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

General overview

I completed CCT in February 2018 and worked as a Locum GP in various practices across the West Midlands from 2018 to 2021. I also took time out for maternity during this time. After my second maternity leave in 2021, I decided to apply for the role of Transformation Fellow as part of the Aspiring Leaders Fellowship and at the same time took on a salaried role at Hazelwood Group Practice in Coleshill, North Warwickshire.

During my fellowship I was involved in 2 main projects:

1. Population Health Management Programme (at PCN and Place levels)
2. Docobo Project

1. Population Health Management Programme (PHM)

Rationale

This project was one that I thoroughly enjoyed working on and it was something I was deeply passionate about. My experience as a GP, when looking after patients is that most of the health problems could be improved and even prevented by altering people's lifestyles - improving the quality of nutrition and doing some form of exercise. This is something that most people are aware of but do not do. There are lots of obstacles that prevent people from prioritising their nutrition and physical health. Issues like working long hours, having multiple jobs or financial difficulties means that some people can't afford to buy nutritious food or have the time to prepare meals from scratch. It also means that they cannot afford to join the gym or are so overworked in their jobs that they are too physically and mentally tired to work out. The lack of safe outdoor spaces or green spaces for them also impacts this negatively.

These issues are all beyond the scope of a 10-minute GP consultation and really, in order to tackle this properly a multi-disciplinary approach is needed with appropriate funding and a long-term vision. Therefore, I jumped at the opportunity to become involved in the Population Health Management project at both the PCN level and Place level.

Proposal

The Department of Health and Social Care published a policy paper in February 2021, outlining the legislative proposals for a Health & Social Care Bill, building on the collaborations seen through COVID and shape a system that's better able to serve patients. Part of this proposal is the need to make strategic decisions on population health, using collective input from the NHS, the System, voluntary sector and local authorities.

The UK population is growing in size and people are living longer (though life expectancy has stalled when compared to other countries according to 'The King's Fund; A vision for Population Health') with more co-morbidities and the rates of diabetes, obesity, dementia and mental health problems are increasing. According to this report by the Kings Fund, there are widening health inequalities.

The proposed solution is to integrate care around the patient rather than the hospitals or GP surgeries and to focus on prevention as well as managing ongoing conditions. Empowering people to adopt healthier lifestyles is imperative to help them live longer, healthier and more independent lives.

Population health is also part of the NHS Long Term Plan. This cannot be tackled by the NHS alone and there needs to be collaboration across different stakeholders to achieve this.

The vision from the Kings Fund is 'Health outcomes and inequalities in health in England will be on a par with the best in the world. This will be achieved by a consistent and coherent focus on population health locally, regionally and nationally.'

There is a huge body of evidence that suggests joining up care around the individual patient can keep them out of hospital and keep them healthy. At Place level and at PCN level there is a greater understanding of the population on hand, their health needs, the types of health inequalities that exist and therefore, they are best placed to suggest and work on changes needed to improve the health outcomes.

NHSE give a working definition of Population Health as 'improving population health by data driven planning and delivery of proactive care to achieve maximum impact'.

Here at Coventry and Warwickshire we have partnered with Optum, a US based healthcare company that is working with System, Place and PCN to drive different population health programmes.

Place work stream

The Place work stream started in October 2021 where different stakeholders met during Action Learning Sets (ALS) sessions and the concept of PHM was introduced. Stakeholders included GPs, There were 6 ALS sessions in total and we collectively completed a workbook of activities. There were discussions about which cohorts of patients were going to be targeted and the cohort that was chosen by the stakeholders was:

- Obese patients
- Between 20 - 59 years old
- Not diabetic or pre-diabetic
- High/Middle deprivation
- History of smoking

At the end of each ALS, a Task and Finish group (T&FG) would meet separately to come up with a strategy of how to implement the outcomes from the ALS meeting and feed back to the group at the start of the next ALS. I was the only clinician at the T&FG so was able to provide practical clinical input to the sessions.

The outcomes we aimed to achieve:

- Short Term - Increased uptake in smoking cessation services and fitter future referrals
- Medium Term - Reduction in smoking and improved BMI rates
- Long Term - Reduction in clinical interventions and fit notes due to chronic illness - after further discussion it was found that this would be difficult to quantify, and we later changed this to:
 - A. Exercising 50% more than at the start of the programme
 - B. Eating healthy balanced meals at least 50% week
 - C. Reduced cigarette smoking by 75% or stopping smoking
 - D. Normal HbA1c levels

At Place level the objective was to identify the cohort of patients for the intervention, decide on the desired outcomes for this cohort and come up with a plan to implement this. All this had to be done within the six ALS sessions between October and June.

