

Governing Body (public) meeting

DATE: 29 January 2015

Title	Update Report on Clinical Leads within the CCG
<p>Recommended action for the Governing Body</p>	<p>That the Governing Body:</p> <p>NOTE the progress and contribution of the CCG Primary Care Development Team, Principal Clinical Lead and the cohort of Clinical Leads to the development of a fit-for-purpose clinical lead infrastructure system.</p> <p>APPROVE the proposed changes to the lead resource allocation, “buddying” system, appraisal process and pay rates as set out in Section 4 of this paper.</p>
<p>Executive summary</p>	<p>Clinical leadership is fundamental to ensure that frontline clinicians are leading the design of services and are highly engaged in commissioning decisions, on how best to improve patient care.</p> <p>The process of engaging GPs, other primary care clinicians and GP Practice Managers within NHS Bexley CCG and predecessor organisations has evolved over a number of years. Since April 2013 and the establishment of the CCG, a number of activities have been undertaken to improve the processes for recruitment, training and development of clinical leads.</p> <p>The purpose of this paper is to summarise the key changes during this time, provide a snapshot of the current cohort of clinical leads and outline a summary of key planned changes going forward.</p> <p>This is the first annual report on the topic of clinical leads since the inception of the CCG, so a brief update will be given on developments in both 2013/2014 and so far in 2014/2015. It is expected that in future an annual report will become a standing item on the Governing Body agenda, towards the end of each financial year.</p>

Clinical Commissioning Group

Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders		✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London		✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Effective structures for clinical leadership are essential to enable the CCG to deliver its objectives.	
	Equality and diversity	Impact of the proposed changes will be positive.	
	Patient impact	Impact of the proposed changes will be positive.	
	Financial	Impact of the proposed changes will be positive.	
	Legal issues	No issues identified. HR/legal advice has been obtained in respect of terms of engagement for clinical leads.	
	NHS constitution	Impact of the proposed changes will be positive.	
Consultation (public, member or other)	Not applicable		
Audit (considered/approved by other committees/groups)	Previous papers on this topic have been presented to Executive Management Committee.		
Communications plan	Not applicable		
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	Clinical lead	Executive sponsor	
	Dr Ricky Gondhia Principal Clinical Lead	Sarah Valentine Director of Commissioning	
Date	14 January 2015		

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1. Introduction

Clinical leadership is fundamental to the success of NHS Bexley CCG to ensure that frontline clinicians are leading the design of services and are highly engaged in commissioning decisions, on how best to improve patient care. While some of the requirements of the clinical lead role are specific to the specialty or area of focus, being a clinical lead ultimately involves being a clinical expert, helping to improve quality and service user experience, leading on the clinical implementation of service redesign across the health economy and acting as the quality assurance checkpoint, on the impact of service change on patient care.

The vast majority of roles involve service redesign of a specific clinical area, working alongside a Project Manager and members of the wider team including Finance, IT and Communications. The requirements of this role can be summarised in more detail, as follows:

- Provide expert clinical input and advice to support the redesign of the service area
- Critically assess data and evidence presented by CCG officers
- Provide clinical leadership, helping to secure buy-in and support for the proposals
- Represent the CCG at internal and external meetings where necessary
- Be a key link with secondary care clinicians and managers to challenge the status quo and to secure their buy-in to the redesigned service
- Ensure that service redesign proposals are better for patients, adhere to all relevant clinical guidelines and are evidence-based
- Advice during the procurement phase in areas, such as market testing and bidder evaluation
- Be involved in contractual negotiations, where clinical input is necessary
- Serve as a champion for the service once implemented, to ensure the desired outcomes are achieved

The process of engaging GPs, other primary care clinicians and GP Practice Managers within NHS Bexley CCG and predecessor organisations has evolved over a number of years. Since April 2013 and the establishment of the CCG, a number of activities have been undertaken to improve the processes for recruitment, training and development of clinical leads. The purpose of this paper is to summarise the key changes during this time, provide a snap shot of the current cohort of clinical leads and outline a summary of key planned changes going forward. This is the first annual report on the topic of clinical leads since the inception of the CCG, so a brief update will be given on developments in both 2013/2014 and so far in 2014/2015. It is expected that in future an annual report

will become a standing item on the Governing Body agenda, towards the end of each financial year.

2. Summary of Recent Changes to the Clinical Lead Infrastructure

As alluded to above, the process of clinical leadership and engagement has organically evolved, over a number of years. Indeed, most processes predate the establishment of the CCG. In order to improve the appointment and retention of clinical leads, a paper was presented to Executive Management Committee during September 2013 (found in Appendix C). This agreed a number of changes as follows:

- The creation of a Principal Clinical Lead role to oversee the development of the clinical lead role
- A clear, fair and transparent process for the advertising and recruitment of clinical lead roles
- A clear process for officers to follow to create or amend existing clinical lead roles
- A clear job description and time commitment agreement (copies of these can be found in Appendix A and B attached to this report)
- Greater emphasis on the CCG being a welcoming place for clinical leads, including the allocation of CCG identity passes and the creation of a hot desk workstation at the CCG head office
- The implementation of a “buddying” system to support leads

All of the above changes have now been implemented, and the development of clinical leads has been supported using Health Education South London funds, passed to the CCG. A series of training workshops is being provided by an external company, covering Fundamentals of Systems Thinking, Leading Change, and Stakeholder Management and Engagement. These sessions were specifically designed to provide the clinical leads with tools and techniques to develop action plans for success.

