



South West London  
**Academic, Health and Social Care**  
System

South West London System

# Annual Report 2015



Responding to change in SW London

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## Member Organisations

### NHS PROVIDERS

Croydon Health Services NHS Trust  
www.croydonhealthservices.nhs.uk

Epsom and St Helier University Hospitals NHS Trust  
www.epsom-sthelier.nhs.uk

St George's Healthcare NHS Trust  
www.stgeorges.nhs.uk

South West London and  
St George's Mental Health NHS Trust  
www.swlstg-tr.nhs.uk

### HIGHER EDUCATION INSTITUTIONS

Kingston University London  
www.kingston.ac.uk

St George's, University of London  
www.sgul.ac.uk

University of Roehampton, London  
www.roehampton.ac.uk

### LOCAL AUTHORITIES, INCLUDING PUBLIC HEALTH

Croydon Council  
www.croydon.gov.uk

Merton Council  
www.merton.gov.uk

The Royal Borough of Kingston upon Thames (part year)  
www.kingston.gov.uk

London Borough of Richmond upon Thames (part year)  
www.richmond.gov.uk

### NHS COMMISSIONERS

Croydon Clinical Commissioning Group  
www.croydonccg.nhs.uk

Kingston Clinical Commissioning Group  
www.kingstonccg.nhs.uk

Merton Clinical Commissioning Group  
www.mertonccg.nhs.uk

Sutton Clinical Commissioning Group  
www.suttonccg.nhs.uk

Wandsworth Clinical Commissioning Group  
www.wandsworthccg.nhs.uk

# An Overview of 2015

2015 has been a very successful year for the SW London System with some notable achievements - thanks to the continued support and participation of our members.

All our work is directed towards improving the quality of care for the people of south west London either through funding innovation projects, supporting the education and training of the health and social care workforce or helping to deliver care across boundaries. **This year has seen:**

- another cohort of the “Leading and Managing change across Boundaries” programme
- six new Small Grant projects funded
- programme of work on medicines optimisation including Healthy Living Pharmacy initiative
- Research Summer School for postgraduate students across south west London
- pilot of a joint mental health and social care development programme which is being run again in 2016
- a tailored study on the Return On Investment for public health interventions in four south west London boroughs
- launch of our refreshed website
- introduction of our new Case Studies

We continue to work in partnership with other organisations – particularly Health Education England South London, the Health Innovation Network and our colleagues in the SW London Collaborative Commissioning. This has resulted in some focused support for the providers of acute and out of hospital care, contributing to the improvement of care for the people of south west London.

Our Annual Conference in October “The workforce of the future – a workforce fit for purpose?” explored developments and challenges for the workforce – looking at new roles such as physician associates, paramedics and in pharmacy and the future of health and social care professions in these changing times.

The conference was also significant for us as the last event with Professor Peter Kopelman as chair of the SW London System. It was Peter's vision which led to the founding of the System and his commitment to collaboration across boundaries and clinical education has shaped the ethos which underpins our work.

**We hope you enjoy this report and continue to take an interest in the SW London System and our activities.**

# Reflections on the System

by **Professor Peter Kopelman**

When the South West London System was first launched in 2009 it was at a time of discussions among healthcare providers around a more integrated system of care in SW London - Better Care Better Value (BCBV). Although BCBV stalled the SW London System has not wavered during the past six years in its objective of bringing together health and social care providers and the universities.

The System has consistently and creatively brought together professionals from across acute Trusts, Clinical Commissioning Groups, higher education institutes, and local government to discuss and address the issues facing local services. With service integration very much back on the NHS agenda in the context of NHS England's Five Year Forward View, I consider that the SW London System is just as valid and vital today as it was in 2009.

## A harmonious approach

There is something ‘special’ about the area of south west London. For whilst it has sometimes been regarded externally as possibly ‘disorganised’ my experience has been that there is a much more harmonious approach to considering differences and making changes in healthcare than in many other parts of London. This has enabled the System to achieve a greater understanding and level of engagement with local providers, including universities to the benefit of south west London.

A great success is the Small Grants project that has supported a large number of innovative pilots which have gone on to make real improvements in healthcare at a local level. Another triumph has been the Leadership Programme which has been instrumental in identifying and developing emerging leaders from middle tiers of management across the health economy and higher education. It is important to note that these initiatives transcend sectors and generate networks and friendships across health and social care boundaries. This is an important pointer for the future.

## Poised to support change in the 21st Century

We have achieved much, but there is always more that needs to be done. Of course there have been challenges over the years, such as responding to the Lansley reforms, or addressing the change of senior NHS staff, and there will be many more in the years ahead. I consider the System to be well positioned to support real change in the way services are delivered in south west London, and how universities train health and social care professionals to ensure that they are fit for purpose in the twenty-first century.

Finally, and most importantly, I must acknowledge my sincere thanks to Sarah Fox, the programme director for setting up the System, the first director Laurence Benson, and also Kathy Tyler, current director. I could not have worked with nicer people; I am confident that the System will remain in the hands of extremely positive people who are truly visionary about the way it can work.



**Professor Peter Kopelman** was Principal of St George's, University of London and co-chair, South West London Academic, Health and Social Care System until December 2015.

Peter Kopelman graduated from St George's in 1974 and undertook most of his junior doctor training at St George's Hospital. He has been closely involved in undergraduate and postgraduate health professional education: he is chair of the Faculty Board of the Royal Pharmaceutical Society, a member of the UK Healthcare Education Advisory Committee, deputy chair of Universities UK's health education policy network and Chair of UCEA Clinical Academic Staff Advisory Group. He was a member of the executive of Medical Schools' Council and chair of London Medicine. He has previously chaired the Clinical Examining Board of the Federation of Royal Colleges of Physicians (UK) and the NIHR Academic Careers Panel. Professor Kopelman has a major research interest in obesity. He was a member of the UK Department of Health and Food Standards Agency Scientific Advisory Committee on Nutrition (2001-10), DH Expert Panel on Obesity (2008-10) and was Science Advisor to the Office of Science and Innovations Foresight Obesity Project. Professor Kopelman was a board member of the South London AHSN.

# Annual Conference 2015

In October 2015, the SW London System held its annual conference event at St George's, University of London. The purpose of the day, as outlined by Kathy Tyler, Director of SW London System, was to explore 'Workforce; how can we better educate and train our workforce to be fit for purpose; how are new roles contributing; what is happening to health and social care professions and their place in the workforce of the future?'

## Key themes from the day

There was broad agreement on many of the major priorities for ensuring that the future health and social care workforce is fit for purpose in years to come. Focusing on the central role of the patient, recognising blurred boundaries between different elements of the health and social care workforce, and understanding the role of generalism vs specialism highlighted that many are already in accord with what needs to happen – or is already happening - to improve services across south west London. The morning and afternoon panel sessions allowed space for key questions to be addressed and to highlight some of the potential solutions.

