

## **Dr Ian Taylor**

### **Aspiring Leaders Fellow – Coventry and Warwickshire 2024-2025**

As a GP partner in Coventry, I joined the fellowship aiming to understand more about the system, I hoped to develop my leadership skills and wanted to work on some projects around diabetes, weight and health technology. I really felt I needed to get involved and try to enact change rather than complaining from the side-lines. The report below is a synopsis of what I have done and what I have learnt in a year which has been fascinating, busy and productive.

#### **Diabetes and Primary care weight management service**

I have been consistently working on this project for the entire year of my fellowship, it has been interesting to watch a service be designed and take shape with my input. The progress has been slow but still moving forward. The date to start was June and we had a 6-month head start on this so I was sure we could deliver our first patients in June or July but we are still waiting to see our first patient. I have asked myself why progress hasn't been faster? I don't see it as a failing but as a learning point and maybe service mobilisation needs looking at more generally to improve how it is done at speed.

- Weekly/bi-weekly meetings are great but often things don't move on at a set pace – they may be quicker or slower but unlikely to fall perfectly for a scheduled meeting.
- Working remotely – amazing for facilitating meetings and getting people together but not so good for moving things forward.
- Organisation by committee or group is difficult, a benign dictator or leader could have much faster outcomes.
- Not having a definitive vision and plan makes it harder to focus on getting there.
- Not being able to get an answer of what is and isn't possible can distract and divert you.

Moments that have been significant in this work include presenting at a diabetes PLT and the following week at the meds management lunchtime meeting to talk about Mounjaro.

Being involved in the area diabetes prescribing committee including an extraordinary prescribing meeting that was called regarding the use of Mounjaro was good to be involved in and fascinating to see the different stakeholders interacting. I was then heavily involved in writing an APC/ICB position statement on Mounjaro.

All of this has been useful for my understanding of the system, the challenges brought and raised by different people, following a process through and my leadership development.

#### **ADHD pathway redesign**

I have been working with the ADHD task and finish group to look at what we can do as a system to improve the ADHD patient pathways. This was a project I picked up on just as the idea of closing ADHD referrals to the over 25's was being made. This has been an entirely different project to the weight management one with a different set of stakeholders. It was not an area that I had huge experience in, but has been a steep learning curve in an area with

a lot of external interest. Coventry and Warwickshire ICB appearing on the BBC website for closing referrals shows what high stakes we are dealing with, and what difficult decisions clinical and system leaders have to make. There are more difficult decisions ahead and the process is going to be long but with good leadership there is an opportunity for a well-designed cost-effective pathway to emerge.

### **Future leaders**

The leadership training course we attended was excellent, well designed and delivered. It was great seeing the wider team on the course and meeting a diverse range of people all interested in leading in our health care system. However, some specific GP time and content would be beneficial as the challenges we face are sometimes only understood by fellow GPs. The insights work was very useful and provided an unnervingly accurate description of my character, personality, likes, dislikes and flaws! The talks by senior GPs and senior leaders were inspiring and provided access to high performing individuals who have made it to the top of the leadership tree and their journeys to get there were fascinating. Finally, the management and leadership training that Ararna did covered most of the things that I was hoping to undertake in a CPD leadership plan which was great but left a slight gap in my need for CPD...

### **Coaching**

Following on from the Insights session on the future leaders programme I arranged some coaching with Jo Taylor from the training hub. Jo worked with me over three sessions to talk through my leadership journey, reflect on my frustrations and questions and lead me to start to resolve the questions. Questions like do I want to be a leader? How do we find the time and motivation? How does this impact on my life and that of my family? She was encouraging and tried to lead me to find my own solutions to resolve the issues I was presenting her with. I learnt to use the “what, so what, now what model” to reflect on things that happened both in and outside of the fellowship, it was incredibly useful to learn a new technique which enabled me to move on from some of the challenges I was faced with.

### **Mentoring**

I met with my mentor a couple of times; it was useful to spend some time with a senior leader who had been there and done it before me. The stories and hearing about his life experience and knowledge of the system was enlightening.

There were multiple smaller projects that I enjoyed getting involved with and just to list a few:

**Primary Care in Practice** – presented to new staff in primary care at an evening meeting.

**Healthintent** – I worked with the healthintent team on a few things and I was glad to be described as a critical friend. I also reviewed their plan for integration of ICR with the prison service and linked them up with a colleague who works as a prison GP and hopefully provided some useful information.

**Pharmacy/meds optimisation** – I worked quite extensively with the pharmacy team on several projects

**DPIA/LMC** – I wrote a DPIA for Heidi AI scribe as this was one of my targets to get involved with learning about, understanding and evaluating AI in primary care. I passed my work onto the LMC who developed it and released it to the wider GP community.

## CPD

CPD has been something I have waited to complete, during this year. I often found my work spreading over multiple days and at certain times during the year there was a lot to do. Undertaking the CPD has been put on hold to enable me to focus on the clinical projects I have been involved in.

