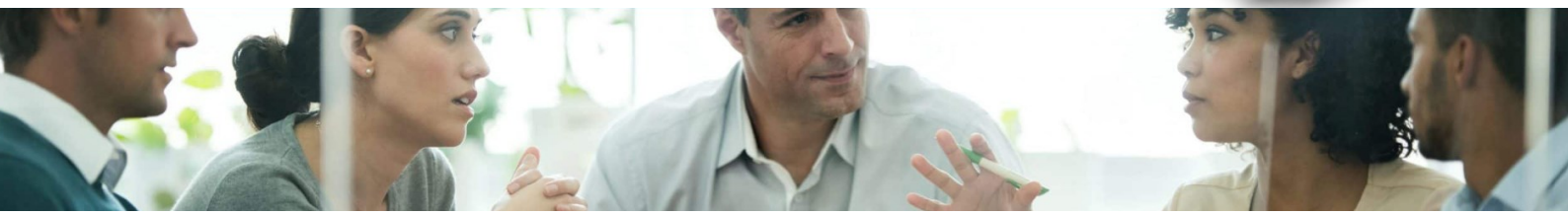
Insight

December 2023



A year of PCC

As the end of 2023 approaches, I have reflected on how PCC has supported the health care system over the last year. The figures look impressive – we have run approximately 300 workshops and events for more than 5500 delegates and delivered over 100 contracts for our clients.

We have provided free weekly newsletters for over 100,000 people to keep them up to date with health and care sector news each week.

For the first time we have offered support grants to our clients and through these we have delivered:

- E-learning for a health hub
- Personal resilience sessions for practice teams
- Supported a commissioner to look at primary medical care contractual opportunities to reduce health inequalities

In 2024 we will be offering another round of grants for our clients to access for projects in their area.

The range of work we have supported includes:

- Helping a commissioner process locum claims

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- Writing clinical and estate strategies for numerous PCNs
- Helping commissioners manage primary care premises issues
- Dealing with over 700 technical queries on primary care contract matters
- Developing a framework for PCNs for business continuity planning and stress testing the results
- Assessing what local strategies an integrated care board (ICB) can use to support recruitment and retention of GPs
- Running conferences for organisations such as the Dispensing Doctors Association
- Developing Welsh cluster leads through our leadership programme and action learning sets

We have supported the majority of ICBs with our affordable annual contract package, which allows commissioners unlimited access to our primary care contracting helpdesk, ask the expert sessions and provides providers and commissioners best value to access our e-learning, events, workshops, leadership development sessions and personalised support.

We are delighted with the feedback from our clients which included:

“Our detailed brief was fully addressed and feedback from those involved was very positive with the comments that it was a well led session by an experienced and well briefed facilitator. Words used to describe the support – engaged/ knowledgeable/ supportive/ challenging.”

“PCC are always on hand to provide support and guidance, whether it is via the helpdesk or for us most recently, with a number of larger projects. Staff are always helpful and informed, providing us with the most up to date information available.”

“The friendly engaging approach made PCC really easy to work with.”

Over the next year we look forward to supporting the health and care sector again ensuring that we deliver value for all our clients and providing the help and support they need to continue to deliver the best possible services to patients and improve the health and wellbeing of the population.

Author
Helen Northall
Chief Executive, PCC

Should general practice give up the independent contractor status and partnership model

Institute for Public Policy Research (IPPR) Report

All new GPs should be offered salaried employment as 'primary care consultants,' suggests a new think tank report.

GP practices should also operate as 'spokes' to a central 'neighbourhood health hub,' according to the Institute for Public Policy Research (IPPR). Its new report proposes a 10-point plan reforming health and care services to shift towards prevention and productivity. Currently, services are 'failing' to make the country healthier and more prosperous, and on the current trajectory, the UK will increasingly 'spend more to get less,' according to the think tank.

The authors argued that reforming primary and community care should be at the centre of any shift towards a preventative service, away from a 'treatment' service. While primary care was once considered the 'jewel in the crown' of the NHS, the report said it has now 'become a focal point for public dissatisfaction.'

