

*The***AHSN***Network*

Diversity and innovation

A celebration of BAME innovators
and our pledges to do more



Innovation² - the multiplier effect of diversity

The business case

Richard Stubbs, Chief Executive Officer, Yorkshire and Humber Academic Health Science Network

Our NHS should represent and reflect the communities we serve. This does not just apply to our front line workforce. The way that we develop and adopt innovation and technology must also be based around our core mission to serve *all* our population, and to ensure that the transformation of our health service reduces, and not widens, health inequalities.

The business case for diversity is increasingly clear, and not just in healthcare. Across all economic sectors, there is a strong correlation between diversity within an organisation, particularly at board level, and improved business performance. And equally, there is evidence to show that non-diverse companies underperform financially.

Within the NHS the wider case for diversity at all levels has been firmly made, with some signs of



modest progress in recent years. Roger Kline's *The Snowy White Peaks of the NHS* (2014) shone a spotlight on the lack of progression made by BAME (Black, Asian and Minority Ethnic) staff into senior NHS leadership roles. The Workforce Race Equality Standard (WRES) now holds an effective mirror up to the service in terms of how we are closing the gaps between the treatment and opportunities for BAME and white staff.



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The actions now being taken to rebalance and promote diversity across the NHS are as vital in supporting our innovation and transformation ambitions as they are in ensuring our workforce is fairly treated and representative.

The specific business case for diversity and innovation is well evidenced and important to understand as we look to delivery of the NHS Long Term Plan. If we are to transform the NHS for our next 70 years, with fundamentally disruptive innovation such as digital technology, genomics, →

Acknowledgements

This publication would not have been possible without the efforts of an enthusiastic editorial group drawn from across the AHSN Network who have put this together alongside their busy day jobs. Particular thanks go to our BAME role models who have been generous in sharing their own personal stories in order to inspire others, and to the NHS Confederation BAME Leaders Network who inspired us to look more closely at this issue and to challenge ourselves on our contribution. Thanks also to the National Centre for Diversity, who conducted a literature review providing our business case for diversity and innovation. This can be found at www.ahsnnetwork.com/diversity-innovation.



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and artificial intelligence (AI), then it is vital that our methodologies of transformation are influenced by, and available to, all our workforce. 19.1% of staff in the NHS identify as BAME. If we are not creating the conditions to be able to listen to and nurture transformative ideas from all our staff, then we are closing the door on one fifth of our potential future opportunities.

This challenge brings us back to the issue of diversity within leadership roles. Evidence from other sectors demonstrates that without diverse leadership, women are 20% less likely than straight white men to have their ideas taken seriously, while BAME staff are 24% and LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) staff are 21% less likely (Hewlett et al, 2013).

'Inclusive innovation' can refer to including people, places and industries in innovation processes, so bringing underrepresented groups such as women, BAME or LGBTQ communities into work in innovative sectors. Inclusive innovation can also

be understood as a product or service that addresses social issues, such as technological innovations to enhance mobility, or improvements that remove barriers to services (Klingler-Vidra, 2018).

We need to do both. We will not succeed in addressing health inequalities without diverse innovators, both from within and outside of the NHS. We need innovators from all backgrounds who can develop and support solutions that enable the inclusion of all members of our society. Research shows that when at least one member of a team has traits in common with the end user, the entire team better understands that user. A team with a member who shares a client's ethnicity is 152% more likely than another team to understand that client (Hewlett et al, 2013).

Companies that take the initiative and actively increase the diversity of their management teams perform better. These companies find unconventional solutions to

problems and generate more and better ideas, with a greater likelihood that some of them will become winning products and services in the market. As a result, they outperform their peers financially (Lorenzo et al, 2018).

Whilst much of the evidence is business focused, there are clear lessons for us in the health and care service. Diversity is key to the development of innovation that will reduce, not increase, inequalities, and support the transformation of the NHS for all our communities.

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However, as we know, diversity does not simply happen. Both the WRES and the NHS People Plan are taking steps to improve the culture and development opportunities for our BAME staff as a whole. But as an AHSN Network, we recognise that we also have a leadership role to play in championing and developing the diversity within our NHS innovation pipeline.

That is why we are making some key pledges, as a national network, that demonstrate our commitment to this agenda. We will use these pledges to hold ourselves to account for the way that we identify and nurture innovation and the innovators behind them, both inside and outside the NHS. And we will publish our progress annually.

And, as always, we will work with our partners to achieve these ambitions. The AHSN Network is a proud sponsor of the NHS Confederation's BAME Leaders Network (which inspired us to recognise how we could take a leadership role on this agenda). We also support the development of the NHS People Plan through the Leadership Development workstream, and we will work with new champions, such as the excellent Shuri Network, the first NHS network of BAME women in health tech and digital health.

Celebrating success and promoting role models are important aspects of this agenda. It is vital that aspirant would-be innovators who are starting out their journey in the NHS can see the success of people with whom they identify.

