Unit I – Setting up the PCN Partnership

PRIMARY CARE NETWORKS ARE PARTNERSHIPS. TO SUCCEED, WE NEED TO UNDERSTAND WHY PARTNERSHIPS CAN FAIL AND WHAT ARE THE BUILDING BLOCKS FOR PARTNERSHIP SUCCESS



Building powerful partnerships

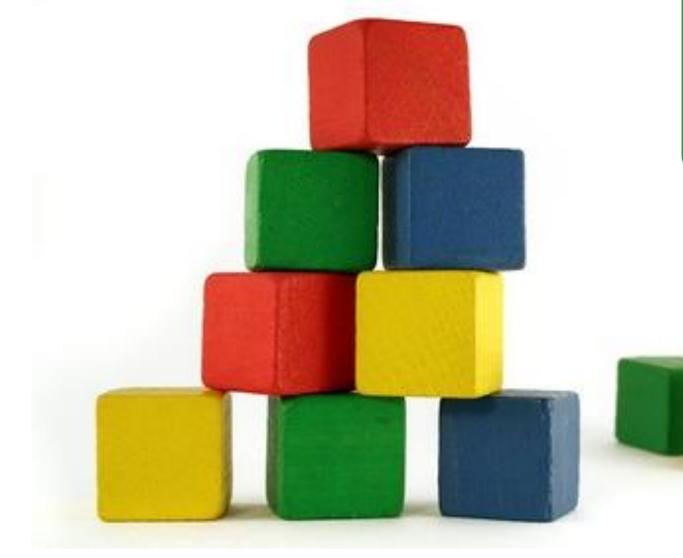


Step 2: Collaborative working is all about trusted people (making the relationships work)

> Step 3: Agree roles, processes and enabling technologies (making collaborations work)

> > shared service architecture

Building powerful partnerships



Step I: Spend time getting the set up right (right vision, right partners)

Understanding why partnerships can fail and what are the building blocks for partnership success



THE MODEL OF CARE



Integrated care system	 Alliance of commissioners and providers across health and social care Population based and outcomes focused within a shared budget
The at-scale primary care provider	 Delivering efficiencies of scale and leadership support Providing a voice for integration across boundaries of care
The primary care network	 Geographically contiguous teams of practices caring for 30-50,000 people Delivery of data driven integrated multidisciplinary team based services
The practice	 Provision of resilient and sustainable core general practice Coordination and planning of holistic, personalised accessible care
The person	 Supported by families and local communities Enabled and empowered to access care in a way which works for them

Primary Care Networks – A new type of partnership for the NHS



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Let's start with some basic definitions out of the way

PCN working is rooted in two concepts:

Partnerships: 'a partnership is an interdependent relationship between people and/or organisations in which they work together to achieve some mutual goals, and in which each invests resources and takes risks in return for rewards.' John Mariotti (2002)

Collaboration: 'the act of working with another, or others on a joint project' Collins English Dictionary (2003)

PCNs need both partnership and collaboration. 'broadly distinguishing between what something is (a partnership) and what one does (to collaborate or to work together in a joined up Way).' Ros Carnwell and Alex Carson (2004)



The important point here is that partnerships work and collaboration is what makes them work.

shared service architecture



NASA's Opportunity Robot mission to Mars

- Designed to last just 90 Martian days and travel 1,000 meters
- Opportunity vastly surpassed all expectations in its endurance, scientific value and longevity.
- In addition to exceeding its life expectancy by 60 times, the rover traveled more than 28 miles by the time it reached its most appropriate final resting spot on Mars — Perseverance Valley.

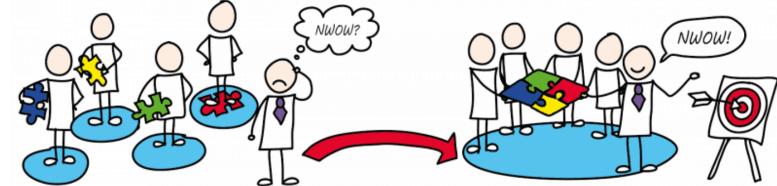


Let's start with some basic definitions out of the way

Collaborative Advantage:

Organisations have, according to Huxham and Vangen (2005),

'collaborative advantage when you can successfully work across organisational boundaries'...



shared service architecture

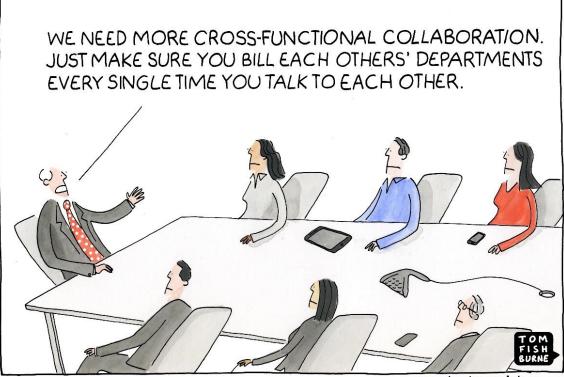
something is achieved that could not have been achieved without the collaboration

Let's start with some basic definitions out of the way

Collaborative Inertia:

According to Huxham and Vangen (2005), organisations experience collaborative inertia, when:

'... the rate of output is slow ... even successful outcomes involve pain and hard grind'



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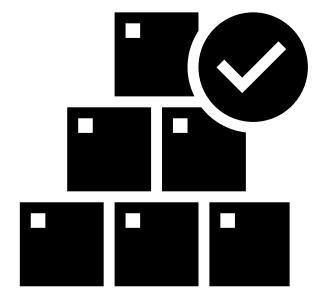
Self-Activity 1: The collaborative workplace

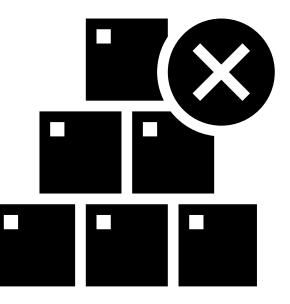
What are your own experiences of working within a good or poor collaborative environment?

