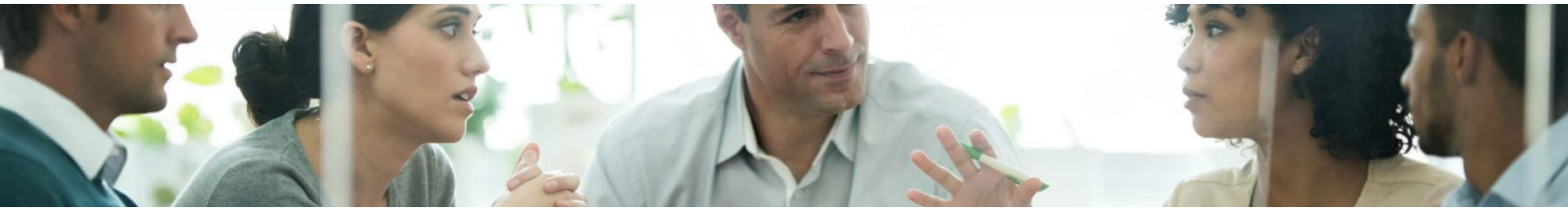
Insight

February 2023

Edition for Wales



Top tips and timely articles

In this edition of PCC insight we have an interview with Sian Jones from Red Kite Health Solutions Community Interest Company, which is one of the first community interest companies to be developed in Wales. She charts their journey to becoming an established organisation delivering a variety of contracts. PCC's personal and team development trainer, Barrie Sample offers his tips for managing imposter syndrome, which according to the statistics a high number of people have experienced. Joanna Fox offers advice on time management.

We also consider employment issues for practices and clusters, particularly with the wider multi-professional teams. The primary care estate is considered – and in particular how it can enable system collaboration to support primary care into the future. Finally Professor Mike Ferguson advises on how you can best manage the huge workload.

We would welcome future articles from readers, outlining your case studies and work you would like to share. Any contributions should be sent to enquiries@pcc-cic.org.uk

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Combat imposter syndrome

PCC's personal and team development trainer Barrie Sample

Make 2023 a year for personal growth. This year we have a range of new workshops. Imposter syndrome is one of the popular workshops we offer.

Impostor syndrome refers to someone's belief that they attained a prestigious position and employment not because of their abilities but rather as a result of an error or a fortuitous break. They therefore possess a sensation of fraud or impostor. According to a 2019 HRnews survey, 85% of employees in the UK feel inadequate despite having at least three years of experience. In the UK, Google searches for "Impostor syndrome" have soared by 511% since 2016.

I recently joined PCC and I was observing sessions and listening to delegates in my first few weeks, and I noticed a familiar theme – that people often question their skills for the job they're already doing – often more doubtful at times of personal or organisational stress. So I designed a new three hour course – Combatting Imposter syndrome workshop. It explores the imposter syndrome and what intrusive imposter thoughts may look like, how they affect people uniquely, and how each person may develop coping mechanisms to lessen these impacts.

Top tips to help you minimise some of these intrusive thoughts.

1. Accentuate the positive

We all enjoy success in our personal and professional lives. Make a note of all your accomplishments, no matter how small, think about what's gone well and share those success with the people around you and reread them yourself.

2. Talk to others

Emotions related to imposter syndrome are common at work. Be aware that you are not alone. Try sharing your feelings with your colleagues; a problem shared is a problem halved.

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3. Separate feelings from facts

You'll occasionally feel foolish. We all do occasionally. Recognising that feeling, doesn't necessarily mean you are foolish.

4. Develop a new script

When you are in a circumstance that makes you feel like an impostor, become conscious of your inner dialogue. This is your internal script. Instead of thinking, "Wait till they find out I have no idea what I'm doing", tell yourself: "Everyone who starts something new feels off-base in the beginning. I may not know all the answers, but I'm intelligent enough to find them.

5. Visualise success

Follow the lead of elite athletes. Spend some time in advance visualising yourself delivering a persuasive speech or politely asking a question. It will reduce the tension associated with performance and is always preferable than visualising an imminent catastrophe.

