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GP Pilot Development Programme - Evaluation Report – July 2015
Centre for Health Innovation Leadership and Learning (CHILL),
University of Nottingham
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Executive Summary

Introduction

- CHILL is using a mixed methods approach to evaluating Primary Care Transformation Projects (PCTPs); this approach therefore uses both quantitative and qualitative methods.
- The aim of this document is to give some indication of the impact of the GP Pilot Development Programme on the participants' activities and therefore the wider impact on the leadership of primary care in the local setting.

Methodology

- Two online surveys were created to analyse the impact of the programme, one before the programme and one afterwards.
- The first survey, focused on self-perceived competencies, was completed by twenty-five GPs at a meeting prior to the programme. The second survey, focused on the impact of the programme, was sent out to the eighteen participating GPs via an internet link in an email after the programme.

Findings

- GPs are less confident about their ability to; manage conflict, build confidence in others, establish cross partner teams and network than they are at; sharing expertise, understanding their organisation and staying informed of trends affecting practices and the NHS.
- As a result of the programme GPs expressed increased confidence in chairing meetings and conflict resolution, movement into new roles, relationships with other GPs and reported improved networking skills and contacts.
- However, despite this, GPs did not give any tangible examples of change in terms of service provision or organisation. It is important to consider that the survey was undertaken shortly after the conclusion of the programme and as such there has been little time for change to occur.

Discussion/Caveats

- A key caveat to consider is that the sample population of GPs is non-random and as such any extrapolation of the impact of this pilot to use with other members of the GP population must be carefully considered.
- Further analysis may be necessary in order to capture the impact of the programme further into the future when GPs had had more time to develop their roles and influence their networks and institutions.

1 Introduction

1.1 Programme Objectives

The GP Pilot Development Programme, referred to henceforth as 'the programme', was targeted to "equip the area with GPs who can lead the transformational step change at practice and local community level" (Beyond Coaching, 2015). For this reason the programme was targeted to those GPs who would be most likely to be able to lead this change- the implications of this are discussed below.

1.2 Description of Activities

The programme ran from February to July 2015 and consisted of three half-day group sessions and four one-to-one sessions with a coach lasting around ninety minutes. While the group sessions focused on business topics, group-work and commonly expressed development areas the coaching sessions were targeted more around individually selected goals.

The anticipated learning outcomes of the programme include:

- develop approaches for leading others in a collaborative environment
- demonstrate greater understanding of the impact they have on others and how to get buy-in
- develop a greater sense of clarity about whether and how they choose to lead new providers of care going forward
- develop effective strategies and approaches to anticipating and managing conflict

These anticipated learning outcomes can be crudely abbreviated to "soft skills" that some GPs, with an education predominantly made up of the sciences, may not have had a chance to develop or build confidence in. In fact in a 2010 paper entitled 'Quality Improvement in General Practice' the Kings Fund argue that "96 per cent of innovative GPs attending NHS Institute training in the past year report one of their chief unmet learning needs to be how to engage and lead their colleagues in new ways of working" (The King's Fund, 2010).

1.3 The Selection Process

Forty GPs formally expressed an interest in taking part in the programme. A panel made up of representatives from the PCDC, the Area Team and Beyond Coaching reviewed these expressions of interest and chose candidates based upon a number of criteria. A total of Eighteen GPs were chosen to participate in the programme.

An important consideration throughout the analysis is that the GP sample has been selected based upon some non-random criteria and as such selection bias will limit the external validity of any findings. These findings may therefore serve as either; an optimistic estimation of the wider impact of expansion of the programme to the other GPs, or, a realistic estimation of the impact of expansion of the programme to hand-selected GPs in other areas.

2 Methodology

2.1 Data Collection

Two online surveys were created to analyse the impact of the programme.

The first survey was completed by twenty-five GPs who attended a meeting to discuss the project on 18th February 2015. Using the entire group of GPs (40) as the dominator creates a lower bound for our response rate of 62.5% for the first survey.

The second survey was sent out to the eighteen participating GPs via an internet link in an email and was completed by fifteen GPs in the two week period between Wednesday 1st July and Wednesday 15th July 2015. Two of the eighteen GPs had to be excluded from the analysis as they had not completed the programme. Nevertheless the overall response rate, calculated by dividing the number of responses (15) by the number participating (18), was high at 83.3% for the second survey.

In both incidences an online survey was used to collect data. This minimized human error involved in the interpretation of the General Practitioner's handwriting, financial costs in postage and GP time expended on the evaluation. A further advantage is that all online submissions were sent directly to CHILL; therefore the evaluation maintains a healthy independence from the provider of the services.

2.2 Data Analysis

The data was cleaned and organised depending on the themes arising from the questionnaire. Due to the nature of the tight deadline a simple analysis is provided.

3 Findings

3.1 Ex-Ante Survey

The Ex-Ante survey was undertaken by twenty-five general practitioners at an introductory meeting. Of those attempting the survey the completion rate was one-hundred percent, i.e. all who submitted answered every question.
For the purpose of analysis scores are attributed numerical value as follows:

Score	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Numerical Value	5	4	3	2	1

The average score given was 3.74, closer to “Agree” than “Neutral”. This is approximately what would be expected given the nature of the statements and the Likert scale used.

It appears that respondents agree less with the later statements, more specifically statements nine-to-thirteen, than the earlier statements one-to-eight. From looking at the statements it is clear that the GPs are less confident, as a group, about their ability to; manage conflict (Statement 10), build confidence in others (11), establish cross partner teams (9) and network (12 and 13) than they are at; sharing expertise (4), understanding their organisation (5) and staying informed of trends affecting practices and the NHS (6).

