Navigating the ever changing world of the NHS & how it might help you

New Consultants’ Survival Guide 19th June 2017

Professor David Oliver FRCP
Clinical Vice President RCP
London
Why this matters

Many here will slot into good-sized, established departments running good modern services in well run and supportive trusts

Here, you can focus on getting used to being a consultant

Others may join small teams or services in difficulty where modernisation & change needed (and you can see it)

Others appointed with specific remit to set up new service

Some will be in leadership roles unexpectedly early

Or want to develop & prepare with eye on 3-5 years in
Why this matters

Any consultant with a CCST is already clinically/technically competent and experienced

(Though we are never the finished article and its OK to ask for help)

But often lack training or experience in health policy, structure of health services, payment mechanisms, regulation etc
Why this matters

It’s also really interesting learning about health policy/management/leadership/improvement and medicine and the media

And the values of other professional groups and stakeholders
When arguing your case for change or leading it effectively

Knowledge of EBM helps
So does personal credibility, integrity and expertise
But it will only get you so far
Need to understand wider system context and incentives
How others see our services/organisations and relate
Their own pressures and accountabilities
How to make arguments in language, terms and formats that use your expertise to help their own organisational or personal agenda
Sensitive to financial, policy regulatory context
NHS Leadership Framework
(Leadership Academy)

- Delivering the Service
- Managing Services
- Improving Services
- Setting Direction
- Creating the Vision
- Demonstrating Personal Qualities
- Working with Others
- Delivering the Strategy
Consultants delivering but also aiming to continuously improve their services for patients

Need the skills to work at 4 levels,

- Large Scale Change - for population level strategic changes
- Service design and improvement within and across pathways
- Process improvements within current services
- Day to day problem solving.
NHS Leadership Framework

**Stage 1** Own practice/immediate team - building personal relationships with patients and colleagues, working as part of a multi-disciplinary team

**Stage 2** Whole service/across teams building relationships within and across teams, recognising problems and solving them. Self and others for a successful outcome.
Stage 3 Across services/wider organisation - working across teams & departments within wider organisation. Staff will challenge the appropriateness of solutions to complex problems.

Stage 4 Whole organisation/healthcare system - building broader partnerships across & outside traditional organisational boundaries. Dealing with multi-faceted problems and coming up with innovative solutions to those problems.
Identifying contexts for change  
*(NHS Leadership Framework)*

1. Demonstrate awareness of the political, social, technical, economic, organisational and professional environment

2. Understand and interpret relevant legislation and accountability frameworks

3. Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes

4. Develop and communicate aspirations
Where to get the information

Your clinical colleagues in your own department, unit and division
Including governance meetings etc.
Take the time and trouble to ask people about their role and understand better
Trust internal communications
Ask to sit in on some management meetings
Read your trust’s CQC report
Royal Berkshire NHS Foundation Trust

Annual Report and Financial Statements for the year ended 31 March 2016
Open meetings

The minutes and papers of meetings of the Board of Directors can be accessed here. Details of future meetings are also listed. Board meetings are open to the public and press and you are very welcome to attend as an observer. Meetings are held in the Boardroom of the main block at the Royal Berkshire Hospital, London Road, Reading, RG1 5AN.

The Council of Governors and the majority of its Committees are also open to the public. There are groups looking at supporting the membership, engaging on Trust strategy and seeking assurance on performance. Details of forthcoming meetings are below. All the Council of Governors there is an opportunity for public questions to be raised. Please email Emma Sampson if you have any queries.

For further details on how the Trust is managed, please also see the Board and Council of Governors sections of this site.

Useful contacts

Caroline Lynch
Trust Secretary
Royal Berkshire
NHS Foundation Trust
Cavers Road
Reading
RG1 5AN
0118 322 5035
Structure of the NHS in Sheffield

Department of Health

Monitoring & Regulation
  - Public Health England
  - Health Education England

Training & Development
  - Healthwatch England

NHS England

Sheffield City Council

Healthwatch Sheffield

Health and Wellbeing Board

Healthcare services

Primary Care
  - Via GP's, Optoms, Dentists, Pharmacy
  - E.g. Sheffield Children's Hospital and Sheffield Teaching Hospital

Secondary Care
  - E.g. Sheffield Health and Social Care

Mental Health Services
  - E.g. Thornbury Clove, One Health

Independent Sector Providers
  - Walk in Centre and Pharmacy out of hours

Urgent Care
  - E.g. Yorkshire Ambulance Service, PTs & 999, Arriva & City Taxis

Passenger Transport
  - E.g. Care Homes, South Yorkshire Housing Association

Continuing Healthcare Services
  - E.g. St Luke's, MIND, Citizens Advice Bureau

Public Health Services
  - Voluntary, Community & Faith
The NHS structure explained

Here we explain the structure of the NHS in England, by providing an overview of the core organisations and their roles.

