Insight

February 2021

Leadership in a crisis

It feels as if health and care leaders have been working in a crisis environment for nearly a year. As well as the peaks of Coronavirus leaders have needed to implement a vaccination programme, try to keep the routine work going and manage a team of staff with higher sickness absence and anxiety than ever before. In addition teams have needed to adjust to new ways of working – in Covid -19 safe ways, with PPE and using virtual ways of working. The pressure on PCN managers, practice managers and managers of NHS trusts has been extreme – to highlight just a few areas. As pressure continues for prolonged periods of time the risk for managers is that they may slip into a command and control mode of leadership, rather than developing a strong, shared sense of meaning and purpose.

Remember what you are there to achieve – what does the future look like, how can you do the right thing for patients. Even if it needs to be managed in a virtual environment try to keep the engagement with staff, patients and communities to try to develop the meaning together, bringing people on board will help them accept they need to behave differently – but being clear about "what we are here for". If the team has a clear purpose and know what success looks like the focus can be kept on the bigger picture and help you lead through the most difficult periods. Engaging patients and communities will help them to be more on board with your different ways of working, we have heard that patients are becoming less patient and becoming more demanding, although involving them will feel like another item on the to do list, it will help them understand the pressures you are facing leading to, maybe, a little more patience.

Find and understand the strengths of each other, what can staff, patients and communities bring to help you through this difficult time. What can they offer to help you and your team to keep working towards

Continued...

the bigger picture. It may be that connections to other groups or organisations, new links for your social prescribing link worker to investigate, may help take off some of the overall pressure. Staff members may have identified a different way of working – that may be a solution to some of the problems.

A focus on the bigger picture and having it as an anchor for meaning will help you and your team through the periods when you have to act with urgency. If you communicate why this is needed with transparency, are transparent about why you are focusing on certain problems, continually update your team, keeping a focus on the big picture, and act with empathy, it will help your team to support you and realise the overall goals. It's also important to build trust and allow your team to make a mistake, but to learn from it. Consider ways to strengthen the empathy in your approach and reflect on how to build your emotional intelligence as a leader. People look to leaders in difficult times and really being there and listening helps keep the team on board and resilient.

Involving your patients and the community will help them to understand, and may just buy you time, or come up with new solutions. We hope the need to lead in what has become almost a continual crisis will end soon, but in the meantime use the strengths of those around you.

PCC is supporting leaders across health and social care with coaching and leadership support, contact enquiries@pcc-cic.org.uk for details.

Author
Helen Northall
Chief Executive, PCC

Additional roles in primary care – so much more than an extra pair of hands

We know that the introduction of the additional roles reimbursement scheme (ARRS) for primary care networks (PCNs) will grow capacity in general practice to address the unsustainably high workload that has put so much pressure on GPs.

Bringing in additional patient-facing clinicians, allied health care professionals and personalised care roles enables patients to see the right professional at the right time and without going through an external referral process. ARRS brings specialist skills directly into practices along with general clinical knowledge and skills that can add capacity to practice GP and nursing teams. It increases choice for patients, who can be seen quicker and for longer, and allows GPs to focus on people with complex needs.

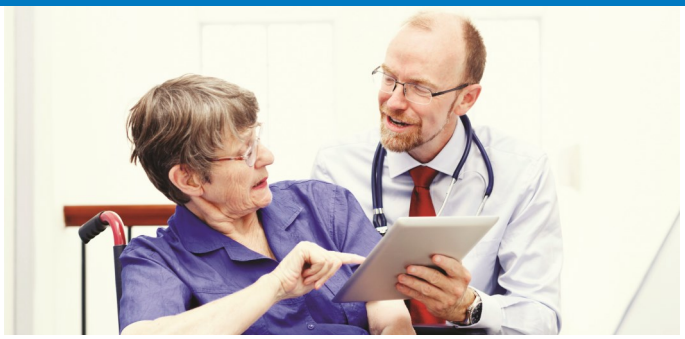
But that is not all; the advent of additional roles into general practice creates real opportunities for achieving the other PCN priorities of developing personalised care and tackling inequalities, particularly for those disproportionately affected by Covid-19. Already in the pandemic, the social prescribing link worker role has come into its own connecting people with essential community services and supporting psychological and social needs.

