



**London  
South Bank**  
University

EST 1892

# Leading Primary Care Networks and Collaborations

Leading Primary Care Network (PCN) Development  
and the Delivery of Robust Primary Care

"One of the best courses I have been on. Both from the content and the people I have met. The way it is delivered is really interactive. The team really has something to offer"

## Introduction

This Leadership Programme is for those in current and emerging leadership roles in Primary Care including Primary Care Networks, Federations, Integrated Care Systems, and Primary Care Quality Agencies. The new Clinical Directors in PCNs and Directors of Federations will find this programme particularly helpful.

Brought to you by one of the leading University Centres for research in Primary Care and networks, this programme will inspire participants and equip them more to effectively lead complex Primary Care networks and begin the long-term shift towards population health improvement, improved patient outcomes and improving the quality of lives for those working in Primary Care.

The 6-month programme comprises of the following:

- Six modules over 7 days
- 1:1 coaching (one session)

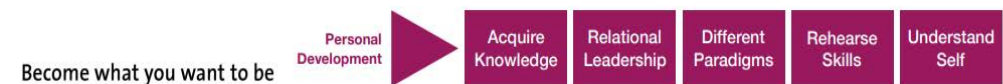
### Leadership for Primary Care Networks and Collaboration

A seven day programme for current and future PCN Clinical Directors, network operational leads and others who wish to contribute to the development of their networks and PCNs.

School of Health and Social Care

<p><b>1 Reflective</b></p> <p><i>Enabling true network working</i></p> <p><small>With PCNs positioned as a key to the success of primary care and wider system integration, we learn from renowned experts on the underpinning theory and practice behind successful network working, how groups come together and how system leaders can work as peers.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>2 Reflective Cont</b></p> <p><i>The seven service specifications</i></p> <p><small>In the second day of the reflective mindset, we collectively explore the varying views of the purpose of PCNs and co-create theory of change for the seven service specifications. We explore the argument that the way the system is currently designed is in itself increasing the demands it faces (failure demand).</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>3 Analytic</b></p> <p><i>New insights through new measurement</i></p> <p><small>With expert guest contributors, we build core analytical skills and go on to collectively critique how our current measurement structures enhance and constrain improvement. We show how alternative measurement methods can trigger innovation in new models of care.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>4 Collaborative</b></p> <p><i>Negotiation, conflict and integration</i></p> <p><small>We learn methods for understanding the perspective of others and learning to work with and through conflict as key skills for enabling relationships that move work forward. We follow by collectively undertaking a deep dive into approaches and core theory on integration.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>Helping you meet the following priorities:</b></p> <ul style="list-style-type: none"> <li>• Inspiring, developing and supporting network based multi-professional teams.</li> <li>• Enabling the seven PCN service specifications.</li> <li>• GPs and primary care better supported to lead improvements, build capacity, operate at scale and improve person and population experience.</li> <li>• Reshaping the provision of services at scale, spreading best practice, avoiding duplication and removing failure demand.</li> <li>• Improved resilience of primary care staff groups.</li> <li>• Increased clinical leadership capacity.</li> <li>• Build the foundations for changed relationships with secondary care.</li> <li>• Improve understanding of how to engage populations in social prescribing and asset based approaches to health.</li> <li>• Generate wider enthusiasm in the use of data and evidence to support the case for systems.</li> </ul>
<p><b>5 Worldly</b></p> <p><i>Creating the conditions for world class primary care</i></p> <p><small>Using first person and case study driven testimonials, we deeply explore examples of world class primary care. We collectively draw out learning for our PCN ambitions. In particular we look at how these case studies overcome system fragmentation and failure demand.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>6 Collaborative Cont</b></p> <p><i>Communities as assets in health</i></p> <p><small>With expert guest contributions, we collectively undertake a deep exploration of the pivotal role communities play in breaking the costly reactive care cycle, reducing demand and enable true population health shifts. We learn about the theory and practice of asset based health.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><b>7 Action</b></p> <p><i>Making ethical decisions</i></p> <p><small>We pull together the learning from previous sessions together into action. We explore the balance of commissioning to maintain service continuity while enabling new models of care. To underpin this we consider the role of, and how to ensure, ethical decision making and governance into new system and service design.</small></p> <p>Personal leadership competencies and peer based support</p>	<p><i>Learn together with an independent network of peers who share the same craft and passion you have for enabling and transforming primary care.</i></p>	

\*Structure inspired by The 5 Mindsets of a Manager, Gosling and Mintzberg, HBR November 2003



## Overview

Primary Care is at the dawn of a new era and a dynamic shift in the way it provides care. This involves recognising and managing the full continuum of care, focusing on both prevention and intervention, exploring new ways of multiple practices collaborating and a renewed focus on population health at community level.