Remember that everything requires time, especially changing mind patterns and habits and these methods will become more natural the more you practice.

Imposter syndrome is just one of the new workshops on offer. Other new topics for 2023 include:

Exploring metal health at work

Professionals who wish to increase their confidence in their ability to identify the signs and symptoms of mental ill health and develop effective strategies to communicate with colleagues are the target audience for this workshop.

The workshop will provide a safe environment to discuss personal mental health situations and develop strategies for managing and controlling potential vulnerabilities and stresses that you may be currently experiencing.

Enhancing your emotional intelligence

Emotional intelligence is crucial in every professional environment. Given that we work with vulnerable people in the NHS, it is even more crucial. The target audience for

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this workshop is professionals who want to improve their level of emotional intelligence and comprehend why people may behave in certain ways toward them.

Participants will leave the workshop with a deeper knowledge of who they are and the reasons for their reactions in various scenarios. After the workshop, participants will know more about the recognised domains of emotional intelligence and how they may further enhance each one.

In our training sessions you're likely to meet people from different parts of the country, different parts of the system and in different roles and this offers a richness of conversation as we offer the space for people to listen and share experience. Our personal and team development sessions are a blend of theory, group discussion and include time for self-reflection. For our full programme see https://www.pccevents.co.uk/calendar .We offer virtual and face to face workshops tailored for your organisation contact enquiries@pcc-cic.org.uk to find out more.

Employment issues

Workforce issues are an ongoing concern for practices and clusters. Employment of the multi-professional team is acknowledged as the common characteristic of the best new models for primary care, but there are various potential risks and pitfalls associated with employing these additional roles. In this article, Hill Dickinson's Alison Oliver and Michael Wright consider some of these issues.

As clusters are not legal entities, they cannot themselves employ staff. Clusters must therefore consider who will employ the staff. Common models for employment of cluster staff include:

- Lead practice model – where one practice employs staff on behalf of the cluster;
- "Flat practice" model – where the practices jointly employ staff;
- Company employment model – where the practices form a limited company to employ staff on their behalf; and
- Third party employment model – where the PCN practices contract with a third party organisation (such as a hospital trust or local GP federation) to employ staff on their behalf.

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Regardless of which organisation employs the staff, it is important that the practices within the cluster agree on matters such as which roles are needed and how staff resources, risk and liabilities will be shared between them. They should also have robust contractual arrangements in place with any third-party employers to ensure that they can hold those organisations to account if they fail to deliver the required service and so that roles and responsibilities of the various parties are clear.

The staff themselves should have contracts of employment with their employing organisation and their contracts should reflect any requirement to work across multiple practices. Where this involves a change to existing contracts, the process should be approached carefully to avoid legal challenge. Line management responsibilities must be clear, and it is important that all practices adhere to the agreed line management arrangements so that staff are not put in the unsatisfactory position of answering to multiple individuals or having unclear lines of reporting and accountability.

Practices should consider whether they wish to adopt common employment policies and procedures across the cluster or whether the employing organisation has freedom to adopt their own policies and procedures. Having different policies and procedures could cause confusion and a multi-tiered workforce. On the other hand, if seeking to change policies and procedures applicable to any existing staff, it is important that this is approached cautiously with an appropriate degree of staff consultation.

Other issues that need to be considered include:

- What happens to staff if particular roles are no longer required
- Whether the staff will have access to the NHS pension scheme and how to ensure this access where required
- Whether the employing organisation is acting as an employment business by supplying staff to cluster practices and what this means in practice
- Whether a third party employing organisation is doing more than simply employing staff and trespassing into the provision of regulated activities

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- Whether payments to the employing organisation are subject to VAT.

PCC is running a training session for PCNs in England on these topics and more. If you are interested in a similar session working in the Welsh system, please contact PCC enquiries@pcc-cic.org.uk.