However one of the bits of CPD that was done early on in the fellowship was a course in Microsoft excel, I am pleased to say the embarrassment of not being able to use Excel has been vanquished!

I started the fellowship wanting to look at technology in healthcare and whilst I was involved in writing a DPIA for Heidi, the projects I was involved in took over and were not technology related. So, after coming to the end of the fellowship I am grateful to be able to undertake two courses, a time management course to help stay on top of the ever-growing list of emails and also a course on AI in healthcare. AI in healthcare is already incredibly important and is a growing area, even in the last 6 months much has changed. This part of my CPD will also now align with the NHS 10-year plan and hopefully set me up to be able to lead in this area which is changing so quickly.

## Learning points

Looking ahead, I am committed to continuing this journey of development, applying the lessons learned and the skills acquired over the past year. The experiences with service design, stakeholder engagement, and strategic thinking have reinforced my understanding that effective leadership hinges on clear communication, relationship-building, having trust in your colleagues and resilience.

Leadership really is taking people on a journey and if they are not on board you are going to struggle to take them with you. So, my focus now must be how do I influence and present things so that the/my desired outcome is reached.

Another priority is to deepen my understanding of health technology and AI. As these tools become integral to patient care, I am eager to develop skills that enable me to be involved, understand and lead in this rapidly changing area. This aligns with my broader goal of making

services more accessible, efficient, and less overcomplicated always with the idea of improving patient outcomes and restraining costs.

My leadership style continues to evolve, influenced heavily by the coaching, mentoring and other experiences provided during this year. I intend to build on this foundation by completing my CPD and remain involved in areas where I can be of use and where frank discussions and shared challenges are welcomed.

In closing, I am grateful for the support and opportunities provided by the Aspiring Leadership Fellowship. It has given me new experiences, new skills and exposure to leadership across the system in C&W. I will continue to contribute to our local health system by supporting the new fellows and using the skills and contacts gained during this fellowship year.

As leadership is about people and relationships, I asked for feedback from two colleagues whom I had worked with throughout the fellowship year and I have attached their comments below:

**Testimonial for Dr Ian Taylor from Natasha Jacques Lead Pharmacist, Medicines Optimisation. Coventry and Warwickshire ICB**

It has been a real pleasure working with Dr Taylor as part of the Coventry and Warwickshire ICB fellowship. Throughout his fellowship, his responsiveness, enthusiasm, and innovative thinking have been invaluable. Dr Taylor consistently brought fresh ideas, particularly around obesity management and the use of tirzepatide(Mounjaro), and was instrumental in integrating these into the new Primary Care Weight Management Service. He made significant contributions to the service's design, specification, audit data requirements, and ICB policy, helping to shape the new injectable weight management service.

Dr Taylor provided expert clinical input to the Diabetes Prescribing Group, especially in navigating difficult conversations around the controversial positioning of tirzepatide dosing for diabetes versus its use in obesity. His thoughtful and balanced approach helped guide decision-making in a complex and evolving area. He delivered presentations to other GP and primary care colleagues on tirzepatide and its use and positioning in diabetes and obesity.

In addition, Dr Taylor volunteered as the GP representative on the ICB Patient Group Directions (PGD) approval group, where he reviewed PGDs for ICB approval and provided clear, clinically grounded recommendations. He also contributed valuable clinical insight by reviewing and commenting on the new actinic keratosis guideline and its formulary status within the Coventry & Warwickshire NetFormulary.

Dr Taylor's collaborative spirit, clinical expertise, and commitment to improving patient care have made a lasting impact. I have truly valued his input and support, and he will be greatly missed.

**Testimonial for Dr Ian Taylor from Yasser Din Senior Transformation Manager - Long Term Conditions Coventry and Warwickshire ICB**

Ian has been a pleasure to work with on the Diabetes workstream as well as the Weight Management workstream. Ian has attended all the meetings and discussions around a

number of diabetes areas of work and has played a central and significant role with progressing these policies and work forward. He stands out in meetings by sharing his view on the topic and challenges the discussion to ensure that all areas are covered. He offers a very thorough ranges of perspectives as a clinical lead. He offers his clinical advice and opinion, but also is able to challenge proposals by offering perspectives of other colleagues as well as anticipate the LMC position to ensure that policies that are presented to the LMC are thoroughly considered and has minimal pushback. His input has been valuable and has added significant value to all discussions and development of policy. He often summarises clinical and technical information to the group of non-clinicians so that the group can understand the topic.

Ian has also supported the ICB with presenting at PLTs as well as involved in the planning of the Obesity and Diabetes Conference in December where he will be presenting. Ian has been extremely helpful, his personality uplifts the mood of the team, but more importantly his clinical and technical knowledge alongside his can do attitude has offered significant added value to projects that we are developing.