



Leadership Academy

East of England

Primary Care Leadership Collaboratives Cohort 4

Programme Guide and Workbook 2019



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Introduction

Welcome to the Primary Care Leadership Collaborative Programme (PCLC). We hope this opportunity supports you to develop and achieve your objectives both as individuals and as a team.

We have developed this programme for many reasons. Apart from a long held belief that not enough has been done to support leadership development for all professions in primary care, the service transformation heralded by the GP Forward View requires brave choices and actions.

Past beliefs that a changing context may require some reorganisation but largely managed through the same team working differently - usually harder - just will not match up to the scale of the challenges facing general practice and primary care. We recognise that even with a significant cash injection radical change to working practices and services must occur.

Strategic Transformation Partnerships (STP's) and the developing Integrated Care Systems (ICS) are addressing these challenges and have the opportunity to work collaboratively

to improve the health and wellbeing of their local communities, reducing health inequalities and working with all sectors across the local system.

This is your programme. We want you to have the space and time to reflect, plan and act. I know that the facilitators and all our contributors are keen to do all they can to support you; so make the most of this opportunity. We hope you will be stimulated by and will enjoy the programme - if not, let us know, so we can change things.

Above all - thank you for standing up to face current challenges, doing really important work in difficult circumstances on a daily basis. You embody the spirit and values of the NHS and will continue to be deservedly admired and respected by the whole country.

Dr. Vijay Nayar

GP Dean at Health Education England. GP in Bedford, Visiting Professor at Cranfield University and Member of the faculty of the Harvard Macy Institute for their Leading Innovations in Health Care and Education course.



Programme Aims and Objectives

Overall aim:

- To support, develop and improve leadership capacity and capability in primary care, ultimately improving patient care

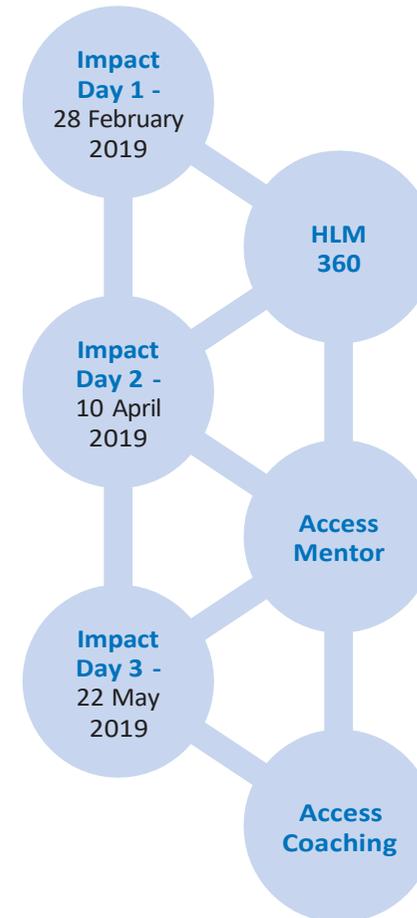
This is not intended to be the definitive leadership development programme for primary care but a process to encourage networking, project work and greater interest and involvement in leadership amongst a multi-professional group. It is expected that those who complete this programme might then go on to undertake more formal leadership training, through the NHS Leadership Academy, HEI courses or other NHS resources.

Key concepts are: self-management, team work, coaching, project management, organisational and change management and improvement methodologies.

Our objectives are:

- To support, develop and improve leadership capacity and capability in primary care, ultimately improving patient care
- To build confidence and resilience amongst the disciplines in primary care
- To enhance retention and career development across the disciplines
- To help participants understand the wider NHS and societal context
- To enhance cooperation across primary care, providing a safe space to test leadership behaviours
- To carry out all of the above by focussing on process rather than outcome

Primary Care Leadership Collaborative Structure



We have received fantastic applications from most of the STP areas. As you know one of the core elements for the programme is support for each trio in developing and delivering their initial project idea. This work will continue throughout the six months of the programme, with a celebration of all that has been achieved on the final day, Wednesday 22 May 2019.



Project Groups

You and your collaborative colleagues will join your peers within each STP area with an experienced facilitator. The facilitator is there to guide and support the group throughout the programme. They will be available between the impact days and your group may choose to meet physically or virtually outside the scheduled impact days.

On each impact day there is time set aside for your group to meet with your facilitator.

The first two impact days will focus on:

- Developing your project
- Building the learning community
- Considering opportunities and constraints
- Making the case for change
- A range of inputs to deepen knowledge and practice.

On the third day we consider innovation and sustainability to support your collaborative and the next steps to maintain the momentum of change.

Evaluation

This programme is about what you and your colleagues think you need, not what the facilitators think.

We want your feedback; on the effectiveness of the days; on the quality of the resources; on the impact on you; of the progress you are making in your project groups. There are a number of ways of engaging with the core project group to develop or amend the programme design and content.

We will also ask you to complete an evaluation form at the end of each impact day. These forms are slightly unusual in that we will ask you to complete the first section of the form as soon as you arrive at the impact days. This section asks you to list three aspirations you have for the day, so that we can broadly see if we had planned the course stages appropriately.



Resources

Programme Guide and Workbook - Contains the information we have prepared at the outset of the programme and space to record your thoughts. Although we will give you a printed copy for personal use, a version constructed as an interactive PDF is available to download from the resources section of the microsite. This version is for you to store on your electronic devices and to be able to record your personal thoughts, reflections and progress.

Programme microsite https://eoeleadership.hee.nhs.uk/PCLC_2019_Coh4 will contain all the resources you need for the structured sessions within the programme and more.

Healthcare Leadership Model 360 Feedback - You will have already received instructions on how to undertake your own HLM 360 and your access code.

Coaching and mentoring - As programme participants and alumni you will have access to coaching and/or mentoring (more details on page 9 and 10).

Twitter feed [#EoEPCLC](https://twitter.com/EoEPCLC) will help you stay in touch with colleagues.

Masterclasses and Workshops - Further information will be available on the programme microsite.

Mentoring



Mentoring is a powerful personal development and empowerment tool. It is an effective way of helping people to progress in their careers and is becoming increasingly popular as its potential is realised. It is a partnership between two people (mentor and mentee) normally working in a similar field or sharing similar experiences. It is a helpful relationship based upon mutual trust and respect.

A mentor is a guide who can help the mentee to find the right direction and who can help them to develop solutions to career issues. Mentoring provides the mentee with an opportunity to think about career options and progress.

Once contact is made with a mentor, you then have an initial conversation to discuss your position and reason for seeking mentoring. If you then proceed to establish a mentoring arrangement, you agree the time and venue for sessions and contract with your mentor. A mentor can offer three to four sessions, each usually lasting between one to two hours. Mentoring sessions should be approximately 6 to 12 weeks apart; this should be agreed as part of the contract negotiation. Initial mentor support will always be provided through a face to face meeting, though subsequent support may be offered either face to face, telephone, correspondence or via email conversations.

To access mentoring and apply to become a mentee visit: https://eoeleadership.hee.nhs.uk/coaching_and_mentoring

Programme Dates

Impact Day 1 - Thursday 28 February 2019

Intended outcomes:

- Induction and networking
- Attitudes to learning and change
- Introduction to leadership for all
- Outline of project management
- Introduction to coaching

Impact Day 2 - Wednesday 10 April 2019

Intended learning outcomes:

- An exploration of system leadership
- Consideration of what creates the conditions and climate for inclusive, engaging and productive team working.

Impact Day 3 - Wednesday 22 May 2019

Intended learning outcomes:

- The nature of innovation
- Resilience
- Negotiating
- Embedding change

It is important that you commit to and attend each day.

The days will have a mix of key speakers in each area, time for the project groups to meet and other activities.

Applications Summary and Data

Collaboratives Background



- Practice Manager = 5
 - GP Partners = 5
 - Advanced Nurse Practitioner = 1
 - Cluster GP Lead = 1
 - Data Team Manager = 1
 - Data Team Member = 1
 - Finance Manager = 1
 - Lead Nurse = 1
 - Salaried GP = 1
 - Total = 20**
- NOT FINISHED YET**

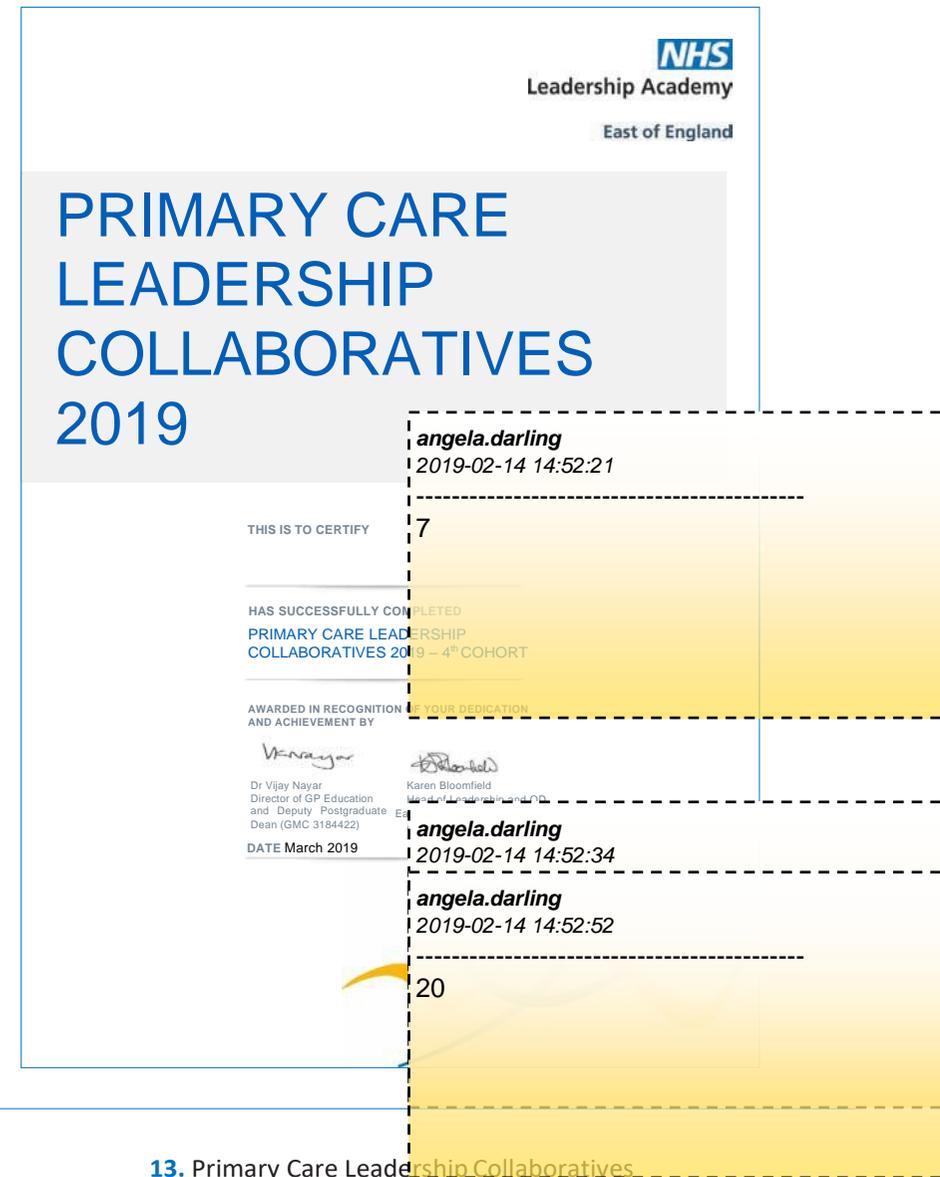
STP



- Cambridgeshire and Peterborough = 2
- Milton Keynes, Bedford and Luton = 2
- Norfolk and Waveney = 1
- Total = 5**

Certificate

On completion of the programme participants receive certificates



Collaboratives within Milton Keynes, Bedford and Luton STP - The De Parys Group

Members:

Caroline Bond 
Practice Manager
The De Parys Group

Dr Nazia Ali
GP Partner
The De Parys Group

Dr Harsh Kak
GP Partner
The De Parys Group

Dr Vrinda Patil
GP Partner
The De Parys Group

Elaine Cook
Finance Manager
The De Parys Group

The collaboratives' initiatives supports delivery of the following:

We are a newly merged "Super" Practice covering a population of 40,000 patients.