We heard about some of the challenges that remain, which for those who have the appetite to lead, present many opportunities for thinking in new ways, working with patients in new ways, and embracing a more flexible and open way of training and developing the workforce of the future. The day offered opportunities to hear from some of the brightest and most innovative leaders across London who shared how their organisations are adapting to emerging models of healthcare; adopting strong examples of new ways of working; encouraging leadership within and across boundaries; and making the most of new roles and widened roles e.g. physician associates and paramedics.

## Comments from conference participants

"It's very interesting how all the speakers picked up on the issue around generalism vis a vis specialism and we need to endow it with a parity of esteem, with a gravitas, a force, a power and influence that it hasn't got. Certainly working within primary care I very much support that. **One was conscious that in the room there was a phenomenal amount of talent**, from all sorts of different bits of the System."

**John Spicer** GP Croydon Head of Primary Care Education and Development, Health Education England South London

"**The System is looking at the real challenges that people face in their everyday working life**, both around workforce and around the skills they need and around the particular issues of how we work together, and for me that's an absolute positive. It's not ducking some of those difficult issues. We can use words like integration and partnership, but this group is trying to unravel what does that really mean for people...it's really great stuff."

**Ian Winter** CBE, Social Care Consultant

"**What I've got from the day so far - it's very timely and topical.** I've really enjoyed the big picture conversations that we're having about healthcare across different professions and that blurring of roles. I think the diversity of the presentations has been really good, but there is definitely a common thread and I've really enjoyed that. I think there have been some brilliant questions."

**Bernadette Kennedy**, Head of Integrated Falls Service, St George's University Hospitals NHS Foundation Trust



"Having worked in the NHS since 1977 we have to now work in new ways and I really embrace change, working within a multidisciplinary team. I sit within a pharmacy team, my line manager is a pharmacist so we've been learning from each other. **At the centre of all of us it's about improving patient care and access**, so I really relish the opportunity to work with my colleagues and learn their roles and their boundaries, and where our boundaries merge a bit."

**Catherine Wallace**, Professional lead for practice nursing and non-medical prescribing, Croydon CCG



## CARE ACROSS BOUNDARIES

## Sutton Vanguard

by Christine Harger and Viccie Nelson

Care homes look after the frailest members of our communities. Yet care home staff are rarely provided with adequate support or training for the challenges they face, and residents often find it difficult to access the same level of NHS healthcare provision as those living at home. Our new Vanguard project in Sutton sought to improve the quality of life for both residents and staff; with teams working together to put people at the heart of the model.

Prior to the Vanguard we had bi-monthly care home forums, providing their care home managers and senior staff with networks of peer support and some training and education opportunities. So we already had good engagement, which to us was absolutely essential. And from those first small steps we were able to develop the Sutton Homes of Care Vanguard.

**Moving forward at a faster pace**

The Vanguard project has empowered us to take the initiative and move things forward at a much faster pace. The project is working with all 74 care homes across the borough, although the first targeted work is focusing on the 17 Nursing homes in the borough. It is comprised of three workstreams; supporting quality and safety, provision of enhanced training and education, and creating a more effective model of proactive care, including primary care, for this vulnerable cohort.

The quality and safety strand builds on our pre-existing Joint Intelligence Group (JIG). By bringing together services with different data sets and perspectives on care homes (ambulance, hospital, Community Care, Continuing Care, Local Authority, CCG) we've been able to share information and concerns to paint a complete picture of local care home provision. This means we can ensure there is a high quality of care, spot trends, and identify where support may be required.

The second strand then enables care home staff to access standardised training and education which has been developed using their input from the care home forums. We also work with each care home to put in place a more tailored package of support and education.

**Partnership produces results**

And when it comes to enhancing the model of care we've really benefitted from making partnership and inclusiveness a core priority. The workshop in May had great stakeholder participation. And from that we are now upskilling in-house staff into care coordinators in six nursing homes who are phase one of the programme. The care coordinators carry out regular reviews of residents and respond proactively to their needs, and linking with GPs who attend Health & Wellbeing rounds at each care home. The care homes are also being supported to complete a comprehensive older person's assessment on every resident in both our nursing and residential homes.

We have also just launched the new Red Bag Initiative for when residents have been admitted to and discharged from hospital; providing a no-fuss, joined-up pathway across multiple services, using a standardised protocol and standardised paperwork.

There's been a whole raft of people and organisations across Sutton who have been happy to support and work with us. But the most important partners are the care homes themselves. If you want to change practice in care homes you need to engage with care homes. Partnership will produce results. As one care home representative said, "It used to be them and us. But now we're sitting around a table together I feel like we really have a voice to get things done."

**Christine Harger**, Quality Assurance Manager Vanguard Sutton CCG

Christine has worked for the NHS for 12 years, in senior roles including commissioning, change management and service redesign. Her current role is with Sutton CCG leading the nationally recognised vanguard site to improve care for residents in care homes. Before joining the NHS, Christine had many years of experience in senior positions specialising in health related fields within the private sector.

**Viccie Nelson**, Programme Director Vanguard Sutton CCG

Viccie has been Programme Director for the Sutton CCG Care Home Vanguard since September 2015. She began her career as a physiotherapist specialising in Older People's rehabilitation and Moving and Handling; before acquiring a broad range of experience as a senior manager in Commissioning organisations and in acute and community provider services. Viccie has also worked as an Independent Management and Project Consultant specialising in Health, Social Care and related fields.

## Encouraging Proactive GP Practices in Merton by Dr Kay Eilbert

Partnering up the prevention agenda of Public Health with GP practices' more traditional model of primary care is no easy task. But our recently launched Proactive GP Pilot in East Merton hopes to prove that such a collaboration can make the most of existing resources to improve the reach and delivery of services for the surrounding community.

In a bid to offer earlier diagnosis and more effective treatment of chronic obstructive pulmonary disease (COPD), the new project links GP practices to volunteer Health Champions in the local community. The Health Champions are trained to screen members of the public and refer those at risk to their GP for a full assessment, plus access to a Stop Smoking support service if appropriate.

Although the service only started in September the progress so far has been very encouraging. We have been able to recruit over 25 Health Champions, many of whom represent hard to reach groups, who will forge links between the practice and the community and promote healthy living. These Champions have now started screening and making referrals so we will be closely monitoring how many translate into GP appointments.

**Impressive GP buy in**

Of the nine practices in the area eight have already signed up, and six of those are now fully trained. In addition to this impressive GP buy-in the reception staff at six of those practices are being trained as Health Champions and a smoking cessation service is being made available at all nine.

Achieving all this was no easy feat, and having the support of influential GPs was crucial to overcoming differences and persuading other GPs to come on board.

