

## Population Health Fellowship

### Ahmad Saif, GP

**Ahmad Saif works as a GP at Stoke Mandeville Hospital. He is also a specialty trainee in Rehabilitation Medicine at Thames Valley Deanery. This is his account of his time on the HEE Population Health Fellowship in 2020.**



### Tell us a bit about yourself

Working as a GP and in rehabilitation medicine it was clear early on that the long-term effects of COVID19 were not just on hospitalised patients, but also those in the community. These patients were being referred with a wide range of debilitating symptoms that would often affect multiple body systems.

Alongside my host organisation, Oxford University Hospitals (OUH) NHS Foundation Trust, I initially set to work on characterising this population as part of my fellowship. The results highlighted the wider impact of Long COVID, with the majority presenting multiple times to hospital and 58% being unable to return to work fully.

The multi-system nature and prolonged disability resulting from post-COVID19 syndrome highlighted the need for a holistic, integrated service to investigate and manage symptoms and facilitate the rehabilitation of patients. A working group was formed, culminating in the launch of a specialised post-COVID multidisciplinary assessment clinic and rehabilitation pathway in Oxfordshire.

The work has led on to a large grant application investigating outcome measures for post-COVID rehabilitation and the results of my initial work are being written up for publication. The learning from the fellowship made it clear that value was measured in a variety of ways. In the final stages of the fellowship, I have taken a lead role in analysing aspects of personal value. This covers what patients feel is important to them, the attitudes of healthcare professionals that they have encountered, and which management techniques have been most successful through initiation of a Long COVID focus group.

### **What attracted you to the fellowship?**

The fellowship was an opportunity to combine my clinical experience in primary and secondary care by incorporating population health. I wanted to address issues of health inequality in rehabilitation, as well as improve services for the patients I see with long-term disability. The programme was relatively unique in being open to all healthcare professionals, allowing shared learning and experience from a broad range of clinical backgrounds.

### **What did you hope to achieve in joining the fellowship?**

As I look back at my original application for the fellowship at the end of 2019, I wanted to gain the knowledge and skills to be able to apply population health concepts to wider projects that would be far reaching, resulting in high quality care for those living with long term illness.

### **How did you feel when the fellowship was paused?**

While there was some disappointment when the fellowship was suspended, it was clear that our role in the NHS was paramount, and I was proud to be able to help. The drive to work alongside my colleagues to support those affected by COVID led to this exciting project. It has been a fantastic learning opportunity to understand how services are developed from initial ideas to eventual launch.

### **How was your working life affected by the pandemic?**

The pandemic had a dramatic effect on both my project and my clinical work. In fact, the emergence of Long COVID highlighted the important role that Rehabilitation Medicine can play in addressing complex multisystem problems that have a major functional impact. It also opened doors for working with colleagues from other services.

### **How did you find the move to online learning for the fellowship?**

Moving to online learning took a whole new set of skills - most important were patience, coffee and learning to unmute. While I missed the face-to-face elements, it meant that this could be done more flexibly.

### **What is the achievement you are most proud of in relation to your project?**

Being able to work across boundaries to develop a holistic service and ensure patients' voices are heard. Engaging them through focus groups was born directly out of discussions and learning within the population health fellowship and the understanding of value in healthcare.

### **Has it been possible to make connections with others doing the fellowship?**

Our fantastic cohort come from a variety of backgrounds. We remained in contact throughout the fellowship, supporting and encouraging each other with our projects particularly when faced with challenges.

### **What have you learnt about yourself, having done the fellowship?**

I have learnt that I am able to stay focused, despite significant uncertainty, and drive through and lead on areas that I feel can help improve the care provided to the local population.

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