

OPERATIONAL PROCESS FOR SECURING CLINICAL LEADERSHIP

1. Securing Clinical Leadership

Clinical Role outlines will be in place for all Programme/ Clinical Lead roles by end of September 2013 and will specify the area of work, expected outcomes, time commitment and remuneration. A generic section will be standard in all role outlines (**Annex 1**). An example of a Clinical Lead Role is given in **Annex 2**. All clinical role outlines will be signed off by the Executive Committee.

The number of sessions will be agreed by the programme lead and confirmed to enable clinical leads to manage reasonable workloads within the allotted sessions. Roles will be reviewed where requirements change or workload agreed to be unreasonable within the allocated sessions.

2. Recruitment

We aim to attract those clinicians who have the vision, appetite and existing and/or emerging requisite skills to lead the area of work.

A letter will be sent out to all practices by 6th September 2013 confirming the recruitment process.

All Locality Clinical lead roles will be advertised across SDCCG membership practices to ensure openness, transparency and equitable access to leadership opportunities. Additionally the CCG will send out notification to all principle, non-principle and locum doctors working within membership practices.

The process will be by application (signed off by the Executive Committee) and shortlisting will be undertaken by the programme lead, supported by the management programme lead. Interviews will be chaired by the Programme lead.

The prioritised roles for immediate recruitment will be for Elective Care, Medicines Management, Community and Acute.

Whilst undergoing recruitment the existing clinical leads will continue to be reimbursed for their sessional time as agreed by the Clinical Programme Lead.

3. Leadership Development

In order support its leaders, SDCCG is committed to providing opportunities for development and learning, to enable individuals to fulfil their potential and develop and improve their skills and competencies. Development plans will be individually discussed with each Programme/Clinical Lead depending on their assessment and individual needs. These may include coaching, mentoring and buddying together with specific areas for growth.

4. Employment

There are three options for securing clinical leadership to allow flexibility for individuals to choose the best reimbursement route to support these activities. The roles will be paid at sessional rates as agreed in Section 5. The three options are:

- **Option 1:** Clinical Leads remain employed via their practice to provide this function. Invoicing will be via the practice to the CCG
- **Option 2:** Where clinical Leads wish to be contracted independent of their practice, they will act as a sole trader. Invoices would be made accordingly to the CCG.
- **Option 3:** Where individual clinical leads wish to be employed by the CCG this will be done through a bank 'fixed term' contract.

All clinical roles will be reviewed quarterly and revised accordingly.

5. Remuneration

To promote and support local clinical capability and capacity, SDCCG is committed to provide remuneration to enable clinicians to have dedicated time to enact their clinical roles. Clinical Leads will be paid £350 per session (4 hours) inclusive of all expenses. Any extraordinary expenses i.e. conferences, will need to be agreed with the programme lead. Work can be completed pro-rate and does not have to be delivered in a whole session.

Based on the assumptions on existing clinical sessions the estimated cost, to be considered against SDCCG 2% transformation fund, is £XXXX (**Annex 3**)

6. Timetable:

The timeframe for recruiting to clinical leadership roles prioritised by the executive committee commenced in August (Table 2) and will be completed by end of November 2013 (Annex 3)

Clinical Role	Advert out	Close Date	Interviews
End of Life Care	12 th Aug 13	27 th Aug 13	September
Elective Care	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Interim RSS clinical triagers	23 rd Sept 13	7 th Oct 13	W/C 14 th Oct 13
RSS administrators	29 th Aug 13	5 th Sept 13	6 th Sept 13
Medicines Mgt	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Community	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Acute	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Mental Health	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Learning Disabilities	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Dementia	16 th Sept 13	1 st Oct 13	W/C 7 th Oct 13
Diabetes	23 rd Sept 13	7 th Oct 13	W/C 14 th Oct 13
Urgent Care	23 rd Sept 13	7 th Oct 13	W/C 14 th Oct 13
Stroke	23 rd Sept 13	7 th Oct 13	W/C 14 th Oct 13
Heart Failure	23 rd Sept 13	7 th Oct 13	W/C 14 th Oct 13

