South London Community Education Provider Networks: evaluation report.

January 2017

VM Drennan, M Calestani, P Littlejohns

NHS
Health Education England

CEPN Vision
To design, develop and deliver a workforce that will lead to sustainable improvements in the health and well-being of the population of South London

Health Education England 2014

This is a summary report of independent evaluative research carried out at the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King's College Hospital NHS Foundation Trust. It has been commissioned and funded by NHS Health Education England (HEE). The views expressed are those of the author[s] and not necessarily those of Health Education England, the NHS, the NIHR or the Department of Health.

Community Education Provider Networks in South London

Community Education Provider networks (CEPNs) are innovative network organisations designed to support workforce transformation, through education and training, for a primary and community orientated National Health Service[1]. In developing CEPNs, Health Education England (HEE) has been a pathfinder for innovation in primary care workforce development across a diverse health care system which covers a population of approximately three and quarter million people (2013)[2]. The 491 general practices in South London are staffed by 2,758 general practitioners, 5,046 administrative staff, 1,081 registered nurses and 477 other direct care staff, the majority health care assistants, (Figure 1)[3].

Figure 1: The South London General Practice Workforce

This final evaluation report, following on from the interim report of 2015[4], offers a system wide assessment. It also identifies key issues and learning points for the development of such education and training network organisations. The evaluation draws on interviews, documentary analysis, observation of CEPN events and secondary data analysis.

The evaluation covers the period 2014 - 2016 during which there have been significant policy changes including: the NHS Five Year Forward Plan[5], the Five Year Forward Plan for General Practice[6], and the 2015 Comprehensive Spending Review[7]. Some of these policy changes have supported the concept and overarching aims for CEPNs, such as within the 10 Point Plan for General Practice[8], while others have brought some uncertainty into the education and training system of health care professionals, such as reduction in NHS funding for education and training including the removal of NHS bursaries[7].

Twelve CEPNs were established between May 2014 and August 2015

The CEPNs were co-terminus with NHS clinical commissioning groups (CCGs) and Local Authorities (Figure 2). They were established with funding and developmental support from HEE General practitioners, practice nurses and managers, from CCGs and general practice, came together to bid to form

Figure 2: The aim for the CEPNs in South London in 2014

CEPNs. These people were the initial core CEPN team in each area and they already had demonstrable commitment to primary care education and workforce development.

The HEE funding for CEPNs included some clinical leadership and project management time, and some locally prioritised workforce development activities. In addition HEE provided indirect and direct funding for continuing professional development education and training for primary care staff, which were based on the priorities identified by the CEPN. A key issue throughout the period has been finding the appropriate legal entity for each local CEPN to receive funding and use it to support the work of the CEPN as envisaged by HEE. During the period, funding has transferred to a GP Consortium (then GP Federated Organisation), Community Interest Companies and to CCGs. The HEE central CEPN team was a pathfinder in developing the principles for governance in transferring education funding to different types of legal entities. Contact details are given on the last page of this report.

Three Higher Education Institutes (HEIs) were each linked to a geographical group of CEPNs. The HEIs were the legal entity through which the public monies for the CEPNs were initially held. A quarterly meeting brought together the HEI leads for CEPNs, together with others from the Universities, the CEPN leads and project managers and the central HEE team members. These meetings were used to review progress; share information and ideas, problem solve as well as plan new initiatives involving the HEIs.

The CEPN development programme. HEE provided a support programme for all those involved in the CEPNs through a quarterly series of development days which brought in external speakers on innovations in health and social care services, in workforce development, and in education and training. These CEPN development days were the platform for pan-South London CEPN sharing of ideas, information and relationship building on health and social care workforce development and education. The programme was developed to reflect key policy changes through the period. The central HEE team for CEPNS were also supported at various points by professionalsundertaking Darzi fellowships[9]

Each CEPN had a set up phase in which they established a steering group with wider membership, communications strategies with their wider constituency, mechanisms for stakeholder engagement, and more in-depth understanding of priorities for workforce development in their general practices and primary care services. Without fail this period took longer than anticipated for all CEPNs – although those CEPNs created in the second year capitalised on the learning from those established in the first year.

The local primary care health economy was very different for each of the 12 CEPNs and influenced their rate of progress in set up and beyond. Some CEPNs built on a history of Primary Care Trust and then CCG engagement in workforce development for all primary care staff; some had CCGs with little engagement in primary care workforce development. Some CEPNs built on well-established GP consortiums, the prototypes for emerging GP Federations while others had no or only embryonic GP Federations. Some CEPNs, which initially had CCG engagement in workforce development, saw that dissipate as severe financial challenges re-focused CCG activity on commissioning and the CCG withdrew from primary care provider services workforce development.

