

Somerset LMC

Tuesday 12th September 2023

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Three perspectives

1. Vision for the Practice and PCN
 2. Vision for your personal life
 3. Vision for your professional life
- Please focus on “why” you want to do something

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The NHS agenda I see in my work



Workload



Workforce



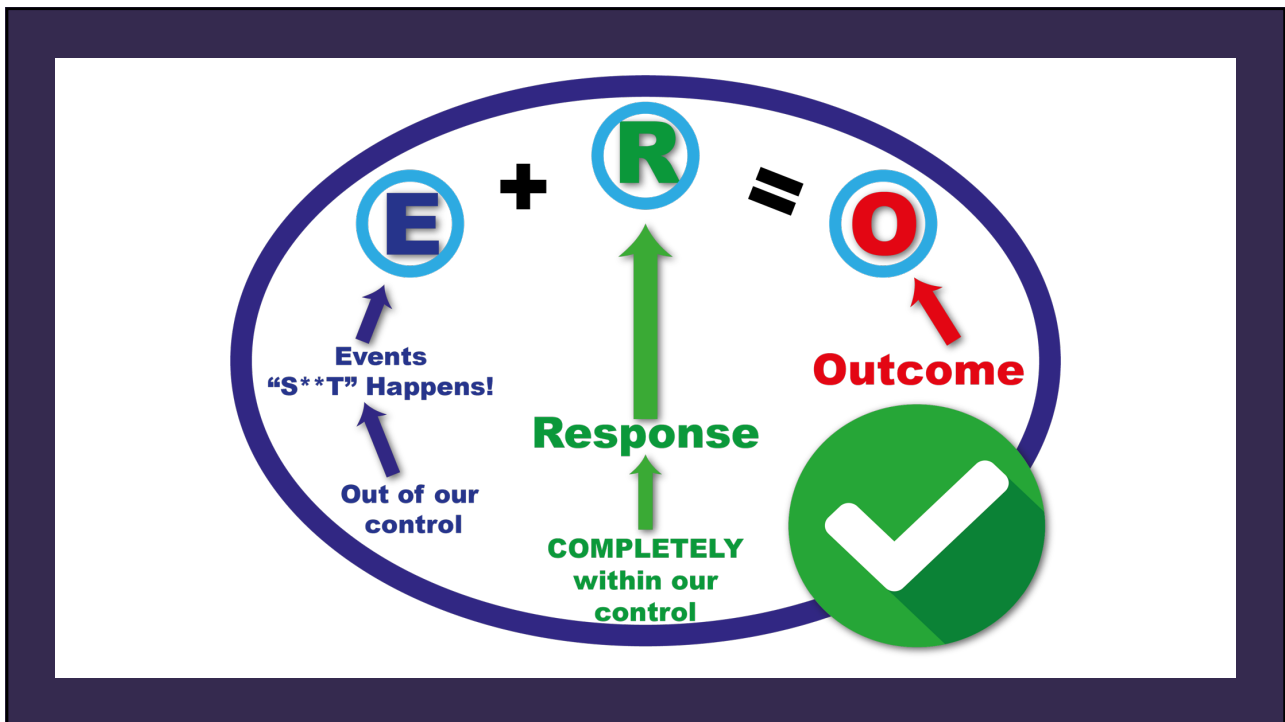
Innovation

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Lifecycle of a Business



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Motivators for change

Towards the pleasure 

 Away from the pain

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Embedding a Culture

The predominant attitudes and behavior that characterise the functioning of a group or organisation

Collective role



Individual role



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Culture v Strategy

- Major change failure - embedded behaviours (culture) from the past prevents the new strategy from delivering.
- Each Practice, PCN, and Federation needs a strategy that will change the culture
 - Deliver the outcomes and objectives set within your business plan
- Requires you working daily to change behaviours
 - Most importantly the deeply embedded behaviours, learned over many years.
 - If not addressed likely to prevent the PCN from flourishing as a ground upwards membership organisation

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The cultural shift required

- What am I contractually required to deliver?
- What's good for the patient
- Stop doing unfunded work
- Become confident and good at saying no
- How do you optimize the current workforce to maximise their input
- Work out what will put the joy back for you – and do it
- Any change is a journey not a destination, gradual small changes can over time make a huge difference as we know

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"Walk that walk and go forward all the time.
Don't just talk the talk, walk it and go forward.
Also, the walk doesn't have to be long strides;
baby steps count too.
Go forward".

Chris Gardner
Entrepreneur, author and inspiration for the film
"The Pursuit of Happyness."



