

DEVELOPMENT PLAN



March 2007

PREAMBLE

This Development Plan arose from a strategic planning workshop was held at the Vines Resort, Middle Swan on 24 – 25 March 2007 for senior staff and Board members of the Canning Division of General Practice.

The aim was to build agreement on clear, strategic directions and measurable outcomes for the organisation.

Participants:

- reviewed progress over the past two years;
- articulated a clear vision for the organisation;
- clarified purpose and values;
- determined the strategic position of the organisation;
- established key result areas;
- set clear goals and strategies for the next three years; and
- agreed on the next steps.

STRATEGIC ENVIRONMENT

The following trends will influence the Division over the next 5 - 8 years:

- ageing population;
- increase in chronic disease;
- environmental factors;
- energy concerns;
- workforce issues;
- financial pressures;
- technology changes;
- integration of Health Care.

OUR VISION

As an organisation, we will grow. We will increase our size through natural growth and possible amalgamations. We will grow our service provision and increase the types of services provided to GPs and through GPs, to patients.

We will increase our emphasis on Primary Health Care and maintain our focus on GPs as the leaders in the coordination and management of multi-disciplinary care.

We will broaden our interaction with stakeholders and develop strong relationships and partnerships with other organisations. Our increase in power and influence as a Division will enable us to act as effective brokers and move towards a diversified income base.

We will develop a commercial culture and build corporate structures appropriate to best serve our members.

OUR MISSION

To support the General Practitioner in the delivery of comprehensive Primary Health Care.

OUR VALUES

The following value set is to be upheld by the Division in all its dealings:

- **Integrity** by which we mean transparency, honesty, trust and accountability;
- **Excellence** by which we mean quality, Best Practice and professionalism;
- **Diligence** by which we mean commitment;
- **Respect** by which we mean caring;
- **Flexibility** by which we mean responsiveness, willingness to collaborate.

STRATEGIC POSITIONING

The top three of each area were:

<p>Strengths (build on):</p> <ol style="list-style-type: none">1. Corporate infrastructure.2. Committed staff.3. Innovation of programs.	<p>Weaknesses (address):</p> <ol style="list-style-type: none">1. Lack of partnerships.2. Support and participation of GPs.3. Poor profile and lack of promotion.
<p>Threats (minimise):</p> <ol style="list-style-type: none">1. Competition for funding.2. Staff turnover issues.3. Changes in Government and Government thinking.	<p>Opportunities (take advantage of):</p> <ol style="list-style-type: none">1. Increases in GP participation and promotion.2. Service delivery fees broaden source of funding.3. Increased partnerships and collaborations.



KEY RESULT AREAS

KRA 1

- Practice support:
 - programs,
 - quality,
 - GP education, etc.

KRA 2

- Sustainability of organisation:
 - profit management,
 - staff support,
 - succession planning,
 - promotion and marketing of the Division,
 - quality systems.

KRA 3

- Partnerships:
 - relationships with external stakeholders (government, network and commercial).



GOALS AND STRATEGIES

The following goals and strategies were developed to achieve the key result areas.

KRA 1 Practice support

Goal One: Optimise practice support by reviewing and acting on the recommendations from the needs assessment, focus groups and planning processes and report to the Board by 30 September, 2007.

Strategy One: Establish a joint staff / Board working group.

Strategy Two: Link recommendations from all sources.

Strategy Three: Prioritise recommendations.

Strategy Four: Plan implementation of recommendations including methodology, costing, resources required, etc.

Strategy Five: Obtain Board approval.

Strategy Six: Roll out plan by June 2008.

Goal Two: Provide a relevant GP and Practice education framework.

Strategy One: Establish / restructure the Education Committee, with appropriate Terms of Reference.

Strategy Two: Review, prioritise and act on recommendations from the 2005 GP Survey on education topics, needs assessment, focus group.

Strategy Three: Review current education delivery methods.

Strategy Four: Develop partnerships with other education providers.

Strategy Five: Provide recommendations to the Board by November 2007.

Goal Three: Reinforce and promote GPs as the leaders of General Practice teams.

