

LOCAL PROFESSIONAL NETWORKS FOR DENTAL, PHARMACY AND EYE HEALTH

NEWSLETTER NO. 1 – MAY 2014

KEY CHALLENGES AND EARLY PROGRESS

During 2013/14, the two area teams covering the North East and Cumbria (Durham, Darlington and Tees, and Cumbria, Northumberland, Tyne and Wear) worked together to support and develop seven Local Professional Networks, including a joint Local Eye Health Network which covers both areas.

Now that our network chairs have been in post for six months, we have asked each of them to offer personal reflections on their achievements, hopes, frustrations and learning so far.

We thought it would be helpful to share these with colleagues from the wider professional community and associated networks to compare insights and experiences as we collectively move forward into our second year.

The recent publication of 'Transforming Primary Care' together with plans to take forward the three 'Calls to Action' for Dental, Pharmacy and Eye Health will significantly reinforce the importance of the work of Local Professional Networks, particularly in developing more integrated models of primary care at scale.

Developing new networks has been a challenge, particularly in the context of significant organisational change in the NHS, but chairs have been heartened by the overwhelming support and enthusiasm of professional colleagues, the public and key stakeholders.

There is clearly a strong desire to work together to improve these important services and Local Professional Networks will continue to act as a forum for sharing ideas and promoting change.



Angela Henderson – Chair – North East & Cumbria Local Eye Health Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

I am most proud of establishing a core network which encompasses key stakeholders across the spectrum of eye health provision, including primary and secondary care, clinical commissioning groups (CCGs), the commissioning support unit (CSU), voluntary sector and Healthwatch.

Perhaps our greatest achievement is securing local authority Public Health (PH) support in developing the eye health needs assessment (EHNA) across Durham, Darlington and Tees (DDT). This is a major piece of work which will inform much of the network's priorities going forward.

We have successfully engaged with all key stakeholders within DDT and are working to establish links with those involved in eye health provision in other areas. We hope to extend this to Cumbria, Northumberland, Tyne and Wear (CNTW) during 2014/15.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

It has been a huge learning curve. Having taken on the network in its infancy, it has needed time to establish links as the appointed chair, and my key challenge is getting engagement across the geography of what is a vast area and also across the disciplines involved in eye health.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

Success to me will be published and accepted EHNAs covering the whole geography. This will then lead to the development and implementation of priorities to address eye health inequalities that undoubtedly exist and ultimately improve eye health outcomes and patient access across the area.

I would like to see the Local Eye Health Network (LEHN) embedded in the commissioning process and appreciated as a source of impartial clinical advice at all stages of the commissioning process.

LEARNING

What piece of advice would you offer to others?

Assume nothing, keep going, you will make those links. Never lose sight of your goal whatever challenges you face and remember that we are all in this for the benefit of the patient and to create improved eye health, not only in our area, but by working together and sharing good practice across the country.



Paul Howlett – Chair – Durham, Darlington and Tees Local Dental Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

We have made good progress with key initial work streams, especially around primary care oral surgery services, the revision of local referral criteria and development of dental commissioning for quality and innovation payments (CQUINs) attached to local secondary care contracts. We are currently undertaking an extensive review of the regional urgent dental care provision with neighbouring local professional networks (LPNs) and hope this will provide some excellent data to inform future commissioning strategy and improve patient experience.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

The leadership training day for LPN chairs and members was an excellent opportunity to explore some of the key issues and challenges in greater depth and work with other members of the core group to understand our individual styles and personalities.

Working closely with other LPN chairs has been extremely useful and provides an excellent forum to share ideas, issues and challenges.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

We are aiming to see some real developments and outcomes this year, including key commissioning decisions being taken on the back of LPN work. My ambition would be for these steps to positively influence service quality, patient experience and reduced inequalities in our local area. I also hope that we will continue to grow and diversify as a network, successfully engaged with a wide range of stakeholders.

I hope that the members of the network are able to work with greater autonomy and initiative, confident that they are striving towards a shared purpose and clearly defined goals.

LEARNING

What piece of advice would you offer to others?

Concentrate on developing a good and cohesive core group and then use existing contacts and links to raise the profile of your LPN locally. Be patient, and always remember the key role of LPNs in terms of improving quality and patient experience, reducing health inequalities and providing strong local clinical leadership.



Simon Taylor – Chair – Northumberland, Tyne and Wear Local Dental Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

The Northumberland, Tyne and Wear Local Dental Network (LDN) has helped develop new guidelines for referrals to hospital oral surgery services and is currently helping the area team (AT) to undertake a review of emergency and urgent dental care in the region in order to refine and improve future service delivery in conjunction with Durham, Darlington and Tees (DDT) LDN.

Our LDN is collaborating with Health Education North East (HENE) in piloting a local resolution scheme to provide support to practitioners who may be underperforming for professional, personal, or health reasons. The aim being to provide guidance which could enable them to improve their standards of performance and enhance patient safety.

We have recently held a joint LDN dental stakeholder event to promote the **'Call to Action'** consultation in conjunction with DDT LDN and were delighted Serbjit Kaur, deputy chief dental officer was able to attend as our guest speaker. The event attracted over 65 attendees from across the dental community, Healthwatch colleagues and Public Health.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

The role has given me the opportunity to build on my previous experience of networking with dental colleagues and commissioning teams as an LDC chair.

The majority of stakeholders we have visited have been very positive about the role LDNs can play in the new system.

I have been fortunate to have good support and assistance from the area team, which has greatly assisted me in developing my new role.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

Delivering work plan priorities and achieving improvements that are valued by other stakeholders.