**Sparking interest and enthusiasm**

We also capitalised on the appeal of gaining public recognition to encourage engagement. The Health and Wellbeing Board have kindly agreed to sponsor awards for the best performing and most

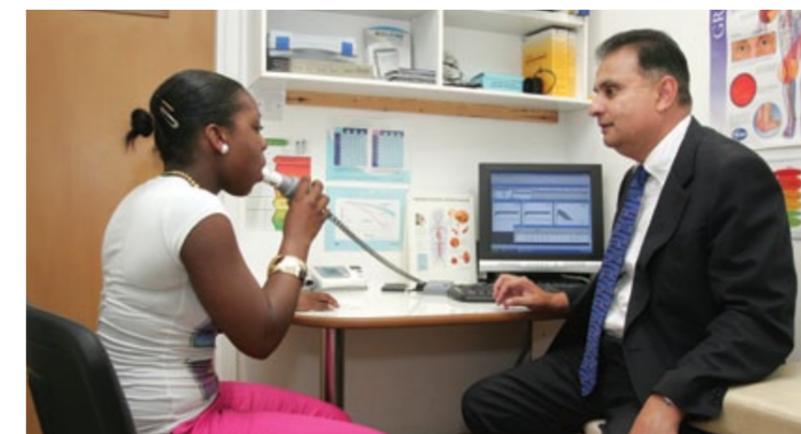
improved GP practices. And we have recently developed a Proactive GP kitemark accreditation scheme (bronze, silver, gold). Both these inducements sparked interest and enthusiasm at GP Locality Meetings.

By utilising non-financial levers of this kind we have been able to run the project on a very low budget. The development of materials (referral coupons, kitemark, awards, etc.), the involvement of the GP Clinical Director for Keeping Healthy & Well, and the outsourcing of ongoing evaluation throughout the project, has all been secured through funding from the SW London System. This is just a small, six month project. But if we are able to successfully develop this as an effective model for prevention and detection it could easily be picked up by CCGs and adapted to tackle other issues and long-term conditions (e.g. diet and diabetes) on a much wider scale. This would demonstrate that Public Health and primary care partnerships are worth persevering with. We just need the seeds of support and a willingness to adapt.

**Dr Kay Eilbert**, Director of Public Health, London Borough of Merton until November 2015

Kay Eilbert is a public health leader, experienced in addressing population health issues and health inequalities in the UK and abroad. She worked for the NHS in East London for nine years (City & Hackney, Tower Hamlets and Waltham Forest, where she was Acting Director). She moved to Merton to take up the Director of Public Health post in March 2013.

Starting as a UN volunteer and then as a professional with UNICEF in Lesotho and Kenya, Kay then worked for two international voluntary organisations. She focussed on maternal and child issues and the social determinants of health. Building on this public health experience, she earned a Master of Public Health from Johns Hopkins Bloomberg School of Public Health and a Doctorate in Public Health from George Washington University to develop a professional career in public health.



## The Nursing Network's Role in South West London by **Fiona White**

With support and funding from the SW London System and Health Education England South London (HESL) the South London Nursing Network (SLNN) has been able to fill the gaps left by Community Education Provider Networks (CEPNs) and use our collective professional expertise to identify workforce development needs and explore potential solutions whilst providing leadership and support to SW/SE CCG nurse leads for general practice nursing. We are now looking ahead and preparing to ensure nurses are supported to play a key role in the healthcare sector's uncertain, but exciting, future.

On a day to day basis we continue to do a huge amount of bridging work between our workforce and other organisations. A key aim is to develop and promote individual nurse leadership roles to ensure our collective voice is clearly heard across the health sector.

Looking at that collective voice we also need to make efforts to encourage a more diverse membership of the South London Nursing Network beyond the Practice Nurse core. It is there for all community nursing so we need wider engagement from District Nurses, Health Visitors, and Healthcare Assistants. With regard to Healthcare Assistants we are very proud of the HCA forums we have been regularly running throughout south London, and we look forward to working with them to develop appropriate, flexible training pathways. We hold a Sector wide annual conference with over 100 attendees which is well evaluated.

### A clear view of training needs

Another priority is exploring how we can support our existing and emerging workforce to adapt and be fit for purpose in this changing landscape. In terms of ongoing training for nurses the Network has been a huge advantage. Together we can assemble a really clear view of training needs, assisted by our live database that tracks 516 active nurses and 200+ HCAs throughout South London.

And underpinning all these aspirations is the acknowledgement that collaboration will be key in improving quality for patients and sharing good practice. Being on the front line makes us well positioned to test potential solutions on a small, cost-effective scale before cascading effective approaches across south west London.



**Fiona White** is Co-chair South London Nursing Network (SWL Lead)

Fiona works clinically as a Nurse Practitioner in a GP practice in Morden South London, and has been there since 1994. She began her nursing career in nursing at Great Ormond Street Hospital for Children as a state enrolled nurse. Since that time, she has logged over 36 years of experience in various areas of care and education (adult education teacher, practice nurse, SLNN facilitator & Chair, nurse practitioner, nurse consultant, public health nurse, board nurse and clinical director for Maternity & Children in Merton CCG). She holds a BSc, MSc, PGCE, Cert Ed Fe, RGN and sits on numerous working groups, forums and committees.

## Driving Standards Up by **Debbie Brown**

The South London Nursing Network exists to raise standards across the whole of the nursing network across south London. It's about making sure that we are all doing exactly the same thing across the membership, developing the workforce of the future.

For me, it's protected time to share and grow, and reflect on the learning we have gained from one another. The networking has been completely invaluable. Often people can be sitting in silos, focused on their own work stream, and then you find that a colleague in a neighbouring borough has already done this piece of work. That's the beauty of the SLNN – it enables us to learn from others' challenges and take on their positive lessons. By seeing what's effective in other boroughs, we can bring that across to our own area and by default improve the patients' outcomes across south London. For example,

I've been proud to see the mentorship training take off, and we were pleased to see that our competence framework document was shared with the CQC.

The SLNN has proven that it's not only a platform for us to re-charge and gain inspiration, to take new projects on, but that it offers a supportive safe environment where clinical leads can mentor one another. We are all there to learn from each other and drive standards up.

**Debbie Brown** SEN, SRN, Dip HE Clinical Nursing Practice, BSc Hons Specialist Practice Nursing working towards MSc in Advanced Practice in Leadership and Management, and Queens Nurse. Debbie began her nursing career 35 years ago at a local general hospital in Lewisham, south London where she trained. She is a Practice Nurse Advisor and recently Nurse Consultant for Lewisham CCG in both a strategic and operational capacity. Debbie is editing chief for the Practice Nursing journal and Chair for the Southern Region Queen's Nurse forum. Debbie is also an active member of several lead nursing forums, including the DH, NHSE and more recently the RCN GPN forum.



