

PCN LEADERSHIP DEVELOPMENT PROGRAMME

Module 2 – Building successful Primary Care Networks

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YOUR NAME:

PCN:

Welcome to Module 2 – Building successful Primary Care Networks

Module 2 explores the building blocks for PCN working from the partnership perspective and it will provide you with a deeper appreciation as to why partnerships sometimes fail, how to overcome the barriers, and the foundations needed to help establish common purpose, trust, leadership buy-in from the outset and how to build more effective relationships across your PCN and beyond. You will learn how to forge successful multi-disciplinary teams operating across your PCN. Module 2 is structured around 4 different Units of Learning.

UNIT 1

Setting up the PCN Partnership

Learning Outcome: A deeper appreciation as to why the PCN partnerships can sometimes fail, and of the building blocks needed to help establish common purpose, trust, leadership buy-in and a shared motivation for change from the outset across the PCN.

An essential first step in building successful Primary Care Networks is to understand and define the concept of primary care network, how this fits with the wider health and social care system, as well as the type of partnership that the PCN is.

We know from the NHS Policies that a PCN is a geographically contiguous teams of practices caring for a population of 30,000 to 50,000 people delivering data-driven integrated multi-disciplinary team based services. We also know that its purpose is to:

- stabilise general practice, including the GP partnership model,
- address capacity gaps and improve skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as helping to increase GP and nurse numbers,
- become a proven platform for further local NHS investment,
- dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices,
- systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

The PCN, at its core, is a partnership made up of member practices. Unit 1 of Module 2 explores the notion of partnership working in the PCN context, the barriers that might impeded partnership working, how these can be overcome and what happens when partnership working is successful across PCNs.

UNIT 2

Developing powerful PCN Partnerships

Learning Outcome: Developing your partnership facilitative skills and providing you with a series of tools, templates, and techniques to help you forge and develop successful PCN partnerships at the strategic level.

Academics Huxham and Vangen (2005) said that because collaborations were inherently difficult, 'you should only collaborate if the task requires collaboration to succeed.'

So, it is not surprising to discover that when PCNs do come together, they spend most of their time focusing on the 'deal' aspects of the PCN - the integration of services they seek to deliver together.

A transactional approach often results in the different teams across the PCN becoming merely groups who provide oversight to projects and as a result, the responsibility of the project shifts from the team to the project manager.

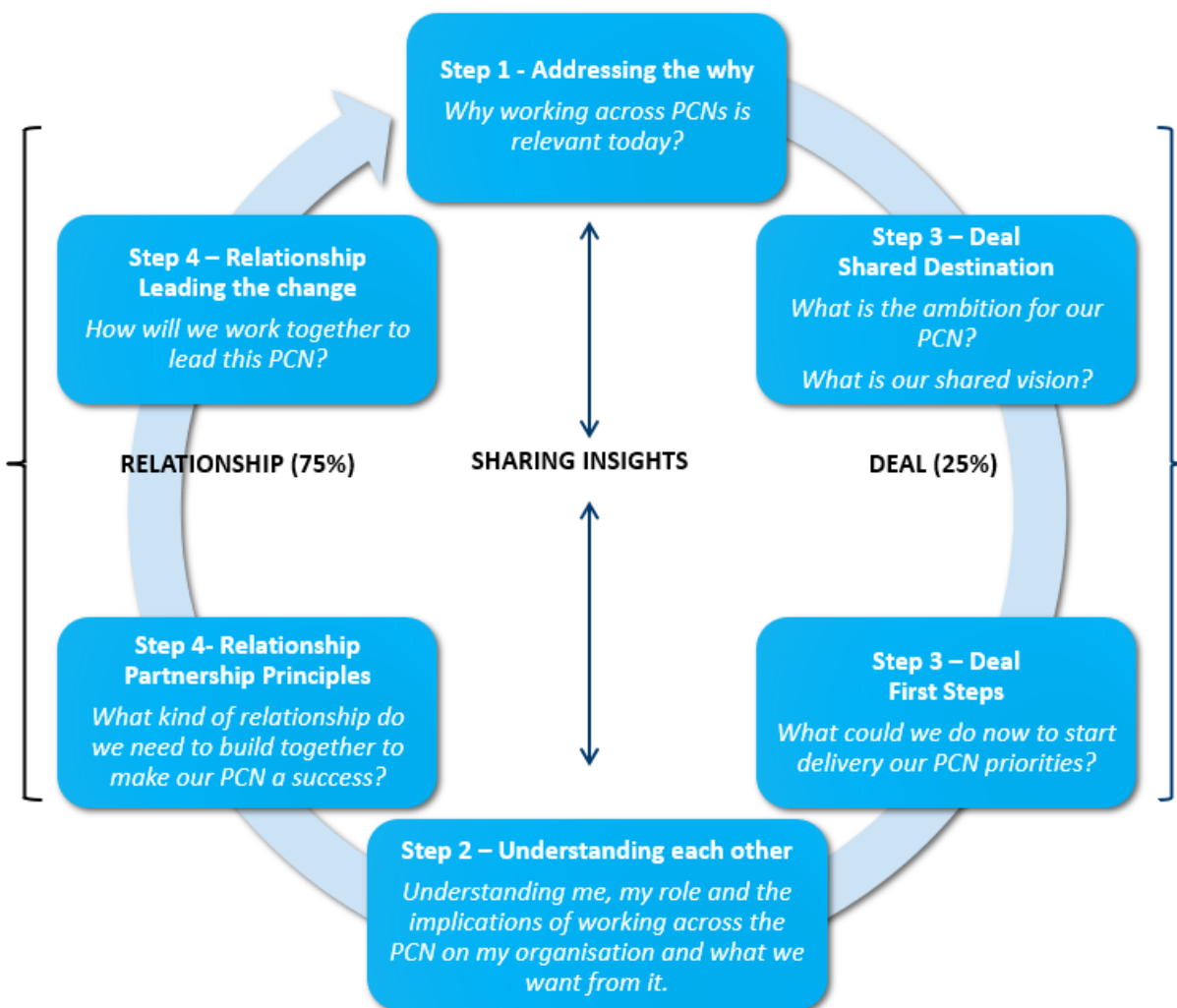
However, the essence of good 'Collaborative Leadership' is all about getting the right balance between the **deal** (what we want to achieve by working together) and the **relationship** (how we work together as a team to realise the deal and the other challenges that are likely to arise). Get this balance in kilter and working collaboratively across the PCN becomes easier.



