

Dr Natalie Flood

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

1. BACKGROUND

I qualified from Nottingham Medical School in 2005. After my foundation training I moved to the South West and worked in a variety of specialities, completing my VTS in Buckinghamshire in 2012. After finishing my training, I undertook a six-month senior registrar post based within the Public Health Team and designed and wrote a draft pre-diabetic service alongside clinical work at a local surgery.

I moved to Warwickshire for my husband's work a decade ago and worked as a salaried GP locally until 2019 when I became a partner at my current practice. Since becoming a partner, I have been actively involved within our PCN (Arden), organising several in person PTL sessions over the last year and more recently being appointed Arden's Health and Well-being Champion.

I was thrilled to be successful in my application to become a Transformation Fellow in September 2021 and have detailed the work I have been doing over the last year as follows.
In my spare time I enjoy running and writing stories.

2. PROJECT OVERVIEW

2.1 Studley Timebank timebanking.org

Background

Until the autumn of 2021 I had never heard of the concept of Timebank but it was discussed briefly at one of our fellows' evenings. In essence the concept is that an individual donates an hour of their time to a member of the community in need and in return can 'bank' hours of time back to be reciprocated within the Timebank. Timebank has no limits on age and can involve school children up to the very elderly. It functions on the basis that everyone has something to offer their community and that through the exchange of time, an individual's self-esteem, self-worth, and ultimately mental and physical health will benefit. The system can be used incredibly imaginatively. For example, a blind engineer helped his neighbour to fix his car engine through verbal instruction.

Timebank also allows for the growth over time of an understanding of a community's needs, for example identifying gaps in service provision or potential health inequalities.

Timebank offers a virtual space for exchanges and allows us access to housebound patients which other community groups may not have been able to do. Given the significant negative impact covid had on community groups I felt this was a project worth pursuing as it could continue to run in a virtual space throughout a pandemic.

Project

Initially I made enquires with our social prescribers' team around the concept of Timebank. Through various contacts I was able to establish a sterling group for the service to include various stakeholders; county council, community development workers, Stratford Timebank (with links to National Timebank leaders), social prescribers and the voluntary sector.

Stratford Timebank, which has been well established in that area for over a decade have seconded their 'broker' (Timebank lead) to the Studley area for one day per week since the end of 2021.

The service has been rebranded, so it is specific to Studley and we have established various links within the local community including, schools, county and parish council, PCN practices, ARRS and Studley in Business (local businesses involved in voluntary sector locally). It should be noted that a Timebank launch was attempted in 2020 but was unsuccessful (as a practice we were entirely unaware of it at this stage).

Our social prescribers across our PCN have been referring patients into the service since its inception, including some self-referrals, doctor, and administrative staff referrals.

I have written an expression of interest to gain additional funding (£80,000) but have not submitted this as we do not have the clinical support within our PCN currently. The service has funding until January 2023 with two members of staff (one Stratford Timebank and one from Warwickshire County Council) both of whom can provide one day a week to Studley. The service has been presented to my practice, PCN and PPG. I have established this new service for patients within our practice area with a view to incorporating our wider PCN in the future.

There is a planned community day in the autumn involving Timebank and some of our other community services and ARRS, such as our care coordinators and social prescribers. We hope that this event will not only showcase the benefits of Timebank but also help integrate our ARRS into our local community as well to improve understanding of their roles to the local population.

As my fellowship ends the project will continue to be run through the Timebank broker with support from the social prescriber group and the established sterling group. As much as possible I will continue to champion and support from a practice / PCN level.

Learning points

My main learning point here is simple, patience. There is a huge timeframe difference between my consulting room and trying to embed a service locally. I have had to measure the successes of this project in small chunks rather than quick transformations.

2.2 Complaints Signposting Service

Background

It is a truth universally acknowledged that as a doctor you will get a complaint at some stage during your career. Dealing with a complaint was never something I was ever taught about at medical school or subsequently during my 17-year career.

Evidence suggests that healthcare staff and in particular doctors struggle to seek support when going through difficulties. Healthcare workers often feel it's a sign of weakness and demonstrates a lack of resilience. There can be certain barriers to seeking help, for example a worry it may adversely affect career progression. Consequently, burnout and suicide rates are much higher amongst doctors than in the general population. Current statistics show that one doctor takes their life roughly once every three weeks. (Doctors in distress website).

A 2014 Report 'Doctors who commit suicide whilst under GMC investigation', made nine recommendations, including developing a national support service for doctors and treating doctors as 'innocent until proven guilty'.

As a doctor I strongly care about my patients, but I care about my colleagues in equal measure. I wanted to develop a better understanding of the complaints system and what formal support was readily available to a doctor going through this difficult process.

