# Advanced-Level Pharmacist/GP Co-Pilot to Improve Patient Outcomes in Primary Care

## Project Report: 2015-16

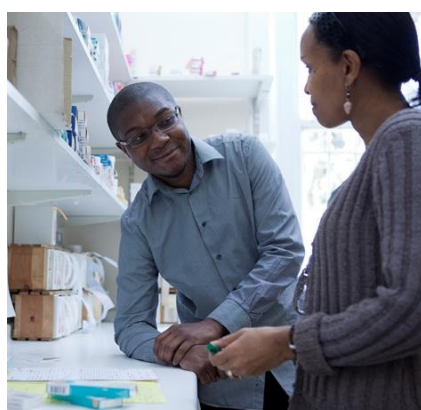### Health Education England, North Central and East London & Green Light Pharmacy, London

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# Background

Nationally and locally, it has been identified that education and training has to develop a workforce capable of multi-professional, cross organisational boundary working as a major priority to prevent fragmentation and duplication of care. Current uni-professional training arrangements exacerbate these dynamics.

A number of recent publications propose future models of patient care within the NHS that rely in part on robust inter-professional networks and communication processes.

## Five Year Forward View (5YFV)

This document presents a five year strategy for the NHS and highlights the changes that must be made, with particular focus on prevention and public health. The document argues for a "radical upgrade" and a more engaged relationship with carers, patients and citizens. Barriers between healthcare providers need to be broken down, and it sees clear opportunities for Community Pharmacies to play an increased role in service provision, especially when dealing with minor ailments. As the most accessible healthcare locations with the most regular contact with many patients, Community Pharmacies are well placed to help the NHS to deliver a number of key priorities set out in the 5YFV, such as moves to empower patients to care for themselves; to provide more care to patients in care homes; and to ensure patients are getting the most appropriate care at the right times. 5YFV highlights the need for multi-speciality provider organisations to aid delivery of these aims.

## Transforming Primary Care

A radical change from the fix-treat-forget model is proposed, with much more emphasis on holistic and preventative care for an increasingly ageing population with complex needs. A much greater role for pharmacy within multi-disciplinary teams is advocated, with pharmacists leading on medicines optimisation to prevent unnecessary hospital visits, supporting self-care in the community, and undertaking further qualifications to become prescribers.

This project aims to establish a working partnership between Community Pharmacies and General Practices within a number of CEPNs within HENCEL to improve patient outcomes in those localities, and to ensure the learning translates beyond the geography with the possibility of further rollout and service provision in the future. This will be achieved by GPs and advanced-level Community Pharmacists collaborating on quality-improvement projects. It is envisaged that this collaboration will develop closer working, relationship building, network formation and allow practitioners in these professions to step out of their silos, significantly contributing to the building of multi-specialty relationships within primary care. It is key this partnership should actively seek to incorporate the wider workforce, such as salaried and locum GPs, practice managers and practice/community nurses (not just GP Partners and Pharmacists). This could seed the development of new models of joined up Primary Care as envisaged in the recent 5YFV and Transforming Primary Care documents. For example this may enable the future 'sharing' or co-working of the pharmacist between the Practice and Community Pharmacy to create a community-based practice pharmacist who splits their working week between Community Pharmacy and General Practice, creating a more aligned primary care workforce.

## Project Aims

- To provide training to develop leaders from the professions to drive the changes required to deliver future models of care.
- To encourage the development of networks of Community Pharmacies and GPs with a deep understanding of each other's NHS contracts and their role in helping achieve better patient outcomes.
- To create a significant step towards ending the 'silo' working practices currently in place, not only between different specialties but also within the professions themselves.
- To support  key HENCEL CEPN principles:
  - To promote collaborative working and multi-professional development across a range of providers with regards to education and training.
  - To enhance clinical and educational outcomes over time through supportive communities of practice i.e. peer review.
  - To develop education and training more closely tailored to the needs of local communities and aligned to the commissioning intensions of service commissioners.
- To support key HENCEL CEPN functions:
  - To respond to local workforce needs: This project will support collaboration to meet local workforce requirements (such as specific skills shortages), including the development of this new bespoke programme which aims to meet specific local needs (including developing an educational programme based around integrated care pathways and new roles reflecting care pathways).
  - To develop educational faculty: This project will support development of local educational capacity and capability by supporting the development of multi-professional educators in community settings.

## The Pilot Project

This pilot project aimed to recruit 6 qualified GPs and 6 advanced level community pharmacists (at least five years post-registration) from CEPNs within HENCEL. Promotional material was distributed widely to pharmacies via Local Pharmaceutical Committees (LPCs) and to GPs via CEPNs and the GP Deanery. Expressions of interest were gathered before an individual phone call to each potential participant by the project manager was carried out. During the phone call, a further explanation of the project was given, including the commitment required. In addition, a list was gathered from the GPs of the local pharmacies which their patients tend to use, and a similar list of local GP practices was collected from the pharmacies in order to facilitate the pairing process.

The participants attended an initial joint learning and networking session in order to explore current issues hindering effective joint healthcare delivery in the workplace, and better understand each other's NHS contracts. Each GP was paired with a pharmacist, and following the joint learning and networking day they arranged to spend some time in each other's practice. The community pharmacists spent four half day sessions with their partner GP, following an advanced version of the GPhC approved curriculum for Pre-registration Pharmacist placements in General Practice. The GPs spent four half day sessions in community pharmacy following the curriculum for GP trainees to work within Community Pharmacies. This curriculum is in the process of being approved by the HEKSS School of General Practice and this work could be further developed through a joint London and KSS approach. One of the purposes of the placements was to enable participants to begin to

target areas of commonality and mutual benefit within both contracts (for example QOF, QIPP, MURs and NMS, Local Authority commissioned Public Health Services).

Before the placements began, participants were required to attend a six day leadership programme (a current HENCEL-funded programme already exists that was commissioned via the Camden CEPN Locality Fund). These days provided another opportunity for the GPs and community pharmacists to meet and identify areas of commonality.

As an outcome of the placements and leadership training, each pair of GPs and pharmacists were required to jointly undertake, write and present a Quality Improvement Project (QIP). The focus of the project would stem from the placements and jointly undertaken leadership programme. The participants were supported to undertake the QIP by a series of facilitated group sessions during the Leadership Programme. At the end of the pilot project all participants were invited to a celebration event where they presented their QIP to a group of peers and commissioners.

## Evaluation

The evaluation aimed to capture and explore the experiences of the GPs and community pharmacists taking part in the pilot project and consisted of three stages:

### Stage 1 – Initial joint learning and networking session
Participants were asked to complete a questionnaire at the start of the initial joint learning and networking day to capture their initial understanding of each other's contracts, and their expectations of the project.

They were then asked to complete another questionnaire at the end of the event to evaluate their understanding of the pilot project.

### Stage 2 – Evaluation of the Leadership Programme
Participants were asked to complete an evaluation form at the end of each of the six days of the leadership programme, and a final evaluation form focussing on the impact of the programme overall.

### Stage 3 – Post pilot project questionnaire
Participants were asked to complete a questionnaire at the end of the project that asked their views on the placements and the QIP. Participants were given this questionnaire at the celebration event and asked to complete it then and there. Those who could not attend the celebration event were invited to complete the questionnaire online.

## Results

Six advanced level pharmacists and five qualified GPs were recruited to take part in the project. The pairings were created by the project manager based on information gathered from the individual participants during the recruitment phase. This allowed most of the pairings to be from the same geographical location i.e. the pharmacist and GP worked in the same area.

## Stage 1 – Joint Learning and Networking Session

Five pharmacists and five GPs completed the pre-event questionnaire; five pharmacists and six GPs completed the post-event questionnaire. After completing the initial induction event, one GP decided that they were unable to commit to the project, and ended their involvement at this stage.

### Pre-event Questionnaire

Participants were asked what they hoped to learn from the joint learning and networking session. The pharmacist and GP responses are detailed in Table 1 below (some participants gave more than one response).

