

Ten minutes with Dr Nikita Kanani, General Practitioner, and Medical Director for Primary Care, NHS England and NHS Improvement



Biography

Dr Nikki Kanani is a GP in south-east London and is currently Medical Director for Primary Care for NHS England and NHS Improvement. Prior to joining NHS England as Deputy Medical Director of Primary Care, she was Chief Clinical Officer of NHS Bexley Clinical Commissioning Group (CCG).

Nikki has held a range of positions within healthcare to support the development of innovative models of care, highly engaged clinical, patient and public leadership and is passionate about supporting primary care, improving service provision and population well-being.

She is a member of The King's Fund General Advisory Council and holds an MSc in healthcare commissioning. With her sister she co-founded STEMMsisters, a social enterprise supporting young people to study science, technology, engineering, maths and medicine. She has two young children.

FIRST AND FOREMOST, ARE THERE ANY KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO OUR READERSHIP?

For me, at a time like this—even more than at other times—the most important messages are the simple ones. How much we, as leaders, need to be kind and compassionate. We have to believe in ourselves, our values and our integrity, those being the most important things we can commit to and stand behind.

It's based on a concept that comes from my father. He came as a refugee from Uganda in 1972, and met my mum at Sunderland Polytechnic. They are both community pharmacists who have been strongly connected to their local population for decades, and grew in me the values I hold closely today. He always says our actions should be '*dil thi ne*' (pronounced dil-ti-ne), meaning '*from the heart*'. I believe that leaders should act from the heart. Whatever we put out comes back to us—so if we put out positive energy, that is what we get back. Putting out positive energy is an important aspect of how I try to lead.

TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

I have been on the same rollercoaster as everyone else! As a general practitioner (GP)—still a core part of my working life—I experienced a whole and rapid change in my day job, from working almost entirely face to face (and as a practice we were very tied to that model, with very little digital interaction), to almost entirely digital and remote working. It's been dramatic.

My national leadership role, as Medical Director for Primary Care, involves complex working across multiple agencies and stakeholders. Working with government and

partners to agree policy priorities for primary care, including contractual and funding implications, designing how to then deliver this and most importantly ensuring the voice of the profession and system is recognised within all of this. In one sense this role still exists as it did before COVID-19, but the pandemic has been all consuming, and the role has very much been subsumed into the need to provide clarity and operational support to primary care services, through the different phases of the pandemic.

Those needs are diverse, and might concern policy, finance, or contractual issues, for example. We have had to respond by reorganising into a primary care cell within NHS England, and as in my clinical life, by working remotely online—which of course has meant having a very different day to previously.

At the beginning of the pandemic, I took about 3 weeks out of my GP role to focus my energies on my national role. But I quickly realised I needed to be back on the ground some of the time; at a personal level I missed the clinical work very much, and the connection is important for my leadership, so I resumed general practice work.

The pace of change is very different from before. In the past we spent weeks and weeks on things, and I wonder now where did that time go? As we moved into the pandemic the pace of decision-making was so fast, day by day we were making decisions on whole new pieces of work. In that kind of situation, at a time when things are shifting quickly, as an individual you need to be even clearer, more principled, more evidence-based. But it's hard—the weight of trying to get things right is always on you.

What doesn't change is the need for kindness, compassion, empathy... staying connected to the experiences of colleagues and of patients.

The final big change has been a personal one—moving to being a homeschooling family. I have an 8-year-old and an 11-year-old at home. That is very grounding; the other day my 8-year-old was making cakes representing the end of Roman Empire, while I was on a ministerial video meeting!

WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

Probably three past roles are most significant. The first was as Chief Officer of a Clinical Commissioning Group, which was operating in a deficit position. This put the organisation under tremendous pressure for a period of time, and as the leader I had to wake up every day and know that I had to be really focused, that I had to deliver. It was challenging, but I find it helpful to know how that felt, and to know I can respond to that kind of situation, because the feeling is similar now.

The second role was when I was running various networks—of clinicians and others—at different levels. That developed my confidence in being digitally connected, via WhatsApp, webinars, social media, and these skills have been invaluable. They allow me to get information out and back readily, helping me to get feedback from large numbers of colleagues, as well as providing space for people to escalate queries. At one point during the pandemic we were putting out information to 24 000 people daily and running a weekly webinar attended by 3000–4000 people.

The third role was when I worked with NHS Direct before, and then as it became, NHS 111. I was there as the organisation was in transition and found working in an organisation with a shifting purpose to be quite disorientating. This feels very relevant now as NHS England/Improvement has to pivot to reflect so many changes in activity and priorities. Working within an environment of uncertainty means needing to keep checking in with your own, and your organisational, priorities daily to ensure you are on track.

