

A close-up photograph of a young child with light blue eyes and brown hair. The child's hands are covered in vibrant, multi-colored paint (red, green, blue, yellow, purple). The child is looking directly at the camera with a neutral expression. The background is dark and out of focus.

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Leadership Development Insight in the Primary Care Sector

Research report

October 2018

Prepared for NHS Leadership Academy

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1 Introduction

1.1 Background

As part of Health Education England (HEE), the NHS Leadership Academy's mission is to build and improve leadership behaviours and skills across the health system in England. Better leadership leads to better patient care, experience and outcomes. The Academy's purpose is to work with partners to deliver excellent leadership across the NHS in order to have a direct impact on patient care. The core proposition – from across local and national Academy teams - offers a range of tools, models, programmes and expertise to support individuals, organisations and local partners to develop leaders, celebrating and sharing where outstanding leadership makes a real difference.

Primary care encompasses the largest number of providers and accounts for the largest proportion of patient contacts with the NHS in England. There are huge expectations on primary care within the NHS and its ability to transform itself to meet the needs of a changing population and increasing health care demands. The need for an improved leadership development offer for primary care has been recognised in successive national policy documents including the *GP Forward View* (2016), *Developing People - Improving Care* (2016), and a new leadership strategy from the Royal College of General Practitioners (2017), and is underpinned by a growing evidence base.

The Academy offers a range of programmes and opportunities to the primary care sector, however take-up has been relatively low, with only 4.64% of participants taking part in national programmes (not including the Edward Jenner Programme) identifying themselves as working in primary care. This research will also provide valuable insight to the network of ten local leadership academies (LLAs), which deliver the Academy's services on a regional level. Moving forward, the Academy aims to increase the number of primary care participants across its national and local programmes, to help shape the future of leadership within the primary care sector.

1.2 Research objectives

At present, the Academy has a limited understanding of why those working in primary care are not engaging with its national and local leadership development programmes as much as practitioners from other sectors currently do. The purpose of this research is therefore to identify and provide robust evidence to help understand why the Academy's leadership development programmes attract low numbers of participants from primary care, and to help the Academy shape and position its future offer to increase participant numbers.

The two key objectives of this study were to:

- To establish a deeper understanding of the challenges, barriers, motivators, and attitudes towards leadership development, and the needs of those working within primary care
- To identify effective marketing and engagement approaches, including channels and message framing for programme recruitment which will ultimately help to increase participation.

1.3 Research methodology

Breaking Blue and the Academy agreed that a combination of quantitatively robust insight (via a large scale online survey) and rich, detailed feedback (via in-depth interviews) would be the best approach for this project. The research engaged a broad range of stakeholders, including programme alumni as well as those who haven't engaged with an NHS Leadership Academy programme yet.

We included a broad range of primary care practitioners in the research:

- Allied health professionals
- GPs
- GP corporate/admin staff (for example, GP practice manager)
- Pharmacists
- GP nurses
- Dentists
- Commissioning managers
- Dental corporate/admin staff
- HR / OD / Learning and Development Leads
- Health visitors
- Dental nurses
- District nurses
- Pharmacy technicians
- Pharmacy corporate/admin staff
- School nurses
- Community optician / optometrists

In the absence of a definitive list of all members of this population from which to draw a representative sample, we adopted a snowball approach to sampling and recruiting participants. This included efforts from the Academy and its partners to promote this study and distribute the online survey link using a wide variety of approaches and channels, such as email campaigns, newsletters, website updates, and word of mouth promotion.

While these efforts generated reasonable levels of participation and a fairly broad mix of participants from across the primary care professions, there are some caveats to bear in mind when interpreting our study findings. The sampling approach meant that some degree of bias is inevitable, resulting from a self-selection of people who are already close to leadership issues, while others who are less interested in this topic were probably also less likely to participate.

- This means that when we report on overall findings that are related to measuring incidence and frequency – such as programme attendance, or awareness – a degree of caution is recommended, as these findings are likely to be inflated.
- That said, when we explore the range of views, sentiments or experiences, and when we map journeys, the findings are highly indicative of the issues across the primary care sector and within its sub-groups.
- Our analysis approach combines quantitative with qualitative data, thereby adding a degree of triangulation which further validates the findings.

1.3.1 Online survey

An online survey was designed in conjunction with the Academy and scripted and hosted by Breaking Blue. Email invitations were sent out to Academy alumni, and an open web survey link distributed to primary care staff throughout various networks and newsletter. In summary:

- 498 online surveys were completed in total
- The survey remained open from 13th July to 3rd September 2018
- The average completion time was 11 minutes, 13 seconds

It is important to note that due to the sampling method used, some quantitative findings will be distorted by a sample bias. Those who responded to the survey are more likely to have an interest in the subject matter, as primary care staff who have no interest in leadership may not have taken the time to complete the survey.

1.3.2 In-depth interviews

Those completing the online survey were asked if they would be willing to take part in a follow up in-depth telephone interview. Interviews were scheduled with a range of primary care workers.

- 30 in-depth telephone interviews were completed in total
- Interviews were conducted between 31st July and 7th September 2018
- Interviews lasted approximately 30 minutes

1.4 Key to reading the report



Quantitative findings

Blue quotes = from the online survey



Qualitative findings

Purple quotes = from the in-depth interviews

2 Executive summary

The NHS Leadership Academy commissioned Breaking Blue to conduct a mixed method research study into the perceptions and practices of leadership development in the primary care sector. This study aims to provide evidence to better understand why practitioners in primary care are less likely to engage with the Academy's national development programmes. In addition, the study findings are used to advise the Academy on the best way to develop marketing and communications that ultimately increase take-up in primary care.

This executive summary presents the major themes emerging from the research. The final chapter of this report discusses our conclusions and recommendations.

- Lack of awareness is one of the main reasons primary care staff do not attend NHS Leadership Academy programmes. While most have heard of the NHS Leadership Academy, awareness of what the Academy offers, and who it is for, is low.
- A common misperception is that programmes offered by the Academy are for people who work in secondary care – and in large organisations – and who want to step up into a management role, as opposed to those within primary care.
- Many people in primary care think leadership training is not relevant for their roles. NHS Leadership Academy literature can sound like it is aimed at people working in hospitals, so the language does not always feel relevant to them.
- Lack of budget available to spend on training is also a major barrier with training budgets already low, organisations are forced to prioritise funding compulsory clinical courses over leadership training.
- Time and staff capacity is also an issue with most primary care workers being too busy with their day-to-day role and responsibilities to find time for training. It is also a struggle to find time and resource available to cover their jobs while they are attending any training sessions.
- Although leadership training is thought to be just as important as clinical or job specific training by most of our research participants, the word “leadership” itself can sound daunting to people who associate it with something that only very senior people practice. Some don't want to be “leaders” and don't want their colleagues to see them as “leaders”.
- Many do not want to do a leadership course, because they see it as something for more senior people and they don't want to become a manager or senior leader. A lot are reluctant to engage because they are happy where they are and do not have any aspiration to progress.
- Often primary care staff are not encouraged by their managers to embark upon leadership training. Managers tend not to give much guidance, with staff instead having to take their own initiative seeking out leadership development opportunities.

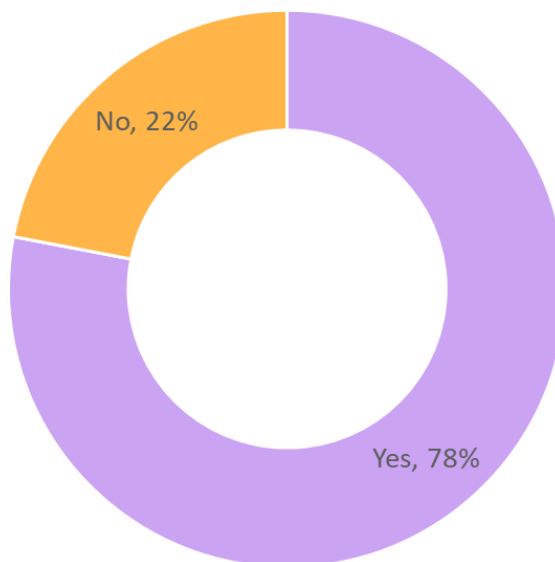
3 General approaches to staff development and training

This section looks at general development and training needs, how such needs are identified, where staff look for information on training courses available and what factors are important when deciding which training courses / programmes to attend. We explore findings around leadership development specifically in the next section.

3.1 Current development and training needs

- Over three quarters (78%) of those who responded to the online survey currently have training needs or have staff with training needs. Allied Health professionals in particular are most likely to have current training needs (88%). Those that have been in their role / position for a longer period of time are least likely to feel they have a need for training (27% in their current position for 21+ years) compared to those relatively new in their role (19% in their current position less than 2 years).
- Particular training needs are vast and vary by job role and organisation, however over a quarter (26%) mention that they or a member of their staff currently need some form of leadership training.

Do you/your staff have any training needs at present?



A6. Base: All respondents (498)

Leadership and management within primary care for staff nurses to gain confidence to take the next step in their career. (District Nurse, Alumnus, 35-44)

Change management, leadership development, management skills, performing in a changing environment. (GP, Alumnus, 35-44)

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- Development needs can stem from individuals working in primary care being overworked and stretched too thin across multiple roles. With individuals working multiple roles or part time, internal communications can be hard when team members are absent and have not had the chance to handover tasks or projects to colleagues. Also, this means in some organisations and roles it is rare that the whole team interacts on a daily basis.

3.2 How primary care practitioners identify development needs and make training decisions

- The majority of those working in primary care have annual appraisals with personal development plans (PDPs) where training needs are discussed. Some also have informal catch ups throughout the year and others use self-assessment, so they identify any gaps in their knowledge and skills themselves, and seek out training opportunities independently to address these gaps.

Typically, line managers conduct annual appraisals. This is not the case for GPs, who have appraisals organised through NHS England. Their appraisals are not explicitly connected to line management structures, and are conducted by a cohort of trained peers.

We look at learning and development as part of our 1:1s and appraisals. Sometimes I am aware of courses but staff also look out for their own training needs. (Health Visitor, Alumnus, 35-44)

I identify gaps in my knowledge / skills day-to-day then discuss them with my line manager. Next we work together to plan how to reduce those gaps. (Allied Health Professional, Alumnus, 35-34)

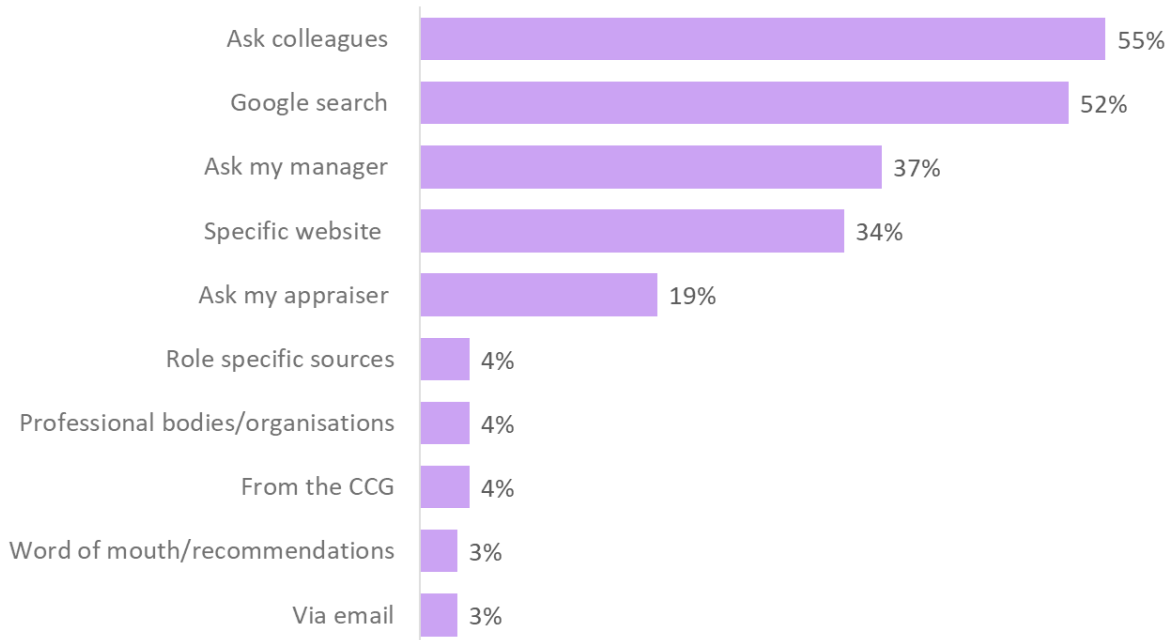
- Typically, once the need for development has been identified and discussed, individuals have to research opportunities themselves and create a case. Some have to fill application forms, or write statements, while others simply have to speak to their managers.
- Through this case, they have to justify the need for development and show why it would be beneficial for not only themselves, but also their organisation. This written justification is presented to their line manager who, in most cases, gives the final approval on whether they can attend. In some instances the final approval is escalated up to more senior management.

Both our practice nurse and practice manager have taken time out to do courses. What usually happens is they will approach us [the partners] and say this is something they are interested in doing. We will then have a discussion about how it's going to benefit their development and the practice. If it will improve patient care or allow us to have a bigger offer, we are happy to approve and in certain cases pay for it. (Non-user, GP, 45-54)

3.3 Sources of information used in training decisions

- The most popular sources of information on training courses / programmes are colleagues (53%) or a Google search (51%). Younger members of staff are significantly more likely to Google search for information (70% aged 18-34) compared to older members of staff (39% aged 55 or over).

When training needs arise, where do you look for information on courses/programmes available?