For information the English session will cover:

- Pros and cons of the different models for employing PCN staff (including the lead practice model, joint employment and utilisation of third-party organisations as employers)
- Special considerations when staff are working across different practices (including line management, day to day supervision, policies and procedures and management of grievances and discipline)
- Legal considerations when recruiting PCN staff
- Redeploying existing practice staff into PCN roles
- Employment status of PCN staff – employed vs self-employed and fixed term vs permanent employment
- The regulations relating to employment businesses and when these might apply
- NHS pensions access for PCN staff under the different employment models
- Sharing workforce costs and potential VAT issues
- What happens if PCNs cease to exist or the services they provide come to an end – restructuring, redundancy, redeployment and TUPE

HILL DICKINSON

Author
Alison Oliver and Michael Wright
Hill Dickinson LLP

Time to change your mindset around time

Time: Noun Is identified as continued progress of existence and events in the past, present, and future, the physics of which, is the measurement of the rotation of earth. Time is expressed in many mediums such as intervals, fixed periods e.g., contractual working day is 8:30am-6:30pm, specific times e.g., board meeting commences at approx. 13:00 GMT. Yet time management is an oxymoron, because we know that time is not what we can control because the clock will continue to tick regardless of how much we constantly have in our day.

As simplistic as we have presented time in the introduction to this article, why is it that too many managers feel overwhelmed, pressured, and stressed by time (of lack of it)? How common is it for you to get to the end of your working day, on the commute home, and to be suddenly met with the damning thought of “what did I actually achieve today”? meaning that you had good intentions and ambitions at the start of the day, but by the end of it, were taken on a differing course, unplanned for too.

To explore this little detail and provide some supporting examples of how you can better control your time. Let us start by introducing the concept that you have total control of your time; it is yours to own. Because time management theory reflects a person’s ability to self-manage their time.

What your time meets along its daily journey are obstacles, challenges, and sometimes outright time thief’s, some of which blind side you, as they are unintended consequences of your role. How do you recognise these, overcome them, and better manage your time throughout the day?

We will work with the concept that you have the skills to organise and align your task, and not your time? For time is a constant, but task and their requirements are the variables. When supporting many organisations and their leaders to implement and redesign new ways of working, I am met with the most common phrase I hear “I would love to do that, but I just don’t have the time for it” …first challenge back is that they do have time, they are unsure of how to prioritise it accordingly.

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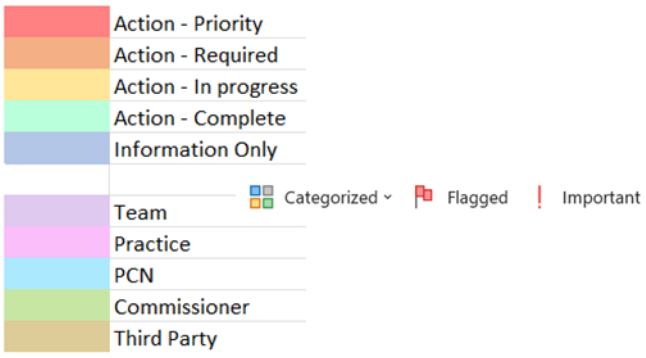
To get to this state though, one must not underestimate how much time they are a victim to the emails, which is the most common source of task delivery in model age – along with its new companion, WhatsApp! We know detail of emails of the likely contenders for disrupting time, too many come in to the inbox, too many are lacking in clarity around what you are meant to do with them, too many are sent on distribution lists, and you are unsure if it was meant for you in the first instance.

How others send emails, you cannot be accountable for, however the volume of time you spend on emails and procrastinating about what to do with it, it within your control. A way to take control is to create categories for your emails – like colour coding them to be able see at quick glance which ones require your attention. This is how you apply the theory of Steven Covey Time Management Matrix where you need to be able to understand the ask.