Top tip

As a rule of thumb you should be spending 75% of the time on developing the relationships and 25% of the time on agreeing the deal

To help you achieve this, we devised a simple framework you can use to guide the facilitative process enabling the teams themselves to address the 'deal' and 'relationship' aspects of PCN working in a positive way. The process is as follows:



It is important to remember to get all member practices commitment to using this simple framework to guide their discussions on setting up and developing the PCN Partnership. The member practices will need to understand the benefits this framework can bring to them, as they seek to engage their staff in the setting up of the PCN partnerships.

You may well be asked to facilitate these team meeting sessions, as they seek to establish their own understanding of the PCN partnership and how it will change the way that they work together and with others across the partnership. Managing member practice expectations will be important too. This Unit of this module will build your understanding on how to structure and facilitate these meetings using the 4-step process. It also provides you with the tools and templates you can use when facilitating strategic discussions across your PCN.

UNIT 3

Building Multi-Disciplinary Teams

Learning Outcome: A deeper understanding of the practical actions that you as a PCN leader can do to help set-up effective and sustainable MDTs.

Based on Newman's (2011) work on innovation teams and SSA's work with collaborative teams across the public sector, we noted that high performing and innovative multi-agency teams were built on four foundations: hearts and behaviours, a shared approach, a common purpose and leveraging each other's organisations.

What marks out successful collaborative teams is the level of trust they have built over time and the clarity and commitment they have for their common purpose. As we previously outlined, it's all about trust and vision. Successful teams spend time at the outset building trust (**hearts and minds**) and a shared vision (**common purpose**). These are the first two building blocks for successful collaborative team working.

Next the team must determine how it makes change happen. This has two aspects: a common approach to innovation (**shared approach**), and a willingness to go back into their own organisations when needed to ensure that their resources are leveraged behind the noble cause (**leveraging your organisation**).

This Unit looks at the building blocks of successful multi-disciplinary teams, the different types of teams that you might experience across a PCN, and the roles involved in a multi-disciplinary team.

UNIT 4

Returning to you

Learning Outcome: Building your confidence in your role as a collaborative leader facilitating the set up and development of PCNs and MDTs.

The first three units are focused on the setting up and development of Primary Care Networks as well as the multi-disciplinary teams working across the PCNs. When combined, these elements make up the basic template for **HOW TO DO collaboration** within the PCN context. The last unit, Unit 4, examines **HOW TO BE collaborative**.

Working across PCNs and in multidisciplinary teams will require you to lead beyond departmental silos and organisational boundaries, facilitate the process, whilst making change happen when you don't have positional power or authority, regardless of the discipline you have.