A3. Base: All who have input into the decision making process (479)

- Over half (53%) of pharmacist’s mentioned they look at specific websites when looking for information on training courses / programmes available - most are visiting the Centre for Pharmacy Postgraduate Education website.
- A small proportion overall, just 4%, say they look for information directly through the NHS Leadership Academy website.
- Conferences, forums and industry events are also key sources of information. Through these networks, primary care staff are able to find out more information about the opportunities available to them. This is very common for GP practice managers, who often participate in monthly meetings or connect via online forums such as the Practice Index. Many reported attending conferences and industry events organised by their relevant professional member associations e.g. CPHVA for Health Visitors and the BMA for GPs.
- Social media is also popular across primary care for both work and personal use. These sites are used to advertise opportunities, skill sharing, and to ask for recommendations. Facebook groups in particular are common amongst district nurses and practice managers, WhatsApp groups for health visitors and pharmacists.
- Opportunities via email are often forwarded on, however once an email has been forward many times, the message can get lost and individuals are quick to think the email isn’t

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applicable to them. Those working in primary care need to give precedence to their urgent clinical work and meeting targets, so reading through emails about training opportunities isn't always a priority.

I get so many emails. You end up going 'oh another email, I'll just delete it' because you don't have time to read it. We're so pushed in our clinical post that finding time to research or look for opportunities is really difficult.

(Allied health professional, Non-user, 45-54)

Case Study: Chris

District Nurse, Non-user, 24-35

Background

- He has been a community staff nurse within district nursing in Newcastle for three years and is about to embark on a 12 month secondment with Northumberland University to become an advanced practitioner in nursing

Leadership Development

- His Trust has a full corporate strategy for leadership development but feels that this training is cut off from him and community services as they are not based in hospitals
- He has heard of the Academy through previous employers but other work commitments have meant he hasn't had the time to participate

Development isn't communicated well to people that don't work in acute hospital

Targeting District Nursing

- He is involved in a district nursing Facebook group where nurses from across the country discuss developments in practice and Trust updates. Training courses are often advertised here, and others ask for recommendations and experience on specific programmes
- Emails are not the best way to reach him as he is rarely in the office to check them. He also avoids reading emails that have been forwarded on from multiple people because it takes too long to scroll through them and find what the content of the email was about and isn't punchy or specifically personalised to him

Already work late most days with clinical work so by the time I finish, I don't have the time or effort to research and apply for these opportunities

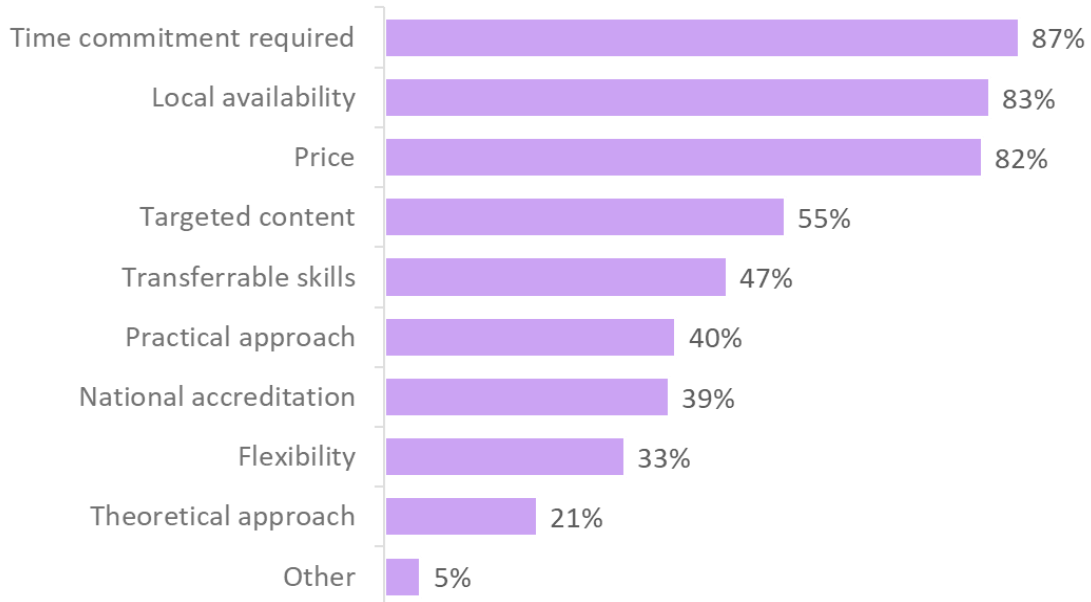
Advice to the NHS Leadership Academy

- Chris thinks it's great the NHS Leadership Academy exists and that someone senior has recognised there is a lack of these opportunities at every level of primary care but awareness of these courses needs to be increased. To successfully target individuals, programmes should be advertised through line managers or Trusts via face to face, more tailored meetings.

3.4 Key factors influencing training decisions

- As shown below the amount of time needed for a training or development programme, the locality of the programme, and price, are the key considerations for those working in primary care when looking to book training courses / programmes.

What factors are important to you when making decisions about attending training courses/programmes?



A4. Base: All who have input into the decision making process (479)

- Targeted content is more important to Allied Health Professionals than any other profession (70%) and taking part in a programme that has ‘national accreditation’ is more important to Academy Alumni than current non-users (44% and 33% respectively).
- Time is a key consideration when booking training. It is common for people to be juggling multiple roles and commitments, e.g. working within a GP practice and a CCG, or working as an allied health professional and serving within a committee. Therefore, when booking training or development they have to consider how it will fit within their busy schedules, or whether they can afford to take time off. Those at lower levels have to request time off from their managers, so after assessing the time commitment, they also have to consider whether their managers will approve.
- Employers often dedicate a limited amount time to training and development, expecting staff to pursue additional opportunities in their own free time. This is usually due to difficulties with arranging cover for the person who is absent while training. If an individual is away for training for an extended time, there isn’t always someone available to cover for them, and managing this process can often be really challenging.
- Some are happy to attend training opportunities in their own time, as they feel that they need to compromise as they work for the NHS, or want to progress in their career and personal development, so they appreciate that there has to be some give and take.

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However, others are less able to attend training in their own free time due to personal reasons, such as childcare.



The best time for training opportunities depends on job role and seniority. Those who are in charge of their own diaries will have more flexibility, as they may be able to move appointments around to fit the training or development e.g. Dentists or GPs. However, there are roles with less flexibility e.g. GP nurses. Some will have more free time during certain periods of the year, and less in other periods e.g. those working with children within a school will have more time for training during school holidays than in term time.

[I have to spend a] significant amount of my own time on training and it's always been this way. But personally I think if you are a registered healthcare professional working in the NHS there is an ethical obligation on you to spend some of your time keeping yourself up to date and competent to practice. (Pharmacist, Non-user, 45-54)

There's a lot out there but it's limited in relevance for people in my role as we're all from slightly different professions, there's a lot for GPs and nurses. This means we have to be more flexible in how we're interpreting training. (Allied health professional, Non-user, 25-34)

Half of my job is running a GP practice, the other half is being a clinical lead. If I take time off, it's taking time off from two jobs. (GP, Non-user, 45-54)

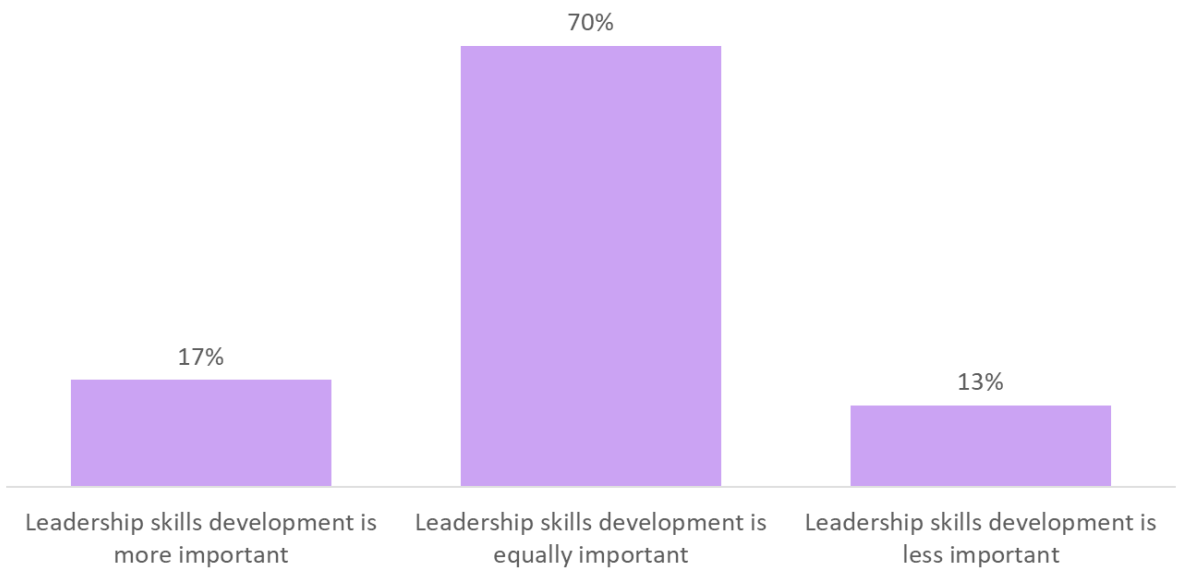
4 Leadership development in primary care

This section specifically covers leadership development, exploring the importance of leadership development, the different forms of internal and external opportunities, and how it is being organised and planned.

4.1 The importance of leadership development

- As shown in the chart below, around seven in ten feel that leadership development is as important as other job specific or technical training and 17% overall think it is more important.

How important is leadership skills development in your view versus other job specific or technical training for your staff/your own development?



A10. Base: All respondents (498)

- Dentists are least likely to rate leadership training as important with 39% rating leadership training as less important than other job specific training. By contrast, GP corporate / admin staff are most likely to rate leadership training as *more* important than other training (28%).
- Those aware of the NHS Leadership Academy are more likely to rate leadership training as more important (20%) compared to those who aren't aware (9%).
- When transitioning into more senior roles, some feel they lack the leadership skills needed to cope with the increased responsibilities. If a member of the team is expected to go on maternity leave or retire, their successor will be encouraged to develop leadership skills in preparation for the transition e.g. health visiting team leaders will upskill their health visitors so they can cover for them while they are away on maternity leave.

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- Leadership development is seen as integral in developing effective communication. Those in lower bands learn how to articulate their views confidently, while those in senior positions learn how to engage with those they manage, avoiding a leadership style where they simply issue orders.
- Two common reasons people in primary care pursue leadership development is conflict management, and change management. This gives them the confidence to deal with people with conflicting interests and needs. Responding to change is often cited as a challenge – by both those driving change e.g. GPs who also work as clinical leads in CCGs, and those responding to changes e.g. community nurses. Leadership development provides them with the skills needed to manage change effectively, and to handle the pressures that come along with driving change.

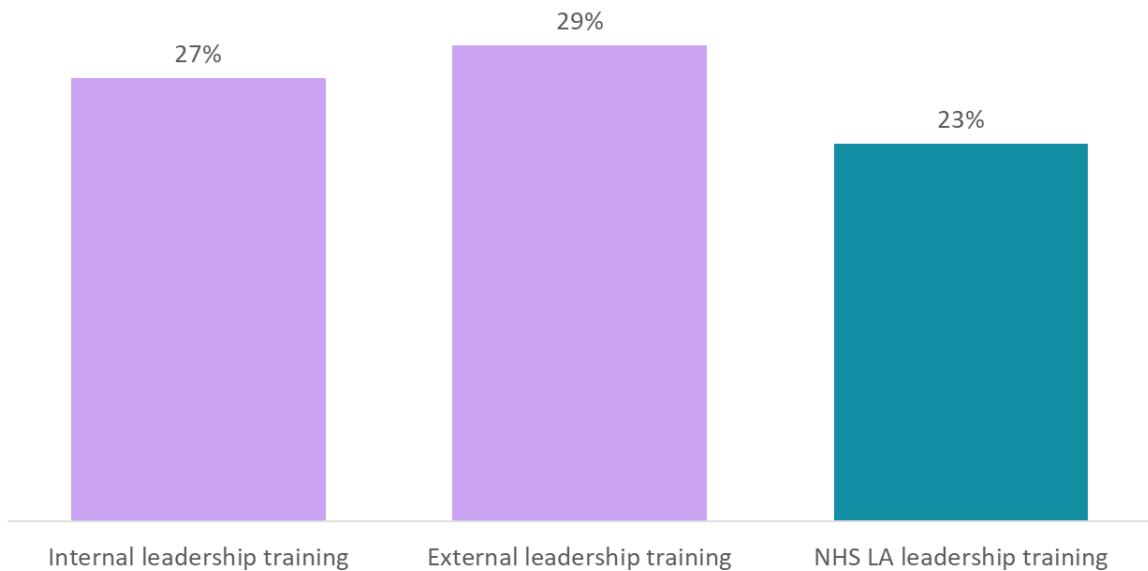
If somebody doesn't have any experience in leadership, it is very easy for them to send out a group email saying 'we have a change put in place, if you don't do it by tomorrow you're going to be told off'. But you can't just implement a change by telling everyone you're going to implement it. You have to engage and get people on board.
(Dentist, Non-user, 45-54)

We attend risk management meetings where there are a lot of high-level people. We go to these meetings unsure about what our role is. Having that leadership/management experience and training makes it easier to put your point across. When they ask you to do something you can't, you have the confidence to say 'no, that's not where our responsibility is'.
(Looked after Children's Nurse, Alumnus, 25-34)

4.2 Internal vs. external leadership development

- Over half of those surveyed (55%) have taken part in some form of leadership development training in the last 12 months whether it be internal, external or through the NHS Leadership Academy. Reported uptake of Academy programmes is at a comparable level with other training activity, whether this is organisation internal or contracted external training provision.
- Although not universal, mentoring and coaching are popular forms of internal leadership development. While some do mention formal mentoring schemes – e.g. GPs via local medical committees – mentoring tends to be more ad-hoc, informal, less structured. Those who are more senior within their organisation, or within their networks, will naturally fall into a mentor role, offering guidance and support throughout their careers.

