

CWS Education News

JANUARY 2011

GP Commissioning in Coastal West Sussex: Leadership, Educational Philosophy & Practice
 Jim Price, GP Chichester, Educational Adviser to Coastal West Sussex

'Two basic rules of life are: 1) Change is inevitable and 2) Everybody resists change'.
 W. Edwards Deming (1900 - 1993) Quality Guru

GP Commissioning: the new world

So what is all this GP commissioning stuff about? Haven't we seen it all before? Isn't it just another huge organisational change causing chaos in the NHS for the sake of it? Isn't it just so a new government and Health Minister can make their mark? Isn't it just a return to Fundholding consortia or PCGs? Isn't this just the *same old wheel being reinvented yet again?*

I'm sure many of my senior colleagues, who might perhaps describe themselves as 'experienced & wise', if not plain cynical, might also be forgiven for thinking in this way. When the new policy was first announced, I must admit some of these thoughts ran through my own mind. **However**, having reflected on things for a while now, I really do think this new model might just work. If we get the structures (and more importantly the *relationships and leadership*) right, I genuinely feel that these new changes could empower general practice and primary care to make the changes needed to improve the efficiency and reduce waste in the NHS (one of the biggest challenges we face), whilst also offering us the opportunity to redesign and improve our own working practices and conditions in the longer term.

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ENCIRCLE DATES FOR YOUR DIARY

| 8th February 2011 | 15th February 2011 |
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| Arun, Adur, Cissbury & Chanctonbury Practices @ The Charmandean Centre Ophthalmology Update MSK Focus Nurse Update | ARCH Practices @ CMEC Ophthalmology referral management peer review feedback MSK Focus Nurse Update Non-Clinical Sessions |

ENCIRCLE - Education for Commissioning, Innovation and Redesign: Coastal Learning Events.

A protected learning scheme for all Primary Care staff will allow for the practice teams to be fully informed of the commissioning agenda, including updates in clinical guidelines, referral pathways and redesigned services. **ENCIRCLE** will be available to practices up to ten times a year at months which match the referral management project i.e. not including December or August. Four times a year **ENCIRCLE** will take place in a central location in CMEC (Chichester) and Charmandean (Worthing) to allow healthcare professionals to share good practice and learn about developments within the commissioning agenda and to learn about new treatments and methods of clinical practice. These sessions can also be used to support nurses with updates.

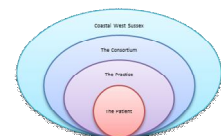
The other six times a year **ENCIRCLE** will be practice based to allow for a cascading effect of key information to be passed on to all members of the practice team and implementation agreed at practice level. Practices will be required to report that the cascading has taken place and this report will be fed into the practice performance visits. The practice will be expected to use at least the first hour of the in-house **ENCIRCLE** Session dedicated to the commissioning agenda and the rest of the time can be used for other educational activities.

The official launch of **ENCIRCLE** will be after April.

MAY 18th In-HOUSE all CWS Practices (full Harmoni cover)

7th June @CMEC all ARCH practices

28th June @Charmandean all Adur, Arun, Cissbury & Chanctonbury practices



CWS Education Group

Tracey Osborne
Business Manager, Bognor (Lead)

Jim Price
GP, Chichester

Malcolm McLean
GP, Henfield

Karen Sallis
Business Manager, Worthing

Caroline Sheppard
Practice Nurse, Bognor

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Bebba Smithers
Medical Education Manager, CMEC

Brendan Foat
Locality Manager

Liz Clay
Non-Medical Prescribing lead

ACHIEVEMENTS SO FAR...**NURSE TRAINING BUDGETS**

For the year 2011/12 four salaried commissions have been requested from the SHA. This will enable to two HCAs to undertake the foundation degree in health care and two practice nurses to undertake the specialist practice (practice nurse) degree pathway. These opportunities could be used to support and develop our current workforce or be used as a pathway from secondary care.

Practice nurses new to practice

Current training will be delivered locally to cover all basic competency areas (wound care, immunisations, travel, basic sexual health, basic chronic disease management) and will be arranged as an annual rolling programme to ensure novice practice nurses can join the programme at any stage of the year with a clearly identified development pathway. The minor illness training must be accessed at university.

Experienced practice nurses

May access local training or enrol onto university modules extending into specialist practice as required.

Lead practice nurses

As above. Where there is a willingness, development of current and recruitment of new practice educators to support the education programme.