In addition, a pay and terms framework was proposed at a meeting of Executive Management Committee in November 2014 (Appendix D). The purpose of this paper was to formalise the processes that have been developed by the Primary Care Development team for management of engagement agreements, processing of payments and the agreement of objectives for each lead. As part of this process, the following proposals were agreed:

- The pay for clinical leads who are GP's, Pharmacists or Optometrist is to be £81 per hour. The rate for any practice nurse and practice manager is to be £30 per hour. (This was unchanged from previously agreed rates)

- For leads attached to practices, payment will be made as backfill costs to the individual's practice/ employer
- Should a lead be appointed who has retired or is not permanently attached to a practice, they may invoice the CCG in their own right. This will take the form of a fee for service arrangement, via a limited company.
- In either case, the lead and/or their employer as appropriate will be required to assume responsibility for any National Insurance, tax or superannuation issues arising from the lead's engagement with the CCG. The CCG has no responsibility for payment of tax, National Insurance and superannuation.
- Any additional input required from a clinical lead or any extensions to their tenure must be agreed in advance by the programme lead or Director of Commissioning.
- Each lead should receive a detailed summary of their role and the terms and conditions of their engagement with the CCG. This will be regularly reviewed in conjunction with Principal Clinical Lead.
- Each clinical lead will complete and submit with their invoices a summary of work undertaken and objectives achieved during the corresponding period
- Programme leads will manage the budget allocated for clinical leads' input for their area of work under the overall direction of the Associate Director of Transformation and Redesign

It was also proposed that all clinical leads take part in an appraisal process which will involve the Principal Clinical Lead and the Project Manager, to agree project and personal achievements, project and personal objectives and training needs

These changes reflect a more robust approach to the processing and payment of invoice claims, updated information on the engagement agreement to reflect that the work undertaken by clinical lead does not constitute an employment contract (the home practice or employer retains responsibility for appropriate deductions) and greater clarity on entitlement to hold a clinical lead post. These changes above were agreed in response to queries or issues that arose over the year, as the new approach was embedded.

3. Current Clinical Leads

The following chart covers all the CCG's focus areas for 2014/15 and the Clinical Leads who have been and are currently involved. This reflects the requirements of the Commissioning Intentions for 2014/2015.

CCG Focus Area	Clinical Lead	Start date	Review date
111/Urgent care	Dr Sonia Khanna	April 2014	March 2015
Acute Care	Dr Sushanta Bhadra	April 2014	N/A
Cardiology	Dr Kosta Manis	April 2014	March 2015
Cancer/Palliative care	Dr Winnie Kwan	April 2014	March 2015
Children/ Child safeguarding	Dr Karen Upton	April 2014	March 2015
Community Contracts	Dr Varun Bhalla	April 2014	March 2015
Diabetes	Dr Jhumur Moir	April 2014	March 2015
Dementia	Dr Sid Deshmukh	April 2014	March 2015
Dermatology	Dr Anna Malone	April 2014	N/A
End of Life	Dr Sid Deshmukh	April 2014	March 2015
Gynaecology	Dr Nikita Kanani	April 2014	March 2015
Individual Funding Requests	Dr Sushanta Bhadra	April 2014	March 2015
Integrated care	Dr Nikita Kanani	April 2014	March 2015
Informatics	Dr Sid Deshmukh	April 2014	March 2015
IT	Dr Peter Fish	April 2014	March 2015
Maternity	Dr Nav Paul	April 2014	March 2015
Mental Health	Dr Wolfgang Wallatt	April 2014	March 2015
Minor Surgery	Dr Nikita Kanani	April 2014	N/A
MSK	Dr Ombarish Banerjee	April 2014	March 2015
Ophthalmology	Dr Nisha Nair	April 2014	March 2015
Planned care	Dr Sid Deshmukh	April 2014	N/A
Principal Clinical Lead	Dr Ricky Gondhia	April 2014	March 2015
Respiratory	Vacant	April 2014	N/A
Stroke	Dr Ethan Harris-Faulkner	April 2014	March 2015
Urgent care	Dr Surinder Nehru	April 2014	March 2015
Urology	Dr Nikita Kanani	April 2014	N/A

The total budget for clinical leads in 2013/14 was £150,000 and expenditure was £143,000. In 2014/15 the budget is £169,000 and expenditure (based on month 9 data plus accruals) is £141,000.

4. Key Recommended Changes

Following the recent EMC paper (November 2014), there are **four further** recommendations or development, as follows.

