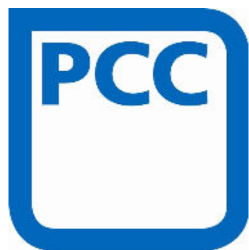
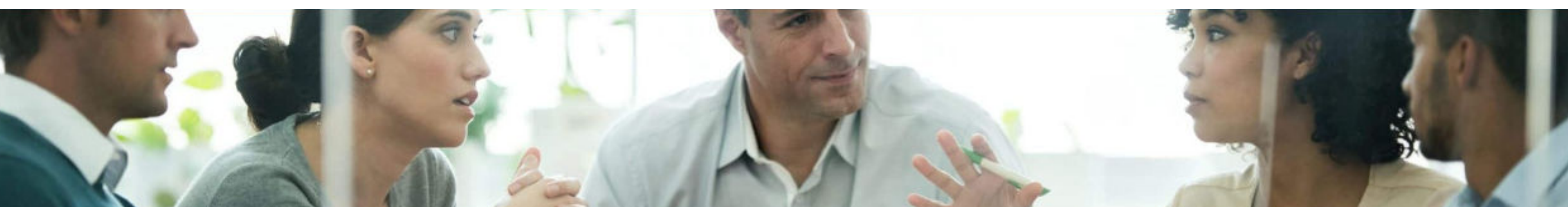


Insight

April 2024



ICBs must co-produce primary care services

Welcome to the April edition of PCC Insight. One of the main challenges for the health service is ensuring the sustainability of primary care. Problems people experience in accessing GPs and dentists are in the news on a regular basis. Closure of community pharmacies are now starting to reach the headlines as well. This makes for a challenging time for commissioners of primary care services, integrated care boards (ICBs). With little direction from the centre and minimal investment, it's crucial that ICBs work through what they need to do at a local level to ensure primary care services remain viable and accessible to patients.

With changes to procurement rules, including the introduction of the Provider Selection Regime (PSR), there may be more opportunity for ICBs to shape the future provision for GP and dental services. Our recent PSR workshops have been oversubscribed, and reruns are now booking fast. It is really important that ICBs have considered what they would like future provision to look like and ensure they work with providers in all areas of primary care to understand the sustainability challenges, and the potential opportunities, that they may wish to consider

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and include in their primary care strategies. Co-production with primary care professionals, and flexibility within the primary care strategy, to reflect the differences across different places in the ICB is crucial. PCC has brought primary care professionals together with ICB leaders to facilitate discussions around future provision and opportunities to develop a more sustainable service.

In this edition of PCC Insight we consider the landscape for working at scale and factors that commissioners and providers may wish to consider. We get to the heart of the challenge for primary medical care looking at practice finance, which is another area where our support is becoming increasingly in demand. We consider some of the skills needed to commission services with tips from our personal and team development trainer and summarise the actions required following the publication of the dental recovery plan

PCC is supporting most ICBs as well as many practices and PCNs now. Our practice support programme is gaining traction with its ability to work with practices in a personalised way, in the time, and within the budgets available. We are focusing on the areas of premises, finance, access and workforce. Our leadership offer, which includes our flagship programme the Confident leader has been further enhanced with the addition of the Building confident leading women programme which we have included on the national event calendar for the first time. What we are hearing from our clients is that our support is valued, not just the technical aspects of primary care, but how to apply it with the knowledge and skills to effectively commission and lead teams.

Visit www.pcc-cic.org.uk to find out more.

Author
Helen Northall
Chief Executive, PCC

Working-at-scale or working differently in 2024

In an increasingly collaborative and integrated environment, 2024 sees primary care continuing to explore the benefits of at scale delivery and transforming the patient care experience. Much has been written on the subject, by a number of organisations not least the chair of PCC in 2022, General practice at scale - PCC (pcc-cic.org.uk). This article does not seek to review such a comprehensive commentary rather reflect on where we are in 2024.

This year, primary care networks (PCNs) are having their fifth birthday and continue to evolve after the challenges of the pandemic. Whether occasioned by changes to the national specification or the delivery models adopted by PCNs, there is no doubt of the direction of transformational travel. Of course, the true value of PCNs is not simply their collective working-at-scale but their position in a system that operates and evolves for their local neighbourhood, maximising the potential of different layers of scale across primary care.