HCAs

All registered nurses will have access (through ENCIRCLE) to basic mentor training to ensure they are confident to support the management and development of HCAs. The training programme currently available will be extended to cover all required competency areas and run as an annual rolling programme in the same way as for practice nurses. HCAs to have the opportunity to enrol on to NVQ programmes with Rewards Training before the end of December when £100 per place funding ends. Where possible, future training and updates will coincide with the planned protected learning (ENCIRCLE) sessions.

**Forthcoming Nurse Events:**

8th & 15th February (ENCIRCLE)—Nurse Updates at Charmandean and CMEC, lead by Caroline Sheppard & Liz Clay

Non-Clinical Training Budgets

The responsibility for these will transfer to CWS as of 1st April 2011. A core programme will support the everyday work of admin staff and will include Medical Terminology, customer service skills and pension updates. Some of these training events will be delivered within the protected learning event ENCIRCLE.

West Sussex Practice
Managers Association

To book contact tracy.osborne@nhs.net

Forthcoming Non-Clinical Events:

Run by West Sx Practice Managers Association (WSPMA)

Tuesday 15th February

New Receptionist Induction @ Holbrook Surgery, Horsham

Thursday 24th February

Reaching Excellence—for the experienced Receptionist @ Arundel Surgery

Future Planned Events

- Access Workshops
- CQC Preparation
- H&S updates

GP LUNCHEON CLUBS

There is a strong tradition of GP Luncheon Clubs being run in Chichester at CMEC. They have proved to be popular with local GPs and facilitate the coming together of primary and secondary care clinicians in a purely educational forum.

As a Federation our intention is to mirror this scenario in Worthing for the AAW and Chanctonbury practices by providing an education programme supported by the Post Grad Medical Centre (PGMC) and Goring Hall. There will be lunch and/or evening sessions designed to deliver concise, targeted clinical guidance with opportunities for questions and discussion with secondary care colleagues.

These sessions will be dependant on GPs supporting and attending them so we will be reliant on your constructive feedback to enable us to design a programme that you want, and choose venues and times that will best fit into your already hectic schedule.

And finally - attendance at the luncheon club will count towards your CPD points – another bonus!

For CMEC LUNCHEON CLUB: EVENTS planned for Jan to April please see: www.cmec.info

Other GP Events

'IMPROVED GYNAECOLOGY IN PRIMARY CARE' PILOT

The next Gynae Network Meeting to support GP Gynae Leads from ARCH & Cissbury practices will be held on **Tues 25th January 2011, 12.30 - 2 pm at Crossbush Hotel, Arundel**. This will include a clinical education workshop led by WSHS Consultant Gynaecologists.

NUFFIELD HEALTHCARE

GP Events offer: CPD Credits & Certificates + an evening meal .

Planned Events:

15th February - Maxillo Facial @ Chichester

17th February - Vascular Update @ Brighton

5th April - Gastroenterology @ Chichester

www.nuffieldhealth.com/Health-Professionals



Masterclasses/Academy

Following the education event held on 19th January we will be able to identify the skills and development required by local clinicians who would like to be more involved in GP Commissioning—this will be delivered in partnership with SHA, NHS Primary Care Commissioning and KSS.

IPC Training

During January and February, IPC are offering a range of training opportunities for clinical and non-clinical staff, including: CPR, performance management, chaperone, customer care, and Minor Surgery & Injuries training for Nurse Practitioners.

For further details email sue.parton@nhs.net

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Memory Lane

Please excuse this brief sojourn for a moment, but history and context can often be very important. Some of you with grey hair will remember that in 1996 or thereabouts, we had formed something called the 'Chichester Fundholding Consortium', a rudimentary commissioning group, and of which I happened to be Chairman. Despite a lot of game-playing with the 'wily foxes' at the Acute trust, we did actually begin to make significant changes in clinical services which were carried forward into the Primary Care Groups post 1997, and the smaller Primary Care Trust arrangements (2002-6). In fact 'Western Sussex PCT' was beginning to prove itself to be a very successful, supportive and inclusive organisation just as it was 'put to the sword' by the (predictably) unpopular and unsuccessful changes of 2006. When that original smaller PCT came into existence, I remember discussing that one of the principal measures of its success would be when practices, GPs and others in primary care felt as if *we ourselves* were part of the PCT, that it was '*our*' organisation, rather than the "us (the practices) and them (the PCT)" relationship which has developed over recent years. Indeed we very nearly got to that point by 2006, and I believe that many people felt that at that point "we all were the PCT". I think there are several things we can learn from the development of that organisation, one of which is about getting involved.