HEE success criteria for the CEPNs[1] in the context of the overall aim of primary care workforce transformation to achieve improved primary care and population health were summarised as (figure 3):

1. Workforce Planning: Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.

2. Education Quality: Supporting improvements in the quality of education programmes delivered in primary and community care, e.g. through peer review.

3. Faculty Development: Developing local educational capacity and capability (e.g. an ability to accommodate greater numbers of nursing placements or the development of multi-professional educators in community settings).

What does success look like?

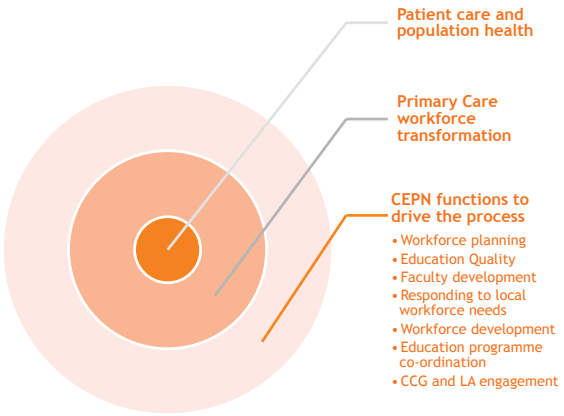

Figure 3: HEE CEPN Development Day Thursday 12 June 2014

4. Responding to Local Workforce Needs: Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs.

5. Workforce Development: Developing, commissioning and delivering continuing professional development for all staff groups.

6. Education Programme Coordination: Local co-ordination of education programmes to ensure improved economy of scale, reduced administration costs and improved educational governance.

7. CCG engagement: Ensuring effective spend of CCPD funding for primary care

Did the CEPNS deliver on the aims and objectives set for them by HEE?

Individual CEPNs prioritised different objectives to work on in response to their locally identified primary care workforce priorities. We answer this question for each of the objectives set by HEE from a pan–South London perspective.

Objective 1 Workforce Planning:
Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.

In progress. The aspiration of CEPNs collecting and analysing robust local primary care workforce planning data changed to align with the introduction of a national system. The detail of this was only finally agreed in late 2015[10]. This delayed the availability of robust data for CEPNs. In the meantime the CEPNs used their practice networks for local intelligence gathering in order to understand immediate workforce issues, such as current practice staffing shortages.

Examples of local intelligence gathering for workforce planning

Croydon CEPN supported and attended local practice manager forums as a way of local intelligence gathering to inform planning.

Bexley CEPN project manager, in the stakeholder engagement work, visited or spoke to all practice managers to gather information. Wandsworth CEPN surveyed all practices.

Achieved Individual CEPNs developed an in-depth understanding of the training and continuing professional development needs of, primarily, general practice staff although in some instances this extended to consider groups such as community pharmacists. Methods varied but included practice level electronic questionnaires, meetings at individual practices, locality meetings with particular groups such as practice managers.

For each CEPN this local in-depth understanding, combined with their knowledge of the CCG and broader

NHS London transformation programme priorities, informed their annual planning and commissions of education and training programmes.

Objective 2 Education Quality:
Supporting improvements in the quality of education programmes delivered in primary and community care, e.g. through peer review.

Achieved All the CEPNs had methods for quality assuring education programmes which they had commissioned, some of which were delivered in primary and community care settings. They used multiple routes for feedback such as evaluation forms and discussions with those attending. This information fed into subsequent decisions about future commissions, for example one CEPN changed HEI provider for bespoke primary care courses.

The objective on educational quality was addressed by most CEPNs through other objectives, such as responding to local workforce needs (see below). None of the CEPNs prioritised initiatives such as peer review by practitioners of each other's teaching of health professions students. This perhaps reflected their more immediate challenge of getting elements of these programmes delivered in primary and community care in the first place (see objective 3 below).

Objective 3 Faculty Development:
Developing local educational capacity and capability e.g. an ability to accommodate greater numbers of nursing placements and the development of multi-professional educators in community settings.

Achieved In achieving this objective the CEPNs demonstrate their added value in comparison to previous systems for developing the workforce for primary care. CEPNs, in collaboration with general practices and HEIs, addressed the development of the future multi-disciplinary primary care workforce, both in the short and long-term. Demonstrable outcomes were:

- **100% increase in practice nurse mentors** to support undergraduate nursing students (72 in 2014-5 and 142 in 2015-6). In addition by autumn 2016 there were practice nurse 'sign-off' mentors in nearly every part of South London. These are required for student nurses in final year clinical placements, which are significant in that these are the placements which influence newly qualified nurses in choosing posts to apply for.

