

Planning for 2014

Liz Densley offers some tips on getting the practice in shape for the year ahead.



● Is your practice in shape for the year ahead?

Many practice managers will look back on 2013 as one of their most stressful years yet working for the NHS. The chaos arising from NHS reforms resulted in increased workloads across the board, for doctors and their staff alike. By the end of the year many practice teams were exhausted and demoralised. It's hard to imagine that things will improve in 2014 but one thing is certain: time taken now to plan practice strategy for the year ahead will help keep everyone on an even keel.

While GP practices are an essential part of the NHS family, the way they are funded means they operate as businesses in their own right. Therefore to succeed they need to have the right structures, roles, services, technology, people and premises. The partners

need to understand that they must work **on** the business as well as **in** the business for it to succeed.

Planning to get these things right now is essential if practices are to survive the rigours ahead.

Some practices are finding that a more corporate form of management works better in today's world – so that certain partners are 'business partners' as well as 'clinical partners' and others are just 'clinical partners'. Time needs to be spent to help everyone to find their best fit in the practice and create specific plans for the future running of the practice.

1. Planning an 'away day'

GPs can sometimes find it difficult to start the process of planning for

the future. At my accountancy firm we recommend practices arrange a planning 'away day', with one of our team taking the role as facilitator. The objective of the away day is to produce a written plan, brief and to the point, that summarises the direction the practice is going to follow in the year ahead.

2. Away day housekeeping rules

The best and most productive away days will:

- Involve the practice manager, either as facilitator or as a primary member of the planning team.
- Record all the major points discussed, normally by someone taking the role as scribe and notating key points on flipcharts for typing up and

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circulating later on.

- Involve all partners contributing on an equal basis – whether part time or full time – in a spirit of openness and honesty.
- Ban any niggling over past or current issues.
- Ban any anecdotes, including comments starting with ‘in the old days’, ‘we always used to’, and so on.
- Have plenty of refreshments to keep up the energy levels.

3. Agenda

The away day should focus on six key questions. Some of the discussions around these questions could overlap (fig right).

4. Follow up

Once the notes from the away day have been written up and the plan drafted and agreed it is important to keep the momentum up by arranging follow up meetings to monitor progress and tweak the plan as necessary.

5. What can you hope to achieve from an away day?

A successful away day will give the practice team a clear understanding of what options are open to take the practice forward and a clear idea of what each partner wants from their working life. Once decisions have been made and the right person is in the right job, then some of the many stresses of general practice will melt away. With all partners pulling in the same direction and working on the aspects of the business that best suit them, the practice has the best chance of coping with all of the problems of today's general practice.

Surveys carried out by the Association of Independent Specialist Medical Accountants regularly demonstrate that practices which plan and meet regularly are more profitable than those who let the practice run itself. ■

1. What do we want to do?	Discussions to cover: The personal aspirations of the partners about the services the practice is offering, how much they want to earn, how many hours they want to work, how the practice is structured and lines of authority, partner roles, partnership succession.
2. What have we done in the past?	Discussions to cover: How well the practice is organised, how do earnings compare with national averages, how good is the practice compared with others.
3. What must we do well to succeed?	Discussions to cover: Patient services, premises and technology, practice structure, delegation of routine tasks, roles and responsibilities.
4. What could we do?	Discussions to cover: Strengths and weaknesses, skill sets, staff structure, premises, finances, training, communication between the practice team, patient services, prescribing and referral patterns, reputation, practice profile and list size.
5. What might we do?	Discussions to cover: The state of the NHS, local competition and threats posed, new service opportunities, outside appointments, premises, commissioning, federations, cost efficiencies.
6. What should we do?	Discussions to cover: The formulation of the practice plan, including: summary of practice objectives and philosophy as discussed during the day, list of issues to be addressed, list of agreed decisions, including who is responsible for carrying out tasks and timescales.

Liz Densley can be contacted on 01424 730345 or **liz.densley@honeybarrett.co.uk**. To find an AISMA accountant in your area go to **www.aisma.org.uk**

A practice manager describes the value of a planning away day:
‘Analysing and recognising our strengths and weaknesses and understanding our needs as a practice to develop into a more successful and cohesive team was paramount. This exercise easily highlighted areas that required immediate attention.’