The action plan recognised the need to balance continuity of GP care, which is associated with lower mortality rates, with the ability to scale up primary care so that various community services can be integrated. It said: 'We propose an evolution in the PCN model. We recommend the "network" model is developed into a "hub and spoke" model, with a central Neighbourhood Health Hub created at the centre of every PCN.'

The proposed hubs would join up services such as mental healthcare and outpatient diagnostics, as well as take responsibility from GP practices for population health management and enhanced service provision, while practices, as spokes, can continue to focus on delivering continuity to patients. The report said that GP partners' time would remain 'constrained' by the administration and stress of running a partnership. As such, another action in the 10-point plan urged the Government to ensure all newly qualified GPs have a right to salaried employment, with pay in line with hospital consultants.

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According to the authors, this should also be offered to GP partners over time, with ICSs offering to purchase any GP practice where partners take it up. However, they emphasised that 'no partner should be forced to accept these salaried roles. This would make a general practice career more 'attractive' and 'sustainable' by cutting bureaucracy and enabling portfolio roles with more variety.

The report said: 'The alternative is to allow the partnership model to decline at pace. This would risk heaping a significant administrative burden on an increasingly small number of overworked, partner GPs. 'Worse, it could lead to partner GPs struggling to get out of their contracts and practices at retirement. This is not a viable vision for an area of healthcare as integral to the future as primary care.' The think tank has put forward these plans before the pandemic, and in June, Lord Ara Darzi, chair of the IPPR's Commission on Health and Prosperity, argued that GP services should be brought 'into the fold'.

More widely, the report lays out the case for reforming healthcare, drawing on modelling showing that 240,000 fewer people would have died in the decade from 2010 if the UK had an avoidable mortality rate like those in comparable European countries. The IPPR claimed that its reform proposals 'could save taxpayers up to £205bn over the next decade by freeing up growing sums each year'.

Other recommendations in the report include striking a new deal with health and care workers which focuses on 'better take-home pay' and 'stronger worker rights,' as well as upgrades to digital and physical infrastructure. The last BMA's Annual Representative Meeting (ARM) voted in favour of GP practices withdrawing from PCNs next year.

BMA View and the Labour Party

In June, GP leaders at the BMA wrote to the Labour Party in a bid to change its position on the future of the partnership model. There had been some confusion over Labour's position on the GP partnership model earlier this year – with shadow health secretary Wes Streeting offering conflicting opinions. Labour party leader Sir Keir Starmer made the position clear in May when he said the GP partnership model is 'coming to an end of its life' and that the NHS needs 'more salaried GPs'.

Cheshire LMC Comments

In a recent survey in part of Cheshire 95 GPs responded to the question 'How important

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do you think the partnership model is for the future of general practice?'. 64 said important, 24 had a neutral view, and only 7 said it was not important.

A question I am often asked is why I am so supportive of the independent contractor model of general practice. Wouldn't life be easier and simpler for GP partners if they were free to operate as clinicians, without the distraction of trying to run a small business? For many the grass may look greener on the other side of the fence.

A place where GPs could work reasonable hours, take annual and sick leave like any other employee, and be free from all the stresses of income, cash, staff, and premises. Life looks so much simpler. Life on the other side will always contain its own set of different problems.

If you surrender your independent contractor status to become a salaried employee with an NHS organisation or service that will mean a surrender of power and the right to self-determination. You can no longer organise your work to best meet competing demands. You will no longer negotiate with equal partners but must accept the directions of management which may at times go against your own views. You no longer control what activities you can accept and reject. You must undertake the mandatory training as instructed by your senior manager. If you identify options for clinical or admin changes you will not be able to introduce these unless you gain authority from others to do so.

It is easy to think that you would just turn up for work, see the patients you were asked to and then leave at the end of your shift or contracted hours. Certainly, you will be at the receiving end of decisions made at an organisational level many levels away from your role.

