NHS
Buckinghamshire
Clinical Commissioning Group

MEETING:	Primary Care Commissioning Committee	**AGENDA ITEM:**	E
DATE:	4 June 2020		
TITLE:	Report from Scoping Work with Primary Care Representatives and Time for Care Team, NHS England		
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Reason for presenting this paper:	
For Action	
For Approval	
For Decision	
For Assurance	
For Information	✓

Summary of Purpose and Scope of Report:

As part of the Time for Care Programme, NHSE&I is providing support to practices, PCNs, and CCGs to capture the learning and improvements that have arisen through the Covid-19 pandemic. The goal is to enable primary care to identify and design alternative ways of working as we move through and out of this period. The CCG invited the Time for Care Team to provide some independent support to help design some of the primary care services and hub solutions for Buckinghamshire as part of a primary care recovery programme.

The Time for Care Team facilitated three virtual workshops which were designed to capture a stocktake of the situation, to build on what has worked well, learn from what has worked less well and identify what is needed for the future so that the new "business as usual" is safe, sustainable and effective. We were very grateful to have GP and Practice Manager representation at these workshops, all of whom were able to provide valuable input.

Based on the outputs from these workshops and the priorities identified, the programme offers a series of structured virtual interventions to assist in the design of any pan-Bucks initiatives that can dovetail with localised services.

Feedback from the workshops was very positive. Attendees had the opportunity to consider the conditions that enabled positive changes as a result of the pandemic and the benefits of building upon those changes. It was clear that there was a fundamental shared purpose amongst the group to move forward and to continue to deliver quality care safely for staff and patients, whilst maintaining the system drivers to allow innovation to continue to develop. There have been benefits for practices as a result of the changing way patients have accessed services, which have allowed clinicians the opportunity to prioritise their time to help patients at greatest need. It was apparent that practices teams had become stronger as a result of the challenging situation. Primary Care now has a unique opportunity to capitalise on recent changes and to continue to exploit technology and strong patient messaging to ensure that the future of primary care fully meets the needs of our patients.

As part of the next steps the primary care team will address specific areas of work that have

been highlighted by this series of workshops and endeavour to engage patient representatives to create a sustainable primary care system for the future. We recognise that patients have been tolerant to the different ways of accessing primary care throughout this situation. The primary care team intend to engage with patient representatives to ensure that changes adequately meet the needs for Buckinghamshire patients The work will also be fed into CCG, BOB ICS and integrated care provider recovery plans.

PCCC is asked to **note** the progress to date on formulating a primary care recovery plan which reflects the views of primary care teams.

Conflicts of Interest:

None arising from this paper.

Strategic aims supported by this paper:(please tick)

Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	✓
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	✓
Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	✓
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	☐

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement		✓		.
Equality			✓	
Quality	✓			
Financial			✓	
Risks			✓	
Statutory/Legal			✓	
Prior consideration Committees / Forums / Groups			✓	
Membership Involvement			✓	

Supporting Papers:

Time for Care Covid-19 Summary
Change Model for Health and Care

GENERAL PRACTICE FORWARD VIEW

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Buckinghamshire

Time for Care Covid 19 Support - summary

May 2020

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GENERAL PRACTICE
FORWARD VIEW

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What changed that we want to keep / build / start?

1. Patients access to services
   a. Consultations and mix of types
   b. Appointments systems
   c. Care navigation
   d. Patient behaviours & education for the future (national message)
   e. Exploitation and how to avoid
2. Bureaucracy
   a. Hindrances identified and barriers removed
   b. Governance
3. Staff support
   a. Mental health & wellbeing
   b. Teamwork & collaboration at all levels
   c. Upskilling in different areas
4. Collaboration
   a. Within practice
   b. Across practices – network / locality / federation
   c. Across CCG
   d. National
5. Safety

Why was it possible?

During the pandemic we could see the different components of the Change Model at play including:

- Fear as a driver
- Single clear & compelling purpose - not personal agendas
- "Get on and do"
- Minimal bureaucracy / governance / measurement
- Role modelling & stepping up
- Trust

GENERAL PRACTICE
FORWARD VIEW

NHS

To recreate those conditions for our future success, we need to pay attention to:

- Developing a compelling narrative & consistent messaging across the system about what we are here for, our values and what we aspire to, so we generate and maintain the energy for change
- Patient and population ownership of their health and wellbeing, their role in staying healthy and staying safe, how they can work with us for greatest effect – how to capitalize on learning from Covid-19 (as a local system / nationally)
- Keep flatter hierarchies and straightforward decision-making processes for minimal levels of bureaucracy to keep us safe and allowing people to step in and step up
- Own our own agenda, not being driven off course by external forces and agendas – use the wind in our sails to drive us forward, not off course
- All this to keep the headroom we have had that enables us to give quality time to patients in line with clinical need, and keep both our patients and staff safe

GENERAL PRACTICE FORWARD VIEW

The CCG can help by:

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- Ensuring that general practice is actively involved in recovery plans.
- Managing carefully and sensitively the opening of practices, consider feelings and fears locally and involve people in the planning and use consistent messaging.
- Supporting with new way of working and the message that what we do now is as good as (*or better than*) what we did before, including help to continually improve new ways of working
- Patients have accepted the current change but may expect things to revert to how they used to be once the crisis phase passes – how do we involve them in embedding new sustainable and safe ways of working?.
- Reinforcing a consistent message at local and national level – we won't go back to how things were; protecting patients & staff – coming to the surgery is not the default position
- Sustainable use of technology: what is the right thing that enables and supports us to do the right appts, effective delivery of care? *Technology has been rolled out and adopted – now how do we use the new solutions as effectively as possible?*
- Communication to public about self management would be a big help – big campaigns; engaging patients and public in public health and service use / redesign messages
- If we think of ourselves as an ICP rather than primary and secondary, and set priorities together and set the pathway this might help.

GENERAL PRACTICE FORWARD VIEW

Things that will hinder further progress:

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Not distinguishing between want and need.

Excessive bureaucracy E.g. – contradictory messages. Need to support not mandate – and put into context. Enable and motivate – suddenly starting to performance manage on isolated issues. 'How' and 'safety' are important.

Performance management – drives certain behaviours and not necessarily the right process.

Need patients outcomes at the centre – and flow of money needs to be appropriate to the flow of outcomes. Currently through secondary care, so how does this need to change? Needs to be freer, and support to work together. *A focus on outcomes and money linked to outcomes, not to outputs, activity and transactions*

GENERAL PRACTICE
FORWARD VIEW

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Change Model for Health and Care

GENERAL PRACTICE
FORWARD VIEW

Something determines what we do, how we act and can be outside Of our control. We need to make sure the work we are doing is aligned to the drivers in the system otherwise we are fighting against something that is working against us.

Fear was a big driver – need to recognise that.

GENERAL PRACTICE FORWARD VIEW

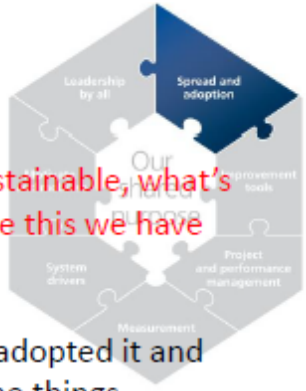
Shared Purpose – what keeps us together.

Offering the best care we can under the circumstances
Minimise harm to all – staff and patients.

What happens when the message changes – did it become more confusing?

Hippocratic oath – wider than just doctors – doing the right thing in caring for people.
From cleaner to consultant there was a purpose about caring and helpful.

GENERAL PRACTICE FORWARD VIEW



One of the principles is planning ahead from the beginning – how will make it sustainable, what's already out there, what we can put into play and use to suit us. Where people use this we have greater success at making things happen and putting things into practice.

Different modes of consultation was already there – eConsult and tele consult – adopted it and ramped it up. **Used what we had in place**. Some practices had already done some things. Came back to our purpose – came back to what we are here for, helping our patients. Seen the merits.

Pace of change and adoption – for managers and patients, non-clinicians. Blockers in every group, and patients slow to adapt to change, and don't give consent. Speed of this worked in our favour.

Speed has been a great leveller – has got everyone quickly to a similar degree.

There was no other way – this was how we had to do it and **no time to think through.** Things evolved alongside. Sense of urgency and clarity of purpose helped.

Whatsapp – pace of communication. Worked like a herd – wanted to do what others were doing. Digital networking helped us to change quite quickly!

Had to give it a go – didn't quite know how but just did it.

GENERAL PRACTICE FORWARD VIEW

It almost doesn't matter what kind of tool you use, as long as you use something that is an evidence base to drive the improvements.

Is there anything we are conscious of that we used deliberately and systematically.

Evidence that we would normally fall back on wasn't there, guidance came out, some good RCGP / NHS E pages to help us develop our plans.

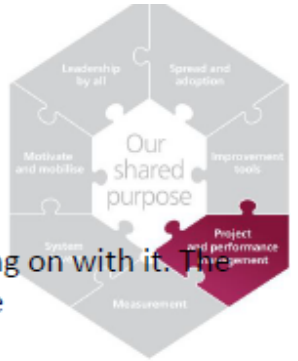
Early on we were overwhelmed by information – but perseverance of daily groups became really helpful. **Seeing things live and current**, and really helped us get through this, understand the information and make it useful. Teamnet has also helped. But has been overwhelming.

Guidance and advice – conflicting at times and different bodies having different views made it very difficult to navigate. Bewildering, and no risk assessment. Need the right things available to help us to do the work.

Use of PDSA – usually want to get it right first time, but because no-one knows we've had to **just get on and do it**. Seen it in motion a lot. (Permission to fail – do it quickly and make it safe, we learn more from things that fail, and having the ability to try things out.)