Thinking specifically about leadership development, in the last 12 months have you taken part in any of the following...?



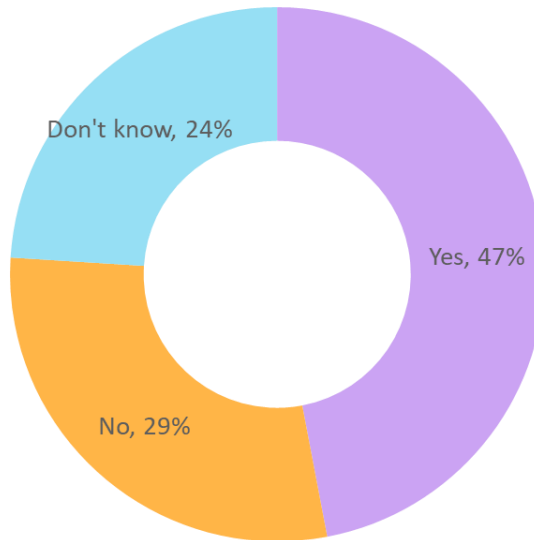
A10. Base: All respondents (498)

- Pharmacy staff and GP practice staff are significantly more likely to have taken part in an NHS Leadership Academy course in the last 12 months (59% and 27% respectively) compared to those working in a dental practice (2%).
- Those relatively new in their role are more likely to have taken part in an NHS Leadership Academy course in the last 12 months (31% in their role less than 2 years) than those who have been in their role for a long period of time (12% in their role 21+ years).

4.3 Current plans to arrange leadership development

- 📊 Around half overall (47%) are planning to arrange leadership training for either themselves or their staff in the next 12 months.

Do you plan to arrange any leadership skills training in the next 12 months for you/your staff?



A9. Base: All who have input into the decision making process (479)

- 📊 Just over three in five (62%) who have been in their role less than 2 years are planning to arrange leadership training within the next 12 months.
- 📊 Not surprisingly, those aware of the NHS Leadership Academy are significantly more likely to plan to arrange leadership training in the next 12 months (55%) than those unaware of the NHS Leadership Academy (25%).
- 🗨️ People in organisations that encourage leadership development are more likely to be organising development in the future, either for their staff or for themselves. This may be due to a wider organisational strategy promoting leadership skills in lower level/ disproportionately represented staff or due to specific managers' individual interest in leadership development. Examples of planned leadership development include mentoring, reverse mentoring, coaching and formal programmes such as the NHS Leadership Academy.

Our NHS Trust, which runs community health services such as district nursing, is in the process of developing a leadership strategy. There is work around developing nurse leadership, particularly at band 5 and band 6 level. We are also looking at underrepresented groups such as women, ethnic minorities, and LGBTQT groups. We have introduced a reverse mentoring scheme pairing senior management with a junior mentor from a different background to them... I admire the NHS Leadership Academy model and the idea that leadership is for everyone, even those in the most junior role. (GP, Non-user, 35-44)

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- Ⓞ In organisations where there is less of a focus on leadership development, and more focus on clinical/ job-specific training, people are less likely to have specific plans in the future. Some are reluctant to organise leadership development for staff who do not have a clear process of career progression, or who are not likely to manage a team in the future, e.g. GP practice nurses and admin clerks.

It's quite a big step for any of the [receptionists, admin clerks and nurses] to be looking outside for development. It's hard enough to get them to engage in in-house training. I think they do what they need to do in their job, and they do it very well but the idea that one of our practice nurses will be leading all the practice nurses in Southern England is not realistic. It is not going to happen. Leadership development doesn't feel like a pressing imperative.

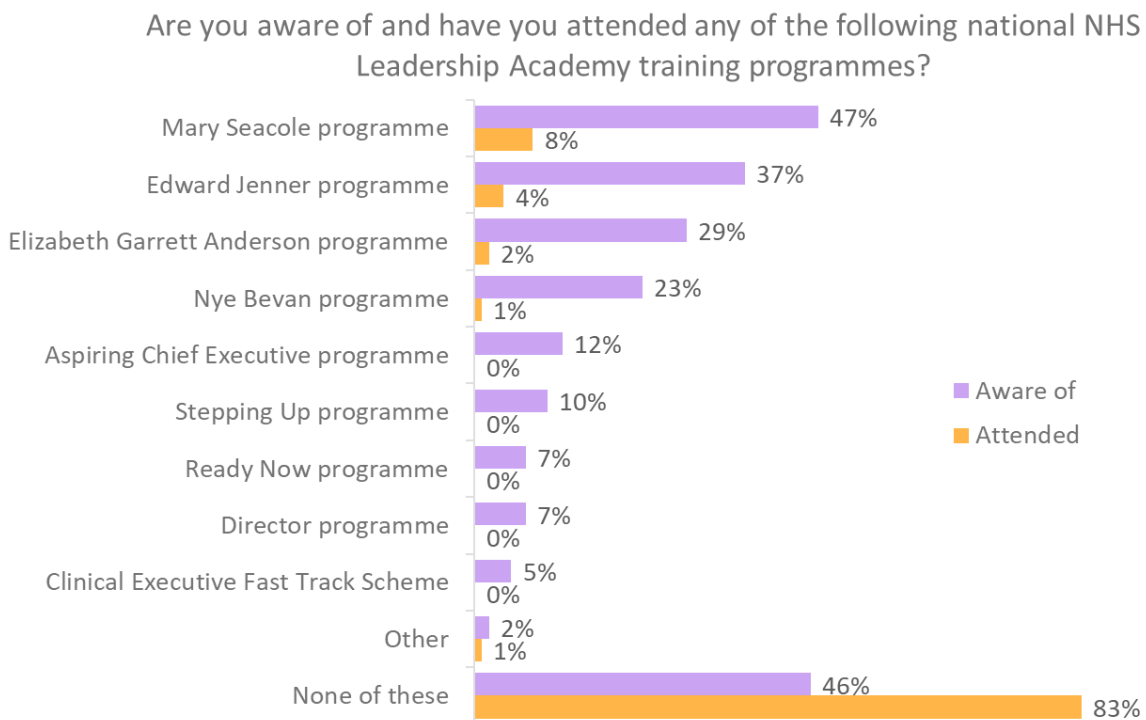
(GP, Non-user, 55-64)

5 Awareness, use and satisfaction with NHS LA programmes

This section looks at awareness of the NHS Leadership Academy among the primary care audience, exploring in more detail those programmes with the most awareness, use and satisfaction.

5.1 Awareness and use of NHS Leadership Academy & programmes available

- Primary care staff are most likely to be aware of and attend the Mary Seacole programme, the Edward Jenner programme or the Elizabeth Garrett Anderson programme.



A12 & A14. Base: All respondents (498)

- Unsurprisingly, Academy Alumni are more likely to be aware of any programmes mentioned than current non-users (64% and 41% respectively).
- Pharmacy staff are significantly more likely to be aware of (93%) and attend (57%) the Mary Seacole programme than other professions (42% aware and 2% attending respectively)
- Only 7% of pharmacy staff were not aware of an Academy programme.
- Those working in their current role for less than 2 years are also more likely to be aware of and attend the NHS Leadership Academy courses mentioned.
- While most have heard of the NHS Leadership Academy, awareness of what the Academy offers, and who it is for, is low. A common perception is that the NHS LA is for people who work in secondary care and want to step up into a management role, as opposed to those within primary care. Some non-users have actively sought out more information about the Academy, but most dismiss it before developing an informed opinion. Once they come to the conclusion that the Academy is not relevant to them, they tend not to look at it again.

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This prevents them from being fully aware about what the Academy offers and results in misguided perceptions that are difficult to shift.



Similar to non-users, even alumni demonstrate a limited knowledge of other Academy programmes. Typically they are only aware of what they have accessed in the past. Those who have taken an Academy programme seem to have a more active interest in leadership development, with some hoping to progress into leadership/ management in the future. This is a common motivation among alumni, who seek formal development to equip themselves with the leadership skills needed to move up in their career.

I found out about the Edward Jenner programme in a previous job. I said to my manager that my end goal is to be a Band 7 nurse. She mentioned it off the cuff and then I looked into it. (Looked After Children's Nurse, Alumnus, 25-34)

Case Study: Hamida

Assistant Clinical Director for Health Visiting, Mary Seacole Alumnus, 34-45

Background

- Prior to her current role, she was working as a clinical lead. She's very passionate about leadership, and is constantly promoting leadership development within her workplace e.g. arranging for health visitors to go to conferences

Leadership Challenges

- One of her main challenges is working with people from a non-clinical background. She often has to liaise with people in her organisation that are more finance driven, but as they are on the same leadership level as her, there can be conflicts of interest.
- She also experiences challenges as the only ethnic minority person in her position. She feels like others from a similar background also face these challenges.

Sometimes you feel afraid to challenge or be heard at a senior level. I think that may be a reason others don't take up leadership development. It's that common worry that they are going to be refused or declined because of their background, so they don't apply.

Experiences of the NHS Leadership Academy

- She was referred to the Academy by a contact. She talked to her manager about going on the Mary Seacole programme in her appraisal. Her manager was initially happy to approve it, but was told by senior management that there was no budget available, and Hamida would have to self-fund her training.
- Luckily, she got into touch with the Mary Seacole programme and was able to secure a place for free. She believes she learnt a lot from the Mary Seacole programme, and would recommend it to others.

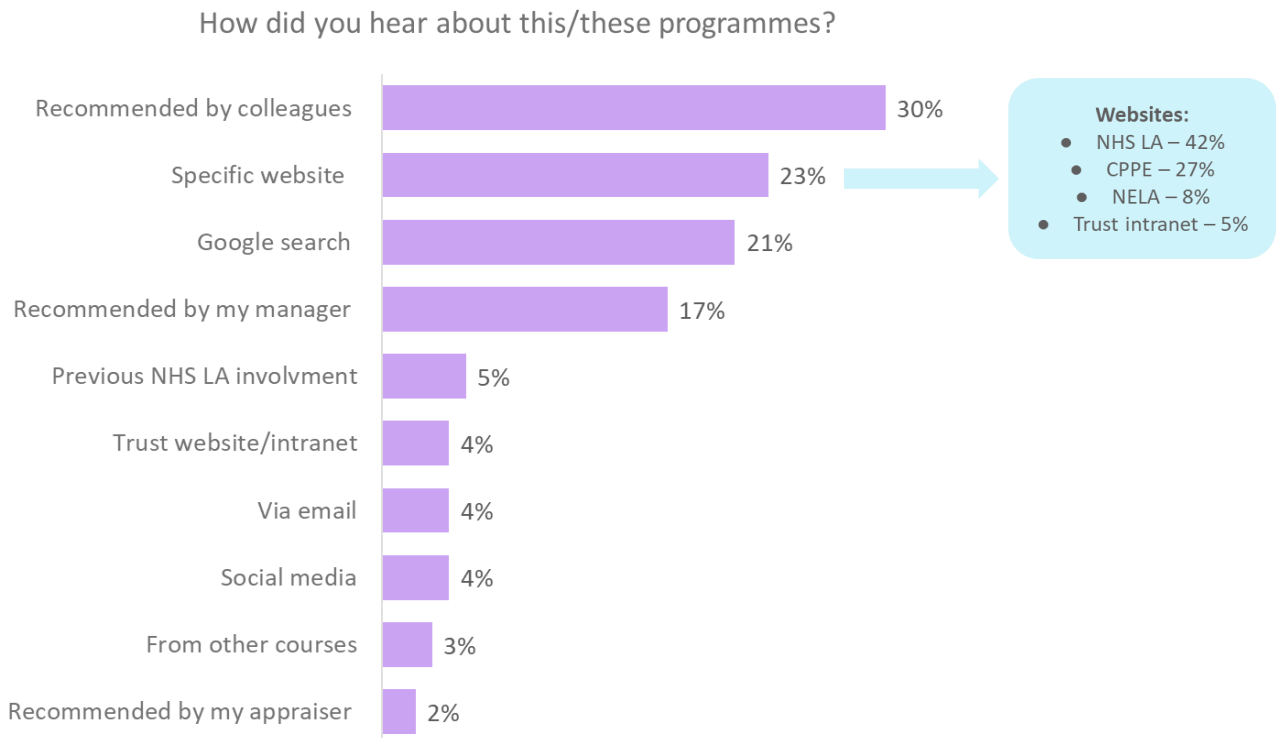
At the end of the day it's all about care...everybody can adopt different styles of leadership but ultimately it's about delivering quality and safe care. That's what I really liked about the Mary Seacole programme.

Advice to the NHS Leadership Academy

- Hamida believes that the academy should approach those in senior levels and show them the merits of the programmes, as these are the people who often have the final say on whether people can access the Academy. Success stories like hers should be highlighted, as she's now in a senior role and making use of the leadership skills she's gained.

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- The primary care staff interviewed are most likely to have heard about Academy programmes through colleagues, specific websites or by searching the internet.



