When I started the Leadership Fellows Programme in August 2009 I could not imagine how much my professional life and my outlook on the NHS as a whole would change. My objectives that I documented at the beginning of the programme were to learn more about the wider NHS, working with an enthusiastic like minded learning set, to improve my own knowledge about dementia, to have a step down care approach from trainer to mentor, learning how other PCT’s work and expanding on my leadership skills. All of these objectives have been achieved and more.

My project focused on Dementia and the National Dementia Strategy Objective 13 to achieve an informed and effective workforce for people with dementia. The project was to survey what training is currently available in Oxfordshire for those providing services for people with dementia and their carers. This dementia project worked alongside many areas of work looking to improve dementia care in the wake of the National Dementia Strategy. This information will be useful in co-ordinating and planning training for dementia in the future. The second part of my project focused on Objective 2 NDS to have good quality early diagnosis. This was working with the Department of Health South East (DHSE) looking at GP referral rates for dementia. We took data from the QOF information of referral rates and used this to find practices that were above average at referral for dementia and those that were well below average. The aim was to gain evidence of good practice and knowledge around why GP’s worry about referral to Memory clinics, in essence to share good practice. Unfortunately even as a GP myself there was difficulty getting into some of the practices targeted. The information gained is to be presented to the new National Director of Dementia Alistair Burns on 8th June 2010.

The Leadership Programme tries to focus on ‘whole system’, ‘whole person’ and whole self’. Whole system was addressed by focusing on the theory of improvement and service redesign by John Derry, looking at complexity theory which helps understand how the NHS works, this was tied together by looking at the NHS Operating Framework and the Carers policy. My dementia project has also helped me see a much wider aspect of the NHS with regard to dementia. I attended the Department of Health NDS Regional Leadership Network on 1st December 2009 and also the National Dementia Strategy Implementation Reference Group on 25th November 2009, giving a grass-roots GP’s opinion of dementia care.

With regard to whole person we met with patient and carer’s groups giving us a much clearer view of what it is like to be someone with a disability and also caring for someone. The stigma and reward this can give you.

From my point of view and ‘whole self’ my political acuteness has risen from barely zero to someone who can attend national meetings and actually contribute to them. We started off looking at the medical leadership competencies, comparing my scores at the start I have improved in my networking and knowledge of systems. The group support during the learning sets was vital and helped me overcome many project hurdles by discussing issues I was having, it was also good to be able to support others with their projects. The session on neurolinguistic programming was brilliant.
and helped me overcome a barrier with public speaking; this together with much more practice has helped me get over my own shyness to appear (at least) confident!

In conclusion why does this programme work in developing the NHS leaders of the future? It combines a mix of theory, management, and responsibility for your own project giving you experience of change management and the NHS leadership culture and how to go about it. It does not take you out of clinical work so you always have a clinical aspect. Many leadership schemes take you out of clinical work and integration back into the normal scheme can be difficult after non-clinical work. I feel I have grown not only professionally but also personally during this programme.