While not contractually recognised formally, it would be remiss not to reflect on the local GP federation models that often facilitate a wider primary care footprint for service delivery. Typically, they form organisations with a view to hold contracts as a provider or deliver as a sub-contractor for PCNs or GP practices and this simply enriches the primary care environment.

Leadership is pivotal, whether in a GP practice, PCN or federation, to create an environment that successfully adapts to the evolving challenges in primary care. Not limited to the senior partner in a GP practice or the clinical director of a PCN, true leadership filters down through the organisational layers. The effective leadership of the ever-evolving ARRS roles in a PCN even where the changes to the GP contract in 2024/25 seek to simplify with an overarching PCN specification, remains a challenge and one which PCNs should be mindful and supportive of.

With the coming into force of the Provider Selection Regime (PSR), a less shackled procurement environment for primary care appears to be available to commissioners, which is yet untested. The options when commissioning a new provider contract offer a consideration framework arguably favouring a reasoned contract

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award to known local providers. However, the PSR framework options of three direct awards, most suitable provider or competitive process, mean any decisions to use one of those award routes must be reasoned and the statutory guidance provides a basis for such consideration.

In the absence of a new contract, as is often the case with GP contracts, the questions of list dispersal, merger or novation often arise and to some degree the statutory guidance supports such considerations, but it does not provide all the definitive answers for every scenario some may have preferred such as how do you calculate a material change for a GMS in perpetuity contract – as with any decision, whatever the outcome, reasons are required.

With integrated care boards (ICBs) fully delegated, and the requirement for an integrated care partnership, the contribution an at scale primary care environment may provide to national policy direction and whole system improvements should not be underestimated; think integrated neighbourhood teams and the matters raised in the Fuller stocktake. While general practice remains the bedrock upon which innovation is driven, the diversity of local organisational form can be seen both within general practice and in the wider primary care footprint. The interest by GP practice contractors to become a corporate entity is slowly increasing whether that be as a company practice or a PCN formed company holding primary medical contracts with a view to a merger of practices somewhere in the future. But whether such is working-at-scale or simply working differently will depend on the local circumstance. If these practice moves provide a platform for contributing to building a more resilient primary care with a wider involvement of NHS Trusts blending with secondary care only time will tell if true benefits accrue.

PCC can advise and provide hands on support to practices and commissioners considering mergers, incorporations and other forms of at scale working contact enquiries@pcc-cic.org.uk or visit www.pcc-cic.org.uk to find out more.

Author
Paul Burns
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Author
Mike Fry
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Financial resilience and sustainability

The daily news is full of natural disasters which are made worse by poorly designed buildings with inadequate and inappropriate foundations. If, when constructing a modern building, so much planning and design goes into ensuring that its foundations can withstand a natural disaster such as earthquake or flooding, why do we expect an organisation that has poorly designed financial systems to survive major changes in service delivery and demand?

Today, primary care is going through massive changes so it is no surprise that antiquated management and financial systems cannot respond quickly enough to these new pressures to ensure resilience and sustainability. When talking about financial resilience and sustainability within the primary care setting, whether it be in general practice or wider primary care, it is often easy to get bogged down in the numbers and lose sight of the important building blocks that support financial resilience. If these are not in place, it will be difficult for any organisation within any sector to be financially resilient or sustainable.

The Chartered Institute of Public Finance and Accountancy (CIPFA) has defined financial resilience as: “this is the ability, from a financial perspective, to respond to changes in delivery or demand without placing the organisation at risk of financial failure. This means having the agility and flexibility to forecast and manage both expenditure and income to meet requirements as they change while delivering a balanced budget”. [CIPFA – The importance of financial resilience]

CIPFA highlights certain pillars that underpin the development of strong financial resilience. These are:

- Reserves / savings
- Understanding unplanned overspends
- Financial planning

Continued...

