



Now is the time

Why Clinical Leadership has never been more important

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Introduction

Now is the time for effective Clinical and Care Leadership more than ever in the history of the National Health Service.

Having been a medically qualified as a clinician for over three decades and spending 23 of those years

as a frontline GP, I reflect on the current challenges being faced in the NHS.

The extent of the current challenges is particularly severe and at a scale that I have never witnessed in my career or lifetime. Clearly, this is directly related to the immediate impact of the pandemic affecting all aspects of clinical service delivery, patient safety and quality related challenges. It was interesting to note that the recent pandemic steered the country firmly towards the safe haven of seeking guidance, counsel from qualified and experienced frontline Clinical Leadership. We even clapped weekly for all our frontline clinicians and clinical leaders who we celebrated.

In addition, social care challenges are well recognised as tipping patients and the public towards increased healthcare demands pressurising an already overloaded healthcare system, besides contributing to lack of adequate post discharge community beds and associated facilities to release hospital beds. The disconnect between health and social care has been long recognised and hence, the long-awaited legislated Health and Social Care Act that was passed in July 2022, connected the two key domains of health and social care creating a new tier of Integrated Care Systems structures nationally. This is a tier that allows us a great opportunity to recognise the value of integrating Clinical and Care leadership professionals which in turn would allow a wholesome approach to dealing with key health and social care challenges that can be addressed collectively.





When we created the NHS Clinical Leaders Network, whilst I was working at the Department of Health as part of the National Programme for IT, its key task was to strengthen frontline clinical engagement and support clinical leadership development and networking. At that time, it took forward the support and clinical leadership involvement across the country through the 10 Strategic Health Authority regions that existed. As a network, it successfully delivered hundreds of change projects through its effective Action Learning Sets.

Which is why the NHS CLN has now focused and prioritised in current and future strategy on developing a whole tier of an integrated Clinical and Care leadership cohorts regionally and nationally.

Prioritising Clinical Leadership will be key if we are to deliver the much-needed transformation that Health and Care needs in this country.







Clinical leadership support for our policy makers and emerging structures



It was very clear early on there was a need to constantly support the continuing development of leadership skillsets and engage clinicians and care leaders from the outset on all key transformation projects, across Health and Care. This in turn will result in pathways and processes that will continue to remain fit for purpose and focused on patient safety and quality.

Having a senior clinician alongside our political leaders in daily updates during the acute phase of the pandemic served the nation well, but we need to ensure that for long-term planning we need the same respect, value and visibility for our clinical leadership, if we are to be able to transform

systems across health and care.

A key element of this is to have input from grassroots clinicians, especially those involved in managing the clinical service delivery interfaces. Having embedded clinicians within every national, regional, or local transformation project around health and care is vital to ensuring its success.

The new ICS model with its health and care partnership boards and NHS focused Integrated Care Boards is a great opportunity to embed clinical leadership, the outputs from which can be farreaching and supportive of current and future challenges.





The NHS CLN as part of its current programmes continues to support the development of matrix leadership models to ensure wide reaching access from frontline leadership to participate and contribute.







Strengthening the Clinical and Care providers workforce



We have all seen the continuing decline of the clinical workforce numbers over the years, which is being addressed with the entry of a diverse multidisciplinary team of clinicians. 20 years ago, most GP practice just had GPs and Nurses, but now GP practices have a multidisciplinary team of Pharmacists, Physician Associates, mental health clinicians, first contact practitioners and Care Coordinators.

It's important that the system recognises the changing face of the frontline clinical and Care delivery workforce, and our leadership models need to be inclusive and represent all members of these teams.

Our clinical and care leadership development model needs to be a generic, inclusive, multidisciplinary one that recognises the strengths of all these clinical and care service delivery personnel.





Embracing appropriate technology with adequate clinician oversight:



If the pandemic has taught us anything it's how we can all come together and make diverse leadership work together and ensure decisions were made in a timely manner, and systems sped up when it was needed.

During this period, technology entered our lives at lightning speed, processes and where some systems that would have normally taken 10 years to produce, all happened within months. "Virtual working", came to life in a manner never envisaged. We suddenly had access to digital front windows for most services including healthcare. The NHS App that had been released prior to the pandemic, suddenly became an overnight enabler as the digital window to access healthcare.

Community based telemedicine and remote health monitoring

tools enabled projects to support thousands of patients to receive care at home releasing hospital beds.

