



Leadership Academy

East of England

Primary Care Leadership Collaboratives Cohort 5

Programme Guide and Workbook 2019/20



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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, teams and networks.

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 and the Long Term Plan 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/ICS), training hubs and the developing Primary Care Networks (PCN'S) 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:

Primary Care Leadership Collaboratives (PCLC) are designed to support local teams and Primary Care Networks (PCNs) in developing leadership capabilities in each of the east of England, Integrated Care Systems and Sustainability and Transformation Partnerships ([see map](#)).

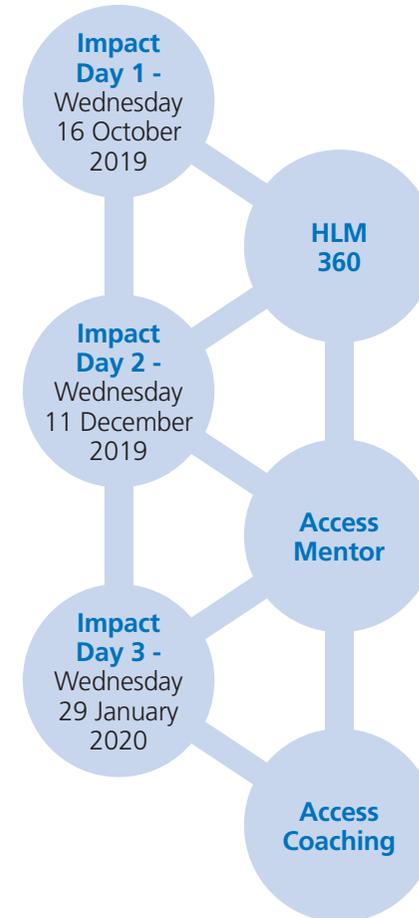
This is not intended to be the definitive leadership development programme for primary care but a process to encourage networking, project work and greater interest and involvement in leadership amongst a multi-professional group. It is expected that those who complete this programme might then go on 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 and networks 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 collaborative 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 29 January 2020.



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 the system culture 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://eoe.leadershipacademy.nhs.uk/primary-care-leadership-collaborative-programme/> 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://eoe.leadershipacademy.nhs.uk/development-support/coaching-and-mentoring/>

Programme Dates

Impact Day 1 - Wednesday 16 October 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 11 December 2019

Intended learning outcomes:

- Consideration of what creates the conditions and climate for inclusive, engaging and productive team working

Impact Day 3 - Wednesday 29 January 2020

Intended learning outcomes:

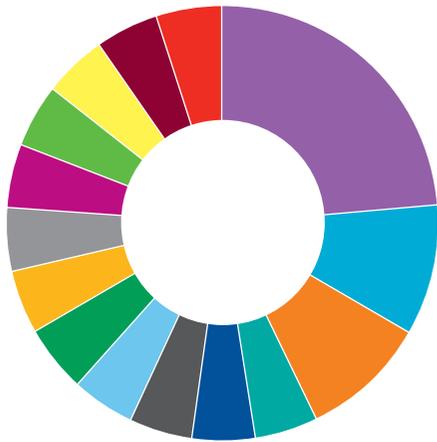
- An exploration of system leadership
- Sustainability and maintaining momentum

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.

Participants Summary and Data

Collaboratives Role



- Practice Manager - 5
- GP - 2
- GP Partner - 2
- Chair LDN (East Anglia) - 1
- Chief Operating Officer - 1
- Clinical Leadership Fellow - 1
- Clinical Team Lead - 1
- Deputy Practice Manager - 1
- Head of Transformation - 1
- Leadership Fellow - 1
- LDN Chair Essex - 1
- Nurse Development Lead - 1
- Practice Support Manager - 1
- Senior Clinical Leadership Fellow - 1
- Senior Leadership Fellow - 1

Total = 21 Participants

STP/PCN's

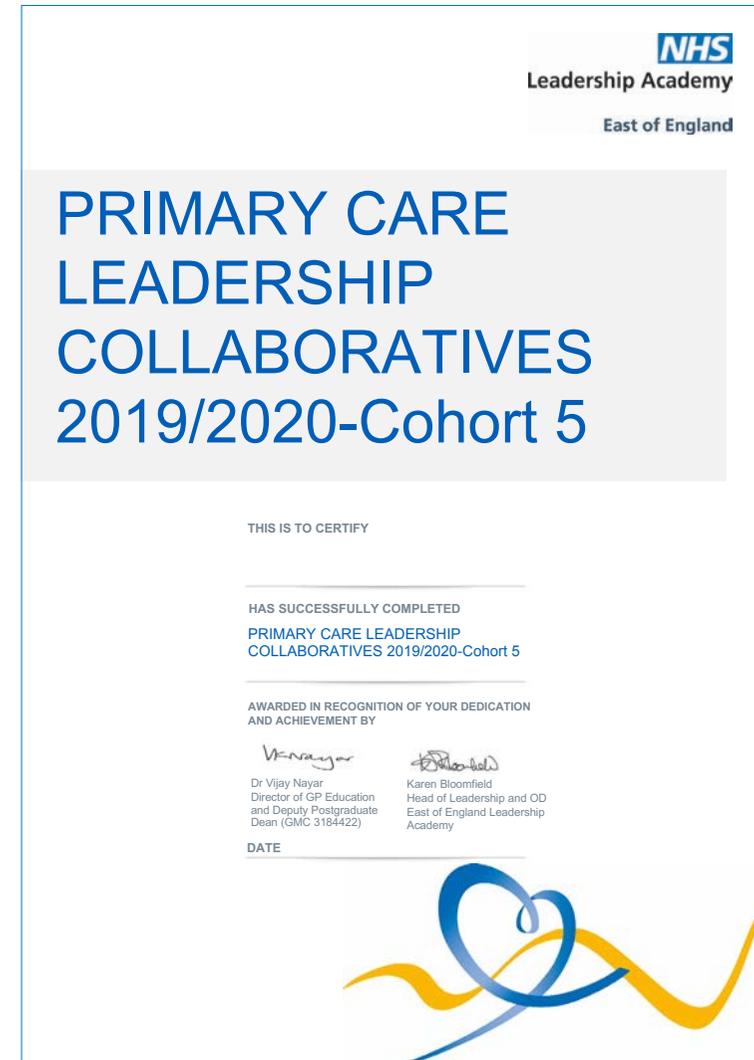


- Bedford, Luton and Milton Keynes - 2
- Mid and South Essex - 3
- Norfolk and Waveney - 6
- Suffolk and North East Essex - 10

Total = 21 Participants

Certificate

On completion of the programme participants receive certificates



Collaboratives within Bedford, Luton and Milton Keynes STP Putnoe and Linden Medical Partnership

Members:

Dr Tajvir Gill

GP Partner

Putnoe and Linden
Medical Partnership

Sam Paul

Practice Manager

Putnoe and Linden
Medical Partnership

The Collaboratives' initiatives support delivery of the following:

Develop leadership within our partnership and PCN to meet the long-term plans principle of; 'transforming quality of care'

- Working with Primary Care Networks.
- Working with New teams
- How to choose areas to focus as to best improve patient outcomes
- Best use of resources
- Agreeing way forward when practices may have different priorities/patient groups and needs
- Change management structures and leadership to adapt to the implementations of PCN
- Ensuring Patient Safety
- Working with a developing ICS
- Adapt to the development of an

Integrated Care System in BLMK and identify leadership within our organisation and PCN to lead on the change.

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

We hold an APMS contract for our GP Practice and Walk in Centre. Two years ago, we joined a GMS contract within a soft merger to strengthen both practices to ensure they both are sustainable for the future.

The new Partnership now cares for approx. 21,700 registered patients between the two sites, plus the Walk in Centre seeing approximately 30,000 patients per year. It allows best use of clinical and managerial skills and provides mutual support in the increasingly challenging world of general practice. There are also some economies of scale and sharing of management and expert clinical skills but primarily our purpose is to create an environment where expertise can flourish to benefit our patients.

- Practice Management in merged practices
- APMS - regular contract tender/review meetings

- Running a Walk in Centre
- Primary Care Networks
- International GP Recruitment
- Training practice - GP Trainees, Medical Students, Trainee Physician Associates, Minor Illness Nurses.

Our partnership has joined with London Road Health Centre and Cauldwell Medical Centre to form the East Bedford Primary care network. We have begun work to develop our PCN. In the PCN we have an active role in its development. PCLC will give a wider view of healthcare systems and learn from colleagues' different experiences.

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

We are in the very early stages of working collaboratively with our PCN, although we have been working very closely within our previous cluster groups. Individuals have extensive experience and knowledge. 25 years of NHS Experience within Secondary and Primary setting. Practice Management skills including Project Management, HR and Health & Safety. GP's involved in developing PCN. Share knowledge and resources. Provide great opportunities for cross-

skilling and networking and can even improve employee engagement levels.

Collaborative Objectives:

- To improve leadership capacity and capability in our practice to help improve patient outcomes. Looking specifically at integration and innovation across the BLMK ICS through collaboration with our PCN network practices and the CCG.
- To focus on developing a positive, inclusive and people-centred culture that engages and inspires all our people and with a clear focus on improvement and advancing equality of opportunity.
- To strengthen our contribution to prevention and health inequalities.
- Ensuring our vision of improving future outcomes for communities by forming a fully integrated community-based health care model.