ANNEX 1: PROGRAMME LEAD GENERIC JOB OUTLINE



Surrey Downs Clinical Commissioning Group

SURREY DOWNS CLINICAL COMMISSIONING GROUP

GENERIC JOB OUTLINE– GOVERNING BODY MEMBER / CLINICAL PROGRAMME LEAD

Commissioning the very best clinical standards

THE ROLE

The main purpose of this post is to provide Executive leadership to Surrey Downs CCG in all matters involving the development, commissioning and transformation of our local model of care. GB Members will be the sponsors with responsible for the overall Clinical Programme, working with Clinical Leads across the localities. This role outline is not exhaustive and may need to be revised as policy and direction changes.

PRINCIPAL DUTIES AND RESPONSIBILITIES

- The accountable sponsor of the programme and accountable to the Executive
- Assure the integrity of the clinical strategy, clinical quality standards and safety of services
- Report to Governing Body, Localities and other stakeholders on progress, issues and risks
- Share expertise with member practices and influence clinical practice in line with best practice, information and evidence
- Manage senior clinical relationships with providers and working across organisational boundaries
- Promote collaboration across Localities, to remove barriers to implementation and duplication of efforts
- Communicate projects to stakeholders and the media, so that all our work is clinically led and explained.
- Support and supervise Clinical Leads to deliver the programmes

Day to day work:

- Set out the strategic direction of the Clinical Programme
- Approve service specifications and business cases with GB Member and Managers
- Assure the Executive that clinical plans for service changes are evidenced based and safe.

- Keep the Executive informed of developments and engage Localities within the process
- Support Clinical Leads to help members implement changes at practice level and develop local competencies
- Form close working relationships with Senior Clinical Leaders to achieve whole system change - acute, community and independent care providers.
- Liaise with fellow GB Members and Clinical Leads to share learning and accelerate implementation.
- Present the Clinical Programme, including the case for change, to stakeholders and the media where necessary.

SUPPORT

The Executive Management Team will support governing Body members including the Chief Officer, Operating Officer, Heads of Service and Community Support Unit.

ACCOUNTABILITY & TENURE

The envisaged length of tenure is for XXX year as part of the Governing Body Members existing Terms & Conditions. The CCG Chair has the authority to re-assign this role at their discretion with four weeks' notice.

PERFORMANCE MANAGEMENT

To ensure the Clinical Programme provides regular progress reports to the Governing Body and other statutory reporting requirements such as Annual Reports. A formal, six monthly review will take place with the Governing Body Member.

PERSON SPECIFICATION -COMPETENCIES & SKILLS

- A practising senior clinician working in GP practices within Surrey Downs CCG (e.g. Partner/Principle)
- Integrity and credibility amongst Senior stakeholders across the CCG and care system
- Good standing with GMC or relevant regulatory professional body
- The élan and credibility to inspire clinicians, managers and other staff
- Ability to translate national and local acute commissioning policy into action.
- Excellent communication, analytical and presentation skills
- Good negotiation skills in relation to large contracts and serious clinical issues
- Experience of chairing senior meetings (essential)
- Resilience and confidence in own ability and knowledge
- The ability to think innovatively and influence change amongst clinicians

DELIVERY SCHEDULE

Each Programme Lead will develop a delivery schedule of projects with the Executive Management Team, as outlined overleaf.

REMUNERATION

Programme leads will be paid £315 per session (4 hours) as part of the allocated Governing Body Member sessions. Work can be completed pro-rata and does not have to be delivered in whole session. The number of sessions is fixed, requiring clinical leads to manage reasonable workloads within the allotted sessions. Roles will be reviewed where workloads are perceived to be unreasonable within the allotted hours.