With your categories, try not to map more than ten of them, as this will help to keep your management of them as they enter your inbox concise, with no email being attributed more than a couple of tags. The example as shown herein:

	URGENT	NOT URGENT
IMPORTANT	Quadrant #1: Necessity Key Action: Manage Common Activities: - Crises - Deadline-driven activities - Medican Emergencies - Other "true" Emergencies - Pressing Problems - Last minute preperations	Quadrant #2: Quality Time Key Action: Focus Common Activities: - Preparation and Planning - Values Clarification - Empowerment - Relationship Building - True Recreation - Coaching & Mentoring
NOT IMPORTANT	Quadrant #3: Deception Key Action: Caution Common Activities: - Meeting other people's priorities and expectations - Frequent interruptions such as gossip calls or least important emails - Urgency masquerading as importance	Quadrant #4: Waste Key Action: Avoid Common Activities: - Mindless TV-Watching - Junk Email - Gossip - Hanging out with fake friends - Keeping people happy

Adapted from Stephen Covey's "First Things First" - Covey Leadership Center, Inc.© 2003



Another time pressing matter, is that of meetings, lots of them, invites for meetings, that someone else decided you should be added to the list, it's an invite, which means you are not at liberty to attend, unless you have been briefed on the "why you" and what you are to contribute. Too many managers attend meetings because it is in their diary.

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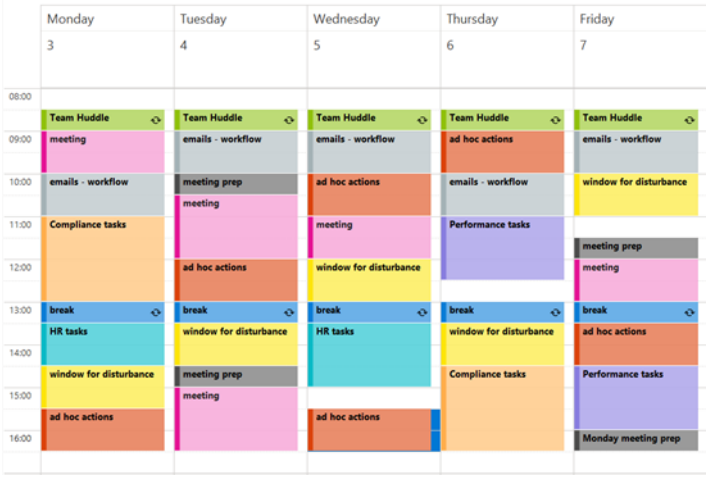
Accompany sub folders in your emails to the categories approach will help you clear out the action completed and the information only items from your main email list.

TOP TIP: Do not check emails – process them and apply the tag: Action tags, should be then applied “moved” into your diary so you have allocated the time to complete this task.

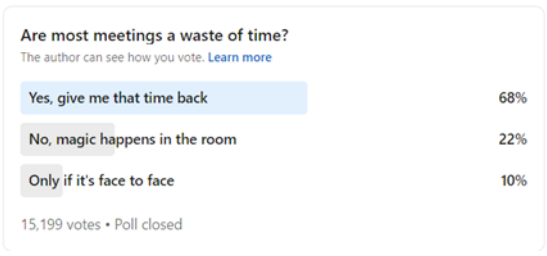


It is fascinating to observe the desire to be good at time management and how our trusted old “to do lists” are getting in the way of achieving that.

I question when you have a to do list, are you writing next to each item how long it will take, and over what time you must complete it? If the answer is no, then it is time to reset your default way of working and consider a movement of “to do lists” or “task lists” into a diary where time allocation can occur, as per the example shown herein.

Taking this time management approach will help you to shift from fighting fires and buckling under the pressure of perceptions of tasks being urgent, to that of ones which are not urgent but are important, for you to be working through. It will also help you to articulate to others the expectations and the boundaries at which you work within.

TOP TIP: Ditch the “task list,” and “Diarise the do-list,” oh and allow for “wriggle room” in your diary, this gives you breathing space.



So many meetings, are they a waste of time? To help you better understand whether you should attend as many meetings as you do ask yourself this question: “Does the meeting invite have an agenda?” If the answer is no, do not accept the invite until it does. Why recommend you take this stance? How can you make an informed decision about where best to place your time if you are not cited on the topics and agenda items, to know whether you can contribute and thus give value or indeed take value from attending. Meetings, that run over, that are not being chaired properly, do you stay in them and continue to eat into more of your time, when you were given a meeting time and feel bad for leaving early, when you are leaving at the time the chair was meant to close the meeting.

