

Dr Ashia Ahmad

Visionary Fellow – Leaders in Digital Systems **(Coventry & Warwickshire Aspiring Leaders)**

Introduction

My medical career began following completing my MBBS degree at Barts & London Medical School in 2005, following this I had a somewhat tortuous career completing my foundation years, ACCS and 4 years as an Anaesthetics & ITU trainee all in London. At this point I switched specialties and completed the GPVTS scheme in 2017 in Coventry and Warwickshire. Since then I have evolved from working as a Locum GP in the surrounding areas to a Salaried GP at Croft Medical Centre, Leamington Spa and becoming the Clinical Director for Leamington South Primary Care Network (PCN) in April 2021.

It was at this point I felt the need to enrich my understanding on the fundamentals of leadership in a climate of digital evolution in healthcare. This fellowship presented itself and was able to provide a level of flexibility in shaping what I wanted to learn and how to go about it. Throughout this year 2021-2022 I have been lucky enough to be involved in a number of projects and training programmes.

Projects

Remote patient monitoring in Care homes

The NHS has deployed remote patient monitoring in various parts of the UK with promising data arising from these pilot programmes, particularly during the global Pandemic of 2020 parts of the successes have been

1. Improved communication between care homes and clinicians.
2. Structured tools and questionnaires to empower the care home staff to confidently report deteriorating patients to the right clinical resource

Remote patient monitoring is also showing the potential to help avoid non-elective admissions, lower A&E attendance and improve patient outcomes and satisfaction. Coventry and Warwickshire ICS have been “rolling out” remote patient monitoring in Care Homes which is managed by Place Based Teams using Docobo – a digital software programme that utilises telemedicine as part of a clinical service redesign. Patient physiological parameters are inputted in “real time” by patients and carers with alert triggers implemented if a patient was to show deteriorating physical signs. With early identification, early intervention can be implemented and in turn reduce poor health outcomes as much as possible

I was involved in the initial Task and Finish Group for the service in Warwick & Kenilworth Primary Care Network. I got to observe through weekly meetings how place based multidisciplinary working could develop and provide advice and support as needed. I spent time with the Docobo IT programmers to understand how the service is designed and flexible to meet the needs of different patient groups as well as work through any challenges that the group faced in making the service work smoothly, from training care home staff, integrating the monitoring software into EMIS (GP

patient record system) and reviewing the pathway for escalation if a patient's physiological data were to worsen.

As the project became more embedded into the local care homes, I turned my attention more to the outcome data of the initial pilot project that was started in Warwickshire North PCN. Utilising the data collated by Dr Mehwish Qureshi (Docobo Clinical Lead) and working closely with her, I have been writing a journal publication looking at the outcomes of the programme on reducing GP workload and improving outcomes. (See Appendix A)

This is currently still in draft process and have not been finalised for publication as yet.

ICS Digital Health Transformation

Coventry and Warwickshire have been in the early development stages of developing its digital health strategy led by Dr Alec Price Forbes.

Although this project is far beyond the scope of my fellowship, my role as been predominantly one of an observer and I have attended the consultation meetings with Deloitte to gain clinical feedback and priorities on what the ICS digital strategy should be as well as the presentations of the digital strategy itself. Regular meetings with both Dr Price Forbes and Dr Qureshi were held every fortnight to discuss various aspects of implementing digital healthcare into a large corporation such as the NHS and the challenges faced in realising a vision into a practical solution.

Learning Disability Kite Mark Certificate

Over the year I have been collaborating with Dr Maisun Elftise – a previous Leadership Fellow on the development of the new LD Friendly Practice Kite mark Certificate as she was aware of my interest in Learning Disabilities.

A working group was created involving the C&W Training Hub, CCG, GPs, LD specialists and experts by experience. We worked together in solving how the criteria would fit for practices and patients to improve access to healthcare for this hard to reach target group (Appendix B). I am currently working on the criteria as an early adopter in my PCN (under my clinical director role) and utilising the criteria as a framework to improve health inequalities for this group and achieve one of the PCN DES IIF targets.