As Middleton (2007) explained, someone with the capability to lead beyond the boundaries of their own authority do this by '*adopting real interest in people and building consensus, verses the traditional focuses on gaining power by whatever means, resulting in leaders still gaining "integrity and authenticity" and therefore power*'.

Ultimately, successful multidisciplinary team working will require successful collaborative leaders.

Unit 4 will provide you with an opportunity to reflect on the skills and behaviours required to be successful in your PCN and/or the multi-disciplinary team you are working in and identify your areas of development.

What materials do you have to go through for each Unit?

On the PCSA platform, you will have a video for each Unit outlined above, introducing you to the main theory and practice for that respective unit, as well as the self-reflective activities which you will need to fill in the Module 2 workbook.

We suggest you have your workbook either as a hard-copy or opened on your computer while watching the videos and undertake the self-activities in the workbook while progressing through the various units of learning.

The self-activities for each Unit of Learning for Module 2 are outlined in the workbook. To ensure the learning is embedded as you progress through the programme and the learning outcomes achieved, we recommend you undertake the self-activities in their entirety.

Self-Activity 1 – The collaborative workplace

The basis of PCN working is rooted in two basic concepts - partnership and collaboration.

Often used interchangeably it is helpful to unpack them individually and see how they 'work together' in a PCN context.

What do we mean by partnership, collaboration and multidisciplinary team working?

Partnership - According to John Mariotti (2002) '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.'

Collaboration - By definition, collaboration is 'the act of working with another, or others on a joint project' (Collins Dictionary, 2003)



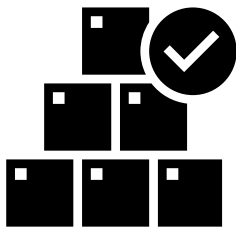
The important point here is that partnerships work, and collaboration is what makes them work.

Multidisciplinary/ inter-professional teams 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)' (Carnwell and Carson, 2004).

Collaborative advantage v collaborative inertia

Building on from this, it is useful to introduce the concept of collaborative advantage to better understand how organisations use collaboration and partnership working to deliver better outcomes.

What is collaborative advantage?



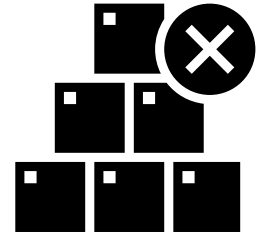
Collaborative advantage is defined by Lank (2006) as 'the benefits achieved when an organisation accomplishes more than it would have independently, by developing effective working relationships with other organisations'.

Organisations have, according to Huxham and Vangen (2005), 'collaborative advantage when you can successfully work across organisational boundaries'.

Some organisations are good at collaboration. They tend to have a strong internal culture that supports collaborative working. The tell-tail signs are a tangible team spirit, a strong sense of the internal customer, a lack of silos, an openness about problems and strong processes for collaborative problem solving. They seem both trusted and trusting, and are open to work in partnership with others. They also seem to attract people and organisations who wish to collaborate with them. They are seen to be good partners

What is collaborative inertia?

However, collaborative working is not that easy to deliver in practice and many organisations have failed in their attempt to collaborate due to the multitude of barriers that impede on collaborative working, be it at organisational level, team level, individual level, or independent provider level. 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'*.



Remember collaborative working is not just difficult when trying to work with others from different organisations; many practitioners also face challenges when trying to collaborate with colleagues from within their own organisations and practices.

Duration: 10 minutes.

Task: 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? Does it have collaborative advantage or collaborative inertia?

Add any notes below

Self-Activity 2 – What is the ask for your PCN?

Given that collaborative working is not easy, it is important that the team/partners that intend to work together invest a bit of time exploring the operational landscape by asking the question **What is driving us to collaborate?** Health and social care landscapes are changing all the time. But if one pauses and steps back from the detail to scan the horizon, the patterns of the 'bigger picture' can start to emerge.

We can do this by looking at broad strokes drivers such as changes to health and social care demand & supply, budget constraints and tight fiscal controls, new policies that shape the future direction of health and social care, changes to technology/drugs and direction of travel towards patient centred care rooted in localities.

Irrespective of government colour, new policies, funding arrangements or health and social care models, the drift towards more integrated and jointed up care with the patient/service user/project beneficiary at the centre will persist and, for you all, it will mean the emergence of new types of working environments, where you will need to feel equally comfortable working both as part of an organisational team whilst simultaneously working across organisations in multidisciplinary/ multi-agency teams. **Understanding the landscape and its drivers for change, being able to make sense of it and building a shared understanding with others is therefore important.**

And one of these national policies drivers are the implementation of PCNs as outlined by the NHS in the Long-Term Plan. The national policy ask of PCNs is that they are to:



Stabilise general practice, including the GP partnership model



Solve the capacity gap and improve skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers



Become a proven platform for further local NHS investment



Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices



Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

However, we must recognise that in reality things are different. We, as individual member practices, operate in our own way, with our own decision-making structures, staff, procedures, budgets, and ways of working. And are now asked to integrate these within a PCN, working perhaps with member practices that we have no formal relationship with.

