

PCN FORMATION WORKSHOP

CREATING A FUTURE WHERE WE ALL WIN

Training Guide
January 2020



TABLE OF CONTENTS

Introduction.....	3
1. Where’s your head at?.....	4
2. Clinical director	7
3. PCN Formation workshop	8
4. Competitive collaboration.....	11
5. Communication	16
6. Action Plan.....	17

INTRODUCTION

Where once dispensing was the lifeblood of many pharmacies, this alone no longer provides enough sustenance for a successful pharmacy business. Pharmacists will be stretching their clinical muscles in new ways with services and being at the heart of the new Community Pharmacy Contractual Framework and the newly formed Primary Care Networks (PCN).

At Community Pharmacy Lancashire, we have partnered with Pharmacy Training Specialist, Lynette Roberts, to develop an interactive, engaging and solution focused workshop to support you and your pharmacy peers to form your Primary Care Network Groupings, identify and appoint your PCN Lead and agree new ways of working that will create a future where we all win.

This training manual has been designed to help you and your peers share and capture best practice, to help you adapt to the changing NHS environment, work more efficiently and collaboratively, as well as establish sustainable channels of communication that enable PCN stakeholders to achieve their shared goals.

The training workshop covers the following key areas:

1. Where's your head at?
2. Clinical Director
3. PCN Formation Groups
4. Competitive Collaboration
5. Communication
6. Action Plan

1. WHERE'S YOUR HEAD AT?

The pharmacy profession has been buffeted by the winds of change over the past few years and it has undoubtedly affected the mental health of pharmacists and their pharmacy teams. This section has been designed to help us recharge and reflect so we are in the best mindset conducive to finding solutions.

The Royal Pharmaceutical Society's 'Workforce Wellbeing Survey' results revealed that 60% of respondents have had their mental health and wellbeing impacted by work and 80% were at a high or very high risk of burnout.

This section of the training is designed for you to reflect on 'where you head is at' and how you can find helpful coping strategies for you to feel more in control.

How would you rate the mental health of you and your team in the current climate?



What coping strategies do you use that are helpful and unhelpful?

When you return to your pharmacy, explore your individual coping strategies and organize them into helpful and unhelpful. Be mindful that what may be unhelpful for one person may be helpful to another.

Helpful Coping Strategies	Unhelpful Coping Strategies
<i>E.g. Talking to friends, family & peers</i>	<i>E.g. Procrastinating, bottling up, taking on everything</i>

5 CHAIRS, 5 CHOICES

Each chair represents a different viewpoint on the world, a different way to respond to life's challenges. From each chair we experience different thoughts, behaviours, attitudes and energy which have a profound impact on the choices we make in every moment.

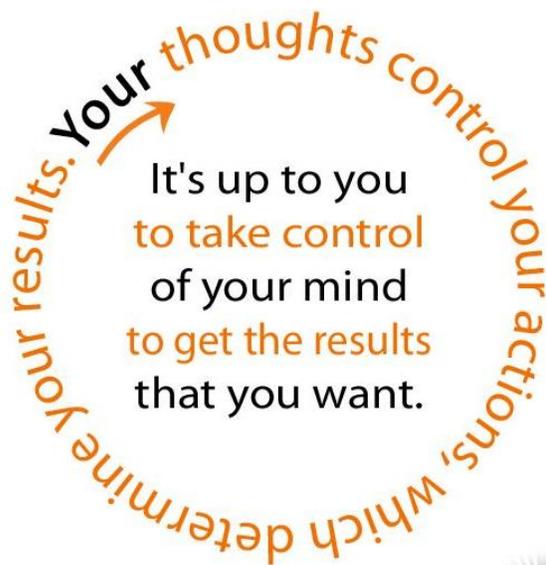
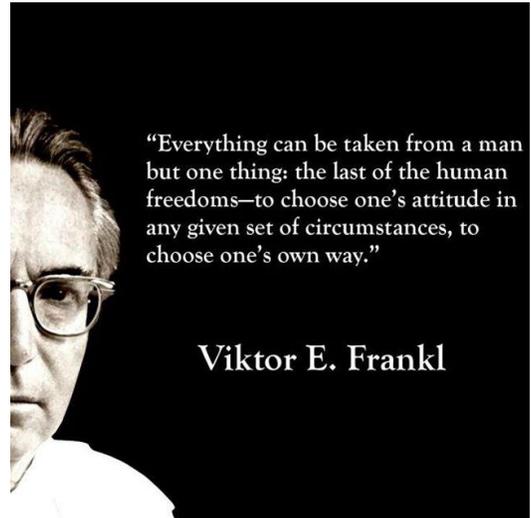


