

Dr Asiya Ali Ahmad

Transformation Fellow 2022-23

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

Background

I completed my GP training under the Coventry & Warwickshire VTS scheme in 2019. I currently work 4 sessions as a salaried GP in Stratford Upon Avon.

I believe GPs are well placed in the community to contribute to improving the healthcare system and that certainly needs a good understanding of the system and effective management and leadership skills, something which is outside the scope of the GP training. I was looking for such an opportunity to develop skills in leadership and understand how primary care works within the wider system.

During my maternity leave in 2022, I applied for the System Transformation Fellowship offered by the Coventry and Warwickshire Training Hub and was pleased to be offered the fellowship.

Project overview

During my fellowship journey, I have been involved with various ICB projects, and each one has given me a different insight and experience.

1. Ophthalmology Urgent and Emergency Eye Care Pathway

The ICB Coventry and Warwickshire reviewed the Ophthalmology Urgent and Emergency eye care pathway. Currently, the University Hospitals Coventry and Warwickshire (UHCW) clinical triage document is used as to signpost for urgent eye care provision. The document is based on symptoms grouped in tiers to enable timely provision of eye emergency care.

As part of the project, the clinical triage document for Urgent and Emergency eye care was reviewed to identify the eye symptoms and conditions that can be safely managed at a community optometry level across Coventry and Warwickshire.

The meetings were led by the ICB Transformation manager and included members of the ophthalmology team including the consultants (Coventry and South Warwickshire) and Chair of Coventry and Warwickshire LOC (Local Optical Committee).

The outcome aims to achieve

- Improve access to local provision of urgent eye care
- Improve patient experience
- Improve GP's experience seeking to make referrals- (Streamlined referral system)
- Reduction in demand for hospital Urgent and emergency eye care.

Once the consensus was achieved regarding the conditions that can be managed in the community and the response standards required the next steps were:

- Modelling up the demand and capacity at UHCW that could be replicated in the new draft model. The plan was to conduct an audit of the referrals received at UHCW Eye Emergency Centre. The audit aimed to look at the number of referrals from each Place in Coventry & Warwickshire and the clinical presentation. The audit was allocated to the triaging optometrists at the eye emergency referral centre at UHCW.
- Surveying the optometry workforce. A draft LOCSU (Local Optometry Committee Support Unit) survey was reviewed by the chair of the LOC. The intention was to check that it contained what was needed for the optometry provision including the IP coverage in the community.

The project is currently on hold due to other priorities in the ICB.

My involvement in the project was valuable in terms of representing primary care. GPs are the first port of call for most patients with eye conditions; hence, a streamlined and user-friendly referral system for urgent eye care is necessary. I discussed the challenges faced by GPs in dealing with acute eye conditions, especially the elderly population from South Warwickshire who would be reluctant or would struggle to get to Coventry to get Urgent eye care.

It was a great learning experience and exposure for me as I had the opportunity to look at how the service was redesigned, the steps and strategic planning involved and the challenges associated with it in terms of time constraints, limited workforce and collating large data, to name a few. It can take a long time to reach a consensus in the limited time of the meetings. Going forward I feel more confident to participate in System level projects and will not hesitate to lead on them if the opportunity arises.

2. Advice and Guidance Pathway review

I participated in the Advice and guidance pathway review, another ICB project. The purpose of the review was to understand better what is working well, and what can be improved for the GPs using the A&G service to get opinion/ advice from the secondary care.

Primary care uses two ways to seek non-urgent advice from secondary care

- Advice and Guidance service through eRS
- Advice through Consultant Connect (accessed through app and phone line)

I held meetings with the ICB manager overseeing the project and shared my views regarding the service from a GP perspective. I contributed by pulling together a list of the specialities in secondary care offering the service through eRS, Consultant Connect or both to get an understanding of the current practice in South Warwickshire. I shared my input on the draft survey collated for the primary care experience of using the A&G service.

The outcome of the survey is awaited.

CPD

During my fellowship, I completed the Foundation in System Leadership online course offered by Future Learn NHS Leadership Academy. It is a five-week course delivered through a blend of videos, reading and online discussions. It was a fantastic course that helped me understand what a system means in a healthcare context and how the different components work together in a system towards a shared aim. It provided the opportunity to learn about effective leadership behaviours which

enabled me to reflect and prioritise focusing on the aspects important to me through my leadership journey.

I have enrolled on the Diploma in Improving Diabetes Care run by Warwick University and looking forward to starting in September. I am hoping that by honing my skills in Diabetes care I will be better equipped to contribute towards the integrated care of Diabetes and to take the initiative and lead in improving Diabetes care in the community. I have been able to network with people involved with Diabetes UK, a wonderful organisation.

Reflections

I feel privileged to have had this opportunity. It was a steep learning curve for me which has helped me develop and broaden my insight into the culture and ways of working of the health system. It has improved my communication skills and understanding of the leadership language. It allowed me to expand my network. I enjoyed the monthly forums and listening to various speakers who gave up their time to share their wisdom with us.

I have become more self-aware, which enabled me to know my strengths and weaknesses and to build on the attributes which will help me in the future. It has allowed me to reflect on my expectations of the system working. It takes a long time for a change to happen with challenges along the way. The trick is to keep knocking on doors, be patient and continuously move on.

I am grateful for my supportive team, especially my mentor through the GP mentor scheme who helped me navigate through my fellowship. I will recommend this fellowship to anyone ambitious to transform the system of care to bring high-quality care to the local population.