The NHS Long Term Plan sees Primary Care networks as an essential building block of every Integrated Care System, and under the Network Contract Directed Enhanced Service (DES), general practice takes the leading role in every PCN. Participants on this programme are actively encouraged to apply the learning to the development of PCNs, and to other collaborations for integration on behalf of their locality and system.

The true value of Networks can easily be misunderstood and get set up as a new bureaucracy merely shifting the burden around the system. Getting the design and implementation of the new PCNs 'right', will immeasurably improve the system for everyone. This programme will look at the characteristics of successful networks and the relationships and processes primary leaders can influence during start up.

The introduction and organisation around PCN's is happening extremely rapidly. To be expected, there are some important structural and financial considerations that dominate the current efforts, alongside the pressures of maintaining current services.

This timely programme will provide a needed provocation for Primary Care leaders to consider the true long-term purpose of networks in the widest sense. Whilst there is clearly potential for networks to enable greater proactive, personalised, coordinated and more integrated care, the process needs to avoid a line of carefully laid bear traps. Leaders who think these through early enough will be best positioned for long term sustainable success.

The early concentration of effort is focusing on the 'form' of PCN's. This Leadership Programme provides the opportunity to develop the 'function' of PCNs alongside the continued emergence of other collaborative models at scale (e.g. Federations and ICSSs), alongside the relationship with general practice itself.

### Our Philosophy and Why a Leadership Programme

We see Primary Care leadership as a process, and fundamentally being about people and how, in particular, groups of people are influenced towards achieving common goals focused on patients, citizens and populations. It is essentially relational, involving sense-making, social influencing as well as enabling vision, direction and the achievement of beneficial outcomes for citizens. A clear, trusted and enabling leadership focus is needed for difficult decision making, hard choices and to bring about fundamental and sustainable change in the way services are offered.

We work with the concept of leadership involving acts of work and courage in the service of others' health, wellbeing and growth; that is, the role of leaders in the NHS to be of service to society, specifically in relation to the communities, families, users and patients served by the decisions of those in leadership roles. We will approach development and specifically this programme as a combination of personal, professional and business learning, with an emphasis on the mind-sets and behaviours associated with leading high performing multi-disciplinary teams, in general practice and within and across networks. The programme will encourage participants who lead in Primary Care to be the best they can be, so as to offer the greatest quality of care possible.



# Participation

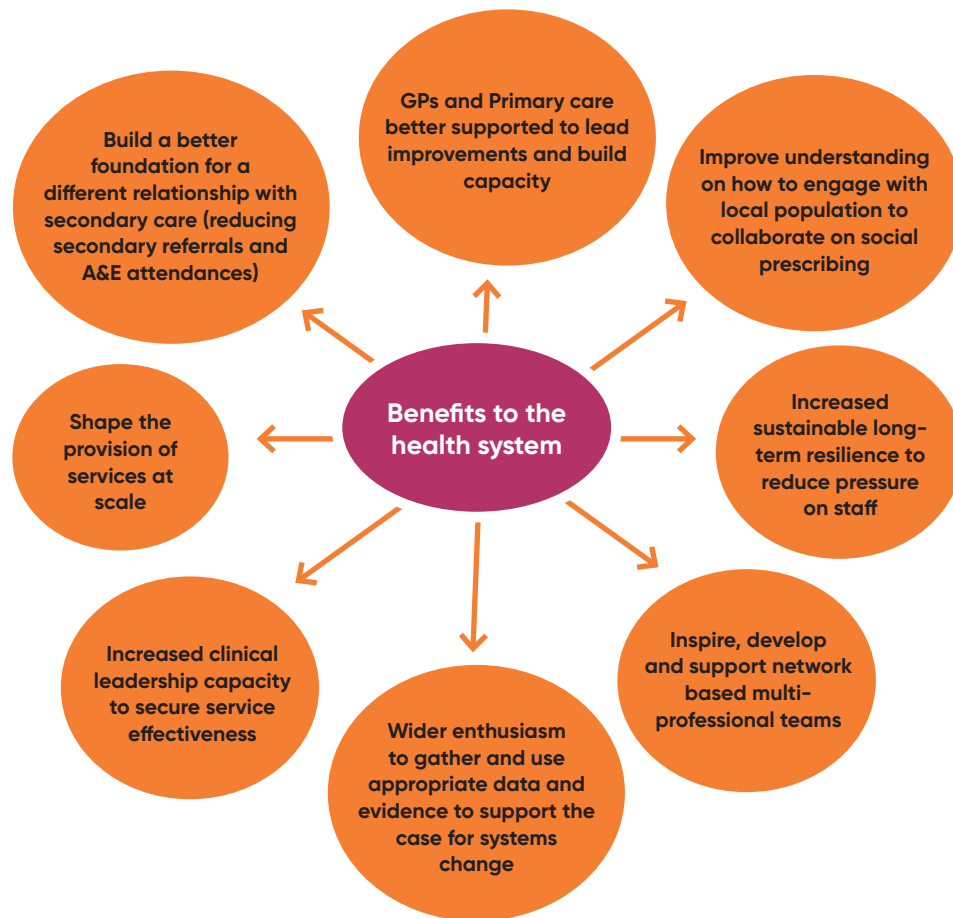
The programme is for Clinical and Associate Clinical Directors:

- With an interest in current and future leadership roles in Primary Care.
- In networks in Primary Care.
- With emerging responsibility for Primary Care Networks.
- Who want to shape Primary Care to work with people to be as healthy as they can be and downstream after acute illness to help them recover better.
- With responsibility and involvement in the future shape of Primary Care.
- Seeking to contribute to the development of their networks and PCNs.

## Personal Learning Outcomes

By the end of the programme participants will be more confident and better equipped for their leadership role. Participants will:

1. Have a renewed sense of purpose as a Primary Care Leader contributing to the right culture in the workplace where staff are engaged and committed to the primary task of providing high quality care.
2. Lead across the health system using networks to deliver services and secure innovation for population scale health and care.
3. Lead high performing multi-disciplinary teams including clinical and non-clinical colleagues.
4. Understand the journey to develop high quality trusting relationships between practices, disciplines and other parts of the system.
5. Develop the skills and understanding of different approaches to working collaboratively across a complex system, including critical engagement with key stakeholders in the local health economy through STPs/ICSs.
6. Respond to the changing landscape and play a more potent leadership role in shaping the future (new contract, integrated care etc).
7. Engage patients/ citizens and their families and know how they can be involved in developing better and more joined up services to achieve this.
8. Know how to learn and problem solve with peers, co-mentor and support others to use data to challenge assumptions and use creative systems thinking to deliver real service innovations and improvements to patient care.



## Programme Approach

A learning programme is only as good as the impact it has. Whilst some theoretical input is necessary to convey new ideas and frameworks, the majority of the programme time is spent applying the learning to the real issues and work that needs to be done at service delivery level. If additional topics arise as the programme and application evolves, then we will cover whatever is needed.

The programme also draws upon the experience, knowledge and skills of participants attending the course sharing practices and learning from one another as well as many guest speakers and our expert leadership practitioners. Participants will be expected to apply learning to their leadership practice between modules and bring their experience into the learning environment for peer discussion.

### Learning methods include:

- Workshop group learning; short topic related theory presentations, discussions, examples and simulations.
- Guest speakers throughout the programme.
- Utilising real evidence and data from Primary Care and existing GP practices as part of the learning process including the use of current case studies across Primary Care from the UK and internationally.
- Provoking new thinking and action with a range of research, tools, frameworks and models to make the changes they require and achieve their objectives from the programme.
- Informal peer learning is the style of learning on this programme. Participants will work in pairs and small groups. This programme builds relational leadership skills, enables delegates to develop communication and influencing skills, shared understanding and contextual relevance in delivering their goals. It supports the reframing of issues and situations and supports new ways of thinking.

**"The course is so helpful. Meeting others, learning and networking. Every single session I have come on I have learned something"**

### Additional programme elements:

- Participants are supported to apply the learning through communities of practice. Participants can expect to form strong relationships as the programme unfolds to help and support each other through the work implementing their ideas.
- Online portal with materials, articles, and other learning resources – which can be accessed during and after the programme.
- Access to the latest thinking and speakers through 12 months free entry to London Primary Care Quality Academy conferences and events –including a free place at the bi-annual conference.
- We will conduct an impact survey for delegates and incorporate this into a report of the programme's future cohorts "Outcomes and Quality Assessment".



