NHS

South East

The Folkestone, Hythe and Rural PCN Hub Pilot Project
A practical guide to modern general practice access

Innovating at scale

Developed in partnership with the NHS England South East Primary Care Transformation programme

Introduction

Background

Delivering new ways of working at scale is essential for putting primary care on a sustainable footing. As the <u>Fuller Stocktake Report</u> says, the best examples of innovation involve "locally led and nationally enabled" change and are achievable only if we create both the conditions to enable change to happen on the ground and the supporting infrastructure to do it.

The development of the Folkestone, Hythe and Rural PCN hub embodies this principle. Its technical solution – which now allows PCN staff to consult through a single, fully integrated clinical system rather than using up to 30 different individual accounts – incorporates several 'first of kinds', which have brought together locally-driven innovation, close partnership with technology suppliers, and practical support from national and regional NHS organisations to remove blockers to change.

It has also been built on a bedrock of strong clinical leadership and a commitment to supporting and involving the whole primary care workforce at every stage of design and implementation. The result is a model that not only flexes to support the PCN's different requirements but is now looking beyond its immediate boundaries to contribute at a neighbourhood scale.

How to use this guide

In this guide, we look at how the Folkestone, Hythe and Rural Primary Care Network (PCN) approached the challenge of innovating across its network.

These resources will explore:
- How the PCN **laid the foundations** for effective change
- How it went about **making innovation happen in practice**
- How it is reflecting on the **lessons learnt and opportunities for the future**

These guides should be read in conjunction with the PCN's full **hub blueprint document**, which provides a detailed description of the hub operating model and accompanying technical solution. The team have also produced **a short promotional video** explaining how the hub works and have published a range of practical support tools, frameworks and documents. All of these resources can be found in the **<u>Primary Care Transformation section of the NHS England South East website.</u>**

Section 1: Getting started

Building the right foundations

In this section, we asked members of the PCN project team to describe some of the most important principles that enabled them to deliver innovation at scale. Here are some of their reflections.

"We shared a strong sense of trust and common purpose across our network – this has been hard-won and something we carefully maintained through the project. These relationships are precious and fundamental to making innovation happen at scale across a PCN."

Throughout the pilot, the project team maintained high levels of trust and buy-in across its constituent practices through extensive engagement and dialogue. Regular workshops and forums helped to tease out any points of tension and ensure the eventual solution met their stakeholders' needs and expectations. This was supported through regular, effective communication and robust governance arrangements, which included an executive board consisting of representatives from each practice. The board met on a weekly basis for most of the project and was responsible for all strategic decision-making.

"I think many primary care leaders are instinctively entrepreneurial and inquisitive, but far fewer are experts in digital technology or change management – bringing in the right people to fill that gap is vital."

Key to the success of the hub pilot was the decision to recruit a Digital Transformation Manager to support the project. They brought essential knowledge of designing and building a technical solution for the hub, and played a vital role in liaising with suppliers, creating the technical specification and running engagement sessions with practice staff. The PCN also hired a Digital Project Manager to provide additional change management support. Together with the Clinical Director and Operational Manager, they formed the core leadership team driving the project forward.

"We've found that 'showing not telling' has been a great antidote to scepticism – we communicated our progress clearly and captured data that showed the value the project was bringing."

Sustaining people's belief in the value of the project was also important. This was achieved by taking an agile approach to the project and regularly communicating delivery milestones. The PCN found that the transparent reporting of data made a huge difference, not least in terms of demonstrating that its additional services were being shared fairly across constituent practices. As local practices were sequentially connected to the new hub system, the project team was able to share live dashboards showing the activity carried out within the hub and the capacity being added into the system. This helped to reduce scepticism and raise awareness of the hub's impact, creating a desire among the remaining practices to be onboarded sooner.

"This wasn't just a technology project, it was also a big change management programme involving our entire network. We knew it was vital to have the expertise and support on hand to deliver this scale of transformation and, in all honesty, we couldn't have done this without having the right people on board – which is why the recent expansion of ARRS roles to include Digital Transformation Lead is such a welcome step forward.