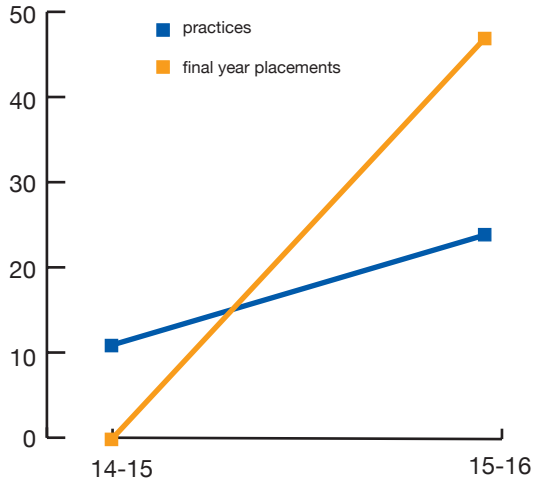

Figure 4
General practices providing clinical learning placements for student nurses

Examples of ways CEPNs have worked to increase mentors and student nurse placements

Lambeth CEPN works with identified lead practice nurses in each of four areas to support mentorship development.

Bexley and Greenwich CEPNs have worked with a local NHS Trust to develop a primary care placement scheme that involves community nursing, community hospitals and general practice.

Southwark CEPN has established two primary care placements for nurses undertaking an innovative Community Circuit BSc course in nursing, established through joint working with an HEI and community services of an NHS Trust.

- **Double the number of general practices supported undergraduate student nursing clinical placements** in 2015-6 compared to 2014-5 (figure 4). There were increases both in the volume of student nurses experiencing primary care for clinical learning and also in the number having final year placements from zero (0) in 2014-15 to 47 in 2015-6 (figure 4).

'We've increased capacity in terms of the undergraduate medical placements' CEPN project manager South West
'We've helped some practices to start taking medical students for the first time ever' CEPN clinical lead South East

- **Increased numbers of general practices in South London providing clinical learning placements for medical students,**
- **More than double the number of general practices in South London providing clinical learning placements for student physician associates,** rising from 12 in 2014-5 to 30 in 2015-6 (figure 4). CEPNs in the south west created general practice friendly flyers to encourage practices to engage in providing placements (figure 5).

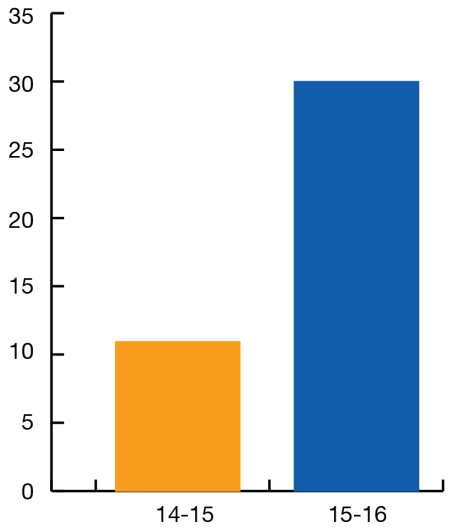

Figure 5
General practices providing clinical learning placements for physician associates

- **Developing placements for pre-registration pharmacist students in general practice,**

'We are particularly proud to have been part of developing pharmacy student placements in general practice' Richmond CEPN Operating Plan 2016-17

- **Supporting the development of multi-professional educators** who could supervise the learning of different types of students rather than single discipline.

Test and learn case studies in multi-professional supervision

Bromley CEPN created a multi-disciplinary mentor/ trainers group to explore what the benefits and limitations are of learning and working together across professional groups and across providers. GP trainers, nurse mentors and educationalists from other allied healthcare professionals were involved.

Richmond CEPN undertook a test and learn pilot of GP supervision of pre-registration physiotherapy students.

- **In progress.** A key issue for general practice in supporting student clinical learning is the finance to support staff time as educators and impact on patient flow because such activities are not part of the NHS contracts for general practices. Health Education England provides separate finance according to a tariff which varies by type of student[14], for example nursing students bringing a much lower tariff rate than medical students. The CEPNs worked to help overcome this issue in different ways including:
- Providing accurate information to general practices as to ways in which clinical learning could be undertaken with general practice by types of students they were not familiar with,
- They also provided other types of information such as regarding insurance and indemnity,
- Identifying small amounts of additional funds to enhance tariff payments for those students that general practices did not traditionally support.

Interprofessional learning Ongoing work between the CEPNs, HEIs and practices in a number of areas has created the 'pipeline project' which aims to create intro-professional learning opportunities in general practices for student medics, nurses, physician associates, paramedics, dieticians, pharmacists and physiotherapists. This project is currently being implemented in both South West and South East London CEPNs.

Figure 6
Flyer developed by CEPNs to encourage practices to support student physician associates.

Objective 4 Responding to Local Workforce Needs: Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs.

Achieved All the CEPNs included activities and collaborative work to address local workforce requirements as in these examples.