## Outline Programme with Indicative Content of the Six Modules:

The module structure is loosely based on the work “the five minds of a manager” (Mintzberg & Gosling, 2003). This offers a helpful structure for a thinking / behavioural / relational approach to leadership, which is both useful at a strategic and personal level and provides a framework from which participants can challenge their ideas on leadership behaviours and style in relation to their current and future roles in Primary Care.

### Module 1 (2 days) Induction and Reflective Mindset

Influencing Primary Care, purpose, and modes of organising

- 1. Understanding self and others.** Reflective practice – Why it matters?
- 2. Influencing networks in Primary Care.** Understanding networks and contrasting with other organisational forms in healthcare and building trust and co-operation through networks.
- 3. Practicalities and theory of successful networks.**
- 4. What method for what work** – being clear on purpose.
- 5. Leadership and the PCN priorities.**
- 6. Application.** Deciding on a Network Leadership Project to track and use through the programme.

### Module 2 (1 day) The Analytic Mindset

Leading future quality and performance in Primary Care.

- 1. Data and measurement fundamentals.**
- 2. Analytics and evidence-based decision making in Primary Care.** Metrics – Understanding what the right metrics for our purpose are and to shape the model of care.
- 3. Why what happens happens?** Using real data from participant practices. Creating right metrics to measure performance.
- 4. Understanding population needs.** What datasets can and cannot tell us.
- 5. Application.** Communities of practice.



### Module 3 (1 day) The Collaborative Mindset

- 1. The collaborative mindset of a leader.** Collaborative working, understanding group behaviours and dynamics and building functional relationships.
- 2. Working with citizens at community level.** Understanding approaches to citizen, community and other stakeholder involvement in co-producing health and wellbeing services.
- 3. Surfacing system fragmentation.**
- 4. Application.** Communities of practice – applying the collective wisdom of participants to real current and relevant network issues.



#### Module 4 (1 day) The Worldly Mindset

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1. **New approaches in healthcare.** Global exemplar case studies applied to Primary Care
2. **Understanding the dominant ideologies that cause system fragmentation.**
3. **Application. Communities of practice.**

#### Module 5 (1 day) The Collaborative Mindset (cont) working together

Engaging citizens/patients/public/staff and the wider Primary Care workforce

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1. **Assessing your collaborative challenge** – using the network maturity matrix.
2. **Leading as peers.** Working as systems leaders with multiple stakeholders in the system.
3. **Governance and ethical decision-making.** Ensuring our governance structures are fit for our purpose – to do right thing for patients and patient journey.
4. **Communities of practice.**

#### Module 6 (1 day) The Action/Catalytic Mindset

Pulling it all together. How do we really do things around here?

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1. **Overview of the Action Mindset in the context of Primary Care.** Key leadership principles.
2. **New leadership.** Balancing the need for innovation with the need for continuity.
3. **Application.** Communities of practice.

# Logistics

## Costing

This programme costs £1850 plus VAT per person. There is a discount of 10% for additional people from the same organization.

Capacity 24 participants.

## Timings

All modules start promptly at 9.00 with a technical check in. They finish no later than 17:00.

Each module will be conducted through Zoom. There will be a different log in for each day. This can be found in your calendar invite or the module programme.

Date	Learning Activity	Duration
7th & 21st September 2020	Module 1	2 days
7th October 2020	Module 2	1 day
10th November 2020	Module 3	1 day
8th December 2020	Module 4	1 day
12th January 2021	Module 5	1 day
2nd February 2021	Module 6	1 day

# Legacy/Alumni/Follow on

Successful delegates will join the LSBU Federation Leaders Network after the programme completes with a hub (online) and learning resources, network meetings, events etc. as part of HSIL Primary Care Quality Academy.

# Health Systems Innovation Lab

The Health Systems Innovation Lab (HSIL) at London South Bank University are at the cutting edge of research and development in Primary Care (leading the Primary Care Quality Academy). Our work enables us to offer this programme utilising a range of speakers, approaches, and tools to support the emerging leadership needs in Primary care.

Participants will automatically become members of London South Bank University's Primary Care Quality Academy with automatic invitations to events, which distill the latest research into practical advice for primary care leaders

For more information about the Health Systems Innovation Lab, please visit our website: <http://www.lsbu.ac.uk/business/expertise/health-wellbeing-institute/health-systems-innovation-lab>

# Health Systems Innovation Lab Team

- Nick Downham
- Becky Malby



Other speakers from LSBU Faculty + other guest speakers from Federations/GP/ RCGP. Supported by HSIL/LSBU Admin team.

