



# Samantha Jones

## Why lead a national programme?

**When the news of my appointment as the Director leading the New Care Model Programme for NHS England became public, I was sent a text from a colleague saying sorry and offering any support I might need. I was touched by the offer of support, however incorrect, and asked them why I needed commiserations. Their answer was along the lines of..." well, you cant really do anything can you leading a national programme... not like you can when you are working in the service..."**

**It is an interesting comment**, and one that has stuck with me in my first six weeks at NHS England, and one that I have borne in mind whilst we designed the first few weeks of the New Care Model programme.

## Size of Challenge ahead

Most people agree that the Five Year Forward View, published in October 2014 set out a vision for the future and offered a sense of optimism for the NHS that had been missing for a while. It united commissioners and providers alike in

the sense of opportunity as well as enjoying a range of political support from various quarters. It is also explicit about the reasons for change being required in the NHS, spelling out the widening gaps if not addressed: the health & well-being gap: the care and quality gap; the funding and efficiency gap.

## How did we choose the Vanguard?

At the heart of the Five Year Forward view are the new models of care and I joined NHS England at a time when it was asking for

expressions of interest in being the “vanguards”, charged with leading the development of these care models, ensuring they are nationally applicable and locally deliverable, of a large enough size and delivered at pace.

We asked for Expressions of Interest by close of play on the 9<sup>th</sup> February by way of a two page proforma setting out the vision to be achieved, by whom, by when and what support would be needed from the national programme.

We applied the following principles of openness; transparency, patient involvement, clinical engagement and involvement and set out these principles at the beginning to all involved.

We received, what I described as a tsunami of interest with 269 applications received from up and down the country.

Each of the applications articulated which care model they were interested in pursuing:  
Multispecialty  
Community Providers (MCPs), Primary Acute Systems (PACS), Care Homes and Small Viable Hospitals.

The applications were then reviewed by a range of stakeholders, from across Local Government; NHS England, Trust Development Authority; Monitor and importantly by clinicians and patients, with a smaller number being invited to a workshop. This is where the fun started!

## Dragons Den... X Factor Style

The workshops were intense, fast, fun and gave every one of the 63 participant systems an opportunity to give a 7 minute presentation and then be challenged from the floor (the other participants) on any questions about their pitch. All the pitches were filmed and loaded onto YouTube within 15 hours to support the next phase...the voting....

The afternoon sessions were then designed to start influencing the design of the national programme, with 4 workshops focusing on capability for change: engaging communities; incentives for success and measurement.

At these workshops each participant system was asked to give their view of what support would be most beneficial for the programme, beginning to identify those key blocks that we

talk about all the time, whether it be the tariff: legal contracts; competition or issues for real time evaluation – a core part of the programme moving forward.

We knew the days would be challenging – keeping the interest of all participants, let alone the very practical time keeping aspects and getting a large group of people from one place to

another. I spent much of it apologizing for my barking, sergeant major style.

What I hadn't anticipated was the sheer sense of opportunity, of sharing, of pride and of competitive spirit that was generated and the amazing work going on up & down the country in designing and delivering care with and for the population we serve.

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Time and time again, I heard.....” ooh, can we borrow that.... how are you doing that....how did you get this block sorted..... Can I come and see.....” And as one participant said.....” This is silly...why don’t we know this is going on”.

There was some friendly challenge from the floor and at times some intense debate about the best way of things happening, all helped by the added mix of each vanguard system being given the opportunity of casting their vote for the system that they felt had the best chance of success of delivering the new care models.

**This caused some consternation amongst some participants.....” what, really? “...” Is this a real vote or just to make us feel better...”**

At times it was over whelming and a few of the participants (CEOs and Medical Directors) said it was one of the more challenging things they had done. It didn’t work for everyone, with some people uncomfortable with the style and expectation to share and be part of the wider workshop.

At times it was too hot & at times it was too cold....but overall, the experience was full of adrenaline, excitement and a sense of enthusiasm and will to be honest about , and do everything possible, to deliver the new care models across the NHS.

**I saw partnership working in action and a focus on population health that truly will give them the best chance of success.**

I also saw a range of clinicians, from all professions from across primary, community and secondary care stepping up and outlining their vision and working together and asking for help from the national programme to do it faster bringing about accelerated change for patients and their families.

As a result of what we saw in the workshops themselves and the amount of work happening up and down the country, we are taking a step back and reflecting again on the scope of the programme.

We are keen that we build a community of support across the NHS sharing good practice and accelerating the scale of change, whilst not diluting the focus for the vanguard programme itself.

**Our partners at the Kings Fund are helping us with this and there will be more details soon.**

I spent the weekend reflecting on the fact that it has only been 6 weeks since I joined NHS England and that we have been working so incredible hard to build on the Five Year Forward View and identify those vanguards that have the best chance of success to deliver the new care models.

The final list of Vanguards [published here](#) deserve every bit of credit for everything they have done so far.

There is much more we need to do and will do together through the forthcoming year. My colleague was right in one respect – I can’t deliver the new care models from NHS England.

Nor would I want to. It has to be delivered locally, by those people delivering care and leading care every day.

Our job will be to support those vanguards, challenging along the way and collectively doing what we can to address some of those national blocks and have nationally replicable care models being delivered.

**But I can definitely say, if it’s anything like the first six weeks have been, it’s going to be fun!**

[samantha.jones39@nhs.net](mailto:samantha.jones39@nhs.net)

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