

# Heartbeat

As Easter and its associated four-day break approaches, so too does the new financial year and all that it entails – new tighter budgets, differing approaches to working practices and payments, and more restrictions on working practices; the list goes on.

But strength, as they say, is in numbers, and that is why we continue to be here to support you and help you navigate through what could potentially be another turbulent financial year.

So before you all start what we hope will be a few days of fun and relaxation, we thought we'd bring you up to speed on what has been happening locally and on our planned focus for the next few months.

Wishing you all a joyous and peaceful Eastertide

Dorothy King, LMC Chair



## **GP Federation Leadership and Development Programme**

The second LMC-funded Federation and Leadership Development session for Cheshire GP Federations was held on 2 March.

The session focussed on effective management styles and techniques. As such, delegates were encouraged to recognise different behaviour types and personalities within groups. They were then provided with communication and engagement tips and techniques to help them optimise these differences and develop cohesive and effective working teams.

All the delegates commented that they had really benefitted from the training session and looked forward to using the learning when they got back to their respective practices. They also look forward to the next training session; which will focus on how to lead a commercially successful business and how to create the right governance structures and processes, which takes place on 6 April.

## **The importance of creating partnerships with finance colleagues**

Our LMC GP Federation and Leadership training programme has been supported by Primary Care Commissioning (PCC) - a national training organisation.

PCC issue regular e-newsletters and updates to NHS organisations. A recent such e-newsletter highlighted the importance of creating partnerships between clinicians and finance colleagues. Written from a clinician's own perspective, the article suggests that it is imperative for clinicians and finance colleagues to work together to enable effective commissioning, delivery and demonstrate 'best possible value'.

As a clinician, you might already be asking yourself, what are the benefits of working with finance colleagues when you already have so much to learn and do? If your position in the practice does not allow you to attend meetings between clinicians and finance, how can you present an effective case to get some time with very busy finance colleagues?

Added to which, how can you as a clinician make the meeting engaging and productive when you feel you don't speak 'finance' lingo? And, what support is available to help you achieve the best value from the service improvement you're working on?

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NHS Clinical Soft Intelligence Service (formerly NHS Clinical Commissioning Community) has developed a link with NHS England to help support you.

**Click on the link below for further information.**

<https://www.networks.nhs.uk/nhs-networks/clinical-commissioning-community/what-is-the-clinical-commissioning-community>

## **Greater Manchester LMC – ‘Organising to succeed’ meeting**

**Last month we announced that William Greenwood, CEO, had been invited to chair a ‘Securing the future of General Practice: Organising to succeed’ meeting, hosted at the Grant Thornton offices in Manchester, on 23 February.**

After chairing the meeting, William reported that it was a lively and well attended session. Speakers (James Cooks, Grant Thornton, Dr Mark Newbold, Our Health Partnership and Mark Johnson, Elderflower Legal) led the debate which focussed on how to secure the future of general practice.

Starting with the current situation in primary care that we all recognise: falling morale, rising demand and public expectations, stretched GPs/practices, and financial and time pressures, the speakers then suggested what the future options and opportunities could be for primary care – opportunities that would enhance resilience, share overhead costs and improve recruitment and retention levels for practices in the future.

The opportunities that they highlighted centred round new models of delivering primary care at scale – suggesting how local partner-based practice and super-practice models would enable GPs and practice staff to co-exist for mutual benefit, through federations, consortiums, legal partnerships etc.

Mark Johnson also provided specialist legal advice to the colleagues, suggesting how best to move forward as new organisational entities and develop a broader service provision.

Of particular interest was the session by Dr Mark Newbold, Managing Director, Our Health Partnership (Birmingham) a new super-practice which covers 32 practices, 150 partners and 50 salaried GPs. Mark described how his new partnership organisation works and the associated benefits that it brings to the GPs and practice staff.

The slides from the event are on our website and William is happy to have a discussion with any practice or group about GP federations or ‘super-practice’ models, and the implications for practices or individuals.

## **PCSE - New provider for primary care support services and changes to current service delivery**

**On 1 September 2015, Capita took over responsibility for delivering NHS England’s primary care support services. The new name for the service is Primary Care Support England (PCSE).**

PCSE have highlighted that their priority is to “ensure the safe and secure delivery of existing services”. As part of the secure delivery they are going to be introducing changes and new practices to help create a more national, consistent and easy to use approach to services.