**Table 1 Pharmacists and GP expectations of the joint learning and networking event**

| Pharmacist responses | GP responses |
|---|---|
| • *To discuss and find out new innovative ways of working together*<br>• *The details of this HENCEL project. [To understand a] little more about this pilot and what's exactly involved. An outline structure of what will be involved over the coming weeks.*<br>• *Meet my paired GP.*<br>• *[Understand the] benefits and expected outcomes of the project*<br>• *How much commitment [to the pilot] is required.*<br>• *[The] main barrier with GP practice & pharmacies.* | • *The idea behind creating such a workshop.*<br>• *What the workshop hopes to provide.*<br>• *Expectations & timescales.*<br>• *More about the project! Scant information given out prior to this.*<br>• *Learning new ways of developing a better working relationship with our local pharmacy.*<br>• *Tools and resources to aid improved collaborative working with pharmacists. These practices support shared learning.*<br>• *To learn aims and objectives of the course.* |

Participants were asked a series of Likert scales response questions about their current understanding of each other's practice. The statements for the GPs and pharmacists mirrored each other. The responses are shown in Table 2 below. The responses between GPs and pharmacists differed on the question around patients having a clear understanding of when to see a GP and when to see the pharmacist. All the GPs disagreed with this statement, whereas 2 pharmacists agreed with it. In addition, the some pharmacists felt that their local GP practice did not understand or value the role their pharmacy in patient care, whereas all the GPs agreed that their local pharmacy understood and valued the role of the practice in patient care. One of the GPs added an additional comment to this section stating that is was '*essential to have good, close, working relationships with all pharmacies within the practice boundary.*'

**Table 2 Pharmacist and GP current understanding of each other's practice.**

| Statement | Strongly agree/ agree | Neither agree nor disagree | Disagree/ strongly disagree |
|---|---|---|---|
| **P** I feel I have sufficient knowledge of the services provided by the GP surgery I will be placed in. | 1 | 2 | 1 |
| **GP** I feel I have sufficient knowledge of the services provided by the community pharmacy (CP) I will be placed in. | 2 | 2 | 1 |
| **P** I have a good knowledge of the role of the GP. | 4 | 1 | 0 |
| **GP** I have a good knowledge of the role of the community pharmacist. | 3 | 1 | 1 |
| **P** The majority of patients have a clear idea of when to see their pharmacist and when to see their GP | 2 | 1 | 2 |
| **GP** The majority of patients have a clear idea of when to see their pharmacist and when to see their GP | 0 | 1 | 4 |
| **P** My pharmacy currently has a good working relationship with the local GP surgery. | 5 | 0 | 0 |
| **GP** My practice currently has a good working relationship with the local CP. | 4 | 1 | 0 |
| **P** I feel that the local surgery understands the role of my pharmacy in patient care. | 3 | 1 | 1 |
| **GP** I feel that the local CP understands the role of my practice in patient care. | 5 | 0 | 0 |
| **P** I feel that the local GP surgery values the role of my pharmacy in patient care. | 3 | 1 | 1 |
| **GP** I feel that the local CP values the role of my pharmacy in patient care. | 5 | 0 | 0 |

Table 3 shows the perceptions of the pharmacists and GPs on the benefits of the placements on their own practice. Overall, the benefit was seen as gaining a better understanding of each other's practice and how to utilise each other to improve working.

**Table 3 Pharmacist and GP perceived benefits of the placements for their own practice**

| Pharmacist | GP |
|---|---|
| What benefits, if any can you perceive for you as the pharmacist who will be experiencing the GP placement? | What benefits, if any, can you perceive for you as the GP who will be experiencing the pharmacy placement? |
| <ul><li>*To look at what the whole GP working day consists of.*</li><li>*I want to understand how GP surgeries run, the challenges they have and how pharmacies and pharmacists can help surgeries better and work as a team to improve local health communities.*</li><li>*Definitely a unique opportunity - to get to know the workings of the practice; getting to know the surgery team and improve working between the two.*</li><li>*A better understanding of the working of a GP practice.*</li><li>*Understand how GP deal with repeat/acute/long term conditions prescribing.*</li></ul> | <ul><li>*The pressures on our local pharmacies are unclear - to get to know these. To create better working relationships between us.*</li><li>*Better understanding of pharmacists.*</li><li>*Knowledge on role of pharmacist and improved services that they provide.*</li><li>*Understand how better to utilise.*</li></ul> |

Table 4 shows the perceived benefits for the pharmacy and the GP practices. The themes in the responses relate to improving relationships and communication in order to better solve problems and to stream line working. GPs also commented on using pharmacies for minor ailments in order to free up appointments.

**Table 4 Pharmacist and GP perceived benefits of the placements for their pharmacy or GP practice**

| Pharmacist | GP |
|---|---|
| What benefits, if any, can you perceive to your pharmacy from these GP placements? | What benefits, if any, can you perceive to your practice from these CP placements? |
| <ul><li>*We can solve common issues together, patient experience will improve, clinical care will improve.*</li><li>*To improve the knowledge that GPs have of how pharmacies run, our challenges and how practices tie in with GP practices.*</li><li>*Able to sort patient queues. Improved and joined up care.*</li><li>*Problem solving on day to day issues can perhaps be better resolved, which in turn will be helpful to patients and healthcare professionals.*</li><li>*Better relation with GP practices to improve patient care.*</li></ul> | <ul><li>*Relationship improvements.*</li><li>*Streamlined working*</li><li>*Unburden minor ailments (to a degree)*</li><li>*I can pass on my knowledge to practice staff to enable better patient care.*</li><li>*Improved communication between GP and pharmacy. Free up appointments - patients who can be seen in pharmacy instead.*</li></ul> |

Table 5 shows the perceived benefits of the placements for patients. Overall the themes related to a re-direction of services to ensure a shorter waiting times and a smoother service. One pharmacist commented on the need to change the mindset of patients regarding the use of different healthcare services. Comments were also received around the improvement in the GP/Pharmacist relationship resulting in a quicker resolution of issues.

**Table 5 Pharmacist and GP perceived benefits of the placements for their patients**

| Pharmacist | GP |
|---|---|
| **What benefits, of any, to your pharmacy's patients from these GP placements?** | **What benefits, if any, to your practice's patients from these CP placements?** |
| • *Patient experience will be smoother. Patient will see the appropriate healthcare professional at the right time.*<br>• *Better services offered by both practices due to increased understanding and better team work.*<br>• *Joined up care. Any issues resolved quicker. Appropriate care in the appropriate setting (GP vs Pharmacy).*<br>• *Patient problems particularly in terms of access to GPs may be easier to resolve.*<br>• *Changing mindset of patient regarding use of different healthcare services appropriately.* | • *Relationship improvements. Understand pressures on general practice & pharmacies.*<br><br>• *Better re-direction thus providing better care.*<br><br>• *Shorter waiting times to get issues sorted.* |

Table 6 shows the perceived benefits of the placements for each other's practice. Responses showed similar themes to the previous questions in terms of better working relationships and improved problem solving.

**Table 6 Pharmacist and GP perceived benefits of the placements for each other's practice**

| Pharmacist | GP |
|---|---|
| **What benefits, of any, can you perceive to the GP surgery from these placements?** | **What benefits, if any, can you perceive to the pharmacy from these placements?** |
| • *Hopefully, free-up time at reception so GP can use time more efficiently.*<br>• *Improve prescribing.*<br>• *The whole surgery team will be more sympathetic to the pharmacy's plight and challenging both teams to be best placed to help each other function better.*<br>• *Greater understanding of how the pharmacy works and the challenges they face.*<br>• *Better working together to resolve issues.*<br>• *Improved relationships.* | • *Work with GPs and get to know GPs.*<br>• *Help with pressures.*<br>• *Ease concerns/worries.*<br>• *Better co-operation between surgery and pharmacy.*<br>• *Exposure to full range of services that GP providers. See the full picture.* |

Patient confidentiality was raised as a concern regarding the placements by a pharmacist. The GPs did not raise any concerns about the placements.

*Post-event questionnaire*

Table 7 shows that overall there was a high level of satisfaction with the event in both the pharmacists and the GPs. At the end of the session all the pharmacists felt prepared to undergo the placement, however, one GP did not feel at all prepared.

**Table 7 Satisfaction with the Joint Learning and Networking Session**

| Question | GP/P | 1 not at all | 2 | 3 | 4 | 5 Extremely |
|---|---|---|---|---|---|---|
| How well do you understand the project? | *P* | *0* | *0* | *0* | *3* | *2* |
| | *GP* | *0* | *0* | *2* | *2* | *2* |
| How well do you understand your role during the placements? | *P* | *0* | *0* | *0* | *4* | *1* |
| | *GP* | *0* | *0* | *1* | *4* | *1* |
| How well did the workshop address any questions you had? | *P* | *0* | *0* | *0* | *2* | *3* |
| | *GP* | *0* | *0* | *1* | *3* | *2* |
| How satisfied were you with the organisation of the workshop? | *P* | *0* | *0* | *0* | *3* | *2* |
| | *GP* | *0* | *0* | *1* | *2* | *3* |
| How satisfied are you with your knowledge of your immediate action points post induction day? | *P* | *0* | *0* | *0* | *2* | *3* |
| | *GP* | *0* | *0* | *1* | *3* | *2* |
| Overall, how prepared do you feel to undergo your placement? | P | 0 | 0 | 1 | 3 | 1 |
| | *GP* | 1 | 0 | 1 | 4 | 0 |

When asked what the key learning from the session had been, the pharmacists identified the following overall key learning points:

- *Identifying potential projects.*
- *Understood QiPP agenda and priorities better.*
- *Understand better the pressures GPs face on a day to day basis.*

The GPs identified similar key learning points:

- *How to work with local pharmacy and arrange QIPP/Project.*
- *Different role of GPs and pharmacists and how we can work closely to improve patient care.*
- *The role of the project as a whole.*
- *Improved understanding of pharmacist working.*
- *Role of pharmacist in dispensing / patient contacts.*

Two of the pharmacists identified further learning that should be addressed in this joint learning and networking sessions. These were:

- *Better working with partner GP.*

- *Pilot project – so there will be hurdles like conflict of interest.*

One GP asked for more of an outline of the course.

When asked if they had any other comments one GP stated:

- *I think too much time expected. Sorry but v. difficult to find 4 hr sessions and 1hr travel each way*

The comment above came from a GP who ended their involvement in the project at this stage, as mentioned in the results section above.

### *Stage 2 – Evaluation of the Leadership Programme*

The overall evaluation of the Leadership Programme is presented here. The programme outline for each study day is shown in appendix one. The separate evaluation of each of the six study days can be found in appendix two.