# Developing Leadership for the Inter-Agency Future

by **Dr Ruth Allen**

The last few years have seen exponential growth in the number of multi-disciplinary and inter-agency collaborations across south west London, providing many cost-effective benefits for patients and service users; thanks in no small part to the efforts of the SW London System. But for these innovative new models of care to deliver their full potential, it is essential we support managers in developing the requisite skills to work across professional boundaries.

After David Bradley, CEO of South West London and St George's Mental Health Trust, and Kathy Tyler, Director of SW London System, recognised a need in this area we set out to create a development programme for middle management and team leaders within mental health trusts and local authorities across south west London. The aim was to support management and leadership of both integrated, interdisciplinary teams and inter-agency working across organisational boundaries.

With support from SW London System we consulted mental health trusts and local authority workforce leads to identify exactly what is required to navigate complex inter-agency arrangements; both within mental health and for those working across mental health boundaries. We wanted it to be dynamic, interactive, and tailored to the policies, pressures, and opportunities of current practice that staff deal with every day.

## Creating opportunities for cross boundary collaboration

The resulting six day pilot programme was delivered over three months earlier this year and overall feedback on the model and content has been positive with lots of learning points for future initiatives. Participants clearly enjoyed the opportunity to meet each other and valued the time to work through things together and gain new perspectives. We're also particularly proud of how beneficial our participants found the small group projects. These were self-selected, cross-boundary projects that were presented back at the end of the programme. The projects

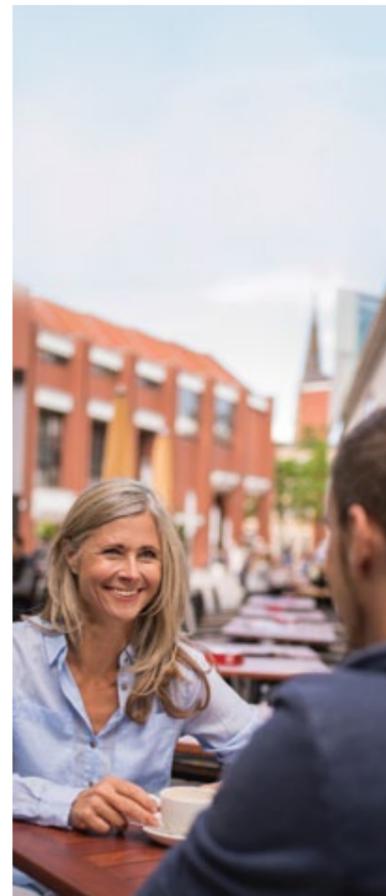
really demonstrated how much people working across boundaries can learn from each other and enabled participants to develop their skills in cross boundary collaboration. They ended up making real progress on three very interesting projects.

## What sort of leader do you want to be?

We believe the pilot was a success and highlighted a clear need and appetite for this form of training. So we're currently planning to run a programme again early in 2016. We will keep it fresh and build on the lessons learnt so far such as allowing more lead time for people to prepare, offering more support to develop group projects further, adjusting the list of external contributors and perhaps focusing a little more on individual development of participants. It's really important people get the chance to think about what sort of leader they want to be.

We all work in a complex system, and the need to reach out across professional agency boundaries increases every day. Current and future Team Leaders and Operational Managers need to feel confident and capable of doing that; whether they're managing creative new projects, integrated teams, or individual service users who are engaged with multiple agencies across the Trust. It's a pleasure to see programmes such as ours helping leaders to fulfil their potential and bringing their enthusiasm, ideas and creativity to the future of inter-agency working.

**Dr Ruth Allen** is Director of Social Work at South West London and St George's Mental Health NHS Trust and she has a research attachment to St George's University of London where she is involved in several research projects. Ruth authored national guidance on the role of social work in adult mental health services and is currently working on follow up resources for the Department of Health. Ruth has worked previously for Hertfordshire Partnership Trust and London Borough of Tower Hamlets.



## SUPPORTING THE WORKFORCE

# The Leading and Managing Change across Boundaries Programme 2015

by **Professor Christine Edwards**

This unique leadership development programme has been run each year from 2011; in the last two years with contributions from Health Education England South London. During this time, the health and social care system has been transformed and the central aim to equip leaders to work collaboratively and effectively across boundaries has grown in strategic importance. As the integration of health and social care has moved centre stage and new organisations and roles have emerged, its relevance has grown even greater, attracting participants from a wide spectrum of roles and organisations.

The original format of personal development, master classes, and tutorial workshops, mentoring, and a group project, backed by study materials has proved very successful yet the content is under constant revision in response to the rapidly changing context. A key element of the programme's success is the willingness of senior leaders to engage in frank discussions about their organisation's leadership challenges and strategic responses. Contributors have come from CCGs, Government departments, primary care, social enterprise, the voluntary sector, HESL, as well as from NHS Trusts and Local Government. Participants have found these sessions extremely motivating at a time when the leadership challenges seem almost overwhelming. Speakers also value

the opportunity to share the experience of managers at the front line of implementing change. Learning from each other and building an enduring network for knowledge exchange is at the heart of this programme.

Despite mounting workload pressures attendance has been excellent. This year, four project groups impressed the distinguished panel and audience at our celebration event with excellent proposals for improving service quality and efficiency, some of which are already being implemented. Participants' enthusiasm, thoughtful contributions, support for each other, and capacity to deliver at such a difficult time has been most notable and made this programme a joy to run.

**Professor Christine Edwards** Programme Director - Emeritus Professor, Kingston University

She has published widely in the area of the quality of working life, employee relations and engagement, international HRM and changing managerial roles and practice. A specialist in organisational development and the management of change, she has a particular interest in promoting knowledge exchange between practitioners and researchers. Recent NHR funded research studies with colleagues from SGUL and Kingston includes how health managers use information, the role of peer support workers in mental health, and hospital strategies to promote the safety of patients with learning difficulties. She is a member of the National Evaluation Panel of Innovate UK's Knowledge Transfer Partnership Scheme, and Fellow of the Chartered Institute of Personnel and Development, and the Higher Education Institute.



# Leadership Across Health and Social Care

by **Richard Sumray**

I've held non-executive leadership positions in health for thirty years and I think what we're seeing now is a pace of change faster than ever before. The Five Year Forward View's emphasis on new models of care has created much excitement, and we still have a window of opportunity to make much needed fundamental changes. But if the NHS is to rise to these challenges the leadership exhibited throughout the NHS must be exemplary and be able to overcome the significant challenges both financial and managerial, and soon. Otherwise, there is a real danger we will revert to an outdated top down health system that is no longer fit for purpose.