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Getting Involved

'We must become the change we want to see in the world'

Mahatma Gandhi (1869 - 1948) Indian Nationalist Leader

Gandhi's words are very apt as we approach these new GP commissioning organisational structures. In reality there is no alternative for us – the Health Bill will be published when you read this, and all these changes will be on the statute book very soon. From a theoretical point of view the National Commissioning Board will relate directly to our Consortium / Federation and resources and power will be with us and the locality groups very soon indeed. There are going to be increasingly important opportunities for engagement at a local level, and, although I know much good work has already gone on, engagement in clinical and other projects will become ever more important, and indeed in time, an accepted part of many people's day jobs. We have top quality people here in West Sussex with the enthusiasm to change things for the better and improve services for patients, and these people all need to get involved in small scale improvement projects. If they do and we are successful in these improvement projects, it is very likely to lead to increased job satisfaction for both those directly involved as well as the wider health community, clinicians and non-clinicians alike, in primary and secondary care. In short, we all need to get involved!

Where are we going?

None of us really likes uncertainty, although we have to deal with it in clinical practice every day, but in organisational terms these new commissioning arrangements really do give us all a chance to shape the future. I think Peter Drucker got it right when he said: '**The best way to predict the future is to create it.**' I think we *can and should* all get involved and create our future, even if time pressures mean it is only a small part of our professional portfolio. Exactly where we go will depend on the leaders who emerge, and the vision they jointly develop with others. Whatever that vision, we are in an excellent position to achieve it, since we have a lot of good people around, and good people are what will make this thing work.

Good people

In West Sussex there are many **high quality professionals**, in both clinical and social & caring services, who are dedicated to fulfilling these professional roles to the best of their ability on behalf of patients and clients. There are also many **good managers** who support the clinicians, and the changes should allow us to take the best of these along with us into the new organisational structures. We also have extremely **motivated and able patients**, whom I know will want to get involved; in fact we will really need them! There is no doubt that we will face some difficult rationing decisions very soon, and we will need the engagement of informed patients and patient groups, since they will be instrumental in informing and supporting these very difficult decisions in what will be a very cold and uncomfortable financial and political climate.

Relational leadership and educational support

However we should return to the sunnier prospect of the new dawn of GP Commissioning. These changes offer us the potential to develop a new set of relationships in health and social care, based on openly agreed values and ethical principles, which will genuinely offer power and responsibility to primary care organisations and patients.

It will take strong leadership, at every level, on the Federation board, in the localities, in the Trusts, in the community services provider, at the practice cluster level, in clinical pathway task and finish groups, and indeed within every general practice. We will need to build strong relationships between practices, clusters and localities, and indeed between commissioning consortia on the larger scale. These relationships will need to be nurtured both socially and professionally, and educational and organisational development programmes offer one of the principal spaces in which these relationships can be encouraged to flourish.

In this newsletter and at the event on the 19th January, the new ENCIRCLE protected learning time scheme for primary care will be described, and we will also be developing support mechanisms for both individuals and groups through an educational Masterclass Programme, supported by personal coaching and mentoring, as well as group/team development when needed. The development of a '**learning network**' for commissioning development is planned, and will be co-designed by the commissioning organisations, such as Coastal West Sussex, with the KSS Deanery and the Institute of Postgraduate Medicine at Brighton, who will act as an educational and facilitative hub in the network. Further details of the programme will be available soon. The philosophy will be to support individuals and teams in a flexible way, with high quality, and potentially accreditable, educational courses and events, coupled to bespoke individual professional development advice and support. It should be a lot of fun!

Closing the Circle: let's end with the beginnings of a Commissioning Roar!

So back to the question of whether this "commissioning stuff" is just the same *old wheel* being reinvented yet again... I guess the truth is that it could be; however I am convinced that together we do have a unique opportunity to ensure that this will **not** be the case. I believe we **can** all be the future we dream of – it just means that we all need to show our commitment to what should be '*our*' organisation, and '*our*' local health service. Perhaps it might be appropriate to view it through the eyes of a '*Clinical Lion King*' (...*apologies!*). Things do come round again in cycles, but so much has changed in the 15 years since Fundholding Consortium days: there are many new ways of doing things and many young and talented leaders at every level, in every practice and in every service. Each of us needs to be true to our values and commit, not to reinventing the wheel, but to engaging in this '*Circle of NHS Life*'. We need to do this in a way which is individually appropriate for our experience, clinical interests and time, yet we must all offer that commitment in a refreshed, re-invigorated and enthusiastic way. I don't think we yet need a 'Primal Scream' for our NHS neuroses, but we *do* need to begin the New Year and new Federation all together, in unison if possible, and perhaps, as the circle begins again, with a loud, leonine Commissioning ROAR... virtual or real... it's up to you!