- Strong governance
- Robust medium-term financial planning
- Integrated and aligned strategies and plans
- Effective performance monitoring and reporting
- Effective ownership and accountability

The Health Service Financial Managers' Association (HFMA) has developed a toolkit called "Improving NHS Financial Sustainability". This toolkit asks the question: "Are you getting the basics right?" The toolkit has been developed to help integrated care boards (ICBs) ensure that they have necessary core elements in place to ensure financial sustainability.

Both models can be adapted and utilised within the primary care setting to ensure that an organisation has the correct pillars in place to enable it to be both financially resilient and sustainable.

Areas covered include:

- Business and financial planning
- Budget setting
- Budget reporting and monitoring
- Forecasting
- Cost improvement / efficiency plans
- Board reporting
- Financial governance framework
- Culture, training and development

The approach outlined above, will help primary care organisations assess whether they are financially resilient and sustainable and signpost where more work is needed to mitigate any financial risk. It is my view, as a retired public sector accountant and practice manager, that this approach should be adopted by all primary care organisations to ensure that they can meet changes in healthcare provision.

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PCC supports primary care in a number of areas https://www.pcc-cic.org.uk/practice-support/ including financial reviews and governance enquiries@pcc-cic.org.uk

Author
Don Beckett
Associate, PCC

Don has worked in the NHS for over 40 years, starting his NHS career as an internal auditor in Cheshire, then moving to Worcestershire in 1990 as an accountant working for Hereford & Worcestershire Family Health Services Authority. He is a retired qualified public sector accountant with CIPFA. Don became a practice manager with Northumberland House Surgery in Kidderminster in 1997, retiring from this role in 2017. He has performed various other roles within the county in health and the charity sector. Don has also worked for the Care Quality Commission as a special adviser and supported various struggling GP Practices. He is currently a director with Healthwatch Worcestershire and is particularly interested in primary care. He is currently a PCC associate supporting practices.

Enhancing your commissioning abilities

To plan, acquire, and provide health services in a way that effectively and efficiently serves the needs of the population, skilled commissioning is essential. Commissioning includes determining a community's health needs, creating service specifications, negotiating agreements, and maintaining the provision of services. This calculated strategy contributes to value for money, better patient outcomes, and upholding exacting standards of care. In addition, commissioners play a critical role in healthcare services innovation and adaptation by facilitating the introduction of new technological advancements that improve patient care.

PCC has worked with and provided training for commissioners for several years and I have put together my top tips for improving commissioning abilities.

1: Develop a strong self-awareness.

Self-awareness can boost confidence and improve our ability to make effective decisions. Being aware of your weaknesses can help you create strategies to overcome them and

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reduce risks. Using your strengths can provide you confidence and leverage.

2: Increase your critical thinking

It is important to challenge assumptions, use objective information analysis, and assess arguments rationally in order to improve critical thinking skills. Developing these skills can enhance your capacity for making decisions and solving problems.

3: Work on assertiveness.

Challenging conversations and situations may require assertiveness. Being assertive involves expressing your ideas, feelings, and rights in a way that does not infringe those of others. We can assess and further develop our assertiveness skills through self-evaluation and feedback from others.

Growing your commissioning abilities is one of the workshops PCC offers. See our event calendar for more details.

Author
Barrie Sample
Personal and team development trainer, PCC

Collective objectives to build collaboration

The NHS is looking to build greater collaboration across organisations, across professions and across systems.

The reasons behind this seem obvious, bringing people together people to deliver better value and the best outcomes given the resources available.

There is often a focus on reducing wasted time, energy and resources. Reducing repeated tests/questions and preventing patients from bounced around a system, making things more efficient.

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However, there are also far greater possibilities when individuals and teams operate together, collectively.

PCC produced, ‘Collaborate - the future of service provision’, which highlighted that the power of a collective purpose is central to maximising the potential benefits of greater collaboration.

Why?

According to ‘A Theory of Goal Setting and Task Performance’ (Judge & Latham, 1991) one of the key effects of effective goals can be increased motivation. This is particularly true when the goals are specific, difficult (but not impossible) and the individual feels committed.

This approach applies to individuals but can also apply to teams.

A collaboration across different organisations can be viewed as a collective of teams as opposed to just another new organisation. If these teams are operating with a single collective purpose or goal, that everyone values, it can lead to greater motivation especially if all those involved are committed to the goal and they can identify how their role contributes to the success.