Overall feedback questionnaires were completed by 8 participants (pharmacists and GPs). Questionnaires were completed at the end of the last study day, at which point most of the participants had not yet begun their placements or quality improvement project.

Seven of the eight participants rated the training days according to how useful the day was to their practice. The cumulative scores are shown in table 8.

**Table 8 Cumulative scores rating the usefulness of each leadership study day**

| Introduction to leadership | Developing people | Managing performance | Leading with Care | Leading change | Engaging Teams |
|---|---|---|---|---|---|
| 24 | 15 | 11 | 29 | 22 | 21 |

All eight participants thought their leadership sills had changed as a result of attending the programme. The comments received in order to qualify their response included:

- *Yes. More confidence in my own abilities as leader.*
- *Yes. Clear vision.*
- *Yes. The leadership skills, have identified many areas of strength and weaknesses*
- *Yes. Previously I believed leadership was something you were born with. I did not think that it could be learnt.*
- *Yes. Have started using change ideas.*
- *Yes. I have tools to implement change.*
- *Yes. Putting patient first.*

- *Yes. I have learnt to be more flexible in my approach to produce the end result.*
- *Yes. I try to listen more and be sympathetic for changes.*
- *Yes. I look at the people's views.*

Participants were asked which one activity from the whole leadership programme they have put into practice. All eight responded and their responses were:

- *Engagement Teams*
- *Feedback – giving staff feedback and asking for feedback.*
- *Care (6C's)*
- *Coping with change.*
- *Monitoring performance.*
- *Self-reflection and understanding my own strengths and weaknesses as a leader.*
- *Sharing the vision*
- *Change management.*

All eight participants identified their main personal learning objective when they started the 6-week leadership programme. These were:

- *Working together. Project based local work.*
- *General leadership skills*
- *Team management*
- *Learn to be good leader.*
- *To have a better understanding of different management concepts and how to implement them.*
- *Improve leadership skills.*
- *Just to aim for, to work and understand closer ties with GP colleagues.*
- *To understand leadership and how to manage my team better.*

Seven of the eight participants responded that their objective had been met. One participant did not answer this question. The comments received were:

- *Yes. Noticing better results.*
- *Yes. V. useful workshops.*
- *Yes. I have understood the various management styles and the advantages/disadvantages / limitations of each.*

- *Yes. I think I have definitely improved my overall understanding. I've been asked by my practice to show my learning and what can be applied to my practice.*
- *This is on-going, with the project in proposal.*
- *Yes. Have skills to impact change.*

The next set of questions pertained to the whole pilot project including the leadership programme, placements and QIP.

Seven of the participants thought that the programme overall had helped them to understand the NHS contract of the colleague they were paired with. One participant was not sure. The following comments were received:

- *Yes. Workbook very helpful in this respect.*
- *Yes. Script Journey – both way – GP practice, pharmacy practice.*
- *Yes. The informal discussions, have given a valuable insight into many areas.*
- *Yes. I think this will be further improved by our practice in each other practice.*
- *Yes. Understanding the QIPP programme.*
- *Yes. The workbook has a great amount of detail.*
- *Not sure. Looking forward to spending 4 half days to improve this.*

All eight participants felt that the programme had helped them understand how inter-professional working can improve patient outcomes. The following comments were received:

- *Yes. Already spent time in each other practices and gained better understanding.*
- *Yes. Leading with care.*
- *Yes. Communication important between different teams.*
- *Yes. Understanding the roles of other professionals, has helped patient outcome.*
- *Yes. I think the QIPP project and its outcome may show this further.*
- *Yes. Engagement and community, builds trust and rapport.*
- *Yes. I used to work in a silo, but am much more pro-active with my GP lead.*

Seven participants thought the programme had helped to support a culture change in ways of working (i.e. less of a silo approach, in favour of working as a network). One participant responded 'no' to this question. The following comments were provided as reasons for their responses:

- *Yes. More confident in local partner.*
- *Yes. Emphasised importance of importance of different roles.*
- *Yes. Understanding, other people and roles has been very valuable.*
- *Yes. I believe it has, however it is important that we continue to work together and see improvements in patient care.*
- *Yes. To deliver better outcomes it is important to work together.*
- *Yes. Better communication with GP practice and staff.*

Seven participants felt that the programme would help them to encourage a culture of working and connecting with other healthcare professionals. One participant responded 'no' to this question. The following comments were provided as reasons for their responses:

- *Yes. Spend a session with each other.*
- *Yes. Encourage communication.*
- *Yes. This is very necessary to provide better patient outcomes.*
- *Not sure. I have found benefit, but it will be important to convince people and encourage change.*
- *Yes. The NHS is divided into many sections, so to influence and understand better patient care.*
- *Yes. I will initiate regular visits to the GP practice.*

Seven participants thought the programme had given them the skills to encourage inter-professional working by their own team. One participant responded 'no' to this question. The following comments were provided as reasons for their responses:

- *Not sure. Team already work very closely together.*
- *Yes. Understanding networking and the roles of other teams has been very useful.*
- *Yes. I think that there are ideas I have picked up that can be implemented.*
- *Yes. I have the task to identify and maintain change within my practice.*

The final set of questions specifically related to the Quality Improvement Project. Each participant stated the subject of their QIP. These were recorded as:

- *Discharge summary reviews. MUR Reviews. Audit of acute script requests*
- *Looking at MURs – how to make this more useful for GPs and how to best forward this info. Spending time at each other's practices.*
- *Not sure yet, exploring MUR*
- *To improve the asthma care of high risk patients – i.e. picking up more than 12 SABA inhalers in a year.*

- *Prescription queries (our practices are not in close proximity, so the project was late (very) in starting. It is still at an early stage, but we will work closely over the next few weeks to get some constructive outcome.)*
- *Queries dealt with from pharmacy improving communities.*
- *Evaluating and improving Asthma care in patients collecting more than 12 SABA.*
- *Minor ailment.*

Four participants detailed how the subject of the QIP was identified:

- *Thorough discussion / or visit to pharm/GP*
- *Personal interest.*
- *Thinking about day to day work and what takes most time when dealing with prescriptions.*
- *A priority for GP colleague.*
- *Over conversation with GP and discussing issues that affect both pharmacy/GP patients.*

Four of the participants detailed what they were hoping to achieve through the QIP:

- *Time to collaborate.*
- *Better patient outcome.*
- *To improve asthma care in this group of patients.*
- *Ongoing.*
- *Better working relationship with the GP practice.*

Three respondents stated what they initially decided would be a measure of the success of their QIP:

- *Improved working.*
- *Patient outcome (safety*
- *Patient collecting less SABA. Patients attending annual asthma reviews.*
- *Improvement in patient satisfaction. Reducing prescription queries. Reducing complaints from prescription problems.*

Three trainees responded to the question about which models from the leadership programme whey used/are using in their QIP. These were:

- *All.*
- *Improving team engagement.*
- *Nothing yet.*
- *Ongoing.*

Two of the trainees responded that they had completed their QIP and the outcomes were:

- *Improving team engagement.*
- *On –going.*

Participants were asked if, having completed a QIP with a colleague from another healthcare profession, it would be useful to carry out a similar project with a different healthcare professional. Three of the participants responded as follows:

- *Yes, I would be interested in working with other practices to see how they work and find areas that they are doing better than us.*
- *Yes. Connecting with other healthcare problems is only beneficial.*
- *No.*

On participant provided the following overall comment:

- *I have enjoyed the workshop sessions a great deal, and have been very useful and I have slowly begun to implement the ideas and concepts learnt.*

### *Stage 3 – Post pilot project questionnaire*

Participants were invited to a celebration event once all the placements, leadership training and QIPs had been completed. Participants were asked to complete a final questionnaire about their reflections on the whole project.

Four participants returned completed questionnaires: three pharmacists and one GP.

The best part of the pilot project was commented on as:

- *Networking ideas*
- *Improved communication and trust between the GP and pharmacist practices*
- *Getting to meet the pharmacy, understanding what his job entails. Also working with staff to improve service delivery*
- *Refreshing knowledge of EMIS, and how ETP 4 is processed. Discussed ways of improving communication*

The least satisfactory part of the pilot project was:

- *Coming in the middle of the week training days – weekend would have been better*
- *Unfortunately the pharmacy and surgery are quite far away so limited scope for QIP. I think if it was located close there could be more scope for collaborative learning.*
- *Could be done in less time*

- *None really – just organising time off to attend the meetings*

One participant would omit the district nurse component of the placement as most as centrally based.