Things to think about

- Welcome new professionals – many will not have worked in general practice before, they need time and support to familiarise and acclimatise – who in your teams could help?
- Share your PCN vision for the MDT and how you see new professionals working together as part of individual practice teams and across the PCN
- Inform new staff about the other roles you are introducing, what they do, where they specialise, how their services might complement each other and align around patients as part of the MDT – do not assume they already know and they might not feel comfortable to ask at first

The flexible recruitment of additional roles gives PCNs a chance to do things differently in general practice by looking at the needs of their local population and creating a skill mix within the multi-disciplinary team

Continued...



(MDT) that will serve them best. It means being open to recognising gaps in existing clinical knowledge and expertise and willing to work with, and learn from, disciplines that are new to general practice. The benefits they will bring are new ideas and ways of doing things that may inspire as well as challenge team members across your practices.

Personalised care

Several of the new roles bring knowledge and experience of providing personalised care that is responsive to the needs of individual patients. Allied professionals such as first contact physiotherapists, podiatrists and dieticians help create integrated and tailored care programmes for patients through the MDT. They provide personalised specialist treatment and can facilitate behavioural change in patients through health education and self-management techniques for long-term conditions, preventing escalation of conditions and reducing hospital admissions. Along with social prescribing link workers and health and wellbeing coaches, they build care around each person using shared decision making processes. As part of the MDT, they can support colleagues to improve their skills and understanding of personalised care and behavioural approaches to improving health outcomes by modelling shared decision making in practice.

Care coordinators help people with highly complex needs to manage all their health and care services. Co-ordination can eliminate unnecessary appointments, procedures and tests and patients feel more empowered and actively engaged in their treatment. Personalised care and the use of shared decision making techniques support the move towards people taking more responsibility for their own health and becoming less dependent on general practice. Care coordinators play a key role in personalised care by co-coordinating interventions in the MDT, ensuring records and information are updated and shared effectively to provide the seamless integration of services around the person.

Tackling inequalities through community connections

Covid-19 has highlighted how economic and social disadvantage impacts directly on health and wellbeing. Tackling inequalities has become a priority for PCNs and additional roles can play an important part in connecting practices to individuals, groups and potential partners in local communities.

Social prescribers get to know local benefits and debt advice providers, food banks, employment projects and befriending services and occupational therapists link with housing providers, environmental services, transport providers, schools and employers. By providing community health monitoring, paramedics can connect with sheltered housing schemes for older people and supported housing for people with learning difficulties, or in drug and alcohol recovery, or homeless people. Dieticians can connect with schools and parents' groups to provide health education or cooking classes, and provide support to weight loss groups. Health and wellbeing coaches link with physical activity providers, cultural and interest groups. The connections between practices and people in communities can grow and be strengthened when professionals in MDTs understand the context of the local area and the wider social and economic issues that create barriers to people's health and wellbeing.

Sharing the intelligence everyone gathers from appointments with patients, home visits, personalised care and working with partners in the community can help the MDT identify unmet needs and the PCN to develop, or access, services that are accessible to everyone in the neighbourhood. That intelligence can also be shared upwards into the integrated care system to inform decisions that can tackle the underlying causes of inequality and improve health outcomes for all.

PCC has developed specific workshops to support the introduction of new staff engaged through the additional role recruitment scheme (ARRS). To talk through how our expert advisers can support you contact enquiries@pcc-cic.org.uk

Author
Karen Garry
Adviser, PCC

Using ongoing learning to drive patient safety - how one CCG's approach to seeing the bigger picture created a novel approach to geographical hosting responsibilities

What happens when things go wrong with an independent provider operating in your CCG patch where the CCG itself has no contracts with the provider?

What if the provider, offering an extremely specialist service for vulnerable people from across the country, gets rated by CQC as having serious quality concerns and the regulator shares their concerns with the local authority and the CCG? What if these concerns identify multiple inspection areas that were inadequate or required improvement leading to the closure of the provision and the transfer of patients?

In the case of NHS Coventry and Rugby CCG and NHS Warwickshire North CCGs quality team they developed a Geographical Hosting Policy that sets out actions and responsibilities for all players in the process.

The policy sets out a process to engage with colleagues both locally and nationally. The quality team take the view that "If you're on our patch you're a member of our population" and this aided them in developing an approach to co-ordinating the closure and patient transfer process in collaboration with the provider, their local authority and those CCGs with people placed in the facility.

What is a geographical host?

Simply, the CCG on the patch where the provision is based.

The policy gives the host CCG the responsibility for co-ordination and oversight when required and allows for agencies to work together to ensure patient safety and minimise risk.

The policy provides a conduit for professionals reviewing a patient accommodated by any provider on the patch to alert the geographical host CCG of any concerns they may have. Notification of these concerns would, then, set in-train the policy's decision making matrix and identify whether those concerns need escalating.