1. Given that the CCG is approaching its second anniversary, it is proposed that a review process be undertaken to review the changing needs of each post, in line

with the focus areas of the CCG Commissioning Intentions, to be followed by a refreshed set of objectives and one to one review with each clinical lead. This may result in a change in the allocation of the number of sessions available to each role, or an addition or deletion of some lead post roles. It is felt that this is the appropriate way to ensure that the cohort of clinical leads remains relevant to the needs of the CCG and that each lead is supported to be able to deliver value.

2. Following the above review of the future role requirements, the proposed appraisal system proposed in November 2014 be initiated and followed thereafter on an annual basis. While a flexible approach will be taken to the format of the appraisal, each conversation will be used to update the annual objectives and terms of engagement. Each appraisal will be undertaken jointly with a CCG manager and the Principal Clinical Lead. After the review, the clinical lead will be given a new agreement with objectives for the following twelve months, subject to acceptance of the time commitment. This will also allow clinical leaders who wish to resign or reduce their commitments to do so, so that recruitment can be commenced in line with the agreed process.
3. The “buddying” system be reviewed to ensure each lead has an appropriate buddy. While the system was implemented in 2013/2014, staff turnover since then, has resulted in some leads being without a “buddy”. It is clear that a strong relationship with the CCG” buddy” or manager is necessary to ensure leads are properly supported.
4. Given that consideration is now always given to gaining input from the widest possible range of primary care professions and other backgrounds including GPs, practice nurses, pharmacists, optometrists, GP Practice Managers and GP practice administrative staff, there are a wider variety of staff groups undertaking clinical lead roles. In line with the principle that the CCG payment is for backfill costs of the individual’s employer, it is suggestion that the rates of pay can be varied slightly to allow the reimbursement other non-standard provider staff who are not either GPs, pharmacists, optometrists, Practice Managers or Practice Nurses at their current rate of pay, subject to the maximum rates already payable. This will allow, for example a locality to employ an administrator to undertake minutes to support locality development, with clarity regarding payment, at an appropriate rate.

5. Conclusion and Decision

It is clear that the process for managing the clinical lead infrastructure has greatly improved since the inception of the CCG, particularly with regard to the support and training offered to leads to ensure each is able to meet the requirements of the role. In addition, significant changes have been made to improve the robustness of

the recruitment, engagement and payment of leads for work done. As a result of ongoing engagement and improvement, there remain four further areas outlined in this report for approval.

To this end, the Governing Body is asked to:

NOTE the progress and contribution of the CCG Primary Care Development Team, Principal Clinical Lead and the Cohort of Clinical Leads to the development of a fit-for-purpose clinical lead infrastructure system

APPROVE the proposed changes to the lead resource allocation, buddying system, appraisal process and pay rates as set out in Section 4 above.

Appendix A: Model letter confirming role

Dear XXXX

I am writing to confirm the arrangements in relation to your clinical lead role for xxxxx.

Working alongside a dedicated Project Manager the Clinical Lead will be responsible for:

- Provide expert clinical input and advice to support the redesign of the service area
- Critically assess data and evidence presented by the Project Manager
- Provide clinical leadership, helping to secure buy-in and support for the proposals
- Represent the CCG at internal and external meetings where necessary
- Be a key link with secondary care clinicians and managers to challenge the status quo and to secure their buy-in to the redesigned service
- Ensure that service redesign proposals are better for patients, adhere to all relevant clinical guidelines and are evidence-based
- Advice during the procurement phase in areas such as market testing and bidder evaluation
- Be involved in contractual negotiations where clinical input is necessary
- Serve as a champion for the service once implemented to ensure the desired outcomes are achieved

The duration of this agreement is from xxx to xxxx.

The anticipated *maximum* time commitment is as follows:

Resource plan summarised

The time worked will be remunerated at xx per hour. While there is flexibility in the timing of your involvement it is essential that you can be responsive to the Project Manager to ensure that there is no slippage to the project plan timescales.

Your practice should submit invoices to the following address:

Bexley CCG
07N Payables K665
XXXCOHANLON
Phoenix House
Topcliffe Lane
Wakefield
West Yorkshire
WF3 1WE

quoting: *xxcohanlon* in the PO Box. Each invoice should be accompanied by a brief summary of dates, hours and the work undertaken using the format attached.

For the avoidance of doubt, this is not a contract of employment; but it is expected that in undertaking your role as Clinical Lead you will comply with the CCG's policies which would apply to an employee, including but not limited to those on confidentiality, information governance and conflicts of interests.

I would be grateful if you could confirm that the foregoing is in accordance with your understanding of this role; or if not please contact me so that we can discuss.

Yours sincerely

Charles O'Hanlon
Assistant Director – Transformation and Service Redesign.
Enc: Terms of engagement
Standard timesheet template

Appendix B: Letter confirming terms of engagement

Provision of clinical lead services for clinical redesign and procurement services to NHS Bexley Clinical Commissioning Group (CCG)

Status and Taxes

1.1 The relationship of the clinical lead to NHS Bexley CCG will be that of independent contractor and nothing in this contract shall render it (nor the individual) an employee, worker, agent or partner of the CCG and the provider shall not hold itself out as such and shall procure that the Individual shall not hold himself out as such.