Before we go into deciding what a PCN will deliver, it is essential to step back, and ask ourselves as a PCN and individual member practices to reflect on the reality of the ask and the challenges we are being asked to address. Some of these questions might include:

- *What needs are we seeking to address through PCN working?*
- *Who are the partners/team players?*
- *Where are the permissions coming from to do this? i.e., national policies*

- *Why us?*
- *What is our experience of working together?*

Duration: 10 minutes.

Task: Realistically, what is driving us to collaborate? What challenges are being addressed through PCN working? What is the ask of us at PCN Level?

Add any notes below

Self-Activity 3 – What are the benefits of PCN working?

There are of course, many barriers to collaborative working across PCNs. We must recognise them and be honest about the challenges they raise for us in our roles, and for our organisations. But we should not be overawed by a sense of 'it's too complicated to do it'. Most of these barriers can be overcome if we understand them and address their root causes when finding solution strategies.



So, instead of focusing on the negatives, the 'it's too hard to do it' naysayers, let's instead explore how PCN working can actually support us as member practices, and what could be the benefits for us all if we overcome these barriers and operate successfully across our PCN. As the philosopher Friedrich Nietzsche once said and been quoted in Victor Frankl's book *Man's search for meaning*, "if you know the why, you can bear any how."

So, let's explore the why.

Duration: 10 minutes

Task: Consider the anticipated benefits of working across a PCN for key stakeholders:

In the space below, list the benefits for:

- Patients/ service users
- For you as a professional
- For your organisation
- For the wider health and care system

Add any notes below

Self-Activity 4 – What could possibly go wrong with PCN Working?

The case for Primary Care Networks to deliver integrated services seems compelling, as we have seen articulated in the national policies.

Our partnership offers the prospect of: better outcomes for patients; service users or project beneficiaries; increased agility; more rapid responses; better shared intelligence; greater resilience; reduced cost/ more effective management of scarce resources; the sharing of risk/reward, greater economies of scale; increased scope for new innovations and breakthroughs; a more rewarding work environment; better work-life balance and so forth.

The case against partnership working, or more to the point, why it is so difficult, is equally known and predictable.

Therefore, before embarking on PCN working, it is worth considering the potential barriers and challenges you are likely to face.

Barriers to collaboration can take many forms, with some of them being due to technical, administrative, and organisational practices that in themselves create barriers to collaborative working.

Fault lines often appear when the purpose of the collaboration is not clear, with each member practice interpreting it in different ways, or using different language. Or it could be that the leadership is not truly backing the collaboration.

Intuitively, you and your colleagues will have a feel for where the collaboration could possibly go wrong drawn from your collective past experiences. Wouldn't it be great if we, as a PCN or/and as an MDT operating across a PCN, were able to spot these potential pitfalls and agree actions together that would avoid them as best possible?

This is the purpose of the **Tool TV1.06 – What could possibly go wrong**. It is designed to help you facilitate a constructive conversation with your partners and team members, so that together you can identify the barriers you might face in the team and put in place solutions to address them from the outset.

The '*What could possibly go wrong?*' Tool provides you with a simple three step facilitative process for engaging the team in this activity. The 3-step process is as follows:

Step 1: Ask all practices/team members to identify individually the barriers/ pressures they expect that would make it difficult for the PCN to be successful.

Step 2: All member practices have a conversation together, introduce their respective barriers, and cluster these around certain thematic areas i.e., Lack of trust between member practices, Lack of communication, no shared purpose/vision etc.

Step 3: The thematic areas become the potential 'poisons' the team seek to address. All partners then work together to co-develop 'antidotes' to these potential 'poisons' – identifying simple actions designed to overcome the barriers identified. The partners must then commit to take forward the agreed actions. A further by-product of this activity is that it creates a risk register for the PCN, something that will be a useful reference point as it develops.