We undertook the merger in response to national imperative for the "Scaling-up" of Primary Care. We agreed that half-hearted efforts scale up, such as federations or clusters, would not serve us well as they would be cumbersome and indecisive.

We are now working under NAPC framework to develop integrated services, our first priority being mental health services.

We would like some protected time, support and guidance to develop our leadership team to meet these new challenges.

The nature of the joint work you are undertaking together and your roles within that joint work:

- Development of integrated services for patients with mental health difficulties.
- We would like to send a multi-disciplinary team from the practice, who are leading on the implementation of this development. This would include one or more colleagues from specialist services.

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

- Protected time to work together on our strategy and implementation programme
- A greater understanding of skills, knowledge and contribution brought by each member



- Tools and techniques to help us plan and engage with patients and key stakeholders

Collaborative Objectives:

- Ability to understand the dynamics of leadership and to learn some of the tools of the trade
- A greater shared understanding of the contribution each individual can bring
- Protected time to work on our strategy
- Techniques to help us develop our communication skills so that we can engage effectively with our staff, patients and stakeholders, telling a compelling story/vision and gaining commitment

Intended Outcomes:

- A facilitated, smoother transition to new models of care
- Happy staff
- Happy patients
- Feeling in control of the agenda and pace
- Feeling the agenda and workload is shared and individuals' skills and knowledge are used appropriately.

Collaboratives within Cambridgeshire and Peterborough STP - Arbury Road Surgery

Members:

Amanda Hazeldine
Practice Manager
Arbury Road Surgery

Dr. Morooj Mohammed
Salaried GP
Arbury Road Surgery

Danielle Harding
Advanced Nurse Practitioner
Arbury Road Surgery

The collaboratives' initiatives supports delivery of the following:

The initiative supports the development of surgeries to deliver services at scale.

The nature of the joint work you are undertaking together and your roles within that joint work:

We wish to develop working at scale for patients with long term conditions. This would include prevention work in line with the NHS long term plan. Roles are yet to be defined as the project develops and would appreciate the guidance for development this course would offer.

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

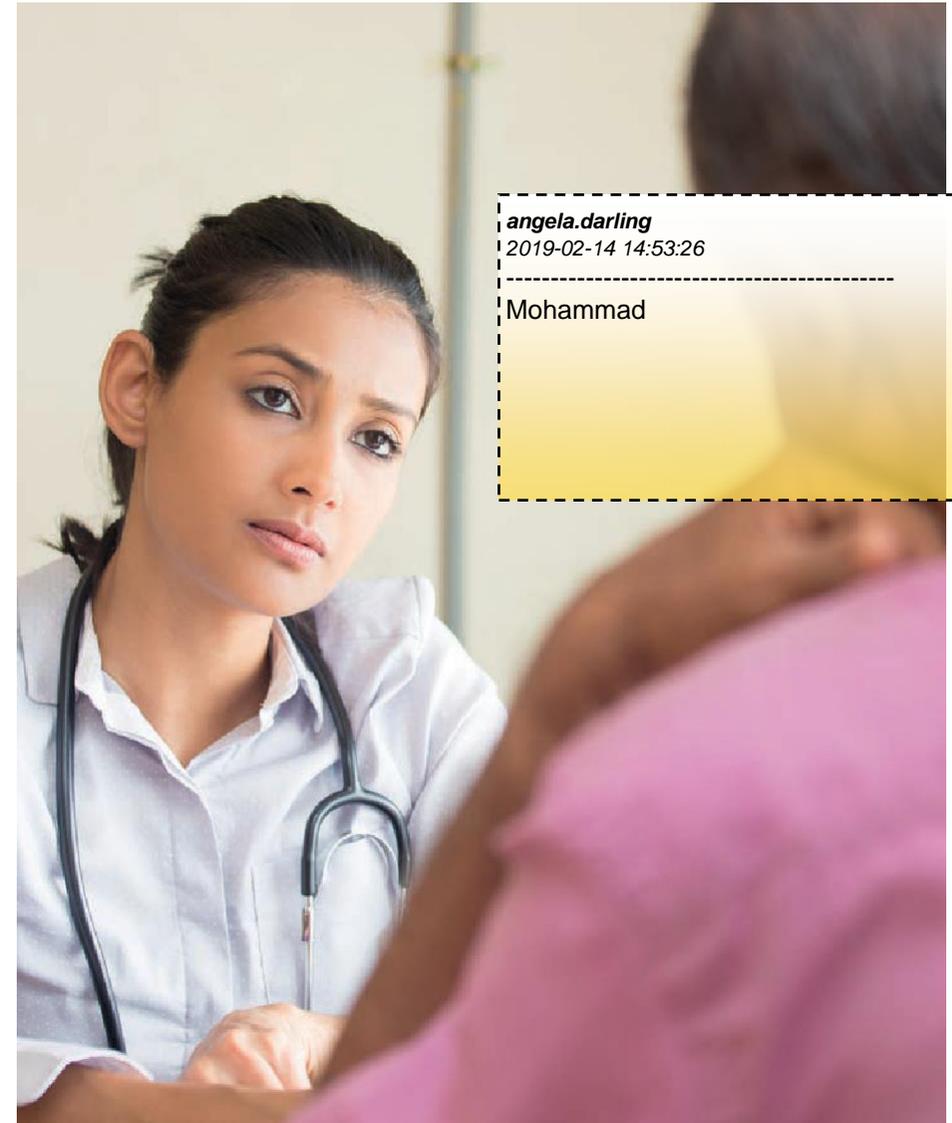
Mix and experience of non medical and medical experience within the Primary Care Setting. This will give an overarching robust view of the plan.

Collaborative Objectives:

Improve leadership skills which will then improve patient care and safety. The skills developed will then be able to transferred to at scale clinics so the local system can take advantage of our learning.

Intended Outcomes:

Improved service delivery at scale for patients and practices.



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Collaboratives within Cambridgeshire and Peterborough STP - George Clare Surgery

Members:

Dr Angela Stevens-King

GP Partners
George Clare Surgery

Dr Shirin Howell

GP Partners
George Clare Surgery

Melissa Richardson

Practice Manager
George Clare Surgery

Helen Parnell

Lead Nurse
George Clare Surgery

The collaboratives' initiatives supports delivery of the following:

We are a semi-rural General Practice with 12400 Patients in Chatteris and the neighbouring villages. Our population is very reliant on health care and we have high levels of obesity, Diabetes, COPD and other chronic diseases. We have worked hard to try and meet the needs of our population, however the rising demand for access to GPs coupled with the difficulties with recruitment and limitations due to our building size are an on-going problem. There are plans for another 1000 houses to be built in Chatteris which will

significantly increase our list size.

We are exploring our options in terms of extending the building and also how to recruit more GPs. We are a training practice and currently have 4 GP trainees. We have previously been involved in teaching Cambridge Medical Students at all stages of their medical training but in the last 2 years have been unable to manage this due to staff and space issues. We would like to have the capacity to teach students again and even extend our teaching if we can extend our premises and recruit.

We are now part of the West Cambs Federation and attend Federation meetings. Our Practice Manager regularly attends the local PM meetings and we have good relationships with our neighbouring practices and have helped out with releasing our staff to help other practices to fill gaps in their staffing when needed

The nature of the joint work you are undertaking together and your roles within that joint work:

We have made several new innovations to our working in the last few years.

We have recruited 'home workers' who help remotely with GP administrative work such as looking at results, medication reviews and reading letters. This has been very successful over the last 18 months. The next stage of this initiative would be to get our 'home workers' to do some telephone work from home such as triage and routine telephone work. Dr Shirin Howell is leading on this initiative and liaises regularly with the home workers.

We have weekly educational meetings for which the learning material is sent out ahead of the meeting as a 'flipping the classroom' approach. The material is then read before the meeting and this promotes deeper learning and more interesting discussion. It also means that those not able to attend the meeting are also able to learn and we send this out to all GPs, NPs, nurses and HCAs, GP trainees both current and present, home workers and our regular locums. There is the potential for Skype attendance at the meeting or email/Whatsapp messaging for learning as part of this teaching. The minutes of our learning and discussion are then sent out to all staff on the mailing list. We have also started discussing some

joint learning sessions with one of our neighbouring practices. Dr Shirin Howell is leading on this initiative.

We also continue to have monthly Clinical Governance meetings to ensure that all staff are up to date with mandatory learning, to discuss Significant Events, to discuss and plan Practice Improvement Projects and to have our GSF meetings with our allied DNs and MacMillan nurses. We also have regular Child Protection meetings with our local HVs and school nurse. This involves all members of staff and the CG programme is led by Dr Shirin Howell and Miss Melissa Richardson.

We have taken part in the Fenland Time for Care Testbed Pilot which looked at the 10 high impact actions. The surgery participated in workflow documentation and Productive General Practice Quick Start Programme.

The Productive General Practice Quick Start programme provided fast, practical improvements to help reduce pressures and release efficiencies within the surgery by implementing the Quick Start modules taken from the Productive General Practice series. Each surgery chose 2 modules and

the outcomes were presented by the Practice Managers at the PGP meetings which gave opportunity to share and learn from others.

Workflow involved Dr Angela Stevens-King and Melissa Richardson meeting neighbouring GPs and Practice Managers and discussing the current workflow process in the Practice. The administrators of the practices then met together and discussed with each other how they process the work and how it could be improved and streamlined. HERE was the chosen provider and provided the surgery with a template to process the post to save time looking for read codes and an online system to monitor the amount of post going through the document management system along with E Learning for the administrators to complete which covered from simple correspondence processing to more complex. Workflow also involved getting all GPs involved and administrators to discuss what they felt could be completed by the administrative department without going to them. I.e. a copy of an appointment letter or a clinic letter with no actions required. Dr Angela Stevens-King was the lead and when an agreed list of filing by the GPs was created,

Dr Stevens-King audited the post being completed by admin to ensure that nothing was being missed and reported back any issues to admin as training.