The independent contractor model offers freedom for GPs and their staff to choose how they operate, to flexibly adapt to meet the needs of the patients they help, and to respond quickly to any new situation that arises and requires action. This has been a key strength of general practice, one that is not always well understood, but one that would be lost if the independent model were replaced. It not only enables practices to adapt and thrive in even the most testing circumstances, but also provides partners that need for self-determination that a salaried model would take away forever.

Author
William Greenwood, governing body member of PCC and Chief Executive Officer for Cheshire Local Medical Committee.

The art of effective negotiation

Negotiation is an important skill for everyone, at work and at home. Whether you are agreeing a contract in your professional life, or buying a car for yourself, good negotiation skills will ensure you get the best outcome.

The ability to negotiate effectively is a true asset to anyone who is looking to achieve a mutually beneficial outcome.

Negotiation is a skill that allows us to navigate differences, find common ground and reach amicable agreements.

My top tips for an effective negotiation:

Tip one: Be clear about what you want to achieve.

List your desired outcomes. What is the most important for you? Consider what you might want to ask for and where you are prepared to make sacrifices in order to get your desired result.

Tip two: Know what you do not want – know when to walk away.

These are the famous “red lines.” An outcome that you do not want. At some point both parties need to understand each other’s red lines. Your strategy is to go in with everything you want but have a realistic plan on what you would consider.

Tip three: Research the other party’s needs, requirements, and red lines.

The more knowledge you have, the stronger your hand, the more you have to offer the more reasonable you appear. Research what’s important to them so you can understand

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their priorities and perspectives and then take time to prepare for the negotiation.

Tip four: Work towards a "win-win" outcome.

Winning is not about defeating the opposition, often described as a "zero-based outcome." Remember you may have to deal with the other party in the future. Creating an outcome where both parties feel they have achieved something, and both feel that they achieved more together is a great result.

The art of effective negotiation is one of the workshops PCC offers. See our event calendar for more details.

Author
Barrie Sample
Personal and team development trainer, PCC

How do you deal with conflict in practice?

Here is the final instalment of my three-part conflict blog. I have covered the causes of conflicts in primary care, how these can be prevented, and now we are on to the meaty part; what happens when conflict isn't avoided and we have people 'winning' 'suing' and 'proving' themselves right?

First, we must remind ourselves that these conflicts do happen, and they are sometimes unavoidable or inevitable, instead of dwelling in the 'could things have gone differently?' stage, it's time to take action.

If this is a conflict at your workplace that doesn't directly involve you, you could intervene if you feel comfortable to do so. At the heart of all conflicts are people that don't feel heard nor understood; listening is the best thing anyone can bring to the table.

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There's lots and lots of listening to do. Having the chance to be heard, talk about how something made us feel and how it affected us, can do wonders for simply 'moving on'. Sometimes, once someone has been truly heard, even by third party, their positions soften, they start talking about moving on and drawing a line in the sand.

In mediation theory there is something called the 'PIN model' – standing for positions, interests, and needs. Imagine a person in a conflict is an iceberg. The tip of the iceberg - the bit that we see – is their position: 'I'm right, they're wrong', 'I'm going to resign and take this is to a tribunal', 'They owe me £100,000'. What is driving their position however is how they are feeling, which is related to their interests and needs. That person will want to feel respected, safe, fed, warm and will probably have dependents to think of, a mortgage to pay, and a reputation to protect.

Understanding these interests and needs are the key to resolving a conflict, as they unlock the real 'whys' and open opportunities for resolving the issues; I am yet to mediate in a conflict where there isn't some common ground between the parties once all of their icebergs have been explored.

If you do decide to step in to help, do look after yourselves. There are two things to watch out for in particular:

1. Don't 'fix' it. People in conflict are desperately looking for someone to resolve it for them, or to come in and 'make a decision' for example. Avoid this; conflicts rarely go away when someone else tries to resolve them (even a judge); the people in the conflict need to own it and work on it themselves, albeit with the help of others.