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According to research the average meeting lasts for two hours, and many have at least one meeting a day in their diary, which means for a whole-time member of staff they spend 26.66% of their working week, in meetings, challenge yourself on whether this is you and whether they are worth giving up over a quarter of your weekly time for.

TOP TIP: A way to help you understand whether you should be attending meetings or not, is to do the maths quite simply on the cost of your attendance, and that of colleagues in local meetings, and to ask the question if the cost was worth its return on investment?

Pay attention your minds attention management. Attention to detail is finite, humans can only concentrate at the top of our game for brief period “power hour” I usually refer to them as. By design anything that you continue to work on for too long, will cause your memory to lapse, or cause you to work in a heuristic manner, which can alter information processing and memory.

Recognise this within yourself, reflect on the types of tasks you are achieving when you are in a state of proactive attention, which is where you are fully focused, alert and in the zone, acknowledge at what times of your working day? What tasks are you trying to work through when you have an active attention, the times of the day when you are ticking along but perhaps attention has been stretched slightly and you are lagging slightly, where focus dips in and out, and you are quite content to be distracted.

Finally recognise when you have reached an inactive attention state, where the tank is running on empty, lacking in functional brain power to complete cognitive tasks, clear decision making, likely your input at this stage is not too valuable…

Is this the time to switch off the lights and go home. If you work beyond your working hours regularly, you are a suitable case study to be implementing some, if not all these recommendations herein.

TOP TIP: Time to leave you with some quotes to reflect on:

- Time is precious - true
- Time is money - false
- Time waits for no one - true
- Time flies - false

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Getting the model right – A perspective from Red Kite Community Interest Company

We recently spent some time chatting with Siân Jones who is the Business Development Manager for Red Kite Health Solutions Community Interest Company (CIC) about the development and running one of the growing numbers of not-for-profit community interest companies in primary care in Wales.

Siân's background is primary care. She started in general practice in 2008 as a receptionist and since then held numerous roles within general practice and joined the CIC in 2017.

Can you introduce to us what Red Kite Health Solutions is all about?

Red Kite Health Solutions is a social enterprise that delivers health and wellbeing services to the South Powys population. It is a non-profit organisation, set up as a collaboration of four GP practices in South Powys.

The organisation consists of four GP directors who sit on the board of Red Kite. Each of the directors is a partner in one of the four practices that makes up the South Powys cluster. The 46 remaining GP partners across the cluster area in South Powys are members of the organisation. At its inception the cluster wanted to really look at how they could scale up their objectives and move things at scale and pace which is where the idea came from to set up the CIC as a delivery vehicle for health and well-being services.

Our primary goal is to support the sustainability of primary care and offer services that improve the health and wellbeing of the population. We are able to fill gaps within the cluster working or offer alternative solutions where there are identified gaps in service provision. For example, if certain practices or contractors have problems, we can provide support and/or staff. We work across the cluster footprint; we are a delivery vehicle for services, and we share our staff, ideas and services across the cluster.

Can you tell us a little about the background about how and why Red Kite came into being?

In the period prior to the establishment of Red Kite, the four practices in South Powys had been working well together, even before cluster working fully developed. They did a lot of work around virtual wards and were quite central to the commissioning process. At the time they had quite a big say in what was commissioned and how things were

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commissioned.

Subsequently, there was a change in the Health Board structures and I suppose the GP's really felt they'd lost their voice with the changes. They are quite an innovative group of GPs, so that prompted them to start to think a little bit outside the box and look at potential options for service delivery, perhaps where there were issues within practice or the health board, such as a lack of available staff. They approached the Welsh Cooperative and started looking into what kind of entities there were that could sit in this space, with potential options for funding opportunities and employment.

How did you go about establishing Red Kite as an organisation?