Involving the whole practice – whole team briefed at the same time. Team not used to this, and worried a number of the team that there wasn't an answer. And having conversations as a practices was disturbing. Transparency is good – but comes with risk.

GENERAL PRACTICE FORWARD VIEW



What do we have in place to make sure we are staying on track?

'Just do it' attitude – less concern about who does what. Just ringing up and getting on with it. The person who is doing it in the crisis may not be the person who does it once we are

Agile management style rather than the normal 'project management' – more rapid, lighter touch, rather than trying to get everything planned and right. Considering ways in which to embody this agile management style in the future.

What is the tension between governance and agility? Where is the balance between managing the risk and allowing people to test out different things.

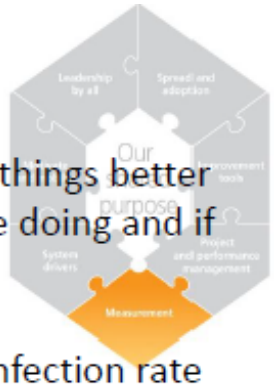
With agility has also come some lack of accountability – need a movement towards an accountable system

Flexibility and changes in finance regime has helped, and stepping back and allowing teams to just get on. Need some governance and some flexibility. Previously wasn't the headroom to fail – have had to have rigidity. Evidence around PDSA...

How do we satisfy our governance and risk without sacrificing flexibility and pace.

Trust – what has given us that? Shared purpose helped us to break down the barriers. We knew where the motivation was. Going forward – what do we create as a shared purpose to break down the barriers. Don't build the fiefdoms around it.

GENERAL PRACTICE FORWARD VIEW



Measurement for improvement, for change – proportionate. Is it making things better or worse? Measurement as a means to an end. Is it informing what we are doing and if it's helping?

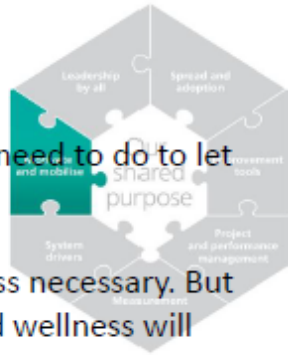
R-rate and mortality rate have helped to keep us going – are we keeping infection rate down and keeping people safe?

Tend to measure the process rather than the outcome. Most important measure is the outcome. (Acknowledging sometimes we need to measure the process because outcome far in the future).

Links to trust – confident in people's intent, and interest, we are less likely to want lots of measures.

Feedback (as a measure) – tend to overlook sometimes because the process has become so important. Cognitive bias/

GENERAL PRACTICE FORWARD VIEW



Who do we need to take with us? Not just getting them on board, but what do we need to do to let people contribute to the best of their abilities.

Patient journey – need to capitalise on it. No-one should come to the practice unless necessary. But the biggest message is about being healthy – being in charge of our own health and wellness will have a massive impact.

Everyone wanted to do something to support the wider need and wider ask – became a social movement to support the national effort.

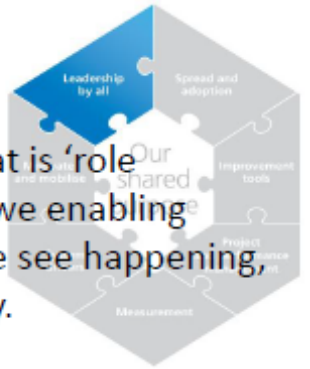
Seeing everyone doing their bit has re-enforced the shared purpose – has inspired us all forward. Everyone is on the same side and wanting to do their best. Efforts have been really positive. At some point there will be a 'critique' which could be really de-motivating.

Been able to overcome 'self-interest'. Being able to work more closely with other teams – working differently with teams that we don't normally work with.

Fear can be a catalyst but did something else keep us going... People were quite demotivated before – felt like a job, this has brought this back to a vocation.
How do we harness this as a collective going forward as teams, to change the way we operate.

Trialling some things now in the practice as 'BAU' but how do we do this across wider teams?

GENERAL PRACTICE FORWARD VIEW



Everyone has a part to play and leading change through. Big part of that is 'role modelling'. Do we give people the space, tools, resources to lead. Are we enabling people to make this change happen. All about behaviour… what do we see happening, or what do we do to enable others to lead the change in their own way.

Where there was a void people stepped in and said 'I can do that bit' – naturally stepped outside of their comfort zones and doing things they didn't know they could do. Because people have done it others have also done it – to meet the needs of the team. Small wins (PDSA) made a difference. Re-enforced that they could try again. Positive behaviour – saying thank you! Previously hadn't happened… were being taken for granted. Saw how small things help us to achieve the bigger things. Highlights what we value.

Most junior members of the team – stepping in taking IC, PPE and stock take every day, just doing it and getting on. Reception being really caring and reaching out to vulnerable patients. Really stepping up.

Discussion about patients have changed – collegiate leadership emerging.

Do we create the conditions to allow people to lead?