1.2 This contract constitutes a contract for the provision of services and not a contract of employment and accordingly the clinical lead shall be fully responsible for and shall indemnify the CCG for and in respect of:

1.3 any income tax, national insurance and social security contributions and any other liability, deduction, contribution, assessment or claim arising from or made in connection with either the performance of the services or any payment or benefit received by the Individual or any person engaged by the clinical lead in respect of the services, where such recovery is not prohibited by law. The clinical lead shall further indemnify the CCG against all reasonable costs, expenses and any penalty, fine or interest incurred or payable by the CCG in connection with or in consequence of any such liability, deduction, contribution, assessment or claim;

1.4 The clinical lead shall ensure that it shall at all times comply with the Income Tax (Earnings and Pensions) Act 2003, the Social Security Contributions and Benefits Act 1992, and all other statutes and regulations relating to income tax and national insurance contributions in respect of any consideration received under this contract.

1.5 The CCG may, at any time during the term, request the clinical lead to provide evidence of compliance with clause 1.4 above or, alternatively, of why clause 1.4 does not apply to it. Such request may specify the information which the clinical lead must provide and the period within which the information must be provided. This will include evidence that the GP practice of the clinical lead is deducting tax and national insurance for work invoiced as part of this contract for services.

1.6 Without prejudice to the termination provisions in clause four, the CCG may terminate this contract with immediate effect if:

1.7 The clinical lead fails to provide the information requested within the specified timeframe or provides information which is inadequate, in the reasonable opinion of the CCG; or

1.8 The clinical lead fails to demonstrate that they are complying with its obligations as set out in clause 2.4.

1.9 The clinical lead agrees that the CCG may supply any information which it receives under this clause 1.5 to Her Majesty's Revenue and Customs for the purposes of the collection and management of revenue for which it is responsible.

2. Standard of care and indemnity

2.1 When providing the services, the clinical lead shall exercise the standard of care and skill expected of a competent professional.

2.2 The clinical lead shall indemnify and keep indemnified the CCG in full against all costs, expenses, damages, liabilities and payments whatsoever arising as a result of any claim by any third party, including any employee of the CCG, arising out of or in connection with the provision of the services (whether or not legal proceedings are issued) but without prejudice to any rights and remedies which the CCG may have against the clinical lead under the contract or otherwise.

2.3 The clinical lead shall provide to the CCG proof of such insurance to cover liabilities to the CCG and to third parties which may arise under clauses 2.2 or otherwise in connection with the contract as the CCG may reasonably require.

2.5 The clinical lead shall also provide and shall procure that that individual shall provide all such assistance as the CCG shall reasonably request in connection with, and shall co-operate fully with the CCG in relation to the investigation of, any incidents and/or complaints which arise as a result of the provision of services under this contract.

3. Confidentiality and Data Protection

3.1 The CCG is bound by the confidentiality code of conduct. In the course of the provision of the services, the clinical lead may obtain or have access to confidential information relating to the business, employees or patients of the CCG or third parties and shall not make any use of such confidential information, directly or indirectly, and whether for their own benefit or that of others, and shall not divulge such confidential information to any person or body without the express consent of the CCG's chief officer.

3.2 The clinical lead shall and shall procure that the Individual shall act in accordance with the Data Protection policy of the CCG and not act in any way contrary to Data Protection legislation.

3.3 The clinical lead must not make or authorise the making of any statements to the press in relation to the provision of services under this contract or the general provision of services by the CCG, without first clearing and discussing any statement with the CCG's chief officer. For the avoidance of doubt, this does not prevent the clinical lead from making protected disclosures in accordance with the CCG's whistleblowing policy.

3.4 All notes and records taken by the provider and the Individual in connection with the provision of services will remain the property of the CCG at all times and such notes and records must be stored in accordance with the relevant CCG guidelines and must be surrendered to the CCG on request.

4. Termination

4.1 The CCG may terminate the contract immediately and without notice at any time if the clinical lead;

- is unable to provide the services owing to any physical or mental illness or disorder or any other reason;
- is convicted of any criminal offence;
- acts in any way which is prejudicial to the interests of or affects the reputation of the CCG;
- in the reasonable opinion of the CCG, falls below the standard of performance specified in Clause 4.1;
- fails to comply with the requirements of clauses 1.5 and/or 1.6 of this contract;
- commits any act which is incompatible with the continued provision of the services under this contract or breaches the terms and provisions of this contract; or
- undertakes any action which undermines the provision of or functioning of the Services under this Contract or the provision of or functioning of CCG services generally.

4.2 Without prejudice to Clause 4.1, the CCG may terminate the Contact at any time by giving to the clinical lead two weeks' notice in writing.