ATTACK	SELF DOUBT	WAIT	DETECT	CONNECT
JACKAL	HEDGEHOG	MEERKAT	DOLPHIN	GIRAFFE
We love to blame, complain, punish. Our main aim is to judge . We think that we are right! We make judgements without knowing very much.	We feel vulnerable and want to protect ourselves. We are self-critical and turn the judging inwards. We have fears of being rejected or disappointed.	We are mindful, aware, observant, conscious. We consider what we are thinking, we become curious , we are interested.	We become the detective of ourselves. We become self-aware . We know what we want and where we are going. We speak our truth.	We are displaying empathy, compassion and understanding . This is where we look at other perspectives, to embrace other realities, to embrace diversity and become tolerant.
In the boxes below, reflect on the thoughts you have about services when adopting each mindset				

CHOOSE YOUR ATTITUDE

You choose your attitude the moment you wake up. Is it a conscious choice or are you on autopilot? Ask yourself, “Who do I want to be today? What impact do I want to have?” When you are aware of your choice, you control your attitude—it doesn’t control you.

There is a saying that if you “**change your thoughts, you can change your world**”. This can be a helpful coping strategy for building resilience.



Your mind, more specifically, your thoughts, affect your perception and therefore, your interpretation of reality. There are things out with our control, such as the funding that is negotiated for pharmacy, but what is more helpful is to focus on what we can control. We can control our thoughts, attitudes and behaviours towards the changes making us feel more in charge of our destiny rather than a victim of circumstance.

Notes

2. CLINICAL DIRECTOR

A Primary Care Network must appoint a **Clinical Director** as its named, **accountable leader**, responsible for delivery. They provide leadership for networks strategic plans, through working with member practices and the wider Primary Care Network to improve the quality and effectiveness of the network services.

Together, the Clinical Directors will play a critical role in shaping and supporting their **Integrated Care System (ICS)**. They will help ensure the full engagement of primary care in developing and implementing local system plans to implement the NHS Long Term Plan.

MY PCN CLINICAL DIRECTOR

Name	Job Title
Practice/ Organisation	Contact Details

The role of the clinical lead will vary according to the particular characteristics of the network, including its maturity and local context, but the key responsibilities may include:

Provide strategic and clinical leadership to the network, develop and implement strategic plans

Lead and support quality improvement and performance across member practices

Influence, lead and support the development of excellent relationships across the network to enable collaboration for better patient outcomes

Provide strategic leadership for workforce development, through assessment of clinical skill mix and development of network workforce strategy

Support network implementation of agreed service changes and pathways, working closely with member practices, the wider PCN, and the commissioner to develop, support and deliver local improvement programmes aligned to national and local priorities

Represent the network at CCG-level clinical meetings and the ICS/STP, contributing to the strategy and wider work of the ICS

3. PCN FORMATION WORKSHOP

The purpose of our event is to provide the opportunity, space, time and support for your PCN Groups to meet and progress your formation to completion.

It is very action orientated and the aim is to complete all the actions required to fully form your PCN Group and allow you to claim the relevant PQS payments from 3rd February 2020.

We have a leaderboard on the wall where you can tick and record that your PCN Group has completed the relevant tasks as you go. That way you can keep track of your progress and we have a record too.