So once the conversations and discussions had taken place and the four practices decided to proceed it was a relatively straight forward process.

They established who their members were (the GP partners of the four practices) and agreed their vision and goals. They then produced a community interest statement outlining the business plan for the organisation and formed their articles of association. Then the CIC was registered online with Companies House. It is quite a simple process to do at a grand total cost of £27. We took advice from the Welsh Cooperative who guided us through the process, not just the legal side but also about starting conversations with key stakeholders.

What did this mean for the GMS contracts of the practices?

It was not about putting the GMS contracts of the practices into the CIC. The independent contractor status held by each of the four practices involved was maintained. Delivery of the GMS contract still sits with the practices, that's their core business.

The CIC sits around the outside, it is about supporting cluster-based and community working and innovations. It is about having the ability to improve and deliver services and doing things differently.

For the services you provide, can you tell us how they are contracted for?

Our main contract that we have is for pharmacy support services, which has been contracted via an alternative provider medical services (APMS) contract with Powys Teaching Health Board. This was the first APMS in Wales, and a huge amount of work went into pulling that together with the Health Board. This contract has been in place since 2016. We can and have attached other services onto this APMS contract but moving forward we will have the new national APMS contract available for future

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contracts.

For other services we have service levels agreements (SLA) in place with the commissioner of the service.

Our funding will come from a variety of sources. We will bid for projects and delivery of services, so sometimes this will be through the Health Board but not always. I mentioned our main contract earlier which is the APMS contract for pharmacy support services with the Health Board. But there are other opportunities, such as the lottery or grant scheme funding and community funds.

What was the main driver for having an APMS contract in place for this service?

It was for the ability to employ staff in the health service space. For the pharmacy support services contract we employed pharmaceutical professionals, and to be able to attract clinical staff we had to be able to offer competitive terms and conditions which includes membership to the NHS pension scheme. The only way to access this is via the APMS contract. Where we haven't needed to employ staff directly, we have contracted through the SLA arrangement.

Can you give us some examples of the type of work Red Kite does?

I have already mentioned the pharmacy support services contract, but in addition to this we have implemented and supported several services in primary care including Nurse Triage, MSK Physiotherapy, opportunistic testing for Atrial Fibrillation and a primary care pain management service. During COVID-19, we were able to secure a community fund lottery grant to supply a welfare service to shielding and vulnerable patients.

In addition to this we have collaborated with a number of third sector organisations to provide services around mental health and obesity and we are also able to purchase equipment. For example, in 2018, we gifted eight c-reactive protein (CRP) testing machines to practices to aid clinical staff with the antibiotic treatment of lower respiratory tract infections and in 2021 we pledged to fund health and wellbeing sessions for practice staff. We are also available for training of staff where applicable.

Are there benefits for patients?

Yes, most definitely. I believe what sets the CIC apart and it is something that we were very keen to make a priority was reporting on clinical outcomes and patient improvements. We've been able to fully evaluate our services to assess the benefits to the patient. We've spent a lot of time creating clinical templates that are

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standardised across the cluster, which supports the staff and patients with our understanding.

We also engage with patients via feedback and service reporting, not just one group of patients, but across the practice populations.

We also can adapt services or even end services if we if deem then not to be successful. We report on and review all services, which gives us the knowledge to be able to adapt if necessary.

Because we can spend so much time looking at all aspects of delivery, you learn not just what's important to the practices, but what's important to the patient. We are able to discuss areas that are particularly relevant in rural areas, such as transport links, loneliness and isolation.

What do you see as your successes?

The positive outcomes we have achieved for patients and the close working relationships that have enabled us to do this, right across the board. A huge amount of my time goes into facilitating and nurturing relationships and creating connections. So, I go off and make friends with people and look to see how we can work together to bridge any gaps across the sectors. That's what I do because you have to build that trust between all the parties.

It about bringing people together and having candid conversations and saying, well, look, this isn't about us being better than anybody else. This is about saying, what is it that we can do to support your patient services, to actually make them even better or easier to deliver than they are already? That's all it is. And I think once you get over that, people are far more supportive of the concept.

