OHSEL ICS Clinical and Professional Leadership: Pharmacy Leadership Group

10 March 2021

Synthesis Pack

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Introduction

On Wednesday 10 March 2021, the OHSEL Pharmacy Leadership Group met for a workshop to discuss the next phase in the project set up to develop clinical and professional system leadership for the ICS in SEL.

The objectives of the session were to:

1. Discuss and improve the plans for developing clinical and professional system leadership.
2. Focus on developing plans for engagement, including who needs to be involved in the next phase of this strategy and development support work.
3. Discuss elements relating to inspiration and governance, gathering views and providing insight for the project.

Our ambition - setting the context

By April we want to be in a position to describe our shared vision/ambition for clinical and professional system leadership for the ICS and its role within the governance of the ICS.

But beyond that – how we will ensure that system leadership is supported, so that the ~100 days a week we currently spend on clinical and professional system leadership time in SEL is impactful, and helps us energise our transformation and improvement plans for SEL as a health and care system.

This will enable us to identify the support we need for system leadership for the coming year to ensure that we are ready for any organisational or legislative changes emerging as a result of the current consultation on ICSs by 2022.

Agenda

The agenda was organised around the 3 work-streams for the planned programme of work over the next 3 months:

1. **Engagement** - Who needs to be part of this work? What opportunities does this programme present to leaders? What is working well now, and why? What is inhibiting, or reducing the impact, of system leadership? What do you need to maximise the time in system wide leadership?
2. **Inspiration** - What does world class leadership look like? How can we draw upon inspiration and ideas outside of healthcare to generate ideas for what the future of clinical and professional system leadership for SEL could be?
3. **Governance** - While we don't want to be constrained by traditional ideas around governance, how can we develop a structure which fulfills our obligations and keeps us focused and grounded?

Where is clinical and professional system leadership done well?

We started the session asking the group to reflect on where you have seen clinical and professional system leadership been most effective. When was it, and what made it work? Below are a selection of responses.

Single focus and aims during covid which created high motivation and energy. Fear (of the unknown) but comfort that working together brought about fast and effective change - results were seen quickly.

Palliative care medicines and care homes pharmacy work during covid -19 led by consultant pharmacists working across organisations.

Rolling out the Covid vaccination programme and dealing with the oxygen crisis- mutual aid for pharmacy workforce and problem solving.

Integrating Pharmacy Medicines Optimisation (IPMO) NHS pilot which provided foundation for the SEL Pharmacy Leadership Group. Provided a cross sector response to the pandemic. Also, the co-production of the community pharmacy strategy for London working with NHSE-London Region. The success was built on good working relationships within each group.

"Intra" professional success e.g, during Covid and **"inter" professional success**, e.g long term conditions.

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Section 1: Engagement

After this, we reflected on the group of clinical and professional system leaders involved across SE London. We asked **who needs to be 'bought in'** to this development process in order for it to be successful?

Who needs to be 'bought in'?

The group described a number of themes to support engagement across SE London with this development process and specific groups to engage:

- **Integrating with other areas of leadership as they emerge** is a key priority for pharmacy, since medicines affects so many specialties and areas. This can also be applied to leaders, not necessarily clinicians, who may not be familiar with the work/ effectiveness of the overall profession.
- **Missed opportunities** for system development are a result of a lack of this integration across a system.
- **Don't assume "one covers all" from a pharmacy perspective.** There need to be layers within organisations which have a medical director, nurse director and chief pharmacist. Currently this tends to happen by professional groups but we need more MDT at all levels.
- **ICS executive** need to buy in to medicines leadership through pharmacy rather than just representation of professional groups. However we in SEL need to look at how we can influence the broader profession through encouragement and development for london and national leadership roles.

We then asked the group to consider ‘who is not currently in the most senior clinical or professional system leadership roles, but best exemplify the values we want to see in our future leaders’?

Who is not currently in the senior clinical or professional leadership group whom we should engage?

The group suggested the following whom exemplify the values they want to see in future SEL system leaders.

- **PCN Pharmacy Leads** as they are relatively new roles, alongside practice pharmacists.
- **Community pharmacists-** these people are often great leaders but we don’t often hear their voice. At times they are not considered a part of the wider NHS family because of the nature of how they operate on the high street. It could potentially restrict access to the pharmacy leadership role within the emerging ICS.
- **Consultant pharmacists-** there is a missed opportunity for consultant pharmacists to work more system wide (currently most are trust based).
- **Through IPMO** we should be involved in senior decision making and not after the fact which can often be the case at the moment.

Section 2: Inspiration

In the next part of the session we asked the group to individually reflect on the best support they had seen to **support leaders flourish -** regardless of sector. Below is a selection of key points.

Best support to leaders

- **Local Practice and PCN pharmacy networks** and webinars are very powerful ways of developing these roles and providing training/development opportunities. They can develop relationships with senior pharmacist and share knowledge across the system. It is a good way of bringing them together.
- **Weekly pharmacy leadership meetings** provide an informal safe environment for colleagues to come together but also build strong relationships.
- **IMPO has had a positive impact** it has facilitated pharmacy leadership to begin to "break out" of just pharmacy and fully integrate within the system. Although further support is needed to continue to develop this.
- **IPMO joint training sessions** which gave an opportunity for all of us to be at a neutral setting and work together on issues.
- **A strong sense that executive level colleagues backed every decision** during the pandemic waves. This degree of trust made it stand out.

Section 3: Governance

We then we asked the group to consider how we could create an approach to governance which would be **as ineffective as possible.**

‘Anti-governance’

The group shared that the most ineffective approach to governance would be centred around two key themes:

Ineffective decision making

- Clear priorities help. In medicines there seems to be really clear priorities for most of our groups but even then there is some duplication which can make the system even more complicated.
- If the leaders or groups are unable to make clear decisions.
- Having multiple sign offs, or layers within the decision making process that make it highly ineffective. Particularly as each of these layers could bring in new perspectives delaying the process even further.
- Not having an opportunity to challenge the decisions made.

Lack of clarity

- If there is no clear connections between professional groups then it can make it hard for effective governance or progress.
- Lack of clarity or joint purpose, there needs to be clear which area each group is working on.
- Lack of clarity on financial decisions or access to medicines and not knowing who is responsible for what.

Section 4: Support

In the last part of the session as we asked the group which of the [supporting factors for clinical and professional leadership] were the **most important for supporting** effective system-wide leadership in south east London.

While the group agreed that each of the factors are important to providing effective system leadership, the key is to a combination of support across all areas to create a shared purpose and vision. The top five selected support factors were:

1. **Protected time-** particularly formal system-wide leadership roles require protected time and space. This space also needs to enable people to feel psychologically safe to develop ideas and try to solve the problems the system is facing.
2. **Insights from elsewhere-** it is essential for leaders to learn from perspectives outside of their traditional bubble to inform where priorities for the system are, crucially hearing voices from citizens and people with lived experience.
3. **Clear purpose and motivation-** to lead effectively, leaders need to be intrinsically motivated and connected to a high purpose.
4. **Information-** leaders will need access to data, evidence and high-quality analytics so they can develop a deep understanding of the population needs, areas of unwarranted variation, challenges and issues being faced in their place.
5. **Leadership development-** particularly for PCN's and practice pharmacists, not least so they can identify the type of leadership, tools and techniques that will be required to build relationships across traditional organisational boundaries and create effective collaboration to address the issues.

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Thank you

Thank you for such constructive input to the session - we really appreciate it. If you have any further questions contact Chloe at chloe@kscopehealth.org.uk