My PCN	
My PCN Lead	
My PCN Lead Contact Details	
Communication Agreement	

WHAT ARE PRIMARY CARE NETWORKS?

(Source: NHS, Primary Care Networks, Publishing Approval Reference 000429, March 2019)

PCNs are based on general practice registered lists, typically serving natural communities of around 30,000 to 50,000 patients. They should be small enough to provide the personal care valued by both patients and healthcare professionals, but large enough to have impact and economies of scale through better collaboration between general practices and others in the local health and social care system, including community pharmacies.

WHAT WILL PRIMARY CARE NETWORKS DO?

(Source: The King's Fund Primary Care Networks Explained March 2019)

NHS England has significant ambitions for primary care networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

Primary care networks will eventually be required to deliver a set of **seven national service specifications**. Five will start by April 2020:



Structured Medication Review & Optimisation

- Designed to directly tackle over-medication of patients
- Help patients get the best out of their medicines, reduce waste and support self-care.



Enhanced Health in Care Homes

- Designed to ensure that all care homes are supported by a consistent team of multidisciplinary healthcare professionals delivering proactive and reactive care



Anticipatory Care

- Designed to dissolve the historic divide between primary and community medical services and introduce more proactive and intense care for patients assessed as being high risk of unwarranted health outcomes.



Personalised Care

- Involves shared decision-making, enabling choice, personalised care and support planning, social prescribing, supported self-management, personal health budgets and integrated personal budgets



Supporting Early Cancer Diagnosis

- Helping to ensure high untimely uptake of screening and case finding opportunities within communities



Cardiovascular disease prevention and diagnosis

- Better prevention, diagnosis and management of CVD is the biggest single area where the NHS can save lives over the next 10 years, through fewer strokes and heart attacks.



Tackling Neighbourhood Inequalities

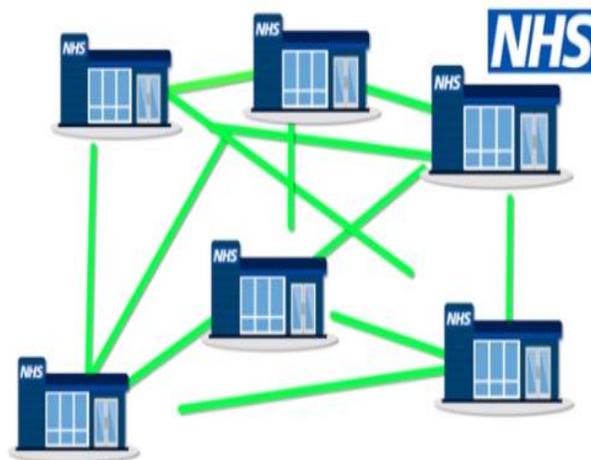
- Designed to challenge inequalities in health and healthcare

The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

Creating a Future Where We All Win

Primary Care Networks will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.



Primary care networks will also be expected to think about the wider health of their population, taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

Primary care networks will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary

care representation is made stronger in integrated care systems, with the accountable clinical directors from each network being the link between general practice and the wider system.

Primary care networks will be expected to have a wide-reaching membership, led by groups of general practices. This should include providers from the local system such as community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers or local government.

4. COMPETITIVE COLLABORATION

Competitive Collaboration

• A group of competing companies to **come together to develop a solution for a problem that they all share**, and from which none of them would gain a competitive advantage

The primary role of the pharmacist is evolving from a focus on dispensing medications to taking increased responsibility for and facilitating optimal medication use through collaboration. Strong working relationships between pharmacists and GP's are needed to optimize patient care. However, the relationship between pharmacist & GP as well as competing pharmacy chains could present potential barriers to maximising collaborative opportunities.

The Competitive Collaboration Workshop is designed to allow reflection on your personal collaborative mindset as well as explore the current and future collaborative relationship that could create a future where we all win.

Activity: How ready are you to collaborate?