Aravinth Balachandran, Clinical Director, Folkestone, Hythe and Rural PCN

Supporting digital transformation through ARRS funding

The Additional Roles and Reimbursements Scheme now allows PCNs to recruit one full-time equivalent Digital Transformation Lead to support the adoption and optimisation of new technologies and embed transformation. A full job specification for these roles can be found on the NHS England website, and you can also download Folkestone, Hythe and Rural PCN's specific job description in the **Additional Resources section** of our online blueprint guide.

Section 2: Making it happen

The building blocks for effective change

Drawing directly on the Folkestone, Hythe and Rural PCN's experience, Digital Transformation Manager **Andy Gove** shares his perspectives on four key aspects to designing, delivering, and embedding successful digital transformation at scale.

1. Analysing your starting position

Good innovation starts with a clear understanding where you are now, what issues you are facing and what options may be available to address them. Our PCN led an extensive process of engagement to analyse our baseline position, work through the pain points experienced by our practices and agree on the best solution. We also did a thorough audit of existing digital infrastructure and processes so that there was a complete understanding of what systems were being used across their network and what opportunities and limitations this might create for any PCN-level technical solution. Distilling this into a set of clear problem statements was an important first step in shaping the project's direction.

2. Setting realistic goals

There can be a temptation to over-reach when developing the aims and objectives for an innovation project. We consciously started with a narrow, tightly defined scope for the hub model and then built it out once the operating model had been established and teams became familiar with the approach. To give one example, our hub was originally set up with a strong emphasis on managing minor illness. We agreed an initial target of closing off around 30 to 40 per cent of all online consultations with a clinical focus. This has now been achieved and we're now reviewing the scope in partnership with our practices, with a view to expanding inclusion criteria and increasing the proportion of online consultations fully managed within the hub to 50 per cent or more in the future. Starting on a relatively modest scale, building up the team's confidence with the new system and then growing the model from those firm foundations really worked for us.

3. Phased implementation and onboarding

Having hired a Digital Project Manager, we developed a delivery plan with our practices and ensured there was a phased roll-out of the new model to reduce any disruption to clinical workflow and make the process more manageable for everyone involved. This was supported by an extensive training and onboarding process to ensure both staff working in the hub and practice teams were familiar with the IT system and understood the new process (you can read more about this in our Building and Designing the Workforce Perspectives guide). We found it was particularly important to target administrative and management staff within the practices as they played a vital role in ensuring the interface between practice and hub teams operated smoothly.

4. Capturing data and continuous feedback

Woven into the project specification was the need to improve the quality and consistency of our data and intelligence. As well as helping the PCN to meet statutory reporting requirements, this enabled us to demonstrate the contribution that the hub was making to patient access and service capacity through regular reporting back to the practices (see the Harnessing Data and Intelligence Perspectives guide). The PCN also created Practice Manager Forums and regular touchpoints with hub staff and other system users to ensure it reflected their views as we refined and improved the operating model. Having this continuous dialogue and feedback was vital for maintaining confidence in the change process.

"I think one of the other positive effects of this project is that it has improved our employer brand. People are excited that we're seen as a forward-thinking and innovative PCN, and that gives us an advantage when it comes to recruiting and retaining good people in what is a very competitive market for staff."

Andy Gove, Digital Transformation Manager, Folkestone, Hythe and Rural PCN

SECTION 3: Building for the future

Reflections and lessons learnt

Aravinth Balachandran, Clinical Director at the Folkestone, Hythe and Rural PCN, reflects on some of the personal lessons he has taken from the project and offers his advice to colleagues embarking on a similar journey.

"Invest in your own leadership skills."

It is important to develop a good trusting relationship with your colleagues and establish a shared strategic vision for your PCN. Managing conflict and disagreement can be challenging, but investing time in team building and ensuring you incorporate everyone's views and needs can pay dividends. How you develop your leadership skills may depend on your own experience, training, leadership style and credibility. But whatever your professional background, it's worth looking out for what professional development opportunities may be available. Many ICBs are now offering tailored programmes for local leaders and there is **a fully-funded, national development programme for PCNs** that you should be able to access locally. Do also explore whether there are local professional networks you can access as a source of peer-to-peer advice and support.

"Be reflective"

We have learnt that there is no single prescribed way on developing your PCN and we have all evolved in different ways. There are useful frameworks to check-in on how mature your PCN is and what ongoing development needs are required. Listening to other local PCN leaders can give valuable insight and perspective on what is happening within your own network, including what works well and what may require further development.

