

Best Consortia Lead of the year - Dr Stephen Richards

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.

During early discussions, many GPs supported establishing several smaller consortia which would have weakened the ability to be a strong commissioner and could undermine delivery of the QIPP agenda. Stephen Richards was instrumental in influencing the GP community to recognise the real benefits of establishing a single commissioning group for the county whilst recognising the need for locality decision-making within a two-tiered organisation. This was achieved through face-to-face engagement with GPs across the county, working alongside locality clinical leaders and culminating in a large meeting to which all GPs were invited.

Once this decision was made for a single commissioning group for Oxfordshire, an election was held to appoint a GP to lead the Oxfordshire Clinical Commissioning Group (OCCG) for the transition period. Stephen was elected with 94% of practices supporting his appointment. The six localities in Oxfordshire also elected their GP leaders and together with Stephen, this group of local clinical leaders became the core clinical members of the OCCG Trust Board.

Since his election, he has led the thinking around a strategy for OCCG. He hosted a workshop with the 17 GP leaders plus other clinical and managerial representatives to propose a new and radical vision for Oxfordshire. A 'straw-man' was developed that could be shared with the six localities allowing wider GP engagement before reaching agreement.

Oxfordshire GP clinical leaders have been coming together with the clinical leaders in the provider trusts to discuss the challenges facing Oxfordshire's health economy and consider how strategies could be aligned to create momentum in a way that has not been achieved in the past. These events have been initiated by Stephen who has fronted each session, establishing the new consortium very clearly with the provider organisations in the county and fostering an optimistic and cooperative atmosphere where all parties are keen to work together to identify and make the changes necessary.

A long-standing challenge for Oxfordshire has been the significant number of delayed transfers of care and the continued inability for the system to sustainably tackle the issue. This is an example where clinical leadership is making a real difference in Oxfordshire. Stephen took the lead in calling for a 'DTC Lock-In' with senior managers and clinicians from across the health and social care system. His leadership in this issue has begun to move some long-standing barriers and changing the attitudes towards a more collaborative approach with all organisations sharing the responsibility for the problem and the solution.

Stephen is passionate about ensuring effective engagement with OCCG. He has championed the communications and engagement strategy and is building relationships across and outside the organisation. Stephen is keen to develop his leadership skills and those of all the GP leaders. His collaborative style has helped to engage his GP colleagues and other clinicians working in primary care. His clear vision and strong belief that long-standing challenges can be resolved is helping him to challenge and confront issues effectively.

Testimony from local Practice Manager

Ever since commissioning came on to the horizon Dr Stephen Richards has been the visionary and strategic leader of this in Oxfordshire. His ability to lead and motivate the local clinicians and health community in Oxfordshire is tireless.

Stephen has the innate ability to communicate at all levels and his clarity of thought and understanding of not only the small picture but big picture issues is impressive.

Stephen took the challenge of the Oxfordshire Practice Managers Group that we should have representation on the Commissioning Group seriously and engaged fully with the Practice Manager Community to make this happen. Once elected to this role Stephen made time out of his busy schedule to meet with me on a one to one basis to establish a clear understanding of the aims and objectives of the Practice Management involvement.

Having now been to several Commissioning Group meetings chaired by Stephen I continue to be impressed with his no nonsense, non-management speak attitude, of ensuring the OCCG is a different organisation and makes a real difference to the people of Oxfordshire.

His ability to chair the meetings in a way that always allows everyone around the table to be heard but when necessary, in his inimitable good humoured way, bringing things to a conclusion with a clearly focused outcome is masterful.

I have no doubt that was it not for Stephen's excellent leadership of the OCCG we would not be in the forward momentum we are now gathering speed at. He has given clarity to all involved in the Commissioning group of their particular role in these ever changing times.

I am constantly amazed at Stephen's breadth and depth of knowledge on almost every topic that comes before the Commissioning Group reinforcing his ability to lead and guide us to clear decision making on the weighty issues now coming before the Group.

Janet Newman, Practice Manager, Wallingford Medical Practice

Testimony from local GP

Stephen was the prime mover at a regional leadership event in May, during the course of the 'listening exercise' chaired by Professor Field. One of speakers themes was of realising our collective pause. Stephen managed, from the floor, to eloquently put forward a reasoned argument as to why we as commissioning leaders should effectively stick our heads above the parapet in the face of a barrage of negative publicity from the press. He managed skilfully to persuade the course organisers to reschedule the agenda to allow 60+ GP leaders to agree a letter to Professor Field and the press which cogently argued why we as GPs are best placed to orchestrate the rationalisation of the healthcare system.

