

# Case study: Using peer review to strengthen clinical and care professional leadership arrangements within Gloucestershire

When developing its local framework for clinical and care professional leadership, Gloucestershire Integrated Care System (One Gloucestershire ICS) wanted to take an approach that explored opportunities to strengthen leadership in an inclusive way. An external peer review, facilitated by the **Leading Integration Peer Support** (LIPS) programme, created an opportunity for everyone's voice to be heard.

## What the organisation faced

In 2018, Gloucestershire became one of the second wave of integrated care systems (ICSs) – partnerships of health and care organisations, which exist to achieve four main aims: supporting the delivery of joined up services, improved health outcomes and broader social and economic development.

After several years of locally led development, the government set out plans to put ICSs on a statutory footing and, in September 2021, NHS England published guidance to support the development of distributed clinical and care professional leadership across ICSs. As part of their transition to statutory bodies, ICSs were required to agree a local framework and development plan for clinical and care professional leadership, ensuring that 'the full range of clinical and care professional leaders, from a diversity of backgrounds, should be involved in decision-making throughout the ICS so they can share and contribute towards a collective ambition for the health and wellbeing of the population' (NHSE, 2021).

From an ICS perspective, Gloucestershire is defined as both 'system' and 'place'. With six integrated locality partnerships (ILPs) that are broadly aligned around district council boundaries and a history of collaborative working across partner organisations, system leaders wanted to take an approach to clinical and care professional leadership that builds upon what is already working well, while considering what can be further developed in future.



*“This peer support programme is an excellent opportunity to step back and take stock with people who have real experience and credibility. But it’s not for the faint hearted, we must be willing to hear the hard truth and to then act accordingly. Change is uncomfortable but necessary and this programme helps us to achieve real transformation.”*

**Dame Gill Morgan, chair, Gloucestershire ICS**

## What the organisation did

NHS England’s guidance on developing local frameworks identified five core principles for placing effective clinical and professional leadership at the heart of ICSs:

- 1 Integrating clinical and care professionals in decision making at every level of the ICS.
- 2 Creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities.
- 3 Ensuring clinical and care professional leaders have appropriate resources to carry out their system role(s).
- 4 Providing dedicated leadership development for all clinical and care professional leaders.
- 5 Identifying, recruiting and creating a pipeline of clinical and care professional leaders.

While One Gloucestershire had already taken steps to ensure a strong clinical and care professional voice throughout all levels of decision making – appointing a chief allied health professional (AHP) lead for Gloucestershire ICS, embedding clinical and care professional leadership into clinical programme groups that are about redesigning and improving care pathways, and more recently appointing a chief medical officer and chief nursing officer for NHS Gloucestershire integrated care board – the development of the local framework provided an opportunity for further engagement.

Gloucestershire had knowledge and previous experience of peer reviews and felt that the LIPS programme’s process would work well to support the development of the clinical and care professional leadership framework.

An initial scoping conversation took place in December 2021, which explored the possibility of a peer review focused on professional leadership within system and agreed some objectives for the peer review approach:

- Support the strengthening of clinical and care professional leadership arrangements within Gloucestershire.



- Review progress made against the five principles set out in national NHS England (NHSE) guidance and translated into a local framework.
- Help identify the areas and actions needed to support the formulation of a system-wide action plan.

One Gloucestershire began by undertaking a survey of existing clinical and care professional leaders (based on the five principles outlined in the guidance), the results of which fed into the multidisciplinary peer team that the LIPS programme team procured to conduct the peer review in late March 2022. Feedback from participants in Gloucestershire suggests that the survey itself was a valuable and constructive way of preparing participants for the peer review process.

The programme team timed the review according to peer availability and existing meetings (to reduce the burden on participants). Altogether, 10 focus groups took place, in addition to 1:1 sessions – over 90 people were involved in total. It was a lot of work – and other interested ICSs should be aware of the time involved – but ensured a broad range of views were expressed and heard, including those of AHPs, social care providers and the local authority. The final peer review report was presented to the Clinical and Care Council on 26 April 2022.

The outputs of the survey and external peer review (including peer review report) helped form the basis of the local framework for clinical and care professional leadership in Gloucestershire. As part of the framework an action plan was developed with actions aligned to the five principles above.

ICS leaders felt that external scrutiny, in the form of peer review, helped secure senior buy-in and accountability for the plan, and that sharing the recommendations from the peer review helped all system partners focus on its delivery.

## Results and benefits

The peer review provided useful intelligence for the local framework for clinical and care professional leadership and the accompanying action plan.

Gloucestershire ICS achieved a measurable, deliverable action plan centred on NHSE's five core principles for placing effective clinical and professional leadership at the heart of ICSs.

There was improved understanding of the respective roles across the system. The 10 focus groups included a range of stakeholders across a variety of professional groups including AHPs, social care



providers and the local authority. The chief operations officer at the Gloucestershire Care Providers Association played a key role in coordinating input from people working in the social care provider sector – residential, nursing and domiciliary care – including feedback from nurses working within care homes.

Peer review can be challenging, and peers ask probing questions to understand what is working well and where there are opportunities for improvement. The Gloucestershire peer review benefitted from having peers from a variety of clinical and care professional backgrounds including adult social care, medical, primary care, mental health, and children’s social care.

*“The peer review, carried out in early 2022, presented us with an opportunity to understand what was already working well – as well as areas for development. The LIPS team were proactive in their approach to the peer review and provided effective support and challenge. The final report provided a clear set of recommendations that have formed the basis of an action plan we are now taking forward..”*

**Mark Golledge, associate director of ICS development, One Gloucestershire ICS**

## Overcoming obstacles

Taking place in spring of 2022, the impact of Covid-19 on the system was still clear, with leaders under pressure from recovery measures. As a result, there were some issues around timing, which participants found tight. The key learning from the scheduling process was to allow plenty of time for ICSs to achieve a balance of participants, from across the system, to be represented in both 1:1 sessions and focus groups.

## Takeaway tips

- Understand what peer review can achieve; establish common ground at the outset; be responsive to suggestions around the structure of a peer review (such as including focus groups and surveys).
- Diversity on the peer team is important, as is the diversity of voices participating in the peer review.
- Share any useful information about your system beforehand, so the peer team is not coming to your system ‘cold’.
- Senior buy in, both clinical and managerial, helps achieve traction on actions.
- Schedule meetings and groups with plenty of advance notice (six to eight weeks).
- Communication is key: keep communicating with the people involved who have given their time. Be clear about actions, timings and results.



- Can peer reviews present a development opportunity to recruit to a pool of peers for future reviews?



## References

NHS England (2021). *Building strong integrated care systems everywhere*. Available at:  
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf>

## Contact

For further information about the work in this case study, contact:  
[peersupport@nhsproviders.org](mailto:peersupport@nhsproviders.org)