1. Place a circle around the term that most fits you in each box

<p>Risk averse Detail driven Margin protection Regulation focused Compliance driven</p> <p>Customer focused Entrepreneurial Innovative Opportunity driven Shared risk & benefits</p> <p>D</p>	<p>Passive Proactive driven Self-motivated Influencer</p> <p>Results based Goals driven Open minded Visionary Adaptable</p> <p>B</p>
<p>Process oriented Intuitive Outcome focused Solutions development</p> <p>Task focused Change management Strategic Team player Rules driven</p> <p>A</p>	<p>Programme Management Functional manager Business development Hands on technician Executive leadership Supply chain management Service delivery focus Project management Contracts management</p> <p>C</p>

Creating a Future Where We All Win

2. Place a circle around the number of the term you choose in in box A, B C and D

Square A Approach		Square C Skills Background		Square D Risk Profile		Square B Personal Profile	
10	Strategic	10	Programme management	10	Entrepreneurial	10	Visionary
9	Intuitive	9	Business development	9	Opportunity driven	9	Influencer
8	Outcome focused	8	Executive leadership	8	Innovative	8	Proactive communicator
7	Solutions development	7	Service delivery focus	7	Shared risk and benefits	7	Adaptable
6	Change management	6	Project management	6	Customer focused	6	Progressive
5	Planner	5	Contract management	5	Margin protection	5	Open minded
4	Team player	4	Supply chain management	4	Regulation focused	4	Self-motivated
3	Process orientated	3	Functional manager	3	Compliance driven	3	Goals driven
2	Rules driven	2	Team leader	2	Detail driven	2	Results based
1	Task focused	1	Hands on technician	1	Risk averse	1	Passive

Square A Score	Square B Score
Square C Score	Square D Score

3. Draw a line from your score in Square A to your score in Square B and from your score in Square C to your score in Square D

		Square D											
		1	2	3	4	5	6	7	8	9	10		
Square A	10	Less likely to accept or promote collaboration as an approach					Most likely to see the advantages of a collaborative approach					10	Square B
	9												
	8												
	7												
	6												
	5	Unlikely to support a collaborative approach					More likely to support a collaborative approach					5	
	4												
	3												
	2												
	1												
		1	2	3	4	5	6	7	8	9	10		
		Square C											

4. If there was anything you could do to improve your collaborative mindset, what would it be? What qualities would be advantageous for collaboration?

COMPETITIVE COLLABORATION GROUP DISCUSSION

The following group discussion is designed to allow you to reflect on where you currently compete with your fellow pharmacists from different pharmacy chains and your relationship with GP's. How will these relationships need to evolve in order for the PCN to function more effectively?

Group 1 Activity: Pharmacist versus Pharmacist

Explore the relationship between competing pharmacists from different pharmacies such as independents, high street and supermarket pharmacies. How will our peer relationships need to evolve to create a future where we all win?

CURRENT	FUTURE
Where/how do you currently compete?	What are your future shared goals/ problems?
Where/how do you currently collaborate?	What are the potential barriers to collaboration?
How can we overcome the barriers to collaborate and create a win-win solution?	

Creating a Future Where We All Win

Group 2 Activity: Pharmacist versus GP

Explore the relationship between pharmacists and GP's. How will this relationship need to evolve to create a future where we all win?

CURRENT	FUTURE
Where/how do you currently compete?	What are your future shared goals/ problems?
Where/how do you currently collaborate?	What are the potential barriers to collaboration?
How can we overcome the barriers to collaborate and create a win-win solution?	

5. COMMUNICATION

We will all have important roles in establishing a well-functioning Primary Care Network; a key element of this will be regular internal communication.

In your groups discuss the following:

How will we communicate?	
How often will we communicate?	
What will we be communicating?	

6. ACTION PLAN

It is important to cement what you have learned tonight by committing to practical, actionable changes that you are going to make to improve you practice.

Review and discuss the findings of today’s activities and produce a collective action plan.

What	
How	
When	
Who	
Resources	