Leading the NHS in today's fiscally challenged landscape is an unenviable task. The government's absolute focus on clinical safety over the past few years following the report on mid Stafford, requiring increased spending on nurse and other practitioners, has now unsurprisingly swung towards a fixation on saving money. These pendulum swings at a national level are not conducive to long-term planning rather than short term fixes at a local level. There are still tensions around levels of autonomy in organisations (How much is top down? How much is bottom up?), which make leadership more challenging.

## Longevity of leadership

Another issue in top leadership in the NHS is that Chief Executives are only lasting around eighteen months before moving on, and it's hard to make any real impact in that time. The NHS can be a difficult, and often thankless, place to be. It is telling that the organisations currently seen as the most successful are the ones who have longevity of leadership. So to be the kind of leader we need looking into the future is going to take real resilience and an acceptance by those at the top of the hierarchy that risks that may not come off will need to be taken.

The first characteristic leaders in the NHS and social care need to have is bravery. Time is running out and bold changes need to be made, so we're going to require courage. Also, whilst leaders should have clarity of vision, purpose and direction they also need to be flexible and pragmatic in order to adapt to the ever changing

environment. Most importantly, they must be able to bring the whole organisation with them. The leader has to engage staff, literally from top to bottom, and empower them to take the initiative. Because that's what's required to ensure the right changes achieve the right impact, and are fully embedded so that they can endure.

## Collaboration, innovation and outward-looking

And, as the SW London System is demonstrating, one other characteristic of the successful leader of the future will be the ability to be collaborative with staff looking outside their own silos for innovative solutions. Growing interrelationships between health and social care, and proposals around devolution, should support different elements in any one geographical area to develop new models of care; all for the benefit of the patient population.

All of these changes have to be given time. Time to enable people to make an impact, to develop clarity of purpose, and to think about long term aims. It's going to be tough, but we must take advantage of the opportunities we now have. Grasping them will allow the best type of leadership to shine through and demonstrate that the NHS is remarkable both in its capacity to survive but to be adaptable and a world leader.

**Richard Sumray** - Chair, Health Education England South London

Richard has chaired the London 2012 Forum for the London Organising Committee of the Olympic and Paralympic Games. He started the work on a bid over twenty years ago, led for London for some years, until handing over that role to London's Mayor and remained heavily involved throughout the period leading up to the actual Games.

A non-executive director in health from the mid 1980s, Richard chaired NHS Haringey for ten years until 2011. He chaired the Joint Committee of all the London PCTs on consultations relating to Health Care for London and the future of stroke and trauma services, as well as the Strategic Partnership Board for Barnet, Enfield and Haringey. He was also chair of the London Specialised Commissioning Group. He is now the Chair of the South London Education and Training Board which has responsibility for all medical and health training in that area.

Richard was recently appointed as Chair of Hillingdon Hospitals NHS Foundation Trust, on 1 November 2015.

# The Royal Pharmaceutical Society Perspective

by **Dr Catherine Duggan**

In its newest incarnation the Royal Pharmaceutical Society (RPS) is now five years old, and in that time we have made real progress as a professional body. Not only in lobbying the government to recognise how pharmacists can add value, but also in developing the faculty and foundation programmes, professional standards, student support, ongoing career development, and prescribing framework essential to realising this profession's true potential.

However, it's important that momentum is maintained as we respond to an increasingly ageing and frail demography, and continually tightening budgets. We need to address the challenges around developing and supporting new roles in the workforce, finding medicine optimisation solutions, and seizing new opportunities for pharmacists to work more effectively in the wider community.

The volume and the complexity of medicines being dispensed is growing rapidly. Within the last fifteen years the average number of prescribed medicines per patient has risen from 7.5 to 15; putting a huge strain on staff. So we are currently promoting the value of optimising medicines use, for example, de-prescribing where appropriate as well as helping patients who might have numerous specialty medicine regimes to see if that can be streamlined into a more joined-up prescribing picture. Plus a greater use of automation in the workplace ensures we are able to use the time we have, with the staff we have, much more efficiently.

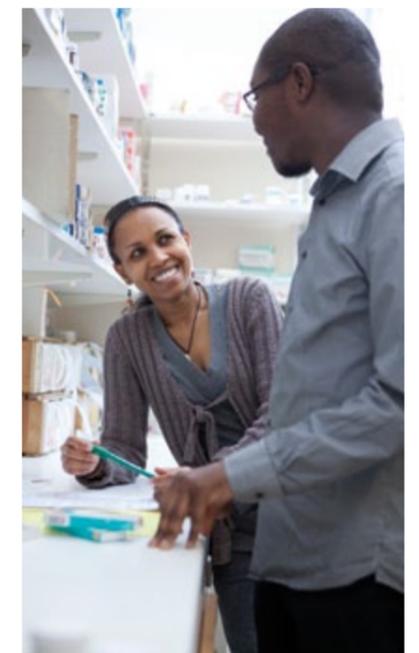
## The rise of the generalist pharmacist

The impact of this increased complexity on the workforce of the future is a greater need for pharmacists (as well as GPs and nurses) to be generalists who can confidently manage the wide range of issues they might encounter on a day to day basis. But whilst the RPS is already supporting pharmacy students to meet this and other pressing needs it's also important to think about what the existing workforce can do. Our vision is to see pharmacists moving further into the general population, engaging more closely with people in care and nursing homes, or building networks between pharmacists in GP practices and Community Pharmacists.

These are complex challenges, but the beauty of the localist agenda is that it has clearly empowered healthcare professionals to respond and adapt in innovative ways. As demonstrated by the 2015 SW London System conference, and Sharon Boakye's work below, there's a real entrepreneurial system emerging, which should give us all some hope for the future.

**Dr Catherine Duggan**, Director of Professional Development and Support, Royal Pharmaceutical Society

Catherine is the Director of Professional Development and Support at the Royal Pharmaceutical Society of Great Britain. She is responsible for the delivery of professional advice and support to all members across all sectors; the development of strategies to share and showcase good practice as well as professional standards for practice. She has a leadership role in developing programmes of professional development, advancement and recognition. Specifically, the development and delivery of the RPS Faculty in 2013, now leading the implementation and impact assessments alongside the vision for Foundation Practice, mentoring and leadership.



# Healthy Living Pharmacy Update

by **Sharon Boakye**

Launched twelve months ago, the Croydon Healthy Living Pharmacy initiative aims to empower community pharmacies to deliver a wide range of easily accessible health services and promotions to local people.

So far we have successfully recruited 14 pharmacists across the borough, and as well as ensuring they were all able to meet accreditation standards, our one to one work with them highlighted specific areas for development; such as health promotion, recruiting Health Champions, or developing local partnerships.

Uptake by the public following a summer event put together by one of the HLP sites and feedback from staff have been very good. With support from the SW London System, we are now working on a 'How To' guide in anticipation of a future rollout across south west

London. We are particularly pleased to see how pharmacists are embracing the opportunities for partnership and ways of better supporting their local communities, and making a difference to people's health and wellbeing.