Project

Initially I contacted Dame Clare Gerada as I was aware she had written a draft code of conduct for complaints. This code of conduct is an opportunity to reframe complaints, making supporting the doctor involved as paramount as the patient. After this I reviewed the available literature (albeit limited) on the effect that complaints have on doctors. The results are concerning. A survey of nearly 8000 doctors found that 77% who had received a complaint were more likely to suffer moderate to severe depression and had twice the risk of moderate to severe anxiety compared to those with no history of a complaint.¹

Another study found the two biggest factors to improve the experience of receiving and dealing with a complaint were a more transparent, quicker process and improved managerial support.²

It would be remiss of us to not acknowledge the huge impact complaints have on all of us and therefore we should support those who require it whilst going through the process.

This is in keeping with the NHS priorities for 2022/2023 as below.

'Invest in our workforce with more people and new ways of working, strengthening the compassionate and inclusive culture needed to deliver outstanding care.'

1. Bourne T, Wynants L, Peters M, et al The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. *BMJ*

2. Bourne T, Vanderhaegen J, Vranken R, et al Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data. *BMJ*

Subsequently I have met with various levels of the NHS England complaint team at local and regional level and the LMC as well as gaining information from the GMC (via a SARS request) to establish what formal support doctors undergoing the complaints process are given.

Overall, it felt like pathways of support were not necessarily clearly signposted despite perhaps being available and that the system itself was difficult to navigate given the multiple sources complaints can come from and the changes in state indemnity.

I set up a pilot complaint signposting service across Coventry and Warwickshire open to any GP or GP trainee who was struggling to deal with a complaint, regardless of source and stage of the process.

The project was piloted for 4 weeks in June/July 2022. Initially there was some concern expressed from the LMC regarding the need for the service and where this would fit within their existing work frame. It was explained that the service was only a short-term pilot to understand whether it was necessary in the first place.

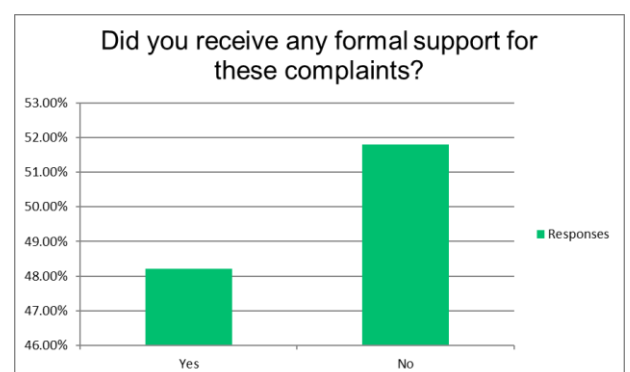
During the pilot one GP trainee contacted me who had been significantly struggling with a complaint for over a year. Following our discussion, they were signposted appropriately and gave this feedback:

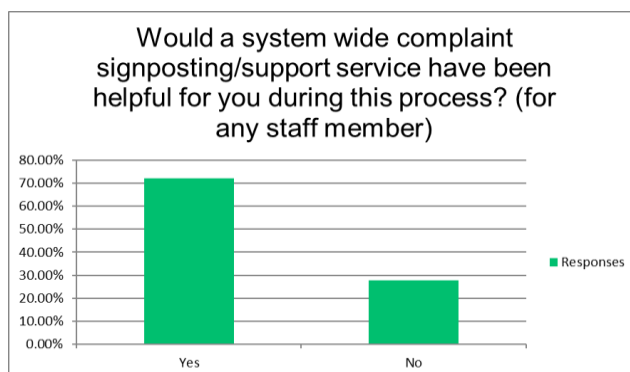
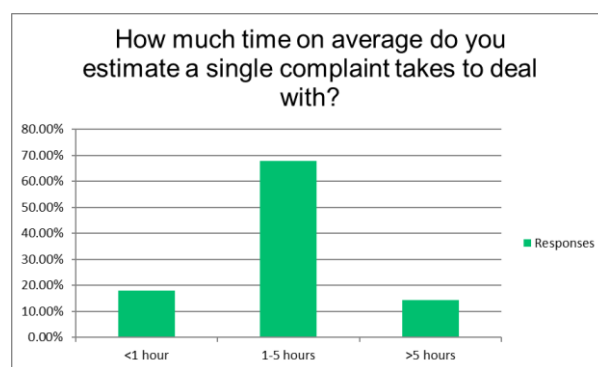
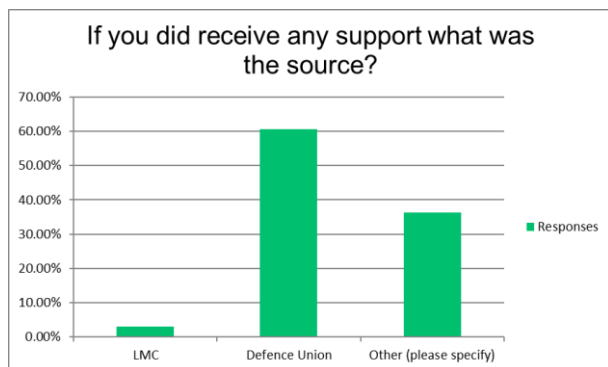
'I am extremely grateful that I was made aware of Natalie and the complaints service. Natalie provided a much needed listening ear, and was supportive and understanding. She also signposted me towards useful contacts and services that I did not know I could access. Without this service I would still be trying to deal with my complaint on my own, feeling lost and overwhelmed, so thank you!'