This coordination of insights and intelligence allows the geographical host CCG to understand the provision in the round and improves overall patient safety.

"If you only see one patient, you're only seeing one piece of the jigsaw, whereas if you're hearing about other patients (and this is what the policy allows) it gives an overview of what's going on. It's the coordination that keeps patients safe.

Why do we need such a policy?

To make sure that patients' safety and wellbeing are kept at the forefront of decision making.

The actions that Coventry and Rugby CCG and Warwickshire North CCGs quality team undertook were beyond the expected responsibilities as determined by national current guidance, however they were taken to reflect the CCGs responsibility to uphold the NHS Constitution.

The Geographical Hosting Policy notes:

1. The NHS aspires to the highest standards of excellence and professionalism
2. The patient will be at the heart of everything the NHS does
3. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

Further to this the CCG is supported by the *'Who Pays' guidance when it states, "Since it is not possible to cover every eventuality within this guidance, the NHS is expected to act in the best interests of the patient at all times and work together in the spirit of partnership".*

The policy sets out a step-by-step procedure that includes sharing the policy with all the organisations involved and covers such things as identifying the professionals with responsibility for care coordination, the coordination of local clinical risk summits and ensuring accurate minutes are kept of these summits and other meetings.

The policy enabled the quality team to act as a coordinator for the closure of a care facility and work with the provider who found this an extremely

Continued...

useful role.

What has NHS Coventry and Rugby CCG and NHS Warwickshire North CCGs learnt from this process?

This process should sit within a quality team and that excellent administrative support for the quality lead is vital so that minutes are taken accurately and shared in a timely manner. In recognition of the need for ongoing quality surveillance that triangulates information across a range of sources (such as Healthwatch, patient experience data, provider key performance indicators) the CCG has created a new role within the quality team for a quality lead for other contracts (independent providers)

The CCG have recognised the importance of ongoing learning and reflection and, as part of the policy, set out a requirement to consider whether a post learning event is required.

NHS Coventry and Rugby CCG and NHS Warwickshire North CCGs commissioned PCC to facilitate a formal a review process to reflect on and share learning and insights gained.

This review process brought together CCGs with commissioned placements in the facility, CQC, the provider and representatives from the quality team and others from NHS Coventry and Rugby CCG and NHS Warwickshire North CCGs.

Three two-hour online learning events explored the process of closure and captured lessons learnt and actions arising from them with participants taking the learning back into their own organisations.

What next?

NHS Coventry and Rugby CCG and NHS Warwickshire North CCGs have started sharing the policy, both locally and nationally.

In recognition of the unique nature of this work the CCG has been shortlisted for a prestigious Health Service Journal Award in the patient safety category.

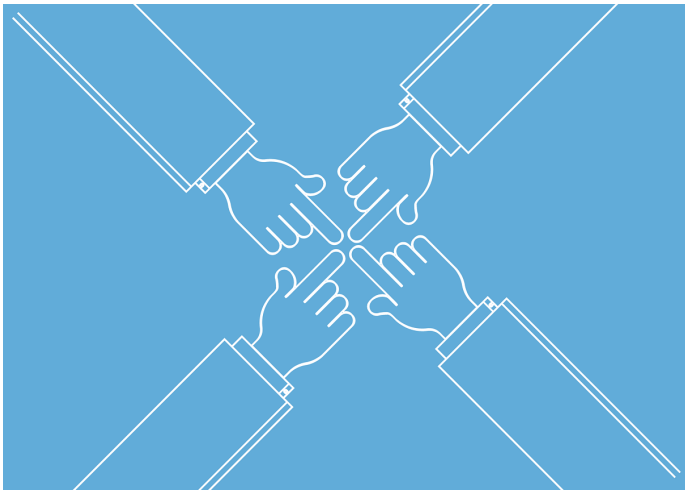
For information on how PCC can support your organisation with online learning events or managing complex issues contact enquiries@pcc-cic.org.uk

Author
Polly Goodwin
Adviser, PCC

Creating the new culture for primary care

Leaders help to create the culture of an organisation – it's the way things are done around here. During 2020, cultures changed rapidly, forced upon us by the Coronavirus pandemic. Leaders had minimal say – what needed to be done was done and now a legacy of doing things a different way will be left. Leaders now have to work through and appraise the new culture, consider what works and they would like to retain, and what should change. Things will never go back to how they were before Covid-19, patient expectations and clinicians ways of working have changed significantly.