Governing Body Members are expected to use their own mobile phones and provide a contact number. IT is provided through mobile IT and hot-desk access at the CCG base. Travel expenses can be claimed as per the CCG policy.

CONTRACTS

As per Governing Body contractual arrangements.

POLICIES

Programme Leads will receive an organisational induction and be expected to adhere to CCG Policies, as part of their terms and conditions. This includes any relevant training such as Information Governance and Safeguarding.

ANNEX 2: EXAMPLE: DRAFT JOB OUTLINE FOR LOCALITY CLINICAL LEAD



Surrey Downs Clinical Commissioning Group

SURREY DOWNS CLINICAL COMMISSIONING GROUP

MEDICINES MANAGEMENT – LOCALITY CLINICAL LEAD ROLE

JOB DESCRIPTION

Commissioning the very best clinical standards

THE ROLE

The main purpose of this post is to provide Medicines Management leadership to Surrey Downs CCG in all matters involving the development, commissioning and transformation of our local model of care. This clinical lead role will be part of our Medicines Management programme led by Ibrahim Wali on behalf of the Governing Body.

Contract duration: 12 months

4 Clinical Lead roles for the CCG / 1 per locality
(av. 4 sessions per month, 44 sessions per year, allowing for 4-6 weeks holiday non-paid)

PRINCIPAL DUTIES AND RESPONSIBILITIES

The main areas of focus are to work with the Governing Body Programme Lead to:

- To be involved in design of new pathways and re-design of established pathways together with colleagues and managers in primary and secondary care
- To provide clinical input through contract negotiations, development and monitoring of CQUINs and KPIs
- To ensure that national and local acute commissioning policies are communicated effectively to clinical professionals and other staff
- To interpret data and complete clinical audits (with support from the CSU and the data analysts) and present it to the members at Locality meetings and CCG workshops

Day to day work:

- Initiate, lead and mobilise the implementation of projects
- Co-production of service specifications and business cases with GB Member and Managers
- Assure the clinical plans for service changes are evidenced based and safe.
- Keep the localities informed of developments and engage practices/members within the process
- Support members to implement changes at practice level and develop local competencies
- Form close working relationships to achieve whole system change - acute, community and independent care providers.
- Liaise with fellow clinical leads to share learning and accelerate implementation.
- Support the Governing Body lead to ensure communications are clinically led.

KEY DELIVERABLES AND OUTPUTS

1. To oversee the transformation of diabetes services around Epsom Hospital:
 - Lead the development of Tier 3 Intermediate service for MidSurrey & Medlinc
 - This includes service specification and involvement in the contracting process
 - To liaise with Dr Nithy (Epsom Diabetes service) to ensure continual improvements in the quality of care
2. To review the Local Enhanced Service (Tier 2) for all localities, with comparison to local and national benchmarks, policy and best practice
3. To quality assure the provision of structured education for diabetes patients (type 2), including syllabuses
4. To Chair the local Diabetes Education Network to improve diabetes provision and clinical standards in Primary Care:
 - To ensure a whole system model of care
 - To work with local diabetes leads in the other localities as part of the Network

SUPPORT

The Roles will be supported and mentored by the Governing Body members responsible the specific clinical programme. Support will be offered by the Heads of Service and Community Support Unit.

ACCOUNTABILITY & TENURE

The role is accountable and responsible to the Governing Body Member. The envisaged length of tenure is for one year on an independent contractor basis and

may be renewable. The CCG Chair has the authority to re-assign this role at their discretion with four weeks' notice.

PERFORMANCE MANAGEMENT

To ensure that all meetings and other activity will be reported to the CCG in the form of minutes, log sheets or written reports as required by performance management framework

A formal, six monthly review will take place with the Governing Body Member.