"Being truly agile"

We made a conscious effort to forge a culture in which people recognised that failure is not necessarily a negative end-point. There is plenty to learn when things don't go the way they were intended and you can build and iterate. The message we tried to convey across the leadership team is that we need to be bold enough to try something new, but meticulous in measuring impact and capturing the lessons.

"Be conscious of your energy levels and resilience."

I think you need to go into these projects with your eyes open. Leading innovation at scale can be difficult, isolating and at times stressful. Progress is rarely linear and you're often taking on a lot of the burden of responsibility for making things work. I found it helpful to have a small circle of people within my professional circle who I can talk openly with and bounce ideas off. I also took solace in my own team – I think surrounding yourself with good, supportive colleagues is crucial. Similarly, make sure you find time and space in your personal life to de-stress and distance yourself emotionally from the day-to-day strains of the job. You need to look after your own health and wellbeing to lead effectively.

"Be an evangelist for change – look at how you scale up delivery beyond your existing geography."

This is one of the things we're most passionate about at Folkestone, Hythe and Rural. We're actively exploring how we can start extending our hub model across neighbouring areas. Partly this is to encourage and facilitate collaboration across a bigger geography, looking at whether there is the potential to join up similar hub systems at a neighbourhood scale, and potentially even at place level, over time. In another sense, being an evangelist is also about spreading the knowledge and lessons learned so that digital transformations like ours can be driven from the ground up in other areas too.

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Regional offices are here to help break down many of the barriers to innovation. The Primary Care Transformation team in NHS England South East shares innovative practice, connects local primary care organisations with their peers and the national decision-makers, and helps PCNs collaborate with organisations that lie beyond their ICS's reach, as we did in this case. Our mission is to work with you to deliver the scale of transformational change necessary to support better patient access and experience.

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Adriana Jimenez, Senior Primary Care Network Transformation and Access Innovation Lead, NHS England

In summary

A checklist for implementation

Based on their experiences, the project team recommend the following essential actions to nurture and embed this type of innovation project:

✔ Understand the technical specifications of the supplier systems you will be using. Make sure that you are particularly clear about any limitations of the systems. In this case, the team quickly learned that its systems lacked the ability to issue repeat prescriptions at PCN level. It therefore designed its model in a way that would require only one-off prescriptions to be administered in most cases.

✔ Use your ARRS resource wisely. It is invaluable to have an expert with a deep understanding of system functionality and who can provide an agile approach to delivering a clinical system at PCN level. Remember that the ARRS now allows a PCN to recruit a Digital Transformation Lead to support your technology and transformation work.

✔ Develop workable solutions to plug any gaps in capability. When coming across gaps of system capabilities, identify which gaps you can find work-around solutions and make sure they are realistic and manageable for teams to be able to follow at scale across your network.

✔ Embed good governance and decision making. These projects are iterative and require a nimble management approach, so make sure that there is a core leadership group that represents the PCN and its constituent practices and that this group both shares the vision and can make fast and effective decisions when required.

✔ Build PCN-level activity reporting to deliver tangible data. Reporting dashboards help the core team better understand existing lived experience, while access to live datasets helps design and mould the services so that they deliver the best possible results. Ensure your reporting also brings together practice-level requirements and national contracting requirements.

✔ Consider utilising this model to stand up neighbourhood services. Having a robust set of core capabilities can create the opportunity to use hub services on a neighbourhood scale. Work with your local areas to better understand area patient service pressure points and explore how your operating model might flex or expand to meet these requirements.

✔ Support Digital Transformation Leads to deliver at scale. It is obviously imperative that Digital Transformations Leads have knowledge of clinical systems and third-party suppliers, but they must also be able to follow through with the vision to deliver at-scale pathways with the potential to grow into neighbourhood model approaches.

For more information about the Folkestone, Hythe and Rural PCN hub, please contact:

The Folkestone, Hythe and Rural PCN leadership team is happy to field enquiries from other PCNs embarking on similar projects. If you would like to get in touch, please e-mail **kmicb.fhrpcn.enquiries@nhs.net.**

For more information about how NHS England South East regional office supported this project, please e-mail Adriana Jimenez, Senior Primary Care Network Transformation and Access Innovation Lead: **adriana.jimenez@nhs.net.**