4.3 The clinical lead may terminate the contract at any time by giving to the CCG two weeks' notice in writing.

SIGNED

For and on behalf of the CCG

SIGNED

For and on behalf of the Clinical Lead

Appendix C: EMC Paper: Clinical Leadership Programme (September 2013)

Bexley Clinical Leadership Programme

1.0 Introduction

This paper sets out the plan to reinvigorate NHS Bexley Clinical Commissioning Groups (CCG) clinical leadership programme to broaden the appeal and interest from our member practices and aims to do the following:

- Offer a more attractive clinical leadership development programme with clearer lines of accountability and broader career development opportunities for leads
- Develop a talent pool that supports succession planning for governing body locality leadership roles
- Make the process for recruiting clinical leads transparent, consistent, timely and of sufficient rigour, so that the strongest candidates are identified for the roles
- Regularly re-advertise positions to provide staged opportunities for getting involved and broaden the range of clinicians who actively participate in the running and directing of the CCG.
- Provide a wider range of roles that vary in the level of input required and the nature of the role
- Strengthen the culture of being a clinically led organisation where managers and clinicians work much more closely together in the day to day operation and delivery of the CCG's functions and priorities.

2.0 Background

The former Bexley Care Trust and Bexley CCG has a number of GPs, Nurses and Practice Managers employed as clinical leads for a range of functions and service redesign priorities. Clinical leadership is fundamental to the success of NHS Bexley CCG to ensure that frontline staff are leading the design of services, making decisions on how best to improve patient care. It is therefore essential that the right number and range of roles are sufficiently resourced. In order to appeal to a broad spectrum of clinicians, it is also important that resource commitment varies and that there is sufficient flexibility that allows clinicians to take on roles that can fit around their other commitments, while still being able to provide the right level of dedication to the role.

While Bexley CCG has previously signed off a process for identifying and recruiting clinical leads that has been adhered to since April 2013, there is a need to revisit and refresh this process to reflect changing strategic priorities and learning from current practice. The scope of this paper excludes the process for recruiting the Chairman, Locality leads and locality representatives as this is followed in accordance with the organisations constitution.

3.0 Identification of Clinical Lead Roles

It is proposed that responsibility for identifying and recruiting clinical lead roles is delegated to Assistant Director level to mirror the processes and decision-making for recruiting non-clinical staff. Once commissioning intentions for 14/15 are firmed up, the clinical lead roles and resource plan will be developed in detail and submitted to the EMC for approval of the budget. The EMC will be asked to delegate responsibility to the Assistant Director of Transformation & Redesign to flex the resource plan within the overall budget where this is deemed necessary, to meet changing needs/priorities of the CCG.

At the time of writing this paper the following clinical lead posts were filled. These are designated into roles that are long-term, short-term and enablers:

Table 1: Clinical Lead Roles

Type of Lead	Short-term/Long-term/enabler
Cardiology	ST
Respiratory	ST
Cancer/palliative care	LT
Stroke	LT
Integrated Care	ST
MSK	ST
Acute KPI's/prescribing	LT
Mental health	LT
Community contracts	LT
IT Systems	Enabler
Informatics	Enabler
Dementia	ST
Diabetes	ST
Clinical pathways	ST
IFR	ST
Community clinics	ST
Neuro-rehabilitation	ST
Training and Development	Enabler
Practice Manager Communication Leads and Deputies	Enabler

The above roles vary in nature and time commitment from being a lead for a service redesign area, providing on-going clinical advice, or to advise on areas that serve as enablers (e.g. IT).

There are also a number of clinical lead roles that relate to statutory functions such as Children's Safeguarding and Medicines Management leads. As their role is more prescriptive, responsibility for the identification and recruitment of these clinical leads needs to follow the processes determined by the Quality & Governance Directorate to fulfil the CCG's statutory functions. Continued involvement from clinicians performing these roles is important and more prescriptive job descriptions are in place that set out the requirements of performing these "business as usual" functions.

Introduction of the Principal Clinical Lead Role

In order to enhance the support structures, management and mentorship that clinical leads receive, it is suggested that the role of a Principal Clinical Lead is introduced. This individual would fulfil the following:

- Be a key part of the induction process, making roles and expectations clear
- Undertake 1:1 meetings with all clinical leads to plan objectives and identify any development needs on an agreed frequency
- Be available for informal advice and guidance if the lead has any concerns or challenges
- Help mediate any situations or barriers that are restricting progress of a project
- Help facilitate sharing of best practice and learning from one clinical lead to another
- Provide clinical advice to support the selection process of new clinical leads.

This would be recruited through the process detailed in table 2 but with the addition of an interview involving the Director of Commissioning and a lead from each locality.

4.0 What the Clinical Lead Role Entails

While some of the requirements of the roles above are very specific, being a clinical lead ultimately involves being a clinical expert, helping to improve quality and service user experience, lead on the clinical implementation of service redesign across the health economy and act as the quality assurance checkpoint on the impact of service change in primary care.