We are currently planning to trial a Leg Ulcer Clinic at the surgery based on the Lindsay Leg Club model (www.legclub.org). This would be an initiative where patients have their leg dressings done in a more communal setting to allow them to talk with others with similar issues. The Lindsay Leg Club describes this as something 'that motivates and empowers individuals to take ownership of their care, alleviate their suffering and reduce the stigma attached to their condition. It also seeks to further advance education in all aspects of leg health among sufferers, carers, the general public and the healthcare professions'. At present we are planning this on a small scale within the surgery but if successful we have a view to move this into the centre of Chatteris to one of the community centres where this can be run alongside the Parish Nurse. The Lindsay Leg Club model is that this should be in a setting where patients can also benefit from the social aspect and we hope in time to recruit some volunteers to help

with refreshments and running the session. This could also be rolled out to other local practices within our area. Dr Angela Stevens-King, Lead nurse Mrs Helen Tiernan and PM Miss Melissa Richardson are leading on this initiative.

We have also instituted regular walking breaks over the working day to try and promote brain and physical health

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

We will bring our experience in having set up and run a new system of 'home working' which may be of value to others given the current issues with recruitment and retention of staff.

We have also successfully set up a weekly educational meeting which has an e-learning element so it is inclusive of staff who are unable to get into the surgery for the meeting.

We can also discuss starting up our Leg Club model of care and how we have been finding the planning and hopefully we will have started it up in the next few weeks.

We are also happy to discuss our walking breaks and how we are managing to fit this into the working day.

Collaborative Objectives:

We hope to network with others within the group and to gain understanding of their innovations and the areas of change that they have made to their working practice. We are keen to be exposed to new ideas and learning material to ensure that we continue to offer excellent care to our patients and to increasingly collaborate and work with other practices and healthcare professionals.

We are hoping to continue to develop our leadership skills especially in the area of change management; to help others understand our strategic vision for the practice and to bring them on board and enthusiastic to implement the changes that will need to be made in the next few years.

We are hoping to continue to develop

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Annie, please delete this paragraph and replace the top paragraph on page 22., before intended outcomes.

Collaboratives within Milton Keynes, Bedford and Luton STP - Cluster 7 of Milton Keynes PCH

We hope to learn from others and also share our knowledge in turn to help them.

Intended Outcomes:

We are hoping to gain new ideas for our practice and to learn and develop ourselves and our practice further. We feel we would really benefit from the interaction and networking that this opportunity will give us so that we can feed back our learning to the practice to improve our systems and patient care. We are open to new ideas and initiatives and are keen to develop and improve our practice and patient care delivery.

We will use any new learning to help with setting up and developing our Leg Club and also to improve and revisit our other previous initiatives and innovations.

We are also keen to work on our chronic disease monitoring and reviews to find a more efficient and effective system of providing this aspect of care to patients.

We are also signed up with the CCG for the initial pilot of digital care (e-consults and online consulting) but this has not been rolled out as

yet as far as we are aware. Again we are keen to gain information and knowledge from others that may have used digital platforms for patient consultation and to learn from their experience.

We are keen to understand more about managing change and helping others in the organisation become involved and invested in the changes that need to be made in the current NHS. This will help as we continue to develop and grow as a practice.

As part of the West Cambs Federation we can feed back our learning and any new innovations into our local area.



Members:

Louise McCarthy

Lead Practice Manager
Cluster 7 of Milton Keynes PCH

Thao Nguyen

Cluster GP Lead
Cluster 7 of Milton Keynes PCH

Debra Clarke

Practice Manager
Cluster 7 of Milton Keynes PCH

The collaboratives' initiatives supports delivery of the following:

We support the delivery of improving access to mental health services and have started talks with our local mental health provider to provide more accessible community level mental health access.

We are exploring how we can better integrate with our community pharmacist and clinical pharmacist to improve prescribing outcomes with general practice.

We are exploring standardisation of general practice processes starting with patient record summarisation in order to improve health record and thus health outcomes for our patients

and local communities as our area all use the same medical record system. This will be across 5 practices.

We will be looking at our population data to determine other collaborative, initiatives and priorities.

NB: Our vision is to collaboratively create a sustainable strong and effective primary care home delivering high quality services closer to home that is responsive to local/patient needs/outcomes.

The nature of the joint work you are undertaking together and your roles within that joint work:

We are very new collaborative whose aim is to become a strong team which will establish a primary care home model of services for the population we serve.

Currently in our core collaborative team we have:

- 5 practice managers who will support and initiate agreed changes across our practices
- 1 GP clinical lead who gives advice and guidance
- CCG administrative support strategic support

Collaboratives within Norfolk and Waveney STP -

Wymondham Medical Practice

- Community service team members who will help with integration of services

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

1. Skills

Clinical leadership
Management skills
IT skills
Initiative/Innovative thinking

2. Knowledge

An understanding of national agenda
An understanding of patient needs
An understanding of local STP plans
An understanding of even wider network/community e.g military voluntary

3. Behaviour

Professionalism
Team spirit
Listening/proactiveness
Respect

Collaborative Objectives:

- To develop leadership skills which enables us to cross traditional boundaries and think beyond our current problems but into the future to benefit patients now and the next generation
- To improve skills on engaging our

local patient population and help to motivate our patients to live well and take responsibility for their health and well being

Successful delivery would look like an integrated standardisation of service across collaborative partners. Thus, reducing post code lottery of services and ensuring high quality services
We hope to gain ideas, networking and sharing of initiative and vision
We hope to bring back our learning to our local system in order to gain maximum benefit of PCLC and change for our patients across our local system.

Intended Outcomes:

- Better patient health and social outcomes e.g reduce suicide
- A truly integrated system of care with real time communication
- Stronger leadership which will drive system change
- Better cost-effective services
- Care closer to home through PCH model
- Better patient satisfaction
- Improved workforce outcomes including reduced stress, reduced workforce and happier workforce

Members:

Steven Hembling

Data Team Manager
Wymondham Medical Practice

Dr Sarah Baker

GP
Wymondham Medical Practice

Kerry Hancock

Data Team Manager
Wymondham Medical Practice

The collaboratives' initiatives supports delivery of the following:

- Breaking down organisational barriers to ensure people receive seamless care.
- Supporting the G.P forward view ten high impact actions to release team for care by:
- Developing the team and empowering non-clinical members of the team to offer safe, high-quality, appropriate, administrative patient care.
- Improving workflow in order to reduce errors, improve care for patients and increase availability of G.P direct patient care.

The nature of the joint work you are undertaking together and your roles within that joint work:

We are working as a collaborative to improve and review the workflow of clinical paperwork reviewed by the Practice in order to release G.P time and develop non-clinical team members roles in that work are G.P. lead, data team manager and workflow data team member.

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

Skills:
Clinical expertise
Knowledge of IT and data management in an NHS system.
Team working
Enthusiasm for personal development and development of others
Curiosity and willingness to share knowledge and ideas with others
Individual - personal leadership skills and knowledge developments
- improved team working and leadership skills
System Patients - safer patients care
- quality improvement of patient care
- more efficient processes

Collaboratives within Milton Keynes, Bedford and Luton STP - Milton Keynes and Bedford Street Surgery / Westcroft Surgery

Collaborative Objectives:

Individual - personal leadership skills and knowledge developments
 - improved team working and leadership skills
 System Patients - safer patient care
 quality improvement of patient care
 more efficient processes

Intended Outcomes:

- The development of high quality, safe and workflow protocols
- Improved team satisfaction and skill
- Improved GP resilience
- Sharing of workflow processes across local practices
- Increased direct clinician-patient contact



Members:

Laura Lucas
 Practice Manager Lead
 Milton Keynes and Bedford Street Surgery

Lynda Young
 Practice Manager
 Westcroft Surgery

Kerry Hancock
 Data Team Manager
 Wyomndham Medical Practice

The collaboratives' initiatives supports delivery of the following:

Our cluster developments shared purpose.

We are a cluster of 5 practices who are working collaboratively to implement and develop change working towards a primary care home model. The initiative will support leadership development for our cluster learning from other professionals both for inspiration and facing challenges. We want to improve our cluster to release resources enabling joint working and project management time to develop a PCH with the local community and

secondary care working together to deliver the 10 high impact actions across our cluster and for development of integrating new roles within primary care.

The nature of the joint work you are undertaking together and your roles within that joint work:

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 Practices in the key primary care model in Milton Keynes. We are a cluster of 5 with a combined population of 55,000 patients.

Pls remove Kerry Hancock

Laura Lucas is the lead practice manager for MKGP federation and supports practices and members

across all clusters. Both Laura (myself) and Lynda Young are lead practice managers for our cluster.

My role with MKGP also involve working closely with the CCG, public health and develop training and education events locally for all clinicians and admin roles. I also represent MKGP and our cluster at local steering groups.

Impact Day 1 - Thursday 28 February 2019

Your thoughts, notes and reflections

What the collaborative will bring to PCLC in terms of skills, knowledge and behaviours:

Our cluster recognises that we need to build engagement and identity stakeholders for the sustainability of our primary care home; joint working enhances our current skills.

We have started this journey at cluster level and can share and develop this knowledge. I am currently enrolled on a leadership course with BLMK which ends in February 2019.

Our skills as practice managers and knowledge of services locally and nationally as well as leadership skills developed through MK federation work.

Collaborative Objectives:

PCLC will enhance our leadership skills and the development of our primary care home. It will enable us to support clinicians in releasing time, understating and implementation of new roles in primary care and develop our shared initiatives.