Duration: 20 minutes

Task: *Step 1: Familiarise yourself with Tool TV1.06 – What could possibly go wrong.
Step 2: From your own experience, list in your workbook the barriers to collaborative working across your PCN.
Step 3: Cluster the barriers identified in step 2 around thematic areas i.e., lack of communication.
Step 4: Consider each thematic area identified in Step 3 as a poison and identify 2 antidotes (strategies to overcome that barrier).*

Add any notes below

Self-Activity 5 – Understand my organisation

Tool 5
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Understanding my organisation
To introduce your organisation to the other partners, please complete this simple form and be prepared to share it with others

Name of organisation	
What we want from collaborative working between us and us (s.c...) List the areas of service and how office support where you see benefit in more collaborative and joint working.	
What are you prepared to contribute to realise these benefits? What are we prepared to put on the table and where are our redlines?	What's on the table? What's off the table?
Why is this important to your organisation? What goals do you want to achieve as a result?	
Where are we coming from...? What are the top 5 things others will need to understand about our organisation, to make a success of this new way of working together?	
How we work together? What must we do differently to make our partnership a success? List the characteristics and inherent strengths of the partners.	
Your Challenges Initially, what are the challenges your organisation is facing when working with others?	

When we form PCNs, not only do team members bring themselves (their personal and professional skills, energy, and commitment), they also bring with them their organisation too, (their resources, capabilities and 'asks' of the partnership and/or the team).


So, in addition to understanding each other, it is important to understand what each member practice brings to the team and the expectations they have of it. Successful partnerships are able to leverage their respective organisations that together make up the wider partnership, so that together the team is more able to navigate cultural

nuisances, organisational pressures and conflicting interests in ways that don't undermine the purpose and function of the team.

This awareness enables team members to be more effective at bringing their organisation to bear when needed to achieve team goals.

We have successfully used a simple template for team members to introduce their organisation and its 'asks' to the group. **See Tool 5 - Understanding my organisation** on the PCSA Platform to understand how to build a comprehensive understanding of each other's organisations, their perspectives (hilltops) and the assets at their disposal.

Remember, from mutual understanding and appreciation of differences comes trust and willingness to share. Teams should offer more than simply the sum of the individual team member contributions. Member practices and team members will bring different perspectives to the challenges they collectively work on. By combining their different perspectives, they are able to have a 'more rounded' understanding of both the challenges they face and how to work together to deliver better outcomes.



Top tip

Ask team members to check-out what their organisation 'asks' of the collaboration so that expectations can be managed.

See Tool 5 - Understanding my organisation

Duration: 20 minutes

Task: Thinking of your own practice, capture below your thoughts around:

- What are the top 5 things other practices need to know about my practice?
- What are our constraints and capabilities?
- What is on and off the table?

Note: For the facilitated discussions with the other member practices, we suggest you use the template in Tool 5 – Understanding my organisation.

Add any notes below

Self-Activity 6 – Your partners



Duration: 15 minutes.

Task: In the space below, reflect on the who are the partners in your PCN partnership. Create a list of organisations and the key personnel that make up your partnership and the key roles they have.

While doing this, consider your role in relation to the PCN Partnership

Add any notes below

Self-Activity 7 – Realising our vision - Moving from ‘As Is...To Future State’

Many of the health and social care challenges we face will require collaboration and team work to succeed. Within your organisation, you will find yourself working as part of a department or service team within which you will have a clear purpose, be working towards agreed management objectives and performance measures. In this environment the purpose and objectives have been set and you and the team are operating within that management framework and expectations.

But, what happens when individuals from different organisations are asked to come together in PCNs to deliver services in new ways?

Establishing a common purpose (what we want to achieve by working together), shared mutual objectives and the vision for our PCN is the foundation on which the PCN partnership is built. And this has to be personalised for your own PCN. At its best, it has been co-developed and co-agreed.

The vision is important as it sets the dial on the ‘end game’ and ‘end state’ for the PCN. More specifically it signals what it will mean for us as individuals and professionals working within the PCN.

The best way to facilitate this is, for the PCN team, to spend some time framing their shared goals and the how these will change the way they work. It’s best done if it is co-created and expressed in their own words. The facilitative process is as follows:

- **WHERE ARE WE NOW?** - It starts with undertaking an assessment of their current work practices by asking team members the question 'Where are we now' as a PCN? Sometimes the question is posed differently. For example, 'If I were to spend a day observing you all at work, what would I see?' By doing this group-based activity, the partners and team members will co-create a list of key features that characterise the PCN's current modus operandi.
- **WHERE DO WE NEED TO BE?** - Next ask the partners and team members to consider the goals for the PCN and what work practices that need to be changed to enable the team to collectively achieve the goals they have set for the PCN. It is helpful to revisit the 'What is the ask of us as a PCN' (Self-Activity 2 in this workbook) and the benefits of PCN working (Self-Activity 3 in this workbook) and align these changes of work practices to the drivers for change and the benefits by asking the team to consider 'How could these drivers for change and benefits be harnessed to improve the way we work as a PCN?'
- **WHAT ARE THE FIRST STEPS?** – Now that we have the goals in place and our destination, the last step in the process is to identify what are the immediate steps we can do to realise our goals and common vision as a PCN



By facilitating team members as they work through these three simple steps, the PCN will have addressed and answered the key building block questions that when brought together provides the PCN with its common purpose, or as we call it **-THE DEAL**. (WHAT, the GOAL, and the HOW?)