PERSON SPECIFICATION -COMPETENCIES & SKILLS

- A practising clinician working in GP practices within Surrey Downs CCG (e.g. Partner, Principle, Non-Principle, Locum)
- Integrity and credibility amongst peers
- Good standing with GMC or relevant regulatory professional body
- Understanding of national policy
- Ability to lead and inspire clinicians, managers and other staff
- Excellent communication, analytical and presentation skills
- Good negotiation skills
- Experience of chairing meetings (desirable)
- Resilience and confidence in own ability and knowledge
- The ability to think innovatively and secure ownership of change amongst clinicians
- Ability to translate national and local acute commissioning policy into action.

DELIVERY SCHEDULE

Each Clinical Lead will have a specific delivery schedule of projects, meetings and processes as outlined overleaf.

REMUNERATION

To promote and support local capability and capacity, SD-CCG is committed to provide adequate support to enable clinicians to have dedicated time for the roles outlined. Clinical Leads will be paid approximately £315 per session (4 hours). Work can be completed pro-rate and does not have to be delivered in whole session.

The number of sessions is fixed, requiring clinical leads to manage reasonable workloads within the allotted sessions. Roles will be reviewed where workloads are perceived to be unreasonable within the allotted hours.

Clinical Leads are expected to use their own mobile phones and provide a contact number. IT is provided through hot-desk access at the CCG base. Travel expenses can be claimed as per the CCG policy.

CONTRACTS

These are sessional rates, with Clinical Leads employed via Practices to provide this function. Where clinical Leads wish to be contracted independent of their Practice, they will act as a sole trader. Invoices would be made accordingly to the CCG.

POLICIES

As a contractor for Surrey Downs CCG, Clinical Leads will receive an organisational induction and be expected to adhere to CCG Policies, as part of their terms and conditions. This includes any relevant training such as Information Governance and Safeguarding.

PERSONAL SPECIFICATION

Factors	Description	Essential (E) or Desirable (D)
Core Experience	Registered General Practitioner on the Performers list	E
	Practicing GP within a Surrey Downs CCG constituent practice or other local care setting	E
	Experience in involvement in NHS change	D
	Experience in care delivery within other NHS sectors i.e. Community, Hospice Acute etc.	D
	Qualification or evidence of special interest in relevant clinical area i.e. GPwSI / Diploma	E
Core Understanding and Skills	Good general understanding of good governance	E
	Understanding of health and the broader social, political and economic trends that influence	E
	Good influencing, persuasive and analytical skills	E
	Excellent communication skills	E
	Ability to listen and understand other views and use information to inform own perspective	E
	Understanding of the local health economy	E
	Be able to contribute a generic view from the perspective of a member practice whilst putting aside specific issues relating to their own practice circumstances	E
	Ability to articulate in clear and objective manner and view	D

	issues from different perspectives	
Core Attributes and Competencies	Commitment to the CCG, the wider NHS and NHS Improvement	E
	The ability to accept accountability and probe and challenge constructively	E
	The ability to influence colleagues, particularly other healthcare professionals	E
	The ability to think and plan ahead balancing needs and constraints	E
	Proven ability of team working	E
	Ability to think creatively to find and develop solutions	E
	Ability to provide an unbiased view on issues	E
	Be able to take a balanced view of the clinical management agenda, and draw on specialist skills to add value	E
	To be able to provide insight and understanding of clinical practice and to bring this to discussions regarding service re-design, clinical pathways and system reform	E
	Credibility, demonstrating a thorough understanding of constituent practices and the issues they face and what is important to them in relation to diabetes care	E
	To be able to contribute a generic view from the perspective of a general practitioner whilst putting aside specific issues relating to their own clinical practice or that of their general practice's circumstances	E
	Be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond your own professional viewpoint	E
	Be an inspirational leader with an ability to motivate and enthuse clinicians and other staff within constituent practices and wider organisations	E

ANNEX 3: DRAFT CLINICAL LEADERSHIP COSTS TO SUPPORT SDCCG 2013/14 DELIVERY PLAN

Insert

DRAFT