



On being a Frontiersman

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The implementation programme for the East Midlands Next Stage Review





- Interface between clinical work and management / commissioning
- Remain clinician and don't go over to the other side
- Give advice (they may not take it)
 Explain and interpret evidence (they may not believe it)
- Conduit for clinical opinion
- Expert on quality issues



Frontiersmen need to:

Learn the language

Understand attitudes and beliefs

Adapt to styles of activity

SWOT

Anger management



1. 2004 MCN

5. 2009 formally constituted



2. 2007 SCG



3. 2008 DARZI NSR



4. 2009 NSR Implementation



Eating disorders
Critical care, Stroke, Cardiac, Renal Neonatal
and **Perinatal Mental Health**

5 MCN NSR Clinical Leads
Whole Pathway of care



NHS East Midlands



MCN + NSR Clinical Lead

SCG

EM Service Model & Commissioning Framework

Quality (standards) & priorities

Clinical & user involvement

Workforce planning

Agreed by 9 PCTs



Everything takes a long time

Implementation still to come

Each new imperative involves

- New posts, people, committees

- New “templates”, rewriting

- New language

Meanwhile psychiatric services change



PCTs



- Concern for future politically and financially
- World Class Commissioning still to come
- Local, little cooperation other PCTs

Wary joint commissioning

- Hierarchy commissioning
- Experience OA placements
- No idea unmet need
- Block contracts – cannot unpick



SHAs



- Large areas - no natural links
historical antagonisms
- Diminishing authority
- Act on behalf of PCTs (in theory)



Trusts



Not fully embraced clinical involvement

power shift to commissioners

World Class Commissioning

Won't provide / invest unless

Commissioners purchase / promise

FT marketing not = regional rational planning

FT not obliged follow some national guidelines

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Adapting

Need to explain most **basic** reasons for
specialised care by a team
including a psychiatrist
why HV + EPDS, IAPT etc not enough

Need to rewrite over and over again



Understand

- No transfer knowledge / agreements
- Knowledge is power, ignorance weakness
- Process (due) not necessarily means to an end
- Power of passive non-cooperation
- No such thing as a promise
- No such thing as ring fencing



Attitudes & Beliefs (PCTs)



- Prevention - Wellbeing programmes, IAPT
etc will prevent psychosis
- Neat dichotomy of disorders & services
Mild / mod – primary care / psychological
Psychosis – secondary care
not spectrum severity / complexity
- Home, community, local, nurses, psychological Good
Inpatient, travelling, doctors, medicines Bad
- Evidence - don't believe it unless local
- We can do it ourselves



SWOT

Beware “Get out” Clauses



- “May”, “usually”, “either / or”
- “Co-working” Intermediate services gatekeeping
- Cheaper, generalist option will always be taken
- Temporary measures become permanent



S.W.O.T Threat from within



Colleagues

General we can do it just as well

Crisis EIP AO

Resistance further specialisation



S.W.O.T

Opportunities



- Everywhere hijack them
- Allies obs, midwifery, H.V.
patients public

Become a local Champion

- Eyes, ears, emails - anything that has implications
comment, volunteer join group
check context and origin
- CPD – PG meetings
local sessions
Mandatory training
Suggest, offer contributions
- Director PG Education
- **OBGYN & MW teaching**



S.W.O.T.

Clinical Credibility

Do the work

- Services built on giving advice to others
not popular with colleagues / commissioners
- Flexibility & helpfulness highly valued
- Protocols & criteria – pressure⁺⁺
but ensure don't act as barrier to access
- Tension between M & B Services & perinatal
most difficulty/complex cases fall to generalists
& least skilled
- **Be quick**



- Plan
 - owned and shared
 - rational, concise, evidence based
 - clear priorities
 - timeframes phased implementation
 - more than shopping list
- Clinical involvement
- Avoid complicity



Strength

Longevity

Clinical background

Quality

Go for long game

Always have plan B

Opportunities re - present



The challenge is to work without
Illusions and to avoid being disillusioned

Gramsci