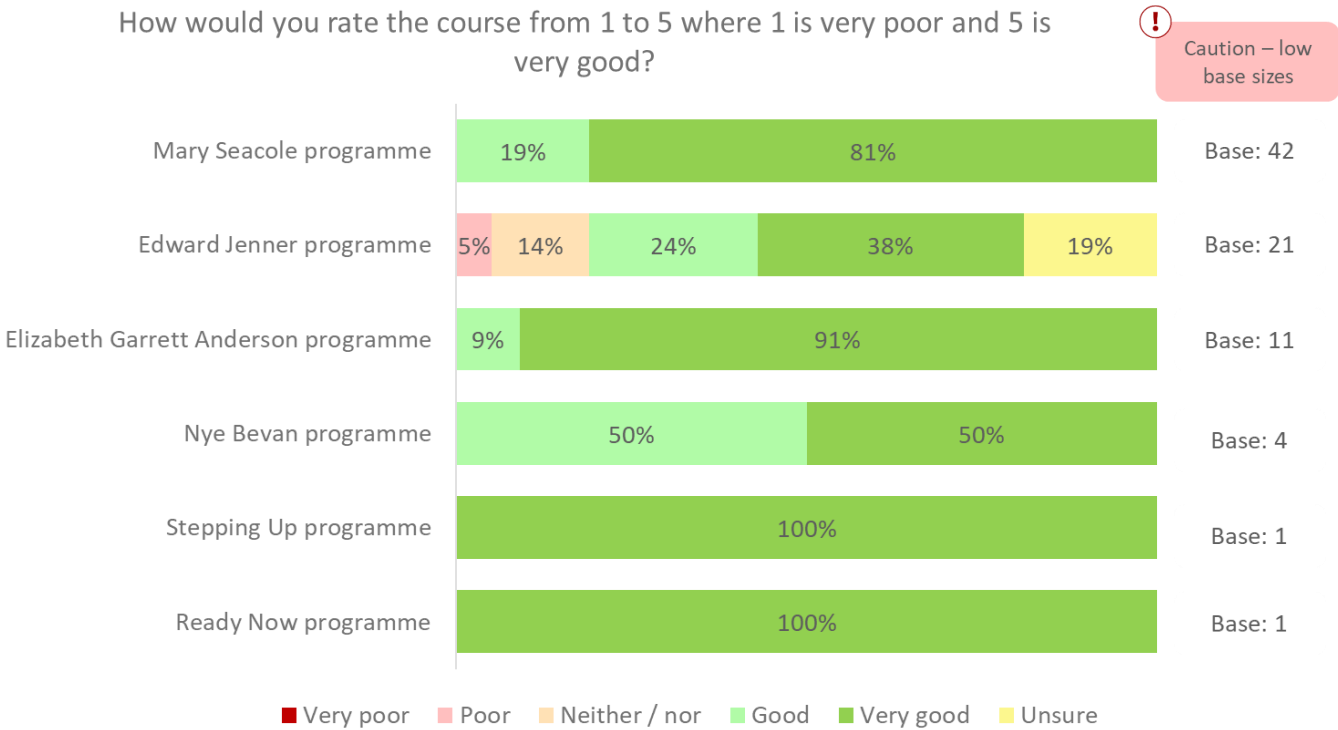
A13. Base: Those aware of NHS LA programmes (270)

- Around two in five (42%) of those that looked at specific websites looked at the NHS Leadership Academy website. Unsurprisingly Alumni are more likely to visit the Academy website than non-users.
- Pharmacy staff in particular are likely to hear about NHS Leadership courses via the Centre for Pharmacy Postgraduate Education (CPPE) website.

I was having some mentorship on an infrequent basis with a colleague who is an allied health professional lead. She was on the Nye Bevan programme, and she was reflecting on her experiences of the programme. I looked at it at the time and although it looked like a great programme, I wasn't aspiring to be a chief exec. It did not quite fit for where I was, and I haven't looked at it since then. (Allied health professional, Non-user, 45-54)

5.2 Satisfaction with NHS LA programmes

Research participants who that have attended an NHS Leadership Academy course rate them highly. Only one person interviewed rated the Edward Jenner programme as poor. As a note of caution, these results are likely to be driven by the composition of the survey sample.



A12. Base: All respondents (498)

For the Mary Seacole programme, some of the positive feedback centres on the balance of theory and practical application. The programme is praised for helping Alumni gain a better understanding of what leadership really means. However, there was some negative feedback concerning its applicability and relevance to certain roles e.g. community pharmacy, as some Alumni feel that the programme is aimed more towards secondary care audiences.

You learn about what leadership really stands for. Leadership is not what I thought it was. We're used to working in a hierarchal system. We have a very bureaucratic leadership. But what I learnt from the Mary Seacole programme is that leadership is transformational, and anyone can be in leadership – it's more about motivating people and bringing people together. It isn't supposed to be a hierarchy or a dictatorship type of approach. (Health visitor. Alumnus. 35-44)

It wasn't the best tool for leadership within community pharmacy as the focus was towards general practice work and secondary care so it didn't match up to a retail environment. (Pharmacist, Alumnus, 35-44)

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- Alumni who had taken the Edward Jenner programme found it useful, but some criticise the online-only approach favouring a more interactive and face-to-face learning experience.

I'm not a massive fan of e-learning, it's a lot of sitting and watching videos. I think people learn much better when they are interacting with someone and can ask questions they have at that point in time.
(Looked after Children's Nurse, Alumnus, 25-34)

6 Barriers to participation in Academy programmes

This section outlines the reasons for non-use of NHS Leadership Academy, exploring the main barriers and obstacles among the primary care audience.

6.1 Reasons for non-use of NHS Leadership Academy programmes

- Lack of awareness, lack of budget and lack of staff capacity are the main barriers to primary care staff undertaking national leadership training with the NHS Leadership Academy.



A20. Base: Those who have not attended an NHA LA leadership training programme (415)

- Almost two thirds of dentists interviewed (64%) had not attended an NHS Leadership Academy course as they were unaware of the programmes available.
- A minority lack knowledge of the NHS Leadership Academy as an organisation, but more lack understanding of what is involved in the programmes and who they are aimed at. Many have a preconceived idea that the programmes are not aimed at lower levels and mostly targeting senior management, who are already being perceived as leaders. Among senior management, some feel that there is a lack of a mid-level offer. There are programmes for levels such as band 6 and band 7, then programmes for chief executive but they don't feel there is anything suitable from them in their current positions e.g. GP partners. Others are unsure if they are eligible to attend the programmes. For example, GP nurses who don't work directly for the NHS, but independently employed by a GP. This general perception of who the programmes are aimed at prevents individuals researching the organisation or programmes further.

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- Another awareness factor involves not understanding programme benefits for the individual and what they can bring back to the practice as a whole. If managers were aware of the Academy and benefits the programmes could offer their practice in the long term, they may be discussed as options during annual appraisals and whilst reviewing personal development plans.

There needs to be more guidance on who the programmes are aimed at, what attendees get from them and the impact that would have on the practice.
(GP corporate/admin staff, Non-user, 35-44)

- GP corporate/admin staff are most likely to say they don't have the budget available to spend on training (37%); location also seems to be more of an issue for GP corporate staff (21%) compared to Allied Health Professionals (3%).
- When training budgets are already low, practices are forced to prioritise funding compulsory clinical courses over leadership training. This also links into the point that clinical training will have obvious benefits to the practice that management can observe in the long term, whereas the advantages of leadership development may be less apparent. If they cannot secure funding, they are forced to self-fund and this is not always a viable option.

You have all the other mandatory training you have to run, such as basic life support, and once you've done these, your budget is almost gone for the year.
(Dentist, Non-user, 35-44)

- Time and staff capacity is another major barrier to individuals in primary care accessing Academy leadership programmes. Those who work in schools or with young children cannot attend programmes during term time due to their working schedule.
- Backfilling is a concept that rarely occurs formally in practice and is dependent on an individual's role. Staff in senior positions are more likely to be expected to attend training in their own free time or take annual leave. Some are allowed to take study leave, which works similarly to annual leave but for training purposes. However, it is difficult to take study leave for extended periods of time. For some organisations, the budget is there to backfill an individual's role but staff availability prevents this happening.
- Balancing personal commitments with furthering development at work can be tricky for those with responsibilities outside of work, and childcare to sort. This can put a bias on those able to attend Leadership Academy programmes, especially when individuals are expected to attend in their own time and fund the costs themselves.
- Other reasons for not engaging with Academy development revolve around people preferring to pursue development training through universities or professional associations

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where they will receive a qualification or accreditation at the end. These are often much longer, set programmes, spread over a couple of years, and integrate their full time job with the training. Some, particularly nurses and pharmacists, are already on set training courses. For example, pharmacists undertake the clinical pharmacist in primary care scheme and GP nurses the senior clinical nurse course, so they don't have the free time or inclination to attend further leadership training.

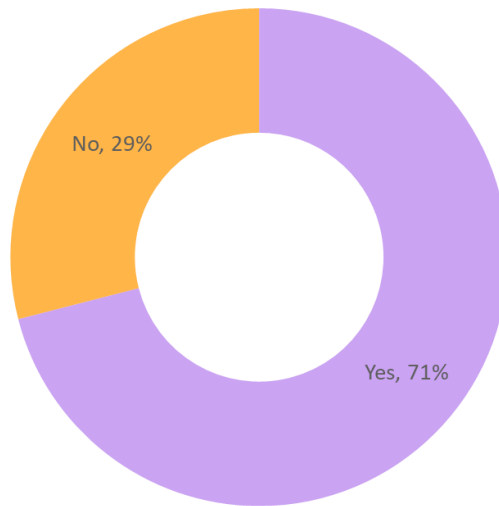
7 Communication channels and preferences in the primary care audience

This section looks at the key target audiences, and explores the various communication channels that could be used to reach practitioners within primary care.

7.1 Awareness of the Academy amongst the primary care target audience

- 📊 Around three in ten interviewed are unaware of the NHS Leadership Academy.

Have you heard of the NHS Leadership Academy?



S5. Base: All respondents (498)

- 📊 Dentists and Allied Health Professionals are less likely to be aware of the NHS Leadership Academy (36% and 62% aware respectively).
- 📊 Pharmacy staff are more likely to be aware of the Academy (87%) than other non-pharmacy staff working in the primary care sector (69%).
- 📊 Primary care staff that have been in their position for a long period of time are also less likely to be aware of the NHS Leadership Academy (63% aware in their current role 21+ years compared to 82% aware in their role less than 2 years).
- 💬 Some of those interviewed suggest driving awareness of, and interest in, the Academy should be started at the beginning of an individuals' careers in primary care by targeting them whilst they are still in training or university. The majority of university courses focus solely on the clinical side of primary care and leadership is often overlooked. By increasing familiarity early on, the Leadership Academy becomes a household name and not just another training provider.

Provide session to those who are almost qualified, before they have gone off and got a job down a particular path. As students are so wrapped up in clinical skills, they can lose sight that the day they qualify, they're out there by themselves and it's daunting to know where to start. (Dentist, Non-user, 55-64)

- ④ The qualitative research helped uncover important distinctions in the way that the Academy's target audience segments. Clearly, primary care practitioners make up the pool of potential development participants, and they need to be targeted effectively. But another key segment are the decision makers, those who give approval for staff to attend training, budget holders or training and development leads. In some organisations, it is clear who these individuals are, but others are less obvious and tends to be those who are really invested in providing their staff with valuable training.
- ④ GP practice managers are pivotal in that they make recommendations that GP partners then approve; they will often lead on the development of GP staff, particularly at admin level. A few practice managers have arranged some form of leadership development for their staff taking an active role in the decision-making process.
- ④ Some individuals have a particular interest in ensuring valuable development is carried out due to their previous or current roles. This could be working part time with the training and development department or studying training and leadership. These individuals may be trickier to find as they vary between organisations, but can have a big influence over training budgets and programmes attended.

Case Study: Francis

Dentist, Non-user, 25-34

Background

- Works as an associate dentist and a clinical fellow for NHS England focusing on leadership in healthcare
- The dental practice is a family business, working with his brother and father, who is the practice owner. This means he can have more influence over certain decisions than normal so he tries to promote leadership development within his workplace

Current Leadership Development

- There is virtually no leadership training available for staff at his practice as the budget is usually used for practical training rather than theory based so he tries to bring learnings over from his office based job
- Believes leadership development is also scarce because they are new concepts across primary care, especially in dentist practices

Dentists are a bit blinkered and cut off from leadership development concepts.