As part of these changing practices, they plan to relocate their Bridgewater and Chester offices and introduce new delivery arrangements.

### **PCSE - Changes to payments, pensions and registrations**

From 17 March 2016, service users who currently use the Bridgewater office for the above services should contact PCSE using the following details:

Email: [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net)

Phone: 0333 014 2884

PO Box: Primary Care Support England,

[www.cheshirelmcs.org.uk](http://www.cheshirelmcs.org.uk)

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PO Box 350, Darlington, DL1 9QN

PCSE are due to write out to all service users of the Bridgwater office to provide more information about these new contact details.

PCSE – Changes to performer lists and pharmacy market entry

From 17 March 2016, service users who currently use the Chester office should contact us using the following details:

Email: [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net)

Phone: 0333 014 2884

PO Box: Primary Care Support England,

PO Box 350, Darlington, DL1 9QN



PCSE are due to write out to all service users of the Chester office to provide more information about these new contact details.

Email: [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net)

Phone: 0333 014 2884

PCSE - Changes to medical records movement and supplies management

PCSE is also changing how medical records are moved - introducing a new safe and reliable process that will be standardised across the country.

They are also introducing a new national supplies management service - a new online portal that will provide practices with a quick and easy way for ordering supplies from PCSE, including prescription pads, pre-printed forms, needles and syringes.

All practices should by now have received information about these new services, including how register to use the PCSE portal.

**For more information about the timeline for these changes and when they will affect your practice.** [View link below.](http://media.wix.com/ugd/565862_eaa558a0d9be4895919e56366076fa58.pdf)  
[http://media.wix.com/ugd/565862\\_eaa558a0d9be4895919e56366076fa58.pdf](http://media.wix.com/ugd/565862_eaa558a0d9be4895919e56366076fa58.pdf)

## **Revalidation: Guidance for GPs**

**The RCGP has approved a new Guide to Supporting Information for Appraisal and Revalidation (March 2016) that aims to reduce inconsistencies in interpretation and simplify and streamline the recommendations.**

It is designed to ensure that any areas where there has been a lack of clarity are better understood. The guide confirms that;

- all time spent on learning activities associated with demonstrating the impact of learning on patient care, or other aspects of practice, can be credited as continuing professional development (CPD)
- Quality over quantity - GPs should provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle
- Only incidents that reach the GMC level of harm need to be recorded as Significant Events in the portfolio. Reflection on all such Significant Events is a GMC requirement and must be included whenever they occur
- GPs only need to do a formal GMC compliant colleague survey once in the revalidation cycle (like all doctors)
- there are many forms of quality improvement activity and they are all acceptable to demonstrate how you review the quality of what you do, and evaluate changes that you make. There is no requirement for GPs to do a formal two cycle clinical audit once in the five year cycle.

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The RCGP recognises that GPs need to be supported by their College in resisting inappropriate additional bureaucracy and is working with key stakeholders such as the BMA GP Committee, GMC and Responsible Officer networks to look at reducing the regulatory burden.

The guide is available on the RCGP website – <http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx>

## The Vanguard programme – a year on

**March marks a year since the first wave of vanguards were announced.**

**Julian Patterson talks to Samantha Jones, director of the new care models programme at NHS England, about the progress of the vanguards, their role in bringing about change and why things are going to be different this time.**

### **NOT JUST ANOTHER PILOT: why the vanguards mean business**

Julian Patterson talks to Samantha Jones, director of the new care models programme at NHS England, about the progress of the vanguards, their role in bringing about change and why things are going to be different this time.

Samantha Jones is responsible for the success of the vanguards – the 50 health and care projects currently in receipt of transformation funding – or rather she is responsible for giving them every chance of success.

Her job, as she never tires of saying, is not to tell the NHS how to deliver the new models of care envisaged by the Five Year Forward View, but to support local health and care systems to do it themselves.

Jones says this is a first. “The planning guidance [from NHS England in December] is very clear, the opportunity to transform as a system around population health is a very, very strong signal as to how this will be delivered in future. I haven’t seen planning guidance that has said that before. There is a big opportunity for people to demonstrate that this is what we want to do as a system.”

