

# NHS Rotherham Clinical Commissioning Group

Operational Executive – 6 July 2018

Strategic Clinical Executive – 11 July 2018

Primary Care Sub Group – 11 July 2018

Primary Care Committee – 18 July 2018

## Medical governance – new ways of working

Lead Executive:	Chris Edwards
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### Purpose:

The Five Year Forward View (FYFV) prompts the development of networks of care, facilitated by the ICSs and Integrated Care Partnerships (ICPs). The networks of care will vary depending on the constituent providers and the geography of the ICS. NHS England have prepared guidance to support medical governance when changing models of working and Primary Care Committee are asked to note and recommend where this guidance is cascaded to.

### Background:

At the July 2017 NHS England Responsible Officers Network in London there was an initial discussion of the FYFV and its associated service redesign and implications for medical governance. Following the initial discussion and subsequent considerations by the National Professional Standards Oversight (PSOG) and Delivery Groups (PSDG), a guidance document has been generated. This has been supported by a project group from within NHS England, and informed by the discussions and contributions from a Stakeholder and expert resources workshop held in December, 2017. The guidance in its current form, version 1, 'The Five Year Forward View and service redesign –implications for medical governance' was signed off by the NHS England PSOG at its March meeting, as it was felt to be a useful tool to support the leadership role of Responsible Officers and their team and relevant colleagues, as we look to progress medical and wider clinical governance within the emerging service redesign delivered by STPs and ICSs and to be shared

The guidance can be broadly divided into three sections; the first is a supporting introduction of the anticipated service redesign prompted by STPs and ICSs. It then explores from the perspective of medical governance, the individual professional and organisational/system responsibilities and responsibilities, and how we may learn from our experiential learning and utilise relationships and leadership to manage the transition risk constructively, before exploring the features of effective governance within emerging New Models of Care.

The guidance is complimented by a Responsible Officer and Appraisal Network information sheet (13), prepared by Maurice Conlon, Medical Advisor to the NHS England Professional Standards team. This may be shared with doctors, medical appraisers and other colleagues as you feel may be helpful to support their contribution to the progression of STPs and ICSs.

### Analysis of key issues and of risks

When this project was initially considered by the National NHS England Responsible Officers Network in July 2017 there was a consensus at that time that medical and wider clinical governance had not been a particular focus of STPs or NHS England, as they explored service redesign. This guidance has been produced to support Place and sICS in ensuring appropriate

medical governance is in place when changing ways of working.
<b>Financial Implications:</b>
N/A
<b>Human Resource Implications:</b>
N/A
<b>Procurement:</b>
N/A
<b>Recommendations:</b>
To note the guidance document and share with stakeholders involved in integrated locality roll-out to ensure the governance arrangements are carefully considered.

