

Dr Ian Allwood

Digital Fellow 2022-23

[\(Aspiring Leaders Fellowship - Coventry & Warwickshire\)](#)

Introduction

I've been a GP in Stratford on Avon for 30 years. I've always been passionate about how technology can improve patient care and frustrated by the often-slow progress of the NHS in this area. I've had various leadership roles in the NHS over the years but have never had an opportunity like this before to spend time improving my knowledge and skills in this area whilst working on projects locally.

Projects/Leadership roles

1. SWFT GP portal and ICS GP Gateway

Most hospitals have a section on their website for GPs with information on how to use their services – particularly referring / admitting patients. UHB and UHCW for example both have do. SWFT however does not, and I felt this would be a useful addition and resource to local GPs and other primary care staff. I approached the IT team responsible for this and they were receptive to developing such a resource. I've looked at examples from other hospitals and combined this with my knowledge of local pathways and produced a collection of details which can be published once the technical issues are resolved - SWFT have recently changed their intranet/extranet. I intend to see this to completion which will be after the fellowship has ended. This should provide a resource which will save GP/primary care HCP time as well as speeding up patient flow

When enquiring about this I was also asked if I could help with the redesign of the local *GP Gateway* (currently this only covers Coventry but is planned to develop this to cover the entire ICS). This is still being planned so would be a possible project for the 2023/4 fellows.

2. Lloyd George Notes Scanning Project

This is a project to digitise paper GP records in all the practices in South Warwickshire, enabling completed removal of old Lloyd George notes from practices freeing up space previously dedicated to storage and enabling online access to records when needed. I joined this project as a Board Member – meeting every 1-2 months throughout the year. My own practice was a pilot site.

The pilot phase has been a success and to date, about half of the practices have had their records scanned. The project is projected to finish in 2024, the plan currently is that I will finish my involvement when the group finds another GP to take over to completion.

3. South Warwickshire IM&T Strategy Committee meetings

This multi-disciplinary group meet every month or two and oversee all primary care strategy and development in South Warwickshire. I was a GP representative on this group before the fellowship, but doing the fellowship enabled me to continue with this group. I intend to continue sitting on this group after the fellowship using some of the learning from the fellowship to contribute to the development of the local digital strategy.

4. CW ICS IM&T Strategy Committee

I was invited to join this group but after two meetings it was decided to slim the group down and that there was sufficient primary care representation without me.

5. ARRS/AHP Virtual Environment Project

This project using VR headsets to help in training new ARRS roles. This was a project from previous fellow. I attended some regional meetings. I was due to attend the first local meeting with colleagues from the training hub but it was cancelled due to illness. There haven't been any further meetings. This may be a possible project for the next fellows.

6. Population Health

The ICS population health management department have a tool call HealthIntent. They're developing a frailty dashboard for primary care to use to identify at risk frail patients for proactive care. There's a steering group looking at this and I was involved in discussions with the department, particularly related to my experience and interest in frailty and joined the group. This is ongoing and would be something a future fellow could be involved in.

CPD

1. Harvard Medical School Digital Health Course

This interactive course provided an introduction to digital health and its challenges and opportunities - run over four weeks. Over 50 global participants were encouraged to engage with each other, commenting on and discussing the four modules. Several speakers from Harvard and leaders from smaller tech businesses including Google and Walmart contributed to the modules.

Four modules:

- Patient Perspective
- Physician/Provider and Enterprise Perspective
- Business Perspectives
- System Perspective

My main learning points:

- Many technologies that we now take for granted in health care faced resistance when they were initially introduced – x-ray technology took years to be adopted
- Health care is among the most analogue experiences in our lives. Banking and travel are examples which have innovated much faster
- Digital solutions have potential to transform how health care is practiced and delivered, making it possible for more care to be delivered outside traditional health care settings and in patients' homes
- Understanding different stakeholder perspectives is key to successful implementation of new systems and technologies

- Alternatives to traditional in-person consultation, AI and the use of smart watches and other devices have astonishing potential to change healthcare delivery in the future.

Ensuring interoperable systems is key to delivery and innovation – sharing of data is critical – take note NHS!

2. MIT Sloan AI in Healthcare course

I completed this excellent 6 week online course in August 2023. The course covered how AI is being and could be used in healthcare. This was broken down into 6 modules:

- AI and Machine Learning
- AI and disease diagnosis and patient monitoring
- Natural Language Processing and data analytics
- Interpretability in machine learning
- Patient risk stratification and augmenting clinical workflows
- Integrated approach to hospital management and optimisation

As with the Harvard course, this was interactive with discussion encouraged between participants. Each week there was a requirement to submit your own work which was assessed and graded. This ranged from 800 – 1500 word. Each submission was based on applying the learning from that week's module to a setting or project of your own.

As an outcome I have put together a proforma with a set of questions to be considered when assessing the suitability of AI to address a problem in healthcare. I have contacted Eddie Olla (ICS Chief Digital Officer) and offered to contribute the ICS digital strategy, particularly around exploring the potential for AI to improve the lives of patients and clinicians.

If I was doing this again, I'd do it over the winter, not the summer. It was hard work! But very rewarding.

3. Deep Medicine – How Artificial Intelligence Can Make Medicine Human Again

I've read a book by Eric Topol. The main message is that AI won't replace humans in healthcare but has the potential to perform or simplify many of the current tasks which take time (and are often tedious) - this could free up time for HCPs to spend with patients (or help with workforce challenges). There is also huge potential for AI to spread modern healthcare to poorer areas of the World and improve patient safety and diagnostic accuracy in all healthcare systems. I'd highly recommend this book to future fellows.

Challenges

I had surgery in January and was off work for two months which has had an impact on my progress with the fellowship. The projects I was involved in all involved other people who are busy and have many other priorities – It's important to be patient.

Reflections

I thoroughly enjoyed the fellowship and would recommend the opportunity to any GP, wherever they are in their career. The sessions with other fellows were interesting and enjoyable having had the privilege of the funded CPD I feel I now have considerably more to offer at the end of the course than I did at the beginning.

I will continue with the SWFT GP portal to see this to completion. I will also continue with the GP Gateway work for the time being with a view to handing this over to one of the next Fellows. I will also continue on the South Warwickshire IM&T Strategy Committee. Having recently reduced my clinical commitment and I am now in a position to use my past experience and learning from the Fellowship to contribute to the development of the digital strategy across the ICB. An area that I think deserves particular focus is on adopting AI to improve patient care and save clinician time. The learning from the AI course I did has given me incredible insight into where AI can have an impact and how to implement this. I have contacted the ICB Chief Digital Officer to this effect and hope very much that a role can be found for me to contribute to in the future.