This involves a number of balancing acts – between national policy and local autonomy, between old and new styles of management, between the reality of discrete services delivered by organisations and the aspiration of whole systems of care, and crucially between the day to day pressures involved in keeping the system running (“sustainability”) and making the creative space to run it in new ways (“transformation”).

Asked why the vanguard initiative may succeed where countless others before it have failed, Jones starts with the question reforming health secretaries usually try to answer with structural change.

“If you start with organisational form it doesn’t happen, full stop. What we do need to do is support people in the behavioural, the leadership, the system changes. I was trained for my institutional leadership. I wasn’t changed for my population leadership. We’re saying to people now it’s something completely different,” she says.

Getting away from the idea of vanguards as new organisations is the first step in glimpsing the airborne new model of the NHS in all its virtual glory. That’s not to say that some of the vanguards won’t eventually turn into organisations, just that it’s not necessary the end-point of the programme and it certainly isn’t the starting point.

“It was always going to be an outcome of what the vanguards are doing, but it is not the purpose of doing it,” Jones says.

A second misconception is that this is all and only about vanguards. At almost every mention of the term, Jones is obliged to add “and not just vanguards”. It’s important to her that vanguards are not seen as special cases. The vanguards are trialling principles that need to work everywhere else – if there is no “spread”, if the vanguards are not followed by subsequent waves of imitators, the programme will have failed.

“Our job is to mainstream all the things that are happening. Otherwise this is just another pilot,” Jones says. As the clock counts down on NHS’s five-year plan, now in year two, the pressure on the vanguards to demonstrate their value is immense. When she took the job, Jones was quick to promise “real-time evaluation” and regular progress reports. There is plenty of vanguard related news, lots of positive PR, but what does it amount to?

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“What we actually said is we wouldn’t be sharing it in three years’ time, we’d be doing it as it happened. We have tried to be as transparent as we can be with what’s coming from the vanguards and using where we can existing metrics, existing evaluation, and also being very honest when we say, actually it’s being developed as it goes,” she says.

The new care models team isn’t ducking the issue. It consulted widely with experts on evaluation and early data from the vanguards is being used to populate a national framework, details of which will be published soon. There is also a dashboard in development to help vanguards measure their progress.

Of course the NHS obsession with evidence and data is a trap of its own making, and one into which suspicious interviewers and commentators fall as easily as policymakers. It masks a deeper problem, Samantha Jones 5 Commissioning EXCELLENCE which is that the timescales for transformation are unfeasibly short.

Simon Stevens has been hailed for securing a settlement for the NHS which extends to the end of the current parliament, but that’s still only a little over four years.

“Change does take time,” Jones says. “You don’t start transformation and then it suddenly happens. You don’t say we’re going to do this and we’ll deliver the cultural change by next Tuesday.

“The vanguards have had access to the bulk of the transformation fund and have been given an opportunity to have 18 months’ worth of investment to give them some space and some time to be able to do that. That’s probably longer than anywhere has ever had, certainly in this country. It may not be long enough in terms of the [degree of change] that people want, but actually we’ve just got to get on and do it.”

While she expects no let-up in the demand for hard evidence of progress, Jones insists that success of the transformation programme will depend on softer factors.

“Whether you’ve led organisations or big change, it’s not abstract. I think the question actually is ‘How do we equip the people that are doing it day to day with the change management skills to keep going when it’s so tough to be able to do so?’” she says.

Jones reels off the list of things that need to change – policy, commissioning and contracting, technology, governance, organisational form, regulation. Some of these are the obstacles the NHS and policy-makers need to remove from the vanguards’ path. Others are obstacles the vanguards will need to move for themselves. “But none of this will happen without the leadership to make it happen, and I don’t just mean leadership at the top of the organisation, it’s across all levels,” she says.

“We need to be able to equip people to deal with today and think about tomorrow – and that’s incredibly difficult,” she admits.

A longer version of this article is on the PCC website below:

<http://www.pcc-cic.org.uk/article/not-just-another-pilot-why-vanguards-mean-business>

**To celebrate the first anniversary of the vanguard programme, the NHS Confederation has published a suite of resources and factsheets summarising the aims and objectives of the country’s first wave of 50 health and care vanguards.**

**The factsheets explore the five types of care models that the vanguards fall under.** (Click on the link below to view)

<http://www.nhsconfed.org/resources/2016/02/factsheets-understanding-the-vanguards>

**The resources also showcase some of the innovative work that is happening across the country that’s making a difference to local people’s lives.** (Click on the link below to view).