Some of the changes that will significantly shape the future culture for primary care include use of digital technology and collaboration across general practices and beyond. These changes, although they were on the horizon, have been pushed forward in ways that we would never have thought possible at the beginning of 2020. But what will the future culture look and feel like. Getting the balance right is crucial as "the way things will be done around here" needs to inform the future strategy across primary care, in individual practices, across community services and beyond. The leaders role is to help shape this future by considering the behaviour of their organisation, how they will work



Continued...

with others, what the language will be – working in partnership, collaboration, what will be shared, what will organisations do themselves. What will be the mix of the use of digital technologies be versus face to face? This will need to feed into more significant strategies for primary care – workforce and estates to name but two areas.

What will the future workforce look like, not just skill mix in individual practices, but what will be shared, what can be managed remotely, will there be acute teams – overseen by GPs, and continuity teams with practice staff linked to the more complex patients or those with ongoing needs? How will these teams work in practice, how will they behave and how will they communicate with each other? How will patients and the local community be engaged in working with leaders to consider these new ways of working? Engagement and co-design will help get the way things are done around here right for patients, but it's important to start with the end in mind and consider the outcomes required at the very start of this process. This will keep considerations on track with both staff, local communities and other stakeholders. These plans will influence the estate needed for the future – and PCN estate strategies.

It's worth taking the time to reflect as the first step to the future – working with your teams (even if virtually) considering the good and bad points in the culture – pre pandemic and now, what are the key points from each that you would want to retain? Have a clear future vision

- Reflect on what can stay and what (still) needs to change
- Err on the side of over-communicating
- Consider the desired mood and 'feel' of the team, service or organisation and design with that in mind
- Ask and listen – seek whole team involvement and adopt a co-design approach

of primary care services that are within your remit, and consider how you will work with those you can only influence. Work with your teams, and communities to share a picture, that you can clearly describe, of the culture you wish to work in and use it as a call to action. As a leader – direct your activities towards the shared goals and vision, working with your teams, communities and those in your sphere of influence to get the way things are done around here right for the future.

This will be a challenge, but getting it right now for your organisation, working with others over time to get it right for the wider area and embedding a culture that staff want to be a part of in the future will be the cornerstone to your future success.

For details of how PCC can support you to succeed contact enquiries@pcc-cic.org.uk

Author
Helen Northall
Chief Executive, PCC

PCC continues to support the development of primary care networks

From the moment primary care networks (PCNs) were first announced with the publication of the NHS Long Term Plan and the new framework for the GP contract in January 2019, PCC has been providing support across the country to both PCNs and their commissioners. This support has been continually evolving in order to meet the changing needs of PCNs, ensuring that whatever stage of development they are in, and whatever changes the system threw up, there has always been a reliable expert close to hand.

The journey began during the early days of 2019 when PCNs were beginning to form. PCC supported both individual PCNs, and larger place based groups of PCNs to get to grips with the requirements of the Network Contract DES. In the North East we facilitated workshops with a group of three PCNs to agree how they were going to set up, firstly as individual PCNs and then as a collective group. This close working in the early days was important, as developing a framework of shared principles and working methods meant they were able to

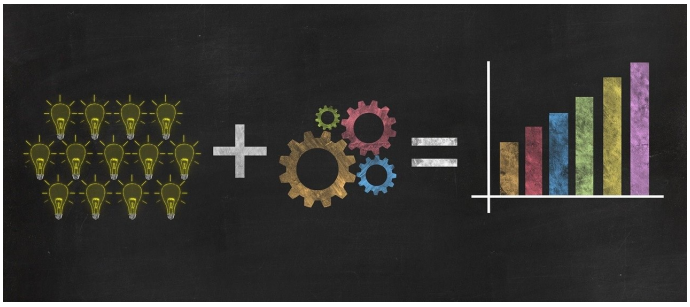
Continued...

move forward with confidence from the beginning. PCC works with specialist partners to provide PCNs with extensive expert support on a range of areas that are crucial to the organisational development of PCNs. Our partners include solicitors, who provide expert legal advice on the various organisational forms a PCN can take including an exploration of the pros and cons that need to be considered and health care accountants who advise on the complex financial arrangements that come with the network agreement including dealing with VAT and single nominated payees.

As well as establishing the function, operation and form of PCNs, PCC have worked with PCNs across the country to help them to understand what unites and drives them, and what their member practices want. Workshops that develop mission statements through exploring shared visions and values are becoming increasingly popular and typically include time for PCNs to agree and begin to plan their short and medium term priorities, giving a tangible output.