2. Don't become part of it. It is very easy to get dragged into a conflict; don't give opinions, make notes (for your own benefit), and if anything does get agreed between all parties, get it written down with everyone's signoff there and then. It is an absolute classic situation to then find the parties arguing about what was agreed, and if you were involved in that process, they'll be arguing with you now too.

What if someone has got a lawyer and is talking about court and sending legal letters? Understandably, this might be the kind of conflict that you'd rather stay well away from. Sometimes however, getting lawyers involved can be useful. It's useful for a person to know what they might 'win' if something goes to court, how long that might take, how much it would cost, and what the chances of a win could be. Having this information then gives someone an idea of what their best alternative to negotiating a solution themselves will be – what mediators refer to as the BATNA (best alternative to a negotiated

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agreement). It often brings people down to earth and back to the table.

Other experts can also be helpful: specialist medical accountants; the local medical committee; indemnity providers; make sure colleagues have reached out to these as they are very experienced in disputes and will provide pragmatic advice but remain boundaried.

Of course, there is also mediation, which is where I often get involved. There are some key principles to mediation which set it apart from other forms of dispute resolution such as litigation or arbitration.

Most important of all, mediation is a voluntary process where people can come together to find their own mutually agreeable solution to a conflict or disagreement under the guidance of an impartial mediator. The mediator will not give an opinion on the arguments, takes sides, or make a judgment (unlike a judge or an arbitrator who would make an award).

Confidentiality is a cornerstone of the process, and there are layers to this. Firstly, the parties will have individual conversations with the mediator that are kept completely confidential. Secondly, what is said at the mediation in any joint meetings between everyone is also confidential. The whole process is then also 'without prejudice' which means that nothing that has been said can be used against a party in ongoing or future legal proceedings. Essentially therefore, regardless of whether an agreement is reached at the end of the mediation or not, the whole slate of what has been said until that point is wiped clean; the mediation didn't happen. It does not matter that someone said ‘sorry’, ‘I'll pay for that’ or that what they did was ‘wrong’, the other person would not be able to use that against someone in any legal action.

There is also absolutely no obligation to reach an agreement at the mediation. Obviously, it is hoped that this does happen - and it's unusual for it to not happen - but it is acceptable to just walk away from the process. The parties and the mediator all sign an agreement beforehand to bind themselves legally to the above principles.

Essentially what all of that framework gives is a safe space where the parties might as well participate in good faith to see if they can get a resolution, since they can't make things any worse for themselves legally, they don't have to reach an agreement, they can get up and leave at any point, and it never happened as it's all confidential.

Once an agreement is reached, this is drafted into a settlement agreement which is legally binding once signed and it generally completely ends the matter that was in

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dispute. That whole thing can happen on the same day. Each agreement is completely unique, as it's been crafted by the parties themselves.

A judge in court can only order certain things, some sort of transaction or adherence to an agreement, but in mediation all sorts of 'extras' or payments in kind can be introduced. We can agree wording of references, or of messaging to staff and patients, notice periods and sabbaticals can be used creatively, even financial transactions can be made in creative ways, within the remit of the law of course.

It would be fair to say that mediation is a pragmatic, all encompassing, and a relatively fast and cheap way to resolve a dispute that has gone quite wrong.

I hope you now have a better understanding of the use of mediation in primary care conflicts, but I also hope that I've left you with enough tips to give conflicts a good go, and enough warnings to encourage you to not sweep them under the carpet.

Clare is a freelance GP, West Sussex Local Medical Committee member, mediator and co-chief executive officer for The Well-Led Practice.

Author
Clare Sieber
Associate, PCC

Building winter resilience through group clinics

In the NHS, we start talking about the subject as the flu vaccination season approaches. Yet, we know it is coming every year, and proactively supporting at risk people to prepare for the winter months is something we can plan well in advance.

Three teams we have worked with to introduce group clinics have taken three different approaches to building resilience that align perfectly with their different population's health needs.