Intended Outcomes:

Clear development of leadership skills without our organisation, helping to pave a clear direction of

travel with involvement in the PCN and development of the BLMK ICS. Where leaders focus on developing, engaging and supporting their people to improve services for patients.

To ensure we develop a model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.



Collaboratives within Mid and South Essex STP

CDS-CIC, LDN Essex

Members:

Veni Cochrane

Leadership Fellow
CDS-CIC

Nick Barker

LDN Chair Essex
Woodcock Road Surgery

Rachel Doogan

Senior Leadership Fellow
CDS-CIC

The collaboratives' initiatives supports delivery of the following:

This initiative supports to deliver two proposals to improve local services.

We aim to:

Support the BSPD Dental Checks by 1 (DCby1) program, which also mirrors the NHS commissioning initiative: Starting well core: 0-2s dental access and prevention framework, both which aims to encourage parents/carers/guardians to register their child before the age of 1 for dental check-ups and advice. Recent Public Health England reports have shown dental caries in children to be a significant problem, with dental caries being

the most common reason for a child to have treatment under a general anaesthetic. The preventative program aims to encourage early engagement with dental services for children, encourages dentists to welcome children under one to register and offer an exam and dental health advice and encourage an early positive approach to dental services. We aim to distribute this information within the dental network as well as other teams e.g. GMPs, health visitors, midwives, pharmacy.



Formulate a local network for general dental practitioners, practice managers, dental nurses and dental care professional so this information is disseminated to all of the dental team across Essex. This will also allow for information to be sent to all or part of the dental team and choose which areas of Essex you may want to engage. This will allow a more efficient and effective way in provision of dental information within the dental team.

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

Formulation of an excel spread sheet to incorporate all dental practices, practice managers, dentists, DCPs and dental nurses across the whole of Essex so a comprehensive contact information list is available to then distribute information.

Formulate an information strategy to distribute DCby1 to the wider team.

We will work together to ensure we have a comprehensive and exhaustive list from dental practices - our aim is that information can be given to as many relevant professionals so to raise awareness not only for

this project but all future projects, information programmes, audits, anything that is relevant to the wider team.

Development of a strategy to promote DCby1 - this may involve information leaflets, webinars, posters to distribute to both dental and local health teams.

Development of a feedback strategy to evaluate if this information has been effectively distributed

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

The collaborative will bring a set of clinicians with already developed skills in project management and clinical knowledge that are able to enhance and develop these skills further. The formulation of a robust communications list to cover the whole of Essex will require us to work as a team, effectively and efficiently using our knowledge, communication skills and organizational skills as well as collaborate with relevant networks to bring this project together in an effective manner. To produce a communications list which is incomplete would be pointless, thus

the importance of effective team work and communication so this is a successful project that can be used and maintained for the future.

Following production of this communications list we can use it to disseminate information for the DCby1 campaign ensuring the information given is effective and interesting for dental practices to make the campaign a priority in their surgeries. This information will also be distributed to local health networks - health visitors, midwives, GMPs.



Collaborative Objectives:

Effective communications network to distribute information to specific dental practice members as well as the whole team, to be able to localize this distribution to certain areas within Essex if required. Relevant information can then be passed on to patients.

To empower dental practices with information which in this case, advertise material and promote DCby1 so patients/carers/guardians are aware of the initiative.

A distribution list for the primary care network and system to effectively engage in the dental community. Update of this list will mean information is passed on to relevant team members in an effective way Distribution of DCby1 information to local health teams to engage a wider network involved in this campaign.

Intended Outcomes:

An effective communications system for Essex where information can be sent to specific or all members of the dental team keeping Essex communication network robustly efficient and effective. This can be analysed and used elsewhere.

Providing information for DCby1 to the dental profession and others in an effective manner across the region. Increase the number of children registered with a general dental practitioner and ensuring effective dental advice is being given for this group of patients.

Locally we will have an improved communication tool to contact local surgeries and provide information. If this information is effectively introduced to the dental network it can then be used for other local networks complementary to oral health e.g. health visitors, midwives, pharmacies, GMP.



Collaboratives within Norfolk and Waveney STP

One Norwich, Woodcock Road Surgery,
Trinity and Bowthorpe Medical Centre

Members:

Tracey Bullard

Head of Transformation
One Norwich

Dr Raija Blenk

GP, Norwich PCN (North Neighbourhood) Clinical Director
Woodcock Road Surgery

Dr Nick Morton

GP, Norwich PCN (West Neighbourhood) Clinical Director
Trinity and Bowthorpe Medical Centre

The Head of Transformation together with the Clinical Directors focuses on the implementation and delivery of the following area:

- The Network Contract DES
- PCN Maturity Matrix
- The Primary Care Strategy
- The NHS Long Term Plan

The work programmes above require detailed planning, but mostly enthusiasm from leaders and collaboration with key stakeholders to drive the change required within general practice. We believe by attending the Primary Care Leadership Collaboratives it is a chance to develop and enhance key skills to embrace these new ways of system working. There is a clear system message that needs to be distributed with buy in from all, and it is our job as team leaders to do this in the best way we can.

Norwich has some peculiarities compared to the rest of the Norfolk and Waveney STP which is why the practices took a decision to become a single PCN. Some of the challenges include:

- By 2024 the population is set to increase by 5,000, with those over 65 years increasing by 10%.

The collaboratives' initiatives supports delivery of the following:

OneNorwich supports and acts as the delivery vehicle for Norwich Primary Care Network (PCN).

Norwich PCN is made up of 22 GP Practices, a Clinical Director along with four Neighbourhood Directors. As Norwich PCN is quite unique in its single approach to delivery care for the 238,000 patients across the City the team felt it appropriate and beneficial to apply to be part of this exciting collaborative leadership programme.

- Ageing Workforce, 25% of GP's and 35% of Nurses are over 54, and 18% of the Norwich GP Workforce is projected to retire in the next 5 years.
- The working age population has higher pockets of deprivation and ethnicity.
- A higher than national average of alcohol-related illness and self-harm.
- Lower levels of healthy eating resulting in higher levels of obesity.
- Relatively high acute hospital activity due to stroke and heart attack.

As a collective we would like to learn to create further time and strategies to allow greater development on these areas, making space to be pro-active instead of re-active.

There are currently some great collaborative interventions taking place across Norwich which could be showcased and enhanced further.

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

OneNorwich together with practices have spent the previous 18 months working on the 10 High Impact Actions. This has improved

development, joint working and practice resilience. All practices within Norwich PCN are rated Good or Outstanding with CQC. Status reports are produced monthly and shared with practices and CCG colleagues to show the engagement and achievements from both practices and any external colleagues involved with the variety of current projects.

Tracey Bullard as Head of Transformation for OneNorwich is tasked by the Norwich PCL to support practices and the 5 Clinical Directors to deliver the requirements of the new National Network DES. Dr Blenk and Dr Morton are new Clinical Directors and together we meet regularly as a group to plan and scope what is required going forward. We are working with practices and external stakeholders to scope their needs and the needs of the population to look at how we can at scale ensure the successful rollout of the 7 national specifications.

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

The collaborative will offer a breadth of knowledge to the PCLC made up of but not exhaustive of:

- Practice Management Experience
- Strategic Management
- Primary Care Commissioning
- GP Skills
- LMC representation

The various collective leadership positions above have also allowed for experiences including managing teams, individuals, working with external stakeholders, and most importantly working with and listening to patients to identify their needs.

The group acknowledges that even the wide range of skills above that the PCLC can further enhance what is required from a very enthusiastic team of leaders with the Norwich PCN.

Collaborative Objectives:

OneNorwich is all about change, and doing things differently, to enable our citizens to live their lives by living well. The collaborative is passionate about making a difference and driving change to achieve better health and social outcomes, whilst also creating resilience by changing our workforce and trying to enable a better work life balance for our GP practices.

The collaborative also works with the STP in guaranteeing that we

can move the Primary Care Network Maturity Matrix agenda along for Norwich, and recognizing that Leadership, planning and partnerships features in this, can also see additional benefit.

We are confident that with the learning from the PCLC it will allow us to delivery clinically excellent medicine with better efficiency and greater personal fulfilment.

Intended Outcomes:

The aim is that on completion of the PCLC, it will assist us with both our organizational and system vision of: -

- Being recognized as the body for delivering exceptional leadership and transformation support for general practice in Norwich, having achieved material success in accelerating general practice at scale.
- To be trusted as a single voice for general practice in Norwich, engaging with partners to deliver service innovation and improvement.
- To have a sustainable business model ensuring the longevity of OneNorwich as a leader in the local health and care system.

Collaboratives within Norfolk and Waveney STP

Health Education England, NHS England,
Norfolk and Norwich University Hospital

- For the existence of sustainable, clinically excellent general practice to deliver core services to patients in Norwich, where general practice is working together, collaboratively.
- General practice is delivering extended services, enhanced access, capability and efficiencies, improved outcomes and is supported by a more resilient primary and community workforce.
- General Practice in Norwich is an enjoyable and attractive place to work.
- For the delivery of an integrated model of primary and community care at scale working as part of a sustainable integrated care system, where care is characterized by the patient at the centre, with clinical excellence, collaboration and interoperability at the heart of delivery.