However, the functional and organisation development of PCNs is only a part of the support that has been provided over the last 18 months. PCC has designed and is now delivering clinical and non-clinical leadership development programmes. They include a Confident PCN leaders programme giving an introduction to leadership principles alongside practical skills that can be put to work immediately in their roles. There is a strong focus on the capabilities and techniques needed to foster collaboration and build the relationships on which the success of the network will depend. The programmes have developed in response to participant feedback and we ensure that the focus is on strengthening the skills to lead across the system. We deliver in a coaching style to ensure that the group has the space to share and learn from one another and we now include the opportunity to discuss the recent learning from the experience of leading during a pandemic. We've recently run national programmes as well as locally commissioned programmes for PCNs and alliances of networks.

Our team development offer is responsive and we design new training and support to best meet client needs in the changing NHS. Two areas where this has been seen most recently, are the design and development of new training to support the introduction



of staff being employed through the additional roles reimbursement scheme and improving the communication and customer service skills of support staff. We have recognised that some of the staff engaged through the additional roles reimbursement scheme (ARRS) will not have had any experience of working in a primary care setting. To further support their introduction into PCNs, we are currently running workshops on working in primary as part of the induction process

Covid-19 has had a significant impact on all of our lives. At PCC we developed a three step process which includes an impact assessment tool to help PCNs to understand the effect that COVID -19 has had on all aspects of practice work. We have provided this support in many PCNs and it has enabled them to take control and proactively plan for the future, confident in the knowledge that they have identified and learnt from the experience.

Finally, as we look to the future, the importance of working across sectors is being recognised as more and more important. PCC provides training and support at both place and system level to develop organisational relationships, collaborative working arrangements and ultimately improve the services and health outcomes of local populations. To this end, we are currently supporting a community health trust to engage with local PCN clinical directors in order to identify areas of challenge and then identify how working together can bring about mutual benefits.

If you are interested in finding out more about any of the support PCC can offer PCNs contact enquiries@pcc-cic.org.uk or visit https://www.pcc-cic.org.uk/pcn-and-ics-development-support/

Author
Mike Fry
Adviser, PCC

A day in the life of a PCC expert adviser – Wendy Crew

We thought you might find it useful to get to know the PCC team, so we will be including information in our future newsletters about our team and give you an insight into how they work. The first article introduces Wendy Crew who has been with PCC for 11 years.

Wendy is an adviser based in the south west. There are nine advisers at PCC based across England and Wales.

We all have specific lead areas and I am the dental lead for the team. During my time with PCC I have developed and delivered a number of national programmes for NHS England and NHS Improvement as well as supporting our annual contract holders by delivering local workshops. My work at PCC is varied and no two days are the same. I thought I would share what a typical day is like to show you how we work.

During a typical day, I will deliver one of the virtual training sessions that my dental team and I have developed, whether this is a national event or an annual contract holder's local workshop. Last year, due to the pandemic, we very quickly transformed our training programme to be a virtual training programme. Our programme offers a range of support for those new to dental commissioning as well as those who benefit from a reminder on the subject. We recently introduced 'deep dive' sessions where we share theory but also give delegates scenarios to work through and discuss. These sessions highlight consistency but also differences in approaches that will help commissioners deal with real life issues. As I am also on the eye-care and medical team this learning was taken into those work streams with similar programmes developed across the three areas.

I also deliver dental surgery sessions, which give our

annual contract clients an opportunity to being any issues they may have in a closed network. I always make sure I am aware of policy updates before those sessions so that I can share information as well as answering questions with clients.

On a daily basis, I work with my dental team to manage our helpdesk. We answer queries within three working days, often sooner, and offer quality assured answers. Since Christmas the dental team has been managing a helpdesk on behalf of NHS England and NHS Improvement for all dental contractors and commissioners in England. The helpdesk was set up to answer queries about the year-end reconciliation arrangements that were announced on 22 December. So far we have answered over 200 queries and counting. We have agreed with NHS England and NHS Improvement that in the next few weeks we will be providing recorded webinars and workshops for commissioners related to this subject too.

I have managed a number of consultancy contracts, the latest one was for the Office of the Chief Dental Officer where we provided a health economic analysis and standard operating procedure for the case finding of cardiovascular disease in a dental setting.

As a team that is based all around the country, lockdown means we have lost those times when we can meet up with colleagues. To ensure the team still feels connected I was asked to provide some connectivity activities for the team. This has means that we can talk to each other regularly via MS Teams and Zoom and support each other when we can't be together.