In this publication, we proudly champion some of our BAME innovators who are making a difference now within the NHS, including Saadi Hussain who founded SmartMed, a digital platform for chronic conditions management, after visiting a remote clinic in Bangladesh. And Taz Aldawoud, a GP in Bradford who has developed Doc Abode, a digital primary care solution that, amongst many features, allows patients to be linked to out of hours clinicians who speak their native language. There are many, many more.

We hope that by telling their stories loudly and proudly they will inspire others to follow in their wake. Our commitment as the AHSN Network is to ensure that the system listens to them and supports them when they do, for the benefit of all our patients ■

Richard Stubbs is the Chief Executive Officer for the Yorkshire and Humber Academic Health Science Network, and a member of the NHS Assembly.

You can follow him on Twitter @richarddstubbs

In support of this publication, the AHSN Network commissioned a literature review to consolidate the increasingly compelling evidence base for diversity and innovation. This research is published separately and is provided as a resource for individuals and organisations looking to drive forward inclusive innovation and to find effective approaches to tackle health inequalities. It includes a complete list of references for further reading. This can be found at: www.ahsnnetwork.com/diversity-innovation

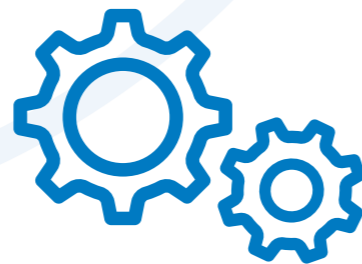
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AHSN Network – our diversity and innovation pledges

We want AHSNs to be recognised for positively promoting and delivering equality and diversity in our leadership, our workforce and in the way that we carry out our work.

Our organisations

We commit to implementing a recognised process to self-assess and improve equality performance in each of our organisations:



- ✓ We will set annual equality and diversity objectives, report on these to our Boards and publish achievements and challenges in our annual reports.
- ✓ We will have a designated person within each organisation with whom concerns about equality and diversity can be raised.
- ✓ The AHSN Network will annually review and publish its collective performance including performance for any national programmes, for example ensuring diverse representation in decision making processes for the NHS Innovation Accelerator.



Our staff

We commit to empowering and supporting our staff to be positive role models for equality and diversity:



- ✓ We will undertake positive action to ensure our workforce reflects the diversity of the communities we serve including steps to ensure diversity at all levels.
- ✓ We will encourage our staff to positively challenge and promote positive action when they see a lack of diversity.
- ✓ All AHSN staff will have undertaken unconscious bias training by the end of 2020.



Our work

We commit to understanding the impact of our work on all members of our communities and for our work to reflect the equality and diversity within these communities:



- ✓ We will carry out Equality Analysis on all national and key local projects and programmes.
- ✓ We will actively engage with, and involve, diverse communities in our work, ensuring we include people from marginalised and seldom-heard groups.
- ✓ Our publications and communications will promote diversity, highlight diverse role models, challenge stereotypes and champion the positive impact of diversity on innovation.



Diversity in action

Over the following pages, we proudly champion some of the BAME innovators who are working with the AHSNs and making a difference within the NHS and to the lives of patients. By sharing their stories we hope we will inspire others to follow in their footsteps.

Alan Bec

Founder, The Wellbeing Indicator Badge

I became a healthcare innovator almost by accident. My career had taken me through a number of roles: psychologist, university lecturer, student mentor and executive coach. I was the first BAME head of coaching and training for the Institute of Directors.

Then I was struck by chronic fatigue syndrome and became housebound. Talking was exhausting. I just didn't have the energy.

After three years of living like that, I created the Wellbeing Indicator Badge (wib), a shorthand way to communicate with people - family, friends, healthcare professionals. I'd been a high-functioning, respected professional and academic, and there I was a lump of meat in a bed. I wanted to reconnect.

I'd use the wib to show my energy levels on a scale of one to ten. People could instantly see how I was feeling and respond appropriately. This was particularly helpful with my GP, who could tailor his approach to consultations and care. With fluctuating symptoms, it helped me understand the impact of my illness and self-regulate my activity.

Others became interested in the wib and in 2017 I was put forward to do a TED talk, which attracted media attention. The West of England AHSN approached me to consider their Health Innovation Programme for healthcare entrepreneurs, and as I was getting better, using my time more strategically, I had more

ability to work on the wib as a product to help others.

Looking back, feeling like an 'outsider' at key stages of my life was also influential in developing the wib. It's all about leveling the playing field for people who find it hard to articulate their sense of wellbeing for whatever reason; it's about inclusion and reducing social isolation.

I was born in Scotland. My mother is British and she fell for my father who came over from India on a boat at 16 - he is Anglo-Indian with mixed eastern cultural heritages.