Targeting Dentistry

- Running courses on evenings/weekends that don't take time out of clinical week will appeal to dentists more and providing a certification or similar that will look good on their CV from completing the programme
- eWisdom is a marketplace for dental courses but he currently finds it a bit clunky to use

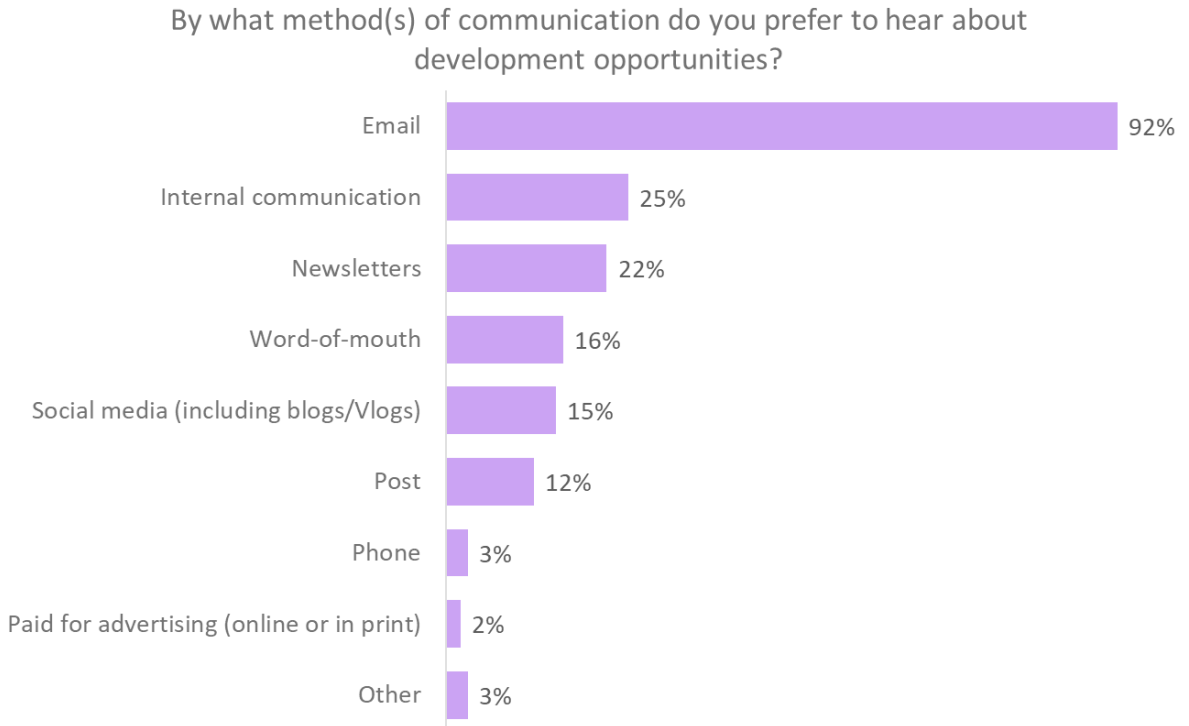
Advice to the NHS Leadership Academy

- Francis suggests the Academy should be promoted to individuals during their studies as when leadership is introduced during a career, it doesn't always feel relevant. They also should create a "one stop shop" PDF to display programme details, especially the benefits, in a short, snappy way.

They should start approaching students so leadership development becomes something you have to do and the Academy is a brand you recognise from beginning of career.

7.2 How primary care practitioners prefer to be updated on development

- The vast majority of primary care staff interviewed (92%) say they prefer to hear about development opportunities via email.



A22b. Base: All respondents (498)

- Although email is still their first choice, Allied Health Professionals also like to hear about development opportunities via internal communications (44%) and Dentists are more likely to prefer post than other professions (31%).
- Information about training and development opportunities via email are often forwarded onto individuals multiple times and then run the risk of being ignored. To ensure emails have an influence some suggest they need to be tailored to the receiver, for example, mentioning their name, sector or area they work in. This creates a more personalised approach. The individual will feel more attached and pay more interest to the sender.
- Newer members of staff are more likely to choose social media as a preferred method of communication (23% in their role less than 2 years) than those in their roles for a long period of time (7% in their role 21+ years).
- The title 'leadership academy' can appear "old fashioned". Some have suggested the word leadership can sound "rigid and sergeant major" and academy also doesn't sound "very 21st century". For those who don't necessarily want to become or see themselves as natural leaders it can appear daunting as the wording used isn't role specific and doesn't indicate what's involved in the programmes. Some are concerned about seeming "weird" suggesting Academy programmes to their manager due to the language used to market them coupled with the low awareness of what is involved as previously discussed.

*I would imagine those going on leadership courses to be high flyers – that's how I perceive people in leadership roles to be like which doesn't suit me personally
(GP nurse, Non-user, 55-64)*

- Some suggest the best method of communication with those working in primary care is an indirect approach going through local trusts, CCGs and professional associations, using word of mouth and recommendations. These groups are already well established and trusted within each sector, so individuals will trust information and knowledge coming from them more than the Leadership Academy, an organisation that can feel more central and distant especially when awareness is low. Engaging a few well connected individuals from each sector or area with the Leadership Academy as 'champions' or 'ambassadors', who can then spread the word and promote the programmes through their organisations and associations will help contact those who are hard to reach. These individuals will often already be at conferences and trade shows, so can help promote the Leadership Academy in a face to face, personal way.
- The website is an individual's first port of call once they hear about the Academy therefore it has been suggested that materials needs to be succinct and impactful. Those working in primary care do not have the time to spend researching programmes and reading documents that go into great detail. Website content needs to speak the reader's language and clearly point out the programme's benefits for the individual and organisation e.g. financial benefits/savings, improved communications, better patient care. This would be a one stop document that has all the programme information they need regarding who is eligible, content, timings, cost, location, application deadlines and benefits of the course that will help the individual make a case to their managers.

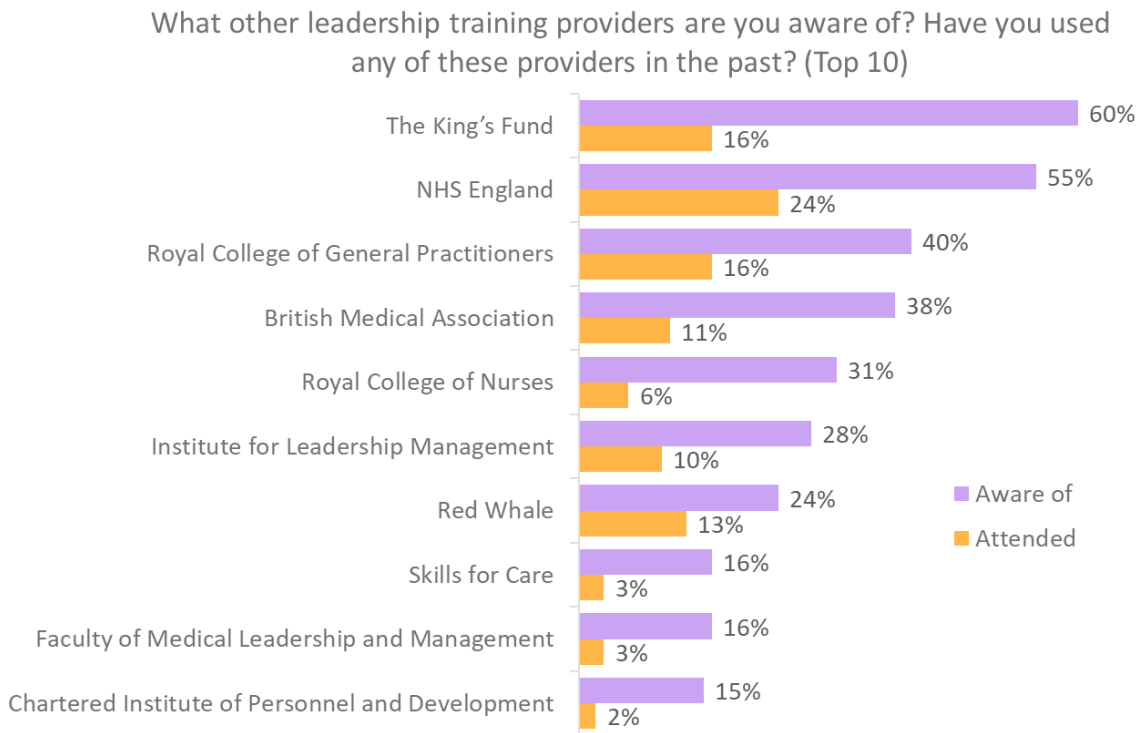
*The blurb for what courses are about could be written differently. As people in general practice have to 'sell' it to their boss, we need to know the impact training will have, for example, what will make a difference, make life easier, the outcome for patient will be better.
(GP Nurse, Non-user, 55-64)*

8 Awareness and use of competitor development providers

This section explores awareness and use of competitors to the NHS Leadership Academy, assessing the top 3 competitors, and why people within primary care decide to pursue leadership development with them.

8.1 Awareness and use of competitor organisations

- Competitors to the NHS Leadership Academy include universities, private providers and professional associations.
- The NHS Leadership Academy’s biggest competitors in terms of leadership training are The Kings Fund, NHS England and The Royal College of General Practitioners.



A23 & A25. Base: All respondents (498)

- Dentists are least likely to be aware of any competitor organisation with only 56% aware of at least one competitor and only 39% using a competitor organisation.
- Unsurprisingly GP’s are most likely to be aware of The Royal College of General Practitioners offering leadership training (76%) with half (50%) reporting that they have used them for training in the past.¹

¹ We understand that the RCGP does not offer substantial leadership development programmes to the primary care sector, so these results may reflect subjective perception rather than factual information

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- ④ Pharmacy staff tend to be aware of and use the Centre for Pharmacy Postgraduate Education the most (71% aware of and 69% using).
- ④ Those aware of competitors are most likely to have heard of them through colleagues (54%) via a Google search (24%) or from their manager (11%).

8.2 Reasons for using competitors

- Time is a key reason for using competitors. Some competitors offer short courses which are easier to fit within their busy schedules. These courses require less of a time commitment, and usually run for 1 or 2 days. Examples mentioned include the Red Whale's *Lead, Manage and Thrive programme*, or workshops run by the BMA. As previously mentioned some may be on other set training programmes e.g. pharmacists, or juggling multiple roles e.g. GPs, therefore competitors who offer short alternatives are at an advantage.
- Another common reason is cost. By shopping around or by utilising their connections they can sometimes find opportunities that require a lower cost commitment

I looked first at the NHS Leadership Academy. They used to provide a masters free of charge to practice managers but they withdrew this offer and it actually turned out to be more expensive to study with the academy than with Manchester Metropolitan University. (GP practice manager, Non-user, 35-44)

- Some seek organisations that are more closely linked to primary care as these are perceived to have a better reputation. Non-users feel like these competitors would look better on their professional credentials, and would provide them with learnings that are more directly applicable to their roles. For some, the NHS Leadership Academy appears too general compared to competitors such as the King's Fund.

The NHS Leadership Academy does have a good brand, and some sort of authenticity so I would look at them again. However, I'd be more inclined towards other providers like the King's Fund or the Primary Care Foundation, who do work specifically targeted at GPs and those within primary care. The King's Fund has a very good reputation and they would look good on my CV. (GP, Non-user, 35-44)

8.2.1 Competitor example (1) - The Kings Fund

The Kings Fund has a good reputation and are often recommended by colleagues or managers. Other mention the relevant course content and some mention cost as a reason with courses being free or funded.

Reputable, credible programme, experienced facilitators, work with diverse groups.

(Director - Deliver Collaborative Practice, Non-user, 55-64)

Independent, interesting relevant content, involved in new models of care++. (GP, Alumnus, 45-54)

The course was 'Leaders in primary Care'. It was funded by the NHS in the run up to Primary care Groups for those at board level of these organisations. (GP, Non-user, 55-64)

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8.2.2 Competitor example (2) - NHS England

Primary care staff trust NHS England as a reputable organisation and therefore assume their training provision is reliable. Course content is thought to be relevant and targeted and some also mention the availability of free or funded courses.

NHS ran. I suppose I assumed it was reliable.
(Health Visitor, Alumnus, 35-44)

NHSE fund the training programme I am currently on as part of my post.
(Pharmacist, Non-user, 45-54)

Relevant and targeted, and recognised.
(Dentist, Non-user, 45-54)

8.2.3 Competitor example (3) - Royal College of General Practitioners

GP's tend to use the Royal College of General Practitioners as they are already a member of the College, so therefore receive information on training and some mention courses are free or inexpensive. The organisation has a very good reputation and is a well-respected institution amongst GPs.

Gold standard training for GPs delivered in a relevant useful way both face-to-face and online. (GP, Alumnus, 45-54)

I was a member of this college and they provide relevant and not too expensive courses. (GP, Alumnus, 35-44)

They email me with offers.
(Allied Health Professional, Non-user, 35-44)

I'm a member and their online modules are easy to fit in around other commitments. (GP, Alumnus, 35-44)

Case Study: Anthony

GP Practice Manager, Non-user, 35-44

Background

- Anthony's role is extensive. He line manages 27 people, and is in charge of the operations, business and HR side of the practice.

Leadership challenges

- His role involves many leadership challenges, as essentially he is not only leading staff but the whole building. He believes a lot of practice managers lack the leadership skills to cope with these challenges.

Experiences of leadership development with an external university

- Anthony decided to pursue leadership development as he felt he needed the skills to lead on projects within the practice e.g. scale and quality improvement.
- He has just completed the MSc Leadership in Health and Social Care with the Manchester Metropolitan University. Although he looked at the NHS LA first, this was cheaper.
- He also feels like Manchester Metropolitan communicated to him better.
- He believes he has benefited from the multi-discipline nature of his university course, which incorporated innovative ideas from other industries e.g. education.
- He regularly networks with other practice managers. He doesn't know anyone who has taken an NHS LA programme, and feels postgraduate university courses are more popular among this audience.

What I liked about the Manchester Metropolitan University was the way they communicated with me before I started. For example, they gave me a phone call, talked me through it and explained different things to me. With the NHS LA, I didn't get any of that. I just got an email saying 'this is how it is'. There's an air of arrogance that could be ironed out.

Advice to the NHS Leadership Academy

- He thinks the Academy should make an effort to actively communicate with practice managers through their forums and events. He hasn't noticed the NHS LA at any of their forums.
- He believes the NHS LA should improve marketing materials and reconsider the career progression angle

To me, it feels like the courses are stepping stones for people that work in bigger organisations such as NHS hospitals, to progress up a pay band. It was more like 'this is what you need to become a CEO' and worded to sound like a passport to another job. I didn't see my studies as that. Leadership is much more than that, it's reflective and looks at you as person.

9 Conclusions and recommendations

Here we highlight our key findings and their implications for the Academy in terms of promoting and marketing its national programmes to the primary care sector.