The Secretary of State for Health

The Secretary of State has overall responsibility for the work of the Department of Health (DH). DH provides strategic leadership for public health, the NHS and social care in England.

The Department of Health (DH)

The DH is responsible for strategic leadership and funding for both health and social care in England. The DH is a ministerial department, supported by 23 agencies and public bodies. For detailed information, visit the DH website.

Other parts of the UK

For information on the health service in other parts of the UK, please visit:

- NHS Northern Ireland
- NHS Scotland
- NHS Wales

The Isle of Man and the Channel Islands have their own independent health service structures. For more information, please visit:

- Isle of Man Government
- States of Guernsey Government
- States of Jersey Government
Devolved nations have equivalent sites
Where to get the information
(Twitter can help even if you never tweet)

King’s Fund
Nuffield Trust
Health Foundation
BBC Health
Guardian Professionals
Health Service Journal
It’s journalists & comments
BMJ News/Opinion
NHS Confederation
ADASS
LGA
Health Watch
Care England
NHS Exec
CQC
Key Health Charities
e.g. National Voices
e.g. Patients’ Assoc
Round-ups of health in media
The new NHS: how providers are regulated and commissioned

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<th>Providers of NHS services</th>
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<td>Clinical commissioning groups (CCGs)</td>
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<td>NHS England</td>
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<td>Care Quality Commission</td>
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<td>Independent regulator for quality</td>
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**Monitor**
The financial regulator of foundation trusts

**NHS Trust Development Authority (NHS TDA)**
Responsible for overseeing the performance management and governance of NHS trusts

**NHS Improvement**
- Brings together Monitor and the NHS TDA, along with: NHS England's Patient Safety Team; the Advancing Change Team; NHS Interim Management and Support's two Intensive Support Teams; and the National Reporting and Learning System
- Oversees foundation trusts, NHS trusts and independent providers
- Supports providers and local health systems to improve
- Holds providers and boards to account and, where necessary, intervenes
The new NHS: who can influence commissioning of services

Department of Health
- The Mandate

Greater Manchester health and social care devolution arrangements**

NHS England and regional teams
- Commissioning guidance

Clinical senates

Department of Health
- Strategic clinical networks

Public Health England
- Local Healthwatch

Local authorities
- Health and wellbeing board
- Local health and wellbeing strategy

NICE
- Expert advice

Clinical commissioning groups
- Commissioning plan

Clinical support units

Local Healthwatch
- Represented on

Screening/immunisation programmes run by NHS England.

Hospital services
- In 2016/17 a total of 134 CCGs will have assumed full responsibility for the commissioning of primary medical care services under delegated commissioning arrangements. Nearly all CCGs are expected to have taken on delegated arrangements by 2017/18.
Where to get the information

Your own speciality society website, newsletter, blog, tweets
Your own Royal College publications, tweets, campaigns, press releases
Or their responses to policy consultations
Other clinical professional bodies e.g. RCN, RCGP, RCS, AHP bodies

NHS reality check Delivering care under pressure

March 2017
**NHS reality check: delivering care under pressure**

- **Invest** in the long term sustainability of NHS and social care and put an end to short term planning

- **Service transformation**, including: better step down provision for transition from hospital; time in job plans for physicians to collaborate & innovate; clinical engagement in STPs

- **Prioritise public health & prevention**, including: reverse cuts to public health allocation; progressive upstream measures e.g. tax

- **Invest in, support & value the workforce**: ensure training numbers are sufficient to meet need; realign workload balance across medical workforce

- **Patient safety**: empower all healthcare professionals to raise concerns without fear
Hospitals not Islands: wider system with some non-NHS stakeholders

1. Age well and stay well
2. Live well with one or more long-term conditions
3. Support for complex co-morbidities/frailty
4. Accessible, effective support in crisis
5. High-quality, person-centred acute care
6. Good discharge planning and post-discharge support
7. Effective rehabilitation and re-ablement
8. Person-centred, dignified long term care
9. Support, control and choice at end of life
10. Shift to prevention and pro-active care

Oliver D et al
King’s Fund 2014
And if you want to take things further

Conferences and short courses on policy and leadership (e.g. King’s Fund, Nuffield)

Leadership development programmes (some in house or local, some with universities, AHSNs, Policy think tanks)

Placements and fellowships (e.g. Harkness, Health Foundation, Health Institute)

Policy and leadership degrees

Secondment to national bodies

Or leadership roles in your own specialist society or college

Learning and applying QI skills and applying to local improvement initiatives
Working together?..
Thankyou

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