

Workshop Notes - All Practice Event 31st January 2012
Workshop 1 – The Lambeth Clinical Commissioning Network

1. Blue Group 1 – How do we make Networks work?

Note taker: Therese Fletcher

IT requirements:

Virtual Technology

Robust IT is key

Central portal

Web-based

NHS Network - set up personalised page

Avoid group email

Central Intranet log-in

Information reviewed by the Board

Advice to specific commissioning

Commissioner/Provider Network

Must include providers

Important to get terminology correct

Network title should reflect joint approach

Priorities must be right for Lambeth

Accurate account of workload required

Backfill concerns

Board members should have more strategic role but currently more operational Very important to build on existing clinical leads and involve other clinical team members Pharmacy involvement LPC input - collaboration

2. Blue Group 2 - Innovation within the Clinical Network

Chaired by Moira McGrath

Note taker: Liz Clegg

- Need to have an updated list of who is currently do what as some arrangements have been in place for a long time while others are newer recruits
- Need to understand the links between clinical lead and commissioning lead
- Felt that some of the documents were too wordy
- Referral pathways – suggested we look at what Lewisham are doing
- Need to have mixture of bottom up approach i.e. sharing of good practice already happening in primary care and top down i.e. NICE, evidence based, research
- Would be helpful to have an example of how this role works in practice ‘a day in the life of a clinical lead’?
- Need to look at good practice outside the PCT - no need to reinvent the wheel
- More detail on what is required would be very helpful – egg describe the role, time commitments
- Need to get beyond the clinical board and engaging with a wide range of clinicians – not just GPs – need to engage more with practice nurses, nurse practitioners etc
- Areas that could be covered include short term egg reviewing audit information, longer term including dealing with shift agenda. Other examples include gynae, gastroenterology, CVD
- Are we concentrating too much on what GPs are doing rather than the whole pathway

3. Green Group 1 – Reviewing the Network Pack

Note taker: Anna Hodgkinson

- The pack is glossy but full of words and not specific enough on what you are trying to do
- Need more diagrams and specific information
- Needs clarity on time commitment and needs to highlight what you will be asked to do
- Please add more information on what jobs are available and how do these link in with current structures/who they would be working with
- What PDP opportunities will be available to develop into these roles if you do not currently meet the personal specification?
- Resource for backfill – what does this mean? Please add in simple terms
- Requires clarity of roles e.g. simple terms and conditions
- Add in contact details of who to speak to if you are interested in finding out more about the roles.
- Need to offer different levels of clinical network membership to reflect different individual circumstances eg. One session per week and one session per month for example.
- The pack states a number of different terms eg 'clinical lead', 'clinical member'. Are these all the same thing? If so, ensure consistency throughout the pack.

4. Green Group 2 – Reviewing the Network Pack

Chaired by: Dr Jenny Law

Note Taker: Janie Conlin

If you were appointed a member of the Network what skills would you want to develop or be supported in?

- Understanding commissioning cycle (including contracting, finance and how public health issues are incorporated)
- Understanding the context/bigger picture within which a pathway sits
- Leadership skills (in order to engage others in network business)
- Negotiating and influencing skills (in order to be able to challenge effectively)
- On-going development to support network leads once in post
- Mentoring/buddy scheme

What information is missing?

- Time commitment
- Case studies of how it has worked for existing network leads
- Champions

In terms of incentives to join the network – what else could we offer?

- Employ a team of people who could provide regular backfill and consistency (this would make it more palatable for practices to release staff)
- “What’s in it for me” section needs to be re-written as it doesn’t currently provide any real incentives to join

Is the language/layout appropriate?

- Too long – document should be shorter and more sophisticated as the language is currently insultingly simple and states the obvious
- Wording is too woolly – eg how will individuals be tested against person specification when it is that generic
- Should be more specifically related to the clinical commissioning job in hand
- Make it clearer that there will be specific outcomes for each role
- Looks like too much money has been invested in the design, printing and paper

5. Orange Group - Other areas of work for the Clinical Network

Note Taker: Ash More

- Health visiting is an issue as there are very few clinics in practices by health visitors especially in practices with high child protection list. Need to bring back traditional health visiting.
- Health visitors' shortage is acknowledged in the borough. But skills required to meet standards has to be assured before health visitors can be recruited to meet the needs
- We may need a new model to work in current scenario to meet the needs - in primary and community care.
- District nursing has a similar challenge about shortage and it is difficult to reach them.
- There is a plan to set up a district nursing referral service which may have an impact
- End result of any pathway has to be owned by primary, secondary and tertiary care so that we have an impact on the outcomes that we are working towards; and this will also help commissioners put money in the areas.
- E.g. eye pathway to be looked at for people managing diabetes

6. Orange Group – Other areas of work for the Clinical Network

Note taker: Marion Shipman

Patricia Kirkman: Chair

Current Networks:

Cardiology

Diabetes

Mental Health

Older People

*Gynaecology

*Learning Disabilities

*Safeguarding/Older People

*Children

*Networks not yet developed /fully developed

Network suggestions & issues:

Ophthalmology

- Referrals going up
- GP - duplication for referrals
- Variability amongst GPs
- Redesign Team can do some analysis and support
- If opticians refer directly to hospital, what happens about targets?
- Cataracts – Opticians may be unclear of actions

Maternity

- Antenatal services already redesigned - works ok – no further actions on this

Children

- Emergency/urgent care
- Paediatric diabetes gap
- Focus should be on prevention

Frail Older People

- Re-engineering work currently – Integrated Care Pilot
- Currently GP involvement is not good
- Network link into the ICP
- SLAM also have ideas around older people management

Drugs

- Need clinicians involved with decisions/medicines management

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- This Network needs a Lead