Members:

Issar Hussain

Clinical Leadership Fellow
in Oral Surgery
*Health Education England,
East of England*

Asha Thomson

Senior Clinical Leadership Fellow
East Anglia, Specialty Doctor
in Oral and Maxillofacial Surgery
*NHS England, Norfolk and Norwich
University Hospital*

Tom Norfolk

Chair LDN (East Anglia), Lead Dental
Advisor NHS England
*Health Education England,
NHS England*

The collaboratives' initiatives supports delivery of the following:

- Improved oral health needs assessment and treatment for adults in care homes. Therefore, improving oral health for such patients in-line with CQC recommendations (June 2019).
- Better links and relationships between General Dental Practices and care homes, resulting in improved access and care for patients.

- Improved awareness of oral health care needs for adults in care homes.
- Training for care home workers and dental care professionals in assessing oral health.

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

Currently, the lack of robust assessment and provision of oral health care within care homes has been highlighted following a CQC inspection and report 'smiling matters-oral health in care homes' 'This can result in a number of issues-such as inadequate or poor oral hygiene, lack of education with care home staff caring for vulnerable patients within these settings and dental treatment only being sought on an urgent basis when patients are in pain which may lead to an increased risk of patients becoming systemically unwell as access to adequate dental services may be challenging. It is imperative that oral health needs have the same priority as other physical and mental healthcare needs, and this is indeed true for those patients who may be amongst some of the most vulnerable in society.

This project aims to improve the assessment of oral health for adults in care homes, improve knowledge and education in relation to prevention and to facilitate better links between the dental community and care homes. This in turn is expected to improve prevention, dental access and improved referral pathways between primary care dental services and care homes. Some of the work involved would include training of staff and the implementation of 'dental care professionals' through a dental champions network as a branch of the Local Dental Network (LDN) who could help bridge the gap between general dental practices and adults in care homes.

Our role as Clinical Leadership Fellow, Senior Clinical Leadership Fellow and Chair of the Local Dental Network East Anglia is to further develop leadership skills through a supportive network and approach this project with a collaborative working style by engaging with key leaders, stake holders, care homes and primary care dental teams within East Anglia.

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

The collaborative will bring a dental perspective of the issues surrounding oral health care provision to adults in care homes as well as further insight into:

- Common dental issues and access barriers identified within care homes
- Challenges related to oral health care and prevention within care homes
- Relevant guidelines such as NICE guidelines for adults in care homes
- Oral health assessment tools and CQC engagement

Within our collaborative we have:

- A young dentist within a leadership hosted by Health Education England to achieve leadership goals within Oral Surgery during a Clinical Fellowship post. Experience with both primary care and secondary care settings, and exposure to leadership areas such LDN meetings, conferences and Continual Professional Development opportunities

- A former PCLC attendee now in the role of Senior Leadership Fellow post with NHS England approved due to leadership commitments and work carried out within previous role who has a desire for collaboration and improvement of services within the region. Also has other roles involved within secondary care, teaching and chair of the Leadership Fellow Alumni, HEE.
- An experienced dental professional currently working in primary care setting and has a number of roles; Chair of the East Anglia Local Dental Network, lead dental advisor for NHS England (midlands & east), Exec member of the national association of dental advisors.

The above shows from the collaborative that there are a variety of skills, experience and knowledge with shared visions of improving services within primary care NHS.

Collaborative Objectives:

To further develop leadership, teamworking and management skills to develop a system which will benefit oral healthcare for adults in care homes and provide a collaborative

approach within primary care dental services. This will also involve applying and learning innovative skills and project management techniques in a supportive environment which will be of huge asset in driving the project forward through the region of East Anglia.

The skills developed within the PCLC will continue to positively impact patients throughout the collaboratives careers pathways in future within a variety of settings.

The benefits to the primary care network would be to put forward and support solutions to barriers within the dental provision existing between general dental practices and care homes. This will aim to improve access issues for such patients, improve oral hygiene and prevention and improve efficiency for patients within a vulnerable setting.

This will also aid to develop a community approach to patient care, improved oral health assessments from a range of different health care professionals and better provision of dental services such as dental care professional domiciliary visits.

Collaboratives within Suffolk and North East Essex STP The Colte Partnership

Intended Outcomes:

- Increased emphasis on oral healthcare needs for adults in healthcare, and an improved network between dental professionals and care homes resulting in better provision of prevention, access and treatment.
- Clear and effective oral health needs assessment tool
- Reduced waiting times for adults in care homes to access dental care

- More efficient referral pathways for adults in care homes
- Monitoring and evaluation to demonstrate improvement in changes/system.

This will help ensure patients are being treated in the right setting, within appropriate time frames and by the appropriate health care professional with emphasis being placed on improving oral health prevention and basic oral health needs within care homes.



Members:

Martin Chapman
Chief Operating Officer
The Colte Partnership

Dr Rob Lenart
GP Partner
The Colte Partnership

Zoey Hilliard
Practice Manager
The Colte Partnership

Jo Chaplin
Practice Manager
The Colte Partnership

Katie Pirie
Practice Manager
The Colte Partnership

The collaboratives' initiatives supports delivery of the following:

The Colte Partnership has a broad range of initiatives falling out of a well-defined and mature Strategic Plan. These range from Compliance & governance, Clinical Research & Innovation, Centralising Clinical Services, Central Back-Office, Financial and Administrative Services.

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

The Colte Partnership are proactively and progressively working towards collaborative working models across several workstreams including Payroll and Finance, Workforce, Clinical Services.

Clinically, the Extended Access service is delivered centrally, as too now is the Extended Hours DES requirement. MSK services are also being integrated into all partnership branches as a centrally managed service with a new pilot recently awarded funding to deliver a completely centrally managed and delivered Home Visiting Service.

Having formed 3 neighborhoods within the one PCN we are looking at how to deliver needs across a smaller group on a 'proof-of concept' basis to then extend across the wider PCN.

GP Partners, having formed 'Colte' two years ago are keen to work collaboratively and as a collective to bring about scale savings and services supporting the need to reduce workforce pressures but also deliver services closer to home, better

for Patient Service and care and also easing pressure from secondary care in some cases.

Practice Managers maintain responsibility for the successful daily operational delivery of services within the Branches but now also work together as a Partnership collective on joint working matters.

The Chief Operating Officer is responsible for the successful delivery of the Partnerships Strategic plan and the governance requirements at an Organisational level.

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

The Colte Partnership have already developed a strong and mature Strategic Plan which aligns with the 10 High Impact Action, the Higher Ambitions and the PCN Maturity Matrix. This plan has been presented to the CCG and has gained their support. Having introduced a dedicated and independent Executive we have already learned many lessons around working at scale, cross-practice working, benefits and limitations.

Collaborative Objectives:

Certainly it would be hugely beneficial to further input into leadership and managing at scale across what have been, historically, dedicated and committed practice units with, in some instances, very different working methods and ideals - even down to personal preference in some areas, making standardization and larger scale collaborative working a real challenge. We need to learn more about the real-life operational impact and requirements of the PCN framework. Implementing and working on a day-to-day basis is not necessarily reflected in the framework documentation.

Intended Outcomes:

We believe it will help us, as a Partnership to start deliver the Strategic Plan with more agility and faster which is critical to the success of the organisation. If the training helps us to roll out collaborative projects quicker, with a better understanding of the obstacles and how to overcome them this will lead to evident progress within the organisation for patient services and workforce work/life balance benefits.

Collaboratives within Suffolk and North East

Essex STP West Suffolk CCG, Orchard House Surgery, Oakfields Surgery, Rookery Surgery

Members:

Rachel Seago
Practice Support Manager
West Suffolk CCG

Megan Quinlan
Practice Manager
Orchard House Surgery

Nicky Jones
Nurse Development Lead SPC-ANP
Oakfields Surgery

Virna Hale
Deputy Practice Manager
Rookery Surgery

Jane Sharland
Clinical Team Lead
West Suffolk Community Services

- Child young person's Mental Health (CYP Mental health)
- Mental health
- Drugs and alcohol abuse

Alongside this we have a group focussing on the Well-being hub and the development of the more connected integrated workspace between organisations both from the integrated neighbourhood and in the wider community span. The focus will consider the best arrangement to create a central location for services.

There is also a forum focussing on the development of the core Integrated Neighbourhood Team (community health, mental health and social care), establishing relationships between these teams. The second priority of the INT would be fragility, this due to the cohort of patients the community health team deal with, intertwined with all this dementia, social isolation and other geriatric priorities would be handled in this forum also.

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

Strengthening our integrated neighbourhood teams, we all have a role to play within this as the

The collaboratives' initiatives supports delivery of the following:

We are working in an Alliance with our health and social care colleagues, this includes our local council, community services including mental health, hospital, GP practices and the voluntary sector. Through joint working we have identified priorities for our area to which the proposed participants are based - Newmarket.

The top-level priorities are:

Impact Day 1 - Wednesday 16 October 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.

Primary Care Networks engage with the wider Alliance partners and have meaningful multi-disciplinary team meetings to enable better patient care, less duplication in our local system and also identifying the gaps in services for the local population of Newmarket.