Duration: 15 minutes.

Task: Familiarise yourself with Tool CLW4.03 – The Destination Tool.

In the space below, create two columns and reflect on:

- WHERE ARE WE NOW - If I were to spend a day in your PCN, what would I see?
- WHERE DO WE NEED TO BE – What need to be in place to realise the PCN's vision?

Add any notes below

WHERE ARE WE NOW?

WHERE DO WE NEED TO BE?

Self-Activity 8 – What are our first steps?

Building up from Self-Activity 7, now that we have the goals in place and clarity about our shared our destination (Future State), the last step in the process is to identify what are the immediate steps we can do to realise our goals and common vision as a PCN.



Duration: 15 minutes.

Task: Using your reflections from Self-Activity 7, what are **the first steps** you can do across your PCN to get from **Where we are now** to **Where do we need to be**?

Add any notes below

WHAT ARE THE FIRST STEPS?

Self-Activity 9 – Understanding your governance structure

Duration: 15 minutes.

Task: In the space below, illustrate the governance structure for your PCN as you understand it. Think about governing body/ decision making and accountability when illustrating it.

Share it with your Clinical Director/stakeholder board for understanding and confirmation.

Add any notes below

Self-Activity 10 – Mapping your relationships

If given the choice, we would all prefer to work and be with people we trust. To trust people, we must first get to know them. Yes, it sounds obvious, but frequently, we observe people in meetings with so called work colleagues, where the first 10 minutes are taken up with basic introductions to one another, and then are expected to work together in some way or another as a team.

Before we ask people to really commit to one another and forge high trust and high performing teams, wouldn't it be good if we spent a bit of time understanding and getting to know one another?

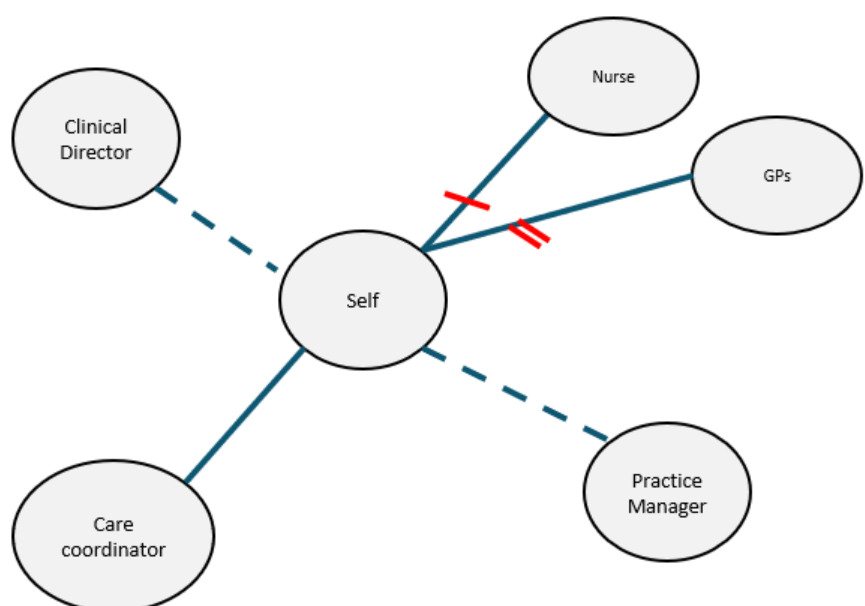
Prof Rosabeth Moss Kanter (1994) described how business partnerships grow and develop in ways not dissimilar to human relationships.

- The process starts with selection and courtship (the meeting and dating stage), where organisations are initially attracted to one another and test their compatibility.
- This is followed by the getting engaged phase where partners draw up plans and close the deal.
- With the deal agreed they enter the newly partnered phase where, like couples, they live and work together for the first time. It is at this point they discover that they have different ideas about how the business partnership should operate.
- The next phase happens when the partners learn to get along by devising mechanisms that bridge the differences.
- The final stage is 'old marrieds', where each partner discovers that their organisation has changed internally as a result of its accommodation of the on-going collaboration.