Dr Mary Keenan, GP at White House Surgery, Chipping Norton and Deputy Lead for OCCG

Testimony from local patients/members of the public

Anita Higham:

I respond to several of the criteria which have been set out:

1. He has demonstrated both courage and determination, in spite of other clinicians publicly seeming to 'opt out', to ensure that a strong commitment to Public and Patient Engagement (PPE) be included in the developments of the Oxfordshire Clinical Commissioning Group (OCCG). I have witnessed this at those meetings which I have attended, in Witney, in Banbury and at the Kassam Stadium, through both his public statements and the overall vision on which he has expanded.

2. As a fellow member of the Oxfordshire "Health and Well-Being Partnership Board", I have valued the tactful drive and perceptive style with which he has undertaken the joint chairing of this complex group of representatives, aiming to weld together the Local Authority and the NHS cultures and styles, such that the people of Oxfordshire can benefit from a 'first', in terms of 'joined-up' thinking and strategies in the approach to various of the Public Health issues with which we have been confronted. He manifestly intends to build on this as he leads on the agenda of the OCCG.

3. I have known and worked with him since he first became the Chair of the South & West Oxfordshire Primary Executive Committee, about 10 years ago, when I Chaired the North Oxfordshire PCT. He has always demonstrated a willingness to engage with and to listen to a wide cross section of different opinions as important health issues have been discussed and debated. He has always seen the importance of working across Health and Social Care.

4. He has recently agreed to engage in a project around "Experience Led Commissioning" (ELC), which I, together with other members of the Oxfordshire LINK, am proposing. This project would be based on the engagement of Patients and of Community members in deciding on the best way to proceed with commissioning 'End of Life Care'.

5. He has demonstrated an enthusiastic willingness to engage with and listen to a group drawn from a wide cross section of Community leaders – (Headteachers, a Police Superintendent, Deputy Director of Age UK, Director of a large Family and Children's Centre, a District Council senior officer, et al) - in order to explore the concept of "Shared Decision-Making" as a strategy for wise Commissioning of Clinical services.

6. He carried 100% support of his GP peers, when he was elected to the Chair of the Oxfordshire Clinical Commissioning Group.

Mary Judge:

I have worked with Stephen Richards over a number of years as a member of bodies representing the public. As Chair of CHC, non exec of Oxford Radcliffe Hospital Trust and chair of the forum of the PCT PPI Form I have noted the changes in the attitudes of some of the medical profession to the involvement of public and patients in their treatment.

As Medical Director of the PCT, Stephen was well placed to be supportive and he set an example which was noted and followed by many other professionals. Not only did he set up a good atmosphere for the involvement of the public, but he was personally involved in his own practice and the South of the County in setting up opportunities for their voice to be heard.

Perhaps the greatest gift that Stephen has, is his ability to listen, and then to discuss with lay people the issues. He has had a considerable stake in the relationship of General Practice and the PCT and their patients. I would support him without reservation.

Jean Nunn-Price (MBE):

Throughout the changes to PCT and Patient Participation structures over the past few years, Stephen Richards was always to be seen leading the PCT's involvement with the public, always happy to give talks and attend meetings across the county to patient groups such as LINKs explaining the detail and impact of various projects, and taking part himself at national level in shaping specific projects within the Darzi review as a review panel member.

Together with the PCT Chief Executive and Chair, Stephen led the newly formed Oxfordshire PCT from 2007 and succeeded in forging new working relationships across the county as five PCTs coalesced into one. Stephen also took a leading role in initiatives such as "Creating a Healthy Oxfordshire" which involved participants from a wide range of areas of health and social care, both professional and public representatives. As Chair of the Health and Wellbeing Partnership Board at this time, Stephen skilfully facilitated contributions from the many diverse members of the Board while maintaining focus on the topic under discussion.

At the end of 2009 Stephen was taken seriously ill and it is a measure of his dedication and standing that on recovery he was welcomed back to his post as Medical Director at the PCT, and took the lead in guiding the transition to GP Commissioning. His most recent involvement with patients and public has been in running a large number of public meetings around the county explaining the prospective changes, inviting comment and genuinely listening to the public response.

I served for a while as Chair of the SW PPI Forum and then the Southern PPI Forum before we all became LINK. I have more recently served a LINK representative on various PCT committees including the Enhanced Clinical Executive, the Dental Strategy Group (now OHAG!), the Pharmacy Liaison Group, the Communications and Public Involvement Group, and I was one of the LINK representatives on the Health and Wellbeing Partnership Board. I have also attended numerous PCT Board meetings over the past seven years as a "patient and public involvement in health" representative.