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

- Experience from working within another county who had active alliance working already with some practices already formed into networks.
- Clinical input and hands on patient experience with those type of patients within the priority groups.
- Leadership experience from within the CCG.
- Knowledge of the area of where we want to improve patient care.

Collaborative Objectives:

- Increased confidence to pursue improvements within the local system and influence change.
- Further development of leadership skills.
- Relationship building.
- Better understanding of the needs

within this identified area.

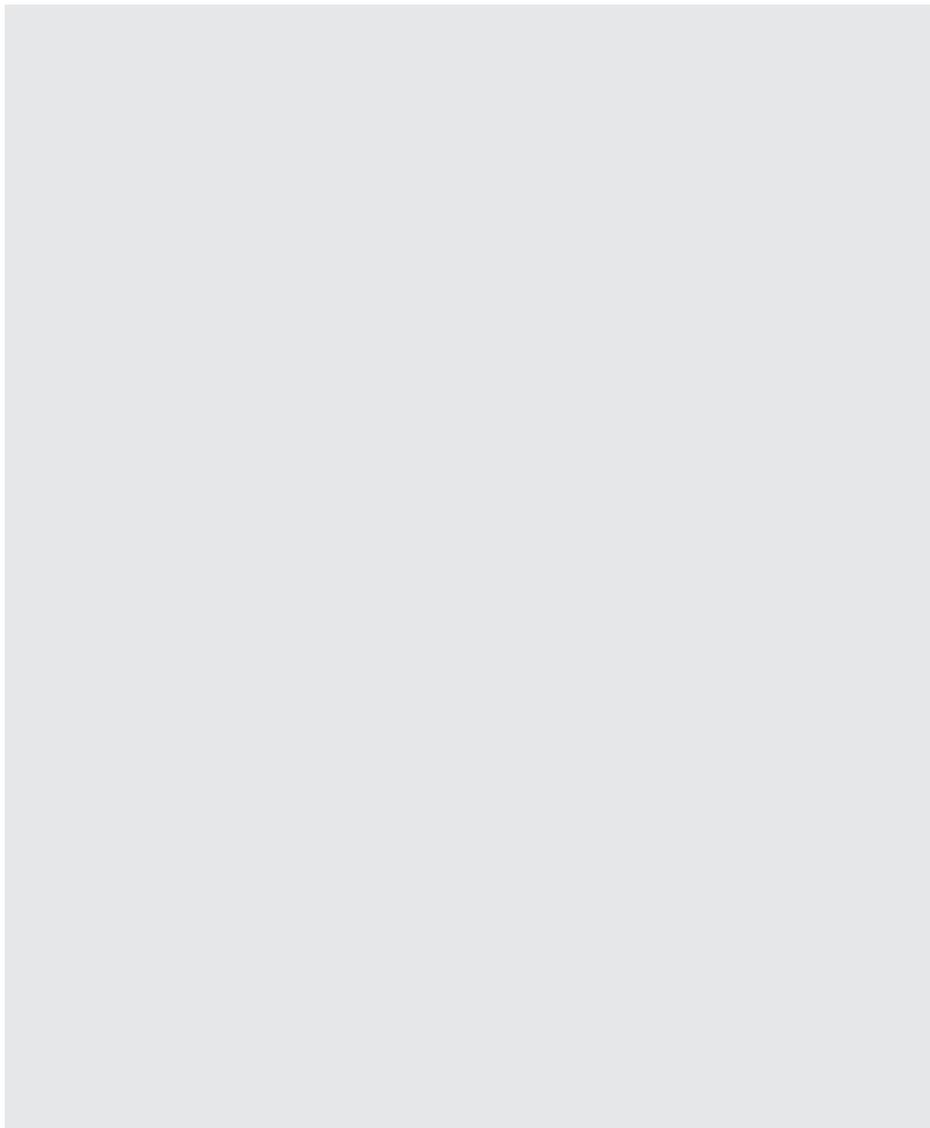
The organisations that we work in will benefit from the advanced skills learnt on this course. Protected space to learn and consider quality improvements for the people of Suffolk.

Intended Outcomes:

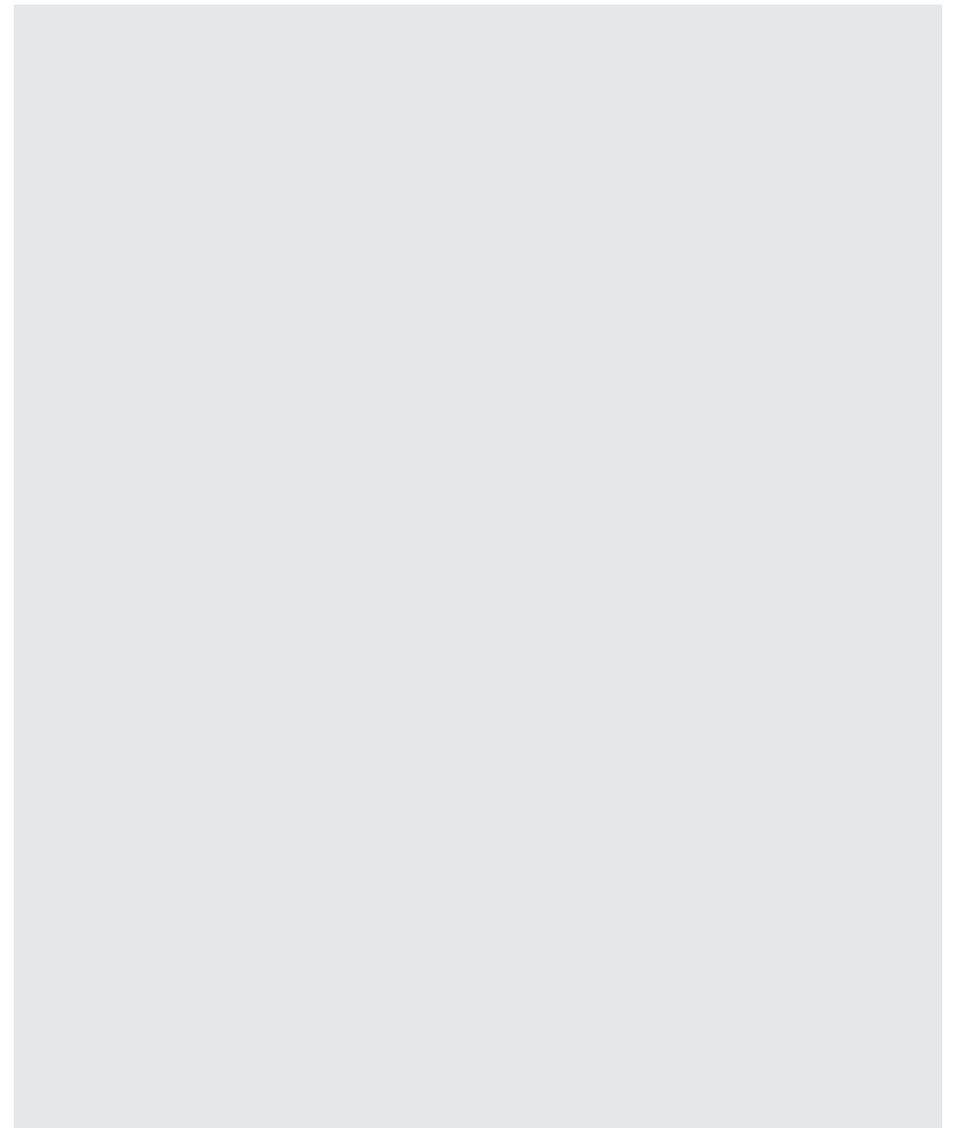
Sustainability and resilience within the system. We want to move from working as individual organisations towards being a fully integrated single system.

Better co-ordination of services around the individual so it feels like one service, with integrated care plans.

