

Dr. Sam Barrell is a leader with dynamism, vision, knowledge and compassion. In one word she is inspirational to the team that she is building around her.

As a committed clinician, Sam has driven the CCG agenda from its inception as PBC to form a well-respected and authoritative organisation. Despite initial difficulties, Sam has gained respect from both her GP colleagues and PCT Senior Management resulting in her appointment both as Chair of the Consortium, and Director of Clinical Commissioning and Transition within the Care Trust. Baywide has gained external respect as evidenced by its early pathfinder status, and Sam's appointment to the Grafton Group. Her strong leadership has produced a clear vision and strategy which all constituent practices are happy to support and be part of.

Despite uncertainty nationally, Baywide has always avoided controversial reactions to clinical commissioning, pursuing its primary aim of keeping patient care the absolute priority, and building on former successes we have enjoyed in the Bay, some of which derive from earlier involvement of clinicians in commissioning, and which pre date even PBC. Some of the earliest drivers for successful integrated health and social care locally came from the work done by Sam and Dr. Liz Thomas.

Sam was the driving force in setting up the clinical cabinet in South Devon, which includes secondary care consultants and primary care GPs, both from Baywide and South Devon consortium. The cabinet has already presented its vision of how integrated clinical care could work in South Devon, preserving the best of what we currently have and at the same time further moulding services to the needs of our patients, in financial balance. Following this presentation, there was unanimous support for further development of the vision.

All GP practices in the Bay are members of the consortium, despite some initial misgivings from some practices, which have been addressed and overcome by Sam's willingness to listen and ability to address the issues and resolve and give clear answers direction. Some practices found this personal approach reassuring, especially when combined with the regular information events held for GPs. This on occasion required personal courage to stand and hear the sometimes heated and hostile exchanges, which she dealt with positively and constructively.

From the very beginning of this journey, Sam has been very clear that patients are integral to the success of clinical commissioning. She has engaged with patient groups to explain and sometimes reassure that clinical commissioning represents an opportunity to improve services, whilst not evading difficult questions. She made it a priority to ensure that LINK was invited at the outset to nominate a Board level representative. Initial teething problems were successfully resolved to secure a standing role for patient representation within the Board. As a result of this approach, Link were subsequently key to developing third sector contacts, and supported the recruitment, selection and induction of the Baywide Patient Group. LINK was pleased to have been valued partners in the process. Under Sam's guidance, the consortium continues to support the HealthWatch pathfinder development, together with practice patient engagement strategies through DES. Her vision for improving patient care by offering integrated care within the community has caught the imagination and helped the evolution of the clinical cabinet model.

She has won the respect and confidence of clinicians from a diverse range of views and varying levels of enthusiasm. She has achieved this by listening respectfully to contrary views and opinions, seeking to find a way forward to resolve the issues. She values these challenges, by responding to the need to make appropriate changes of direction if required. However, the majority of the time this is not needed, as her receptive manner is reassuring in itself. Consequently, all broad church of opinions feel their views are respected and acknowledged, and very often are happy to accommodate compromise.

Dr Sam Barrell -

Chair Baywide Clinical Consortium

I propose Dr Barrell is considered for this award for the following reasons.

Sam has been fearless and committed to the cause of GP led commissioning, both from its inception as PBC and more latterly as CCG. She has led from the front and overcome difficulties with GP engagement ranging from indifference to forthright opposition. She has made sure she is communicating widely with local practices and the care trust, regionally with the SHA, and nationally with GP leaders. This has resulted in her very high local visibility as well as co-option onto the Grafton Group.

Sam has managed to create a harmonious CCG which consists of all local practices who have signed a legal commitment to work together, overcoming all previous divisions and objections. At the same time she is willing to listen respectfully to contrary voices and on some occasions change or modify the strategy if appropriate. She is committed to patient care, access, quality and safety. Excellent clinical care and financial balance are not considered mutually exclusive. Sam at the earliest stage has included patient representation and has a healthy relationship with local LINK/Health watch. In addition she has made sure she communicates closely with the local authority in setting up the Health and Well Being Board.

The board of Baywide has always included non GP clinicians as well as supporting the local PEC which has a strong non GP clinician focus. This mature and mutually supportive relationship has been helpful to reassure local front line staff during the recent NHS changes and associated uncertainty.

Sam has also fostered close working relationships with secondary care. The medical director of the local acute trust has a seat on the board. She has helped set up a clinical cabinet of the local community and introduced the idea of setting up a community interest company. She has set out a clear vision for the South Devon clinical community of how we should face the challenges of the next few years and arranged joint training to equip the workforce with the necessary skills.

She commands respect from both her peers and consultants. Her appointment as Clinical Director of Commissioning and Transition demonstrates how highly she is valued by the local Care Trust.

I commend her for this award as a truly worthy winner!

Dr Elizabeth Thomas PEC Chair Torbay Care Trust

Sam Barrell is a leader with dynamism, vision, knowledge and compassion. In one word she is inspirational to the team that she is building around her.