The vast majority of roles involve service redesign of a specific clinical area, working alongside a Project Manager and members of the wider team including finance, IT and communications. The requirements of this role can be described in more detail as follows:

- Providing expert clinical input and advice to support the redesign of the service area
- Critically assess data and evidence presented by the Project Manager
- Provide clinical leadership helping to secure buy-in and support for the proposals
- Represent the CCG at internal and external meetings where necessary
- Be a key link with secondary care clinicians and managers to challenge the status quo and to secure their buy-in to the redesigned service
- Ensuring the service redesign proposals are better for patients, adhere to all relevant clinical guidelines and are evidence-based
- Advising during the procurement phase in areas such as market testing and bidder evaluation
- Be involved in contractual negotiations where clinical input is necessary
- Serve as a champion for the service once implemented to ensure the desired outcomes are achieved

5.0 Recruitment Process of Clinical Leads

The CCG has a number of Clinical Leaders already in post with agreements differing in duration.

There is need to make the recruitment process more transparent, so that GPs are made aware of how the process is conducted to ensure that the best possible lead for the roles is selected in a fair and open way. NHS Bexley CCG are committed to ensuring that the recruitment process is rigorous enough to assure all member practices that the best person for the role has been identified but not so onerous that it deters clinicians from submitting expressions of interests or causes delay to the service redesign QIPP projects.

It is proposed that clinical leads are recruited in two batches per year with the recruitment process being run in May 2014 and November 2014 to avoid the end of year pressures. Agreements in place with clinical leads that terminate on 31st March 2014 but are still required will be rolled over until the planned recruitment can be undertaken. The following recruitment process will be conducted:

Table 2: Draft Recruitment Process for Clinical Leads (subject to feedback from clinical leads on 23rd September)

Duration from start of process	Key Activities
0-21 days	<p>The clinical lead vacancies will be advertised to all Bexley practices by email, in the CCG bulletin and locality meetings. Details of the roles, level of involvement required, the duration and remuneration will be provided. This will invite expressions of interest (via a standard form) where potential leads detail their interest in the chosen role, their relevant background experience and whether they have any conflicts of interest relevant to the service area. Clinicians have the option to attach a CV if they wish but this is not a mandatory requirement.</p> <p>Expression of Interest forms submitted to clinicalleads@bexley.nhs.uk by the given deadline.</p>
21-28 days	<p>EOIs will be assessed by a CCG Officer with the appointment decision approved by the Director of Commissioning on the basis of the information provided within the Eoi. Where there are more than one applicant for the same role selection will be based upon the following factors:</p> <ol style="list-style-type: none"> 1. A demonstrable track record of being experienced and knowledgeable about the specific function / service 2. A demonstrable interest in the leadership role and specific function / service 3. Other involvement in the CCG (i.e. a preference will be given to those who do not hold a clinical lead role to encourage a broader base of involvement from practices)
29 days	<p>All candidates will be notified of the outcome of the selection process via email.</p>
31 days	<p>The successful candidate will receive the following documentation:</p> <ul style="list-style-type: none"> • A letter confirming the appointment (see appendix A) • Terms of engagement supplied by HR (see appendix B) • Timesheet for completing and submitting in support of invoices (see appendix C) • A declaration of interest form (for completion and return to Mary.Stoneham@nhs.net)
35 days	<p>All GPs and Practice Managers are made aware of clinical lead appointments in the Bexley CCG bulletin.</p>

While this process will be adhered to for the recruitment of long-term, short-term and enabler roles there will be occasions when a fast-track recruitment process is required to ensure that the delivery of QIPP is not jeopardised. This process will be followed as deemed necessary by the Assistant Director of Transformation & Redesign for the purposes of delivering QIPP.

The preference is to avoid role shares as this can make project delivery less efficient and costly due to duplication and the need to keep two leads involved.

6.0 Resignation from a Clinical Lead Role

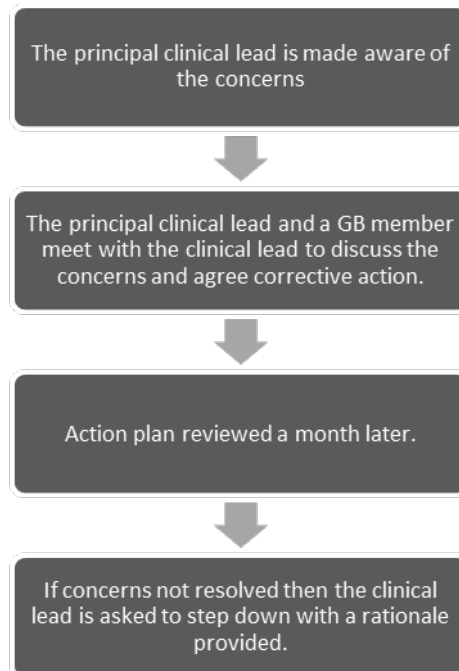
If a clinical lead no longer wishes to carry on with their role or cannot provide the level of commitment required, the following process is recommended:

- Discuss your concerns first with the Principal Clinical Lead to see if there are any changes that can be done to support your continued involvement
- If you still wish to resign then notify the CCG Formally by putting this in writing to clinicalleads@bexley.nhs.uk.
- CCG sends a letter of thanks to the clinical lead.

Nb: It is not possible to pass the role to a colleague, but to re-advertise the role through the processes highlighted above.