Dr Rupa Joshi, a committed pioneer of the group clinic model identified a group of school aged children who had been hospitalised for asthma exacerbations during the winter months. In preparation for the following winter, and over the school holidays, she ran a number of group clinics for the children and their families. These ensured they understood their inhalers, identified their triggers and had thought about how to manage asthma at home and at school. By involving them and their parents as equal partners, the

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children returned to school, feeling confident about managing their asthma and less isolated having met others in the same situation. The following winter none of them needed hospital treatment.

In 2022, In North Central London, Haringey GP Federation and Dr Rosi Marsh recognised that a big element of demand in general practice over the winter months was parents with young children, concerned about common ailments. Compounded by parents' concerns about the Streptococcus A outbreak, the team accelerated their plans to set up and run webinars, based on the group clinic model, to support parents to self-triage and manage common childhood ailments. The one-hour webinars ran weekly; once during the day and once in the early evening, and quickly became popular as word of mouth spread. This helped stem demand for urgent appointments across the catchment area.

Finally, Laura Ireland, the specialist practitioner qualified general practice nurse at Moatfield Surgery, East Grinstead in Sussex wanted to use her team's group clinic expertise to full effect before the winter. Launching her chronic obstructive pulmonary disease (COPD) group clinic initiative, she organised a number of group clinics over three days where she and the team undertook annual reviews, topped up any missing vaccinations and ensured everyone had an action plan in case they experience an exacerbation. The "Winter MOT" means she has delivered quality and outcomes framework requirements for half her COPD list in three days and ensured they are winter ready.

View a webinar recording to hear more about these examples.

Want to access training?

For more information about getting started and group clinic training and support in your integrated care board, contact:

Georgina Craig, Experience Led Care Team

Email: georgina@elcworks.co.uk Website: www.elcworks.co.uk

Our carbon journey

PCC is delighted to provide support to various public sector bodies, in particular the NHS. To facilitate this, PCC is required to meet procurement requirements, including those contained in Procurement Policy Note (PPN)06/21. The Policy Note was published to support the UK government's target to reduce greenhouse gas emissions by 2050. The Policy Note set out that suppliers bidding for in-scope government contracts would be required to develop and publish a Net Zero Carbon Reduction Plan. Currently this applies to frameworks or contracts with a value in excess of £5 million. From April 2024 the value of the contract will drop to zero.

To prepare for this PCC put together a small working group who looked at what the organisation already had in place in the way of environmental and sustainability objectives; what data we will need to collate and where it would come from, what targets we would need to meet and the actions we would need to take to meet those targets. Once these areas were identified the working group set up mechanisms to collect and record the data and develop a consistent approach to calculating our CO2 emissions. On the whole we were able to collate the data from existing sources, although sometimes team members and our external associates were (and are) quizzed on where they had been and by what method.

To support us through this process we engaged the services of Green Small Business (GSB). They helped us to understand the various aspects we needed to consider to measure our emissions and how to manage our environmental impacts better. Their approach, which follows similar principles to ISO14001, was suited to a business of our size. They initially provided us with a 'Making it Easy' pack which started us on our journey. This gave us the ability to consider and develop tools to manage a lot of the process ourselves but GSB were also there to provide guidance. With their support we developed an action plan which allows us to set target dates across all areas of the business and access guidance to support our carbon reduction – this includes ideas for our office space, travel, our own suppliers (including pension providers, banks and insurance companies) and general environmental tips. Not all areas can be measured but each action will lead to a reduction in emissions. Following a review of our processes and plans for the future we were delighted to achieve a Green Small Business

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certification in May 2023.

Our action plan is reviewed monthly to assess our progress and identify our next steps so we can demonstrate our ongoing improvement in the management of our environmental impacts.

PCC commenced measurement of its CO2 emissions in August last year and has now published its first carbon reduction plan which can be found on our website.

We have set an ambitious target to reach net zero by 2030. Please be assured that when you are thinking of working with PCC, we are actively working to reduce our carbon foot-print and responsibly addressing environmental and sustainability factors across all our work areas. We will also do our best to support you to meet your targets. PCC continues to provide support via virtual platforms which help us all to reduce our emissions, but rest assured we are also happy to provide in-person support, working with our clients to factor in carbon reduction options.