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Strategy v Tactics

Why you need both

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Strategy and Tactics



STRATEGY IS BASED ON RESEARCH,
PLANNING, AND INTERNAL REFLECTION
– CREATING A LONG-TERM VISION



TACTICS ARE SHORT-TERM ACTIONS

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Are your projects really right for you

Five filters to test any project with

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Five Project Tests



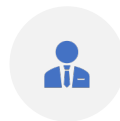
DOES THE PROJECT FIT WITH
YOUR BUSINESS PLAN



DOES THE PROJECT
SIGNIFICANTLY IMPROVE
PATIENT OUTCOMES



DOES THE PROJECT RELIEVE
WORKLOAD PRESSURE ON GPs
AND THE WIDER PRACTICE
TEAM



WHAT IMPACT DOES THE
PROJECT HAVE ON INCOME



DO THEY HAVE THE
WORKFORCE TO DELIVER THE
PROJECT (OR CAN THEY GET A
WORKFORCE)

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Suboptimal Treatment

Is this the issue driving their workload?

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Four categories

1. Diagnosed but not on any treatment
2. Diagnosed but on the wrong treatment
3. Diagnosed and on the right treatment, but on the wrong dose (suboptimal)
4. Not diagnosed, where the diagnosis then occurred in outpatients

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Practical Examples

Short, medium and long term opportunities

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Meeting Structure and Meeting Attendance

Three questions:

1. Are your meetings purposeful?
2. Is the communication from the meetings working for the PCN Board and the Member Practices
3. If there was one thing, you could do to improve your meetings, what would it be?

Three recommendations:

- Review all meetings you attend - do you need to continue all the meetings you currently have?
- Face-to-face meeting are often more productive, and people cannot hide
- Improve the cascading of information down and through the Practices; good attendance does not mean engagement

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Weekly Operational Meetings (1 hour)

- Weekly Operational Meetings, of 60 minutes
 - the same day and time each week,
 - Keep you driving forward
 - A quarterly review workshop to agree the work for the next quarter that will fill the weekly ops meetings
- To improve meeting productivity, try and run a timed agenda and avoid allowing AOB
 - Make people engage with agenda setting and get a properly structured and timed agenda. This will ensure you take control.
 - Indicate why it's an agenda item
 - Decision, information, etc
 - Make sure people understand they will get the time allocated but no more

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Use of Enhanced Access

Are you maximizing the appointments

- Planned care versus acute care

What are the practices struggling with?

- QoF (Quality and Outcomes Framework)
- LES (Local Enhanced Service)

Which clinics might it make sense to offer on a Saturday?

- Links to staff availability
- Links to suitable premises

Which team members do they try and encourage to work a Saturday

- Are ARRS recruited based on weekend working
- It cannot be all GPs

Where you subcontract another provider, you can still specify the services

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Hospital Subcontracts

Fully funded work

Backlogs that
create General
Practice problems

Lack of substantive
teams

Outpatient first
and diagnostics –
NHS Payment
System Tariff

70% to 80% of
tariff

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Safe working in general practice

British Medical Association (BMA)

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Guidance



A guide to enable practices to prioritise safe patient care, within the present bounds of the GMS contract



<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice>

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Something for every practice

- [Appointments](#)
- [Waiting lists](#)
- [Patient Participation Groups \(PPGs\)](#)
- [Measurement of workload](#)
- [External un-resourced workload](#)
- ['Core' general practice](#)
- [Practice list closure](#)
- [Workload prioritisation](#)
- [PCN DES \(primary care network directed enhanced service\)](#)
- [Managing workload as a salaried GP](#)
- [Managing workload as a locum GP](#)

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The slide features a dark blue background with a subtle pattern of overlapping circles and a vertical blue bar on the left side. The text "What is not working for you?" is centered in white. Below the blue section is a white rectangular area.

What is not working for you?

Don't tolerate it – fix it

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The slide features a dark blue background with a subtle pattern of overlapping circles and a vertical blue bar on the left side. The text "Responsible, Accountable, Consulted and Informed (RACI)" is centered in white. Below the blue section is a white rectangular area.

Responsible, Accountable, Consulted
and Informed (RACI)

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RACI

No.	Service	Key dates	PCN Board Member Lead (Interim)	Practice Lead	Other Key contacts	Comments	Meetings Scheduled
	Enhanced Access; Mon - Fri 6.30pm - 8pm. Sat 9am-5pm						
	Medication Review and Medicines Optimisation						
	Enhanced Health in Care Homes						
	Early Cancer Diagnosis						
	Social Prescribing Service						
	Cardiovascular Disease (CVD) Prevention and Diagnosis						

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Responsible, Accountable, Consulted, Informed

- This needs defined in terms of leads for Practice and PCN Contractual obligations, for projects and for Practice engagement throughout the projects

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Example Projects

All implemented within my work

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Practcies, PCNs and federations

Diabetes, Heart Failure, and CKD (Warwickshire, Leicestershire and)

Mental Health (Warwickshire, Leicestershire, Buckinghamshire and Knowsley)

Wound Care (Warwickshire, Hartlepool and Stockton)

Allergy (Newcastle, Swindon, Leicestershire)

