS makes it critically important that we focus time and attention on **understanding what our customers want**.

The Trust must **respond to the potential threat from alternative providers** in order to protect existing activity and where appropriate regain lost market share.

Ensuring that **business decisions are informed by current robust market intelligence** is essential to enable a balanced judgement.

The level of GP engagement and the depth of business support are determined by the resource available. **Investment in this area will deliver significant benefits** for the Trust.

Finally, the Trust recognises it is not just about GP relationships. It will also need to act at a more strategic level in looking for opportunities to **build clinical collaborations and alliances** with other providers in order to strengthen and protect its market position.

7. Recommendations

The Trust Board is asked to NOTE the progress to date and SUPPORT the next steps within the five GP Engagement Strategy priority areas.

GP Engagement Work to Date

1. Since August 2014 a programme of face to face contacts and events has been delivered by our clinical teams and the Trust's GP Engagement Manager. To date the programme has included: 16 attendances by the GP Engagement Manager at GP practice team and cluster meetings; 22 networking sessions with individual GPs and practice managers in their practices or off-site; and 28 presentations by our clinical teams at GP educational sessions, study days, 'Meet the Team' events and clinical presentations at GP surgeries. Clinical presentations have covered many specialties including ENT, Upper and Lower GI, Colorectal, Ophthalmology, Cardiology, Maxillo-facial, Urology, Respiratory, Microbiology, Vascular, Obstetrics and Gynaecology, Midwife-led Units, Geriatric Medicine and Neurology. The Trust has also hosted an organised tour within the Pathology Laboratory at the Royal Shrewsbury Hospital.

2. The well-established GPConnect publication is produced each month and circulated to GPs, Practice Managers for distribution within the Practice Teams, CCG colleagues and senior managers within the Trust. The newsletters are also published on the Trust's intranet and internet websites. Ad-hoc newsletters are also produced to promote and advise of service changes and major service developments. All articles published under the brand of GPConnect are written in the 'You Said We Did' style to demonstrate the Trust's commitment to responding to the issues that GPs have raised.

3. The 2014 GP Satisfaction Survey ran from 10th November 2014 to 5th January 2015. The survey enables us to see how GPs are feeling about the Trust at that time. Response rates are not as high as we would like but the responses received do provide us with areas of dissatisfaction and where improvements could be made. Survey responses indicated that the level of satisfaction had improved when considering previously reported operational issues e.g. discharge information and a perception in improvement in RTT. However, the Friends and Family Test showed that only 52% of GPs would actively recommend the Trust and 58% of GPs who responded had encouraged patients to go elsewhere.

4. The first internal SATH Clinical Staff Satisfaction survey ran from 9th January 2015 to 20th February 2015. This provided an opportunity to see how our clinicians perceived GPs. Similar to the GP survey the respondents identified areas where improvements could be made and more importantly how they, our clinical teams, felt they could work with primary care to explore solutions. Responses from our clinicians included: more, and improved, engagement between primary and secondary care through meetings, education and training, and sharing feedback. Specific areas to progress were also identified including: pathway development, straight to test services and phone access for specialist advice to prevent admissions.

5. The first GP and Consultant Reference Group Meeting took place with the GP Federation on 25th March 2015. The Federation, which represents most of the local GPs, is keen to work with the Trust to develop pathways and alternative service models and also potentially to respond to commissioning tenders. Following on from this meeting the group have identified several areas to focus their attention. Each area has an identified lead from the Trust and from primary care who will work together to progress the reviews.

6. The 6 Deep Dive reviews to date have been supported by GP market intelligence. A suite of reports have been produced for each specialty which includes information regarding: market share and volume of activity by commissioner for outpatient referrals, a 3 year market share trend analysis, competitor analysis for each CCG, specialty referrals by GP practice and GP location maps indicating changes in market share over 12 months.

7. The Medical Director met with the Telford GP Forum in November 2014. Since then he has established the Shropshire Clinicians' Forum, which includes GPs from Shropshire and also from Powys. The first Shropshire event took place on 21st May 2015, the topic being 'Bridging the gap between primary and secondary care by increasing ambulatory care'.

8. Scoping work has been completed to identify the priority practices to support targeted GP account management. The prioritisation review identifies areas where the Trust may benefit from early and more intensive marketing and relationship management and interventions. Capacity within the Care Groups and the corporate teams has always been a constraint that has significantly affected the Trust's ability to respond and progress marketing and engagement initiatives. This will be addressed through the new business development manager function which introduces a matrix concept providing dedicated capacity to each of the 4 Care Groups and expertise across 4 business functions: planning, GP engagement, market intelligence and service reviews.

GP Engagement Strategy

2015 to 2018

Developing and Maintaining Good Relationships

July 2015

Proud To Care   Make It Happen   We Value Respect   Together We Achieve

CONTENTS

Appendices;

**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. **Implement effective account management** to enhance the Trust's reputation within primary care as a provider of high quality services.
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.
5. **Develop a horizon scanning framework** to provide business intelligence and 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 focused 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 1Teaching 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 2014[1], 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.