It will equip us to develop services in lie with our patient population needs and streamline these services,

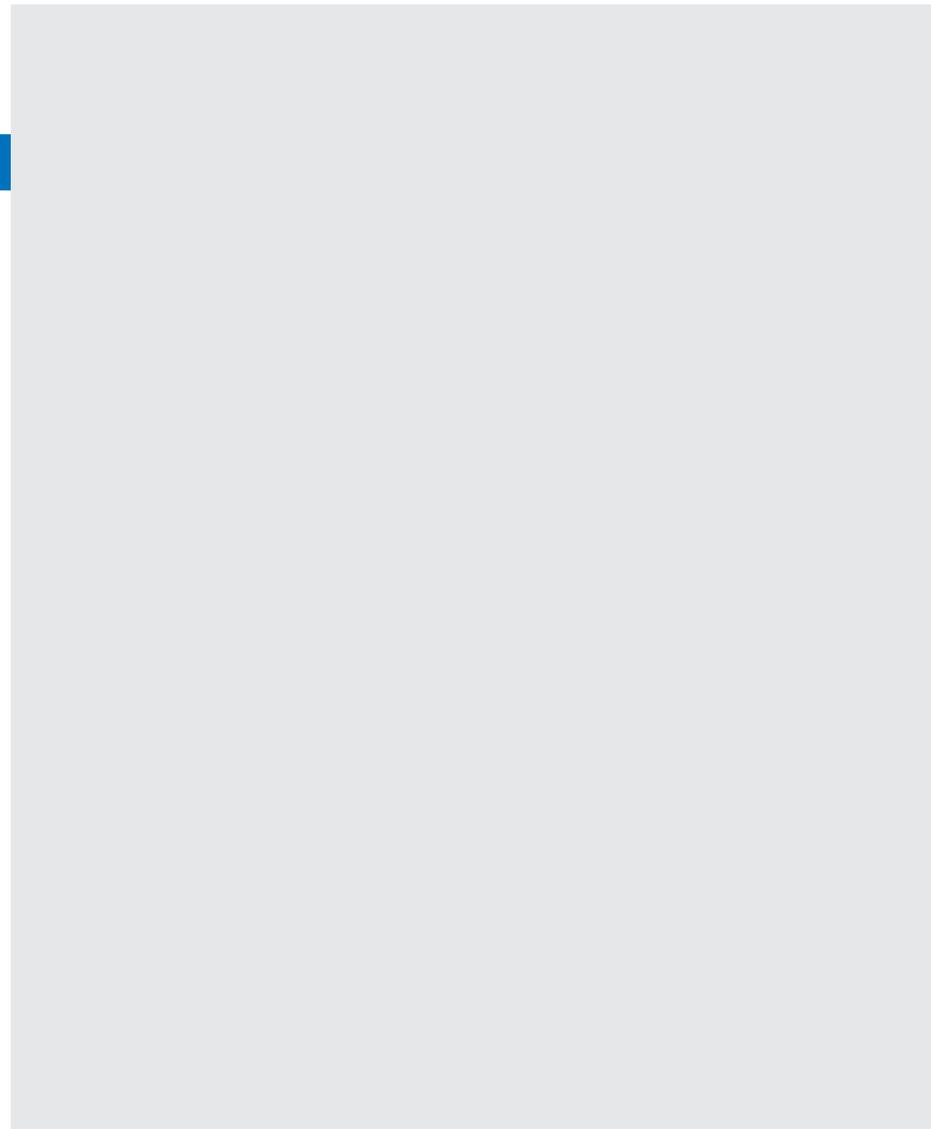
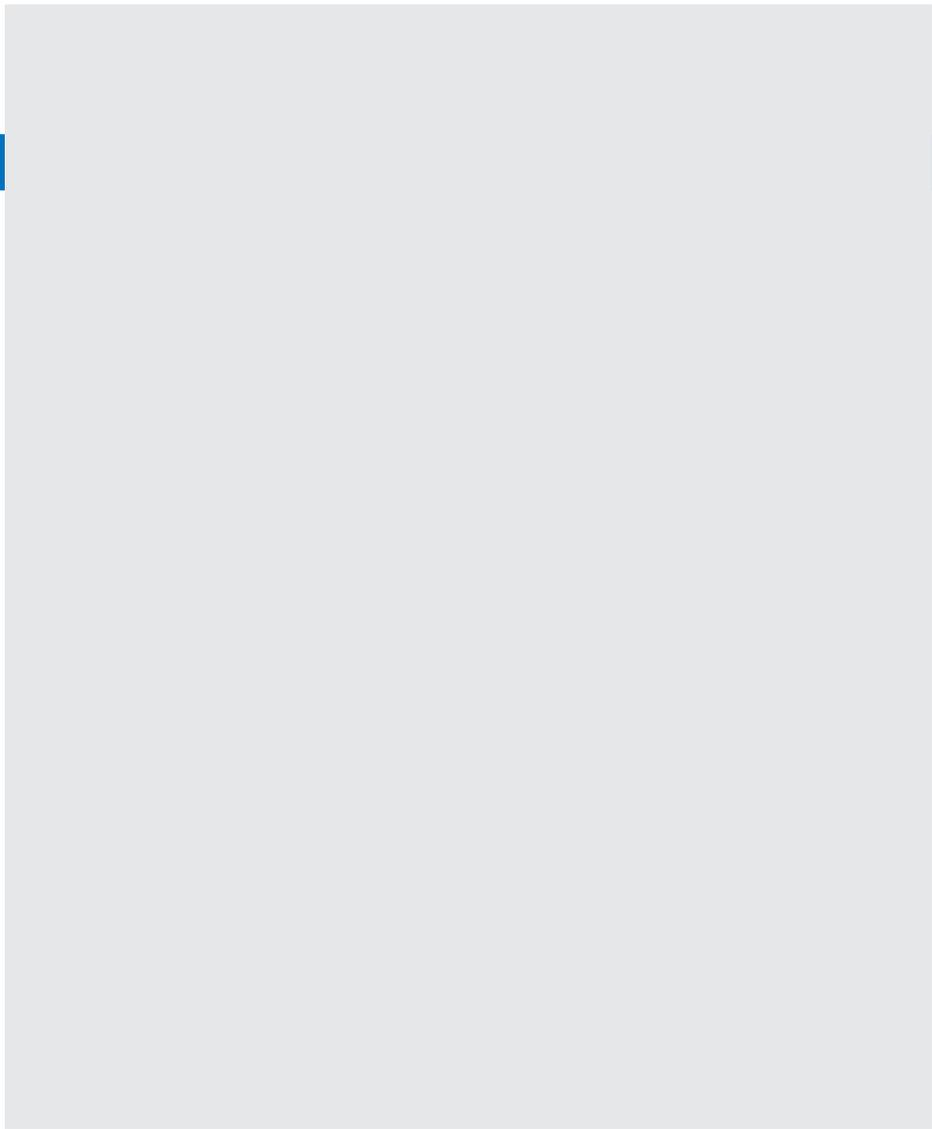
thereby increasing knowledge and confidence.

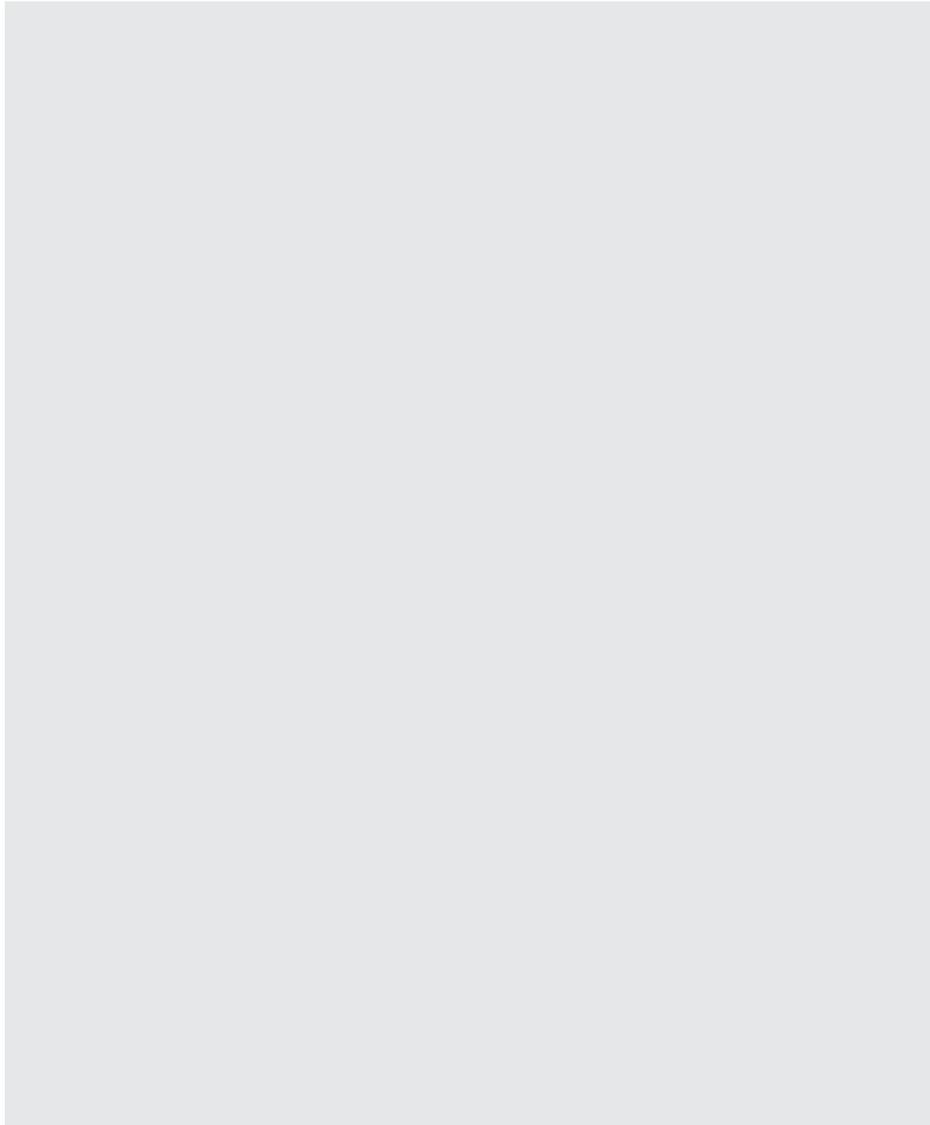
Intended Outcomes:

- The development of our cluster and streamlining of services.
- Defining leadership roles within our cluster.
- Engagement and knowledge will be stored and improved.
- The development will support our population needs by increased knowledge of project leadership management.
- Increased development of joint working with primary care, secondary care, communities and the local council