Insight	Action
<p>Primary care staff may be aware of the NHS Leadership Academy, however there is a general lack of awareness of what the Academy offers / what programmes involve / who they are for</p>	<ul style="list-style-type: none"> • Word of mouth and recommendations are very powerful. The Academy should target local trusts, local CCGs and individual members within professional associations, so they can promote the Academy to their members and staff. Primary care audiences are more likely to trust local intermediaries over a central and distant NHS Leadership Academy. • The Academy needs to be in the ear of primary care audiences, following them to the places they regularly attend or use. Utilise conferences, industry events, forums and journals as key opportunities to promote the NHS LA offerings. • The Academy website clearly plays a key role, and its content needs to reflect and be relevant for current concerns in primary care.
<p>The majority say their preferred method of communication to hear about development opportunities is via email</p>	<ul style="list-style-type: none"> • Email is said to be the preferred method of communication however inboxes can very easily become full. • Email campaigns need to be personalised and a bespoke approach taken for each audience to reduce the likelihood of them being discarded. Emails need to be relevant to those working within primary care.
<p>Primary care staff access a range of sources and communication channels, varying by job role and seniority level</p>	<ul style="list-style-type: none"> • A multi-faceted approach should be adopted. There is such a variety of roles within primary care, and many channels available to reach each one. As there is no one size fits all rule, it is vital that marketing and the method used is bespoke and tailored to each role.
<p>Those relatively new to their roles tend to be more aware of and lend more importance to leadership training</p>	<ul style="list-style-type: none"> • Those that have been in their roles for a long time may be so focussed on day-to-day responsibilities they tend not to think they need any form of training as they have such a wealth of experience. Primary care staff need to be made aware of the importance of leadership development throughout the life cycle of their career. • As well as long-standing members of staff, consider targeting those who are starting out in training or university. This establishes the importance of leadership development at an early stage, before the focus shifts heavily to clinical skills.

<p>The word “Leadership” itself can sound daunting to some, many feel leadership training is ‘not for them’ as they are not in a management role or senior position</p>	<ul style="list-style-type: none"> • Highlight the benefits of the programmes and who programmes are aimed at. Written and verbal justifications play a key role in the decision-making process. Help them create their cases by speaking their language and pointing out benefits they/their managers will understand. This is more effective than abstract language on leadership. • Messaging needs to tackle the perception that the NHS Leadership Academy is only for those in senior management or who want to progress into management. Communications need to highlight how skills gained from the programmes can be transferred across various primary care settings, and how people from all levels can achieve tangible benefits.
<p>Time is scarce, many working within primary care are so busy with job specific tasks training can sometimes take a back seat</p>	<ul style="list-style-type: none"> • Make it easy to find relevant information through focused and targeted website content / communications, showing all the information they need in one place. Use EAST principles to make sign up to programmes easy, attractive, social and timely¹. • In direct communications e.g. emails, consider refocusing messaging from dry and factual content about course topics and logistics, towards more eye catching messages – e.g. “Do you want to save time in your organisation?” or “Find out how you can improve efficiency across your team!” – that will directly resonate with the target audience. • Help practitioners and their line managers with the difficult task of time release and back filling, e.g. by way of advice, best practice, examples and case studies.
<p>When planning development and training, local availability is a key consideration for primary care staff</p>	<ul style="list-style-type: none"> • Highlight and utilise the network of local leadership academies. • There is an appetite for local delivery so focus should be on making primary care staff aware of the breadth of local leadership development opportunities available to them. Messaging should therefore reference local Academy groups in order to encourage uptake.
<p>There are key individuals who have a big influence on</p>	<ul style="list-style-type: none"> • Target GP practice managers through their forums, events and networks. They are more likely to be interested in leadership development but feel isolated from the Academy. GP practice

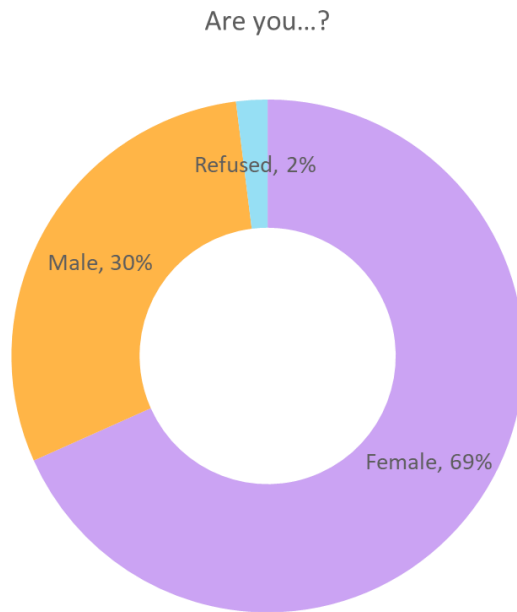
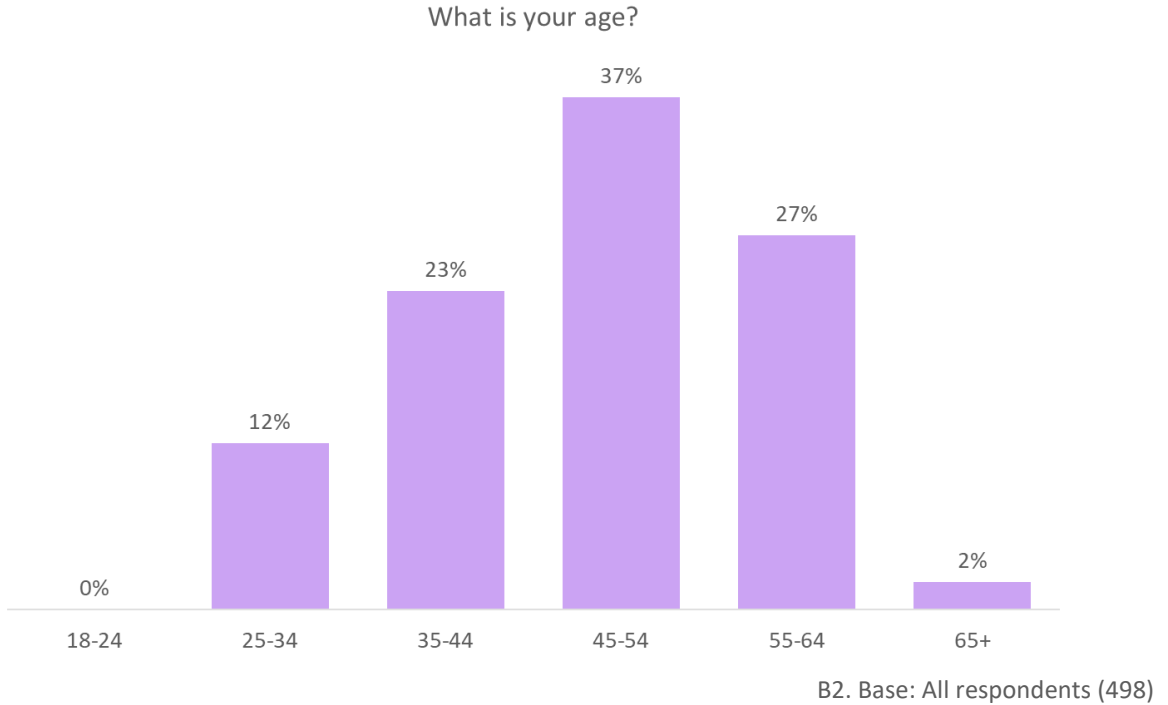
¹ See the document published by the Behavioural Insights team, here: <https://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>

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<p>decision-making processes e.g. GP practice managers, who are pivotal in the development of GP practice staff</p>	<p>managers act as gatekeepers to GP practices so it is vital that the NHS LA builds relationships within their networks.</p> <ul style="list-style-type: none">• Identify other key decision-makers within organisations e.g. senior management. Once engaged, these individuals will be vital in influencing others to pursue leadership development with the Academy.
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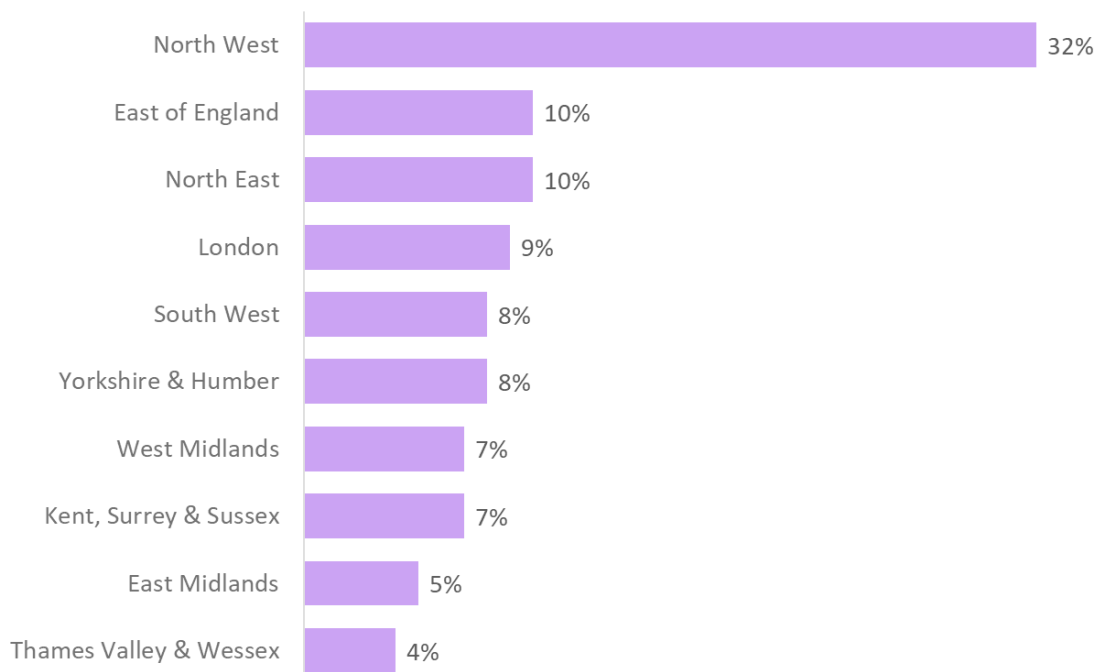
Appendix I – Demographics

The following graphs provide an overview of the achieved survey sample of primary care practitioners, who participated in our online survey.



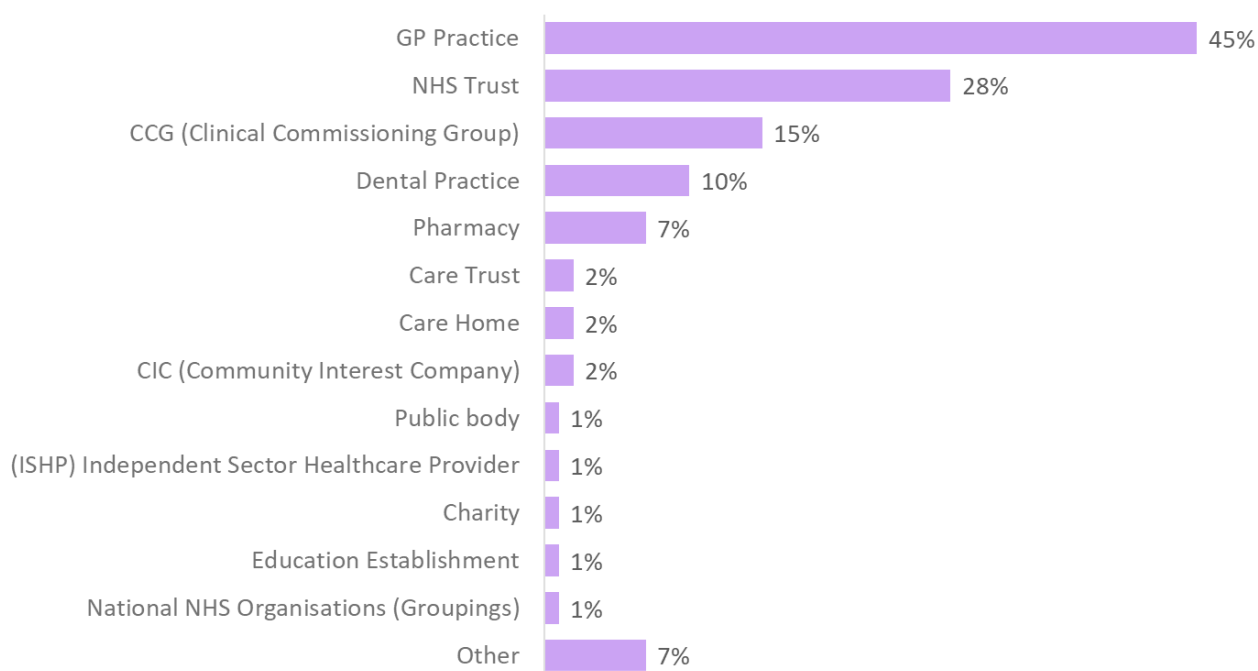
B3. Base: All respondents (498)

Which of the following English regions do you currently work in?