7.0 Terminating the Role of a Clinical Lead

In the unlikely scenario of a clinical lead not fulfilling their role or breaching the terms of engagement it may be necessary to undertake a process to terminate the role of the clinical lead. Where concerns or allegations have been received by a stakeholder the following process would be followed:



8.0 Managing Conflicts of Interest as a Clinical Lead

NHS Bexley Clinical Commissioning Group complies with national guidance, in particular, NHS England's 'Managing Conflicts of Interest: A Guide for Clinical Commissioners', and regularly publishes the declaration of interests register for its governing body members on its website, as well as all contracts awarded by the CCG. NHS Bexley CCG is fully committed to transparency and the governing body recently approved a revised policy on managing conflicts, available from the [website](#).

If a GP is engaged in the redesign of services, this does not exclude them from bidding for a service during the procurement process. However if a clinical lead did bid for a service or had links to a provider, this would mean the clinical lead could not attend any supplier bidder events in their role as a clinical lead. GPs who have a conflict of interest cannot be involved in the decision making, pre-bid discussions, or the bid evaluation process. To strengthen the procurement process, the CCG has ensured a clinical governing body member oversees all complex procurements. The clinical governing body member can support clinical leads to help better understand managing conflicts of interest.

9.0 Developing the Clinically-led Culture of the Organisation

In order to help break down boundaries between clinicians and permanent members of staff it is suggested that a buddying system is introduced. This would involve a clinical

lead being matched with a permanent management member of staff to support relationship development and to broaden learning of each other's roles. The buddying scheme would be optional and non-prescriptive but aims to be a point of contact for answering day-to-day questions or way-finding of who is best to speak to as well as provide a mechanism for permanent non patient-facing staff to visit practices and better understand the day to day demands of primary care and learn/be motivated by what is happening every day in the delivery of healthcare.

To ensure clinical leads feel part of NHS Bexley CCG's organisational culture, a number of corporate and governance initiatives can also be introduced. These will facilitate the clinical lead to work more effectively and efficiently with their designated officers, and feel part of the wider team.

On discussing organisational culture with clinical leads, some of the issues they experience could be resolved by undertaking the following:

- Providing clinical leads with access passes to the building to ensure GPs are not having to sign in as visitors
- Ensuring clinical leads have a room or designated 'hot desk' area – this will prevent clinical leads having to contact IT each time they work from the office
- Ensuring clinical leads are aware of staff meetings, which they are able to attend if working from the CCG on that day
- Creating a clinical leadership area on the website to profile the work Bexley's GPs are undertaking in the borough
- Ensuring the clinical lead discusses the CCG staff handbook with all new clinical lead starters – this will ensure all new starters are aware of the organisations key policies and procedures
- Ensuring clinical leads complete the courses set out in NHS Bexley CCG's mandatory and statutory training guide

10.0 Enhancing the Development Opportunities for Clinical Leads

To broaden the appeal of becoming a clinical lead, the following development opportunities are available.

Lunch & Learn Sessions

In terms of existing development opportunities that are already available to clinical leads all practices are invited to Lunch and Learn sessions held at 221. These cover various topics that the CCG is responsible for such as finance, quality, communication and engagement. All practices are welcome to attend these sessions and are regularly promoted in the CCG bulletin and via locality briefings.

Finance E-learning Tool

All leads also have the option to enrol to complete a range of finance e-learning modules which is another development opportunity already available to all CCG and Practice staff.

The online tool includes a number of modules such as NHS budgeting, business cases, governance, commissioning and more. Each module takes approximately 2.5 hours to complete and courses are professionally recognised. As well as being able to study modules individually, an 'introductory certificate in healthcare finance in England' can be obtained after completing five modules (must include 'introduction to NHS finance'). This results in a certificate and equates to 15 hours of Continuing Professional Development (CPD).

Bespoke Development Opportunities

Health Education England has recently allocated £85k of funding for CCGs to designate to education, training and workforce development. It has been proposed that

a proportion of this funding (£5k) as set out in the paper on Primary Care Workforce Development is invested in enhancing the development opportunities for those in a clinical leadership role by making a tailored educational programme available consisting of five half day workshops held throughout the year. These sessions will be developed and run by an external training organisation experienced in delivering a wide range of courses/programmes to GPs and CCGs.

11.0 Recommendations

The EMC are asked to approve in the principle the proposals that are set out in this paper thereby agreeing to the following:

- Identification of clinical lead roles will be delegated to the Assistant Director of Transformation & Redesign providing this is within the clinical lead resource plan authorised by the EMC
- The introduction of the principal clinical lead role
- The recruitment, resignation and termination processes for clinical leads detailed in section 5, 6 and 7 subject to any comments/amendments required following feedback at the clinical leads evening on 23rd September
- Introducing the buddying system and corporate/governance initiatives set out in section 9 that would help clinical leads feel part of the organisation.

12.0 Next Steps

- Current and potential clinical leads will be told about the proposals outlined in this paper to help enhance the appeal to local GPs of applying for clinical lead roles.
- Implementation of the approved corporate/governance proposals
- A subsequent paper will be submitted to the EMC in November/December requesting authorisation for the clinical lead budget for 14/15.