The following comments were received as components participants would have liked added to the project:

- *Increase practice collaborating time/days e.g. 8 instead of 4 half days*
- *Would be more useful to have GP and pharmacy sharing the same cohort of patients*
- *Maybe a bit more structured guidance to placements. Suggestions of things to accomplish.*
- *Practice pharmacist and community pharmacist discussing ways of improved prescribing measures.*

The length of the programme was commented on as follows:

- *Satisfactory*
- *We did not actually use all of the time allocated to spend in each other's practice. Initial visits then mainly e-mailing.*
- *It is a reasonable amount of time, however, as workplaces were not in the same catchment area it was too much time.*
- *Training days and leadership programme was very good and appropriate. Placement day could use three half days and this saved time for project discussion.*

The comments on how the pilot project provided opportunities for interprofessional learning were:

- *GP trainee visiting pharmacy practice regularly as part of their training.*
- *Helped me understand more about pharmacy electronic prescribing*
- *Foster communication resulting in faster, improved patient benefits e.g. drug chamge, using email, SMS.*

Participants were asked to reflect on how useful the first joint learning and networking event and the start of the project was, now that that they had come to the end of the project. The comments received were:

- *Great induction. Keep up the good work*
- *Unfortunately I was unable to attend the induction programme*
- *The induction was useful as we did not initially have an idea what the project was about.*

In relation to the impact of the pilot project on understanding of the roles of other healthcare professionals, the participants provided the following comments:

- *Understand the complete patient journey*
- *Definitely greater awareness of each other's roles.*
- *Improved understanding of other HCP, e.g. social service, OT*

The impact of the pilot project on their own practice was described as:

- *Provide uniform service to patient outcome.*
- *We had good relationships but clinically we are more confident, and our GP colleagues understand the need for collaboration.*

When asked about the impact of the pilot project on their professional confidence, the following comments were received:

- *Has raised few bars*
- *Definitely a great opportunity to work with the GPs to realise that actually they are OK to speak to!! More confidence in dealing with them.*
- *Has improved understanding and confidence*

The following comments were received when participants were asked if the pilot project has changed any aspect of their practice to enhance patient outcomes:

- *Better communication lead to uniformity of message/service to the patient – helped patient outcome.*
- *We are aware of the role of the MDT, at the surgery for referral*

The impact of the placement programme on the plans for future practice included:

- *Probably work as a practice pharmacist*
- *More collaborative working. Will take some ideas to the local GP*
- *I have learned about ideas that other practices have done to improved communication e.g. creating an e-mail address*

In response to the question on plans for future interprofessional working participants responded as follows:

- *Stepping stone for becoming a practice pharmacist*
- *We plan to continue to work on future placements e.g. pre-reg, new CP, trainee GP*

Participants were asked what they thought could be the benefit to patients of a pharmacist working in a GP surgery. The following comments were received:

- *Would bring a wealth of patient knowledge as they have more contact with them compared to the GP.*
- *Improved safety; improved prescribing; quicker resolvement of medicines related issues.*
- *Will improve pharmacists understanding of how different surgeries work and operate, may help them give ideas to local practices.*

When asked if their opinion of the sector in which they undertook the placement had changed, participants responded:

- *Understanding the patient journey with prescription*
- *No*
- *No*
- *Same as before*

Participants were asked if the project had triggered opportunities for collaborative working across the sectors and responded with:

- *Practice pharmacist*
- *Will be working with my local GP to have a better form of communication of appropriate information.*
- *Yes, re-audit our QIP*
- *In future working with in house pharmacist*

The participants understanding of the other sector's NHS contract had changed as follows:

- *QOF*
- *Yes, understanding of GP contract*

When asked what could be done to build on this placement project for future cohorts participants replied:

- *Give better patient outcomes and safety*

The last few questions pertain to the QIP that the participants had carried out. The projects were described as:

- *Patient safety and patient outcomes*
- *Patient safety and better outcomes*
- *Improving communication between practice and pharmacy*
- *>12 SABA inhaler review and asthma education*

The outcomes of the QIP were:

- *Patient safety and patient outcome*
- *Patient safety*
- *Still needs recording*
- *Patients reviewed faster than traditionally resulting in better managed care*

The impact of QIP on professional working was described as:

- *Excellent*
- *Gave me first experience of working collaboratively with another pharmacist. Ideas of how in the future we could work together.*
- *Better interpersonal respect.*

The likely impact on patients was described as:

- *Better patient outcome*
- *Double input from two different HCPs must result in improved outcomes possibly.*
- *Improved understanding of the prescription process.*

Other comments received were:

- *I think four half days for GPs to spend in pharmacy is too long, although we only used 1–2 sessions.*
- *Professional satisfying and clinically very useful.*

## Discussion

The pharmacists and GPs recruited to this project were a self-selected group of individuals who were keen to learn about each other's practice and saw value in the project. They were willing to provide the time commitment needed to undertake the project. Initially, although they generally felt that they had a good knowledge of services provided by the other healthcare professional (Table 2) they had hopes and expectations of the project, that it would improve communication and help to identify better ways of working together to improve patient care and the patient experience. Overall, the responses received indicate that the participants feel the pilot project had met their expectations. Comments were received that suggest that the project has:

- Improved interprofessional and communication
- Led to better understanding of each other's practice
- Increased participant's confidence in their leadership skills, particularly around change management.
- Increased the community pharmacists confidence in building relationships with GPs
- Increased participants confidence in each other
- Encouraged interprofessional working with the aim of improving patient care

- Through the workbooks, QIP and placements, improved understanding of each other's contracts.

There is some learning that can be taken forward to a second phase of this project. The feedback suggests that the length of the placements was not quite right. A number of comments suggest that they are too long, but one comment was received that the GP placement in the pharmacy should be eight half day sessions rather than four. The comments about the placements being too long may relate to uncertainty about what to do during the placement, or simply the difficulties in arranging time out of practice to undertake the placements. The workbooks should be reviewed with an aim to provide more direction about the placements.

The whole pilot project was an intensive project which required a lot of time out of practice to attend the leadership study days and the placements. A further iteration of the project could evaluate whether the placements and QIP on their own without the leadership programme would be as beneficial, or whether the joint learning on the leadership programme contributed greatly to the outcomes.

Further consideration should also be given to how the GP and pharmacist pairings were organised. Comments were received that because the partners were not in the same locality the learning was not as useful as it might have been. This was a small pilot with only six pairings and therefore there were limitations on how these were organised but nonetheless, this is valuable learning to take forward.

Finally, one pharmacist stated that their main outcome from the project was the desire to get a job as a practice pharmacist. This is an unintended consequence of the project, the aim of which was to enhance collaborative working between GPs and community pharmacists.

## Conclusion

This project has been successful in improving interprofessional communication and collaborative working between GPs and community pharmacies to improve the patient journey.

# Appendix 1

## Outline of Leadership Programme Workshops

The six week leadership programme was based on the Healthcare Leadership Model (HLM), a model with 9 dimensions which describe the behaviours of effective leaders. The focus each week was on a different dimension of the framework, and this was discussed using a mixture of teaching, workshops, discussion and sharing real life issues and concerns. The HLM was designed by the NHS Leadership Academy as a tool for leaders regardless of whether they lead a team of 2, or 200. Each workshop ran from 2-6pm on a weekday afternoon.

In week 1, participants discussed the differences between leadership and management, and identified the existence of different leadership styles as well as when it might be appropriate to use each style in different situations and with different members of staff. Transformational leadership was discussed, with a focus on the 'Leading with care' dimension of the Healthcare Leadership Model. This particular dimension included the benefits of increasing self-awareness through the use of the Johari window and how this could help leaders improve their emotional intelligence.

In week 2, the learning was on developing the capability of your team, and understanding why people are attracted to certain job roles.  The benefits of Personal Development Plans and setting objectives that are capable of being scored and outcomes focussed, was also discussed.

Participants took part in a variety of activities on assessing performance and identifying and managing the causes of poor performance, using the skill/will matrix, a tool designed to help leaders identify how best to support underperforming staff. Participants then had the opportunity to coach each other on a real issue they faced at work, using the GROW model (Goals, Reality, Options, Will), a four-step process that helps structure coaching and mentoring sessions with team members.

In week 3, the focus was on 'Holding to account', the dimension of the HLM which looks at dealing with poor performance of staff, and strategies for dealing it. We also explored different ways of giving feedback using the AIID (Actions, Impact, Input, Desired) and BOOST (Balanced, Objective, Observed, Specific, Timely), and the difference between feedback and criticism. The evening workshop was on strategies for handling difficult conversations, and how to deal with the different reactions one might receive.

In week 4, participants learnt about the 'Inspiring shared purpose' dimension of the HLM. We reviewed some of the recommendations from the Francis Report, namely openness, transparency and candour. We also introduced the 6Cs (Care, Compassion, Competence, Communicate, Courage and Commitment), a strategy launched by England's Chief Nursing Officer against the backdrop of the Francis Inquiry.

We challenged participants to think about how they demonstrated each of the 6Cs when at work, and which they find most challenging to demonstrate and why. During the evening workshop we discussed workplace culture and the impact this can have on an organisation. We also examined the difference between a 'blame', 'no-blame' and 'just' culture, before running an activity on motivating factors, and how some factors may be necessary for satisfaction, but do not provide motivation.

In week 5, we explored 'Sharing the vision' and 'Influencing for results', which included the importance of communicating a compelling and credible vision of the future to staff, in a way that makes it feel achievable and exciting. We discussed the factors that are needed in order to make a successful change in an organisation, and how these can be crucial when supporting a team. We used 'The Process of Transition' by John Fisher to explore the emotions associated with change, and how it can affect people in different ways.

Building on the idea of making a successful change in an organisation, we discussed Kotter's 8 step change model, which lists the steps involved in this theory on change. We then had an activity where participants had to create the own 'elevator pitch', a 60 second message that sums up the change in their organisation and why it is needed.

The final part of week 5 was reviewing different influencing styles, including the 'Push/pull' method, where it explains that sometimes persuasive reasoning and assertion are needed, however often it is collaboration and attracting others that it the more appropriate style. Participants watched the facilitators carry out a role play which demonstrated the different styles, and had the opportunity to comment on the impact of each style.