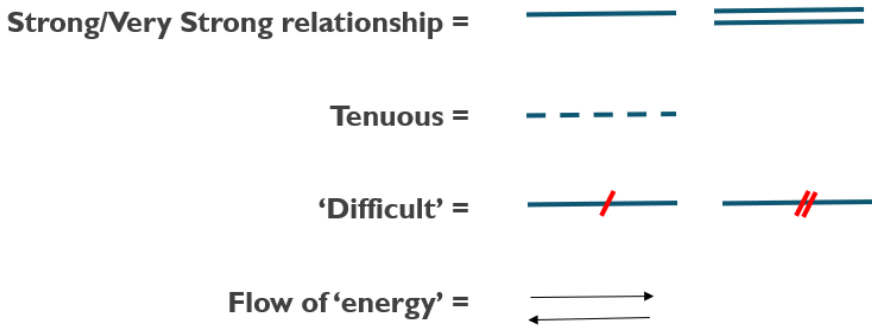
Sounds familiar. Building trusted and sustainable working relationships do take time and effort. Yet, we rarely give the time and space to all relationships to develop.

Before going into strategies on how best we can build the relationships across our PCN, a good exercise to do is to first assess the quality of the relationships you have with the key colleagues/ stakeholders/ member practices etc.

Using the templates on the right-hand side, map out your significant relationships, drawing a similar diagram.



Use the following lines to assess the quality of the relationship:



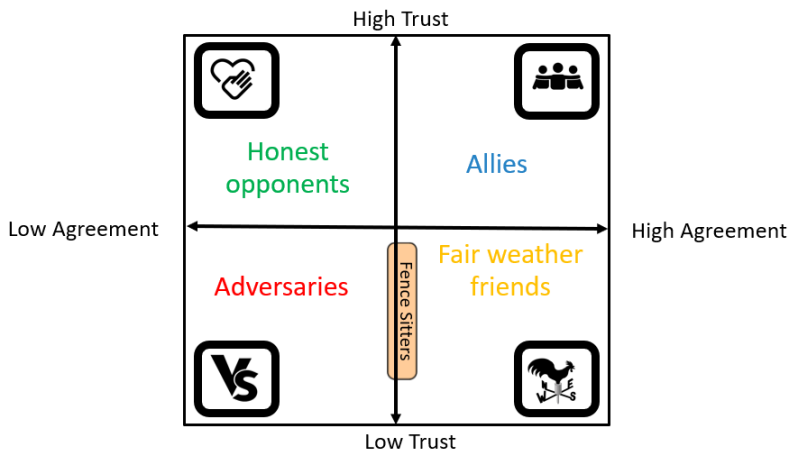
Duration: 15 minutes.

Task: Map out the significant relationships which have influence and impact on you and your role across the PCN.

Place them on the diagram with you at the centre and them in relative degrees of proximity. You might want to do this on a piece of paper, and then come back to the workbook and reflect on it in the space below.

Add any notes below

Self-Activity 11 – Mapping your stakeholders



To exert influence and make change happen, you must be able to develop and maintain relationships either internally within your own practice, across your PCN and across the wider health and social care system. Understanding how to build strong relationships and trust will always facilitate your ability to do this.

Source: adapted Block, P: *The Empowered Manager*

The Trust and Agreement matrix is a good starting point to help you frame your thinking around the different strategies that you might adopt for building trust.

The tool is a four-cell matrix adapted from consultant and author Peter Block in his book, *The Empowered Manager: Positive Political Skills at Work*. One dimension maps agreement, and the other maps trust. Typically, there are some people who are in high agreement with your idea, and others who are in low agreement. Similarly, there are usually some people with whom you share high levels of trust, and others only low levels.

Duration: 15 minutes.

Task: Using the Trust/Agreement Matrix, identify where the key partners/ stakeholders or colleagues across your PCN sit.

Think of different strategies of handling relationships in each quadrant.

Add any notes below

Self-Activity 12 – Busting professional stereotypes

Now that we have mapped our significant relationships and have identified who our honest opponents, allies, adversaries, and fair-weather friends are, to fast-track the relationship building phase consider two activities,

(1) Know me – I am more than my job title

We each bring to the team more than our job title. The skills and knowledge we have acquired over our lives, networks, and friendships we have developed and the energy we can bring to the team, when combined and made available to all, can power-up partnerships and provide the kind of mutual 'support structure' needed to sustain the team.

By sharing our personal contribution statements, we will learn quickly how each team member adds value to the team. But beyond that, we will begin to understand each other as people, what makes them tick, their best hopes for the team, any concerns and fears they might have, aspirations to learn new things and so forth. We have provided you with a template (*Tool 4 – Understand me*) which you can use to have a conversation with your team around what each one of you brings. The tool can be downloaded from the PCSA Platform.