Author
Wendie Groves
Head of business support, PCC

NHS Networks ..the results so far

In April, we launched the new NHS Networks website. NHS Networks has provided a free virtual networking platform and valued news portal for health and social care for over a decade.

Last year we ran a survey for our users, asking what they liked about the site, what they thought of the functionality and what we could change or do better. The results demonstrated that the platform was still a valuable resource but it needed to be updated to improve the user experience. The feedback from the survey was included in our web development plan to shape and build the new website for you. The changes

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included making the site easier to use and navigate, adding some new features and making the site more in line with social networking sites.

The new site has been live for six months now so here are a few highlights from the last few months:

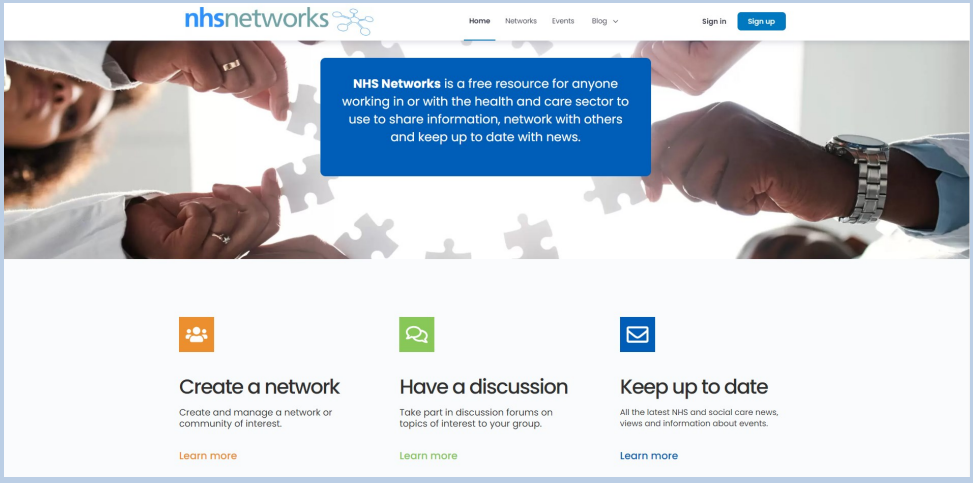
- Around half of networks have transferred their content from the old legacy site to the new one
- Increase in newsletter subscribers
- Decrease in web support queries and help requested as the new site is easier to use and to navigate
- Redesigned daily news alerts
- Users are populating our event calendar with their NHS and social care events
- Receiving more submissions of articles/blogs for inclusion in our weekly newsletter which is helping to spread good practice news stories

Positive feedback received:

- New website looks fresh and modern, it's easier to use
- Easy to upload documents and content – user interface is simpler to use
- The new features added are a good addition – direct messaging and emoji's

We are pleased with the results and feedback about the site so far. In the new year, we will look at the old legacy site and will review how many networks are left to transfer. We will keep you updated via our newsletter.

Thank you for continuing to use our platform, NHS Networks, home of virtual networking and news for health and social care. Visit NHS Networks at www.networks.nhs.uk



PCC's to do list for 2024

PCC works with most integrated care boards (ICBs) and many primary care networks (PCNs). We provide personalised expert support. The areas in which we are already developing support for our clients for the year ahead includes:

ICBs

1. Support the sustainability of primary medical care. It's not just access to general medical care services that is important, but making sure GP practices are there for the future.

- Facilitate ICB understanding of practice contractual and discretionary options to reconfigure contractor composition in a working at scale environment.
- Support ICBs to develop contingency plans to help practices with their resilience. This could include practical support to a practice that has sudden staff absences, or facilitating collaborative work with other practices, PCNs, trusts, or local at scale providers, such as federations.
- Plan for population growth and/or increased pressure on primary medical care due to an increasing older population – perhaps by considering commissioning new practices, or services – and how these can be supported within neighbourhoods working with existing providers.
- Help ICBs develop investment plans for primary care premises to ensure adequate services can be provided.

