

Best manager of a consortia: Alan Webb

Background

Oxfordshire is fortunate to have some of the best GPs in the country and a reputation for excellent primary care. The GP community has been enthusiastic in responding to new opportunities despite the financial challenges for commissioning services for a population receiving one of the lowest per-capita allocations in the country which is exacerbated by a dominant acute trust where specialist services serve a very wide community beyond Oxfordshire.

Oxfordshire Clinical Commissioning Group (OCCG) covers a population of more than 600,000 people with 83 GP practices and a total budget for the county of £800m.

Alan Webb was assigned to Oxfordshire Clinical Commissioning Group (OCCG) having formally been the Director of Service Redesign at Oxfordshire. He has a small team of managers and administrators working with him and together the team have achieved a great deal since OCCG was established.

Partnership working with clinicians

Alan's leadership skills include particular strengths in communications and engagement that made him an ideal candidate to lead the process towards authorisation for OCCG. The success of OCCG very much relies on ensuring effective engagement of the GP community and other clinicians across Oxfordshire.

Elections have resulted in one GP lead for OCCG and 17 locality lead GPs who together are the core members of the OCCG Trust Board. Alan works closely with this group of leaders.

Alan has a small transition team of senior managers with expertise in commissioning, communications, governance, organisational development and finance. He has established this team and motivated them to spend time with the clinical leaders and GP practices, listening and supporting the development of effective ways of working. This approach has allowed GP leaders to take responsibility for delivering some key initiatives around QIPP and transition both at a county and locality level.

Alan is a charismatic personality and despite having no clinical background, he is extremely effective at engaging with, influencing and building a collaborative approach. He is working with disparate groups of GPs, many with strong personalities and strong views. He has built on his existing networks and has personally led the way for the transition team in personal face-to-face communications with groups of GPs in the community.

Alan's leadership has ensured Oxfordshire's QIPP workstreams are now all led by local GPs and he has worked with them to refresh the approach so that all QIPP programmes have a more bottom-up approach to change which is motivating practices across the county. For example, in general, Oxfordshire has some of the best health outcomes and best managed services in the country but there is a need for more efficiency if the QIPP targets are to be met. By using comparative data, excellent practice within Oxfordshire has been highlighted as well as where improvements are possible elsewhere. This is being used by the GP leads, with support from the transition team, to motivate practices and foster ownership of QIPP programmes.

Develop and communicate a strategic vision

Alan has worked closely with the GP Lead for OCCG, leading discussions and helping to steer an approach that resulted in bringing the 17 GP leaders from the county together for a workshop focussed on the mission and vision for OCCG. There is a clear desire to be ambitious in

developing a radically new vision for Oxfordshire and Alan is supporting the GP leads to communicate this more widely.

GP leaders are less familiar with the corporate approach to creating and growing an organisation and some cynicism could have emerged as GPs were encouraged to consider the areas of mission and vision. However, Alan has influenced the approach that has stimulated genuine enthusiasm for creating an organisation with clinicians and patients at its heart.

Handling competing and conflicting demands and priorities

The challenges facing Oxfordshire's health economy are significant and include financial, key performance areas, delayed transfers of care and significant service redesign programmes. In addition, OCCG is taking accountability for some key areas of QIPP and transition and Alan's expertise and experience results in attempts to pull him into all these areas.

Alan has built a strong, competent team to manage transition and his style of leadership demonstrates the trust he has in their ability to deliver which allows him to take responsibility for a significant portfolio. There are times when conflicts do require rapid reassessment of priorities and this he does effectively drawing support from others as appropriate.

Managing upwards

As accountability remains with the PCT Cluster, there is a complex set of relationships that need to be managed whilst demonstrating that OCCG is taking the lead and that the clinical leaders are supported in making decisions. Alan is successful at managing these relationships and has significant credibility amongst colleagues in the PCT Cluster, SHA and amongst the GP leaders in OCCG.

Developing integrated care

Alan has been leading collaborative working with social services and OCCG will soon welcome the Director of Adult Care on a secondment for two days per week to work with OCCG in understanding how some long standing issues around complex care can benefit from more integrated care. Alan has retained the management of the pooled budgets and partnership work and is championing the integrated care pilot in Abingdon, currently planning further roll-out across the county.