Addressing general practice nurse vacancies. One example was the work by CEPNs, initially those in the first wave (Lambeth and Wandsworth CEPNs were the pathfinders), to addressing the high levels of general practice nurse vacancies. The CEPNs worked with general practices to help them recruit 53 (20

in year 1 and 33 in year 2) qualified nurses who were then released to attend specifically commissioned practice nurses courses at HEIs. These nurses were mentored as they applied and developed their clinical skills in primary care.

53
acute care nurses supported and trained into general practice

Supporting the development of new roles in primary care settings. In working with local stakeholders such as the Local Authority and the Public Health Department individual CEPNs worked to support new roles in primary care including:

- ***Health Champions*** are a public health improvement initiative in which front line staff such as receptionists are developed to help promote public health initiatives to the public and patients and signpost them to services such as smoking cessation, weight management or Chlamydia screening. Some of the CEPNs such a Bexley, specifically supported sessions to increase the number of health champions in general practice,
- ***Care navigators*** and patient liaison officers in general practice. Some CEPNs supported the development of these new roles, which were being developed in local areas as part of wider initiatives such as integrating health and social care, including the voluntary sector. New pilots of care navigator roles have commenced in three CEPNS Contact Richmond, Bexley and Greenwich CEPNs,
- ***Health coaches*** - from volunteering to employment. Greenwich CEPN championed this work in partnership with the local Authority.

Apprenticeships Another example was the CEPN work to support the creation of apprenticeships in administrative and health care assistant roles in primary care as a career pathway route to address local general practice workforce needs. Figure 7 shows the growth.

CEPNs not only reported increasing the number of apprenticeships in primary care but high levels of subsequent employment in general practice.

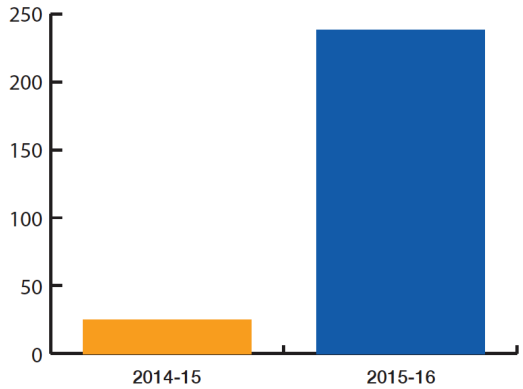

Figure 7
Apprenticeships in primary care in South London over time [source data HEE]

Innovative, collaborative working between Greenwich CEPN and their Local Authority on promoting apprenticeships and preparing young people created a template for other South London CEPNs to use.

Objective 5 Workforce Development:
Developing, commissioning and delivering continuing professional development for all staff groups.

Achieved All of the CEPNs developed, commissioned and delivered continuing professional development (CPD) programmes for all staff groups – administrative and clinical. In some areas in the year before the CEPN was established there were no commissions of programmes for primary care staff or only CPD events for GPs. This changed with the arrival of the CEPNs to commissioning and providing CPD programmes for all the practice team – in the widest sense.

'The CEPN for our practice has provided a much greater range of education and training to our admin and others, and nursing staff and HCAs' GP 06

Comparative analysis of CPD funding spending before and after the CEPNs demonstrated increase use of funding supporting education and training of administrative staff.

'The priority's always clinical [for education and training]. …And there was a period of probably about 18 months where we felt we couldn't access anything at all, as practice managers for administration staff. So I guess with the CEPN, the optimism among us that issues that we need training in, particularly development, is starting to be addressed.' (Practice Manager 011-02)

Some CEPNs worked with other local health organisations on competency frameworks for health care assistants (HCAs) and then actively supported the introduction of the Care Certificate for Health Care Assistants. This Care Certificate was subsequently referred to in the Care Quality Commission's (CQC) guidance[11] so that these CEPNs helped practices to be CQC compliant in the training and task delegation to HCAs. Bexley CEPN and Croydon CEPN provide examples of supported this work to embed in the practices

Innovation in continuing professional development. The CEPNs addressed the significant challenges of a) practice staff release time for education and training, b) geographically dispersed general practices, and c) engagement of the wider primary care team through innovations such as:

- commissioning e-learning programmes for all practices,
- commissioning leadership and development coaching programmes for practice administrative and nursing staff,

- supporting practice based, multi-disciplinary learning events,
- working with the CCG to create, or for some areas to re-invigorate, protected time learning events [i.e. with funding to cover staff release through practice cover by out of hours services] These included all practice staff for example on themed topics such as diabetes, cancer, dementia. Examples in Southwark and Greenwich CEPNs reported nearly 1,500 staff (GPs, nurses, pharmacists, IT and practice administrative staff) attending these over the course of 12 months,
- Creating or supporting local professional development and peer support forums such as for locum GPs, practice managers, practice nurses and health care assistants.

A number of the CEPNs engaged more broadly with primary care providers including local pharmacists and opticians. In one area with a national vanguard initiative in care homes[12], the Sutton CEPNs actively worked to support training for care home staff and engagement in wider activities.