2. Improve access to NHS dentistry.

- Supporting ICBs to meet with their current providers and know where they can deploy flexible commissioning to increase capacity.
- Help make sure all appropriate opportunities in dental commissioning are being used to the maximum and the budget for NHS dental care being fully utilised.
- Help ICBs work with providers to support skill mix to maximise capacity.

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3. Pharmaceutical services

- Pressures on community pharmacies are significant and many are temporarily suspending service provision, closing, applying to reduce their hours, or seeking to move their weekend opening hours to weekdays. The cumulative effect of this a loss of opening hours at times that out of hours services may require pharmacies to be open may be considerable. Help ICBs and the health and wellbeing board they are a member of to understand where gaps in provision may be appearing and the options available to fill them.
- With community pharmacy becoming an integral part of frontline services with the national rollout of clinical services such as contraception services and the Pharmacy First service, are they working closely with PCNs – helping ICBs to facilitate this.
- It's not just community pharmacies – dispensing doctors play an important role in rural communities. Are these services sustainable – we can help ICBs to understand their local picture and the implications of mergers, relocations, contract terminations and contract novation on the provision of the dispensing service.

4. Primary eye care services

- ICBs need to make sure that NHS sight tests are accessible to their population. Are the contracts in place with optometrists up to date and with the right parties. We can help ICBs review their contracts.
- Can all the population access NHS sight tests – is there adequate provision for domiciliary visits, and provision for those in special schools, we can help you identify gaps.

PCNs

PCNs need to think about the future, ensuring their voice is heard at the ICB table and they are in the best position for the future. PCC is anticipating supporting PCNs to consider the following in 2024.

1. Making sure the PCN is supporting its member practices, and the member practices are supporting the PCN.

- Are the practices working together towards a single vision? Can the PCN help

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if a practice is struggling? Do the practices see the value in the PCN and vice versa?

- Is the PCN using the resources that are available to it to the maximum?
- PCC will support PCNs to review and refine their Network Agreements and financial arrangements which are vital when considering these issues.

2. How is the PCN making links beyond the member practices.

- Integrated neighbourhood teams are on their way – PCNs should start to get involved early to influence this development.
- Community pharmacy is an important partner to deliver care to populations – having strong relationships with this resource will help to ensure capacity is used to best advantage.
- PCC has a strong history of facilitating different organisations to come together and forge strong relationships.

3. Ensuring clinical strategies are underpinned by estate plans.

- All PCNs should have estate strategies and be implementing them. Working with the ICB and other local parties to make sure the plans come to fruition and are re-sourced will be crucial.

PCC looks forward to helping ICBs and PCNs to navigate the way forward over the next year. We will be sharing articles in the above areas in more depth in future editions of PCC Insight.

If you would like to share your work in these areas or would like to discuss any area with our team contact enquires@pcc-cic.org.uk for more details on PCC's affordable support see www.pcc-cic.org.uk

Upcoming PCC Events

Primary medical services: enacting contract variations

Tuesday 23 January and Thursday 25 January 2024 (14.00-16.30)

Online training session

https://www.pccevents.co.uk/3093

Preventing burnout

Wednesday 31 January 2024, 09.30-12.30

Online training session

https://www.pccevents.co.uk/3084

The art of effective negotiation

Tuesday 27 February 2024, 09.30-12.30

Online training session

https://www.pccevents.co.uk/3088

Primary care dental contracts - contract notices

Tuesday 5 and Thursday 7 March 2024 (09.30-12.00)

Online training session

https://www.pccevents.co.uk/2993

Full events calendar https://www.pccevents.co.uk/calendar

PCC's primary care contracting helpdesk

Integrated care boards are regularly using PCC's helpdesk which is available to commissioners who hold one of our annual contracts.

This edition's frequently asked question is:

I'm looking for advice on whether a GMS contract needs to list each enhanced service the GP practice agrees to provide.

To see the full question and response visit our website.

PCC wishes you all a Merry Christmas and a Happy New Year!

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