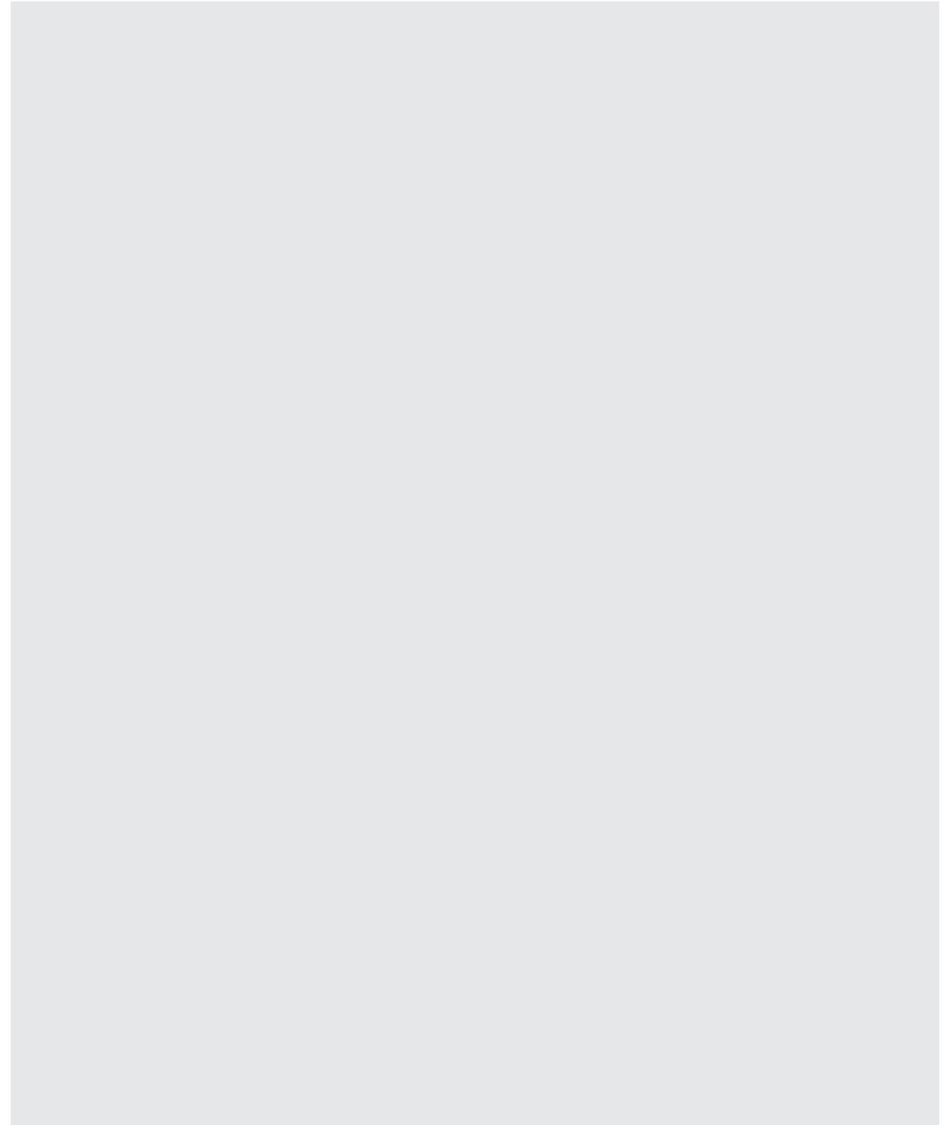


What one thing stood out for you today?
What one thing will you commit to doing following this session?
Please use this space for any personal reflections.





32. Primary Care Leadership Collaboratives



33. Primary Care Leadership Collaboratives

Please submit this to your facilitator within two weeks of the impact day.

1. Did the impact day and group session affect your plans for your project?

Yes No If yes, please briefly list the elements affected:

2. What changes have you made as a result of the day, if any? (up to 300 words)

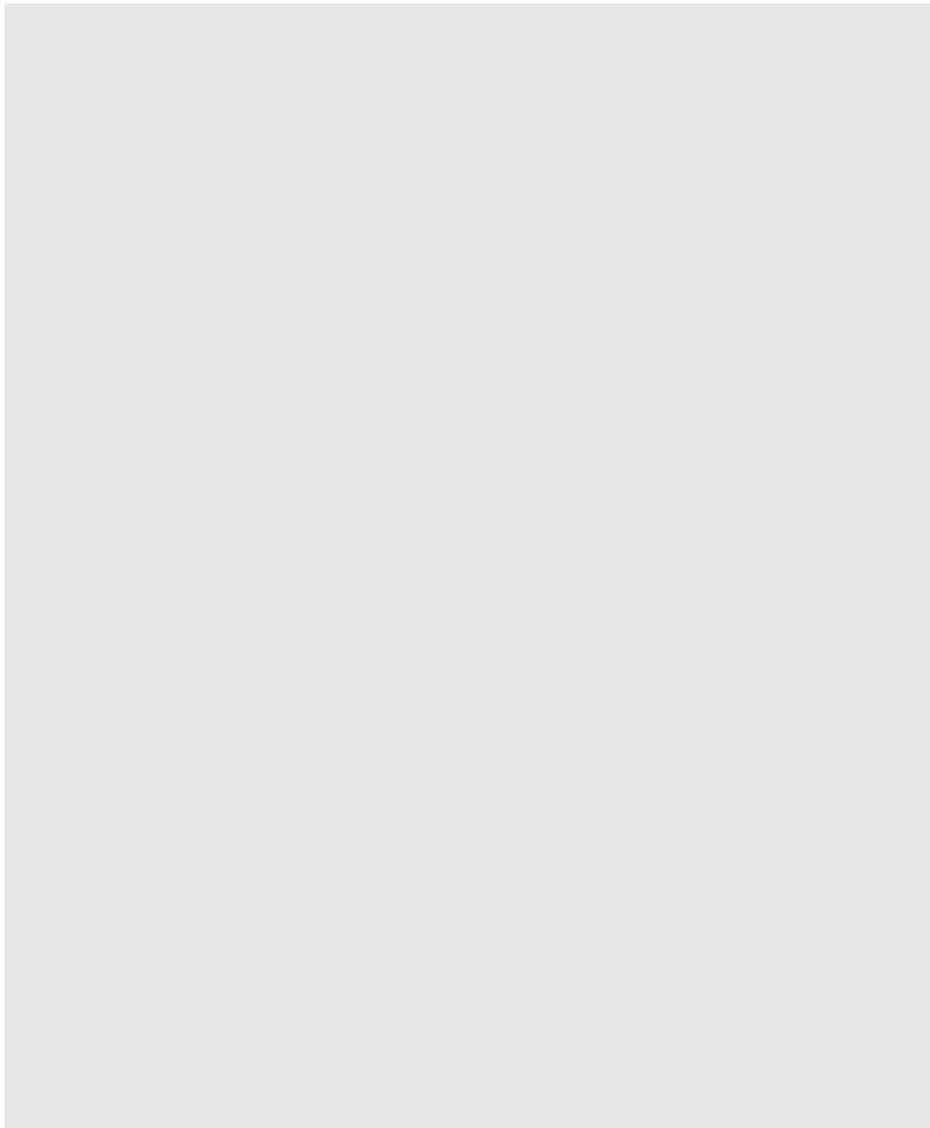
3. What might your trio do differently overall? (up to 300 words)