I didn't know what racism was until we moved to England when I was eight when my dad was promoted. Then we went up in the world, moved to a posh house in the countryside amongst doctors and dentists. I experienced racism from day one.

But I don't come from a place of anger; I come from a place of wanting to connect. Healthcare is for all, so must include all! Innovation is the result of the diversity of ideas and experience that drives cutting edge solutions.

Organisations like AHSNs working in this space need to demonstrate to BAME innovators they are not simply 'welcome' but also essential to healthcare innovation. It's exciting that together we are innovating our organisational culture to become genuinely representative. Together we can co-create social innovation and wellbeing for all ■



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Arjun Panesar

Founder CEO of Diabetes Digital Media and the Low Carb Program



I have been inspired by the lack of services available not only for the BAME community, but also the wider type 2 diabetes community. I was struck in particular by the lack of culturally relevant services available to my grandfather after his quadruple heart bypass and subsequent diagnosis of type 2 diabetes. This was the inspiration to start Diabetes.co.uk.

Operating Diabetes.co.uk for the last 16 years (with over 36 million visitors a year) has allowed us to develop an unrivalled insight into the diabetes population and the

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multitude of cultures and ethnicities that sit within this. This in turn has enabled us to develop scalable, engaging and effective solutions personalised for people of all heritage, not just BAME.

Today, I lead the organisation's development of clinically demonstrated digital therapeutics, providing precision medicine at scale. Our mission is to empower the 1.6 billion people with metabolic health disorders with evidence-based, clinically validated solutions. Over 1.3 million people use a Diabetes Digital Media service across 190 countries today.

Diversity is important in all areas of life, not just in healthcare. Lived experience is expertise and diversity enables us to engage and understand other cultures and world-views – providing inspiration and driving innovation. Diversity is the means to a more inclusive, just, and effective health and care system.

Coming from a BAME background has proved to be both a challenge and a blessing. The challenge has ultimately been to overcome discrimination and prejudice – whether positive or negative. I am often the subject of positive bias - a good example of this is how I'm assumed to be a doctor by others based on the colour of my skin.

I come from a rich and diverse family with a mixture of cultures – Bengali, Punjabi, Kenyan, Nepalese and English. Being born in the UK and growing up as a BAME person, I have an acute awareness of the differences and more importantly, similarities between the cultures that should not only be understood, but respected and celebrated.

BAME communities are grossly misrepresented in healthcare. As such, using digital has provided us the opportunity to hyper-personalize the user's experience within our platforms to culture, language, social norms and expectations.

People must be understood and supported in the context of their culture – and this is exactly what our services, including the Low Carb Program, do.

This year I was selected as a Fellow to the NHS Innovation Accelerator to scale the Low Carb Program within primary care.

This is a structured education and behaviour change platform for people with type 2 diabetes and prediabetes. It is the only service to feature education and support for the British-based South Asian community. This includes education delivered in native-language and over 1,000 culturally relevant recipes and meal plans. These are not only personalised for the South Asian community, but for the Chinese, African-Caribbean and Arabic communities ■

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Dr Binita Kane

Consultant Respiratory Physician at Manchester University NHS Foundation Trust

In Greater Manchester, more than 16% of our citizens are BAME. As leaders and innovators, I believe that all voices should be represented.

I'm one of only a few female BAME consultants leading healthcare work across Greater Manchester and I have been in situations where I am the only non-Caucasian person in the room. I try to speak up and ask how we are going to engage with all members of our community, including BAME, to ensure they are being represented.

If we exclude BAME voices, we're excluding a large part of our population and our talent pool, potentially missing great innovations or ideas.

I graduated from the University of Manchester in 2000 and completed my PhD in 2008, before I began working as a specialist registrar in respiratory medicine. I became a respiratory consultant in 2015, having completed a Masters in health care leadership during my training.

I'm now a Consultant Respiratory Physician at Manchester University NHS Foundation Trust and clinical lead for Health Innovation Manchester's Respiratory Programme.

I am also leading a national campaign to have a more inclusive education curriculum in schools and to commemorate the Partition of India in 1947. Recently I have



worked with the Faiths Forum for London to develop 'South Asian Heritage Month', and the concept was launched in Parliament in July.

Personally, I've not seen my background as a challenge and I cannot emphasise enough how the support of key individuals, often white men, have helped champion me through my career. However, I would say that my background has meant I've had to work harder than other non-BAME colleagues to get the same level of respect. I've also experienced unconscious bias from both colleagues and patients who sometimes seem surprised to see a small Asian woman when they attend a consultation or a meeting! I've never let that stop me, but I am aware when it happens.

I never thought that I would be seen as a role model but if my story can encourage someone, anyone, to continue working for an idea or innovation they believe in then I would consider it to be a privilege.