Continued...

To ensure that our training and support is relevant and up to date I subscribe to a number of newsletters and websites such as the COVID newsletter from NHS England and NHS Improvement and the new dental newsletter from the office of the chief dental officer. When I see something I think my team should know about I make sure I share the links, this could be to individuals or the whole organisation. Through my work I keep close links with my colleagues in the NHS England central dental team and NHS BSA which helps me to be informed of policy changes for our clients.

For information on how you can access support from the PCC expert adviser team contact enquiries@pcc-cic.org.uk

Annual contracts

Many CCGs and local offices across the country take advantage of the support we deliver through our annual contracts. We offer two types of annual contract, a subscription offer which contains set elements for use during the period of the contract, and a credits option which gives our clients flexibility to decide what support they want delivered.

Our subscription contracts contain a set number of national events from our extensive events programme. We are continually adding new events to our programme, which contains our flagship Confident leader and commissioning/contracting events. We offer a range of events for general practice and we encourage CCGs to allow their practices to access our support through their contract. Our personal and team development sessions are suitable for wider public sector including health and care customers and our leadership programmes are growing and receiving excellent feedback. All our events are currently being delivered virtually via Zoom or MS Teams.

We also have a full range of commissioning and personal and team development workshops available for our subscribers. Last year we added a comprehensive medical contracting workshop to our offer and it is our intention to add new workshops on a regular basis during 2021.

We review feedback from events and local workshop evaluations which helps us to improve the sessions as well as respond to requests for different types of training and support.

Our commissioning subscribers benefit from access to our quality assured helpdesk that is managed by our adviser team. We aim to respond to queries within three working days but in most case responses are provided much quicker. We do not limit the number of queries our clients can ask and we often receive excellent feedback about the usefulness of our advice. A head of primary care quality and improvement in a CCG had the following comment to make about our support “We have used the help desk more of late, especially contracting colleagues. The quality of the responses have been very useful and as such has given us greater confidence in continuing to subscribe to PCC for this type of support, so thank you.”

During lockdown 1.0 we introduced dental, eye care, medical, premises and PCN surgery sessions which are again managed by our expert adviser team. These have proved to be very popular and allow our clients to bring their queries to our experts in a safe environment, as well as listen to what’s happening elsewhere across the country and share ideas/processes.

We are thrilled to be able to offer a new e-learning opportunity for our annual contract holders; that allows individuals to access e-learning through our new provider. The new courses available are:

- Customer service
- Health and wellbeing

Continued...

- Change management
- Communication/presentation skills
- Project management.

For each area, the playlists contain up to eight courses which range from 5–10 minutes courses to some that run over 1–3 hours. This means that individuals can tailor their learning to the time you have available.

We will be including new playlists each quarter, in response to our clients' requests.

We are never complacent with our offer to clients. We recently carried out our annual survey with contract holders and we asked the question "how likely is it that you would recommend PCC to a friend or colleague?" was 67. This is the best net promoter score we have achieved to date.

Recently a CCG client gave this feedback

"Please can I thank both you and the team at PCC for the help and guidance given in helping us to utilise our contract allocation for 2019/20, especially at the latter end of the contract and in such a short timeframe, and all the while ensuring we got value for money and for the support provided by your facilitators and tutors during the planning of and the running of our recent bespoke webinars, which made the process for us less demanding and saved us a lot of time."

And, from another client

"PCC provides a range of training and support opportunities that are very relevant to CCG staff working in primary care commissioning. We value our subscription and the opportunities for staff learning and development provided by PCC."

Why not take advantage of our support, our annual contract packages can save you money compared to purchasing our services on a one off basis and we have packages to suit all health and care organisations.

To arrange a call with one of our team please email enquiries@pcc-cic.org.uk

The table shows how much our clients' rate our services, with 5 being most valued:

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
Events/workshops	5.80% 4	4.35% 3	4.35% 3	31.88% 22	53.62% 37	69	4.23
E-learning	4.92% 3	13.11% 8	14.75% 9	37.70% 23	29.51% 18	61	3.74
Helpdesk (annual contract holders only)	6.78% 4	3.39% 2	8.47% 5	18.64% 11	62.71% 37	59	4.27
Support from advisers	4.48% 3	4.48% 3	5.97% 4	20.90% 14	64.18% 43	67	4.36
Newsletters	6.25% 4	14.06% 9	31.25% 20	31.25% 20	17.19% 11	64	3.39
Website	11.11% 7	12.70% 8	26.98% 17	31.75% 20	17.46% 11	63	3.32
Surgery sessions (annual contract holders only)	20.00% 9	8.89% 4	13.33% 6	22.22% 10	35.56% 16	45	3.44

We also asked 'What does PCC do well?' and these were some of the responses.