'The advantages [of having a CEPN] are we do much more multi-professional training and we are beginning to do more cross-agency training which has never happened' (GP 09)

'they [the CEPN] seem to be able to link in more smoothly with other organisations and other aspects of the community, they seem to just think outside the box a little bit …….and trying to embrace all the other organisations so that we can actually work together rather than work in our own little cells' (Practice nurse 006-2).

All of the CEPNS worked on creating multi-disciplinary and multi-agency learning events. Those CEPNs that had been longest established held successful multi-agency learning events on topics such as mental health and dementia, diabetes, palliative care. In these types of events they often tapped into the expertise of other networks focused on single issues or one patient group. It was from these types of events that reports came of practitioners not just gaining new or updated knowledge but also new contacts to help form communities of practice[13].

Example of Inter-professional learning 'All our plans are aimed, where appropriate, at multi-disciplinary workforces….we worked jointly with CCG to deliver multi-professional training to identify a universal approach to writing Care Plans. 180 delegates attended one of 6 half-day sessions in between July and October'. Wandsworth CEPN

Objective 6 Education Programme Coordination:
Local co-ordination of education programmes to ensure improved economy of scale, reduced administration costs and improved educational governance.

Achieved. The CEPNs worked to improve local co-ordination of education programmes and increased knowledge amongst practice staff and the wider health and social care workforce of availability. One method was through regular e-newsletters detailing courses and contacts. Another aspect of this to improve economy of scale was the cross- CEPN co-ordination to take up or offer spare places on commissioned courses. In addition CEPNs looked strategically at planning training against their training needs analysis and local priorities and sought the most cost-effective provision such as linking with sector wide training initiatives for example on sexual health, cancer and palliative care. A number of CEPNs changed providers of training course having identified better quality, more tailored provision. An example is Lewisham CEPN and its recommissioning of bespoke provision.

'It's always good to have somebody else to do the legwork rather than you having to ring [name] University, Google, BMA and all of that to find a course …….so whereas you know this service is there so I think it's got several advantages' (Practice manager 003-2)

'Well, I would say that it provides a fairer and coordinated approach to workforce training and development, which I think, you know, is a more equitable, way of people being trained and enabling training across the whole of the team'(Practice nurse 006-2)

In progress
As the CEPNs developed and funding became more constrained, it became apparent to the clinical leads and project managers that some 'back office', administrative functions could be undertaken efficiently at a sector level rather than CEPN level particularly if supported by web based systems.

'I think there would be better value to be gained by having CEPNs in groups that allow them to share back office functions …you know the CPPD budget, you could easily set up a system that worked across a number of CEPNs' (CEPN project manager m)

Objective 7 CCG engagement:
Ensuring effective spend of CPD [continuing professional development] funding for primary care.

Achieved The points made above in relation to objectives 4 and 5 on effective commissioning and educational governance also apply to this objective.

All the CEPNs worked with their CCGs as discussed above (see section on the set up phase).

This relationship between CEPNs and CCGs was more synergetic over time for some CEPNs than for others. Some CCGs actively disinvested in primary

care work force development during this period while others made investments such as paying for sessions of experienced practices nurses' time to lead on professional development. We pick up this point in the challenges section below.

During the period the HEE allocation for CPD in primary care was passed to CEPNs rather than CCGs but it was also reduced to 40% of previous years' funding. Funding and sustainability of CEPNs were a constant theme throughout this period. Some CEPNs became more entrepreneurial and were successful in bids for additional funding to augment their work in particular areas. This strategy however, had opportunity costs to the CEPNs in that time spent on unsuccessful applications for funds was time lost to other CEPN activities and the CEPNs had very limited staff time funding.

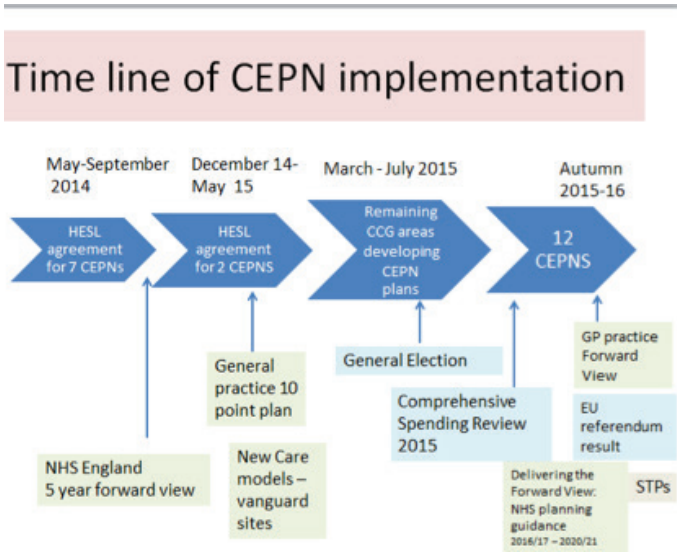

Figure 8

So what was the impact of the South London CEPNs?