In week 6, we looked in more detail at the, 'Engaging the team' and 'Connecting our service' dimensions of the HLM. This included a discussion on what makes an effective team and how to assess team engagement. We also explored how leaders can encourage team engagement in the atmosphere they create and by valuing individuals' contributions and ideas. This led on the to the benefits of team working, and the introduction of, 'Belbin's team roles', which describe nine different behaviour types that individuals display in the work place.

To build on the idea of team working and how people often work in different ways, participants took part in an activity in which they were challenged to identify the similarities and differences between members of their groups within the workshop. They then discussed how, if they were on a project together, they would work together using the groups strengths to overcome challenges.

In the evening, we discussed the relationship between staff wellbeing and their level of engagement in the workplace. This led on to the 'JD-R' model, which explains the relationship between 'Job Demands and Resources', with the resources being factors that help you achieve goals and reduce stress, and the demands being physical or emotional stressors in your role. Participants were asked to reflect on their own job demands and those of their teams. They were then challenged, as a leader, to consider how they could reduce the demands, and increase the resources.

In the final activity of the programme, participants discussed working with other teams, and how the success of networks depends on positive relationships and collaboration. Participants were asked to consider examples from their practice where they have needed to collaborate with health or social care professionals from outside their own team.

# Appendix 2

## Leadership Programme – Evaluation of Individual Study Days

### EVALUATION: LEADERSHIP PROGRAMME: DAY ONE

**Source: Feedback questionnaires from 8 trainees**

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- Learning about leadership styles and vision.
- Be open to new ideas and learn / review leadership in my workplace.
- What good leadership looks like in healthcare.
- To learn about different leadership styles and where I fit.
- Practical tools for leadership. Improved self-awareness
- Learning about different leadership styles.
- Leadership styles
- Identifying strengths in leadership.

**Question 2: Do you feel that this objective has been met?**

7 of the 8 trainees said yes. 1 trainee was unsure. 2 of the responses were simply 'yes'. 6 trainees provided more information. Their responses were:

- Yes. This will be ongoing, as it requires personal development and action points from myself.
- Yes. The model of healthcare leadership and the dimensions really honed the message for me.

- Yes. Discussed case studies
- Yes. Understood different leadership styles - and one relevant to myself.
- Yes. I read questionnaire will make me more self-aware.
- Not sure. Need to do some more reading around this.

**Question 3: How thought-provoking was the workshop?**

All 8 trainees answered this question. Their responses were:

- It allowed me to think and reflect
- It was very thought provoking and useful exercises and discussions.
- Extremely!
- Lots to think about.
- Good. Relevant.
- Workshop allowed me to understand skills I have or what style I'm prone to - and how to improve this and apply to my day to day job.
- Leading with care.
- Somewhat.

**Question 4: How relevant was the workshop to your role?**

All 8 trainees answered this question. 7 of the 8 trainees indicate that the workshop was relevant to their role. 1 trainee indicated that the workshop was disconnected from their daily practice. The responses were:

- This NHS Leadership Model helps us link it back to our work. So, yes v relevant.
- I just finished end of year reviews at my role and next half year reviews will be so much better.
- Yes, fairly relevant.
- Very relevant.
- Very. I have learned that I need to lead by example and that I should set SMART goals to ensure my team has clear vision.
- Very relevant
- It will provide me with skills…
- Somewhat disconnected to my daily practice.


**Question 5: How much do you expect to use the workshop to change your practice?**

All 8 trainees answered the question. All thought they would use the learning from the workshop to some degree:

- 75% towards change
- Keep on practicing more and review and NHS Leadership Model most if possible.
- Quite a lot. I have a very long list which I made as the course came along.
- Not sure. Only if I put into practice.
- Feedback. Ask for feedback.
- A little.
- It gives time to reflect - and put some action plan in place.
- It will be helpful in future to my practice.


**Question 6: What was the most positive aspect of today's workshop?**

All 8 trainees answered this question. The responses have been batched into the key responses of:

- Taking 2 points away that I will change with my daily role.
- Good leadership is satisfying and good for all stakeholders.
- I found all aspects really positive and relevant for me in my role as a pharmacist manager.
- Discussions
- Practical skills.
- Self-awareness. Emotional Intelligence.
- Meeting with other local pharmacists to build relationships.
- Sharing experiences.

**Question 7: What was the least positive aspect of today's workshop?**

5 of the 8 trainees answered this question. Their responses were:

- Sensitive honesty - hard going as an example to work through.
- In today's NHS, trying to balance good leadership and motivation with ever changing time constraints.
- Slightly long - could try and finish a little sooner.
- Long day.
- Circle of concern

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

7 of the 8 trainees answered this question. All 7 responses indicated that increased understanding of the topics covered had taken place:

- Greatly.
- V. Much.
- It was really insightful and I just wish I had this training much earlier in my career. Better late than never!
- Yes, did improve my understanding of topics covered. Need to do more background reading and how to apply all this.
- Good refresher.
- Pre-workshop read up was useful in setting up any learning. Workshop today emphasised what I'd read.
- To a satisfactory level.

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 8 students marked themselves against the workshop components.

**Question 9:**

**Component 1: Leadership vs Management**

All 8 trainees completed this. This indicates a positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 2 | 4 | 2 | 0 | 0 |

**Component 2: Leadership Styles**

All 8 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 5 | 3 | 0 | 0 |

**Component 3: Situational Leadership**

All 8 trainees completed this. This indicates a less positive level of confidence than in the previous two components, with 2 trainees indicating that they were not very confident about this component.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 4 | 2 | 2 | 0 |

**Component 4: Transformational Leadership**

All 8 trainees completed this. This indicates a less positive level of confidence, with 2 trainees indicating that they were not very confident about this component. However, 1 trainee was extremely confident.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 4 | 1 | 2 | 0 |

**Component 5: Johari Window**

All 8 trainees completed this. This indicates a less positive level of confidence than in the previous components, with 5 trainees saying that they were quite confident and 2 trainees indicating that they were not very confident about this component.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 0 | 5 | 2 | 0 |

**Component 6: Circle of Concern**

All 8 trainees completed this. This indicates a 'mixed bag' of 5 trainees with a positive level of confidence, 1 quite confident and two with low or no confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 3 | 2 | 1 | 1 | 1` |

**Question 10: Which of the activities above would you like to learn more about?**

All 8 trainees answered this question. The following were identified by the trainees:

**Styles of leadership V styles of how teams work together –** 3 trainees wanted this

**Transformational Leadership-** 3 trainees wanted this

**Johari Window –** 2 trainees wanted this.

**Circle of concern –** 1 trainee wanted this.

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

All 8 trainees answered this question. Their replies were:

- Reflection on my style of leadership. This will have a positive affect when talking/coaching teams/patients/GPs
- Circle of concern.
- Sharing the vision of my practice with my peers. Using more care and love in my leadership.
- Johari window Identify my strengths and weaknesses. And how to build on this.        Giving more time for structured feedback.
- Giving and receiving. Encouraging this ethos in the practice.
- To be committed in every task that I do, no matter how small. And hoping that by doing this, it will inspire my team to follow suit.
- Leadership styles
- Use of different styles in different circumstances. How to improve meetings.

**Question 12: What are your plans for your QIPP Project? (i.e. the name of your project, who is involved, how you will measure success)**

All 8 trainees answered this question. 4 of the 8 trainees have QIPP plans and 4 are yet to agree their QIPP plans:

- Minor ailment scheme implementation. Details to follow as GP partner has been away.
- Aiming to do a Resp. project on inhaler over use. Audit and review 12 or more SABAS in a year.
- We've discussed polypharmacy MUR, and Referral of emergency request for inhalers for reviews.
- Identify high risk asthma patients using less than 12 SABAS inhalers in a year.
- Still discussing this.
- TBC
- Not started yet.
- I will meet with my partner to plan this.

**Question 13: Any other comments?**

1 trainee answered this question:

- I found the course extremely useful and relevant in my role and definitely the vision I have for my career.

## EVALUATION: LEADERSHIP PROGRAMME: DAY TWO

**Source: Feedback questionnaires from 10 trainees**

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- Developing my team
- Developing teams
- To learn about personal development and how to help and develop others within the team!
- To complete next module and a step closer to be an effective leader.
- Team - to coach effectively. Delegate to the right members of staff.
- To develop self-capability - to give myself the knowledge to increase my self-confidence to enable others to meet challenges.
- To understand coaching and delegation better.
- Understand how to motivate staff.
- Learning about developing capabilities and delegation.
- To develop practical skills.

**Question 2: Do you feel that this objective has been met?**

All 10 trainees answered this question. 9 said yes, but 1 was not sure. The detailed responses were:

- Yes. Structured way to fulfil the objective.
- Yes. A better understanding of the issues involved, particularly with "coaching".
- Not sure. I need to practice skills learnt. To action them.
- Yes. Good frameworks provided on guide.
- Yes. Very practical sessions - thought provoking and good to extrapolate ideas into practice
- Yes. Reception staff are highly skilled, but have low motivation, so look to improve this.
- Yes. Made me think about above and gave me insight.
- Yes. Relevant and timely.