The key part of this is that goals are valued by all concerned. The goals need to be co-produced and meaningful, so it engages people's intrinsic motivation.

This is why key performance indicators or targets that are determined by others are not powerful motivators and often are quite the reverse. They often result in managing to a level rather than driving engagement and innovation. We require leaders who are brave enough to shift their thinking and engage with people to put these valued, co-produced collective goals at the heart of the collaboration. Building a collaboration that is more than the sum of the parts.

Visit Collaborate - the future of service provision, to find out more. This work followed a study on the management of patient safety and quality in provider collaboratives, for which PCC was commissioned by NHS England - Midlands specialised commissioning team.

For more information contact enquiries@pcc-cic.org.uk

Author
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Associate, PCC

Upcoming PCC Events

Demystifying population health

Tuesday 23 April 2024, 09.30-12.00

Online training session

https://www.pccevents.co.uk/3106

GP patient lists – An overview

Tuesday 30 April 2024 (13.00-16.00)

Online training session

https://www.pccevents.co.uk/3138

Improving your presentation skills

Thursday 9 May 2024 (09.30-12.30)

Online training session

https://www.pccevents.co.uk/3097

GP premises for commissioners – the rent reimbursement process

Tuesday 14 and Thursday 16 May 2024 (09.30-12.00)

Online training session

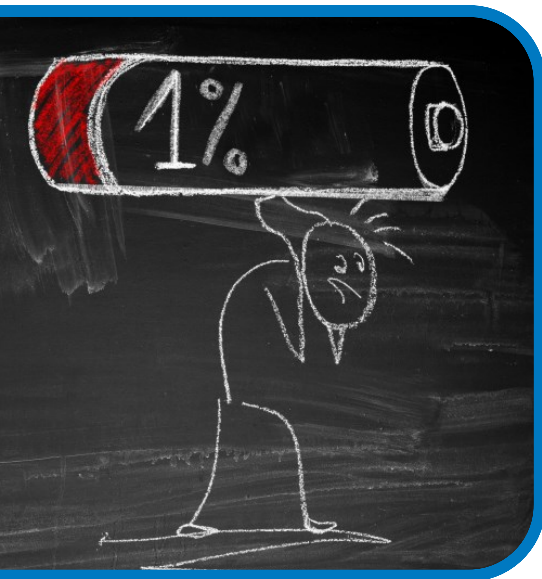
https://www.pccevents.co.uk/3143

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

Is burnout on your horizon?

The term “burnout” was first coined by an American psychologist Herbert Freudenberger in the 1970s. It helped to address the consequences of chronic levels of stress.

According to research conducted by Westfield Health, nearly half (46%) of the UK workforce is close to burnout. With this in mind it is important that we consider strategies to help combat associated stress and bring balance back into our lives.



My top tips for preventing burnout:

Tip one: Be kind to yourself.

Practicing self-compassion involves treating yourself with the same kindness and understanding that you would offer to a good friend.

Tip two: Talk to other people.

Speaking to someone about your thoughts and feelings – be that a trusted friend or family member. Sometimes simply talking out loud can be a great tool to reframe your mindset.

Tip three: Keep a journal.

Diarising your day-to-day experiences (in whatever way that feels natural to you) can help you process some of your more challenging thoughts and feelings. Journaling can help you identify happiness triggers as you emerge from exhaustion.

Tip four: Eat well.

What we eat influences our mental and physical health. Your diet can help support your wellbeing. Reclaim your lunch – take some time for the headspace as well as the nourishment.

Tip five: Be thankful.

Rather than focus on the negative or difficult, it can be helpful to think about what you’re

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grateful for and then try to make a habit of reflecting on those things.

Preventing burnout is one of our regular workshops. See our event calendar for more details.