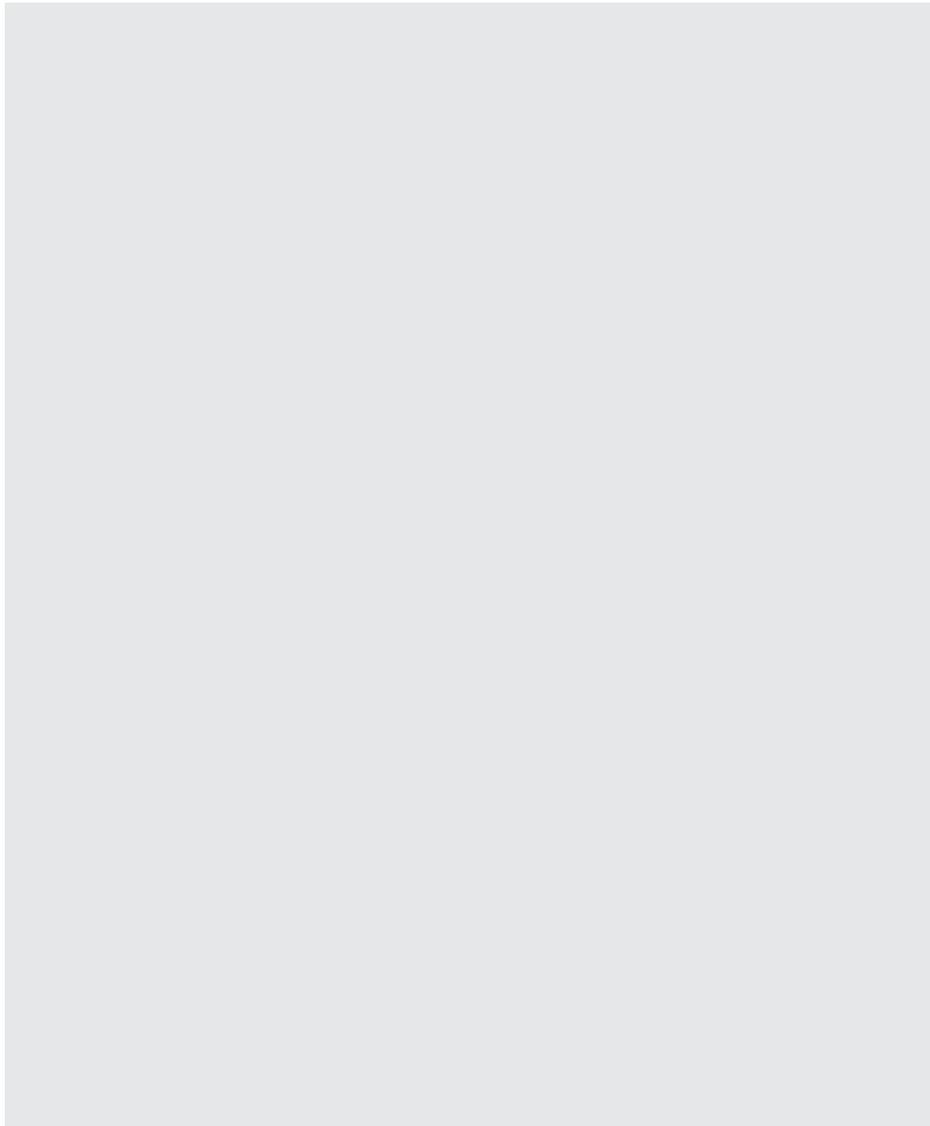




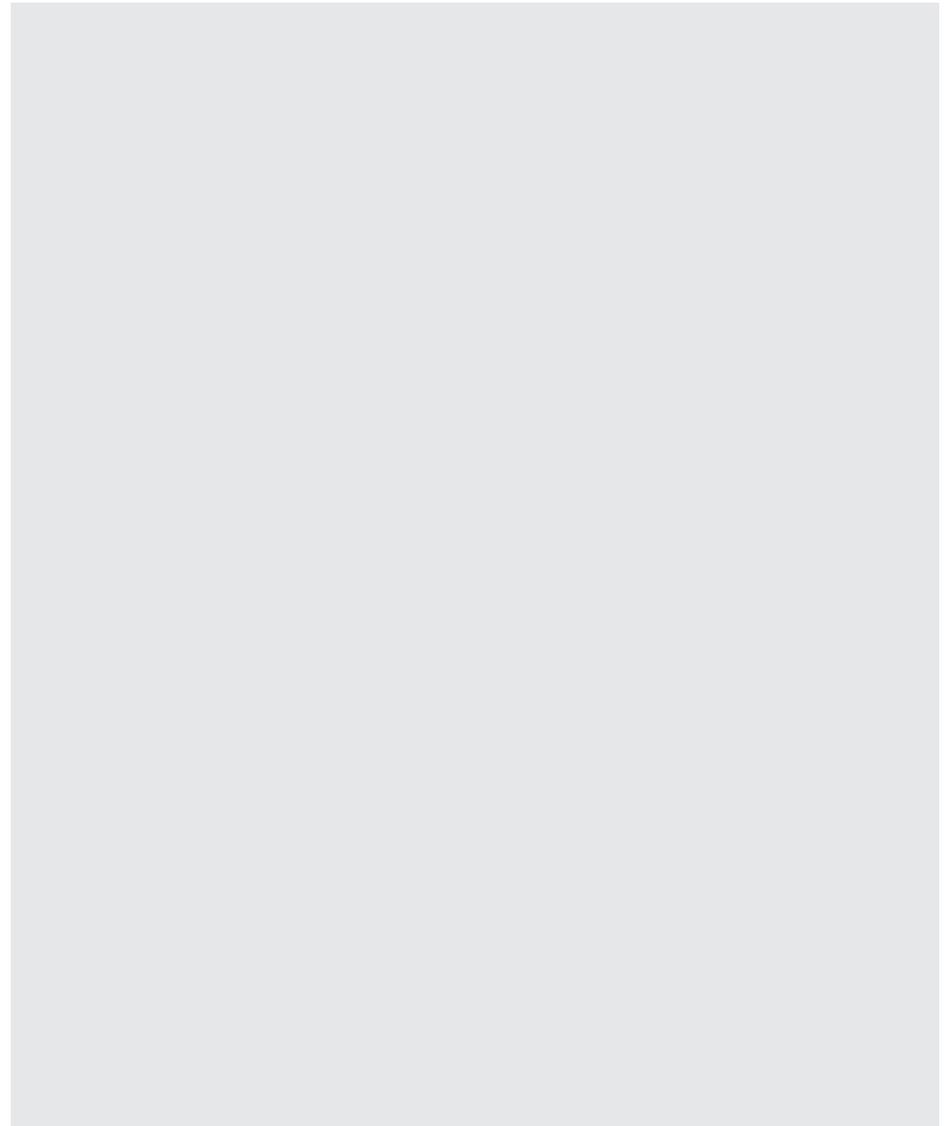
34. Primary Care Leadership Collaboratives



35. Primary Care Leadership Collaboratives



36. Primary Care Leadership Collaboratives



37. 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)

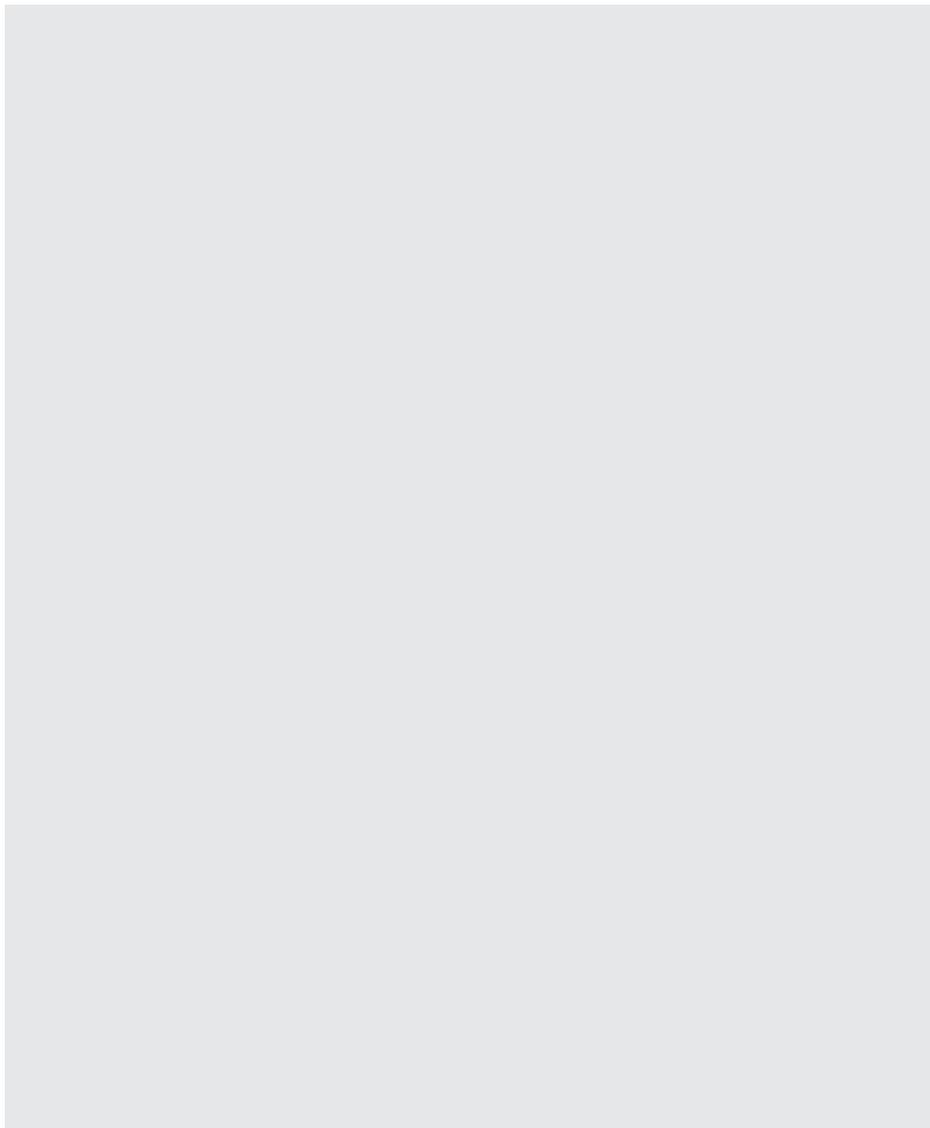
3. What might your trio do differently overall? (up to 300 words)