**Question 3: How thought-provoking was the workshop?**

All 9 of the 10 trainees answered this question. Their responses were:

- Good
- Using the Grow Model for coaching
- Raised a lot of questions and ideas which one could possibly implement.
- Activities and role play were real based scenarios we could relate to.
- Moderately. Enjoyed group discussions and activities.
- Very. Useful to put the ideas into a day to day context.
- Very. I feel much better equipped to coach and delegate.
- Very. Coaching session was good.
- Very much

**Question 4: How relevant was the workshop to your role?**

All 10 trainees answered this question. Their responses indicated a high level of relevance. Their responses were:

- Gave a very good insight
- Very
- Relevant in some areas and can be applied but not in others.
- V. relevant
- Very good for teaching/coaching role in the practice, e.g. junior doctors etc.
- Very.
- Very. I coach and delegate several times a day.
- Quite relevant. It will stand me in good stead as I move up the organisation.
- Very.
- Very much.


**Question 5: How much do you expect to use the workshop to change your practice?**

All 9 of the 10 trainees answered the question. The 9 thought they would use the learning from the workshop to some degree:

- Using carmost and Grow model
- On a scale of 1-10 around 6-7.
- A reasonable amount.
- Hopefully more than 90%
- Somewhat. Will try to use/practice GROW and setting SMART objectives.
- Definitely some parts more than others e.g. the coaching, the delegation.
- Very much.
- Hopefully a lot in terms of coaching and delegation tools.
- Very relevant - Appraisals, staff feedback, team building.


**Question 6: What was the most positive aspect of today's workshop?**

9 of the 10 trainees answered this question. The responses were:

- Coaching tips
- All!
- "Coaching" and how to approach it.
- Assessing and developing capability session.
- Setting my own PDP and coming up with a plan to achieve this.
- Brining a personal development plan and being coached towards achieving its target.
- The coaching activity.
- Coaching session.
- Tools to change culture consider

**Question 7: What was the least positive aspect of today's workshop?**

3 of the 10 trainees answered this question. Their responses were:

- Not sure
- Some parts of the session could have been explained more thoroughly and with more practical examples.
- I found the coaching and role play very relevant.

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

8 of the 10 trainees answered this question. All 8 responses indicated that increased understanding of the topics covered had taken place:

- To a good extent
- I think the pre-workshop reading helped and more reading on mind tools will be of benefit. But workshop a good start as difficult to cover everything.
- A great deal.
- Increasing understanding of different capabilities and skill mix. Coaching.
- Understand delegation and its role a lot more.
- Very much.
- Reasonably.
- Very relevant

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 10 trainees marked themselves against the workshop components.

**Question 9:**

**Component 1: Personal development planning**

All 10 trainees completed this. This indicates a positive level of confidence. However, 1 trainee did not feel very confident about this component.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 3 | 4 | 2 | 1 | 0 |

**Component 2: Coaching**

All 10 trainees completed this. This indicates a generally positive level of confidence. However, 1 trainee did not feel very confident about this component.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 2 | 4 | 3 | 1 | 0 |

**Component 3: Delegation**

All 10 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 2 | 6 | 2 | 0 | 0 |

**Question 10: Which of the activities above would you like to learn more about?**

All 10 trainees answered this question. The following were identified by the trainees:

- PDP - Personal Development Planning x 3
- Coaching x 4. 2 of the trainees added: Coaching - this will be extremely useful with guiding medical students and/or junior doctors. Coaching - felt this would be more useful when running an organisation.
- Delegation x 1

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

All 10 trainees answered this question. Coaching was the most popular choice for implementation. Their replies were:

- Carmost and Grow
- Grow.
- Smart/Carmost. I will use the grow model with a member of staff who is a bit bored in her role.
- Coaching and delegating - how to delegate with due consideration of skill mix.
- The skill/will matrix is a very useful coaching tool. Can implement in staff appraisals and as a motivational tool.
- SMART will help me develop a good PDP for my appraisal.
- Coaching - the Grow model - encouraging and developing others ideas to fulfil the best of their abilities.
- I will use the coaching questions. Delegating to staff. We can try to get staff working more for us and also motivating them.
- Coaching tools - GROW. Scales of delegation. Matrix of skill sets
- Coaching skills to coach team members e.g. practice manager consider team building exercise to improve environment for change.

**Question 12: Thinking about last week's workshop, which ONE activity from day one have you put into practice. Reminder of topics covered on Day 1:**

- Situation and transformational leadership
- Self-awareness
- Leading with care
- Working with others
- Developing resilience

All 10 trainees answered this question. Their answers were:

- Leading with care x 4
- More aware that I am setting an example - 'role model' leading with care
- Self-awareness x 5
- Working with others.
- Developing resilience x 1. Repeating prescribing protocol discussed reviewed between GPs. Made some agreement on differences in prescribing.

**Question 13: Do you feel that your leadership skills have changed as a result of day one?**

8 of the 10 trainees answered the question. Their responses were:

| Yes | No | Not Sure |
|---|---|---|
| 5 | 0 | 3 |

Below are those answers given that included a reason for their answer:

- Yes. More aware of aspects to work on.
- Yes. More awareness.
- Yes. I am trying to listen more, less reactive.
- Not sure. Too early to assess
- Not sure. Sorry difficult to describe.
- Not sure. Need more practice and reflection.

**Question 14: Please provide an update on the development of your QIPP project.**

All trainees answered this question. Their responses were:

- Still in process
- Polypharmacy need to discuss this in more detail with GP
- Looking into.
- We have the idea and aiming to meet to discuss specific aims.
- High risk asthma patients - no updates today.
- Will try to meet up next week on a Thursday to discuss.
- Still in infancy.
- We are going to look at asthma patients and emergency supplies made to trigger a review.
- We have only met today.

We will begin to discuss some ideas.

**Question 15: Any other comments?**

There was only 1 response to this question:

- Thank you.

# EVALUATION: LEADERSHIP PROGRAMME: DAY THREE

**Source: Feedback questionnaires from 10 trainees**

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- To develop practical skills
- Improving my own performance and performance of team members. Effective locum.
- Performance management
- How to have a difficult conversation
- Motivate people to improve
- Give good feedback. Manage poor performance
- To improve on performing appraisals consistently.
- Performance review and how to give negative feedback.
- To understand the difference between feedback and criticism.
- How to give balanced feedback.

**Question 2: Do you feel that this objective has been met?**

All 10 trainees answered this question and said yes. The detailed responses were:

- Yes. Feel more aware of resources and more confident of using them.
- Yes. Providing feedback can be a way to include people.
- Yes. Good activities and role playing in giving feedback.
- Feedback is positive. Criticism is negative.
- Yes. Role played feedback

**Question 3: How thought-provoking was the workshop?**

All 9 of the 10 trainees answered this question. Their detailed responses were:

- Yes, good. The activities were good and helped us think.
- Very. Good structure for giving feedback - AIID.
- Good, real life role play.
- Lots of group discussion.

**Question 4: How relevant was the workshop to your role?**

All 10 trainees answered this question. Their responses indicated a high level of relevance. Their responses were:

- Very. Holding to account
- Very relevant, and there are a lot of things I can implement.
- Quite ideal. Will help with feedback for students in my role.
- Relatively. Feedback to staff and other doctors.
- Very relevant to current role.

**Question 5: How much, and in what way, do you expect to use the workshop to change your practice?**

All 10 trainees answered the question. Their responses were:

- Practical
- Will start using some of the feedback. All methods.
- Improve performance.
- Will try to make other members of the team more inclusive.
- Very useful for providing feedback for students in non-judgemental way.
- Allow me to provide effective and positive feedback to my team members.
- Hopefully, all of it.
- Use the AIID feedback mode.
- I'll be using it from tomorrow.
- Feedback model very useful.

**Question 6: What was the most positive aspect of today's workshop?**

All 10 trainees answered this question. Their responses were:

- AIID. Role play.
- Giving feedback.
- Role plays.
- Difficult conversation.
- Role play exercise in giving feedback.
- Explaining impact of feedback.
- Enjoyed the role playing as very relevant to my job.
- Found AIID useful, especially using "impact".
- Giving feedback. AIID.
- Giving a receiving feedback.
- The group activities and role playing.
- Practising scenarios.

**Question 7: What was the least positive aspect of today's workshop?**

4 of the 10 trainees answered this question. Their responses were:

- Length!
- Not sure.
- Only 1 coffee break.
- Too many activities.

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

9 of the 10 trainees answered this question. All more detailed responses indicated that increased understanding of the topics covered had taken place:

- Very much.
- Broadened my understanding.
- Increased my understanding of why effective feedback is useful.

- Much inspired.
- Very much.
- Greatly.
- A whole lot.
- Very well.

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 10 trainees marked themselves against the workshop components.