Strategy One: Continuously market General Practice teams with GPs as the leader (tied in with marketing plan).

Strategy Two: Ascertain Expression of Interest for attendance at GP Leadership Training Course by July 2007.

Strategy Three: Provide access to leadership training courses for all GPs by December 2007.

Strategy Four: GPs have commenced participating in leadership training courses by July 2008.

Goal Four: Expand provision of Allied Health Services to General Practices by June 2009.

Strategy One: Investigate priorities of types of AHS, using Focus Group and needs assessment information by June 2007.

Strategy Two: Investigate possible delivery methods by June 2008.

Strategy Three: Develop a Business Case, including financial modelling by September 2008.

Strategy Four: Obtain Board approval.

Strategy Five: Roll out plan by February 2009.



KRA 2 Sustainable Organisation

Goal One: The company will double its size by 2009.

Strategy One: Identify and target Divisions or other organisations:

- geographic,
- strugglers,
- successes,
- prioritise.

Strategy Two: Establish frameworks for amalgamation with a win / win philosophy with target Divisions:

- strugglers,
- successes.

Strategy Three: Conduct initial Business Plans for amalgamation with target Division:

- prioritised,
- meeting with Boards.

Strategy Four: Put a business proposal to the Board for consideration;

- prioritised targets,
- reviewed constitution,
- reviewed Board structure,
- funding models.

Strategy Five: Establish a major partnership to attract significant funding to deliver Primary Health Care services.

Strategy Six: Investigate opportunities to own our own building.

- Goal Two:** The company will hold \$850,000 in retained earnings by 2009.
- Strategy One:* Maintain exciting financial systems.
 - Strategy Two:* Implement FFS IT program by December 2007.
 - Strategy Three:* Increase MBS funding opportunities through the Better Access program to 1 FTE by December 2007.
 - Strategy Four:* Establish a major partnership to attract significant funding to deliver Primary Health Care services.
- Goal Three:** Raise the profile of the company with its members, media, government, community and stakeholders.
- Strategy One:* Implement a Media Strategy with local media by May 2007.
 - Strategy Two:* Invest \$40,000 - \$50,000 to employ a marketing company to develop a CDGP Marketing Strategy by December 2007.
 - Strategy Three:* Train Board and staff in media by Aug 2007.
 - Strategy Four:* CDGP uniform for Practice visits and representation by December 2007.
 - Strategy Five:* Have a well-designed web site by December 2007.
- Goal Four:** To limit staff turnover and support the stability of the Board.
- Strategy One:* Implement a contemporary professional development and appraisal system by June 2008.
 - Strategy Two:* Implement a relationship model for practice support by June 2008.
 - Strategy Three:* Identify and target potential Board members by December 2008.
 - Strategy Four:* Continue GP focus groups to review the strategic plan in May and October each year.
 - Strategy Five:* Induct new staff and Board members into vision, mission and values.

KRA 3 Partnerships

Goal One: To have achieved working partnerships with other Health related organisations by June 2009.

Strategy One: Negotiate with pharmaceuticals and other businesses to increase continuing net support in education and resources

Strategy Two: Negotiate with non-Government health organisations to establish working partnerships and increase net support by two new programs.

Strategy Three: Maintain and improve relationships with Government funders and increase contracted funding by 25%.

Strategy Four: Approach competitive tenderers with the view to potential collaborative tenders for 90% of all public tenders submitted.

Goal Two: To develop our partnership with the community by June 2009.

Strategy One: Identify target agencies to help us achieve our goals.

Strategy Two: Market the organisation to the community:

- shopfront,
- media,
- community events.

Strategy Three: Employ (and fund) community agencies to enhance and enable our programs.

Strategy Four: Identify and network with key business groups and establish a panel to assist us to achieve our goals.

Strategy Five: Negotiate collaborative contracts with target agencies.

Strategy Six: Restructure the CAG to achieve goals and gain Board approval of the new structure:

- identify key players,
- establish panel of players,
- co-opt as required for programs,
- review the constitution.