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In addition to this I arranged a survey sent out to all practices across Coventry and Warwickshire regarding complaints. There were almost 60 responses. The survey was open for one month in June 2022.

Finally, staff were asked to rate the negative impact complaints had on well-being, ranking 1 – 10(10 being severely affected). Almost 30% ranked this as 6 – 7/10.





Learning points

We assume too much. We need to think outside the box and always explore the possibility that we can do something better even if it is already established.

Doctors need education during their training and beyond in how to deal with complaints and there needs to be an established and clear point of contact for support within any system. All staff members should be aware of signposting advice to support services for any staff member they see struggling. It should be totally acceptable to not be ok and to ask for help. A cultural shift like this will take many years to achieve but I am confident that the tide will start to turn particularly with the increasing focus on staff well-being throughout the NHS.

The pilot scheme ran for a short period of time and whilst it was promoted widely through WhatsApp groups and at PLT there will still have been many doctors for example locums who won't have been aware of the service. Given the very short time frame of the pilot it is hard to assess its impact, but I feel very positive that even if it was just one trainee who contacted me the feedback was incredible and hopefully has been the difference between keeping a trainee within the scheme versus a resignation.

2.3 Population Health Management

I was approached to be involved in the Stour PCN project and had an initial meeting but was unable to commit to this as it clashed with my clinical duty day.

I attended the initial meetings for Arden PCNs project which involved creating a mental health liaison nurse for our children awaiting secondary mental health services. I worked through the first three learning sets. From the spring I moved away from this project as I did not feel I had the time to be the clinical lead and take it over from the previous clinical director.

3. CPD COURSES

In February I took part in a six-day course run by the King's Fund called 'Building Your Authority.' This was the most intense learning experience I have ever had. Sessions ran from 8 – 4.30 with a virtual space available each night until 9pm. The course essentially involved creating a virtual environment for the course attendees to immerse themselves in with no formal teaching plan. In each session our microphones were turned on, with no mutes allowed and the chat function was disabled. It was a unique opportunity to really reflect on how we interact within a group, to gain a better understanding of what kind of leaders/individuals we are and in what direction we want our personal development to take.

Course topics included:

Endings and transitions

Peer review sessions

Lifeline session

Working in a diverse environment

Dream workshop

Reflections

Leadership styles

Following this I have the opportunity for a further individual coaching session (included within the course fee) that I plan to take up soon. I will also remain part of the alumni for this course who will have annual meetings together, forming a wider peer support group from the previous five years of cohorts.

My overall reflection from the course is trying to see myself as the leader others already do and how I place that in context with my own internal need to please and seek external validation. I am working through these areas through self-development, coaching, reflection, and my long-suffering mentor!!

I am also booked on a 'finance for non-finance directors' course in September. The ability to be able to cost and forecast services and quantify the cost benefit of an intervention is key to securing and maintain funding. Although I have some experience it is limited so I am pleased to have an opportunity to develop my learning in this area.

4. FINAL REFLECTIONS:

During a recent course one of the lecturers said, 'Leadership cannot be taught it can only be experienced.' This statement really resonates particularly following the last 12 months of my fellowship. Although my primary concern currently is on the projects I am working on, the investment has really been in me. I feel very privileged to have had this experience which has allowed me to gain a far greater understanding of the wider workings of the NHS, management, leaders and how the system works, or not!

I realise now that the only thing that has ever really held me back has been myself. As Eleanor Roosevelt reputedly said, 'no one can make you feel inferior without your consent.'

I feel far more confident and certain of myself after this fellowship and know that because of this experience I will go on to achieve things I would not have otherwise.

Going forwards I feel my passion is the welfare of our doctors and other clinical staff. I will continue to represent and champion this through our PCN as our health and well-being lead and try to ensure that future decisions place the clinical staff at the forefront as much as the patients. Without an empowered, healthy happy workforce our patients will suffer, and our system will crumble.