**Question 9:**

**Component 1: Managing performance**

All 10 trainees completed this. This indicates a positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 5 | 4 | 0 | 0 |

**Component 2: Giving feedback**

All 10 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 2 | 7 | 1 | 0 | 0 |

**Component 3: Tackling difficult conversations**

All 10 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 5 | 5 | 0 | 0 |

**Question 10: Which of the activities above would you like to learn more about?**

All 6 of the 10 trainees answered this question. The following were identified by the trainees:

- Managing difficult conversations x 3
- Giving feedback x 1
- Managing performance x 1
- Difficult conversations x 1

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

9 out of the 10 trainees answered this question. AIID was the most popular choice for implementation. Their replies were:

- AIID. Will start giving staff feedback using the AIID model
- AIID
- Feedback mechanism
- AIID
- AIID "Impact" not frequently used - very useful.
- AIID
- AIID feedback
- AIID. I'll be using this feedback model to give my colleagues feedback.
- AIID

**Question 12: Thinking about last week's workshop, which ONE activity from day one have you put into practice. Reminder of topics covered on Day 2:**

- **Career anchors**
- **Setting objectives**
- **GROW model**
- **Skill/will matrix**
- **Delegation**

8 of the 10 trainees answered this question. Their answers were:

- Setting Objectives x 3
- Skill/will matrix x 3
- I have more effectively delegated admin work than I was doing at the start
- GROW model x 1
- Career Anchors x 1

**Question 13: Do you feel that your leadership skills have changed as a result of day two?**

All 9 out of 10 trainees answered the question. Their responses were:

| Yes | No | Not Sure |
|-----|-----|----------|
| 6 | 0 | 4 |

Below are those answers given that included a reason for their answer:

- Not sure. I think it has, but have not had chance to use it much as have had quite a bit of time off work.
- Thinking about skill/will mix when deploying.
- Yes. Encouraged and empowered a member of staff.

- Yes. I will reflect more and plan objectives to incorporate what I have learnt.
- I used the 'setting objectives' and have seen a massive positive change in a colleague.

**Question 14: Please provide an update on the development of your QIPP project.**

6 out of 10 trainees answered this question. Their responses were:

- Visiting the GP practice next Wednesday.
- Salbutamol over 12 years. Met with pharmacist to discuss project further.
- Had meeting with GP partner.
- Agree a date to discuss and set up a timetable.
- We are going to do an audit on asthma patients using more than 10 inhalers a year and trigger a review.
- We will begin to discuss some ideas.

**Question 15: Any other comments?**

There was only 1 response to this question:

- Keep up the good work. Very enjoyable and informative.

## EVALUATION: LEADERSHIP PROGRAMME: DAY FOUR

**Source: Feedback questionnaires from 7 trainees**

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- How to lead with care
- Awareness of more tools to be effective leader.
- Encouraging whistleblowing within NHS.
- What the 6Cs are.
- 6C.
- To learn about becoming a caring leader.
- How to lead and motivate.

**Question 2: Do you feel that this objective has been met?**

All 6 out of 7 trainees answered this question and said yes. 1 trainee answered not sure. The detailed responses were:

- Yes. I now understand how leading my team with care affects and improves outcomes.
- Not sure. Very tricky in the NHS will need a change from top down. My organisation is very open; not sure the NHS is.
- Yes. The group discussion, giving specific examples, reinforced this very well.
- Yes. Learnt more about 6Cs and examples of each one.
- Yes. Tools available for me to understand and motivate my team.

**Question 3: How thought-provoking was the workshop?**

All 7 trainees answered this question. Their detailed responses were:

- Very - I was able to critique myself and my behaviours.
- Very - talking in groups and sharing examples was very useful.
- Very thought provoking.
- The discussions on 'courage' was good.
- More so than usual. Felt the number of case studies was more and so we could engage more.

**Question 4: How relevant was the workshop to your role?**

6 of the 7 trainees answered this question. Their responses indicated a high level of relevance. Their responses were:

- Very relevant
- I think like most things - It can be very relevant if I make an effort to implement and use tools in workplace.
- Certain aspects of the workshop can be implemented in the workplace - openness and the freedom to give honest opinions.
- Relevant.
- Not sure yet.
- Very

**Question 5: How much, and in what way, do you expect to use the workshop to change your practice?**

All 7 trainees answered the question. Their responses were:

- I will encourage an environment of learning from errors and mistakes.
- I think on a scale of 1-10 I definitely want to change and improve practice so 6+.
- Factors that might help staff.
- Difficult to say.
- Change - non blame culture.
- Will encourage me to step up more.
- Action points are pledges from the Francis Report.

**Question 6: What was the most positive aspect of today's workshop?**

All 7 trainees answered this question. Their responses were:

- How to lead with care.
- The discussion +
- Motivation.
- Going through the 6C individually.
- Motivation factor.
- The discussions.
- Motivational aspect.

**Question 7: What was the least positive aspect of today's workshop?**

6 out 7 trainees answered this question. Their responses were:

- Feedback from too many questions. Please simplify.
- Feedback form too long!
- 6Cs
- Not sure.
- Filling in this form!
- Not sure

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

6 of the 7 trainees answered this question. The more detailed responses indicated that increased understanding of the topics covered had taken place:

- It was very insightful.
- A great deal.
- Great length.
- Exponentially.
- Considerably.

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 7 trainees marked themselves against the workshop components.

**Question 9:**

**Component 1: Carry out the pledge you made to do something differently as a result of the Francis report?**

All 7 trainees completed this. This indicates a positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 5 | 1 | 0 | 0 |

**Component 2: Demonstrate the "6 Cs"**

All 7 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 3 | 2 | 0 | 1 |

**Component 3: Apply the "motivation theories"**

All 7 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|---|---|---|---|---|
| 1 | 3 | 3 | 0 | 0 |

**Question 10: Which of the activities above would you like to learn more about?**

All 6 of the 7 trainees answered this question. The following were identified by the trainees:

- Motivational theories - x 4
- "Speaking up"- x1
- The 6Cs     - x1

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

6 out of the 7 trainees answered this question. Their replies were:

- I will use the motivation theories to understand my team more.
- 6Cs
- Help the team to be more understanding/compassionate
- 6C / Motivation factors
- Blame / no blame / just blame culture.
- Will improve direct patient care for all members of the team.
- Pledges

**Question 12: Thinking about last week's workshop, which ONE activity from day one have you put into practice. Reminder of topics covered on Day 3:**

- Addressing poor performance

- Giving feedback (BOOST)

- AIID model

- Dealing with difficult conversations

5 of the 7 trainees answered this question. Some gave multiple answers. There responses were:

AIID model x 3

Dealing with difficult conversations x 2

Giving feedback x 2

Boost x 1

**Question 13: Do you feel that your leadership skills have changed as a result of day three?**

All 7 trainees answered the question and thought their leadership skills had changed. Their responses were:

| Yes | No | Not Sure |
|-----|-----|----------|
| 7 | 0 | 0 |

Below are those answers given that included a reason for their answer:

- Yes. I've introduced feedback as part of my review process for my team.
- Yes. More aware of how my behaviour effects team and increase confidence of a leader.
- Yes. Provided me with food for thought.
- Yes. Encourage more feedback and for the team to assess for themselves.
- Yes. More confident.

**Question 14: Please provide an update on the development of your QIPP project.**

- 4 out of 7 trainees answered this question. Their responses were:
- Same as last week
- Met with GP in surgery and looking at ways and ideas to address     .
- Visited the GO surgery and work in progress.
- Still to have 1st agreement data

**Question 15: Any other comments?**

There was only 1 response to this question:

- Keep up the good work.

## EVALUATION: LEADERSHIP PROGRAMME: DAY FIVE

Source: Feedback questionnaires from 7 trainees

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- Kotter's 8 step change model.
- How to inspire and implement change.
- Practical tools and examples of ways to lead change.
- To practice skills learned earlier and learn new skills.
- How to manage change as effectively as possible.
- Learning more about influencing change...
- Currently we are trying to implement...change.
- Awareness of my response to change and how to deal with this better. To be an 'effective change leader'.

**Question 2: Do you feel that this objective has been met?**

All 7 trainees answered this question and said yes. The detailed responses were:

- Yes. Push/pull method useful.
- Yes. I now understand how successful change needs to happen and how to lead change.
- Yes. New insights into how to successfully implement change.
- Yes. Greater understanding why my previous attempt at changing team not so successful.

**Question 3: How thought-provoking was the workshop?**

All 7 trainees answered this question, and all thought 'thought-provoking'. Their detailed responses were:

- Very relevant
- Yes, very.
- Very. I was able to reflect on recent changes in my professional career and compare to how it could have been led better.

**Question 4: How relevant was the workshop to your role?**

All 7 trainees answered this question. Their responses indicated a high level of relevance. 1 trainee just wrote 'difficult', but provided no more information as to why/what, etc. The trainee's detailed responses were:

- Very relevant
- Lots of relevance to role.
- Very much. I head operational and behavioural change very regularly in my role.
- Very relevant. Our practice has to change.
- Yes. Lots of changes ahead in next few months.
- May need to 'lead and change' how teams work.

**Question 5: How much, and in what way, do you expect to use the workshop to change your practice?**

6 of the 7 trainees answered the question. Their responses were:

- Implement factor that make change successful.
- Significantly - as our practice is going through a lot of change currently in terms of staff members.
- Clearer goals.
- Because relevant to project: 1) this was a good stimulus to start 2) Vision - part - we have started this.
- Very much
- Will use some of the aspects.

**Question 6: What was the most positive aspect of today's workshop?**

All 7 trainees answered this question. Their detailed responses were:

- Change models.
- Discussing the know statement for our upcoming project.
- Kotter's model
- Sharing the vision and influencing role play.
- Understanding the emotions my team might experience during change. Tools that help change happen effectively like communication styles and influencing styles.
- All of it.

