

Evaluation of the Primary Care Development Programme Summary



Overview

- Objectives of the Primary Care Development programme
- Implementation of the Primary Care Development programme
- The vision
- Impacts: individual, organisational and systemic
- Results, strengths and challenges
- The future and recommendations

Objectives

The overall objectives of the Primary Care Development (PCD) programme were to build capability to enable general practice across both boroughs to:

- Shape new ways of working in primary care through the development of a cadre of 'emerging leaders' and a shared vision for the future of primary care, and by creating wider momentum for change across primary care through peer-to-peer engagement
- Engage with and shape wider system transformation in recognition that strong primary care will provide the groundwork and building blocks for integration.

The models developed would be generalist-led, bottom-up and clinically driven.

Objectives

Several **specific objectives** included support in:

- Increased understanding of strategic issues and objectives
- Increased capability and leadership to enable response to the change agenda
- Identification and development of local clinical change champions
- Geographic organisation of practices to deliver consistent and high quality services on a population health basis
- Co-development of new models of integrated care and shaping the leadership role primary care plays within these
- Movement towards a state of readiness for the implementation of new primary care models; recognising that these provide the building blocks for wider system integration.

PCD programme implementation

The PCD ran from January 2014 to April 2016. There were three phases:

- “Leadership Development” from March to September 2014;
- “New Ways of Working and Organisational Development” from November 2014 to June 2015; and,
- “Transition to New Models of Care” from October 2015 to April 2016.

Participants

There were 26 participants (“Emerging/Federation Leaders”) who went through the programme

Costs

Funding for the programme was resourced through Guy’s and St Thomas’ Charity, with grant funding totalling £1.2m across all three phases.

The vision

The PCD programme was informed by the *vision for primary care* developed in the early stages of the programme, which focused on a primary care model that:

- is better configured to deliver an increased range of services to patients;
- integrates with other services on a population health basis;
- reduces variation in access and quality for local populations;
- delivers demonstrable benefits in terms of quality and value for money;
- makes primary care a more attractive place to work, and reinvigorates existing staff; and
- drives innovation and achieves both local and objectives.

**“They have really developed and articulated a vision for the future of primary care in the locality”
(Stakeholder feedback)**

Assessment of impacts

The PCD programme was evaluated by reviewing relevant reports, a series of interviews with key stakeholder organisations (including the CCGs, the LMCs, the GSTC, the Citizen's Board, SLAM) and individual programme participants, as well as an on-line survey of programme participants. Impacts of the PCD programme were assessed at three levels: **individual, organisational and system level.**

“At the beginning, I didn't know what I didn't know. Through the course I opened up to learning.”
(Course participant)

“18 months ago, if I walked into any of the 20 practices in my area, I would not have been able to talk to anyone. Now they know who I am and what I/we stand for and what the discussion will be about – I will be able to have a conversation with them”. (Course participant)

“We have seen a greater sense of curiosity, ability to challenge (the status quo), be insightful at a system level (among PCD programme participants). They are better at holding each other to account.” (External stakeholder)

Clusters of practices are now having conversations about performance - as a result conversations are more constructive. The starting point for conversations is different - it starts with "how do we serve our populations but protect our viability?" (External stakeholder)

General practice needed to engage in the relationships with the LCN and the Emerging Leaders provided the leadership and understanding of the challenges.
(External stakeholder)

Individual impacts

Both external stakeholders and programme participants indicated that the impacts had been substantial.

- Participants developed a confident and articulate voice for general practice, and displayed a wide range of behaviours evidencing leadership capabilities that had not existed previously
- Stakeholders mentioned evidence of programme participants in taking command of difficult situations and turning them around

“My personal growth in skills and understanding of management, project design and evaluation, case for change, ways to lead, stakeholder and practice engagement has been huge.” (Course participant)

- Participants provided examples of personal and career development that included:
 - leadership skills;
 - working in teams;
 - negotiation and influencing;
 - collaboration with, and awareness of, the health economy outside the silos of general practice; and
 - moving to new and more challenging positions in healthcare.

“We have seen a change in mind set as programme participants are thinking more broadly rather than at an individual practice level. Previously general practice had been more protectionist.” (External stakeholder).

Organisational impacts

There is also wide ranging agreement among external stakeholders and participants that there has been a significant impact on organisations.

This was achieved through the development of a collective voice and implementation of new models of care and working, which is gradually bringing about *cultural change in primary care*.

Examples of organisational impacts include:

- the successful formation/ development of federations and their internal structures (widely attributed to the role played by the Emerging Leaders),
- the success of Prime Minister's Challenge Fund bids for the setup and delivery of Extended Primary Care Access Hubs,
- the contribution of programme members to the Southwark and Lambeth Integrated Care (SLIC) programme
- collaboration between practices and with other health and care partners.

The effect (of the PCD programme) on general practice and primary care was beyond expectations – it empowered them and gave them the understanding to lead change in primary care. Influence extended to wider and systemic change, well beyond primary care, for example with the LCNs.
(External stakeholder)

Systemic impacts

The view expressed by stakeholders and course participants was that the PCD programme developed the capabilities in individuals and gave them the necessary head space to look outside individual practices to engage more widely at the health and care system level with other providers.

Evidence of such systemic impacts include:

- increased engagement between general practice and patient representative groups, including Healthwatch;
- the ability to collectively engage with, and contribute to, other transformation programmes (e.g. Children and Young People's Health Partnership, Southwark and Lambeth Integrated Care);
- increased willingness to engage with other health and care system providers; and
- the development of the Local Care Networks, which operate as multi-speciality community provider networks for wide ranging systemic engagement, service design and delivery.

“North and South LCNs have monthly meetings - Federations are fully engaged with and sit around the table with their counterparts in secondary and community care (with PM support from the CCG) - they have since moved to weekly co-located working which has enabled them to work on more complex issues.” (External stakeholder)

Results, strengths and challenges

Overall results

- All respondents were in broad agreement that the programme had met its objectives
- There was consensus that the programme had created a strong foundation and readiness for change - but it was still a work in progress. A great deal remains to be done.

“Whatever the objectives of the programme might have been, the outcomes were exactly what was required!”
(External stakeholder)

Key strengths

- The availability of quality protected time (“headspace”)
- Delivery through a variety of channels, flexibility

“The way in which sessions encouraged joint working, joint thinking and opportunity to challenge each other as well as the systems we work in.”
(Course Participant)

The main challenge

- Finding time to participate fully

The future & recommendations

The legacy of the PCD programme must be kept alive, making use of the PCD programme participants.

To meet the needs of future development the following elements are required for sustainability, replicability and scaling up:

- encourage and support distributed leadership across the wider general practice community (across professional groups)
- continue to develop skills to support new ways of working: the development and implementation of new services and new models
- create readiness to work across networks rather than hierarchies through collective system leadership across Local Care Networks towards new ways of working across primary, community and secondary care.

The future & recommendations

Three key recommendations:

- 1** - Identify and audit existing development/ transformation programmes currently under way or contemplated in each borough
- 2** – Continue to involve and engage PCD programme participants to support sustainable change
- 3** – Develop system leadership capability and capacity through Local Care Networks.

“We need to grow our own leaders. Each leader is to mentor others for sustainability – do not want to re-start from scratch. For LCNs to succeed we need a mixed group of people – GPs, PMs, practice nurses, community nurses, etc. Much more learning needs to be shared between them”.

(Course participant)

“The cohesive multi-partner multi-stakeholder group envisaged for phase 3 of the programme has not materialised.

We can move towards that now.”

(Course participant)