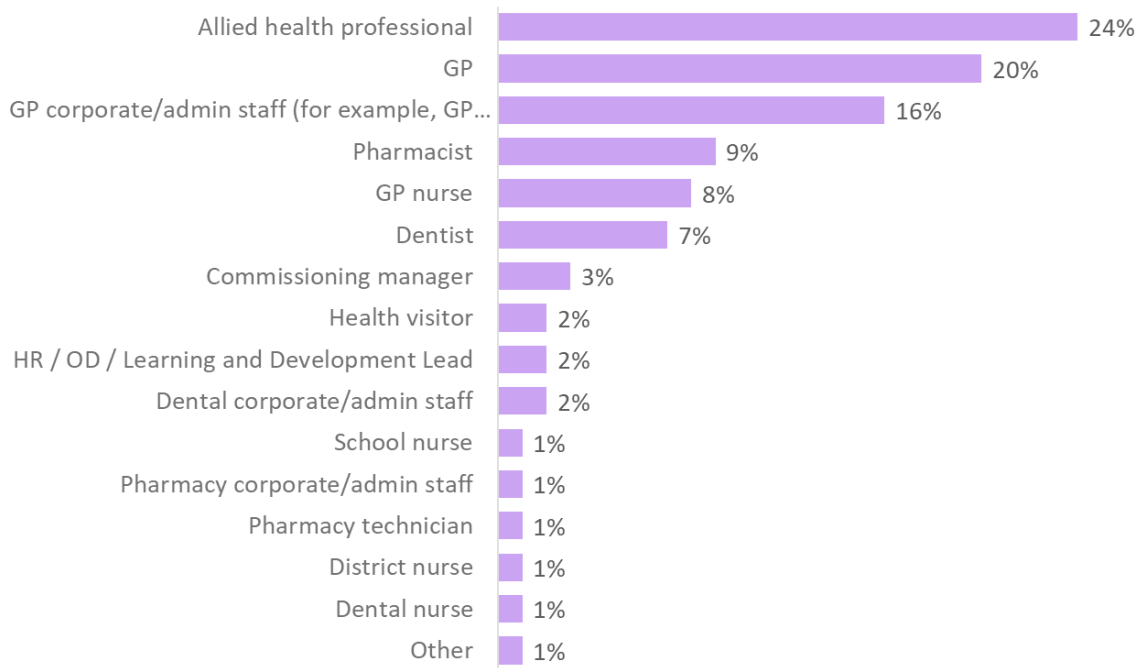
S4. Base: All respondents (498)

Which of the following types of organisations do you work in...?



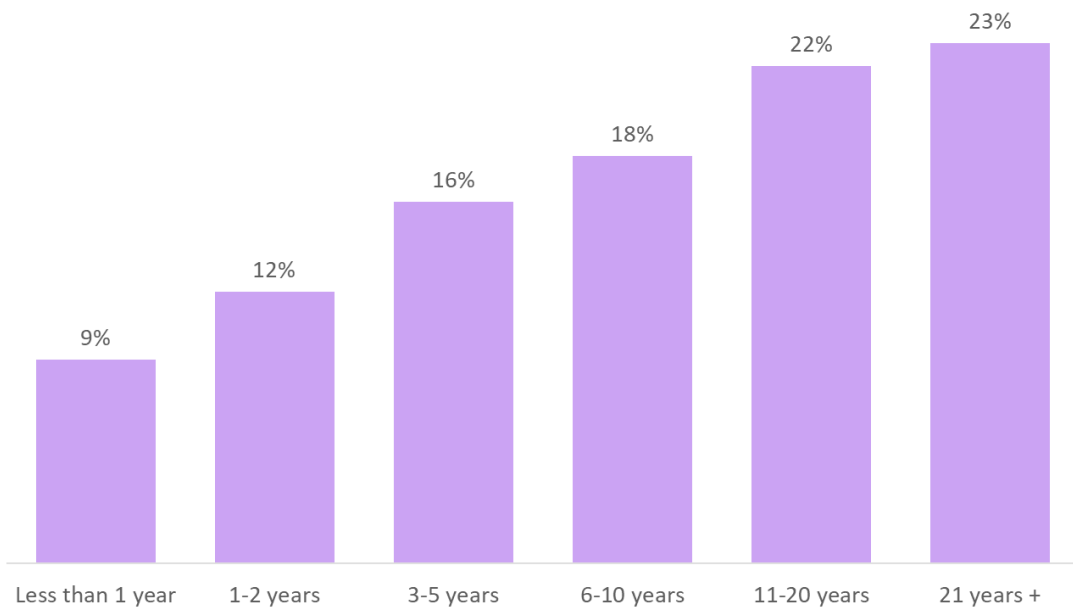
S2. Base: All respondents (498)

Do you work as any of the following...?



S3. Base: All respondents (498)

How long have you been working in your current position?



B1. Base: All respondents (498)

Appendix II – Quantitative survey questionnaire

Intro:

Hello and thank you for taking an interest in our study.

Breaking Blue research are conducting research on behalf of the NHS Leadership Academy in order to understand the attitudes of those working in primary care towards leadership training and development. We really value your contribution, and your participation will enable the NHS Leadership Academy to better understand needs and tailor their services.

The survey should take less than 10 minutes to complete.

As an independent research organisation Breaking Blue are bound by the rules of the MRS (ESOMAR) Code of Conduct. This means that all your survey answers will be treated in the strictest confidence and your anonymity will be respected. Our privacy notice explains your rights in more detail, including your right to change your mind if you do not want us to use your information <https://www.breakingblueresearch.com/privacy-policy/>

If you have any queries at all, please email nhsleadership@breakingblueresearch.com

SECTION 5 - Screener:

To start we have a few questions to help us make sure we are collecting the views of the right groups of people.

ASK ALL

S1 Are you currently employed by an organisation providing or supporting NHS funded primary care?

(Primary care is the first point of contact in the NHS for most patients and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists as well as NHS walk-in centres and the NHS 111 telephone service.)

Tick one answer only

- Yes – an organisation providing NHS funded primary care
- Yes – an organisation supporting NHS funded primary care
- No → (thank and close)

ASK ALL

S2 Which of the following types of organisations do you work in...?

Tick all that apply

- Care Home
- Care Trust
- Charity
- CCG (Clinical Commissioning Group)
- CSU (Commissioning Support Unit)
- CIC (Community Interest Company)
- Dental Practice
- Education Establishment
- Government Department
- GP Practice
- (ISHP) Independent Sector Healthcare Provider
- Local Authority
- National NHS Organisations (Groupings)
- NHS Support Agency
- NHS Trust
- Pharmacy
- Prison Health Service
- Public body (for example NHSE, NHSI, HEE, NHS Leadership Academy)
- Other (please specify)
- Don't know / unsure

ASK ALL

S3 Do you work as any of the following...?

Tick one answer only

- GP
- GP nurse
- GP corporate/admin staff (for example, GP practice manager)
- Pharmacist
- Pharmacy technician
- Allied health professional
- School nurse
- Health visitor
- District nurse
- Dentist
- Dental nurse
- Community optician / optometrist
- Commissioning manager
- HR / OD / Learning and Development Lead
- Other (please specify)
- Don't know → (thank and close)
- None of these → (thank and close)

ASK ALL

S4 Which of the following English regions do you currently work in?

Tick one answer only

- East of England
- East Midlands
- Kent, Surrey & Sussex
- London
- North East
- North West
- South West
- Thames Valley & Wessex
- West Midlands
- Yorkshire & Humber
- None of these → (thank and close)

ASK ALL

S5a Have you heard of the NHS Leadership Academy?

Tick one answer only

- Yes
- No

ASK ALL

S5b Thinking specifically about leadership development, in the last 12 months have you taken part in any of the following...?

(Leadership development aims to help shape people's knowledge, skills, attitudes and behaviours to help them become outstanding leaders, and for the NHS, it aims to develop inclusive and compassionate leaders working at all levels across the NHS to help improve patient care, people's health and their experiences of the NHS)

Tick all that apply

- Internal leadership training e.g. those designed and delivered by your own staff in-house
 - Yes
 - No
- External leadership training e.g. any courses you pay for with a private provider or a University
 - Yes
 - No
- A national NHS Leadership Academy leadership training programme
 - Yes → (code as Alumni)
 - No → (S6)

ASK IF HAVE NOT ATTENDED NHS LA TRAINING IN LAST 12 MONTHS

S6 Can we check whether you have taken part in any national NHS Leadership Academy leadership training programme at any point in the past?

Tick one answer only

- Yes → (code as Alumni)
- No → (code as non-user)

SECTION A - Main survey:

ASK ALL

A1 Which of the following describes your involvement in booking external training courses/programmes...?

Tick all that apply

- I make the final decision on training courses that I attend
- I make the final decision on training courses that others attend
- I make recommendations to senior colleagues on which training courses I attend
- I make recommendations to senior colleagues on which training courses others attend
- I have no input on what training courses I attend → (A6)
- I have no input on what training course other members of my team attend → (A6)

BREAKING BLUE

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

A2 How do you determine what training needs you/your staff have?

Write in

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

A3 When training needs arise, where do you look for information on courses/programmes available?

Tick all that apply

- Ask my manager
- Ask my appraiser
- Ask colleagues
- Google search
- Specific website (write in)
- Other (write in)

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

A4 Which of the below factors are important to you when making decisions about attending training courses/programmes?

Tick all that apply

- | | |
|----------------------------|--------------------------|
| • Price | • National accreditation |
| • Local availability | • Flexibility |
| • Time commitment required | • Targeted content |
| • Theoretical approach | • Transferrable skills |
| • Practical approach | • Other (write in) |

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

SHOW ONLY ANSWER OPTIONS CODED AT A4

A5 And which is the MOST important factor when making decisions about attending training courses/programmes?

Tick one answer only

- | | |
|----------------------------|-----------------------------------|
| • Price | • National accreditation |
| • Local availability | • Flexibility |
| • Time commitment required | • Targeted content |
| • Theoretical approach | • Transferrable skills |
| • Practical approach | • Other (INSERT WRITE IN FROM A4) |

ASK ALL

A6 Do you/your staff have any training needs at present?

Tick one answer only

- Yes
- No

ASK IF CODED 1 AT A6

A7 What training needs do you/your staff currently have?

Write in

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

A8 And now thinking specifically about leadership skills training, have you in the last 12 months arranged for any such training for you/your staff?

(Leadership development aims to help shape people's knowledge, skills, attitudes and behaviours to help them become outstanding leaders, and for the NHS, it aims to develop inclusive and compassionate leaders working at all levels across the NHS to help improve patient care, people's health and their experiences of the NHS)

Tick one answer only

- Yes
- No
- Don't know

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS (CODES 1-4 AT A1)

A9 Do you plan to arrange any leadership skills training in the next 12 months for you/your staff?

Tick one answer only

- Yes
- No
- Don't know

ASK ALL

A10 How important is leadership skills development in your view versus other job specific or technical training for your staff/your own development?

(Leadership development aims to help shape people's knowledge, skills, attitudes and behaviours to help them become outstanding leaders, and for the NHS, it aims to develop inclusive and compassionate leaders working at all levels across the NHS to help improve patient care, people's health and their experiences of the NHS)

Tick one answer only

- Leadership skills development is more important
- Leadership skills development is less important
- Leadership skills development is equally important

ASK ALL

A11 Why do you say this?

Write in

ASK ALL

A12 Are you aware of any of the following national NHS Leadership Academy training programmes?

Tick all that apply

- The Edward Jenner programme - for everyone interested in healthcare leadership
- The Mary Seacole programme - for those in or soon to be in their first leadership role
- The Elizabeth Garrett Anderson programme - for those in or soon to be in a senior leadership position
- The Nye Bevan programme - for aspiring executive directors
- The Aspiring Chief Executive programme
- The Director programme
- The Stepping Up programme - for aspiring black, Asian and minority ethnic (BAME) leaders
- The Ready Now programme - for senior black, Asian and minority ethnic (BAME) leaders
- The Clinical Executive Fast Track Scheme
- Other (write in)
- None of these → (A20)

ASK IF AWARE OF ANY NHS LA COURSES (CODES 1-10 AT A12)

A13 How did you hear about this/these programmes?

Tick all that apply

- Recommended by my manager
- Recommended by my appraiser
- Recommended by colleagues
- Google search
- Specific website (write in)
- Other (write in)

ASK IF AWARE OF ANY NHS LA COURSES (CODES 1-10 AT A12)

A14 Have you attended any of the following national NHS Leadership Academy training programmes yourself?

Tick all that apply

- The Edward Jenner programme - for everyone interested in healthcare leadership
- The Mary Seacole programme - for those in or soon to be in their first leadership role
- The Elizabeth Garrett Anderson programme - for those in or soon to be in a senior leadership position
- The Nye Bevan programme - for aspiring executive directors
- The Aspiring Chief Executive programme
- The Director programme
- The Stepping Up programme - for aspiring black, Asian and minority ethnic (BAME) leaders
- The Ready Now programme - for senior black, Asian and minority ethnic (BAME) leaders
- The Clinical Executive Fast Track Scheme
- Other (write in)
- None

ASK IF HAVE SOME INPUT IN DECISION MAKING FOR OTHER STAFF (CODES 2 OR 4 AT A1) AND AWARE OF PROGRAMME(S) AT A12

A15 Which if any of the following national NHS Leadership Academy training programmes have you organised for other members of staff?

Tick all that apply

- The Edward Jenner programme - for everyone interested in healthcare leadership
- The Mary Seacole programme - for those in or soon to be in their first leadership role
- The Elizabeth Garrett Anderson programme - for those in or soon to be in a senior leadership position
- The Nye Bevan programme - for aspiring executive directors
- The Aspiring Chief Executive programme
- The Director programme
- The Stepping Up programme - for aspiring black, Asian and minority ethnic (BAME) leaders
- The Ready Now programme - for senior black, Asian and minority ethnic (BAME) leaders
- The Clinical Executive Fast Track Scheme
- Other (write in)
- None

ASK IF ATTENDED AN NHS LA TRAINING COURSE (CODES 1-10 AT A14)

A16 How would you rate the <insert programme from A14> on a scale of 1 to 5 where 1 is very poor and 5 is very good?

Tick one answer only

- 1 – Very poor
- 2 – Poor
- 3 – Neither / nor
- 4 – Good
- 5 – Very good
- Don't know / unsure

ASK IF ATTENDED AN NHS LA TRAINING COURSE (CODES 1-10 AT A14)

A17 How likely would you be to recommend <insert programme from A14> on a scale of 0 to 10 where 0 is 'very unlikely' and 10 is 'very likely'?