**Question 7: What was the least positive aspect of today's workshop?**

3 out 7 trainees answered this question. Their responses were:

- I found the topic a little vague.
- Some of the ideas are quite instructive and so less useful.
- Push and pull influence.

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

4 of the 7 trainees answered this question. The more detailed responses indicated that increased understanding of the topics covered had taken place:

- Quite a bit.
- Was relevant to Leadership Model.
- Very much.
- Discussing through various examples. Useful as I can see how to put these changes in practice.

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 7 trainees marked themselves against the workshop components.

**Question 9:**

**Component 1: Influencing for results**

All 7 trainees completed this. This indicates a positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 3 | 3 | 0 | 0 |

**Component 2: Apply Kotter's 8 step change model**

All 7 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 4 | 3 | 0 | 0 |

**Question 10: Which of the activities above would you like to learn more about?**

All 3 of the 7 trainees answered this question. The following were identified by the trainees:

- Influence for results
- Kotter 8 step change model x 2.

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

6 out of the 7 trainees answered this question. Their replies were:

- Kotter's 8 step change model.
- Communication. Addressing potential obstacles.
- Process of transition.
- Influencing styles.
- Preparing for a successful change.
- Supporting my team's experiences/needs as change happens.
- The collaborative project.

**Question 12: Thinking about last week's workshop, which ONE activity from day one have you put into practice. Reminder of topics covered on Day 4:**

- **Pledge to do something differently based on the Frances recommendations**
- **The 6C's**
- **Motivating factors**

5 of the 7 trainees answered this question. Some gave multiple answers. There responses were:

- The 6C's x 3
- Change of practice. How to be more compassionate and caring at work.
- Motivating factors.

**Question 13: Do you feel that your leadership skills have changed as a result of day four?**

6 of the 7 trainees answered the question and thought their leadership skills had changed. Their responses were:

| Yes | No | Not Sure |
|-----|-----|----------|
| 4 | 1 | 1 |

Below are those answers given that included a reason for their answer:

Yes. The 6C's vision is more visible in practice team.

Yes. More open to listening and feedback.

Yes. I now have regular feedback meetings with my team.

**Question 14: Please provide an update on the development of your QIPP project.**

All 7 trainees answered this question. Their responses were:

- MUR.
- Over 12 salbutamol /year use.
- Home visiting MUR. Discharge summary audit. Audit of polypharmacy.
- Asthma - SABA - more than 12 years.
- Improving MUR for patient's outcome by activating next steps with GPs.
- Antibiotic prescribing.
- Still in discussion.

**Question 15: Why did you choose this particular subject/topic for your QIPP project?**

4 out of 7 trainees answered this question. Their responses were:

- Patient outcome.
- Personal interest / clinical
- Collaborative working with benefits pharmacist % GP to improve patient care.
- To improve patient outcomes on medicines management plan and reduce GP workload and improve relationships between GP and pharmacist.

**Question 16: Any other comments?**

No trainee answered this question.


**EVALUATION: LEADERSHIP PROGRAMME: DAY SIX**

Source: Feedback questionnaires from 7 trainees

**Question 1: What was your main personal learning objective when you arrived today?**

All of the trainees answered this question. Their responses were:

- Project discussion and plan. Team building. Collaborative working
- How to engage the team to allow more effective outcomes.
- To learn more about team engagement and effective team workers.
- To learn more about staff engagement, the JDR model and Belbin's team roles.
- Deciding how to motivate people with different skill mixes.
- Improving team engagement.
- How to engage my team.

**Question 2: Do you feel that this objective has been met?**

All 7 trainees answered this question. 5 said yes and 2 were not sure. The detailed responses were:

- Yes. Went through in detail the Belbin's team roles and the JDR model.
- Not sure. Understanding how to qualify different people…

**Question 3: How thought-provoking was the workshop?**

All 7 trainees answered this question, and all thought 'thought-provoking'. Their detailed responses were:

- Yes. Very thought provoking. Need to think more about how different team members work.
- Very interesting with all the concepts around staff engagement and the JDR model.
- Very relevant.

**Question 4: How relevant was the workshop to your role?**

All 7 trainees answered this question. Their responses indicated a high level of relevance. The trainee's detailed responses were:

- Quite relevant - and at least I am aware of all the issues raised today.
- Very as we have different [roles] of staff with different skill mixes.
- Very relevant
- Very relevant, best workshop so far.

**Question 5: How much do you expect to use the workshop to change your practice?**

All 7 trainees answered the question and indicated it would now, or in the future, change their practice. Their detailed responses were:

- A lot. Learnt a lot about services offered.
- A little - make sure that all members of team feel appreciated and are involved.
- I will certainly use many of the concepts of staff engagement.
- Possibly in future
- Putting some of the principles of team engagement into practice.
- 80% as it was very relevant to my daily practice.

**Question 6: What was the most positive aspect of today's workshop?**

6 of the 7 trainees answered this question. Their detailed responses were:

- Shared knowledge with local pharmacists and colleagues.
- Importance of engaging team. Correlation with patient satisfaction.
- Discussions around the activities and talking about our QIPP project.
- The team roles exercise - which put a lot of things into context.
- Principles of "Connecting our Services".
- Belbin - and types and team.

**Question 7: What was the least positive aspect of today's workshop?**

3 out 7 trainees answered this question. Their responses were:

- Rain.
- Not sure.
- NHS structure.

**Question 8: How much did today's workshop increase your understanding of the topics covered?**

6 of the 7 trainees answered this question. The more detailed responses indicated that increased understanding of the topics covered had taken place:

- Belbin's team roles.
- Quite significantly
- Helped me think about areas I had not been involved with before.
- To a good extent.
- Pre-work and workshop was very relevant.

The next question was to establish how confident the trainees were about putting specific components of the workshop into practice. The method used was a multiple choice where the trainee could ring Extremely/Very/Quite/Not Very/Not at all to demonstrate their level of confidence. The table below shows how the 7 trainees marked themselves against the workshop components.

**Question 9:**

**Component 1: Assessing team engagement**

All 7 trainees completed this. This indicates a positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 2 | 4 | 1 | 0 | 0 |

**Component 2: Improving team engagement**

All 7 trainees completed this. This indicates some positive level of confidence, but less so than in Component 1.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 2 | 4 | 0 | 0 |

**Component 3: Team roles**

All 7 trainees completed this. This indicates some positive level of confidence, but less than in Components 1 and 2 with 2 trainees feeling 'not very' confident.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 1 | 2 | 1 | 2 | 0 |

**Component 4: Applying the JD-R model**

All 7 trainees completed this. This indicates a generally positive level of confidence.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 4 | 3 | 0 | 0 |

**Component 5: Working with other teams**

All 7 trainees completed this. This indicates a generally positive level of confidence. However, 1 trainee was 'not very' confident.

| Extremely | Very | Quite | Not Very | Not at all |
|-----------|------|-------|----------|------------|
| 0 | 6 | 0 | 1 | 0 |

**Question 10: Which of the activities above would you like to learn more about?**

All 6 of the 7 trainees answered this question. The following were identified by the trainees:

- Team working / team skills sharing attributes
- Improving team management.
- Belbin's team roles.
- Team roles.
- Improving team wellbeing.
- JDR Model

**Question 11: Which ideas/tools introduced at this workshop today will you implement when developing your leadership skills? Please describe in a couple of sentences.**

5 out of the 7 trainees answered this question. Their replies were:

- Belbin roles - learn to appreciate that everybody plays different roles and have different strengths
- Improving team wellbeing. Being aware of team demands and stresses and how to reduce these.
- Improving Team engagement. Although I feel that the team is engaged, there is scope for improvement.
- Belbin roles
- JDR mode and Belbin types of people and roles

**Question 12: Thinking about last week's workshop, which ONE activity from day one have you put into practice. Reminder of topics covered on Day 5:**

- Leading changes
- Influencing for results
- The process of transition
- Applying Kotter's 8 step change model
- Push/pull influencing styles

4 of the 7 trainees answered this question. Some gave multiple answers. There responses were:

- Engaging team in change.
- Feedback.
- Push/pull
- The process of transition - Fisher Curve.
- Elements of change how to process change within pharmacy.

**Question 13: Do you feel that your leadership skills have changed as a result of day five?**

6 of the 7 trainees answered the question and thought their leadership skills had changed. Their responses were:

| Yes | No | Not Sure |
|-----|-----|----------|
| 5 | 0 | 1 |

Below are those answers given that included a reason for their answer:

- Not sure. Not had chance to apply in detail.
- Yes. Currently I'm involved with leading a team, however I believe it has inspired me to work on my QIPP profile.

**Question 14: Please provide an update on the development of your QIPP project.**

All 7 trainees answered this question. Their responses were:

- Clearer plans. Dates for meeting again. Getting logistics organised for working together.
- In progress. Meeting up with pharmacist to discuss further. Provisional dates put in to visit pharmacy.
- MUR, Repeat dispensing, discharge summaries and dossette boxes.
- Work in progress.
- We have decided to look at querying and improving communication with pharmacies.
- Work in progress.
- Have dates to implement and about to start.

**Question 15: Any other comments?**

4 of the 7 trainees answered this question:

- Excellent Learning Opportunity.
- Evaluation forms too long!
- Over-all, the sessions have been very good. Much appreciated.
- [Smiley face]