**Sharon Boakye** is a Public Health professional with experience in health services management of working in the UK and in a developing country context.

She is currently a Public Health Practitioner at Public Health Croydon with responsibility for coordinating sexual health screening and testing programmes and project managing the development of the Healthy Living Pharmacy programme.



# SW London System Pilots Pharmacist Workforce Development

by **Wendy Pullinger**

As patients' needs change across England the development of new roles for an adaptable pharmacist workforce may prove critical in supporting nurses and other medical professionals to respond to those new demands. Fortunately both the SW London System and colleagues at St George's have been quick to recognise this and work with us to explore exciting new opportunities.

In 2013 the Surgical Division Chair approached us to discuss how best to manage the prescribing problems around patients with increasingly complex comorbidities. Together we decided to try replacing a doctor post in their Trauma and Orthopaedic team with one of our non-medical prescribing pharmacists, who would be able to ensure the safe prescription and use of medicines. The pharmacist soon became a valued and fully embedded member of the team. And that success inspired us to think about how else pharmacists could work across St George's.

Since then, with plenty of support from the System's Small Grant funding, we've been able to pilot three more innovative approaches to improving patient care; embedding a pharmacist in the paediatrics nursing team to take responsibility for all medication on the ward, setting up a pharmacist-led pre-surgery diabetic assessment clinic, and appointing two Community Ward Pharmacists to ensure continuity of care between hospital and community services for patients with complex medication needs.

### Innovation leads to remarkable success

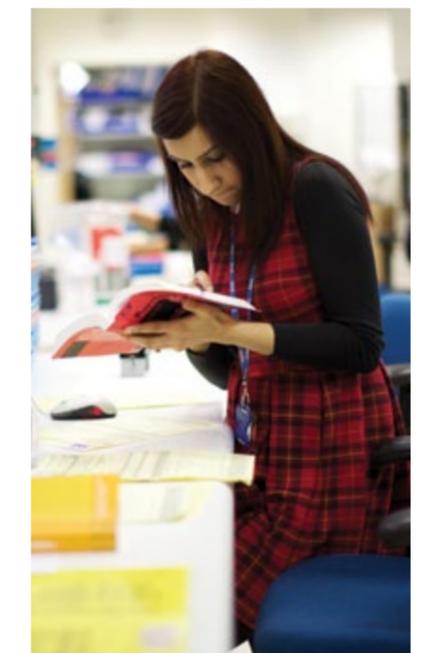
Based on research and feedback, the benefits for staff and patients from these pilots have been substantial and wide-ranging. They include; freeing up nursing time to focus on patients, improved quality and safety of medicine administration, streamlined patient discharge times, a

100% reduction in surgery cancellations due to diabetic issues, improved post-surgery recovery times, positive impact on patients' outlook and diabetes self-management, greater awareness by local GP and pharmacy of discharged patients' complex or high medicinal needs, and a reduction in readmissions.

These benefits obviously also offer a significant financial saving, and by properly evidencing the success of these pilots we have been able to present commissioners with a compelling case for further funding. Consequently the diabetic clinic has been fully funded for another year, and we are now looking at extending the embedded medicines administration pharmacists' initiative into the neonatal team. Plus we have recently secured funding for two full-time emergency department pharmacists, who have already reduced discharge processing time by over three and a half hours, and extra support for our pharmacists' seven day working programme.

Working across boundaries can be a challenge. However ever since we received SW London System funding things have got better and better for workforce development opportunities. Being able to pilot new models of care has really opened staff's eyes to the possibilities, and interest and support from across the Trust continue to grow. We hope to capitalise on this over the coming year and, perhaps with the System's support, explore even more ways we can improve patient outcomes.

**Wendy Pullinger** is a Deputy Chief Pharmacist. She has an MSc in Clinical Pharmacy and an MSc in Education. She joined St George's University Hospitals in 2001 initially as an education and training pharmacist with a specialist interest in senior health. Her role and interest have developed to include medication safety, performance management, medicines optimisation and research. She is one of the education leads for the Trust developing education and training for the wider healthcare team. Her medication safety team won a "Team of the Year" award in 2013 and were delighted that St George's became a Foundation Trust in February 2015. Wendy is responsible for supporting clinical pharmacists to increase the research and publishing portfolios for the Trust.



# Peer Support at PhD Summer School

by **Dr Rachel Allen**

In September 2015 the South West London Academic Network (SWAN) and SW London System once again put their funding and networking support behind the Research Degree Summer School; an innovative, free residential event open to all PhD students at St George's, Kingston, Roehampton, and Royal Holloway Universities.

The two day event, still the only one of its kind in the area, was held at Roehampton University and included presentations from senior academic staff and external speakers, as well as 'experiential' group work to develop communication and interpersonal skills. However the overarching aim, as always, was to provide this cohort of students with a much-needed opportunity to connect and share their experiences with each other.

## A time for reinvigoration

Embarking upon a PhD, whilst rewarding, can be a stressful and isolating experience. So students usually welcome having some protected time and space (both physically and mentally) away from their studies and specialist environment. Combine this with the chance to interact and collaborate with other students from a wide variety of backgrounds and disciplines (ranging from art to medicine) and it's not surprising the experience often leaves our attendees feeling refreshed and invigorated, with a new perspective on their current work and future plans. The skills developed are invaluable: planning and project management, presentation, independence, resilience, to name but a few.

Increasing pressure to complete their research in the expected timeframe against a background of competing life and career priorities means the mental health and wellbeing of PhD students is a growing issue. Meeting people who face similar challenges and obstacles can be hugely helpful and reassuring. So another of our key aims over the weekend is encouraging and facilitating the development of peer support networks. We also included a new session on building resilience to bolster awareness around this problem.

## Fostering an outward looking approach in future leaders

This was our third Summer School and over the years, feedback has been consistently and overwhelmingly positive. To date, we have welcomed over 125 students, and many of them have found the experience much more enjoyable than they anticipated, particularly the group work.

We aim to continue on a biannual basis and ideally would like to extend the school so that we see more uptake from across a wider range of disciplines. But in the long-term we have strong hopes that these students will eventually carry this multi-disciplinary, outward looking approach into the workforce of the future; helping to break down the outdated silo style that stymies so much progress and innovation, and foster greater collaborative ways of working.



**Dr Rachel Allen** is Head of the Graduate School, St George's, University of London. Following a BSc in Molecular Biology, Rachel Allen undertook a D.Phil in Immunology at Oxford University. This was followed by postdoctoral studies and a Beit Memorial Fellowship in the Department of Pathology, University of Cambridge. Rachel joined St George's in 2007 where her research continues to focus on innate immune receptors and their ability to regulate immune activity during disease. She previously acted as the Associate Dean for Research Degrees at St George's before her appointment as Head of the Graduate School in 2014.