From a South London system wide perspective the CEPNs have made an impact on:

- Addressing the current workforce needs of general practice in South London,
- Addressing the development and career progression needs of the non-clinical and non-regulated general practice staff,

'We've been able to see the advantages of taking on different members of staff and how they might be used, so as a practice we've taken on a pharmacist and employ a pharmacist, we've supported Physician Associates and are looking at employing those' (GP 02-1)

- Broadening general practice views of the contribution different types of staff might make,
- Developing the future primary care workforce,
- Moving the culture of interaction between primary care providers and education providers from uni-professional, uni-agency to multi-professional and multi-agency.

This is not to say the CEPNs and their partners have 'solved' the complex and enduring challenges inherent in each of these issues but there was demonstrable evidence of change. Neither is it to claim that *all* general practitioners, primary care staff and others across South London were fully engaged in the CEPNs. All network organisations have constituencies which vary in the strength of their engagement[15]. It should also be noted that this time period has been one of the most intense in workload pressures on general practices which created significant competing priorities as documented by NHS England[6]. See also Figure 8 as an illustration of the policy landscape over this period. All CEPNs had to continually work at stakeholder engagement which they did through regular communications in newsletters, having a presence at local primary care meetings and through their programmes of local learning events.

An important enabling factor for all the CEPNs was the knowledge exchange opportunities for those involved in CEPNs which the HEE central CEPN team created as part of the governance structures and development days. The HEE central team were active knowledge purveyors[16] on all aspects of primary care and education development from across the sector, region and nationally beyond. Peer-to peer knowledge exchange on the practicalities, realities and possibilities for education network organisations in primary care between those involved in the CEPNs was also important in operationalising the aspirations.

'We [CEPN project managers] come together on development days and such, and they're very helpful, HESL are wonderful (…)., you know, HESL are very, very supportive' (008-2-1 CEPN Project manager)

When we asked our stakeholder interviewees did the CEPNs demonstrate value for money and how do you judge that, most responded that the CEPNs did provide value for money in delivering change on some aspects of primary care workforce and engagement in a relatively short period of time, on very limited budget. Quantifying that value is problematic at this stage and perhaps needs to be seen more in terms of the investment required to make system wide change happen.

What factors supported or inhibited the progress of individual CEPNs?

It must be acknowledged that some CEPNs made greater progress and impact than others. In part this was a consequence of the length of time they had been established. Our interim report[4] described in depth the length of time it took CEPNs to move beyond their set-up and engagement phase – which was invariably more protracted than those involved had anticipated. However, the rate at which individual CEPNs were able to move along the implementation pathway from start up to demonstrable achievements was influenced by other factors which we identified as including:

1. **Project manager resource.**
   Having a project manager in post was essential to move from aspiration to action. Project managers who joined CEPNs already understanding the complexity and priorities of general practices and primary care appeared to require less time for induction and orientation,

2. **A leadership group with different talents.**
   Having a leadership group that included:

   - Clinical champions for education and training who were credible to others in that local primary care community,
   - Individuals who were able to articulate the concept, overall aims and direction of travel to others in primary care, HEIs and other organisations,
   - Individuals who were able to understand, interpret for others and collaborateeffectively across clinical, NHS management and education communities as well as across different organisations (known as "boundary span-ners"[17]),
   - Individuals who were social entrepreneurs in identifying opportunities for the CEPN and acting on them.

3. **Building from previous work or starting from scratch?**
   The extent to which the local primary care health economy already had work underway on CEPN objectives which then the CEPN built on and took forward was important,

4. **Synergistic objectives with primary care contractors**
   The extent to which the local general practices saw the CEPNs objectives as supportive and synergistic to their own business plans and objectives rather than having detrimental opportunity costs,

5. **Synergistic objectives with others who held remits for primary care and workforce development.**
   The extent to other existing local NHS structures and individuals, with a remit for primary care development and workforce development, were supportive of the concept and objectives of CEPNs was influential. Linked to this was the extent to which individuals considered that a network organisation with short-term funding was likely to make any progress and whether that progress would be sustained. Concerns about sustainability were raised from early on in the CEPNs development and influenced some in the extent they were willing to invest in supporting the CEPN.

> 'I think the idea of a CEPN being locally driven by a network of people who are interested in workforce is a really good idea. I think in [name of the area] we've done quite well to engage our primary care workforce in the CEPN which is really, really good and we've made some really good progress in some areas',(CCG officer 06)'
>
> 'I think it was more connected when it was led by the CCGs, so the disadvantage of it being led by the GP Alliance or the Federation are not being based in the CCGs, that clearly they're not in all the CCG meetings so that's more time-consuming in some ways'. (CCG officer 02)

6. **Local priorities.**
   It was evident that in local economies that were experiencing difficult financial situations then primary care workforce development became a lower priority. This created a more challenging environment for a network organisation such as a CEPNs to work in.

