



The challenge

Warrington Innovation Network PCN decided to establish a network-wide shared vision to support work across member practices

The PCN wished to ensure genuine buy-in to this vision and to ensure a wide contribution to its development across a diverse range of different practices and roles



The approach

Leaders designed an inclusive and transparent process to ensure as many voices as possible were heard in the creation of a PCN strategy

A facilitated group-meeting approach was used to ensure that all participants were able to put their views forward

Where differing perspectives emerged, leaders worked to ensure that compromises were achieved and that these were supported by network members



Outcomes

A shared vision is now in use within the network

This has paved the way for changes to how clinical services are delivered, including for care home patients and some local people with long-term conditions

Leadership lessons



Put time and effort into developing strategic positions that can command support across an organisation



Spending time to make strategy development processes as inclusive as possible can pay off when it comes to ensuring long-term support for an organisational vision



Don't be afraid to embrace challenge and conflict when working towards a shared purpose

The challenge

Dan Bunstone, clinical director of Warrington Innovation Network, worked with his leadership team and the wider membership of his primary care network (PCN) to establish a network-wide shared vision to inform future strategic decision-making.

The approach

Dr Bunstone and colleagues began by bringing together members of the PCN in a collective discussion to establish a shared purpose for the network.

The PCN leadership convened a large group meeting which was facilitated and enabled people from across the organisations to record their ideas about what the PCN should be aiming to achieve. A wide range of stakeholders were invited, from GP partners to practice managers, salaried GPs and nursing managers.

Leaders realised that the goals of one practice were not necessarily reflected by another practice, and therefore in order to establish a true shared purpose, compromise would be required to reach a consensus where change could be achieved at the right pace, in a way that was comfortable for all.

However, as a result of the meeting, common themes were identified. These included providing better care for patients, freeing up more time, improving the efficiency of the service, obtaining

more funding and identifying new ways of working that would make roles within the organisation easier to perform in order to improve work/life balance.

Outcomes

As a result of the work undertaken, the PCN was able to produce a coherent strategy that achieved buy-in from member practices. The PCN's broad aims were determined to be:

- getting patients to the right clinician and the right care at the right time
- maintaining efficiencies, improving work/life balance and supporting teams and staff to do the best they can.

PCN leaders now benefit from this work in their strategic decision-making. The shared purpose serves as a reminder for everyone of the process of agreeing a shared way forward, and when difficult conversations are taking place, this can be helpful to keep everyone focused on the PCN's collective goals.

The shared purpose also underpins strategic decisions undertaken by the PCN. For instance, engagement in roles funded by the additional roles reimbursement scheme has increased across the network and a successful reorganisation of the way care is delivered to care home patients has been achieved, with a one clinician per care home model now in use.

Further, a proactive care service has been introduced for 100 patients with chronic obstructive pulmonary disease (COPD) and 1,000 patients with hypertension. This is offered on a need basis, so if a small practice in a more deprived area has more patients who need this provision, they will receive the additional support. As a result, although it could be argued that resources are not being distributed in line with surgery size, PCN leaders are convinced that distribution is appropriate based on list size, and patients are better able to access the care they need.

Leadership lessons

Leaders at the PCN realised that they would need to be able to embrace challenge and conflict to ensure that different ideas were brought to the fore, and that genuine buy-in to a shared strategy was achieved.

“The reality of working in the NHS is that it's difficult. It's an overstretched resource – demand outstrips supply and teams are going above and beyond to try to achieve patient needs.

It isn't going to be sustainable forever, but in an interim phase, while trying to build a new future, it's important to have that really clear vision about where you want to head.”