Building effective relationships

Alan is skilled at building relationships across organisations, with clinicians and others. He is effective at bringing challenge where needed whilst maintaining good humour and open communications. He has well developed networks and reaches out to a wider community by working through local leaders within professional groups and communities. It is testament to Alan's skills in this area that despite some significant challenges being grappled by OCCG that constructive relations exist and that there continues to be a willingness to work together to tackle them.

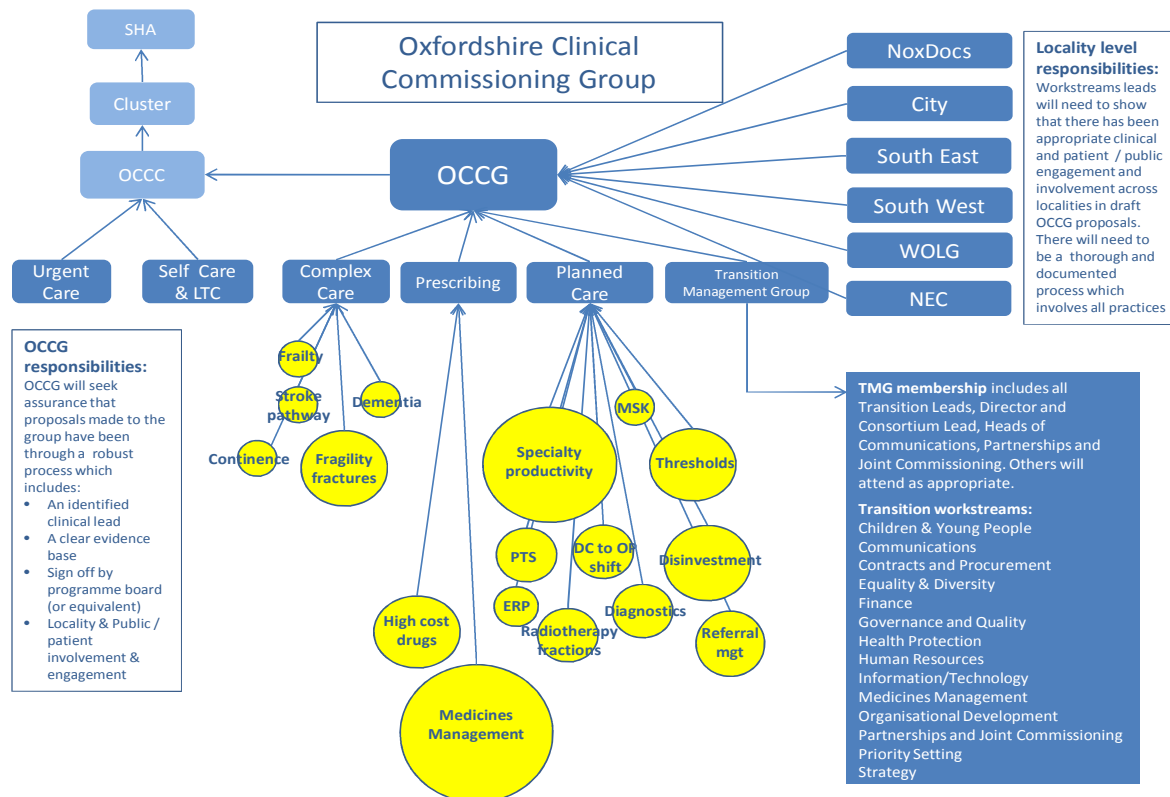
Sound financial management

OCCG has received devolved budgets for management costs and shadow budgets representing more than 50% of the PCT budget. Alan has ensured regular financial reports are provided to OCCG Trust Board and that GP leaders are directly involved in the working group managing the budgets. Details of practice budgets have been shared with GP practices and workshops are taking place to help GPs and practice managers understand how the fair shares approach affects their budgets and how OCCG will be monitoring them. GP leaders for each locality will be developing the performance management relationship with practices with finance expertise from the transition team.

