Assuring Better Practice Programme
Workshop One - Leading the Way
Notes of the Leadership Development Workshop for Practice Managers
Wednesday 15 May 2019
Holiday Inn Express Cambridge-Duxford

By the end of this workshop, you will:
- Have a greater understanding of the NHS and local government system and the key decision-makers and the direction of travel with special regard to the implications for general practice;
- Be able to map the local health economy and identify those relationships which will be critical to the practice's future success;
- Have learned strategic thinking techniques to help Practices develop practical plans for the future which can be used to help build collaboration with other practices.

The session was facilitated by Judy Oliver and Sally Kemp, with support from Jacqueline Smith from the East of England Leadership Academy. They can be contacted on judy@judyoliverandco.com or sally@judyoliverandco.com should you have any questions on the content of this report.

Understanding the NHS Structures

Having introduced ourselves in an opening round, we reviewed the current structures, funding and key policies such as the Long Term Plan, as well as mapping our local health economies. Full details are provided in the notes that were supplied. For further information, there are a series of short videos explaining key aspects of the NHS system, available on www.judyoliverandco.com.

What are the implications for General Practice?

- How will Primary Care Networks (PCN) work in practice when practices don't like sharing?
- The importance of getting the structure and roles of PCN clear, while avoiding large practice dominance.
- Helping patients understand changing teams (skillmix).
- Helping patients change their "path" and improving communications at local level.
- Managing change, supporting staff, funding implications, overcoming resistance to change.

What does Strategic Thinking mean in practice?

What might people tend to assume about Strategic Thinking that might be negative?	What do we want them to assume instead about our Strategic Thinking that is positive and true?
Change not improvement	Clear
Top down	Simple
Outside my remit	Specific goals
Need to know basis	Adapting to need
Extra work	Measurable outcomes
Fear	Visionary
Threat	Attainable
It doesn't work	Deliverable
Today is good enough	Shared purpose
Doing it to impress	Work as a team
Doing it because everyone else is – we ought to	Inclusive
McKinsey do it	Positive
It'll mean restructure	Compelling
A world of acronyms	Oh yes more brainstorming!
Only the top jobs do it	Investment
It's done by "them"	It's us/ours – ownership – co-production
It's exclusive/not shared – exclusion zone	Opportunity
Oh no not brainstorming again!	Measurable
It's detrimental to change e.g. budget cuts/ restructure	Forward looking
Involves more work for someone in terms of the result (time consuming)	Increases understanding
Lack of understanding: - "Just a jolly" - Too complicated - Waste of time	Seeing the bigger picture – long term view
Negative attitude to change	Increases: - Competence - Confidence - Profit – make life easier i.e. more staff, career development
Confuse with actual planning i.e. is this the pre plan?	Recognition and reputation
What is the personal impact?	Inclusive
Done to a team rather than with a team	Productive
Lip service	Exciting
Pointless – it will change again	Collective
Too complicated	Chance for voices to be heard
Time consuming	Cost effective
Cuts will be made	Necessary

What might people tend to assume about Strategic Thinking that might be negative?	What do we want them to assume instead about our Strategic Thinking that is positive and true?
A waste of money	Development – individual and business
Only for high level staff	Purposeful
What impact will the changes have anyway?	Improving efficiency
Have some level of experience attached to it	Sustainable
Lack of understanding	Security
Not intelligent enough	Collective vision
From higher up the "food chain"	Measured
Individual	Driving role
Undemocratic	Job satisfaction
Waste of time	It will work
Reinventing the wheel	For everyone – in plain English
Too comfortable – don't want to change	Engagement
Safeguarding jobs – their own!	Impact
Lack of compromise	Change
Lack of engagement	Working together
Negativity	Rational – longevity
Not speaking up due to fear of being "shouted down"	Development
Being done to	Positive
Workload increasing	Creative
Scared staff	Being heard – opinion counts
	Understanding
	Being challenged
	All areas covered
	Happy staff
	Participatory

N.B. When limiting assumptions are identified and replaced with something more positive, people seem to work quicker and more easily because they are thinking well. Please note the right-hand column is longer than the left although less time was given for the second part of the exercise.

We looked at the Business Brain diagram which showed that to think strategically we need to consider:
  a) The external environment in which we operate; and
  b) The internal capacity, capability and culture of our organisation to check if they are aligned and that our organisation is fit for purpose.

What external factors could help or hinder the future?

We identified a range of factors using a PEST analysis, before highlighting whether these would have a positive or negative impact.