The helpdesk is excellent and supports the team. The flexibility to deliver training and development tailored to teams is really beneficial.
Having one person to do the sessions really helps build relationships and trust
Events management
Well chosen presenters and information provided to attendees of training
Training, explaining regs, dealing with specific issues. answering contractual queries.
Great to talk things through with and get some direction, advice or support
Communicates events really well and the structure of the events is user friendly and collaborative
tailoring the learning
Provide swift, accurate advice
review contracts/ provides expert knowledge/ subject matter experts
Helps me keep up to date and current in a changing environment and through Workshops, Learning, and support .

Author
Barbara Dingley
Director of operations, PCC

Becoming a GP practice partner

What GP practice partners need to know

All partners in general medical practices need to understand the legalities of partnership including partnership law and HR management; financial management issues including tax implications, options for premises ownership as well as having an overview of operational management, IT and the ability to lead change in their practice.

NHS England and NHS Improvement are supporting new partners through the New to Partnership Payment Scheme, but all partners whether GPs, other registered health care professionals or managers need to have sound understanding of the implications of being a partner.

Our programme allows you to choose the modules you need from the following:

Legalities of partnerships and networks

There are many legal considerations that partners need to be aware of including:

- Partnership law and common issues in Partnership Agreements
- Estates issues for partners
- HR issues for partners
- Data protection issues for partners
- Understanding primary care contracts
- Working collaboratively across practices and primary care networks (the legal perspective)

We also provide sessions on:

- IT
- HR and developing the workforce
- Operational management
- Change management and personal resilience
- Strategy and Leadership

Financial management

Robust financial management and having a comprehensive understanding of the income sources and the practice costs are key skills to being able to run a profitable general practice. Our training covers the following topics:

- Becoming a partner – what self-employment means for you
- Tax implications and how to manage your personal finances under a non-PAYE model
- Calculating drawings and dealing with bi-annual tax bills
- Understanding capital requirements for new partners and funding options
- Property – to own or not to own?
- Pension implications of becoming a GP partner
- General overview of partnership accounts & GMS/ PMS funding streams
- How your practice interacts financially with its PCN
- Taking ownership of the practice as a business & the use of a specialist accountant

To discuss your training needs please contact enquiries@pcc-cic.org.uk

Understanding the legal implications of being a practice partner

Tuesday 23 February (14.00-16.30) and Wednesday 3 March 2021 (10.00-12.30) - online training session.

https://www.pccevents.co.uk/2483

Expanding our popular e-learning

E-learning has always been a popular choice for our annual contract holders but when the pandemic hit, we saw a significant increase in the uptake of our e-learning courses. During the first lockdown, our events team and advisers were busy turning all of our face to face events into virtual training events and workshops, and our e-learning courses provided a ready alternative for clients to develop their own personal skills at times that suited them.

With the increase of clients working from home and having to learn how to use new virtual platforms, including MS Teams and Zoom, and adjust to the new ways of working, e-learning took off as another way of learning and keeping up to date.

Our courses have always complemented our personal and team development events. We decided as our events were changing, this was a good opportunity to review our e-learning programme. We ran our customer survey before Christmas and used this to ask for feedback from our clients about our e-learning courses.

Feedback from the survey revealed it was time for a refresh of our courses. Customers wanted to see a wider range of topics to choose from and also a choice on the duration of the course.

With this in mind, we have worked with a new e-learning partner to source new courses and topics. The new library of courses includes some bite size courses of five to ten minutes which are a good resource and also a good introduction to some areas. The topics also fit with the importance of looking after yourself, your health and wellbeing,

We are pleased to be launching our new courses for our annual contract holders.

Annual contracts taken out from 1 January 2021 will include our new e-learning courses for the period of the contract term. We have an extensive library of courses and we will be making new topics available during the year.

The new courses currently available are:

- Customer service
- Health and wellbeing
- Change management
- Communication/presentation skills
- Project management.

For information about our new annual contract offer, please contact enquiries@pcc-cic.org.uk

What now for commissioning?

By Professor David Colin-Thomé, OBE, chair of PCC and formerly a GP for 36 years, the National Clinical Director of Primary, Dept of Health England 2001- 10 and visiting Professor Manchester and Durham Universities.

