

## **Rutland Primary Care Network Accountable Clinical Director**

1. **Time commitment;** Two sessions per week – to be confirmed with PCN members to account for local requirements and financing.
2. **Reimbursement;** £0.69 per patient per annum, or part thereof, paid to the clinician's practice.
3. **Term;** 1<sup>st</sup> July 2019 to 31 March 2022
4. **Role summary**

The Accountable Clinical Director (ACD) will be accountable to the Primary Care Network (PCN) members and provide leadership for the PCN's strategic plans, working with members to improve the quality, cost and effectiveness of the services it offers. This will include professional leadership of the Quality and Outcomes Framework Quality Improvement activity across the PCN.

The ACD will be a practicing clinician from within the PCN member practices able to undertake the responsibilities of the role and represent the PCN's collective interests. It is most likely this role will be fulfilled by a GP but this is not an absolute requirement.

The ACD will work collaboratively with ACDs from other PCNs within the STP area, playing a critical role in shaping and supporting the STP, helping to ensure full engagement of primary care in developing and implementing local system plans.

### **5. Key responsibilities**

- a) Provide strategic and clinical leadership to the PCN, developing and implementing strategic plans, leading and supporting quality improvement and performance across member practices.
- b) Support implementation of agreed service changes and pathways across the PCN.
- c) Work closely with member practices and the commissioner and other networks to develop, support and deliver local improvement programmes aligned to national priorities.
- d) Develop local initiatives that enable delivery of the PCN's agenda by working with commissioners and other networks to meet local needs and ensure comprehensive coordination.
- e) Provide strategic leadership for workforce development, through assessment of clinical skill-mix and development of a PCN workforce strategy.
- f) Develop relationships and work closely with other ACDs, clinical leaders of other primary care, health and social care providers, local commissioners and LMCs.
- g) Play a key role in helping to ensure full engagement of primary care in developing and implementing local system plans.
- h) Facilitate participation by practices within the PCN in research studies and act as a link between the PCN and local primary care research networks and research institutions.
- i) Represent the PCN at CCG-level and STP-level clinical meetings, contributing to the strategy and wider work of the STP.
- j) Take a lead role in developing a PCN's conflict of interest arrangements, taking account of what is in the best interests of the PCN and their patients.