Author
Barrie Sample
Personal and team development trainer, PCC

‘Fairer, simpler, Fairer’ the government’s Dental recovery plan

Against a backdrop of continued growing discontent with current dental provision, both by the profession regarding the contract itself, and from patients about a lack of access, in February 2024 the government published its dental recovery plan “Faster, simpler, fairer: our plan to recover and reform NHS dentistry.” https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry

This plan has followed earlier system reform actions taken by NHS England in 2022 (https://www.england.nhs.uk/publication/first-stage-of-dental-reform/)

The government’s recovery plan has focused on three key areas:

- Action to prevent poor oral health
- Boosting patient access by increasing access
- Workforce

Within each of these areas, the government has set out key aims and actions that will be undertaken.

Action to prevent poor oral health

It has been shown that preventative care is important throughout life but especially in

early childhood. For that purpose, dentistry will be included in the current Start for Life programme as delivered in Local Authority's Family Hubs, which will include providing guidance on how to promote good oral health to pregnant mums and those with the very youngest of children.

A new Smile for Life programme will be rolled out, giving support and education for children in early year settings (1-3 year-olds). These will both be supported by new guidance, examples of good practice, and educational materials for professionals to use.

Dental teams will start going into state primary schools in areas where dental provision is low, to give preventative advice and to apply fluoride varnish, which is a key preventative measure.

Finally, it will be made simpler to start new water fluoridisation schemes and the government is starting this with a consultation in the North East for an expansion to the current water fluoridisation programme.

Boosting patient access by increasing access

The government recognises that not all patients who wish to see an NHS dentist are able to do so and have looked at several ways to increase access.

The first of these initiatives is looking at ways dentistry can be delivered differently in areas of need and 'dental vans' will be provided to deliver care, targeting rural and coastal communities in the first instance.

It has been recognised that attracting dentists in some areas is more difficult and a payment of £20,000 for 240 dentists will be made in identified locations to encourage this. The payment to the dentist will be spread over a three-year period.

The GP patient survey highlighted the difficulty for patients who have not seen a dentist in the last two years to find a dentist who will offer them an appointment. To enable these patients to have access to a dentist for a period of 13 months, Contractors are being offered a new patient premium, recognising this as activity delivered against their current contract.

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Each contract has a unique funding arrangement and a new minimum value for any contract has been set at £28 per unit of dental activity (UDA), with practices whose current UDA value is less than this having their contract varied to reach this level and any new contracts being placed will be at least at this minimum value.

It has long been acknowledged that dental care professionals (DCPs) have a valuable role in delivering NHS dental care and under the initial reforms barriers to them working to their full scope of practice were removed. A consultation on further recommendations to support their professional development and roles within practice will be undertaken in 2024 with an aim of implementing any changes in 2025.

Not all contracts consistently meet all their contractual obligations, and where a mutual agreement on how to address this cannot be reached, Commissioners have now been given the powers to undertake a unilateral rebasing of a contract, where certain conditions have been met. These powers will be kept under review as part of the system of reform.

Whilst some practices under deliver, there are practices who can meet their contractual obligations and could do more. Commissioners are now able to recognise this delivery, and with their agreement, a contractor can deliver up to 110% of their contract metrics.

To ensure that commissioners utilise their dental budget, including any finances recovered due to under delivery of contracts, this funding will be ringfenced for the delivery of dental services in 2024/2025.

There will be times when commissioners will be looking to place new contracts. Support will be provided to them regarding any procurement exercise that needs to be undertaken. Commissioners will also be provided regularly with additional data on where dental delivery is being made as well as workforce data. As contract metrics and values are based on historic arrangements, a piece of work examining the relative distribution of need is being undertaken, to help inform future commissioning decisions.

Finally in this area, the government are looking at ways of reducing the bureaucracy within the system for both commissioners and contractors by way of a new

Continued...

stakeholder reference group.

Workforce

The final area that the government has looked at is how to retain the current workforce, attract dentists back to the NHS and make it more attractive for newly qualified dentists to work in the NHS.

As part of this, undergraduate places for both dentists and DCPs will be increased by 40% from current levels. To support this new dental schools are being considered.

For dentists graduating from UK dental schools, the government are considering a tie-in period, where graduates must work within the NHS.