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

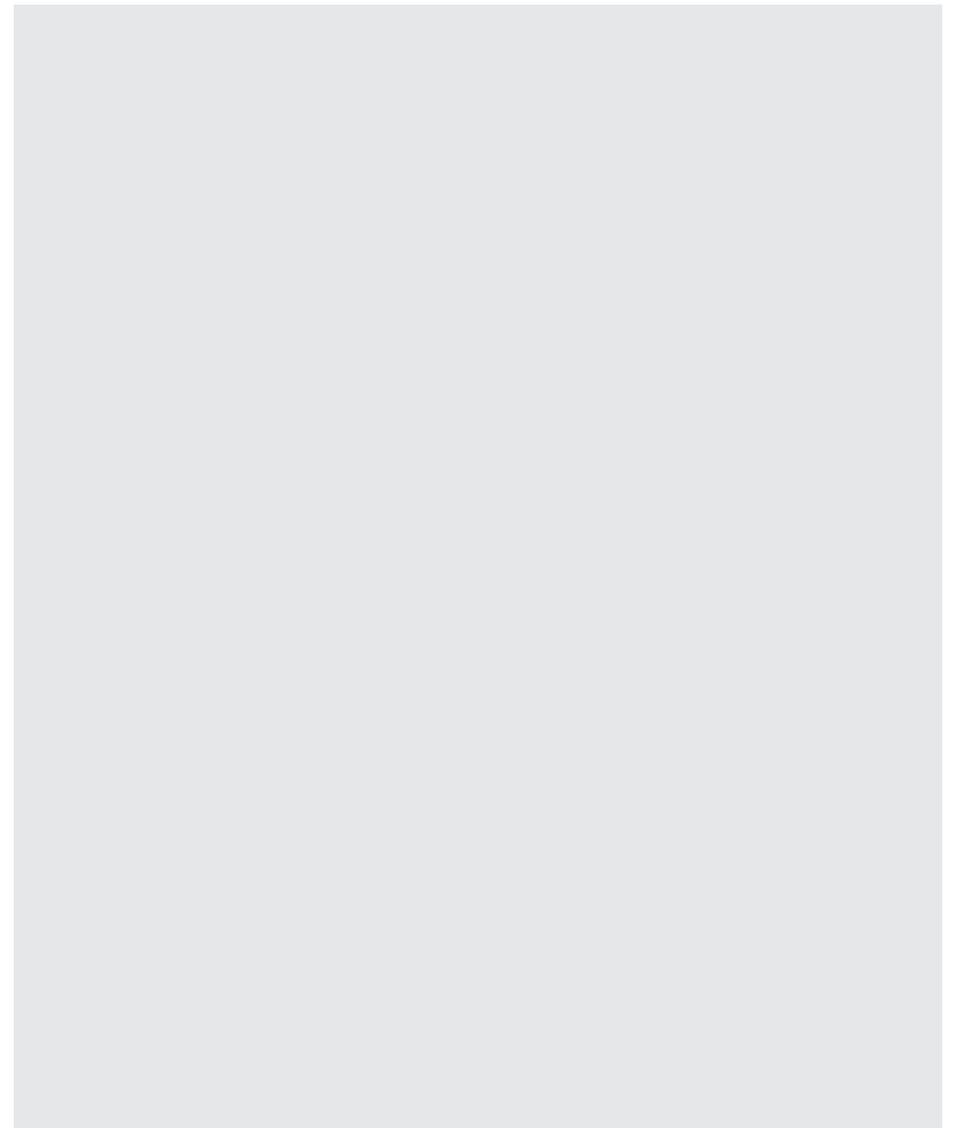
Impact Day 2 - Wednesday 11 December 2019

Your thoughts, notes and reflections

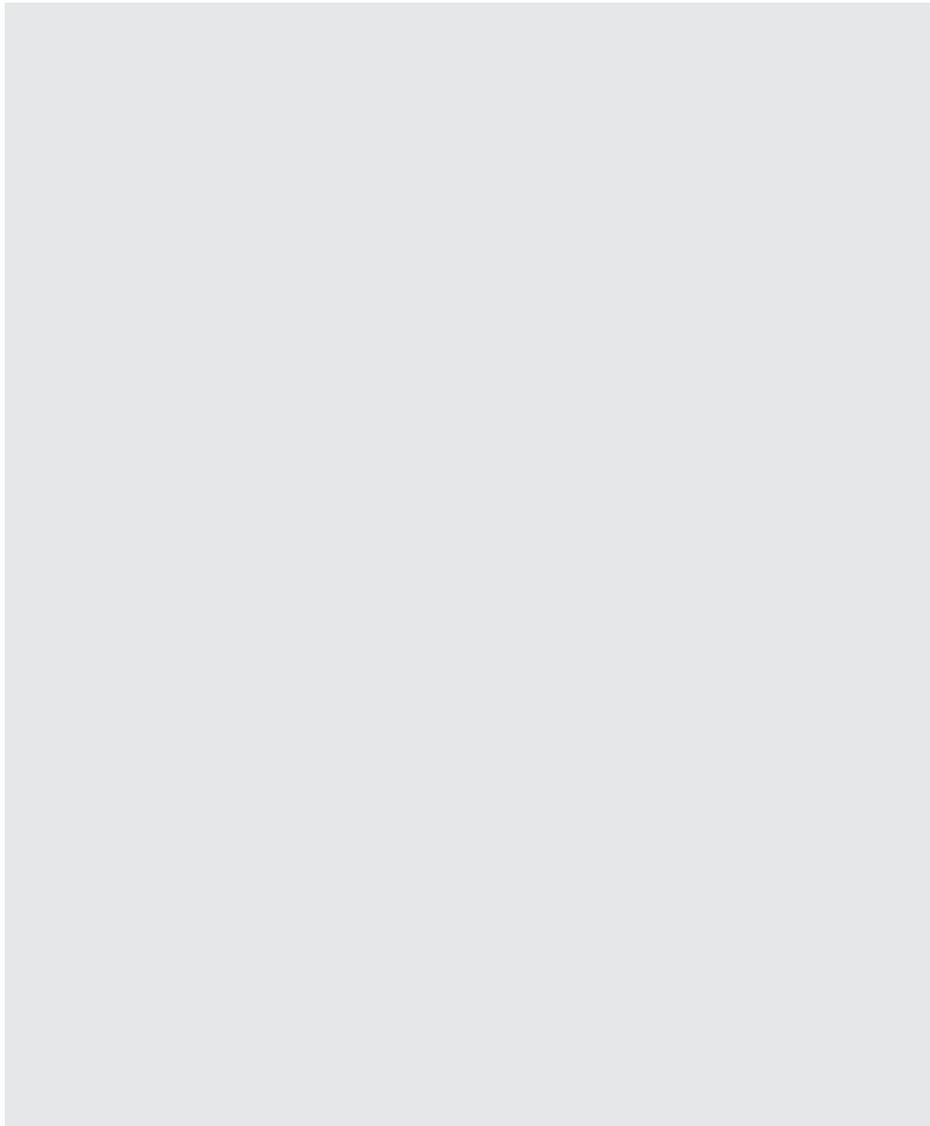
What one thing stood out for you today?
What one thing will you commit to doing following this session?
Please use this space for any personal reflections.



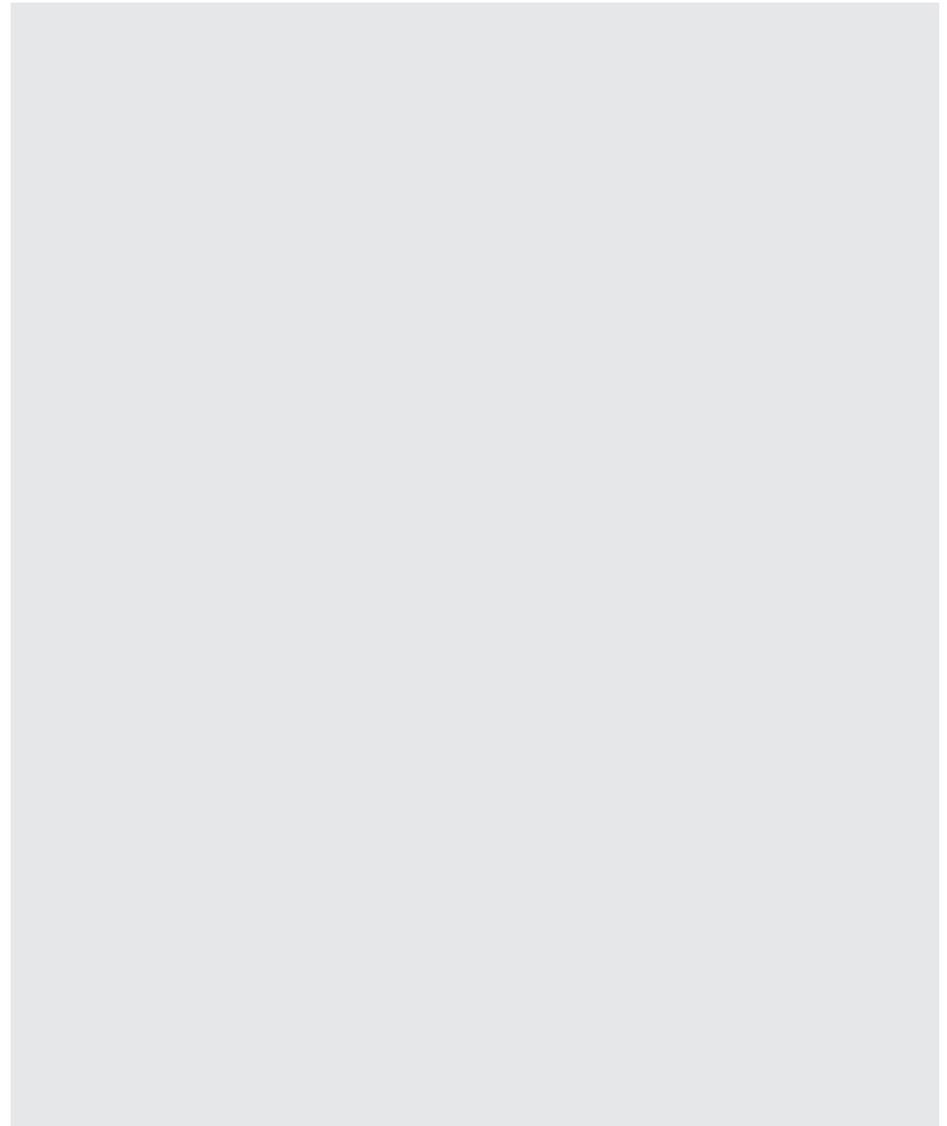
42. Primary Care Leadership Collaboratives