A number of these factors such as project managers, committed leadership able to offer a clear vision, champions for innovations and receptive context have been identified as influential in other evaluations of networks and innovation in health care[16,18].

So what are the challenges and options going forward?

The CEPNs have created a momentum, stronger in some areas than others, but clearly by Autumn 2016 at a point where they can deliver tangible outcomes in support of the recently re-articulated NHS England's policy plans for general practice and primary care[6] in the context of the wider health and social economy planning[19]. **A conclusion must be that CEPNs should be supported to continue - it would be wasteful of public monies already spent not to capitalise on the momentum achieved in developing the primary care workforce.** However, CEPNs will only continue if there is:

a) funding identified to support time for the core project management and clinical leaders

b) a host organisation that is committed to primary care workforce development and credible to key stakeholders in primary care development.

The funding question is set against a landscape where public spending is severely challenged and the organisational architecture of the NHS looks set for re-shaping into groups rather than individual CCGs[19]. Those involved in the CEPNs have already started

inputting into the workforce action plans (led by HEE staff) for the sustainability and transformation plans (STPs) which cover the two STP footprint areas of South West London and South East London.

As noted earlier those involved in CEPNs, building from their experience, can identify ways of working to scale at a sector level. Examples included groups of CEPNs sharing back office functions and the creation of e-systems for some of the administrative work such as booking individuals on courses and learning events. **A recommendation is to look to at these suggestions for greater efficiency in back office functions.** Also noted by some was what they considered to be disproportionate amounts of time of project managers and clinical leads required by HEE in governance meetings and reporting. **A recommendation is to consider the frequency and demands of governance requirements going forward.**

Work by HEE Darzi fellows over the period demonstrated types of activities in supporting workforce development that could be delivered across a sector rather an at individual CEPN/CCG level. The policy plans for 13 general practice training hubs in England seem also to point to a sector wide scaling rather than resourcing at the level of an individual CCG or LA[6,8] . It is likely that the additional funding announced as part of the general practice workforce plans will be dispersed at an STP or GP training hub level scale rather than at a CCG level[19]. The sector delivery groups of CEPNs and HEIs, created by the HEE, will be good starting points for these conversations but attention will need to be paid to moving to two rather than the current three to reflect the STP areas. The challenge will be how to work to scale at a sector level but at the same time maintain work at the local level for primary care service engagement. **A recommendation to HEE is to consider whether the CEPNs and the delivery group configurations footprint should match that of the STPs in South London.** This then leads to the second question of appropriate host organisation credible to key stakeholders in primary care.

The question of host organisations is complex as both NHS commissioning organisations and also primary care provider organisations are changing. The commissioning organisations potentially changing as mentioned above with the emergence of STPs and primary care provider organisations potentially changing with the emergence of GP Federations, multi-speciality community provider organisations including models such as the primary care home[13]. The degree to which, and within what timescale, such organisational changes could happen are difficult to predict but the direction of travel is likely to be clearer with the publication and agreement of STPs.

The experience of the CEPNs across South London demonstrates the variety of potential host organisations, together with the evidence of differing levels of local organisational commitment and support for primary care workforce development as inherent in the concept of the CEPNs. In this mix there is also the, often unspoken of, mixed relationships including tensions between general practices and the local CCG (and its precursors) as part of the NHS management structure. This tension is perhaps best exemplified in a recent British Medical Journal paper presenting the differing arguments as to whether GPs should be salaried staff of the NHS like hospital doctors or retain their current contracted status outside the NHS management structures[20]. While acknowledging these tensions, the challenge for many CEPNs is that without close collaboration with the CCG (in whatever future organisational form) there will be missed opportunities for leveraging in other resources and capitalising on local planning that might require primary care workforce development. **The only sensible conclusion at this point in time is that the appropriate host organisation for CEPNs can only be judged at the local level, i.e. on a case by case basis.**

Finally, the work of the HEE central team has been instrumental in developing the CEPNs and supporting their achievements across a health care system. In a changing landscape of funding and organisations it will be important to continue maximising knowledge exchange across the health care system. The only caveat being that this needs to be in proportion to the actual needs and funded time of those within the CEPNs. **A recommendation is that opportunities for knowledge exchange and support created by HEE should be continued but in more concentrated formats and with less frequency than in the first years.**

