Professional Leadership, Future of the NHS, and Inclusive, Equitable Research: some worthwhile considerations

On Monday, I attended a three hour event at the House of Commons titled Multidisciplinary and multi professional healthcare forum: Shaping the future of the NHS.

I was impressed that the meeting was hosted by newly elected Labour MP Matt Turmaine. Present also was his colleague MP, Ben Coleman, both new MPs full of enthusiasm and all fired up with a passion to make a difference and put the world to right.

This event was different from anything I have seen before during my medical career that spans well over 40 years. Never before probably, was there an event so well focused and well directed with the absolute intent of decision making and precision outcomes. The gathered leaders, all Chief Officers, or deputies, professional leads of over a dozen different medical and Allied healthcare professions from across all four nations, and BMJ commissioners had all come together, (actually brought together) with specific intent within a short period of five weeks. They had all agreed to

attend, and adjust their diaries, as required, to ensure attendance, demonstrating their dedication to the cause.

The main issues discussed were Professional leadership in healthcare, Shaping the future of the National Health Service and Prioritising inclusive and effective research across the UK. Major outcomes arrived at, were the abolition of silo working, multi professional team working directed towards patient care, and the establishment of trust with the public to enable inclusive, equitable and effective research.

As the NHS embarks on a 10 year plan and faces immense challenges it is vital that various professions involved in healthcare work with each other in inter-dependent fashion and a sense of collaboration. Sir David Haslam's trilemma expressed the need for offering quality medicine, in an affordable manner and with timely access. Primary care are no longer able to act alone, and nursing, community pharmacy, optometry ,dentistry and other allied professionals should all come to work together as a team. Hierarchy must be abolished, and instead the patient would be served according to their needs by the person with the best skill-set to help them. Partnership between healthcare professionals should be the focus and team aim

would be to offer patient care from every aspect of the patient's life, involving their entire life cycle.

To achieve this, computer IT systems will need to be interlinked, and upgraded, so patient related activity by one professional was visible to another professional at a subsequent encounter.

Silo working is the bane of all NHS departments and Professional bodies and their leaders are no different. The establishment of Round table working would allow professions to work collectively and collaboratively nullifying the problem of silo working. The creation of a unified "Health and Care Tribe" rather than maintaining separate tribes would enhance patient outcomes. Nurses and pharmacists facing difficulty in prescribing for patients will require support. The National Allied Health Professionals Lead from Primary and Community care in Wales suggested a multi-professional approach to support holistic care which would address population health needs.

Dr Nagpaul, senior GP and BMJ commissioner, highlighted three main areas for NHS improvement. Abolishing the culture of fear was an imperative, overcoming structural barriers in the healthcare system next, and racism and discrimination had to be tackled head-on because it

reduced workforce productivity and raised risks of medical error.

Whistleblowers should be protected, even thanked.

A new Darzi report expected in December on patient safety was expected to show results moving in the wrong direction and streamlining of regulatory bodies by reaching out to as yet untapped resources with collation of solutions across all four nations had to be considered instead of attempts to reinvent the wheel every time.

The establishment of trust between patient and doctor would help establish equitable, inclusive and effective research. To enable it, going out into the community by establishing better rapport with the patient, perhaps in their own home, by community workers would help.

A topic that wasn't discussed yesterday due to time shortage was the use of artificial intelligence within the area of healthcare. AI has developed rapidly, almost mushroomed, and is already used in various aspects of healthcare. A common and simple use is dictation of letters and preparation of patient summaries using data dictated into the system. The GMC advises that strict governance must be followed to ensure patient data confidentiality and only good quality AI systems would allow that.

Large language models being developed for the use in healthcare these will help deliver faster diagnosis and swifter patient pathways. At this point however human oversight is mandatory. Whilst complex and expensive, the NHS App should become the default site for all patient data, allowing systems to interface with each other.

What made this event unique was the group's positive and constructive attitude and agreement in the need to abolish silo working, their desire that multiple professional groups reach out to each other, and their consideration that the recommendations of the BMJ commissioners in shaping the future of the NHS be taken forward.

With everyone, all leaders within their nations and professional fields, coming together for the benefit of the patient, and strong political support, it looked like a win-win situation for all concerned. A project definitely worth chasing up further, without delay.