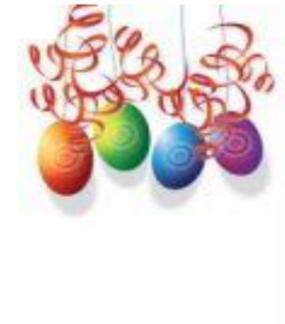
<https://www.networks.nhs.uk/networks/news/the-vanguards-explained>

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## Ongoing listening ear and practice support

Over the last few weeks the LMC has been approached by several practices expressing their concerns over a wide range of issues including:

- Workforce and recruitment issues (sessional GPs and partners)
- Local CCG investment (or lack of it!) decisions
- PMS contract reviews
- Practice list closures
- Partnership disputes
- Planning for future practice arrangements (mergers/working in federations/MCPs)
- Mentorship



We are here to offer a listening ear and individual advice and support based on the technical knowledge and professional experience of our Committee members and officers.

It is important that you get in touch with us at an early stage if you have any practice based issues which you feel we can help you with.

Our normal Crewe based office hours are Monday to Thursday 10:00 am to 16:00 pm but we are available at other times and days if you wish to contact us 01244 313 483.

## Sessional GPs and LMCs – working together more effectively

Julie Hughes LMC Business Manager is working closely with the LMC Chair Dr Dorothy King to better understand how sessional GPs and LMCs can work together more effectively to provide better information, advice and services to this group of GPs.

Following the launch of the LMC website and e-newsletter to improve communication and provide updates, there will also be the introduction of a sessional GPs webpage with representative contact details and to promote National sessional GP conferences and workshops through the website and e-newsletter.

Many areas have sessional GPs group(s). The LMC has established links with some of the group(s) in Cheshire and might establish a directory of group(s) on the LMC website, which supports networking. In a recent survey of LMCs, this route was highlighted as particularly effective in communicating with Sessional GPs.

Due to the challenges facing the profession as a result of the ongoing programme of NHS restructuring and reorganisation, it is more important than ever that there is good communication between sessional GPs and LMCs.

The values of the above and working together are:

- Promoting excellence in general practice
- Improving GP leadership and representation locally via LMC Committee Membership
- Structured events for Sessional GPs

For further information you can contact Julie at [jhughes@cheshirelmc.org.uk](mailto:jhughes@cheshirelmc.org.uk) or on 01244 314483

**What's new for sessional GPs** [click below to view sessional GPs e-newsletter](#)

<http://bma-mail.org.uk/t/JVX-43APZ-1BJCJOU46E/cr.aspx>

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## **CCG support for Eastern Cheshire practices**

NHS Eastern Cheshire CCG, working in partnership with NHS England, has allocated £100,000 non-recurrent funding to support Eastern Cheshire practices in strengthening federated working and general practice.

The funding has been awarded to Vernova Healthcare Community Interest Company, a not-for-profit federation of the area's 22 practices, which is leading this work for all practices.

Working in collaboration with the Local Medical Committee, the practices are keen to learn from the experiences of others and to explore what might work locally.

For further information please contact Justin Johnson, Vernova Healthcare Chief Executive, by email:  
[Justin.johnson@nhs.net](mailto:Justin.johnson@nhs.net)

## **CCG support for Practice nurses**

NHS Eastern Cheshire CCG, working in partnership with NHS England, has allocated £50,000 non-recurrent funding to support the development of practice nurses working in Eastern Cheshire.

Some of this funding has been used to recruit a Practice Nurse who will work two days a week with the CCG's Executive Nurse. Her role will be to ensure that revalidation requirements are met, and that the wider training and development needs of practice nurses are met. In addition, she will also ensure that there are robust plans in place to secure a sustainable practice nurse workforce for the future – particularly important as a considerable number of local practice nurses will be approaching retirement age in the next five years.

## **LMC Buying Groups Federation Annual Meeting**

The annual meeting of the LMC Buying Groups Federation takes place in London on 5<sup>th</sup> April 2016. Julie Hughes will be attending the meeting on behalf of Cheshire LMC and will provide an update following the conference in the April e-newsletter.

**Have a happy Easter!**



**We look forward to seeing you soon**

**Don't forget to call us if you need our support**

Cheshire Local Medical Committee Ltd