4. What might you do differently overall? (up to 300 words)

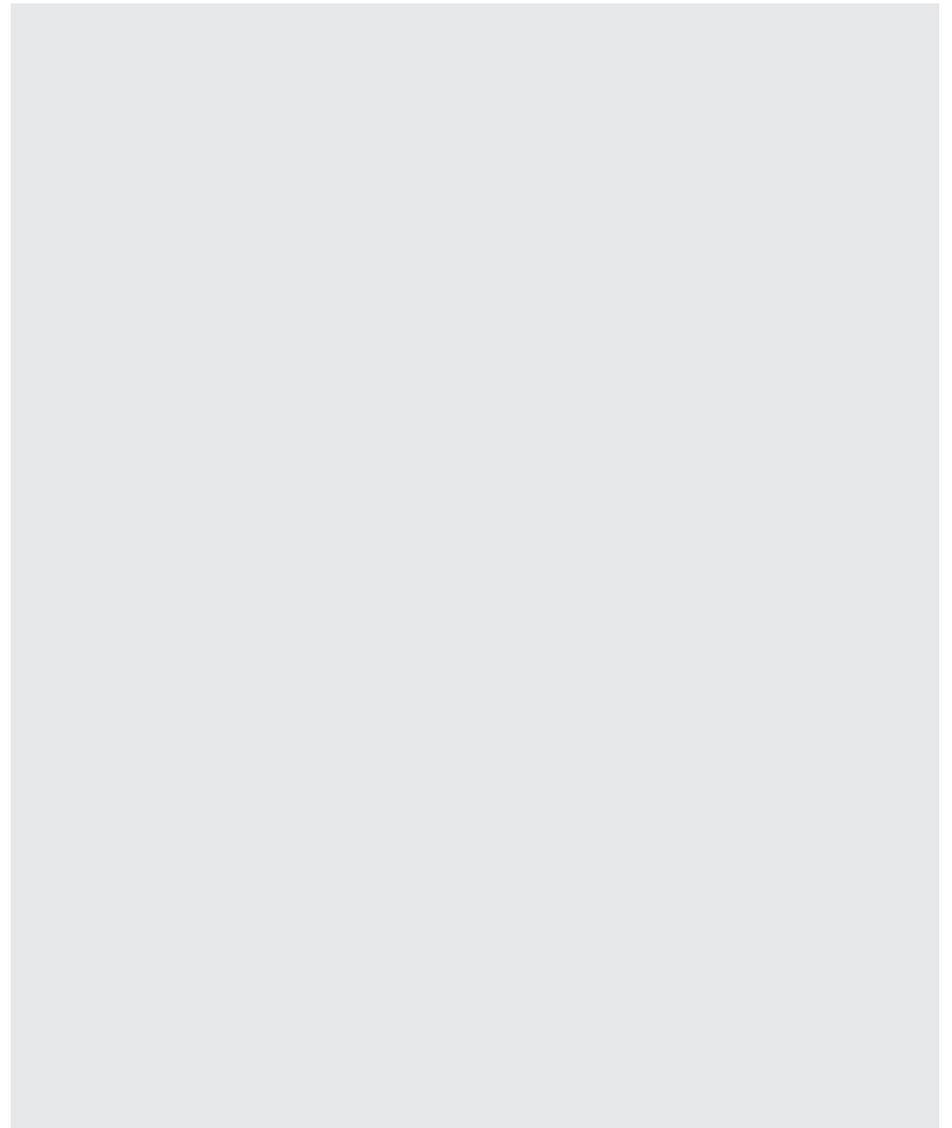
Impact Day 2 - Wednesday 10 April 2019

Your thoughts, notes and reflections

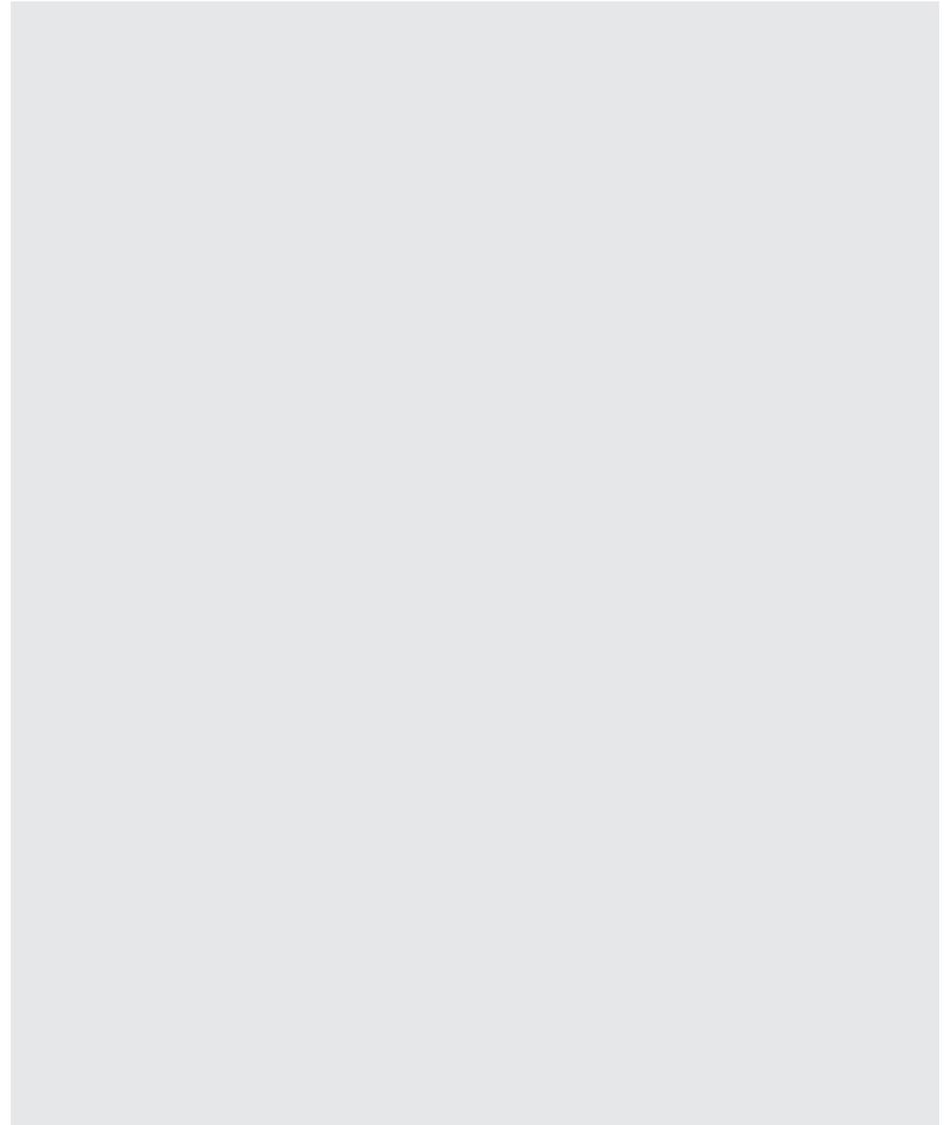
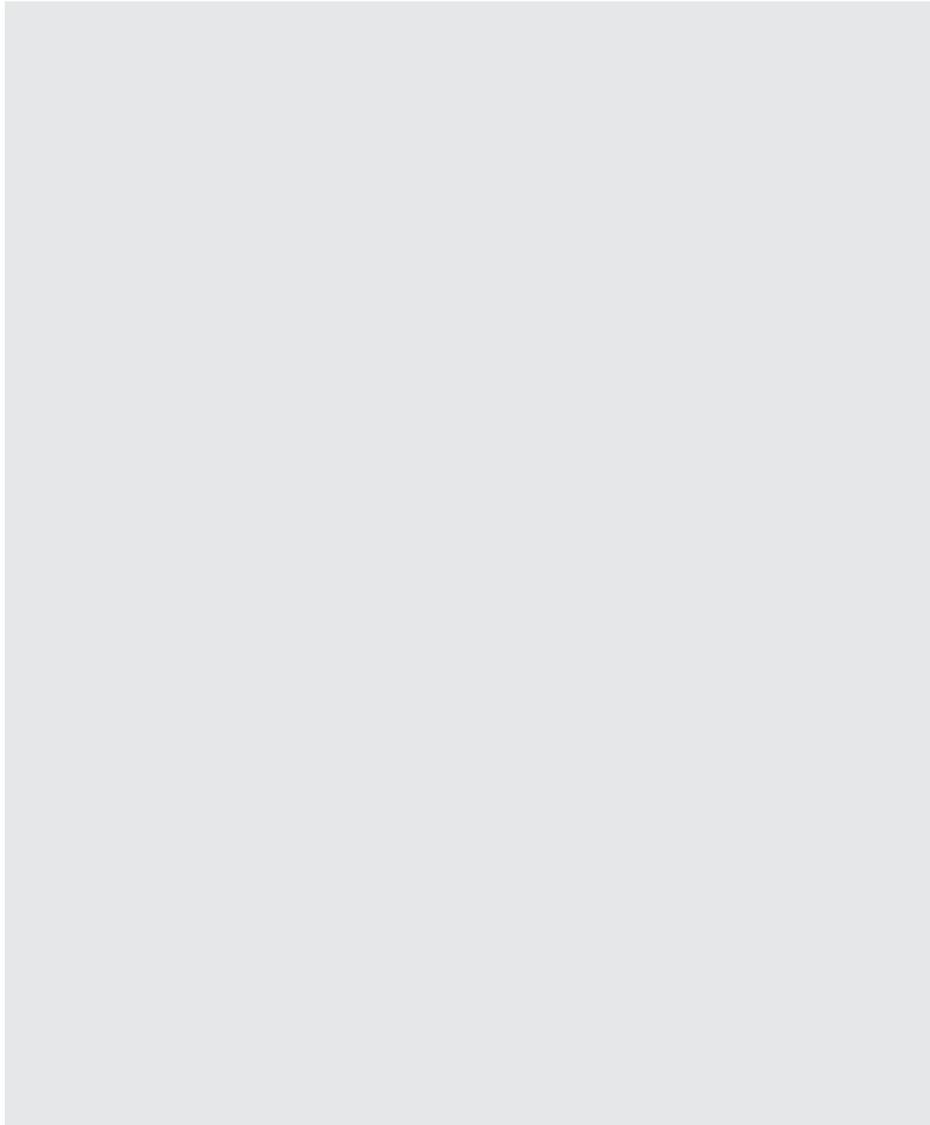
What one thing stood out for you today?
What one thing will you commit to doing following this session?
Please use this space for any personal reflections.



38. Primary Care Leadership Collaboratives



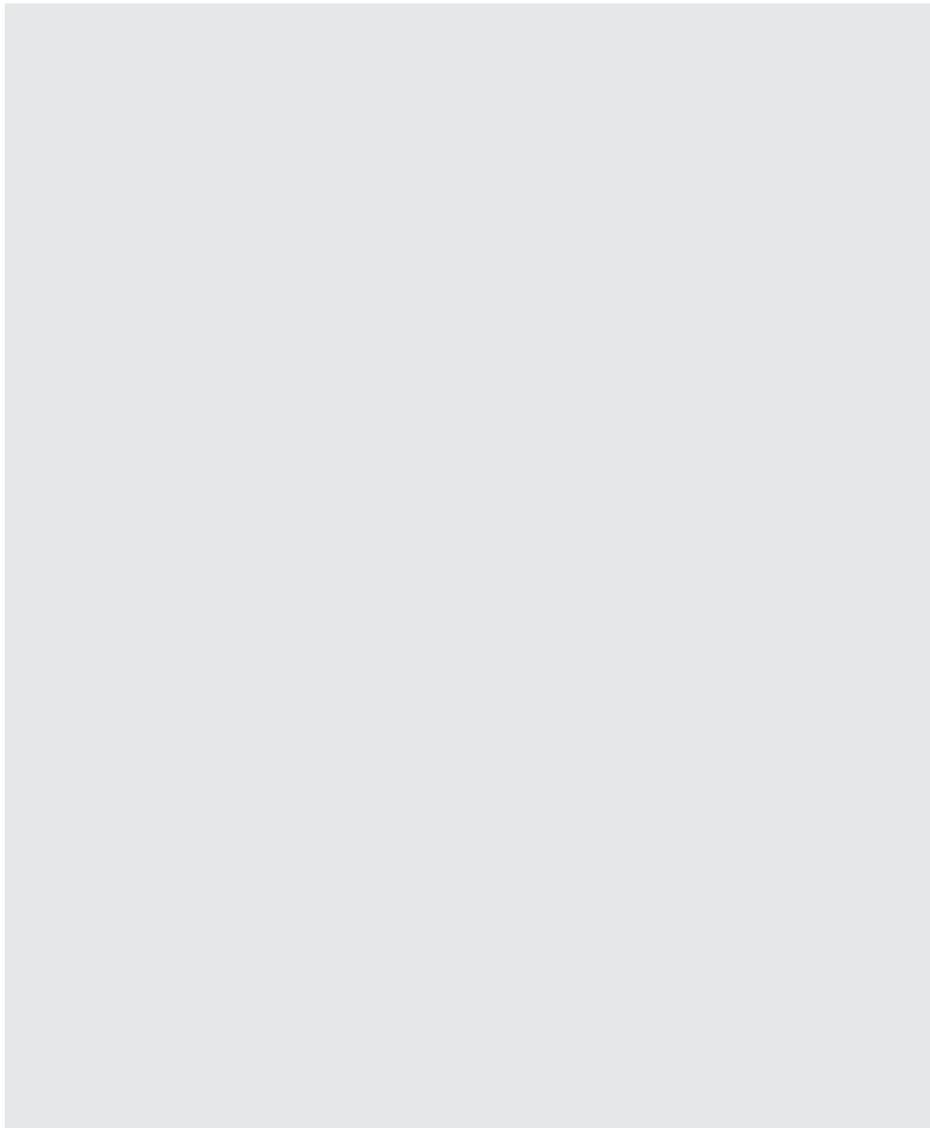
39. Primary Care Leadership Collaboratives