Local stakeholders actively using our LDN as a resource and vehicle to deliver change and improvement.

LEARNING

What piece of advice would you offer to others?

Ensure that LDN members are prepared to be leaders as well as followers.



Julie King- Chair – Cumbria Local Dental Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

Work plan priorities have been developed and sub-groups (oral surgery, orthodontics, special care, restorative and oral health improvement) produce reports to each LDN meeting, ensuring that achievements, progress and requests for assistance are captured.

A joined up approach to stakeholder engagement has commenced in conjunction with other LPNs.

I have been collaborating with the LDN chairs from Northumberland, Tyne and Wear (NTW) and Durham, Darlington and Tees (DDT) on areas where our work priorities cross over and this has proved both rewarding and productive. An excellent engagement pack has been produced by the area team.

I am also delighted to have a local 'Call to Action' event arranged in May to create true local engagement.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

As a previous LDN team member it was a challenge to adapt to my new role. But having attended two very different leadership courses and completing NHS leadership modules online, my knowledge and skills have developed and I feel more confident in my chair role.

Speaking to LDN chairs from other areas I feel I am very privileged to have excellent support from the area team and they are key to my role.

It has been a challenge to adapt to working in a large organisation where protocols and policies mean even the simplest tasks seem onerous and complicated. I need to accept this and be patient!

OUTCOMES/MEASURES

What will success look like in 12 months' time?

I think progression or completion of items with our work plan priorities will indicate success. This would mean reduced variation and inequality of services for patients across Cumbria.

A good working relationship with the dental commissioners will indicate success for the LDN in terms of supporting clinically led commissioning.

LEARNING

What piece of advice would you offer to others?

You can do this role or you would not have been selected! Have confidence, keep battling on! Progress will be made but you need to be patient. Things do not happen as quickly as they do in your practice life!



Mike Maguire – Chair – Durham, Darlington and Tees Local Pharmacy Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

By developing relationships, increasing knowledge and awareness and sharing good practice, DDT LPN is gradually but successfully integrating pharmacy into commissioning processes. I am most proud of the **Call to Action** event where key commissioners from across the region met to discuss the opportunities to improve patient care that pharmacy can provide.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

All LPN chairs across the country have embarked on a daunting journey into the unknown. However, the area team (AT) has provided excellent support. The potential to radically improve patient care has been the common driving force.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

More effective, integrated pharmacy services across DDT with improved hospital discharge processes and better communication links between community and hospital pharmacy. Also, real success in my eyes would be to embed pharmacy as a first line of healthcare in the minds of commissioners, but also more importantly, in the minds of patients.

LEARNING

What piece of advice would you offer to others?

The key strategy for DDT LPN is to focus on patient experience, the patient journey and the impact pharmacy can have at each stage of the patient journey. It is much easier to be objective and give good unbiased advice, if the patient remains your sole focus.



Richard Copeland – Chair – Northumberland, Tyne and Wear Local Pharmacy Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

The pharmacy *Call to Action* provided a positive means of engagement with the profession of pharmacy, but also with colleagues in local authorities, clinical commissioning groups (CCGs) and patient groups. It will drive many of our priorities for 2014-15, and harness a real desire for change.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

Very positive response from Health and Wellbeing Boards (HWBB), local councillors and Healthwatch.

The key challenge has been to invest time in engaging with stakeholders, despite limited time allocated to the role as LPN chair.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

Local examples of new ways of working, following the Call to Action consultation. Streamlined commissioning of services, for example flu vaccination and distribution of antivirals by community pharmacies.

LEARNING

What piece of advice would you offer to others?

Don't try to tackle everything at once. Engage with local partners to identify some key issues, and aim to improve in collaboration.



Simon Butterworth – Chair – Cumbria Local Pharmacy Network

PROGRESS TO DATE

What has your LPN achieved so far? What are you most proud of and/or disappointed about?

Cumbria Pharmacy Local Professional Network (LPN) has the opportunity to build on good professional relationships. We have started to deliver on a range of priorities including the early stages of healthy living pharmacy and minor ailments scheme rollout; training 150 pharmacy National Centre for Smoking Cessation and Training (NCST) level 2 stop smoking advisors and 56 pharmacists to deliver emergency hormonal contraception services and pharmacy across Cumbria immunising around 20,000 people against influenza.

We are thinking about other ways of working. For example Julie King (chair of the Dental LPN in Cumbria) and I are planning to meet to look at joint work on how pharmacy can contribute to improved dental health.

DEVELOPING THE ROLE OF LPN CHAIR

How would you describe your experiences so far as LPN Chair and what have been your key challenges?

A mix of exhilaration (things working well, plans coming together, colleagues enthusing) and frustration (changes slower than wanted, shoehorning complex demands into tight timeframes and the limited hours of the post).

In this role, I have met and worked with some really outstanding people. For my own development I always try to see what they do well, and build some of that into my own way of working, for myself and others.

OUTCOMES/MEASURES

What will success look like in 12 months' time?

The pharmacy network across Cumbria will continue to develop and evolve, with effective working relationships with CCGs and LAs.

Healthy living pharmacies will be operating and pharmacy will be recognised as a core provider of Public Health (PH) services in Cumbria, and we will be constantly innovating around medicines optimisation.

The LPNs will lead the implementation of the outcomes of pharmacy **Call to Action**.

LEARNING

What piece of advice would you offer to others?

There is a huge agenda. Build on what is already there, using shared leadership and teamwork to deliver the professional change needed to drive the NHS forward. The key for me is networking, knowing what is happening across that network, linking people together and letting them take the initiative.

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