If you believe that your idea is the right thing to do and will improve care for patients, never stop trying. Be passionate, be tenacious and work hard. When I first pitched an idea of a digital platform for severe asthma services in 2013, I struggled to get it off the ground, encountering numerous barriers and dead-ends. It was only when I spoke to Health Innovation Manchester in 2018 that it began to take off and it is now being developed. It took five years but I never gave up on the idea ■

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Ghalib Khan

Founder, Written Medicine

I grew up in an ethnically rich and diverse area of central London and at the age of 19, worked in a local independent community pharmacy, working my way up to the position of dispensary manager, before leaving to study pharmacy as a mature student.

Working in an ethnically diverse area has its own benefits (customers regularly gift us sweets and ethnic home cooked food) and challenges (language and cultural barriers). However, with every challenge comes an opportunity. While at university, the whole start-up and mobile app scene kicked off and I had an idea to reduce language barriers in pharmacy.

Fast forward five years and my solution is used in a number of NHS trusts in and around London.

My start-up has created an evidence-based platform and APIs for use by healthcare professionals to reduce communication barriers by providing accessible, personalised medication information in the patient's preferred format. Our solutions allow system suppliers to print crucial medication information in crystal clear English, additional languages and pictograms.

However, my journey as an innovator and of many others innovating in healthcare has been difficult and full of naysayers, barriers, hurdles and politics. Hence why the NHS is known to be a graveyard for innovation.

The challenges an innovator faces are phenomenal, especially if you are boot strapping and have a small team. Success is neither straight forward nor guaranteed, and the whole process feels like one step forward and two steps back.

Overcoming these barriers and hurdles shapes a budding innovator with an idea into an entrepreneur. I now have a multifaceted role that ranges from policy influencer, lobbyist and strategist to product development, data architect, academic project lead and market entry.

The innovation agenda in the NHS is created and set by the executives, governing board, directors and commissioners, influenced by key stakeholders and senior policy leads.

It just so happens that these senior, influencing and decision-making roles lack diversity. Such roles need to be more diverse, especially in a time when BAME presence on NHS boards has halved over the last 10 years from 15% to 8%. Diversity creates out-of-the-box, genuine innovation and inclusive ideas, through personal experience, which can lead to services fit for all and their needs, leading to a healthier society.

When I had the idea for my innovation, I was naive to think the NHS would "lap it up" as it's such a simple concept. However, I do



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I think that if the decision makers were more diverse, our product would have gained more traction and at a faster pace.

I now use my knowledge and experience to advise other start-ups, especially those founded by BAME entrepreneurs in the digital health field, on how to navigate the space and where possible make introductions ■

Professor Kamlesh Khunti

Professor of Primary Care Diabetes and Vascular Medicine at the University of Leicester

I am the son of migrant parents who didn't speak English and I grew up in inner city Leicester. I studied medicine at Dundee University and then came back to Leicester to be with my family.

My interest in cardiometabolic diseases in BAME communities stems from my personal experiences of close family members living with diabetes and some of the associated complications.

I started work in inner city Leicester as a GP and joined the University of Leicester as a junior researcher, becoming Professor of Primary Care, Diabetes and Vascular Medicine in 2007. I have received a number of national and international awards in view of my BAME work, including Health Services Journal Top 50 BME Pioneers and a Lifetime Achievement Award from India. One of my key achievements at the University has been establishment of the Centre for BME Health.

It's really important that we consider the health needs of diverse communities when defining priorities and carrying out research. We know that certain populations are less likely to take part in clinical trials, but novel methods (such as using arts based methods

or culturally appropriate physical activity) can be used to improve access to research for different communities. We need to do more to ensure that evidence informing healthcare delivery reflects the needs of all communities.

One of my concerns has been that we are delivering interventions based on studies conducted in populations without adequate BAME representation. Seeing the impact that adopting different approaches to involving people in research is both exciting and inspiring, and we want to ensure this knowledge is shared with researchers locally and nationally to increase representation from BAME populations.

There are many barriers – principally staff carrying out research need to be more aware of their own biases, which may be inherent in the design and conduct of their research and that could affect participation from underserved communities.

Better training for staff is critical to build cultural competence. This will be an important objective of our work at the Centre for BME Health that we will be undertaking over the next five years made possible by a substantive grant from the National Institute for Health Research (NIHR) ■



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Naomi Mwasambili

Founder and Chief Executive of Chanua

As an entrepreneur, innovator, researcher, therapist and lover of karaoke my journey started in West Yorkshire, born to parents of Tanzanian and Jamaican heritage, with my grandmother being part of the Windrush generation.

After studying and starting my career in Liverpool, I spent five years working in primary care psychology services in London, with a focus on creating culturally adapted therapies and providing therapy for African and Caribbean communities. It was here that I saw the inequalities of access to support for people, based on their culture and race.

In 2011, I set up a social enterprise where we trained hundreds of people in mental health awareness so they could become community and workplace mental health champions. We provided therapeutic services to housing associations and NHS trusts - and we won awards.