References

1. Health Education South London (2014). Health Education South London Delivery Plan 2014/15 Accessed last on 20-09-2015 at at http://southlondon.hee.nhs.uk/2014/06/17/delivery-plan-20142015-published/
2. Greater London Authority. (2013) 2011 Census first results: London boroughs' populations by age by sex. Accessed last on 10-09-2015 at at https://londondatastore-upload.s3.amazonaws.com/9i0%3D2011-census-first-results.pdf
3. NHS Digital . (2016) General and Personal Medical Services in England Detailed Tables September 2015 – March 2016 . Accessed 20-9-2016 at http://content.digital.nhs.uk/searchcatalogue?productid=21962&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top
4. Drennan VM, Littlejohns P and Calestani M (2015) South London Community Education Provider Networks: an interim report to Health Education England –South London.
5. NHS England (2014) The NHS Five Year Forward View Accessed last at 1-9-2016 https://www.england.nhs.uk/ourwork/futurenhs/
6. NHS England (2016) Five Year Forward Plan for General Practice, Accessed last 21-09-2016 at https://www.england.nhs.uk/ourwork/gpfv/#
7. HM Treasury (2015) A country that lives within its means. Spending Review 2015.Cm9112. Accessed last at 10-09-2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447101/a_country_that_lives_within_its_means.pdf
8. NHS England, HEE RCGP, BMA. (2015) General Practice Workforce Action Plan. Accessed last on 10-09-2015 http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/1
9. NHS London Leadership Academy. (undated) Darzi Fellowships in Clinical Leadership (undated) Last accessed 20-10-2016 at http://www.londonleadershipacademy.nhs.uk/programmes/darzi-fellowships-clinical-leadership
10. Health & Social Care information Centre . (2015) Workforce information architecture: the workforce minimum data set frequently asked questions .Accessed last 10-9-2016 at http://content.digital.nhs.uk/media/15912/wDMS-Frequently-Asked-Questions/pdf/wMDS_FAQs.pdf
11. Health Education England (2015) All new healthcare assistants and social care support workers will need to get a Care Certificate in their first 12 weeks of employment. Accessed last on 12-09-2015 at http://hee.nhs.uk/2015/03/25/all-new-healthcare-assistants-and-social-care-support-workers-will-need-to-get-a-care-certificate-in-their-first-12-weeks-of-employment/
12. NHS England (2015) New care models – vanguard sites. Accessed last on 20-9-2016 at https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/
13. Wenger, E., 2000. Communities of practice and social learning systems. Organization, 7(2), pp.225-246.
14. Department of Health (2015) Education & training tariffs Tariff guidance for 2015-16 Accessed on 18-09-2015 at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411897/Tariff_guidance.pdf
15. 6 P, Goodwin N, Peck E, and Freeman T, 2006, Managing networks of twenty first century organisations, Palgrave, Basingstoke
16. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. (2004) Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q. ;82(4):581-629
17. Williams, P.,(2002). The competent boundary spanner. Public Administration, 80(1), pp.103-124.
18. Ferlie E et al (2010) , Networks in Health Care: a Comparative Study of Their Management, Impact and Performance. Report for the National Institute for Health Research Service Delivery and Organisation programme. Accessed last 20-09-2016 at http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1518-102_V01.pdf
19. NHS England (2015). The NHS Shared Planning Guidance (16/17- 20/21). Accessed at https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/
20. Majeed A, Buckman L. Should all GPs become NHS employees? BMJ. 2016 Oct 5;355:i5064. doi: 10.1136/bmj.i5064.

Community Education Provider Networks Contacts and Websites

Bexley	info@bexleycepn.org.uk www.bexleycepn.org
Bromley	BROCCG.BromleyCEPN@nhs.net www.bromleycepn.org
Croydon	SECSU.crydoncepn@nhs.net
Greenwich	royork@nhs.net
Kingston	KINCCG.kingston.cepn@nhs.net
Lambeth	j.soumahoro@nhs.net
Lewisham	mail@lewishamcepn.community www.lewishamcepn.community
Merton	cepn@mertonhealth.org
Richmond	m.ashdown@nhs.net
Southwark	kate.morarty-baker@nhs.net
Sutton	g.berg@nhs.net
Wandsworth	http://bhcic.co.uk/education-training/cepn-overview/

Acknowledgements

The evaluation team acknowledge with thanks all those across South London who have given their time, insights and views as part of this evaluation.

Author contact for comments or further information
v.drennan@sgul.kingston.ac.uk

ISBN number 978-0-9957413-0-0

January 2017

Health Education England Contacts

Natasha Knight,
Project Manager
e: Natasha.Knight@hee.nhs.uk

John Spicer,
Head of Primary Care Education & Development
e: John.Spicer@hee.nhs.uk

Sharon Kelly,
Project Support
e: Sharon.kelly@hee.nhs.uk

Health Education England CEPN web site

https://www.hee.nhs.uk/hee-your-area/south-london/our-work/attracting-developing-our-workforce/community-education-provider-networks