Ensuring sound governance

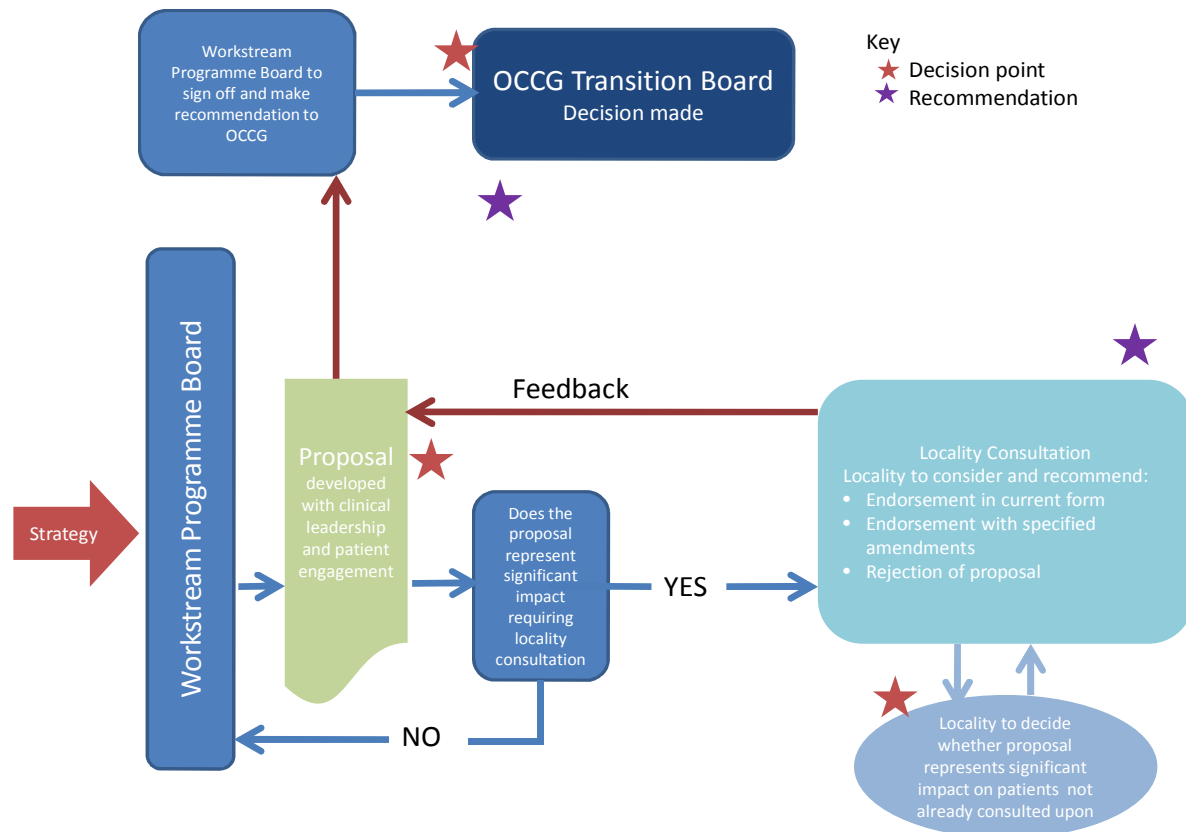
Alan has been at the front of the work in establishing sound governance arrangements for OCCG. This has been further complicated since the establishment of the PCT Cluster and negotiation with senior managers at the PCT have resulted in an accountability agreement that clearly distinguishes the management of areas of QIPP for which the PCT Cluster retain accountability and those areas for which OCCG is accountable.

The diagram below illustrates the structures for OCCG for the QIPP and transition workstreams and the routes for accountability:



Effective decision making is important and GP practices and their patient participation groups (PPGs) all want to have opportunities to understand, influence and comment on all commissioning decisions. Alan has been working with the lead GP and the transition team in proposing structures and processes that allow effective engagement without losing efficiency where rapid decisions are required.

The diagram below illustrates the flow for decision-making for OCCG:



Managing change

Since his move from the PCT to OCCG, Alan has been managing a gradual process of change which is seeing a growing number of clinicians becoming directly involved in the management of OCCG and taking responsibility and accountability for delivering key areas. In addition, as more areas of QIPP and transition are being led by OCCG, staff and other resources have followed. Alan has been keen to establish an office where OCCG have a real identity and staff can relate to a different organisation and see a different way of working.

Despite the uncertainties for staff and the changing environment and different ways of working, morale has been largely maintained. Staff have been actively engaged in discussions, workshops and events about the new organisation and those leading the transition are encouraged to work closely with the GP leaders and their locality GP practices.

Communications is always challenging during periods of change. Alan's personal style has ensured that staff have remained informed and involved and have regular opportunities to ask questions at group meetings and on an individual basis.