Within three years I had become burnt out and disillusioned with the sector. I was working flat out and there was a lack of financial resources to meet the increasing levels of need. There was also a lot of pressure on me to offer services for free and at the time I did not value my work enough and so invested too much time offering free programmes and training.

I was working 16-hour days and surviving on little sleep; it was not sustainable.

I wanted the freedom to solve the problems that I could see by developing new services, products or exploring changes that could be made within established models of care.

Inspired to do things differently I co-founded Chanua as a healthcare innovation organisation based in Liverpool, working on a range of projects improving outcomes in mental health and health through human-centred approaches complemented by technology.

Our flagship programme is Neuro Champions, in which we use games and technology to create preventative and early intervention services for children and young people aged between eight and 25.

Following success with a Wellcome Trust People's Award and a Public Engagement Grant we were able to recruit people, including young champions, and validate the work. We piloted the programme in different settings including schools, Alder Hey Children's Hospital and local authorities with a focus on young people from black, Asian and migrant communities, looked after children and young people with physical health problems.

We have games built from 3D printers; use virtual reality to identify emotions and support



young people to develop digital safety skills while learning how the brain works and how it relates to their emotional and mental health. The feedback from teachers, children, clinicians and youth workers is amazing. They tell us it is often the first time they have learnt about their brain and it really helps them express their emotions alongside managing stress and isolation.

I value the role of research in evaluating the effectiveness of healthcare interventions and am principal investigator for a New Minds EPSRC study looking at managing mental health in the school environment.

I am a champion of social enterprise and am a trustee and fellow of the School for Social Entrepreneurs ■

Rama Bhalla and Sujata Sabharwal

Founders, Personal Care Packs



As second generation UK Asians, our early career paths seemed quite standard. However, our careers took a radical but welcome shift 18 years ago when we founded a charity called Giving World.

Giving World is dedicated to fighting poverty and protecting the environment with one simple idea: saving brand new unused items that would otherwise have been thrown away; life essentials,

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like shampoo, nappies, washing powder, and distributing it for free to those in our communities that need it the most.

Annually the charity reaches over 300,000 people in the UK. We also run a skills training programme for young people and adults with learning difficulties, physical disabilities and mental health needs.

We later founded Personal Care Packs, a trading company that supplies the NHS, and gifts 100% of profits to Giving World.

Personal Care Packs started as a pilot service following a request to Giving World from staff at Leicester Partnership NHS Trust. The social enterprise now produces and sells essential patient care packs containing emergency supplies, to over 50 NHS hospitals, hospices, palliative care units, private hospitals and residential settings.

Having seen first-hand a patient in need of basic supplies and with our experience of repurposing surplus stock for charitable causes, we saw the great potential to make a real impact to vulnerable patients.

Hospitals freely distribute the packs to vulnerable patients, including those who have mental health issues, young people fleeing abuse, asylum seekers, homeless, victims of domestic violence.

The packs are customised for individual clinical disciplines meeting patient and hospital needs.

Developing this organisation together as sisters, while challenging and requiring sacrifice at times, has been extremely rewarding – especially when seeing the impact it can have on communities that are in need.

Diversity is important in the healthcare innovation agenda because it needs to consider the healthcare needs of a dynamically diverse UK population.

With some communities more prone to incidences of certain diseases and conditions and others potentially living in difficult circumstances (such as refugees and asylum seekers), it may be more difficult to access appropriate healthcare services.

Innovation based upon our own experiences and those of our communities can help ensure patients receive the most appropriate treatment and care.

We are motivated by giving back to the community. There have been occasions where we have seen first-hand inequalities in health and care where diversities and the circumstances of different groups haven't been taken into account.

The fact that we can use our experiences and background to shape the experiences of others in health and care is close to our hearts.

Something that seems like a simple concept, can have such an impact on vulnerable and excluded communities who are often overlooked ■

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Saadi Hussain

Founder, SmartMed

In 2012, I co-founded SmartMed with my brother Zaki to develop health products using mobile technology.

I think my upbringing helped as when I was young, I was constantly exposed to relatives who were all running their own businesses and saw the drive and imagination that was needed to be a success.

Healthcare is a basic human right and having diversity is key. More diversity means inclusivity. This is vital in innovation.

Personally I have not directly experienced any additional challenges as a BAME innovator. I have been very fortunate to have worked in an environment where I am judged based on my skill and not my background.

But barriers do exist, largely around access to grants and the ability for BAME communities to apply for them using the right language. I think this is where support can be given.

The idea for SmartMed came from a visit to our ancestral home that was organised by my late father Syed Ashraf Hussain. There we saw a clinic and the problems they were facing managing chronic patients. The amazing thing was that a lot of people had mobile phones and some even had Android handsets.



Our product is a digital platform focusing on long term chronic conditions using smartphones. We wanted a cost-effective solution that enables patients to better care for themselves but at the same time reduces the work load of clinicians.