What have been the biggest challenges?

In terms of set-up, we were lucky there wasn't many challenges for us because we had support from Health Board at the time. That said, there was a huge amount of work that went into talking to the practices, lots of back and forth with the practices to make sure that everybody understood the purpose and intentions of the establishment of the CIC. Both relationships require nurturing, as people and departments change. It could

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be challenge if you've got practices/contractors that maybe aren't on board. But you don't have to have every contractor in the CIC, you could just move forward with those who are interested.

One of the biggest challenges probably has been around the APMS contract, but that was mostly due to the fact that we were the first in Wales to hold such a contract. Our initial contract was in place for three years, and there were challenges with the extension of this at times. The way our APMS contract has been constructed is that there is a huge amount of negotiation goes into adapting it. There's no inflationary uplift in our contract. So, every time we need to make a change, we go back to the Health Board. I hope the new national APMS contract will alleviate some of this, but I think it's really key that the Health Boards understand what an APMS contract is, and how it works. Additionally,
indemnity of staff has been an issue. We do have access to the Wales National Workforce Reporting System which resolves some of these issues but whereas historical indemnity was rectified for GPs, this has not been the case for other clinical staff, and we still have to maintain a large proportion of funding for this.

We have also faced a number of challenges around operating in an open business market, often against larger organisations. We carry the same risk as any other companies – we still have tax liabilities.

I think in the early days particularly we faced quite a bit of cynicism around the fact we were a not-for-profit business and what that meant. I do think that has improved in recent years as Community Interest Companies have been around since 2005, but I think there still is a way to go with the general understanding what those terms and its operations mean.

It can also be challenging when further opportunities come up that may not fit within what your social goal.

Where would you like to see Red Kite in five years' time?

We are a homegrown CIC, and I don't think we have any aspirations to take over the world. I think we aspire to provide the best services for our patients in South Powys and our neighbouring clusters should they want that support. I know we will stay true to what

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our mission statement is, by continuing to focus on improving the health and wellbeing of patients and do the best that we can for them and to support the cluster. I would like to see us further develop our APMS contract and expand the services we are able to offer, which will make us more sustainable long term.

So, if we're still able to that in the next five years we'll be in a good place.

Additional information

Moving forward, the option to form a Community Interest Company (CIC) or other legal entity across a cluster or pan cluster footprint to deliver services commissioned by the Pan Cluster Planning Group (PCPG) will be available for primary care providers in Wales. Further information is available in the ACD toolkit.

Primary and community care after COVID-19 – What next?

From an estates' perspective, primary and community care has played an essential role in tackling the COVID-19 pandemic. There is a parallel comparison to the acute sector, and the transformational benefits to both systems will be measured and realised differently in the near future.

One benefit to primary care which has been easily identified, is the acceleration of use of technology for patient consultation and perhaps a slightly more flexible and nuanced way of service delivery. The question therefore is whether this type of change is transitional and will engender transformation desired by the system in the long term, or there will simply be a reversion to normality (business as usual) as we combat COVID-19 through a continued successful roll out of the vaccination programme.

Jo Fox is the senior programme lead for the estates and technology transformation fund

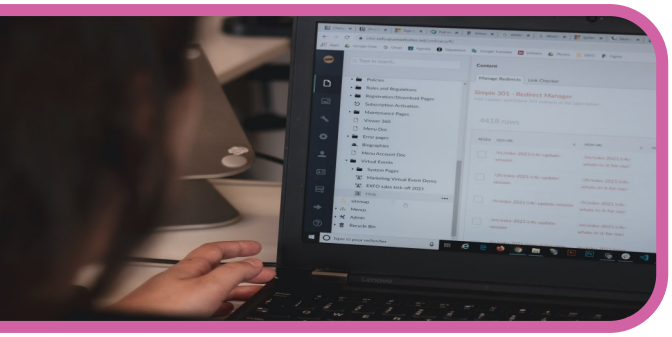
Jo is also currently the national estates lead for NHS England's seasonal and pandemic vaccination programme

In principle, key system players are set to determine the future of primary and community care, bearing in mind the long-term plan may need to re-gear its priorities, since it was put in place before any thoughts of COVID-19.

