

Nottingham City ICP

JOB DESCRIPTION AND PERSON SPECIFICATION

Post title: Primary Care Network (PCN) Clinical Director

Introduction:

Primary care is the cornerstone of the NHS – providing holistic care to patients and serving the health needs of local communities. Effective primary care is characterised by the strength of team working and ongoing relationships between patients, GPs, community services and other professionals. It has always worked in various forms and sizes, with some areas already coming together to provide care at scale.

As outlined in the recently published NHS Long Term Plan, Primary Care Networks (PCNs) support groups of practices to come together locally, in partnership with community services, social care, mental health and other providers of health and social care including the voluntary sector. There are eight emerging PCNs, (formerly called Care Delivery Groups) in Nottingham City. Each PCN will have a named accountable Clinical Director, responsible for delivery.

The remit of the Clinical Director role is to further bring practices and a range of stakeholders together to collaborate at scale for the development and delivery of service to a local population. The PCN and the City Integrated Care Provider (ICP) will provide a framework and focus that will support the sharing of skills, knowledge, good practice and communication across all the member practices. Clinical Directors will help foster a culture of quality improvement within the PCN and ICP. The role will also have a particular remit in enabling the PCNs to reorientate the health and care system towards population health and population health management as they will have a granular knowledge and understanding of their local communities.

Each Clinical Director will also play a critical role in shaping and supporting their Integrated Care System (ICS), helping to ensure full engagement of the PCN and specifically primary care in developing and implementing system plans to deliver the NHS Long term Plan - and its aim of triple integration (primary & secondary care; mental & physical health and health & social care).

Clinical Directors will also need to take a Quality Improvement lead for a clinical speciality, working with all City PCNs across the ICP footprint. This approach will allow for PCNs to work at scale and ensure consistency where required.

Clinical Directors will be able to access managerial and administrative support. There will be opportunities for leadership development. It is expected that the Clinical Director will participate in national and local development programmes as well as having the opportunity to access mentoring/coaching. There is an aspiration that Deputy Clinical Directors roles will be in place to support Clinical Directors.

Clinical Directors will be the accountable leader, responsible for delivery and key to leading improvement and challenging poor outcomes across the PCN. In terms of delivery of the PCN element of the GP Contract, Clinical Directors will not be solely responsible for the performance of the Network Contract DES as it is contractually practice-based. It will be the collective responsibility of the PCN GP practices to deliver.

Key responsibilities:

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

1. To influence, lead and support the development of excellent relationships across a range of stakeholders within the PCN to enable collaboration for better patient outcomes
2. To develop relationships and work closely with other PCN Clinical Directors, clinical leaders of other health and social care providers (including NCGPA), ICS leaders, Local Authority Commissioners and Local Medical Committees (LMCs)
3. To provide strategic and clinical leadership to the PCN, developing and implementing strategic plans, leading and supporting quality improvement and performance (including professional leadership of the Quality and Outcomes Framework Quality Improvement Activity across the network)
4. To engage with stakeholders and clinicians in their PCN in order to foster understanding of the rationale for the move to population health and population health management.
5. To engage with all members in their PCN in order to foster understanding of the rationale for the associated development of the ICS, ICPs and PCNs in order to enable this re-orientation. Specifically of developing collaborative General Practice at scale and improving care integration around the place-based registered populations of PCNs
6. To help staff within the PCN understand, and support delivery of both the Nottingham and Nottinghamshire Integrated Care System (ICS) strategic objectives and outcomes framework, and the local response to the NHS Long Term Plan
7. To engage with member practices and the wider PCN to understand and feedback issues that are affecting the likely success of the PCN, and work with the CCG and ICP to try and find solutions to these
8. To foster resilience and sustainability of PCN member practices and the health and social care economy in Nottingham City by promoting out-of-hospital care integration, efficient ways of working and economies of scale
9. To lead and support PCN meetings (both City wide and PCN specific), encouraging understanding of the format, rationale and required outcomes. To also support delivery of outcomes of PCN discussions at practice level
10. To attend the PCN development meetings which will be a City level group assessing the model, formulating topics and requirements of future PCN meetings

11. As part of these meetings, but also consistently in all discussions, support work on maximising value (achieving best quality for least cost) – in particular working with the PCN on referral rates, unwarranted clinical variation, effective prescribing and financial efficiencies.
12. As part of these meetings, but also consistently in all dealings, discuss how the PCN can support key system requirements such as urgent care targets, cancer treatment targets, physical health checks on those with serious mental illness
13. As part of these meetings, but also consistently in all dealings discuss how the PCN can support key system requirements around following best practice guidelines, consistent use of agreed system templates, using eHealthScope and workflow
14. In addition, each PCN Clinical Director will have a responsibility around a clinical speciality; working closely with clinical leads from the ICP and ICS where appropriate.
15. To work closely with the relevant teams to support network implementation of agreed service changes, pathways and quality improvement, including with member practices, the wider PCN and the commissioner to develop, support and deliver local improvement programmes aligned to national and local priorities
16. To represent the PCN at ICP/ICS clinical meetings, contributing to the strategy and wider work of the ICS and to feedback developments and agreements from these fora to PCN member practices and clinicians
17. To represent the PCN at appropriate public meetings and work with all partners to ensure effective involvement and coproduction with PCN populations
18. To facilitate practices within the PCN to take part in research studies and will act as a link between the network and local Primary Care research networks and research institutions
19. To provide strategic leadership for workforce development, through assessment of clinical skill mix and development of network workforce strategy
20. To carry out any other reasonable requests by employer

PERSON SPECIFICATION

	Essential	Desirable
QUALIFICATIONS		
<ul style="list-style-type: none"> • Any appropriately qualified clinician who is currently working in a member practice of the PCN 	Y	
EXPERIENCE AND KNOWLEDGE		
<ul style="list-style-type: none"> • A good knowledge of and interest in general practice and primary and community care 	Y	
<ul style="list-style-type: none"> • Experience and an interest in leadership 	Y	

<p>within primary care and the wider health and social care system</p> <ul style="list-style-type: none"> • Some understanding of the emerging integrated care system arrangements and the implications for general practice • A good working knowledge and interest in new models to strengthen and improve primary care and ideas on how to implement these for the development locally • A understanding of the key priorities within the NHS Long Term Plan • An understanding of population health and population health management • Knowledge of local health issues in own PCN • Experience of working with a wide range of stakeholders across the health and social care system 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>	<p>Y</p> <p>Y</p>
SKILLS & ABILITIES		
<ul style="list-style-type: none"> • Demonstrable leadership skills and an ability to influence and motivate others • A strong sense of vision and ability to innovate - the post-holder will be expected to demonstrate the ability to focus on long-term strategic goals • Politically astute with an ability to sensitively manage complexity and uncertainty • Ability to problem solve and maintain objectivity • Strong interpersonal, communication, written and presentation skills • Ability to quickly establish personal and professional credibility with colleagues and other key stakeholders • Excellent organisational and time management skills • Committed to own continuing personal development and an ability to support others to develop and progress • Commitment to patient and public involvement • Understanding of budget and health and social care data 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>	<p>Y</p> <p>Y</p>
PERSONAL QUALITIES		
<ul style="list-style-type: none"> • Good communicator and motivator • A collegial team spirit and desire to work with a range of stakeholders 	<p>Y</p> <p>Y</p>	