The programme started strongly with a lot of enthusiasm from different stakeholders but over the year we hit several stumbling blocks due to overwhelming clinical workload and covid pressures. We had to halt the ALS sessions or postpone them, so PHM has taken a step back. Furthermore, there was a concern regarding Information Governance and how data was being handled, which caused further delay in the project, but this has now been cleared up.

After the ALS sessions resumed, we continued to struggle with enough people attending them to allow us to make any real progress in the decision making so as part of the T&FG I helped to design an intervention that is being fully costed by finance team at the T&FG with the above outcomes in mind. We took this to take to key stakeholders and try and get their approval to get the project underway. We are planning to deliver this as part of the existing work-stream at Place called HEALTH Passport.

PCN work stream

As with the Place work stream at PCN level we also met with different stakeholders at multiple ALS meetings throughout the year. However, unlike Place the implementation of the intervention on the chosen patient population happened during the ALS cycle before the contract with Optum ended.

The cohort we picked for the PCN work stream was:

- Patients between 25 to 54 years old
- On opioid pain management
- Who have had 10+ prescriptions in the past year

The PCN to which my practice belongs was not involved in this work stream so I had no direct involvement in the delivery of the intervention, but I did take part in the ALS meetings and the T&FG meetings and helped shape the interventions that were subsequently delivered. I also had meetings and discussions with the Active Communities Manager at Pingles Health Centre in Nuneaton to see if they were able to support this work stream. The idea was that in order to de-prescribe opiates we needed to be offering our patients alternative options to help them with their chronic pain. These include physical exercise and access to fitness coaches in order to provide a holistic approach to chronic pain management.

The project is still underway, and patients are being supported by the GP surgeries of the PCNs involved in this work stream.

Docobo Project

I also took part in the Docobo project for a short period of time. This is a remote monitoring service that was set up in Warwickshire North to allow the monitoring of vulnerable patients remotely during the pandemic. When there is an alert that triggers the Docobo system, there is a central hub that is alerted, and Clinical Practitioners are dispatched to the patient to review them and prescribe treatment if required. They often do not need to involve the GP unless clinically indicated.

My involvement with this project started in February and my main role was to design feedback questionnaires and send them to the Clinical Leads asking about how they have found the Docobo remote monitoring service. The idea was to identify weak points and work to improve them as well as capitalising on the strengths of remote monitoring including reducing the GP workload and improving health outcomes for vulnerable nursing home and housebound patients.

The feedback we received was largely positive and we continue to offer this service to the most vulnerable patients.

CPD course

During my Fellowship I successfully completed the Oxford Executive Leadership Programme. It was a fantastic opportunity to hone my leadership skills and learn alongside other leaders in different industries across the world. It provided the opportunity to learn about different types of leadership styles and allowed me to explore my own leadership style and how I could implement it in my capacity as GP in my clinical interactions with patients and within my surgery.

The programme was an 8-week course consisting of online lectures, group discussions and short essay writing. It was a thoroughly enjoyable course and I benefitted from the peer assisted learning and discussions.

Since then, I have had the confidence to apply for a partnership position at my GP surgery and for the First 5 GP clinical lead position at the Training Hub and I have been accepted for both of these positions.

My Reflections

I have loved working on the projects within this Fellowship. Population Health for me is something I am deeply passionate about and taking part in the ALS meetings has really allowed me to put my ideas forward and have them heard and implemented in many cases.

It has also allowed me to widen my professional network and introduced me to different stakeholders who are involved in the delivery of healthcare outside of the GP surgery. It has really expanded my working knowledge of how primary care functions and how it is funded as well as how different organisations work together within the NHS.

I have really enjoyed the monthly ALF forums we have had, and it has been so interesting to hear about other fellows' projects and what they are achieving. It is very inspiring and has helped shape my vision for what I want to achieve in my career.

Working on the fellowship has also taught me patience. It can take a long time to get projects started or approved and this can be frustrating sometimes especially when there seems to be multiple meetings set to try and agree one or two objectives and by the end of these meetings nothing tangible has been agreed. However, this has taught me to try and get my points across in a succinct manner and push diplomatically for solutions or outcomes when there seems to be conflicting opinions or in situations where there is 'analysis paralysis'.

I strongly recommend this Fellowship to anybody wanting to develop themselves professionally and personally.

References

Department of Health and Social Care. Policy paper; Integration and innovation: working together to improve health and social care for all. Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

The King's Fund. A vision for Population Health: Towards a healthier future. Available at: <https://www.kingsfund.org.uk/publications/vision-population-health>