CPD courses

1. Harvard Online – The future of healthcare is digital

This online course explored the opportunities and difficulties facing widespread adoption of digital health internationally and explored the innovative frameworks to think strategically about adopting and implementing digital transformation in the organisation that you work in

It was a 4 week online course with assessments and reflections to be written up each week. Each work focused on digital health from different stakeholder perspectives

- | | |
|--------------|-------------|
| a) Patient | c) Business |
| b) Physician | d) System |

This course provided me with a good grounding on how digital technologies can be used to address critical pain points in healthcare, what to think about when creating a digital application and how it may benefit some stakeholders but not others, explore the opportunities

that various digital approaches can provide and the difficulties that may come in enabling these approaches. Finally developing skills in analysing gaps in healthcare that can be closed by digital technology and add value.

2. Oxford Executive Leadership Course Programme

This programme has been designed to help leaders understand what effective leadership looks like, how to adapt theory to practical change and understand your own leadership style so that you can successfully navigate the challenges that leaders face and manage high-performance teams.

This was an 8 week Course covering:

- Effective Leadership: Leading for high performance
- The Job of a Leader: Envisioning and engaging
- The job of the Leader: Choosing and Connecting Leading with power and influence
- Leading teams for effective performance Strategies and models for leading change
- Mastering complexity and Plurality
- Reflect on your purpose as a Leader

This was a challenging course in that it required a lot of inward reflection on the type of person I am and how I outwardly project beliefs and values onto a team. It was thoroughly worthwhile however and would recommend to anyone looking to go into leadership or managing a team. Skills developed from this course are already being used and I feel as improved my abilities in supporting and guiding a team

3. Finance for Non Finance Executives – Ongoing

One of the large gaps I felt I have is in understanding finance. As doctors we are never taught how to manage personal finance let alone for a large project, business or when implementing a strategy. This two day course begins at the end of September

Areas of focus are

- Understand how a robust financial strategy can help drive value within the organisation and underpin the company's overall business plans
- Interrogate key financial data and challenge financial proposals, business plans, projections and reports
- Review and assess the financial health and position of the organisation
- Make balanced, informed board-level decisions based on an understanding of financial data
- Recognise and comply with statutory, and other, requirements relating to company director roles and responsibilities
- Identify, evaluate and manage financial risk
- Communicate more confidently and effectively with directors and senior leaders on financial issues
- Confidently challenge and influence board-level decisions and company direction based on a sound grasp of financial concepts
- Evaluate the practical implications of investment decisions

Summary

This fellowship has been a unique opportunity for me.

It has allowed me to have the time and space to reflect and consider areas of leadership that I have found challenging.

It has allowed me to consider what kind of doctor and leader I want to be and most importantly understand and negotiate the realistic barriers present when you want to make a change in the 'system'

I have been able to attend multiple learning experiences on top of the CPD programmes described above, including the

- a) New to practice monthly meetings
- b) Fellowship forum monthly meetings
- c) Personal monthly mentoring meetings
- d) Bi-monthly meetings with the Lead for the Digital Transformation and Remote Patient monitoring lead where we can talk about the current projects, successes, failures and future challenges
- e) Monthly conversations with Coventry and Warwickshire Mentoring Scheme

It has been a privilege to have undertaken this fellowship. Moving forward I hope to continue to use the skills I have developed in my role as Clinical Director and encourage others that I meet to undertake a fellowship of their own interest to help shape their career

Having experienced first-hand the different pressures the NHS is facing at all levels; this fellowship has offered me the change to empower and equip myself to manage such pressures and be part of the solution to improving our NHS.

Appendix A

[*A Quantitative and Qualitative Analysis of Remote Patient monitoring in Care Homes in the first six months and its impact on General Practice*](#)

Appendix B

[*Coventry and Warwickshire Learning Disability Friendly GP Practice Kitemark*](#)