## INNOVATION AND RESEARCH

# Public Health: Local Return on Investment and the Prevention Agenda

by **Dr Mike Robinson**

As health and social care services face ongoing budget cuts their survival increasingly depends upon demonstrating value for money. But how do we make the case to protect Public Health investment when the main benefits of initiatives in areas such as children's diet (decrease in obesity, diabetes, dependence on health services) will not be visible for years, possibly even decades?

One approach SW London System has been following closely over the past few years is the Return on Investment (ROI) technique. By assigning a fiscal value to a programme's long-term benefits ROI's findings are easily understood by commissioners and lay stakeholders, such as elected members or the general public.

In 2014 the Kings Fund produced an impressive, and hopefully influential, piece of work calculating the national, longer term ROI on various Public Health initiatives. For example, one finding revealed that every £1 spent on preventing teenage pregnancy saves £11 in healthcare costs.

## Impact of ROI at local level

However we felt that to make a really compelling case against cuts we need to demonstrate to local councils exactly where that return on investment landed on a local level. So last year the SW London System on behalf of four Directors of Public Health commissioned the Kings Fund to go back to their original work. But this time they would use local data and estimates to look at the local ROI distribution across health, local government, and various other sectors.

The results suggested that a number of initiatives, such as promoting physical activity, did indeed offer value for money to local government, whilst also identifying areas that require further research and consideration, such as adult social care. However the most surprising finding was the paucity of relevant ROI local data.

## Collecting, analysing and sharing

Up until now ROI economists and researchers have limited their focus to a narrow health service perspective. Meanwhile huge swathes of information are recorded by staff within various local health and social care services, but only focusing on individual needs and service management. It is now more important than ever that that data is collected, and shared, in a format that can help demonstrate value for money. Adult social care and local government need to work more closely with researchers and the health service in a concerted effort to champion the economic case for the prevention agenda.

Combatting cuts is never just about the numbers. It's about the stories of the lives our work touches. And, alongside its financial findings, ROI is also a powerful tool in identifying just how and where those lives are improved by Public Health's wide-reaching programmes. If we can learn to wield it effectively it will help us to ensure many more lives benefit from our work for generations to come.

At the time of writing, **Dr Mike Robinson** was Director of Public Health for the London Borough of Croydon, where he had worked since October 2012. He is now Triborough Director of Public Health at Triborough Public Health Department. Mike has previously held DPH posts at the NHS Hounslow/LB Hounslow, NHS Wakefield District/ Wakefield MBC and East Leeds PCT.

Mike has a long standing interest in training, most recently as Head of the School of the London Kent Surrey and Sussex Speciality School of Public Health based at London Deanery. Mike is currently a FPH appraiser.

Before training in Public Health, Mike undertook vocational training in general practice and continues in part time clinical practice as a sessional GP.

Mike lives in Putney and is married with two grown up children, both currently just starting work. He enjoys cycling, skiing and the theatre.



## South West London Acute Provider Collaborative

by **Alexandra Norrish**

Cooperation and close working are the most effective response to the level of financial and clinical challenge we're now facing. Inspired by that ethos, the South West London Acute Provider Collaboration is comprised of four acute Trusts working together to develop shared solutions for shared problems. Together we are overcoming issues that we couldn't tackle alone.

With funding support from the SW London System for some of our work we're currently developing a number of strands, including shared back office functions, a shared staff bank, shared procurement, and shared HR processes. It's been a real learning curve but the results have been very successful so far. People have been extremely proactive and positive about working together to tackle the big issues which are much better solved together.

**Alexandra Norrish** is the Programme Director for the SWL Acute Provider Collaborative. Previously, she held a number of roles in the Department of Health, including Deputy Director for NHS Provider Policy, and Deputy Director of the 2010 Spending Review team. She spent 2011-12 in the US as a Harkness Fellow, based between Harvard School of Public Health and Partners Healthcare (a large Accountable Care Organisation).

## Joint Staff Bank for South West London

by **Wendy Brewer**

Most of us are familiar with the high costs Trusts can incur through reliance on external staffing agencies; last year St George's alone spent £30m on agency staff. But in south west London we are taking action to significantly reduce those costs and improve quality of care for patients with a new and creative partnership.

Through informal meetings of local HR Directors it became clear that many of the short-term agency staff we use at St George's are also substantially employed at neighbouring Trusts. We realised this was a clear opportunity for all of us. Working together we could convert expensive usage of agencies into a more cost effective joint staff bank that spanned numerous south west London Trusts.

The HR teams at St George's and Epsom & St Helier's Hospitals began working with Productive People and soon had an agreement in principle with Croydon, Kingston, and the St George's and South West London Mental Health NHS Trust. Since summer 2015 we have been developing the key stages of the implementation plan together to align activities such as e-rostering systems and aim to launch the joint staff bank on April 1st; starting with allied health professionals, and then rolling out to all staffing groups.

### Potential multi-million pound savings

We believe the joint staff bank will prove to be an inspiring example of what can be achieved with existing resources through collaboration. It's already been calculated that it will potentially save St George's up to £7m a year. And beyond that it will also help us develop a more consistent workforce that can deliver improved quality and continuity of care to patients. However the greatest long-term benefit may prove to be the breaking down of barriers between organisations.

### Unprecedented trust and collaboration

I've worked in the NHS for over 20 years and I've never felt this level of trust between organisations before. We all have a common goal and a strong sense of purpose. It's also been a pleasant surprise to discover how closely some of our staff were already communicating, and to be able to build on that with this innovative project. Working together in the planning stages has enabled managers and directors to share and learn new ways to improve best practice.

The success of this project will ultimately depend on us all being able to make difficult decisions and stand firm together; agreeing rates of pay, processes, and rostering across all the partnering Trusts. However, based on our experiences so far, we feel more empowered than ever to look outside our own silos and be more proactive and creative in managing the supply and demand of human resources.

**Wendy Brewer** has been Director of Workforce and Organisation Development at St George's for four years. She has more than twenty years' experience of workforce issues in all sectors of the NHS and is strongly committed to supporting all of the workforce to achieve the best that they can and to provide a high quality service to patients.

## Small Grants, Lasting Change

The Small Grants programme continues make a big impact on health and social care across south west London and further afield. Here are 2015 projects.

### Evaluation of the Impact of Project SEARCH

Project SEARCH is a scheme providing a year of practical supported work placements for local young people with a learning difficulty, with collaboration between the national project, a local school (Cricket Green School) and a charity (Action on Disability). St. George's is coming to the end of its 3rd year, and recruitment to the 4th year of this project has commenced.