We need to make the most of these pandemics enabled accelerated changes in digitally enabled pathways. Most importantly, we need clinical oversight on all aspects of these developments to ensure





that these digital products are fit for purpose and that they can keep our patients safe. It's important to remember that simply bringing in digital products into health and care doesn't always reach or provide the solution or desired outcome for either health or care related problems!







Managing patients' expectations:

As we know, people are living longer, advancements across treatments, advent of new therapies and technology is enhancing the quality of life given to patients.



People's expectations are also rising with these advancements and it's important that we are able to design structures and pathways that supports self-help and allow patients the satisfaction of knowing that whilst they can help themselves, help and support will always be available in the form of clinical advice or interventions when needed.

Clinical care pathways need to be more transformational and current available infrastructure and digital support driven rather than just plain traditional clinical needs driven.

Clinical and care leadership in developing these transformational pathways is key to a successful model in managing the post pandemic patients' expectations.





Artificial Intelligence (AI) in healthcare

The <u>future of Al</u> is also an area we should be looking at. What can Al pick up that the human eye or the clinician doesn't?



How do we use technology to review large data files that can support more effective diagnosis and more effective reassurance and rule out the need for unnecessary clinical interventions or procedures which may cause harm.

We need AI enabled health care processes to be led not just by AI technology experts, but they need to work jointly with a new cohort of clinical leaders who are experienced enough to understand the clinical care pathway and have a good knowledge of what technology enabled algorithms can deliver to the same pathways. It's the clinicians' endorsement and sign off on the clinical safety element of Al enabled pathways or standards that will give frontline clinicians and patients the confidence to adopt and embrace AI enabled

technologies in healthcare.

A Clinical-Care Technology oversight leadership model with Al technologists, clinical safety accredited clinical leaders, clinical





managers and care leaders is needed to change, and the use of Al being used effectively in healthcare and beyond. The NHS Clinical Leaders Network will focus on supporting the need to embrace new technologies as a key pillar in its continuing support for clinical and care leadership cohorts.





Effective Clinical leadership in supporting resourcing challenges

Whilst it's customary for clinician and care leadership to step aside from the financial and resourcing related challenges, I believe its these cohorts of leadership who need to become key stakeholders in finding solutions to the resourcing related challenges.



Having redesigned care delivery pathways can only effectively be done by these individuals and it's important to empower these colleagues to design prioritisation pathways or alternative care pathways that can continue to value the safety of the patients whilst being cost effective.

A decade ago, the nationally led QIPP programme made great strides in supporting these redesigned care pathways, we need to build on the success of the same. But it must be built by clinical and care leadership who need to work together on achieving significant efficiencies whilst ensuring that patients are kept safe, and quality of care doesn't suffer.

The NHS CLN played a key role in rolling out the learning from the QIPP programme though our





Action Learning Sets nationally and there is a great opportunity to incorporate social care challenges into the same pathways and recreate the same learning sets with a wider group of stakeholders.





Shaping the future of healthcare through an integrated clinical and Care leadership model

The NHS CLN as an NHS owned clinical leadership network, holds great promise in being able to deliver a host of transformational programmes for clinical and care leaders across the country.

Through its Emerging Frontline Clinical and Care Leadership (EFCCL) programme and now through its Advanced Clinical and Care leadership (ACCL) programme it is able to incorporate many of the above headings as part of its offerings to a generic cohort of health and social care professionals who participate.

The type of leadership development that is delivered includes generic and focused individual leadership development support and education, but in addition, it also uniquely includes live site visits to the far-flung reaches of our health and care systems where our members and participants get hosted by the leadership of these organisations and from some exceptional change leaders, enriching their continued learning and development of the wider NHS and care system.

As the leadership returns to their roles within their own organisations, our networking and continued support enables these trained leaders to use their continued networking and skillsets to support throw own organisations leadership teams and also progress to support regions and national roles.

There are many ways we can continue to shape the future as Clinical Leaders, especially at a time we are being heard and we need to ensure that we continue to be heard as advocates for safe and effective care for our patients. The NHS CLN shall continue to be a bedrock to support the same.





Dr A Raj Kumar is a practicing frontline General Practitioner, Primary care medical Director and the Deputy CMIO for England. He is the current Chair of the NHS Clinical leaders' network, which he jointly founded in 2016 as a direct need to support the role of clinical leadership large scale change projects across the NHS.

He is keen on ensuring that clinical leadership needs to be embraced across all elements of health and social care projects in ensuring its effectiveness and in keeping our patients safe.

For more information about the Clinical Leaders Network please visit: cln.nhs.uk