## Nick Downham

Nick is an Associate of the Health Innovation Lab at London South Bank University (LSBU).

Nick is a leading expert in improvement science and organisational development in primary care. He has led and played central roles in national primary care improvement and professional development programmes. Nick gained his operational experience in industry and healthcare. He specialises in quality improvement, systems improvement, measurement, safety, and flow.

Nick is part of the team at the London Primary Care Academy, is a module lead on the London Darzi Fellowship programme, has developed approaches for NHS England's General Practice development team and has provided expert support for individual practices and groups of practices around the country and internationally.

Nick is also an accomplished facilitator and presenter. With experience of facilitating group based organisational development in primary care and for universities.

Nick believes in the fundamental role amazing public services can play in supporting people when at their most vulnerable. He is currently supporting a wide range of organisations in their improvement journeys. These range from hospitals, universities, general practice, hospices and clinical commissioning groups. More on Nick can be found at: [www.cressbrookltd.co.uk](http://www.cressbrookltd.co.uk)





**Becky Malby (speaker)**

Becky is Professor in Health Systems Innovation at London South Bank University, where she leads the Health Systems Innovation Lab, providing change management support to systems change work; leadership programmes for emerging leaders, network leaders and citizen leaders; the London Primary Care Quality Academies; and catalysing spread through an international network. She has a track record in systems innovation, organizational change and leadership

development in the UK and Internationally, and in leading networks.

Her experience is an unusual combination of leader, manager, researcher, change agent and entrepreneur. She is known to be an energetic and enthusiastic leader of change and a forward thinker.

She is currently on the Advisory Board of The Bromley By Bow Unleashing Health Communities Programme, the Scaling up Shared Lives in Healthcare Programme Implementation Group, the Health Foundation Evaluation Board for the Q programme, the Health Foundation Shared 20 Haemodialysis Care Programme, and the European Cancer Concord. She chairs the Inspire2Live international annual conference. Becky is a nominator for the Ashoka network. Most recently Becky was the Director of the Centre for Innovation in Health Management at the University of Leeds where she also took a leadership role in the Leeds Institute for Quality Healthcare. Whilst in Leeds Becky was a founding member of the Leaders for Leeds Network with the Local Authority. She has recently been an advisor to the Cabinet Office on the Choice Agenda, a Board Member of the European Health Management Association, an Advisor to the NHSIQ Network Leaders Programme, and a critical friend of the New Economics Foundation Coproduction Network.

She has worked across health and local government supporting place-based collaboratives.

Becky is a Visiting Fellow at Stellenbosch University School of Public Leadership (South Africa) where she supports the Innovation Hub.

She has recently published Malby B, Anderson Wallace M. 2016. Networks in Healthcare. Managing Complex Relationships. Emerald. She is the thought leader for the following website [www.source4networks.org.uk](http://www.source4networks.org.uk) Becky blogs at [www.beckymalby.wordpress.com](http://www.beckymalby.wordpress.com) on coproduction, systems leadership, primary care and innovation.

E: [r.malby@LSBU.ac.uk](mailto:r.malby@LSBU.ac.uk) / M: 07974777309 / T:@BeckyMalby

"Really, really inspiring. Also inspired by what other Cds (on the course) are doing. It has changed how I look at leadership, in particular I like the notion of 'challenging the work' and always returning to purpose. Really appreciated the shared support from other Cds. It has helped me through really tough times re PCN leadership"

## About London South Bank University

London South Bank University has been transforming lives, businesses and communities for more than 120 years. Our goal is to deliver:

- Student success
- Real world impact
- Access to opportunity

We are one of the top three modern universities in London for research. Over 70% of our research is considered world leading and internationally excellent. Our research is relevant and actively used in industry with 73% of our work having global impact.

150 British SMEs and major companies have commercial partnerships with LSBU. Nearly 1,000 employers use LSBU to train their staff.

We are challenge-focused and solution-driven, using cross-disciplinary teams to deliver maximum impact for our partners through consultancy, research, training and education. We work with private and public providers, drawing on our expertise in the following areas in Health and Social Care Delivery:

- Workforce innovation, education and development
- Innovation in health and social care delivery
- Service user engagement and experience



### **Miss Anam Farooq**

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