As the proposition was founded to address Asian communities, we have added features where family members can help the patients by using the technology with the clinical team and sharing the care responsibility.

In many BAME communities, family members are often the unofficial carer. By allowing them to be able to use the technology in their own language makes it easier for many BAME community members to support their relative in the right way and at the same time easing the work load of clinicians.

Working closely with some leading NHS clinicians, we successfully piloted our product in diabetes and complex pregnancy. This led to winning both export awards and being part of the Digital Health Accelerator programme in 2018/19.

I welcome the responsibility that comes with being a role model for other BAME innovators. Sharing and learning from each other is the only way we can change healthcare for the better.

My message for others? GO FOR IT! What are you waiting for? Believe in yourself! ■



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We decided to use this technology to support patients by clinicians based in the capital Dhaka where all the specialists were based. A basic telehealth service was born but with additional functionality for patients. Returning to the UK, we realised that aspects of our solution can also be used here.

Dr Sandra Nwokeoha

Research and Innovation Associate, Wessex AHSN

I've always been intrigued by the assembly of mechanical systems and how they could be programmed to work. I had made up my mind as an undergrad, that I would focus my 'engineering' interest on health-related devices.

As a result, I studied Medical Engineering up to Masters level at Queen Mary University of London finishing with a First Class. This then led me to work as a Research Assistant in a Medical Mechatronics Laboratory at Imperial College, where I further developed a steerable probe for minimally invasive interventions.

Fascinated by the world of innovation, I then pursued an exciting PhD in Biomedical Engineering at Oxford University where I demonstrated the effective application and mechanism of shock waves in genetically treating cancer cells. My PhD equipped me with the necessary research skills to facilitate the development of medical devices.

So here I am, as a Research & Innovation Associate at the Wessex AHSN, where I support med-tech companies with developing trials in the NHS. It's a great space to be, where I am continuously learning about some new gadget and challenging its claims!

It's important to have diversity because it drives innovation and lateral thinking. More importantly it enables all that benefit from healthcare innovations, to feel included in the reason why they were designed and implemented into care. I believe there's a huge opportunity for diversity to improve the quality of decisions made regarding the innovation agenda, and optimise care for all!

Personally, knowing that the colour of one's skin has no bearing on one's gifts and talents has always been a fundamental truth to me. I am profoundly inspired by the great revolutionaries of recent times – to name a few, Dr M.L. King, Madiba (Nelson Mandela) and Thomas Sankara – who saw the world in a very special and unique way. Therefore, even though we may be a long way away from solving BAME under-representation in the workplace, we must remember that we are standing on the shoulder of giants!

My advice would be to build sound understanding of innovation contextually and to develop expertise in the area. There's room for anyone in healthcare innovation to grow and own, from those that know little but are engaged all the way to the entrepreneurs who've built truly novel technologies ■



Even though we may be a long way away from solving BAME under-representation in the workplace, we must remember that we are standing on the shoulder of giants!



Dr Seema Srivastava

Consultant Physician & Associate Medical Director,
North Bristol NHS Trust

My parents came to the UK in the 60s as first generation Indian migrants. I watched how my father - a single-handed GP and my mother - a teacher, worked hard to build their careers. Despite experiencing racism when he first moved here, my father was loved by his practice patients, who were from all backgrounds in inner city London.

It was a huge inspiration to see how my parents contributed to their community. This has influenced my career aspirations and also gave me the confidence to never consider gender or race as a barrier.

My love of science and connection with people meant I followed Dad's footsteps into medicine. In my first year as a consultant I was nominated by North Bristol NHS Trust to work with the Institute for Healthcare Improvement, later becoming a regional faculty member, in an NHS South West Quality Improvement (QI) and Patient Safety programme.

I have a passion to strengthen the care provided to patients through QI and have worked with the West of England AHSN through its Patient Safety Collaborative since 2014 to improve patient care across our health community.

I was hugely proud to receive an MBE in 2018 for my work in Falls and Patient Safety in the NHS.

My Trust and the Patient Safety Collaborative have been incredibly supportive and I'm keen to inspire other women from BAME backgrounds to be leaders in healthcare improvement. I am fortunate that I've never felt restricted in my ambitions from a BAME perspective. I feel much of this has been through my upbringing but also the welcoming NHS environments I've found myself in. But I do recognise that not everyone from BAME communities are lucky enough to receive such encouragement and support, which is where I think we can proactively do more work.

Having an inclusive improvement and innovation community is vital in encouraging a diverse range of perspectives and experiences to address the complex issues facing health and social care, today and in the future. If our innovators and change agents don't represent the population we serve, we risk missing out on those voices and their talent.

I hold a core belief that wherever we are and wherever we come from, we can achieve so much if we all see the value of connection and meet every interaction with kindness. This does take courage, especially when faced with differences in views or people who may not share the same values.