Do you consider your PCN to be a good collaborative workplace?

Reflect in your workbook.

Collaborative Advantage v Collaborative Inertia





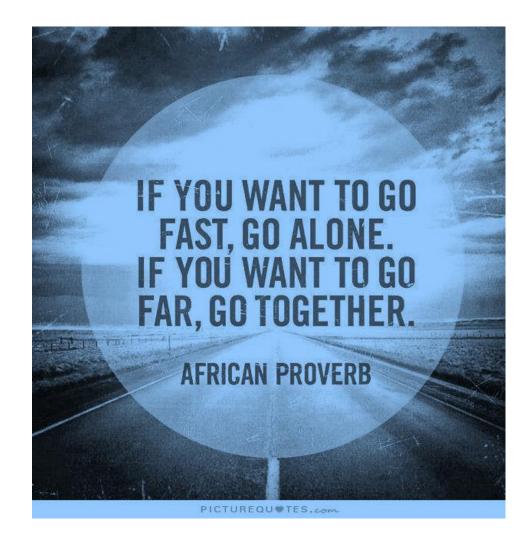


When not to collaborate?

Collaboration is all about working with others to achieve outcomes that you can't deliver on your own.

If you can achieve the outcome on your own, don't collaborate.

Chris Huxham, Siv Vangen (2005) Managing to Collaborate







Why partnerships fail?

UNDERSTANDING THE BARRIERS TO PCN WORKING

'Collaboration is like cottage cheese. It occasionally smells bad and separates easily'

Ann Marie Thompson

What happens when PCN working goes bad?

It becomes difficult to establish the PCN working case because of the lack of clarity about its purpose

It becomes difficult to manage expectations (because of competing interests, or simply too ambitious – evidenced by the PCN running ahead of its willingness or capability to deliver)

It becomes difficult to manage differences when they become competitive (dominant partners 'always getting their own way', collaborative thuggery, manipulating agendas, outresourcing the other practices)





What happens when PCN working goes bad?

- □ It becomes all about the lowest common denominator decision making what's the least we can get away with.
- There is an absence of trust at the strategic as well as operational level and previous ways of working have not always created a collaborative culture.
- It can feel imposed by national agendas and policies and there is no buy-in from staff members being asked to work within PCNs. It can also feel as just another thing to do in addition to their main role.





Recognise that there are barriers to collaborative working

Blockers to internal collaborative working	Explanation
Too difficult to work with others	It's quicker to do it on my own
Don't know who to collaborate with	Not enough connection between people in different parts of the organisation
"Not invented here" syndrome	People suspicious of others' motives and intentions
"Knowledge is power" syndrome	Concern that sharing knowledge will lessen one's value to the organisation
Unwilling to ask for help	Concern that asking for help is a sign of weakness
Accountability issues	Who will get the credit if it works and the blame if it doesn't?
Cutting across the organisational structure	Difficulty positioning the collaborative effort in the power structure of the organisation





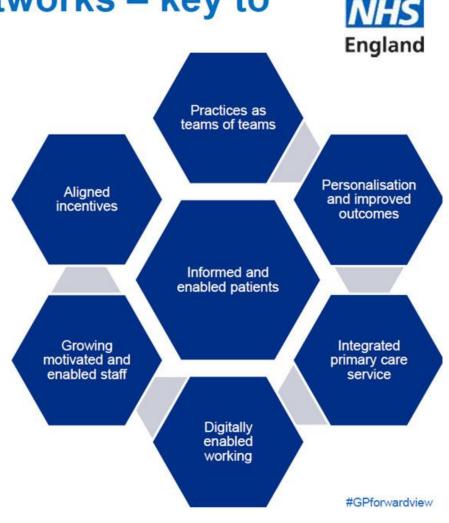
When partnerships succeed

PCN WORKING AT ITS BEST

Primary care networks – key to the future

 Primary care networks are small enough to give a sense of local ownership, but big enough to have impact across a 30-50K population.

 They will comprise groupings of clinicians and wider staff sharing a vision for how to improve the care of their population and will serve as service delivery units and a unifying platform across the country.



What happens when PCNs work?

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What happens when PCNs work?

Partner practices can have greater influence/voice to shape the PCN's purpose and agenda— they make the weather (they can say yes/no)

 Partner practices can build organisational resilience & strength through inter-dependencies, economies of scale, scope and complementarities

Partner practices can reduce costs and better manage scarce resources



What happens when PCNs work?

Partner practices can innovate in new ways – integrating services and creating new market opportunities

Partner practices together can make more of a difference to the complex, wicked and messy challenges they face and to the patients/serviceusers

Partner practices can enhance career opportunities and attract new talent when working in partnership

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Why make it work?

Remember your noble cause...

It's ultimately about the patient