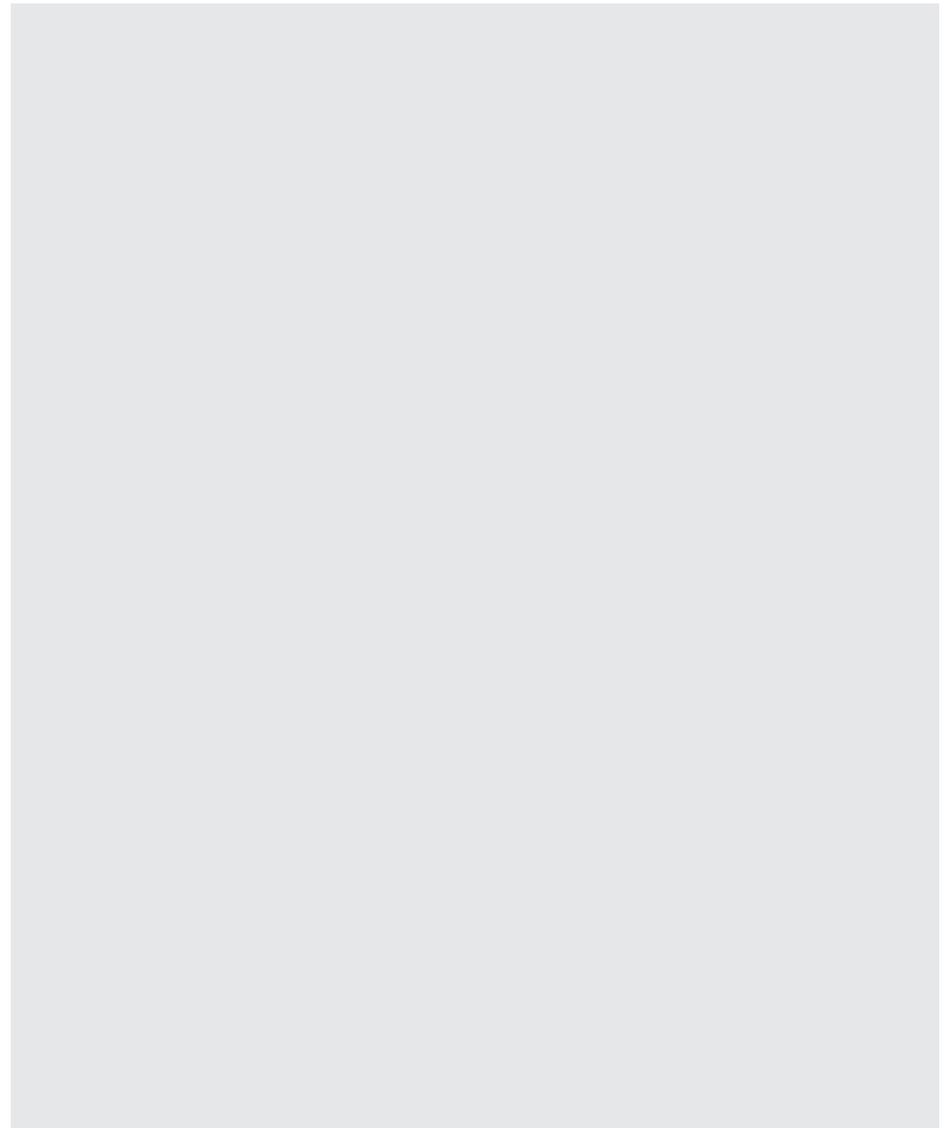
Impact Day 3 - Wednesday 22 May 2019

Your thoughts, notes and reflections

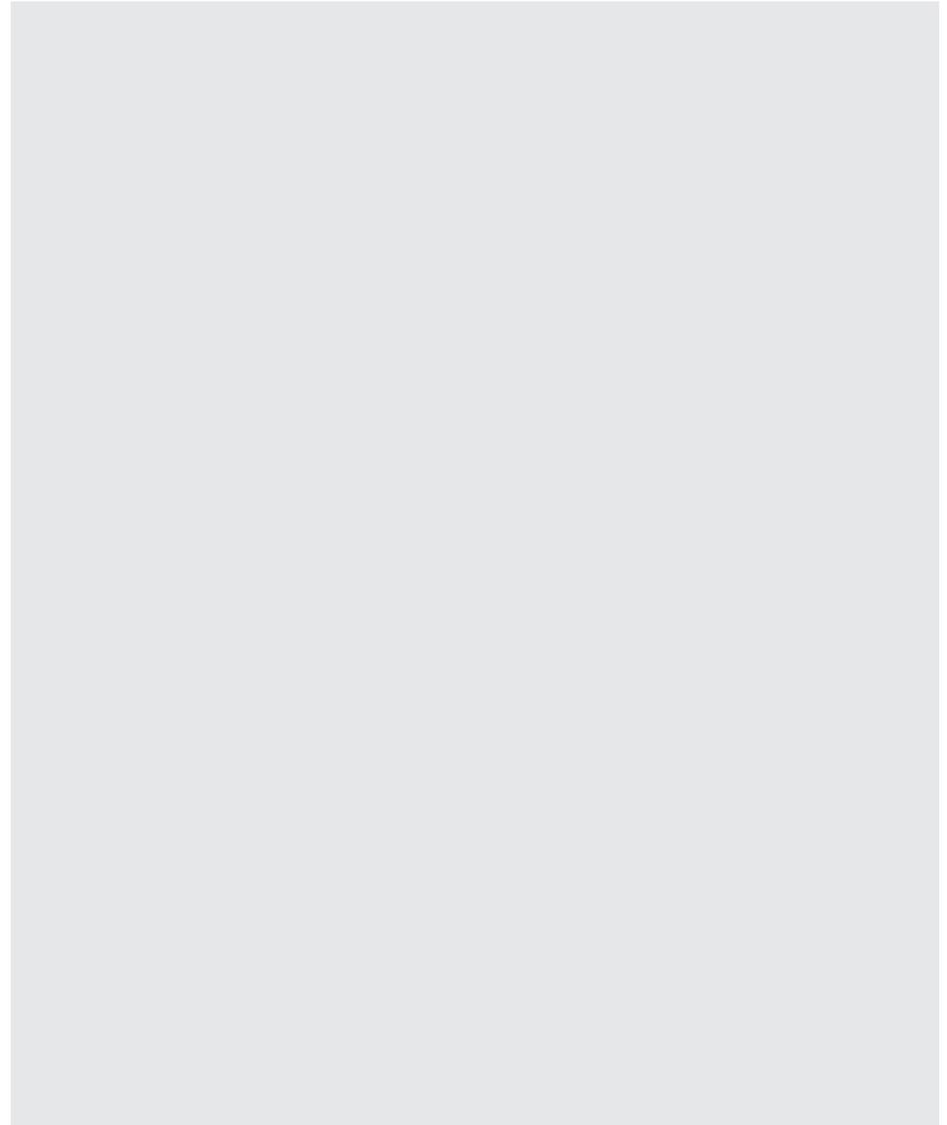
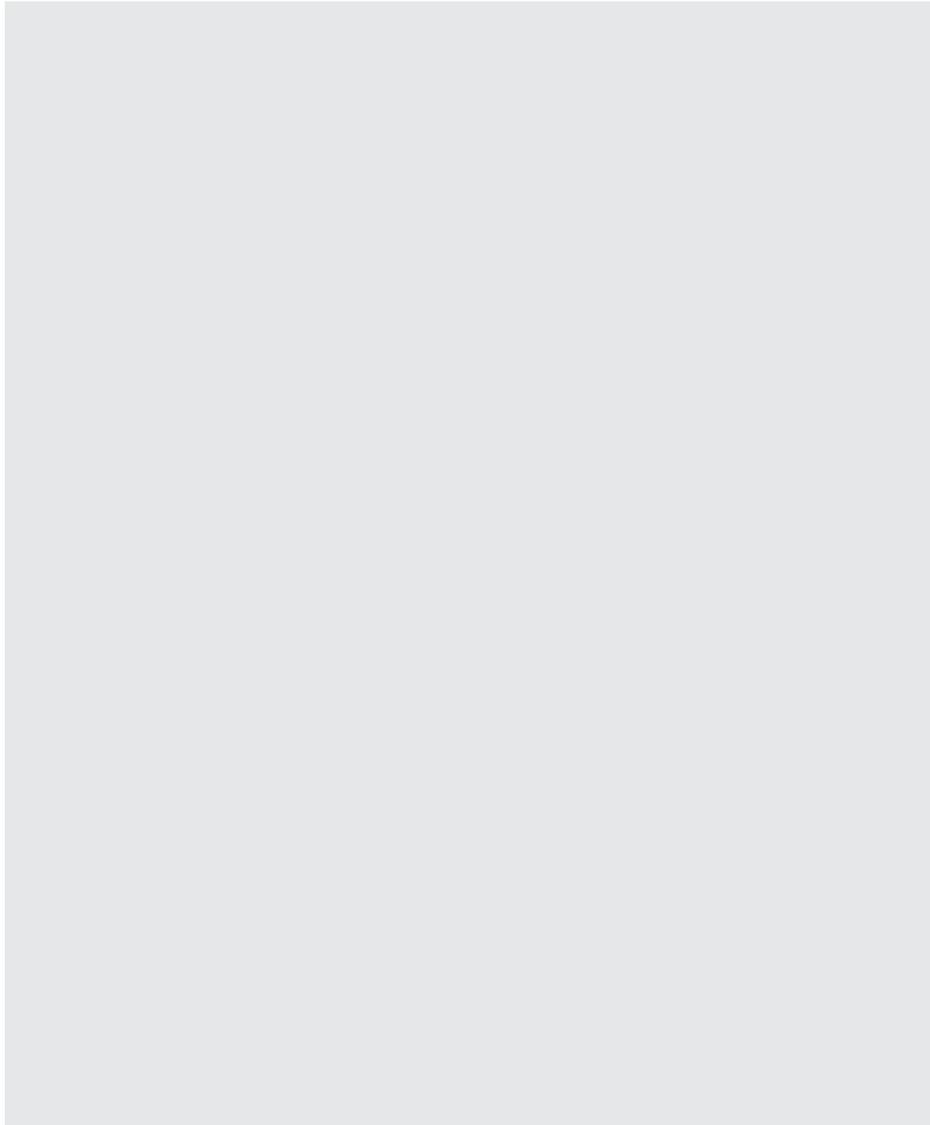
What one thing stood out for you today?
What one thing will you commit to doing following this session?
Please use this space for any personal reflections.



44. Primary Care Leadership Collaboratives



45. Primary Care Leadership Collaboratives



Programme Delivery Team and Facilitators

Programme Lead



Dr. Vijay Nayar

GP Dean at Health Education England. GP in Bedford, Visiting Professor at Cranfield University and Member of the faculty of the Harvard Macy Institute for their Leading Innovations in Health Care and Education course.



Dr. Sarah Rann

Assistant Medical Director, Lead CDAO NHS England (Midlands and East) East, Associate Dean, Professional Support and Careers, Health Education England East

Sarah is a GP currently working for NHS England East as an Assistant Medical Director. She also coaches. She has been a locum, retainer, partner appraiser, GP tutor, LMC committee member, clinical assistant, OOH director, and spent time working in tertiary level care.

She also spends time with increasing numbers of grandchildren, family and friends.



Nick Barker

General Dental Practitioner, Chair Essex Local Professional Network, Postgraduate Dental Tutor, Postgraduate MSc Clinical Lecturer at University of Essex, Honorary Senior Lecturer Barts & The London Medical & Dental Institute, Medico-Legal Expert Witness, Member BDA UK Council, Member of BDA General Dental Practice Committee.



Dr. Julie Glenn

GP and Managing Partner in a large market town practice in Norfolk and a CCG Clinical Governing Body Member and Quality Lead. Qualified Leadership Coach.

Julie attended the East of England Primary Care Leadership Collaborative as a delegate in 2016/17 and is delighted to now be helping to facilitate delivery of this innovative Primary Care leadership programme.

Programme Delivery Team and Facilitators



Helen Oliver

Senior Programme Director - Eastern AHSN

With a background in criminology Helen began her career within a national offending profiling team, she then moved into roles within local government, regional government and health. In these roles Helen has led complex and innovative strategic partnerships across health, adult social care and community safety.

She joined the Eastern AHSN in September 2016, having previously held the position of Managing Director of Care City - a Healthy Ageing Innovation Centre based in North East London.



Dr. Rob Houghton

MB ChB DRCOG DCH MRCGP

Robert Houghton qualified from the University of Liverpool in 1988. He started his medical rotation in Lincoln and gathered GP experience in Melton Mowbray. He has worked as a GP and Trainer at Oundle surgery for 19 years and is passionate about education, training and lifelong learning. He joined the Practice as a GP partner in October 2016. Dr Houghton enjoys all aspects of General Practice with particular interests in palliative care, mental health and empowering patients to manage their complex problems. Rob is married with 4 very grown up children. His wife works as a GP in Sawtry. Out of work, he enjoys all forms of exercise, plays competitive sport including football and hockey and represented GB as a member of the British Medical Football Team "master over 45's Team".