I am really excited to be considered a role model for other BAME healthcare professionals. I really hope I can inspire future leaders from diverse backgrounds.



“
It was a huge inspiration to see how my parents contributed to their community. This gave me the confidence to never consider gender or race as a barrier.
”

My advice to others? Get connected. Use social media, follow leaders who support diversity and say “hi”, sharing the great things you are doing to support our population to lead happy and healthy lives ■

Dr Taz Aldawoud

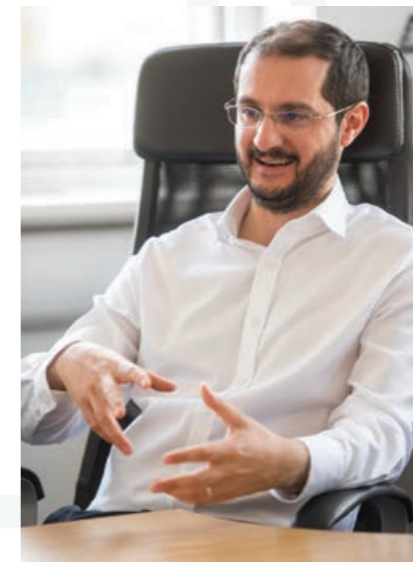
Founder of Doc Abode

My parents are originally from Iraq and I was born there but came to live in Scotland just after my first birthday. As the son of doctors, I always knew I wanted to work in medicine. I am a practising GP, and founder of Doc Abode, a multi-award-winning software platform, which matches the availability, expertise and location of clinicians to the needs of NHS patients who require a home visit.

My background is in medicine, but I have always had an entrepreneurial flair, even from a young age. Seeing my parents working in the UK as junior doctors in the 1980/90s and overcoming challenges, such as the language barrier, inspired me.

Apart from my parents, another person who inspired me and I considered a mentor is Dr Falah Abod. Dr Abod made such an impression on me that I named Doc Abode after him. He inspired me to take the risk, have confidence and turn my idea into reality.

As a GP I see first-hand how diversity in culture and religion affect people's health-seeking behaviour and interactions with healthcare professionals. I am passionate about reducing health inequalities and believe technology can play an important role in achieving this.



But behind all the technological advancements, there still needs to be a person-centred approach to the delivery of care and a diverse population requires a diverse health and care workforce to fully understand and meet the needs of patients.

In 2015, I succeeded in getting Innovate UK funding for Doc Abode and joined the AHSN's Proof of Concept Programme. This led to being awarded funding from the SBRI Healthcare 'General Practice of the Future' competition in 2016, which has allowed us to develop a robust platform that can scale nationally.

Doc Abode seeks to change the status quo by opening up access to a wider, more flexible workforce, providing clinicians with an alternative to shift-based work, which leads to the delivery of better care and improved patient experience.

“
There needs to be a person-centred approach to the delivery of care and a diverse population requires a diverse health and care workforce to fully understand and meet the needs of patients.
”

One of the important features of Doc Abode is its ability to highlight the patient's first language and identify a clinician that speaks the same language as the patient, removing the potential language barrier.

We have an exciting innovation roadmap which will see the expansion of the Doc Abode services to telephony and video triage and consultations, opening up further channels of engagement to even more patients ■

Yinka Makinde

Programme Director, DigitalHealth.London

Combine travel, an early career in pharmacy, an immersion into the National Programme for IT and a stab at entrepreneurship, and you get me - Yinka Makinde, with an unrelenting passion and drive to prevent illness through the adoption of technology.

Serving as Programme Director at DigitalHealth.London, I take on the challenging responsibility of making London a global commercial destination for digital health innovation, through services and programmes that support both the payors (largely the NHS) and digital health suppliers.

Over the course of my 26-year career to date, I have also worked for organisations such as Accenture, GlaxoSmithKline, Singapore General Hospital, as well as multiple NHS organisations across the UK.

My career path was seeded by a supportive upbringing where 'education first' and 'sky is the limit' were the mottos, and my decision from an early age to strive for impact has been the thing that has kept me motivated and striving for more.

Since joining DigitalHealth.London back in 2016, the most rewarding part has been witnessing the amplification of the message around digital health driven outcomes, on the front line and at board level, across NHS and third

sector organisations in London. This has translated into a steady, and notable growth in the number of digital innovations being sought, piloted and adopted. This is motivating the emergence of more and more transformational leaders in the healthcare system.

As an entrepreneur who tried and failed on my first attempt to found and commercialise a tech start-up with a healthcare mission, I understand first-hand the trials and tribulations being experienced by the hundreds of SMEs that regularly interface with DigitalHealth.London in search of support. Coupled with my background as a clinician, and technology implementer, I believe that I can offer a powerful blend of expertise and insight that fuels my ability to lead the fast-growing digital health ecosystem for London.