43. Primary Care Leadership Collaboratives



44. Primary Care Leadership Collaboratives



45. Primary Care Leadership Collaboratives

Interim Project Group Report Template

(You will be provided with a template to complete after each Impact Day)

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)

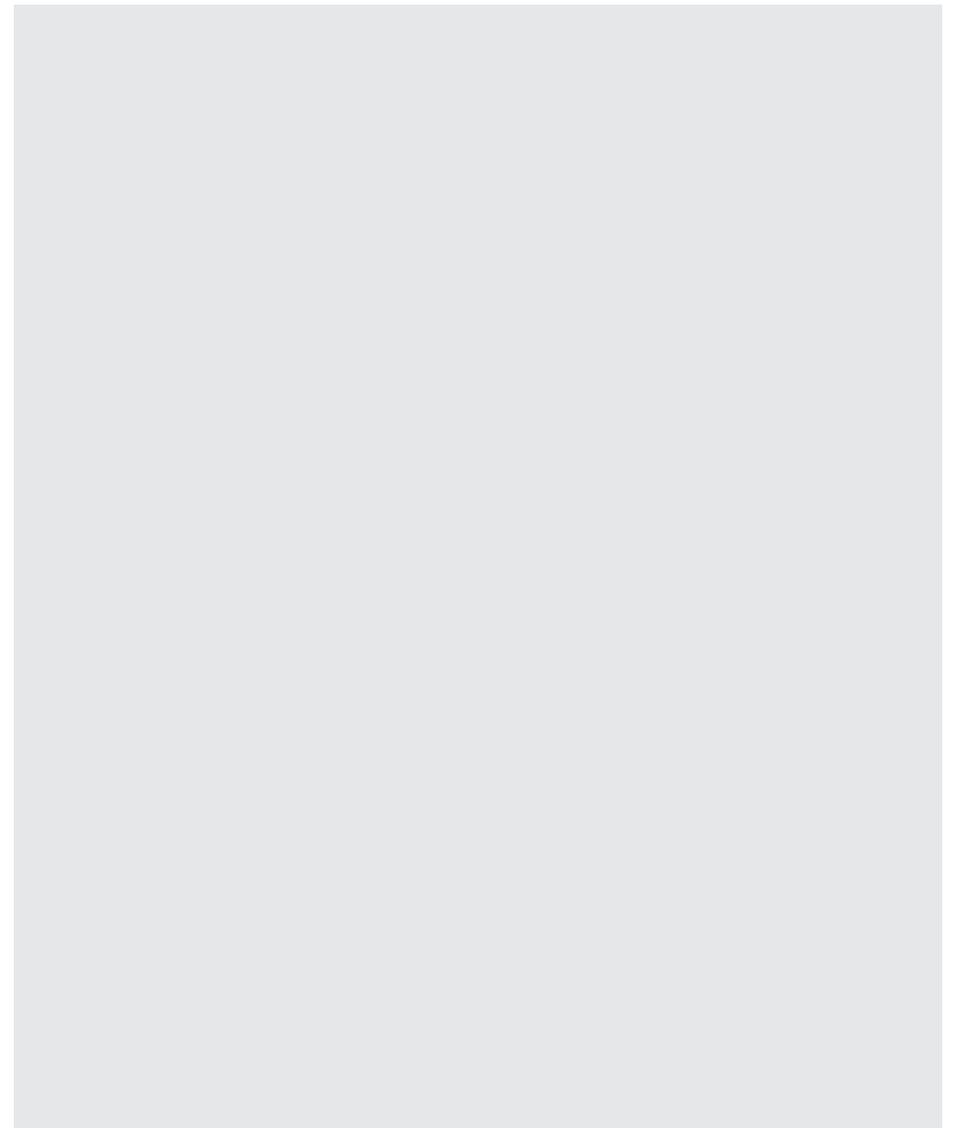
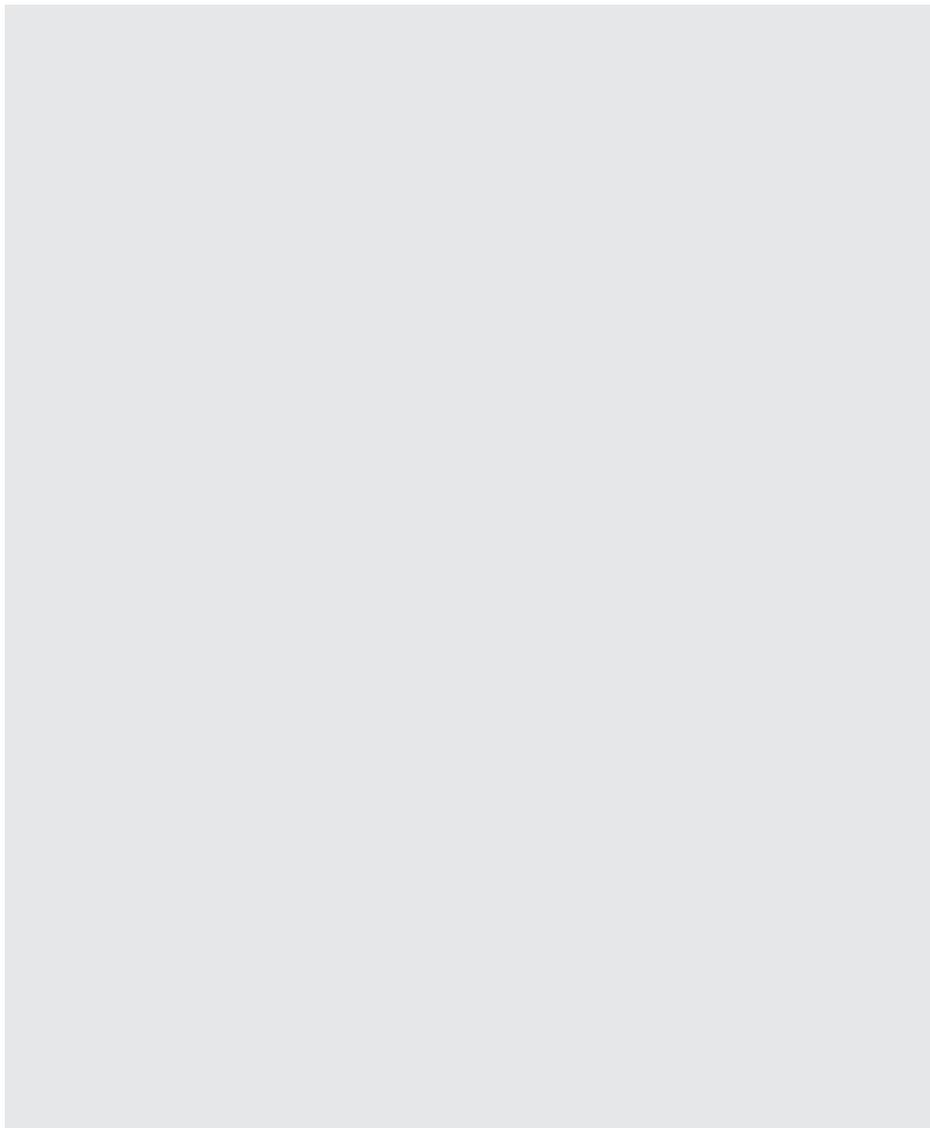
3. What might your trio do differently overall? (up to 300 words)