Appendix D: EMC Paper: Pay and Term Framework (November 2014)

NHS Bexley CCG **Pay and Terms Framework for Clinical and other** **Leads (non CCG Governing Body members)**

1 Introduction

The process of engaging GPs, other primary care clinicians and GP Practice Managers within NHS Bexley CCG and predecessor organisations has evolved over a number of years. In order to ensure best practice recruitment and retention of leads, the CCG understands that there must be clarity and equality in pay levels and terms of engagement for individuals working with the CCG.

This paper summarizes the key principles involved and proposes a formalized pay and terms framework for engaging with GPs and other clinical and non-clinical leads. The pay and terms arrangements for members of the Governing Body will remain unchanged and is outside the scope of this paper. However, should a member of the Governing Body also undertake additional and separate clinical lead duties, the pay and terms of that arrangement are covered by this Framework.

2 Principles for Engagement

The key principles in recruiting and involving leads in the work of the CCG have been outlined in a separate approved paper (Appendix A), but can be summarised, as follows:-

- Consideration should always be given to gaining input from a wide range of primary care professions and other backgrounds including GPs, practice nurses, pharmacists, optometrists, GP Practice Managers and GP practice administrative staff
- The monetary value of leads' input should be factored into all service development business cases, procurements and project plans
- The recruitment process will be clear and transparent and encourage a wide range of applicants.
- Support including objective setting, appraisal and personal development planning should be routinely made available by the CCG and time to undertake these activities factored into leads' time commitments
- Leads should only be appointed if they are able to meet the time commitment indicated in the role outline and attend key meetings without detriment to their practice or other commitments

3 Current Remuneration & Payment Process

Clinical leads are currently engaged with the CCG in a range of projects. There is currently no formal framework for remuneration and payment, but a clear and effective process has been implemented with the Redesign team to monitor the processing of invoices and payment requests.

All leads have a role description specific to their work stream and have an agreement with the CCG outlining the terms of their role. This role description includes the number of sessions per month, in which the clinical lead is expected to fulfil their role. Engagement is on an ad hoc basis and does not constitute a contract of employment. The CCG therefore, has no payroll accounting responsibility and statutory tax obligations are the responsibility of the employing practice. All payments requests are made by the employing practice for fulfilment and must include a breakdown of the time spent on CCG activities. A time sheet is supplied to all leads to assist in the calculations.

There are currently 18 Clinical Leads working across 30 projects. All allocated and agreed hours are amalgamated onto a spread sheet and all requested payments (invoices) are logged and monitored to ensure the budget is not exceeded, and that Clinical Leads are working within the agreed parameters.

4. Planned Future Framework

It is proposed that the current process be formalised using this framework, to establish clarity and equality. The framework includes the following elements;

- The pay for Clinical leads who are GP's, Pharmacists or Optometrist will be £81 per hour. The rate for any other individual (practice nurse, practice manager) will be £30 per hour
- These rates will be paid by way of payment of backfill costs to the individual's practice and employer for leads attached to practices.
- In exceptional circumstances, should a lead be appointed who has retired or is not permanently attached to a practice, they may however invoice the CCG in their own right. This will take the form of a fee for service arrangement via a limited company.
- In either case, the lead and/or their employer as appropriate will be required to assume responsibility for any National Insurance, tax or superannuation issues arising from the lead's engagement with the CCG. The CCG has no responsibility for payment of tax, National Insurance and superannuation.
- Any additional input required from a clinical lead or any extensions to their tenure must be agreed in advance by the programme lead or Director of Commissioning.
- Each lead should receive a detailed summary of their role and the terms and conditions of their engagement with the CCG. This will be regularly reviewed in conjunction with Principal Clinical lead.
- Each lead will complete and submit with their invoices a summary of work undertaken and objectives achieved during the corresponding period
- Programme leads will manage the budget allocated for leads' input for their area of work under the overall direction of the Associate Director of Transformation and Redesign
- All clinical Leads will take part in an appraisal process which will involve the Principle Clinical Lead and the Project Manager, and will agree project and personal achievements, project and personal objectives and identify training needs.

5. Clinical Leads Annual review

A process has also been put in place to review the CCG requirements for input from Clinical Leads on an annual basis. This is to ensure that the focus areas for clinical leads, matches the strategic priorities of the CCG. This process will be led by the Principal Clinical Lead, Dr Ricky Gondhia, in his role to support and develop the cohort of clinical leads.

The review involves a face-to-face meeting with each Clinical Lead, together with the project manager (where appropriate) to discuss historical project targets, key achievements and the future expected contribution and workload. Following this, each clinical lead will agree a new set of objectives and deliverables with the CCG for the following 12 months, together with any additional support required to undertake this role. Through this, the CCG has assurance that, on an annual basis, the focus and work undertaken by leads is focused and aligned to organisational strategy

It has also been agreed that the key results of this review, including details regarding the historical current year and anticipated future year spend on clinical lead activities will be presented to the Finance Sub Committee, on an annual basis. This will ensure appropriate use of resource and that this key area of budget is visibly reported.