Political factors	Economic factors
Brexit – Impact – change +/- Instability +/- General election +/- Ever changing NHSE + Multiple initiatives – extended hours/111 +/- Privatisation + Change of polices and regulations PCN's – where are they going? Conflict of interests Political representation in primary care	Brexit +/- Carr-Hill formula +/- Budget cuts - Budget increase + Funding streams – new ones + £ following patient + Staffing costs +/- Variety of staff and pay grades +/- Partnership buy in – loan issues - PCN's – more income/ experience +/- Premises costs - Inflation +/- Minimum wage/ national living wage +/- Apprentices + Social mobility/ demographics +/- Deprivation - Discussion on "recycling" moneyPMS/GMS+ OTC medicines +/- Political uncertainty – development, growth, staff – Housing – development crisis and affordability for staff – Local government funding cuts
Social factors	Technological factors
Over-population & housing crisis - Increased expectations – dependence culture - Increase in deprivation affecting health education - Ageing population – chronic diseases, comorbidities & cost of medicines - 24/7 service abuse - Social isolation due to shift in family structure - IT literacy + Social media to blame for mental health in young people & interfering in learning +/-	Data quality +/- Software +/- Social media +/- GDPR + Training + Hardware +/- Cyber security +/- Funding +/- Tech support + Patient understanding – accessibility + Patient expectations if planned wrong – Ease of use – user friendly + Apps – fit for purpose + WiFi speed +/- Credibility – is it fit for purpose Compatibility + Increased workload – unless it increases patient engagement then +

What practically can we do to respond? To mitigate the negatives and build on the positives?

- Change how we word things and focus on communication.
- Simplify things for patients.
- Develop a stronger collective voice.
- New ways of working.
- New relationships – working with councils and voluntary sector.
- Staffing – new ways of working and expanding teams – upskilling.
- Job satisfaction – Paramedics, Pharmacists, Physician Associates, GP assistants, Physios.
- Open more surgeries/ increase clinician: population ratio.
- Adapt to changes and manage expectations to offset dependence culture.
- Identify and focus on education in deprived areas
- More improvements in treatments, people living longer – invest in holistic healthcare and functional medicine.
- Referrals to voluntary sector for social isolation, and use technology.
- Use social media to engage with audiences e.g. chat forums for mental health online. Ensure it is properly managed and used to promote information sharing.
- Important to get it right first time (e.g. data quality)
- Focus on business continuity to respond when systems go down
- Sharing patient records, enabling access across primary and secondary care.
- Inconsistencies removed – who can share data and who can input it?
- Resources to support and monitor technology.
- Establish national standards.

What are the strengths and weaknesses of our practices?

We considered the strengths and weaknesses of our practices in pairs, recording the details in our workbooks, before sharing a few examples in plenary. This included:

Strengths:
- Great GPs and PMs.
- Established team.
- Good outcomes and high patient satisfaction.
- Breadth of experience.
- Sense of team without hierarchy – cohesion.
- Purpose built premises.

Weaknesses:
- Communication – sharing messages.
- Recruitment and unfilled vacancies.
- Nursing issue.
- Lack of space.
- Changing GP mindset – reluctance and rigidity.
- Time to do the right thing.

WE then used the analysis which we had doen to help identify our strategic priorities:

Building on positives:
How can we exploit the external opportunities?
How can we build on our internal strengths?

Ending/changing the negatives:
How can we manage the external threats?
How can we overcome the internal weaknesses?

Preparing for Future Workshops

Everyone was invited to share feedback on today's workshop through the BOSS link, which will be sent out to attendees, and to capture a few personal reflections in the programme workbook (page 18).

Information was also shared about the Healthcare Leadership Model, which is a really helpful way of getting 360 degree feedback. Reports have been purchased for all members of this programme. Further details are available from Jackie Smith.

In preparation for the third workshop, participants were asked to do a mind-map of the relationships that are important to their practice's success, and assess how healthy these are now and how they need to be in the future, using the 4C tool in the workbook (Communicate, Consult, Co-operate, Co-create).

Closing round – what did you find most useful, and what action are you going to take as a result of today?

- Roxy – Process and terminology e.g. How hospitals work.
    - o Apply learning.
- Jojo – Exactly what I was expecting.
    - o Apply in PCN work on communication.
- Pam – Really useful not to put ourselves last.
    - o Experiment with phase of transition.
- Shirley – Different way of thinking about things and listen to other views.
    - o Questions on agenda.
- Dave – Everything useful – positivity from people here.
    - o Set vision for next 2-3 years.
- Michelle – Very useful indeed.
    - o Support teams further.
    - o Create time for forum.
    - o Tools for PCN as learning environment.
- Will – Extremely useful strategic thinking.
    - o Share with partners.
- Kirsty – All useful – NHS structure.
- Richard – How to be a better listener and reappraise priorities.

- Michelle – Interesting to hear opinions and good sharing problems.
- Linda – All excellent – now put it into practice, step up and act.
- Fiona – Really useful to learn from people in the room, SWOT on Friday.
- Rachel – All fantastic – especially phases of transition and strategic thinking.
    - Communication.
- Amy – Interesting and thought provoking.
    - Communication.
- Glenn – Very useful induction – good to gain headspace.
    - Reflect on staffing structure.
- Asia – Thoroughly enjoyed e.g. structures. Use with team.
- Anita - Thoroughly enjoyed.
    - Use strategic thinking techniques.
- Vicki – Thoroughly enjoyed.
    - Try +/-ve exercise on reception team.
- Matt – Really useful to understand the stresses of Practice Managers.
    - Try PEST.
- Aneesa – Very useful to help me become PM e.g. NHS structure and increased confidence.
    - Do more strategic planning.
- Kim – Really nice to reaffirm my abilities, to revitalise and reinvigorate.
    - Encourage strategic thought in others.
- Ali – Very useful – NHS structure gives context.
    - Look at practice plan.
- Jackie – Inspired by conversations in room today and amazing work in practices.
    - Get PM network together for each STP area.

SK/17.5.19