3 years ago Torbay was a laggard in comparison with many other areas in the country that had embraced practice based commissioning and it was Sam's up front challenge to our Care Trust at its lack of clinical input to the managerial process that started us on a path to a clinical commissioning group that is widely admired and held up as a beacons of the new medical system. Such is the high regard that Sam has earned she has been appointed Clinical Director of Commissioning and

Transition by Torbay Care Trust, a position within which she is further developing the skills and knowledge necessary to continue leading Baywide once we 'go live'.

The relationship between primary and secondary care within Torbay has always been constructive. One of Sam's visions is to build on this co-operative model between purchaser and provider to maximise the benefits to our local health community and preserve the integrity of our acute provider. As someone not actively involved in the process I have seen the great skill and diplomacy that Sam has employed to gain the trust and respect of both her primary and secondary care colleagues and this is a model that the SHA are actively supporting and is a pioneering project nationally.

Sam has developed Baywide with enthusiasm into a team ready to take on the necessary responsibilities of commissioning. She has the skills to enthuse her primary care colleagues and soothe the antipathy of those who feel threatened.

Dr. Jo Roberts, GP Partner Mayfield Surgery

I am a patient within the Torbay area, a former nurse, worked as Information Advice and Advocacy Manager and Deputy CEO for Age Concern Torbay. I am now working with Torbay LINK as the Development Officer for the HOST. I am liaising with Baywide CCG in a number of areas.

Sam's commitment to patient inclusion is evidenced by her strong support for patient involvement. From the very start there has been a patient representative on the Board of the Consortium and Sam has been keen to involve LINKs. As a pathfinder, Baywide is often ahead of others, and when in November last year, LINKs was asked to help with recruitment for a strategic patient group for the Consortium LINKs was very happy to assist. Sam's approach to and support for a patient role in the commissioning process, together with the work done on her behalf by CCG staff, has enabled many stakeholders to meet and start to work together on engagement issues within the Bay. I was recently interviewed on local radio and was very happy to underline the effective working relationships we have produced as a result of enabling the CCG to be represented to and within a number of local volunteer groups. In addition to work around the early pathfinder Health and Wellbeing Board, Baywide is now closely involved in the development work for HealthWatch, having supported the local (and successful) application for pathfinder status, and now contributing to the costs of some of the development work. We are now discussing the options for a partnership approach to the Equality Delivery System with stakeholders.

In setting up a strategic patient group we have been able to recruit, select and train a number of volunteers to act as a sounding board for the commissioning process. We are currently working on a protocol for engagement with the CCG, will be surveying the effectiveness of signposting in local surgeries, and are looking at how to embed both patient engagement and the equality delivery system into early commissioning phases round service review and/or redesign. Baywide has offered, together with the Local Authority, Public Health, LINK and PCT, a package of support to local practices working with the DES on patient engagement. The new CCG website has a link to the Involvement Network. Under Sam's leadership, our CCG has been 1 of 5 consortia contributing to the Patients' Association strategy for patient engagement for new consortia. With a member on the Board, and ongoing visible and practical support for development of patient engagement from the

CCG, I feel confident that a) patients' voices will be heard and b) that the significant place of patients in the new commissioning framework is well understood and acknowledged.

Patient representative: Pat Harris

Baywide was established as a not for profit company in February 2010, since which time Sam has been Chair of the Board. She has driven forward a vision for clinical commissioning that has patient outcomes at its heart, and which is able to evolve rapidly in response to changing demands. Through her efforts, all 21 practices in Torbay felt able to sign up to the original consortium model. She has maintained and developed that momentum by keeping practices and their employees informed as to progress, by holding or contributing to joint training events for clinicians and support workers, and by ensuring that from the start, Baywide's Board reflected the variety of stakeholders recognised as essential to achieving good commissioning strategy and decisions. As well as GPs, the Board includes myself as Practice Manager, a patient/LINKs representative and a Senior Nurse Practitioner. The presence of a wide base of co-opted members including the director of Public Health, Medical Director, Senior Pharmacist and other allied health professionals and managers mean that issues can be discussed from a multi-disciplinary approach, and peoples' views properly represented.

On the Board she is incisive and extremely effective, and her interpersonal and management skills are employed wisely in not only achieving informed consensus wherever possible, but also in using constructive challenge and change to transform the local clinical landscape. She is pragmatic and forward thinking, ready to listen and address uncomfortable issues. Her energy and commitment mark her out as an outstanding leader for transition, which has been reflected in her appointment as Clinical Director of Commissioning and Transition within the PCT. Sam gives a strong lead. Her management team offer support to practices via the incentive scheme, patient engagement, attendance at Practice Managers' and Practice Nurses' Forum and via specific services such as the obesity level 2 pilot. The managers support locality meetings for the three towns in the Bay. Practices will benefit from the outstanding work done in redesigning the local commissioning groups, the model for integrated care incorporating primary and secondary care clinicians, and such tools as the new CCG website, in which practices will have access to an extensive administrative area including JSNA and other data, commissioning information and feedback, meeting dates, etc.

Sam's ongoing engagement with clinical commissioning has inspired colleagues and critics alike. In bringing colleagues together and forging a new landscape for commissioning within the Bay she is creating a sound platform for Torbay in the years to come.

Practice Manager: Mark Thomas, Chelston Hall Surgery