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[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** to enhance the Trust's reputation within primary care as a provider of high quality services.
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.
5. **Develop a horizon scanning framework** to provide business intelligence and 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
• 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	• 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**
• 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	• 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)	Completion date
1. Sustain effective and meaningful communication with primary care, and advise of service developments/changes in a timely way.	➢ 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.	Director of Business and Enterprise	GP Engagement Manager	Monthly
	➢ 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.	Director of Business and Enterprise	GP Engagement Manager	As required each month
	➢ Adopt the "You Said We Did" process of reporting back to GP practices on progress made to address concerns raised.	Director of Business and Enterprise	GP Engagement Manager	Monthly
	➢ Inclusion of ad hoc Executive "Message of the month" contributions which have a specific relevance for GPs.	Director of Business and Enterprise	GP Engagement Manager	As required each month
	➢ Develop an interactive communication channel with GPs using social media.	Director of Business and Enterprise	Business Planning Manager, GP Engagement Manager	September 2015
	➢ Ensure that Trust staff are familiar with the GP Engagement remit and communication route to GP practices.	Director of Business and Enterprise	GP Engagement Manager	As required (via Care Group meetings
	➢ Scope the potential to develop a quarterly/six monthly GDPConnect newsletter for dentists,	Director of Business and Enterprise	GP Engagement Manager	September 2015

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)	Completion date
	and similar publications for other practitioners such as optometrists and pharmacists.			
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.	➢ Pursue opportunities to establish and maintain clinical networks between primary and secondary care.	Medical Director	GP Engagement Manager	June 2015
	➢ Build and develop relationships with the GP Federation as partners, with regular (quarterly) Executive to Executive meetings, and regular (quarterly) operational management meetings.	Director of Business and Enterprise	Head of Planning	July 2015
	➢ Ensure that regular Consultant input is provided to practice protected learning time afternoons and in-house practice education sessions.	Medical Director	GP Engagement Manager	June 2015
	➢ Support and facilitate GP visits to Trust clinical settings and ad hoc Consultant visits to GP practices.	Clinical Directors	GP Engagement Manager	July 2015
	➢ Establish a timetable for arranging Meet the Team events for GPs, to identify and agree specific input from the Care Groups and specialties.	Clinical Directors	GP Engagement Manager	June 2015
	➢ Support and facilitate visiting clinical teams to move through GP practices, to facilitate direct lines of communication between the Consultants and GPs.	Clinical Directors	GP Engagement Manager	Monthly
	➢ Establish multidisciplinary project teams to consider opportunities to develop community based services.	Clinical Directors	GP Engagement Manager	September 2015

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)	Completion date

3. Implement effective account management to enhance the Trust's reputation within primary care as a provider of high quality services.	➢ Implement an account management approach with targeted priority practices, based on:
	  o quantitative data relating to market share
	  o qualitative data relating to GP Satisfaction Survey data and soft intelligence.
		Director of Business and Enterprise	GP Engagement Manager	July 2015

	➢ Support and facilitate Executive and senior management team visits to GP practices, forums and other primary care sites.	Director of Business and Enterprise	GP Engagement Manager	July 2015
	➢ Establish a database to record contact with GP practices and issues raised.	Director of Business and Enterprise	GP Engagement Manager, Business Planning Manager	June 2015
	➢ Invite GP participation to the business planning workshops.	Director of Business and Enterprise	GP Engagement Manager	November 2015
	➢ Develop a robust mechanism for reviewing and responding to GP feedback, and which informs service development and planning decisions.	Director of Business and Enterprise	Head of Planning	June 2015
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.	➢ Actively develop a commercial marketing approach with targeted GP practices using the 4P marketing model.	Director of Business and Enterprise	Head of Planning, GP Engagement Manager	September 2015
	➢ Identify priority services/specialties and provide input to the production of promotional literature which can be disseminated to GP practices.	Clinical Directors	GP Engagement Manager	June 2015
5. Develop a horizon scanning framework to provide business intelligence and identify key factors and drivers which	➢ Develop a robust horizon scanning framework to identify and respond to changes in our external environment.	Director of Business and Enterprise	Head of Planning	June 2015
	➢ Undertake regular market analyses of GP	Director of Business	GP Engagement	July 2015

Priority	Action/Initiative	Lead Executive/Director(s)	Lead Manager(s)	Completion date
influence GP referrals into the Trust.	referral patterns, looking at trend analysis and producing headline data for action/review.	and Enterprise	Manager	
	➢ Provide a regular suite of marketing reports to the Care Groups and Executive Directors.	Director of Business and Enterprise	GP Engagement Manager	June 2015
	➢ 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.	Director of Business and Enterprise	Head of Planning, GP Engagement Manager	December 2015

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
Sustain effective and meaningful communication with primary care, and advise of service developments / changes in a timely way	• 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 GDPConnect newsletter for dentists and other practitioners
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	• 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.
Implement effective account management to enhance the Trust's reputation within primary care as a provider of high quality services	• 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
Promote the Trust's services so that we can retain market share and provide a sound basis for further service developments and market growth	• 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
Develop a horizon scanning to provide business intelligence and identify key factors and drivers which influence GP referrals into the Trust	• 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