By analysing the distributions of these scores (shown below in Figure 2) it becomes immediately apparent that this trend has been brought about, at least in part, by an increase in the number of GPs either disagreeing or strongly disagreeing with statements. Statements nine “I have experience in building cross partner teams with the right blend of experience, styles and knowledge” and twelve “I am comfortable at building a network of contacts from a wide variety of backgrounds, organisations and fields” in particular were met with a significant amount of disagreement by GPs.

3.2 Ex-Post Survey

3.2.1 Yes/No Questions

Four of the questions asked in the ex-post survey offered a simple yes/no answer. The percentage of respondents answering ‘Yes’ to each question is displayed below in Figure 3. All respondents answered “Yes” to the first question, suggesting that the programme had in some way changed the way in which every participating GP worked. Ninety-three percent of respondents (all but one) agreed that the programme had led to improved relationships with existing partners and collaborators. Slightly fewer, twelve of the fifteen, answered “Yes” to the programme resulting in stepping into a new role. Finally, around sixty percent of those questioned did not feel that they passed on skills and techniques gained to other colleagues.

The results of this simple binary analysis inform the themes, analysed below, in written responses to each question.

3.2.2 Written responses

Four key themes emerge from the analysis of the written responses. They are; increased confidence in chairing meetings and conflict resolution, movement into new roles, improved relationships between GPs and improvement in networking skills and

contacts. They are analysed under each respective sub-heading below, followed by two sections on dissemination and direct impact respectively.

1) Increased confidence in chairing meetings, leading and conflict resolution.

From the responses to the question asking whether the GPs had changed the way in which they work eight of the fifteen written responses included the word "Confidence", nine directly related to changes in the way in which the GPs would approach meetings and five mentioned improvements in managing conflict with other staff.

One GP states that they are *"More confident and knowledgeable in dealing with management/ staff issues at work"* and that they *"Feel more empowered in leadership role".* Another expresses that they have developed *"Greater skills set especially in relationship to chairing meetings"*. A further example is a comment by one GP who felt that they provided *"More confident leadership for the practice at a crucial time".*

2) Movement into new roles.

From the responses to question three it was apparent that some GPs had increased their confidence to consider, or actively seek, new roles. One GP revealed that the programme *"provided the seed to consider that I might take on a new leadership role in other organisations within the local NHS community".*

In response to the question asking GPs to *"provide examples of new influencing roles or networks that are as a result of the GP Development Programme"* two respondents indicated that they had moved into new roles. In fact one participant went as far as to state that *"Without going through this programme I think it would have been unlikely that I would have stepped up at this stage in my life/ career to take on a lead role at CCG level".*

3) Improved relationships between GPs.

Another key theme has been in regards to improvements in the relationships between collaborating GPs. Several GPs provide comments similar to one GP who writes: *"I think I've developed skills that help me to work more effectively with other GPs"*. This links directly to the anticipated impact stated by another, namely, *"A better functioning primary care team".*

4) Improvement in networking skills and contacts

The final theme arising from the responses was that the programme improved networking skills and may have developed new contacts. One GP mentions that the programme has led to *"Better networking and allowed me to develop relationships with peers which has improved my finding of first follower".*

Perhaps inevitably, bringing together a group of ambitious and hand selected GPs will lead to increased contacts. One GP writes that they *"Have a new network of GPs to bounce ideas off. I have some new contacts for work which I may get involved in, in the future".*

5) Dissemination

There were few written responses to the question asking about dissemination of knowledge learnt (question 4) reflecting the fact that only a low number of GPs felt they had passed on knowledge. However, of those who did provide a written answer, perhaps the best summary of the reaction of the GPs is provided in one very brief response:

"Not yet!"

This response suggests that maybe it is too soon to tell.

6) Direct Impact

Examples of direct impact on institutions or the wider healthcare community were more limited. One GP expresses anticipation that the programme will aid development in primary care:

"I hope and anticipate it will aid the group developing improved/expanded community services for patients."

And another can give an example of a potential project on which the skills are being used:

"Trying to use the skills I have learnt to form a federation of GPs locally which will enable us to work together as local GPs"

But none so far have been able to give a detailed example of a change, in terms of service provision or organisation, brought about by the programme. Given the proximity of the ex- post questionnaire to the GP Development Programme, necessary for reporting purposes, limited impact can be expected. In order to fully assess the impact of the programme future work would be necessary to future capture changes made.

4 Discussion

This report set out to provide clarity to those tasked with commissioning the GP Pilot Leadership Programme as to the impact that the programme has had on the participants and within a wider healthcare context.

From the findings section above it can be seen that the GPs selected feel less confident in several key areas; managing conflict, building confidence in others, establishing cross partner teams and networking. From the responses to the “Yes/No” questions and the written answers it appears that the programme has improved GP confidence in their own ability to chair meetings, manage conflict, collaborate well and, to some extent, build networks.

A key caveat of this study is noted at the beginning, and is returned to here. The sample population of GPs is non-random and as such any extrapolation of the impact of this pilot, on GPs or institutions, to the impact of programmes with other members of the GP population must be carefully considered.

Very few tangible outcomes are attributed to the programme. Given the nature and extent of the programme this is to be expected and should not be misinterpreted as a failure of the pilot. Further analysis may be necessary in order to capture the impact of the programme further into the future when GPs had had more time to develop their roles and influence their networks and institutions.