

From: Lisa Siembab
Sent: 09 April 2019 09:59
To: Lisa Siembab
Subject: PCN - Clinical Director Role

Dear Colleagues,

As you will be aware, Primary Care Networks will be expected to appoint a Clinical Director within the Network Agreement document. I hope that a brief recap of the guidance on this important role will be helpful to practices.

The Clinical Director - Who should it be?

The guidance makes it clear that a Clinical Director should be a practicing clinician from within the member practices, able to undertake the responsibilities of the role and represent the PCN's collective interests. It is most likely to be a GP but this is not an absolute requirement.

The post should be held by an individual (or individuals if they are job-sharing the role) from within the PCN, not be a shared role between PCNs. The Clinical Director should not be employed by a commissioner and provided to the PCN.

PCNs may wish to consider rotating the Clinical Director role within a reasonable term.

What are the responsibilities and role of the Clinical Director?

The Clinical Director is accountable to the PCN members and will provide leadership for the PCN's strategic plans, working with members to improve the quality and effectiveness of the network services. They will work collaboratively with Clinical Directors from other PCNs within the ICS/STP area, playing a critical role in shaping and supporting their ICS/STP, helping to ensure full engagement of primary care in developing and implementing local system plans.

A national outline of the key responsibilities is included in the Network Contract DES Specification (see section 4.4.2 of the DES specification). I have provided the key responsibility section for you below:

- i. They will provide strategic and clinical leadership to the PCN, developing and implementing strategic plans, leading and supporting quality improvement and performance across member practices (including professional leadership of the Quality and Outcomes Framework Quality Improvement activity across the network). The Clinical Director would not be solely responsible for the operational delivery of services; this will be a collective responsibility of the PCN.
- ii. They will provide strategic leadership for workforce development, through assessment of clinical skill-mix and development of a PCN workforce strategy.
- iii. They will support PCN implementation of agreed service changes and pathways and will work closely with member practices and the commissioner and other networks to develop, support and deliver local improvement programmes aligned to national priorities.

This section sets out the high level minimum requirement of the role of the Clinical Director. The detailed requirements will vary according to the characteristics of the PCN, including its maturity and local context and should be set out in the PCN's Network Agreement.

iv. They will develop local initiatives that enable delivery of the PCN's agenda, working with commissioners and other networks to reflect local needs and ensuring initiatives are coordinated.

v. They will develop relationships and work closely with other Clinical Directors, clinical leaders of other primary care, health and social care providers, local commissioners and LMCs.

vi. They will facilitate participation by practices within the PCN in research studies and will act as a link between the PCN and local primary care research networks and research institutions.

vii. They will represent the PCN at CCG-level clinical meetings and the ICS/STP, contributing to the strategy and wider work of the ICS/STP.

PCNs will be responsible for managing any conflicts of interest. Clinical Directors will take a lead role in developing a PCN's conflict of interest arrangements, taking account of what is in the best interests of the PCN and their patients.

How should the Clinical Director be appointed?

It will be the responsibility of the PCN to agree who their Clinical Director will be. The selection process will be for the PCN to determine but may include:

- Election - nomination and voting;
- Mutual agreement between the members;
- Selection – via application and interview for example; or
- Rotation within a fixed term (this could equally apply against the above processes).

The Clinical Director is to be agreed by the PCN by 15 May 2019 and their name submitted to the commissioner as part of the Network Contract DES registration timetable.

It is clear that PCNs should be supported to appoint the Clinical Director to the role in the way that they choose to, without interference from any other organisation. It is NOT a requirement to conduct a more formal election process but if practices choose to do this then the LMC will provide support if requested.

In Worcestershire, we are fortunate in that we already have well established Neighbourhood Teams designed to integrate with community care. We see a real opportunity for PCNs to enable practices to support our core work and allow us to establish sustainable and thriving general practice locally. The LMC feel that it is important that both Neighbourhood Teams and PCNs are supported as we move towards further integration over the next five years of the Contract. One does not replace the other.

If you would like support from the LMC please do get in touch.

Best wishes,

Gill

Dr Gillian Farmer

Worcestershire LMC Secretary