The team will undertake an evaluation of the impact of this scheme on all stakeholders, past and present.

**Project Lead:** Annette Bygraves, Corporate Projects Lead, St George's University Hospital NHS Foundation Trust

### Nurse-Preceptorship Development Programme

This project seeks to co-produce and pilot a preceptorship programme for newly qualified nurses during their transition from trainee to qualified clinician. It will use various educational resources and partnership collaborations to develop a comprehensive programme for newly qualified nurses within their first year post-qualified. A bespoke programme will also enable preceptees to strengthen their competencies in a structured environment, and benchmark standards that are embedded within local and national objectives.

**Project Lead:** Catherine Gamble, Head of Nursing Academic Development, South West London & St. George's Mental Health NHS Trust

### Audiology Support in Croydon Care Homes and the Community

This project will provide a quick and efficient range of hearing services for people in residential care homes. Trained staff will assess 40-60 residents to see if they have any hearing issues and, if so, what support is to be provided to meet their needs to hear well. A training programme will be developed and delivered for care

home workers, to include information on various elements that constitute a hearing service, ensuring that the individual client gets the maximum benefit from the hearing aid or equipment used.

**Project Lead:** David Rose, Chief Executive Officer, Croydon Hearing Resource Centre & Paul Cooper, Integrated Commissioning Unit, Croydon Council and Croydon CCG

### Improving Stroke Rehabilitation with the Use of Virtual Reality Rehabilitation

Stroke rehabilitation in Croydon is currently delivered on the acute stroke unit at Croydon University Hospital, and eligible patients are discharged home with the Croydon Community Stroke Team for ongoing rehabilitation.

There has been increased interest in the use of technology such as the Nintendo Wii and Microsoft Kinect to enhance stroke rehabilitation. Suitable patients will be identified and taught how to use the virtual reality gaming devices during their inpatient stay. These patients will go on to have community rehabilitation with the community team who will be able to continue monitoring their process with the virtual rehabilitation models as well as normal conventional therapy sessions.

**Project Lead:** Karen Kee, Consultant Stroke Physician, Croydon University Hospital

### Croydon's Missing Thousands of COPD Cases

Just over 3,000 patients are currently diagnosed with COPD (Chronic Obstructive Pulmonary Disease) in Croydon. The actual number is predicted to be around 12,000; therefore around 70% of patients with COPD in Croydon are not diagnosed.

This study aims to look at why is the COPD prevalence rate in Croydon so low and the reasons behind this, by both enhancing the awareness and screening of the disease among the

public in community settings and also actively screening patients with co-morbidities who get admitted to hospital.

**Project Lead:** Dr Roshan Siva, Consultant in Respiratory Medicine, Croydon University Hospital

### Improving the Communication of Bad News to People with Learning Disabilities

The main focus of this project is on social care staff, but perspectives of staff in the acute sector will also be explored. It builds on new and highly innovative guidelines for breaking bad news to people with Learning Disabilities<sup>1</sup>. Key to this project is the growing evidence that people with LD are usually protected from bad news, and that this can impact negatively on their mental health.

The project will broaden understanding of the context of bad news situations, explore the barriers to effective bad news communication and develop and trial a Communicating Bad News course for social and acute care staff.

**Project Lead:** Dr Irene Tuffrey-Wijne, Associate Professor, Faculty of Health, Social Care and Education (Kingston and St. George's Universities)

<sup>1</sup>Tuffrey-Wijne I. How to break bad news to people with intellectual disabilities: a guide for carers and professionals. London: Jessica Kingsley Publishers; 2013

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# Looking ahead by Kathy Tyler

2015 was another successful year for the SW London Academic Health and Social Care System thanks to the engagement and support from our members and partners.

Our focus for the previous year was on relationships, collaboration, communication and activity. The benefits of this approach can be seen in the range and innovativeness of the projects and programmes we have delivered and commissioned during 2015. Yet again, they have been of outstanding quality and diversity.

This year, our focus has continued to be about care across boundaries, supporting the workforce and encouraging innovation and research. The 2016 work programme will build on this to address our ongoing priorities such as integrated care, medicines optimisation and mental health while retaining a degree of flexibility so that we can respond quickly in a rapidly changing environment.

Our support to the workforce has been very strong this last year with the pilot of a tailored programme for joint mental health and social care teams that will be run again in 2016, another Research Degree Summer School for our future research and academic workforce and the continued support for developing future leaders through our “Leading and Managing Change across Boundaries” programme. The SW London System has also continued to support the South London Nursing Network, a professional network for practice nursing reaching across all twelve boroughs.

The SW London System has a history of supporting the evaluation of changes in services and new ways of developing the workforce. With the number of new developments to support the movement of care away from hospitals and achieve more responsive and better integrated care, dissemination of this good work is essential. It is vital that the learning and benefits can be made available for colleagues and the people whose health and care needs they meet.

This is an area we need to develop further to promote and disseminate the impressive range of good practice and innovation across health, social care and higher education sectors.

In addition to our programme of seminars and events, we have made further improvements by

- Refreshing our website, making it easier to access details of our projects and programmes.
- Developing a series of Case Studies of good practice drawn from our Small Grants programme.
- Increasing our range of publications. We will be adding to this with the publication of the “How to guide” for introducing Healthy Living Pharmacies and the commissioned study on return on investment for public health interventions, and also by
- Improving our social media presence to widen our reach and to enable more people to become involved in our activity.

2015 has been another year of considerable change for health, social care and higher education with ongoing financial challenges and greater pressure on budgets – but – with challenges come opportunities.

The impact of the continuing climate of austerity is affecting all our members. This is particularly challenging for a network like ours that is funded by subscription and so must raise questions about our ongoing sustainability. In the autumn, we began a review of the options for our future and are working on a proposal which would enable the continuation of the work of the SW London System in closer partnership with another organisation with similar values and objectives.

Although the form of the SW London System will inevitably change during 2016, we look forward to a continuing collaboration with you, building on our shared experience and expertise for the benefit of the people who give and receive care in south west London. Working together, we can go further, making the most of all our resources, skills and talents.

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**Kathy Tyler** was appointed as Director of the SW London System in 2012. She has worked in both health and education sectors and at local, regional and national levels, gaining most experience in policy development and implementation. She has expertise in workforce development and a particular interest in cross-agency working. Previously, she was Director England (London and South East) for Skills for Health, leading on employer engagement across NHS, independent and voluntary sectors. Prior to that, she worked at the Department of Health on continuing professional development (CPD) for two years, with a focus on multiprofessional CPD. Her initial health sector operational experience was in community health services. She has an MSc in Organisation Consulting and a first degree in philosophy from University College London.

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In addition to the activities outlined in this report, the SW London System team organises networking events for staff working at member organisations. Our networking and other events can be found on our website and via our Twitter feed.