Dr. Mark Attah

GP Principal and Associate Postgraduate GP Dean Health Education England

Mark served as Executive Director for the Greater Peterborough Network where he Chaired the Programme Board for the Prime Ministers Challenge fund which successfully won a bid for £2.6 million to develop extended access to primary care. He also served as a member of the Board of the Local Commissioning Group and Quality Lead for the Cambridgeshire and Peterborough CCG. Mark has an MBA from Loughborough University Business School. He is a Fellow of the Royal College of General Practitioners (FRCGP) and Member of the Faculty of Medical Leadership and Management (MFMLM). Mark continues to support a number of charities across Africa in the areas of Health, Education and Entrepreneurship.



Karen Bloomfield

Head of East of England Leadership Academy

Karen leads on the implementation and management of the local and national leadership work streams aligned to the strategic framework Developing People, Improving Care and as an integral part of our work with the National and local Leadership Academies. This includes work on the key priorities of talent management, system leadership and building leadership for inclusion. Karen qualified as a nurse at University College Hospital in 1983. She has worked in community nursing in North London and held senior clinical nursing posts in Hertfordshire. She then moved roles into workforce development and leadership. Throughout her career she has had a passion for developing staff and keeping a focus on high quality care for patients.

Programme Delivery Team and Facilitators



Elisabeth Hopman

Elisabeth is a Portfolio GP, an NHS HEE Coach and Mentor (ILM7), a GP Appraiser and an Associate GP Tutor at Norwich Medical School. She is a linguist and loves human narrative and embracing difference. She is passionate about General Practice, education and life long learning ... working collaboratively and enabling others to be the best that they can be.

Administration Support

Jacqueline Smith

Leadership Programme Manager

Angela Darling

Leadership Programme Administrator

Amber Ramans-Harborough

Leadership Administrator

Michael Ejeomo

PGMDE PA Support Team

All information will be added to the programme microsite at: https://eoeleadership.hee.nhs.uk/PCLC_2019_Coh4

For any queries, please email leadership.eoe@hee.nhs.uk in the first instance.

Resources

Publications:

- The little book of Large Scale Change, NHS Improving Quality
- Organisational Behaviour (4th edition). I Brooks; Pitman
- Seven habits of highly effective people. S Covey. Simon and Schuster
- Clinical leadership - a framework for action - published January 2019
Professionally diverse leadership teams including senior clinicians at board level increase the likelihood of meeting the complex challenges facing the NHS. We have created a framework to help providers make the most of the talents of all their existing workforce. <https://improvement.nhs.uk/resources/clinical-leadership-framework-action/>

Articles:

- Turning Doctors into Leaders. Lee T H Harvard Business Review April 2010, 50-58
- The four habits of high-value health care organisations Bohmer R J N Eng J Med, 2011 365:2045-2047
- Leading Change: Why transformation efforts Fail Kotter J P Harvard Business Review March-April 1995
- Will disruptive innovations cure health care? Christensen C M, Bohmer R and Kenagy J Harvard Business Review September October 2000
- The Innovator's DNA Dyer J H, Gregersen H B, Christensen C M Harvard Business Review December 2009

Tools:

- 360 Feedback - Leadership Academy (2015) Healthcare leadership model 360 degree feedback tool. Available at: <http://www.leadershipacademy.nhs.uk/resources/healthcareleadership-model/supporting-tools-resources/healthcareleadership-model-360-degree-feedback-tool/>
- Mind Tools www.mindtools.com
- Introverted Leaders <http://www.introvertedleaders.co.uk/>
- Coaching register https://eoeleadership.hee.nhs.uk/coaching_and_mentoring
- Mentoring register https://eoeleadership.hee.nhs.uk/coaching_and_mentoring
- The Edward Jenner Leadership Fundamentals programme <https://www.>

Resources

leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/

Resources

Videos:

- www.TED.com
- Kate Atkin - Effective Networking <https://www.youtube.com/watch?v=LGdwOJtmQcg>
- Kate Atkin - Making Impact ... Confidently https://www.youtube.com/watch?v=9oSEGkWL_wY
- Association for Project Management - What's the project management. <https://www.youtube.com/watch?v=Jk-JwtScIw>
- Prof Michael West - Breaking through boundaries: culture, team working and leadership challenges https://www.youtube.com/watch?v=4O6U3f3_904
- Elaine Mead, Chief Executive of NHS Highland - Leading health and care integration: a whole systems approach <https://www.youtube.com/watch?v=r6EmKW05o3U>
- Linda Holbeche - How OD can make a difference to organisational performance <https://www.youtube.com/watch?v=or7-Wo-XFDk>
- Hear Professor Michael West speaking on Compassionate Leadership. <https://www.youtube.com/watch?v=ORXthT32vcY>

Webinars:

Also as part of our Improvement Leaders Collaboratives we are able to offer access to a number of webinars, register and you'll be able to see the on demand webinar. https://eoleadership.hee.nhs.uk/resources_videos_articles

- Using data and measurement for improvement - Martin Land, Director of Landmark Health Consulting
- Unconscious process, systems psychodynamics and the practice of system leadership - Anne Benson, Principal Consultant and Researcher, The Tavistock Institute
- Enabling system leadership - critical success factors - Debbie Sorkin, National Director of Systems Leadership, The Leadership Centre
- Myths and mechanisms for diffusion of innovation - David Albury, Director, Innovation Unit

Resources

Useful Links:

- Association of Dental Administrators and Managers <http://www.adam-aspire.co.uk/>
- Association for Project Management <https://www.apm.org.uk/>
- Care Quality Commission <https://www.cqc.org.uk/>
- Developing People, Improving Care <https://improvement.nhs.uk/resources/developing-people-improving-care/>
- Eastern Academic Health Science Network (EAHSN) <http://www.eahsn.org/>
- Eastern Region Public Health Observatory (ERPHO) - Key public health datasets. https://www.herc.ox.ac.uk/downloads/health_datasets/browse-data-sets/eastern-region-public-health-observatory-erpho-key-public-health-datasets
- East of England Leadership Academy https://eoeleadership.hee.nhs.uk/home_
- Faculty of Medical Leadership and Management www.fmlm.ac.uk
- Finance Skills Development Network <http://www.skillsdevelopmentnetwork.com/home>
- General Dental Council <https://www.gdc-uk.org/>
- General Practice Bulletin subscribe at <https://www.england.nhs.uk/email-bulletins/general-practice-bulletin/>
- General Practice Forward View <https://www.england.nhs.uk/gp/gpfv/>
- General Practice Nursing Forum <https://www.rcn.org.uk/get-involved/forums/general-practice-nursing-forum>
- Health Education England Advancing Dental Care <https://www.hee.nhs.uk/our-work/advancing-dental-care>
- Health Education England General Practice Nursing <https://www.hee.nhs.uk/our-work/general-practice-nursing>
- King's Fund <https://www.kingsfund.org.uk/>
- National Health Executive <http://www.nationalhealthexecutive.com/>
- NHS Collaborate <http://www.nhscollaborate.org/> A community of practice for leaders, by leaders and is a platform for collaboration across Primary care It has a range of podcasts and resources at <http://www.nhscollaborate.org/news-views/podcast-mark-spencer-on-a-visionary-new-model-for-general-practice/>
- NHS Confederation <http://www.nhsconfed.org/>
- NHS England Dental <https://www.england.nhs.uk/commissioning/primary-care/dental/>

- NHS England General Practice <https://www.england.nhs.uk/gp/>
- NHS England General Practice Nursing <https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/>
- NHS England General Practice On Line <https://www.england.nhs.uk/gp-online-services/>
- NHS England New Care Models <https://www.england.nhs.uk/new-care-models/>
- NHS England Primary Care Support <https://pcse.england.nhs.uk/>
- NHS England Spotlight on Primary Care <https://www.england.nhs.uk/nhs70/spotlight-series/primary-care/>
- NHS Health Education England <https://heeo.hee.nhs.uk>
- NHS Improvement <https://improvement.nhs.uk/>
- NHS Improvement - Creating a culture of compassionate and inclusive leadership <https://improvement.nhs.uk/resources/culture-leadership/>
- NHS Improving Quality <http://www.nhsiq.nhs.uk/>
- NHS Leadership Academy <http://www.leadershipacademy.nhs.uk/>
- Nuffield Trust - Evidence for better healthcare <https://www.nuffieldtrust.org.uk/our-priorities>
- Practice Managers Association <https://practicemanagersuk.org/>
- Practice Management Network <https://www.practicemanagement.org.uk/>
- Primary Care Improvement Community Newsletter subscribe by emailing england.si-pcic@nhs.net
- Public Health England <https://www.gov.uk/government/organisations/public-health-england>
- Quality Improvement Guide for General Practice <http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/quality-improvement-guide-for-general-practice.aspx>
- Royal College of General Practitioners <http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/quality-improvement-guide-for-general-practice.aspx>
- The Health Foundation <https://health.org.uk/>
- The Strategy Unit - Evidence Insights Sept 2018 edition - outcomes from new care models and vanguards <https://mailchi.mp/95bcdce19a0e/1v4i4qu307-1292065?e=cd57d5cf75>

Resources



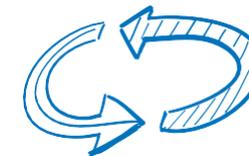
Eastern Academic Health Science Network:

Eastern Academic Health Science Network <https://www.eahsn.org/about/> is one of 15 Academic Health Science Networks (AHSNs) set up to spread innovation at pace and scale across the healthcare system - in order to achieve the ultimate goals of both improving health and generating economic growth. We work in partnership to bring resources and learning together for the primary care collaboratives programme such as the primary care podcasts <https://www.eahsn.org/resources/primary-care-talks-podcasts/> talks hosted by Dr Hasan Chowhan. You can sign up for the monthly newsletter <https://www.eahsn.org/resources/monthly-newsletter/> or/and the specific newsletter on improvement <https://www.eahsn.org/resources/improvement-newsletter-2/> for up to date information on initiatives and events.

Follow on Twitter [@TheEAHSN](https://twitter.com/TheEAHSN) or on LinkedIn at <https://www.linkedin.com/company/the-eastern-academic-health-science-network-eahsn-/>

- Primary Care Talks <https://www.eahsn.org/resources/primary-care-talks-podcasts/>
- Innovation Exchange <https://www.eahsn.org/our-work/innovation-and-industry/innovation-exchanges/>
- Supporting Transformation 1 <https://www.eahsn.org/our-work/improving-health-and-care/supporting-transformation-nhs/self-care/>
- Supporting Transformation 2 <https://www.eahsn.org/our-work/improving-health-and-care/supporting-transformation-nhs/primary-care-accelerator-2/>
- Supporting Transformation 3 <https://www.eahsn.org/our-work/improving-health-and-care/supporting-transformation-nhs/emop-3/>

Every picture tells a story ... Doodle and Draw



**Every connection builds your network ...
Keep Your Contacts**



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**East of England Leadership Academy
Health Education England**

2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

<https://eoeleadership.hee.nhs.uk>

https://twitter.com/NHS_HealthEdEng

<https://twitter.com/eoeleadership>