Primary Care Networks (PCNs) in England and clusters in Wales are one of these players, and will engender enhanced collaboration and incentivised expansion of roles/recruitment within integrated systems and services.

Estates are a critical planning factor in the planning of services. Estates, are an enabler to bring together a variety of options to system players, encompassing a balanced approach to the use of technology for patient access, the use of data to develop strategy and foster system collaboration, and of course an infrastructure fit for purpose, built to environmental standards to negate carbon footfall, and at the same time become a stimulus for recruitment and retention of staff.

Managing that huge workload



My team have studied successful professionals for almost 30 years. As psychologists, we're not only interested in how they tick – but what we can learn from these extraordinary people that the rest of us can press into service for ourselves.

Some people appear to be really good at chewing through huge workloads – at the risk of a blush, I'm often told that I do this myself – so my colleagues at PCC have asked me to share my top tips which guide my own thinking and approach to my job:

- **Make it a passion**

Successful professionals love what they're doing. If you don't – find a great coach and work it out. Life's too short to be grinding away at something which is just work.

- **Don't take on anything new…**

… without deciding, or agreeing, what you're going to give up to make space for it. You just don't have limitless time.

- **Get creative**

There's generally a better way to do something which is faster, or more satisfying. Use technology better (for example, speech recognition: I dictate all emails – talking is much faster than keyboarding)

- **Must I?**

Too many of us are doing things which don't add value to our organisations. Know what you ***Must*** do, ***Should*** do, ***Could*** do - and prioritise accordingly.

- **Train others, and delegate**

Just because we can do something, doesn't mean we should always be doing it.. and the same goes for things we 'like' doing!

- **Divide up your time**

Stop thinking about ***process*** time. Work out what ***outcomes*** you're going to deliver, and by when. Break down into small, manageable chunks – most people can't focus for

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more than 20-30 minutes.

- **If you're in the room…**

… be in the room! Avoid distractions which take your mind elsewhere. You need to be focussed, and psychologically present.

- **Value yourself – you are enough!**

In a healthy environment, you don't have to keep proving yourself. Ask yourself 'Why?' if you continue to feel that's necessary.

- **Know your five…**

We eventually become the average of the five people we mostly hang out with – so choose wisely – or move!

- **Be a lifelong learner**

Seek out others who do the same kind of work yet seem less stressed. Pay attention to their thinking and working practices – most people love to talk about themselves!

Remember:

- Most of these are learnable skills, or habits. Great coaching and training is available through PCC, and a variety of online resources.
- If you continue doing what you've always done – you'll get what you've always got!

Mike Ferguson is delivering the psychology of success workshop for PCC.

Author
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Director of Professional Development at Developing Professionals International, and a PCC Associate

Upcoming PCC Events

Develop your personal resilience

Tuesday 7 February 2023 (14.00-16.00)

Online training session

https://www.pccevents.co.uk/2868

Turning conflict into collaboration

Wednesday 22 February 2023 (09.30-12.30)

Online training session

https://www.pccevents.co.uk/2869

Finding your feet in general practice

Wednesday 15 March 2023 (09.30-12.30)

Online training session

https://www.pccevents.co.uk/2887

Exploring mental health at work

Thursday 16 March 2023 (09.30-12.30)

Online training session

https://www.pccevents.co.uk/2871

Making the most of the ARRS roles in your practice and PCN

Wednesday 22 March 2023 (09.30-11.30)

Online training session

https://www.pccevents.co.uk/2888

Primary care optical services – financial arrangements

Tuesday 28 February 2023 (09.30 - 12.30)

Online training session

https://www.pccevents.co.uk/2824

Full events calendar https://www.pccevents.co.uk/calendar

PCC welcomes your news for future editions of PCC Insight—if you have something to share or would like to contribute an article please let us know enquiries@pcc-cic.org.uk

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