I tend not to dwell too heavily on my ethnicity when I am thinking about my future and jobs to apply for. I find that it can be disempowering to do so if you think too deeply about it. Rather, I focus on, and am motivated by creating a narrative that helps people to understand what drives me, and to demonstrate that I can deliver, and be a person and co-worker who can inspire.

This advice I offer to BAME and clinicians working as allied healthcare professionals in particular: actions speak louder than words. Define what impact you want to make, get out there and do it (or at least try to!).

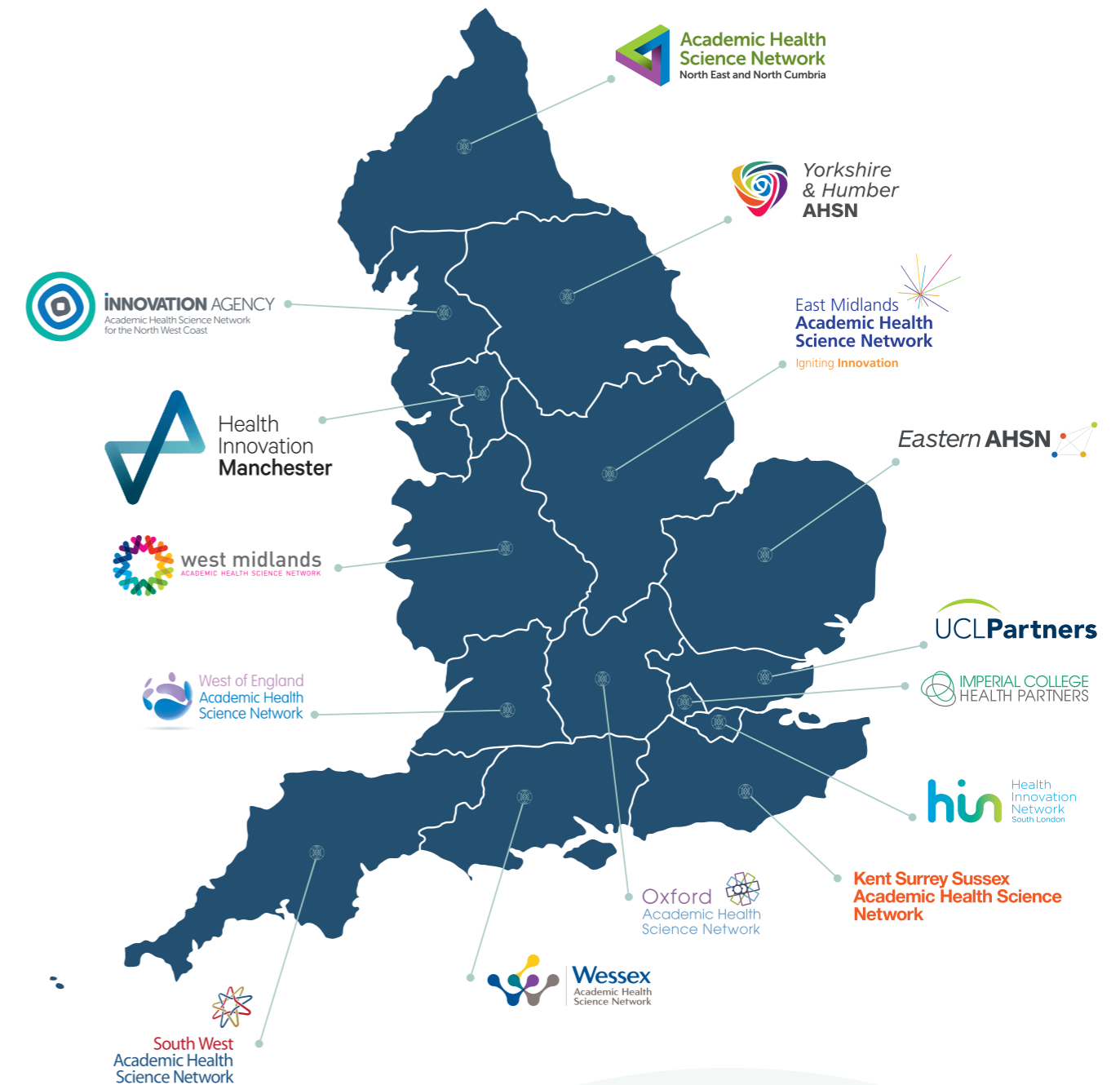


“ This advice I offer to BAME and clinicians working as allied healthcare professionals: actions speak louder than words. Define what impact you want to make, get out there and do it. ”

This will require you to be open minded, be willing to take some risks, and fail sometimes.

Ensuring diversity starts with you. Be the change you want to see across the sector - build your network, don't isolate or silo yourself ■

The AHSN Network



Find details for your regional AHSN at www.ahsnnetwork.com

For case studies on innovations supported by the AHSNs visit our Atlas of Solutions in Healthcare at atlas.ahsnnetwork.com

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