DCPs which include therapists, hygienists and nurses, have a valuable role in the provision of dental care but it is recognised that to fully utilise these skills a shift in the mindset in both the contractors and the public needs to happen. Work has already commenced to ensure that DCPs can work to their full scope of practice. The government are also looking at a 'return to dental therapy' programme for hygienists to refresh their therapist skills. A consultation has been undertaken regarding dental therapists being able to administer certain medicines under the NHS without the prescription of a dentist and the consultation results are currently being considered.

The dental workforce includes dentists and DCPs who became qualified outside of the UK and there are a number of criteria that must be met before they are able to practice in the UK, some of which can cause delays before they can practice here. The government are looking at these areas. This includes the process for registering internationally qualified dental professionals and legislation has already been passed to support the General Dental Council (GDC) registration process and the government will continue to work on a further expansion to this. The GDC have been given greater freedom to recognise qualifications gained outside of the UK. For some dentists, part of the process is undertaking an exam to ensure that the requirements to practice in the UK are met, and capacity to take these exams has already been increased with ongoing work being done to further increase this. Where qualifications are not automatically recognised legislation will be introduced to allow for provisional registration, which will provide a new faster route for certain dentists to start working in the NHS. Finally, once a dentist is registered with the GDC and they wish to provide NHS dentistry, they must also be registered

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on the NHS National Performers List. Improvements continue to streamline the process so that there is minimal delay in the registrations with decisions being made between three and six weeks.

Evaluation

The government will continue to evaluate the provision of NHS dentistry and the reforms outlined in their recovery plan.

PCC supports ICBs to commission dental services and we will be happy to work with ICBs on the implications of the recovery plan and how these can be implemented in their organisations. Please contact enquiries@pcc-cic.org,uk to find out more.

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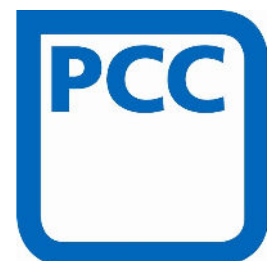
PCC facts and figures



In the last year:

71% of integrated care boards contracted with PCC for support

We responded to **871** contracting queries through our primary care contracting helpdesk saving ICBs time and potential legal costs. ICBs should contact enquires@pcc-cic.org.uk to find out how to access this support or visit https://www.pcc-cic.org.uk/annual-contracts/

"Responses are always clear/understandable, and rather than just stating e.g. that a particular regulation applies, Advisers take the time to explain why, which in turn builds our knowledge/expertise and enables us to answer queries more effectively".

Continued...

We provide access to over 72,000 e-learning courses for one annual subscription

Top 10 most popular courses were:

- Building resilience at work
- Presentation skills
- Project management for non project managers
- Time management
- Dealing with seasonal changes in workload
- Effective writing skills
- How to hold an effective appraisal
- Kotter 8 steps - how to implement change
- Resilience module
- What is mindfulness?

Our newsletters reach over 100,000 people per week and include:

- PCC news — tailored for commissioners
- PCN news — for practices and PCNs
- PCC Insight — longer read for all interested in the health service
- PCC Insight Wales — tailored longer read for our clients in Wales
- VCSE news — for the voluntary, charity and social enterprise sector
- NHS Networks — for all interested in health and social care

8500 people attended our events or workshops in the last year

94% of people who attended workshops rated the information content of the session as useful/extremely useful.

97% of people who attended workshops would recommend the workshop to a colleague.

Our **customer survey** provided extremely positive feedback and our net promoter score was **76.8** —the highest it has ever been. NPS is a measure used to gauge our customer's loyalty, satisfaction and enthusiasm with PCC. Any score above 0 is good, above 20 is great and above 50 is amazing.

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Feedback we received

"PCC has been easy to work with and does an excellent job at disseminating information that is relevant and up to date. Delivers excellent support and customer service"

"The helpdesk is really quick to respond, and it feels like a proper discussion, where you can ask additional questions and expand on queries, which is so helpful".

"Every workshop I've attended has been excellent. The pace is always spot on, with lots of helpful and pertinent information covered, and there's just enough attendees that you can get good conversations going and benefit from others' experience, but not so many that you feel you wouldn't have time or opportunity to ask questions or get the most from a session".

To find out how PCC can support you visit www.pcc-cic.org.uk or contact enquiries@pcc-cic.org.uk

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