NHS policies since 2014 have increasingly been provider orientated leaving commissioners in at the least, a state of flux. Commissioners in general have had little impact on primary care largely as contracts for the independent contractors are negotiated nationally, but local opportunities have arisen in the past. During the NHS Reforms of 1991 many commissioners supported the development of practice based budgets; Personal Medical Services (PMS) a national policy introduced in 2004 and updated 2015, initially offered an opportunity to locally rectify or at least ameliorate the historic lower funding of GP practices serving social deprived populations. In the Primary Care Home programme commissioners who supported the programme demonstrated their most significant support to primary care.

Maybe the clue could be in the name, not buying quantity and forcing quality but commissioning high value care for patients with value defined as the health outcomes achieved for money spent. Commissioning should entail enabling providers who possess almost exclusively the clinical knowledge, to set their own quality and performance indicators against which they will hold them to account. It would be naïve to think all providers will without hesitation set high and stretching indicators, in which case commissioners will need to rigorously apply the available local and national quality indicators implemented piecemeal around the country. Enabling and then holding to account is paramount and patient involvement and feedback mandatory.

What of the commissioning of primary care? General medical practice and PCNs are provider organisations which by dint of their population responsibilities can undertake some of the current roles of commissioners and ideally beyond. To go beyond healthcare and to be 'of the people' all NHS providers must be working to embrace population health. Hospitals argue, wrongly, that they have little impact on some of the broader healthcare determinants, such as obesity, exercise or smoking, and that it is somebody else's job. It is certainly a challenge, but hospital clinicians are highly influential, especially from a patient perspective. Arguably the main failure of NHS commissioning in its present mode of working is its inability to improve the value of hospital services and ensure whole healthcare system working.

Partnerships between commissioners and all providers can manifestly optimise where and by whom care is delivered and where achieved, the new way of working embedded and spread. Uncommon practice in the NHS where piecemeal is often the order of the day, but hopefully much more achievable with the development of larger and more strategic commissioners. All providers should take a population responsibility and a growing number are. What an opportunity for providers and commissioners working in an openly accountable partnership. Structure and formal working being insufficient in itself to elicit change, a leadership imperative is the identifying and sustaining of allies and alliances from all parts of the health and care system of those who wish to work in new ways.

NHS Policy is promulgating organisations to work in systems thereby adding value to their solo working. There is a novel challenge for commissioners as the NHS comes to terms with a policy shift from its classic nationalisation and hospital centric past. Not only how can PCNs be commissioned but how to commission for the individual patient who currently has little influence and choice? Complex issues can only optimally be addressed locally. For the individual patient

Continued...

the NHS has much to learn from local government that focuses much more on the individual citizen.

As ever adaptive leadership. PCNs must be regarded as a network of organisations and people that must be maintained and nurtured to guarantee localness. At the other end of the size scale multi providers and commissioners to work cohesively together in partnership to serve their larger community. As the concept of a complex adaptive systems is fully grasped a new governance is essential, a collaborative governance underpinned by relationship governance. Not the compliance based top down traditional NHS governance, but one defining relationships, behaviours and responsibilities. The principles and behaviours that underpin any successful alliance, such as 'no disputes' [which is not to say, no disagreement]; a 'best for citizens' rule; the need to work in good faith and the critical importance of trust; and the necessity for transparency and for any alliance to be transparent to its population. Contracts are necessary but should underpin relationships, not define them.

Author

Professor David Colin-Thomé, OBE
Chair, PCC

Upcoming PCC Events

Future proof healthcare – better outcomes for patients - Tuesday 23 February and Tuesday 2 March 2021 (14.00-15.30) - online training session

Future-proofing health care means ensuring better outcomes for patients both now and in the future, despite increasing resource constraints.

https://www.pccevents.co.uk/2457

www.pccevents.co.uk/calendar

The Confident PCN Leader - Wednesday 10 March 2021 to Wednesday 6 October 2021 (13.00-16.00) - online training programme.

This online training programme for PCN leaders provides a supportive learning environment in which to focus on crucial strategic issues such as developing and maintaining practice engagement and the detail of, for instance, population health and collaborative working. Sessions include content on understanding people, emotional intelligence and influencing to equip the leaders with the skills needed.

https://www.pccevents.co.uk/2417

PCC welcomes your news for future editions of PCC Insight—if you have something to share or would like to contribute an article please let us know enquiries@pcc-cic.org.uk