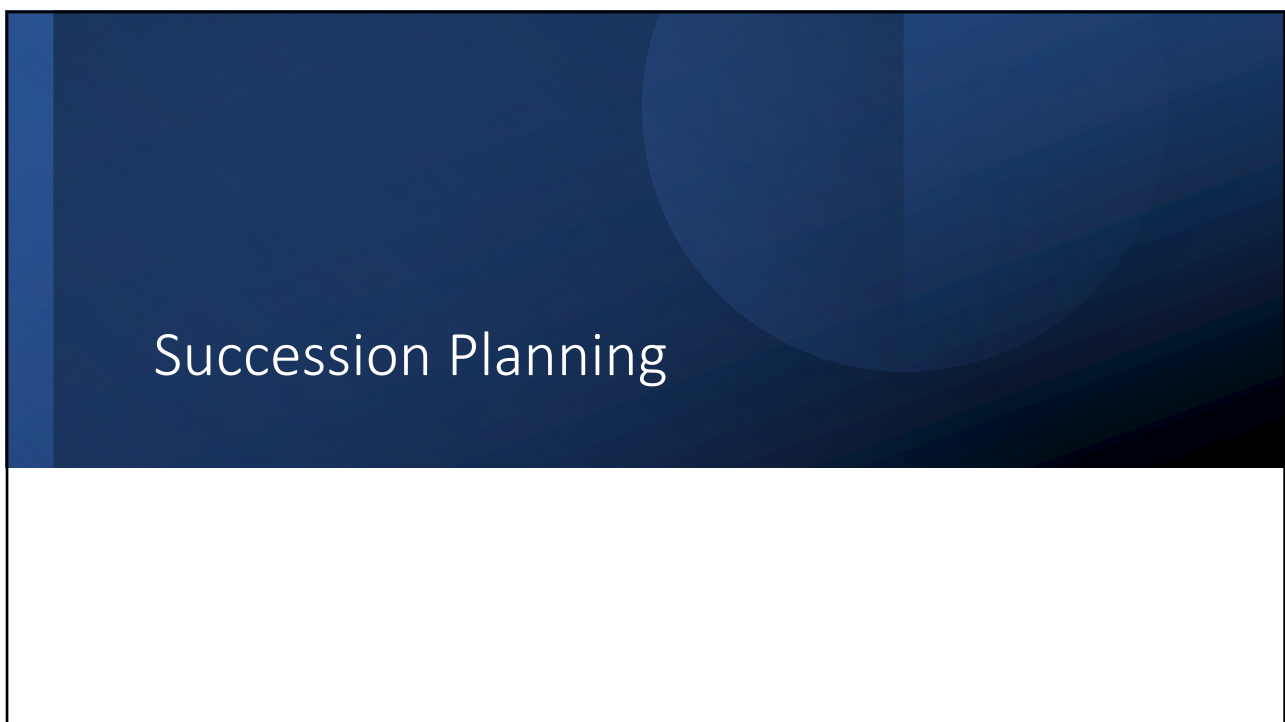
Women's Health (Milton Keynes, Warwickshire and Liverpool)

Vaccination (Liverpool, Warwickshire and Leicestershire)

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Process

- A process of identifying the critical positions within your organization
- Developing action plans for individuals to assume those positions
- Involve and stimulate interest
- Provides a springboard for emerging leaders to be identified
- Should be included in personal development plans
- Put in place the broader structures to engage with individuals at all levels

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Five key steps

1. Identify key positions
2. Identify potential successors
3. Determine when the potential successors will be ready
4. Determine what development needs the successors have
5. Ensure an ongoing commitment

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Question and Answer

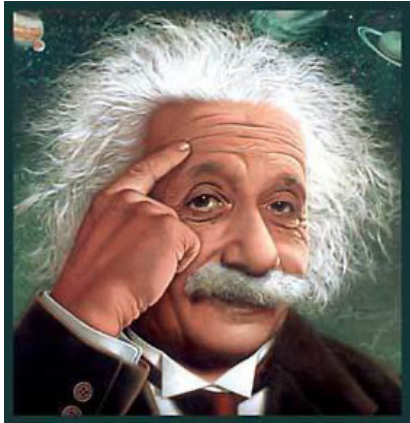
Summary and Close

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Are you 100%
happy with all
aspects of
your role?

- Staffing levels and role make up?
- All aspects of care delivery?
- Current patient outcomes?
- Existing pathways of care?
- Patient demand and outcomes?
- Number of referrals and admissions?
- Premises?

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**"The definition of insanity is doing the same thing
over and over again and expecting a different
result."**

~ Albert Einstein

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What will
you change
after today?



**SCOTT MCKENZIE
CONSULTANCY**

NHS, PHARMA & MED TECH MANAGEMENT CONSULTANT

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WEBSITE

www.scottmckenzieconsultancy.co.uk

EMAIL

scott@scottmckenzieconsultancy.co.uk

TELEPHONE

Scott – 07980 973 596

twitter  @ScottMcKenzieCo

Linked 

<https://www.linkedin.com/in/scott-mckenzie-83a6986/>



**SCOTT MCKENZIE
CONSULTANCY**

HR, FINANCE & IT MANAGEMENT CONSULTANTS