(2) Understand my role and what I can/cannot do

We all have unconscious biases, which are thoughts or feelings that you are not aware of, that influence your judgements. These biases are rooted in your preferences for or against something. Your preferences may lead you to having favourable or unfavourable biases - e.g., “everyone in the reception team is fantastic” (favourable bias) – or “everyone from reception is lazy” (unfavourable bias). Examples of biases include:

- Confirmation bias** - Looking for information that supports our beliefs, and ignoring details to the contrary
- Perception bias**- Stereotyping people based on a group they belong to
- Conformity Bias- Bandwagon Effect**- Doing something primarily because other people are doing it,
 - regardless of your own beliefs
- Contrast effect** – Assessing similar things and comparing them to one another rather than looking at each of them on their individual merits
- Beauty Bias- Halo Effect** - Assuming everything about a person must be great because you like something about them
- Selection Bias** – Bias that results from an under-representative sample
- Attribution Bias** - Systematic errors people make when evaluating our own and/or other people's behaviours

Once you understand what each one of you can bring to the team, make time with the other team members to address the unconscious biases you might have about each other's roles and break down stereotypes and professional prejudices around your respective roles, understanding each other as team members.



Duration: 15 minutes.

Task: Using the padlet at <https://ctprac.padlet.org/magdazurba1/5lecmm4wo2uo5s> , list the misconceptions and stereotypical opinions you hear about your profession or discipline. Then in the next column bust these myths by explaining the reality of the role and the real benefits you bring.

Note: Remember to add your role before you type in the myths and realities of it in the padlet. i.e.

- *Practice Manager – Myths*
- *Practice Manager – Realities*

What lessons can you take from this exercise?

Add any notes below

Self-Activity 13 – How do we work together? Our House Rules

Having determined what kind of team we want to be will help frame the subsequent discussions around how do we work together to lead the change and how we become a high-performance team.

As we explored earlier in Module 1, collaborative leadership is different. It relies less on power and authority derived from seniority and position, and more on influence and persuasion, relationship skills and trust to get things done.

In other words, in collaborative teams, you all must be leaders and followers in equal measure, willing to step up to the plate and lead when needed and be prepared to step down and follow someone else's lead.

An essential factor contributing to building trust and positive collaborative behaviours between the members of your multidisciplinary team is to agree 'house-rules', which will dictate the way we work together to lead the change.

The 'house rules' of a multi-disciplinary team should articulate:

- **How the team shares the leadership** - recognising the role of the chair, facilitator and of the team members.
- **How to allocate tasks** – these should include agreement on roles.
- **How the team members address their differences** - resolving conflict by co-creating a shared set of conduct, values and behaviours.



Duration: 15 minutes.

Task: Consider the MDT you are part of or any team that you are working collaboratively within across your PCN.

Using the padlet at <https://ctprac.padlet.org/magdazurba1/m97zx14a6ovbl9ol>, think of the house-rules that need to be in place around the three areas:

- *How do we share the leadership?*
- *How do we allocate tasks?*
- *How do we address conflict and differences?*

Add any notes below

Self-Activity 14 – Returning to you

Up until this point, we have focused on the setting up and development of Primary Care Networks as well as the multi-disciplinary teams working across the PCNs. When combined, these elements make up the basic template for **HOW TO DO collaboration** within the PCN context. But there is another dynamic to it, and that is the **HOW TO BE** collaborative.

Working across PCNs and in multidisciplinary teams will require you to lead beyond your professional sphere, departmental silos and organisational boundaries. You will be asked to facilitate collaborative working, and to proactively help make change happen when you don't have positional power or authority, regardless of the discipline you have.

As Middleton (2007) explained, someone with the capability to lead beyond the boundaries of their own authority do this by '*adopting real interest in people and building consensus, verses the traditional focuses on gaining power by whatever means, resulting in leaders still gaining "integrity and authenticity" and therefore power*'.

Ultimately, successful multidisciplinary team working will require successful collaborative leaders.

Now that you have completed Module 2, we recommend you reflect on the skills and behaviours required to be successful in your PCN and/or the multi-disciplinary team you are working in and identify your areas of development. Some reflective questions you might want to ask yourself are:

- What skills, knowledge and behaviours do I need to develop to facilitate partnership working?
- Do I understand the ask?
- What will this change mean for me and my role?
- What will it mean for the way I work? What needs changing? What can I still do? What do I need to stop doing?
- What are the challenges am I expecting?
- How can I overcome these challenges?

FOCUSING ON **M**E

Duration: 15 minutes.

Task: Considering your learning from Module 2, what skills, knowledge and behaviours do you need to develop to facilitate partnership working across your PCN?

Add any notes below