Tick one answer only

- | | |
|---------------------|-----------------------|
| • 0 – very unlikely | • 6 |
| • 1 | • 7 |
| • 2 | • 8 |
| • 3 | • 9 |
| • 4 | • 10 – very likely |
| • 5 | • Don't know / unsure |
| • | |

<Repeat A16 and A17 for each programme attended at A14>

ASK IF AWARE OF ANY NHS LA COURSES (CODES 1-10 AT A12)

A18 Have any of your colleagues attended any NHS Leadership Academy training programmes?

Tick one answer only

- Yes
- No → (A19)
- Don't know / unsure

ASK IF COLLEAGUES HAVE NOT ATTENDED AN NHS LA TRAINING (CODE 2 AT A18)

A19 Why do you think they have not (yet) attended NHS Leadership Academy programmes?

Tick all that apply

RANDOMISE

- They aren't aware of any NHS LA training programmes
- The NHS LA programmes available do not meet their training needs
- We haven't had the budget available to spend on training
- The programmes are too expensive
- They do not perceive leadership training to be important
- We prefer to train through practical, on-the-job training
- We haven't had staff capacity to allow anyone to attend training courses
- The location of the training programmes are inconvenient
- The length of the training programmes are inconvenient
- Something else (write in)
- Don't know

ASK IF HAVE NOT ATTENDED AN NHS LA TRAINING COURSE (CODE 11 AT A14)

A20 You mentioned that you have not attended any national leadership training programmes with the NHS Leadership Academy. Why is this?

Tick all that apply

RANDOMISE

- I wasn't aware of any NHS LA training programmes
- The NHS LA programmes available do not meet my training needs
- We haven't had the budget available to spend on training
- The programmes are too expensive
- I do not perceive leadership training to be important
- We prefer to train through practical, on-the-job training
- We haven't had staff capacity to allow me to attend training courses
- The location of the training programmes are inconvenient
- The length of the training programmes are inconvenient
- Something else (write in)
- Don't know

ASK IF HAVE SOME INPUT IN DECISION MAKING PROCESS FOR OTHER STAFF (CODES 2 OR 4 AT A1) AND HAVE NOT ORGANISED (CODE 11 AT A15)

A21 You mentioned that you have not ORGANISED any national leadership training programmes with the NHS Leadership Academy for other members of staff. Why is this?

Tick all that apply

RANDOMISE

- I wasn't aware of any NHS LA training programmes
- The NHS LA programmes available do not meet their training needs
- We haven't had the budget available to spend on training
- The programmes are too expensive
- We do not perceive leadership training to be important
- We prefer to train through practical, on-the-job training
- We haven't had staff capacity to allow me to attend training courses
- The location of the training programmes are inconvenient
- The length of the training programmes are inconvenient
- It's not my job to organise training
- Something else (write in)
- Don't know

ASK ALL

A22a What would make it easier for you to engage with and attend national NHS Leadership Academy programmes?

Write in

ASK ALL

A22b By what method(s) of communication do you prefer to hear about development opportunities?

Tick all that apply

RANDOMISE

- Email
- Newsletters
- Word-of-mouth
- Post
- Phone
- Social media (including blogs/Vlogs)
- Paid for advertising (online or in print)
- Internal communication
- Other

ASK ALL

A23 What other leadership training providers are you aware of?

Tick all that apply

RANDOMISE

- Faculty of Medical Leadership and Management
- Institute for Leadership Management
- Chartered Institute of Professional Development
- Skills for Care
- The King's Fund
- Chartered Management Institute
- Henley Business School
- Civil Service College
- Local Government Association Leadership Academy
- The London Centre for Leadership in Learning
- Hemsley Fraser
- Roffey Park
- Leadership Foundation for Higher Education
- Training hub
- Community Education Provider Network
- NHS England
- Royal College of General Practitioners
- Centre for Pharmacy Postgraduate Education
- British Medical Association
- Royal College of Nurses
- Red Whale
- Other (write in)
- Don't know / none → (B1)

ASK ALL AWARE OF COMPETITORS (CODES 1-22 AT A23)

A24 How did you hear about this/these providers?

Tick all that apply

- From my manager
- From colleagues
- Google search
- Specific website (write in)
- Other (write in)

ASK ALL AWARE OF COMPETITORS (CODES 1-22 AT A23)

A25 Have you used any of these providers in the past?

Tick all that apply

- <Insert list of competitor organisations aware of>
- No / none → (B1)

ASK ALL WHO HAVE USED COMPETITORS (CODES 1-22 AT A25)

A26 Why did you choose <insert competitor provider from A25>?

Write in

<Repeat A26 for each competitor used at A25>

SECTION B – Demographics:

B1 How long have you been working in your current position?

Tick one answer only

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21 years +
- Don't know

B2 What is your age?

Tick one answer only

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over

B3 Are you...?

Tick one answer only

- Male
- Female
- Prefer not to say

Closing remarks:

C1 Before we finish, would you be willing to take part in further research related to the NHS Leadership Academy and training needs? This would be in the form of an in depth telephone conversation with one of our researchers within the next month, if so we would arrange a time suitable to talk.

- Yes → (C2)
- No

C2 Please provide your full name and contact details below...

- Full name:
- Daytime contact number:
- Contact email:

THANK AND CLOSE

Appendix III – Qualitative discussion guide

Introduction and Warm-up (3 minutes)	
Setting the scene / ground-rules	<p>Hello my name is _____. I am a researcher at Breaking Blue, an independent research agency. We are working on behalf of NHS Leadership Academy, and our study seeks to understand how people working in primary care think about leadership development. Thank you for agreeing to be interviewed today. This interview should take no more than 30 minutes.</p> <p>EXPLAIN FOLLOWING GROUND RULES</p> <ul style="list-style-type: none"> • No right/wrong answers • This conversation will be audio recorded for research purposes. It will not be shared with anyone else and will only serve to help us analyse our interview data. • Anonymity is assured. We only report back aggregate results, without revealing the identity of our research participants. We operate under the MRS Code of Conduct. I will ask you at the end if you are fine with being attributed to any verbatim quotes we include in our final presentation to the client, and you can always decline to quote attribution.

Section 2 – Understanding individual’s role and context of job (5 minutes)	
Job title and context	<ul style="list-style-type: none"> • What is your job role and what does this role involve? • How long have you been working in this role? • What leadership challenges do you have in this role? In what ways are these related to leadership issues? • Do you see these challenges changing in the future? In what way?
Structure of workplace and team	<p>Please tell me how your role fits within your organisation.</p> <ul style="list-style-type: none"> • Do you work directly with colleagues as part of a team? • IF YES: How many people are in this team? How does this team work? How often do you interact with your team? • IF NO: Please tell me with whom you interact with on a regular basis, e.g. patients, clients, partners, commissioners, supervisors, etc. • Could you explain the line management structure at your workplace?

- Who do you report to?
- Are you based in the same location?
- How often do you interact with them?
- Do you line manage anyone yourself? How many?
- Are you a member of any professional associations? Which ones?
- Do you network with others in a similar role to you?
- IF YES: What types of networking do you do?

Section 3 – Leadership development needs analysis (5 minutes)

Workplace's approach to education, development, and the process of arranging training

We'll now talk about how your organisation approaches leadership development. By leadership development we mean training programmes and taught courses, but also a wide range of approaches including coaching, mentoring, job shadowing, 360 feedback, stretch opportunities and so on.

- How does your organisation approach leadership development?
- Do you have a formal development or training plan? And a dedicated budget for development / training? Or is this done more on an ad-hoc basis?
- Do you have an annual review or staff appraisal process?
- Do you discuss leadership development needs in your annual review?
- IF YES: are you made aware of development opportunities when discussing these needs?

IF NO LEADERSHIP DEVELOPMENT PER SE, ASK ABOUT TRAINING / DEVELOPMENT IN GENERAL

ARRANGING LEADERSHIP DEVELOPMENT FOR YOURSELF

- What steps do you have to take if you want to undergo leadership development / training? Where do you go for information?
- Is the decision solely up to you or do you have to get approval from someone first?
- IF YES: who do you have to get approval from? How easy or difficult is this? Why?
- What would happen if you decided to go on a leadership development programme? What would you do? Do you know?
- Is it done in your free time? Are you allowed to take time off for training? Are there any constraints on how much time you are allowed to take off?

- Is there someone available to do your role while you're taking part in leadership development? Are there any challenges finding someone to cover for you?

ARRANGING LEADERSHIP DEVELOPMENT FOR OTHERS

- Have you ever arranged/approved leadership development for someone else?
 - IF YES: Talk me through the process of how this works.
- What would happen if someone you line manage/are responsible for decided to go on a leadership development programme?
- Is it done in their free time? Are they allowed to take time off for training? Are there any constraints on how much time they are allowed to take off?

Section 4 – Leadership development (10 minutes)

Leadership development – current offers and perceived benefits

- What leadership development opportunities are available in your workplace?
Probe for: courses, mentoring, coaching, stretch opportunities, 360 feedback

IF NONE, ASK ABOUT TRAINING / DEVELOPMENT IN GENERAL

- How do you find out about these leadership training / development opportunities available to you, or that can be made available for the staff you are responsible for?
 - How would you like to find out about these opportunities?
 - How do you feel about the opportunities available to you / your staff?
- What challenges or difficulties within your role, or within the roles of the staff you are responsible for, do you think would be helped by leadership development?
- To what extent do you think you or the staff you are responsible for would benefit from leadership development?
 - IF NO: Why is that? PROBE
 - IF YES: Where would you go to find out more information about leadership development?
- To what extent are you encouraged / do you encourage your staff to take part in leadership development as part of career development?
- Are you planning to undergo/arrange any development or training for these needs?

Previous experiences of leadership development

- Have you undertaken any leadership training / development yourself, or arranged it for any of your staff?

BREAKING BLUE

<p>and barriers to take up</p>	<ul style="list-style-type: none"> • IF YES: Why did you decide to do this? Could you talk me through what you did? How useful did you find it? Why/ why not? • IF NO LEADERSHIP TRAINING: Why not? Probe for: lack of funding, unsuitable timing, no time off, etc... and which one was the biggest factor? • IF NO LEADERSHIP TRAINING: Have you pursued any other development opportunities within your role? EXPLAIN IF NECESSARY: External training courses (any courses paid for with a private provider or university), development programmes, mentoring schemes, coaching? <ul style="list-style-type: none"> • What was this? How did you find out about it? What made you decide to do it? • Why have you done this and not leadership development?
<p>Awareness and experiences of the National & Local NHS Leadership Academy</p>	<ul style="list-style-type: none"> • Have you <u>heard of</u> the National Academy Programmes offered by the NHS Leadership Academy? • Are you aware of your <u>local</u> Leadership Academy? <p style="text-align: center;">IF NOT HEARD, MOVE ON TO SECTION 6.</p> <ul style="list-style-type: none"> • Where did you hear about it from? What leadership development programmes have you heard of? From what you've heard, what do you think of it? • Have you <u>ever taken</u> an NHS LA leadership development programme? Or <u>arranged</u> an NHS LA leadership development programme for your staff? (IF NOT, MOVE ON TO SECTION 5) <ul style="list-style-type: none"> • IF YES: Which programme did you attend? • IF YES: Was this via the national or the local Academy? • IF YES: What made you decide to undertake the programme? Which programme did you take? What made you choose this over others? • How did you find it? What is the most important thing you took from it? <ul style="list-style-type: none"> • Would you recommend it to others? Why/Why not? • Why do you think other people might <u>not</u> take an NHS LA leadership development programme? PROBE: specifically around those who work in primary care • What could be done to overcome these obstacles? PROBE: again specifically for those in primary care
<p>Section 5 – ONLY IF HEARD OF NHS LA BUT NOT TAKEN COURSE - Marketing and Engagement (5 minutes)</p>	
<p>Barriers to NHS LA</p>	<ul style="list-style-type: none"> • Please can you explain why you haven't accessed any of the NHS LA leadership development programmes? Or arranged one for your staff?

	<ul style="list-style-type: none"> • Have you ever considered it? • IF YES: What stopped you from going ahead? • IF NO: Why haven't you ever considered it? • Are there any obstacles that prevent you from taking / arranging an NHS LA leadership development programme? • How do you think these obstacles could be overcome?
How NHS LA could improve marketing and engagement	<ul style="list-style-type: none"> • Have you tried to find out more information on NHS LA, either for yourself or for those you are responsible for? • IF YES, where did you go to find this information? • Did you find the information you were looking for? Was this information easy to find? <ul style="list-style-type: none"> • IF NOT: What was missing? How could it be improved? • Do you think there's anything that the Leadership Academy could do to make this information easier to find? • What do you think the Academy should do to raise their profile, specifically across the primary care sector?
Section 6 – ONLY IF NOT FAMILIAR OF NHS LA - Marketing and Engagement (5 minutes)	
Initial thoughts and reactions towards the Academy	<p>The Leadership Academy provides leadership development programmes and opportunities to improve leadership across the NHS in England.</p> <ul style="list-style-type: none"> • What do you think the Academy should do to raise their profile, specifically across the primary care sector?
Conclusion (2 minutes)	
Additional comments	Just to remind you, we are doing this research on behalf of the NHS Leadership Academy. Is there anything else that you would like to say on leadership training or you think the Academy should be aware of?
Permissions	<p>It would be very useful to NHS LA if we could attribute your answers to you personally. Do you give permission for NHS LA to see your comments together with the name of you and your organisation/organisations you work with?</p> <p>Will you be happy for the Academy to follow up on any pertinent parts of the interview, which are particularly interesting to them?</p> <p>IF NECESSARY: Please be reassured that all answers will be kept strictly confidential and combined into overall findings.</p> <p>Thank you for your time today.</p>

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Stay in touch



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