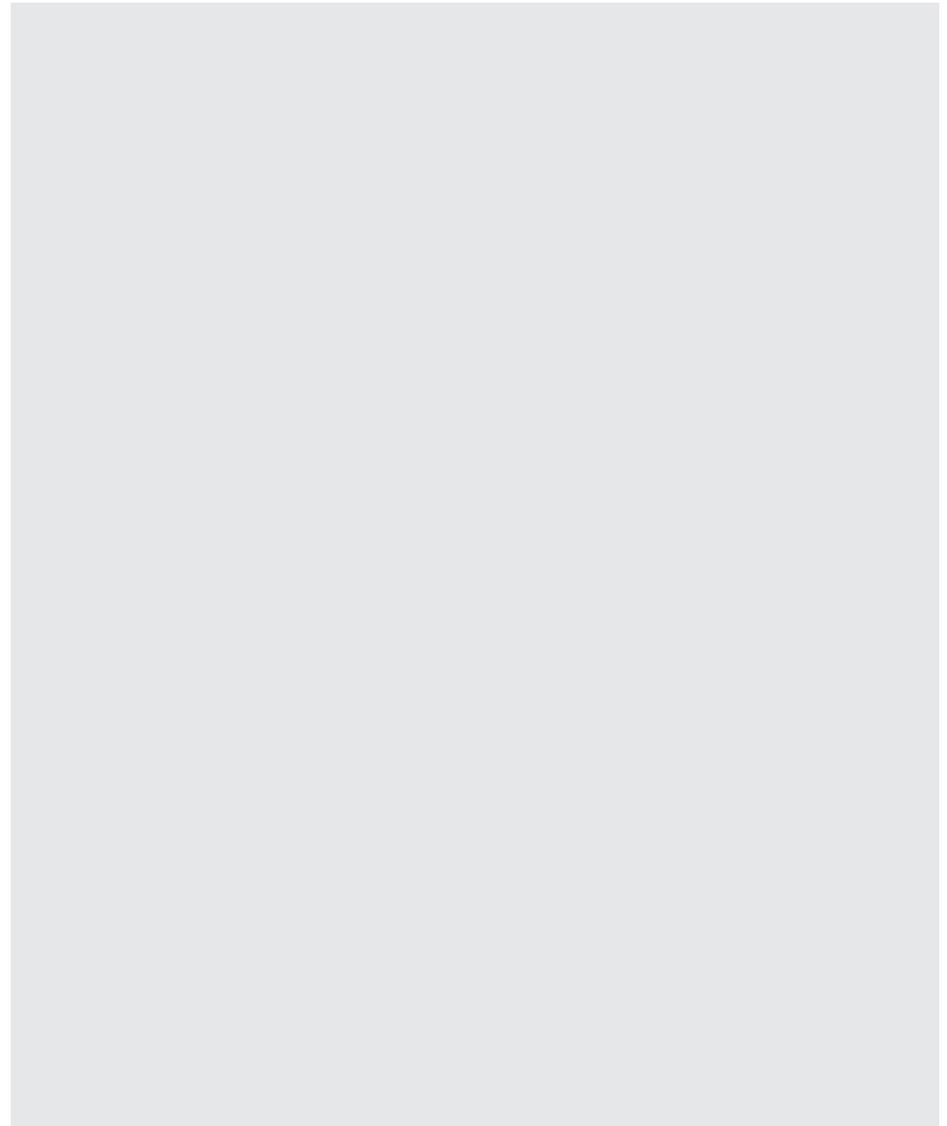
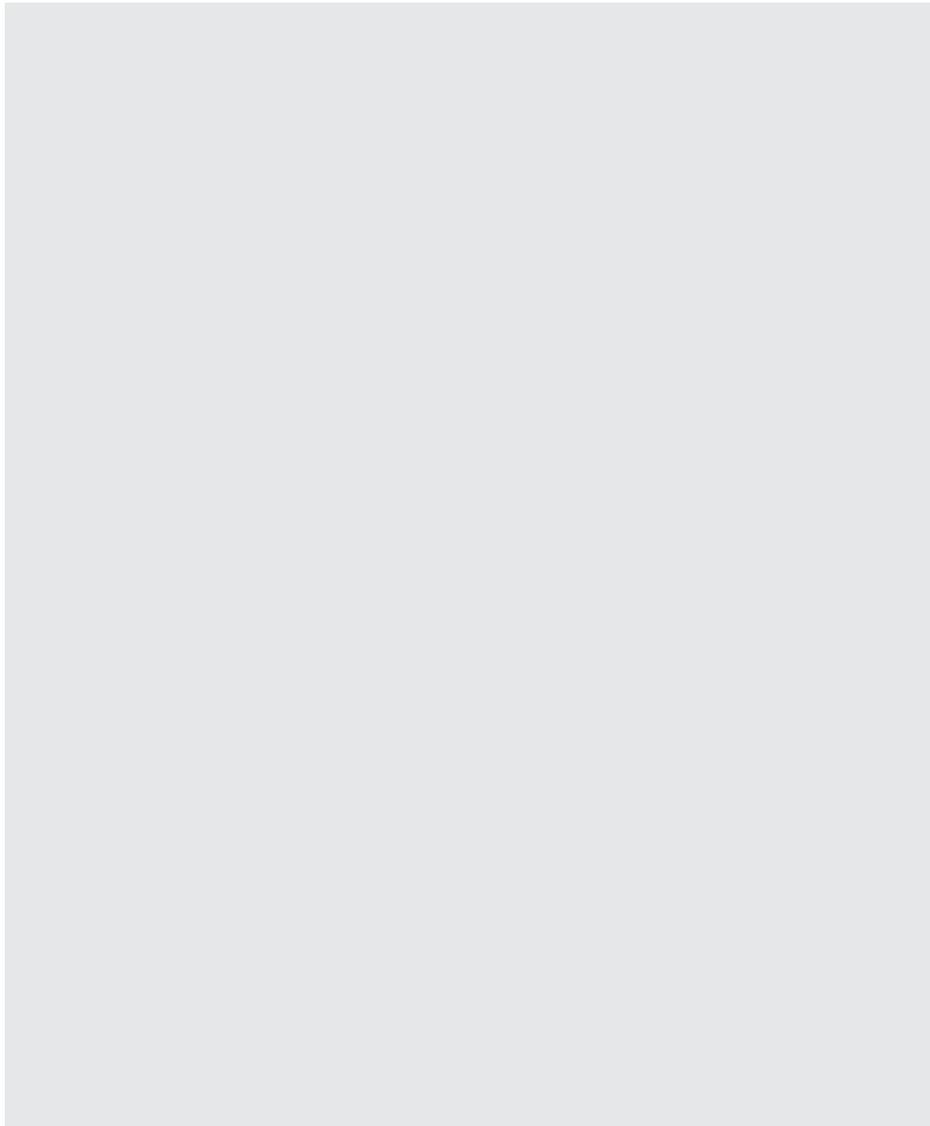
4. What might you do differently overall? (up to 300 words)

Impact Day 3 - Wednesday 29 January 2020

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.





Interim Project Group Report Template

(You will be provided with a template to complete after each Impact Day)

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)

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



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.



Dr. Rob Houghton

MB ChB DRCOG DCH MRCGP

Rob 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. Rob 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.



Debbie Sorkin

Debbie is National Director of Systems Leadership at the Leadership Centre, a UK-wide charity specialising in strengthening leadership across public services, including with primary care, the wider NHS, public health and local government. Debbie's work is based around building collaborative leadership capacity in places, using Systems Leadership approaches to support people working in uncertain and complex situations. Most recently, Debbie's work has focused particularly on the NHS and local government, to support improvements in Urgent and Emergency Care, and to strengthen systems leadership capacity within Sustainability and Transformation Partnerships and their underlying Alliances. She has supported the EAHSN Digital Pioneers and co-authored the report on their work, ['The Revolution will be Customised'](#). Debbie speaks and writes extensively on Systems Leadership.

Programme Delivery Team and Facilitators

Administration Support



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.

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://eoe.leadershipacademy.nhs.uk/primary-care-leadership-collaborative-programme/>

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.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-JwtScllw>
- 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=0RXthT32vcY>

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://eoeleadership.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 Sorokin, National Director of Systems Leadership, The Leadership Centre
- Myths and mechanisms for diffusion of innovation - David Albury, Director, Innovation Unit

Resources

Useful Links:

- 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/>

Resources

- 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 Networks <https://www.england.nhs.uk/primary-care/primary-care-networks/>
- 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://heeoee.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>
- PSNC <https://psnc.org.uk/the-healthcare-landscape/primary-care-networks-pcns/>
- 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/95bcde19a0e/1v4i4qu307-1292065?e=cd57d5cf75>

Resources



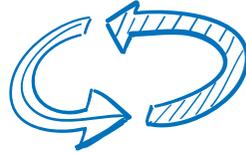
Eastern Academic Health Science Network:

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.

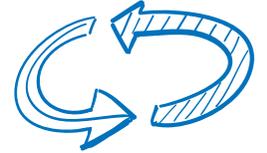
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- Primary Care Talks <https://www.eahsn.org/resources/primary-care-talks-podcasts/>
- Innovation Exchange <https://www.eahsn.org/our-work/innovation-and-industry/innovation-exchanges/>
- Supporting Transformation 1 <https://www.eahsn.org/our-work/improving-health-and-care/supporting-transformation-nhs/self-care/>
- 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 picture tells a story ...
Doodle and Draw



Every connection builds your network ...
Keep Your Contacts



Name

Email

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Every connection builds your network ...
Keep Your Contacts



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<https://twitter.com/eoeleadership>