WHAT ARE YOU FINDING THE BIGGEST CHALLENGES?

Two things; one is very simple—a lack of time, reflecting the pressure of the situation. Managing time is of course an eternal challenge for many; my approach starts with trying to forgive myself early for not always clearing everything. The role, and the home life is pacy and at times frenetic, and just noting that is important, I find. We are trying to be better about phones away when the day ends, and a single charging area for all devices to help us focus on home when it's time to do so. I also use the common and simple urgent/important matrix, which helps me to focus and prioritise on a daily basis. I need to do this, even though I am lucky to be working with, and supported by, a great team. Finally, as Mark Twain once said, *'If it's your job to eat a frog, it's best to do it first thing in the morning. And if it's your job to eat two frogs, it's best to eat the biggest one first.'* Eating the frog means to just do it, otherwise the frog will eat you, meaning that you'll end up procrastinating the whole day. So, I try and eat a frog—even a small one—every morning!

The second challenge is a large-scale one. It's that while we had made significant progress, in the last few years, on getting a better understanding of the importance of primary care in the architecture of the whole health and care system, we have lost some of that understanding in the heat of the pandemic. Attention has shifted back to the hospital response again, which is in part understandable. We have also lost some of the visible diversity, and the inclusion of staff, among the leadership community. It is my sense that prepandemic, leadership had become more diverse; but now everywhere you look (and not just in the NHS), the role models and information givers tend more, in the main, to be male and white. Keeping balance and diversity is a really important challenge going forward. We must reflect our communities at every level of the organisation, in order to deliver healthcare in the right way for our communities.

ANY PARTICULAR SURPRISES?

Of course, I shouldn't be, but I am surprised at the relentlessness of the focus and commitment, and the maintained high energy, from my team and others across the health and care system. I know people are motivated and committed, but we are into our 13th week now, and yet every day I am blown away with admiration for the people I am working with. They come to work with amazing energy, wanting to fix the issues that kept them awake at night.

ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

There is a real can-do attitude. I might come to the team with something I have been mulling on overnight and ask them for help, and what I get is a real optimism that we can sort it out; that if we can focus, we can solve the problems. That is really inspiring and encouraging.

HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

For me it starts at home. My 8-year-old sits next to me as I work. She mirrors my timetable and vice versa, and it really helps me with kindness to myself and to others in work. And that helps our teams to feel it too. It's also important to have a level of honesty in the team when we don't know answers, when you are tired or frustrated.

I also think connectivity helps. I run 24 different WhatsApp groups with different compositions and interests, each with about 250 people...that is useful as a way to keep thinking about each other, see what is going on, hear what people are experiencing. All leaders struggle to balance visible connection with those they lead with spending time doing their own work; now we have lost much face-to-face working, digital connectivity is crucial; so as well as my social media activities, I do weekly webinars and join team and local system meetings remotely. These are the new ways of 'seeing and being seen', but also of 'listening and being seen to listen', that are crucial for leaders.

ARE THERE ANY IDEAS OR READINGS THAT YOU FIND HELPFUL FOR INSPIRATION AND SUPPORT THAT YOU WOULD RECOMMEND TO OTHERS?

Three stand out for me. First, I always go back to Oprah (Winfrey's) *'What I know for sure'*.¹ Her book is very easy to dip into and out of, and it has great thoughts and comments to focus on, short observations on life which stay with you through the day, quietly reflecting on in the background. Even though I am usually a big reader, it's been really hard to get into books during the pandemic, so this has been an easy way to energise.

Second, I love Rupi Kaur's work—again, easy to dip in and out of, but inspiring how she structures her poems. *Milk and Honey*² is beautiful both visually and in message, taking me away from the screen just a moment to reflect on what is really important.

And finally, I go back a lot to Maya Angelou, remembering and feeling inspired by how she was the first African-American woman to speak at a presidential inauguration (for Bill Clinton). She spoke about societal responsibility and inclusion—which I didn't fully understand at the time. I have a picture of her giving that address above the door to my bedroom, and every day as I walk under it, I remind myself of what I owe to the communities I care for. The quote famously attributed to her is a mantra and intention for me: *'I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.'*

WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

What I have described above. I would like—and I often see—a real clarity of purpose. Understanding what we are trying to achieve for our diverse population and our diverse profession, because we have a dual responsibility for patients and for our colleagues. We need clarity, so we can move forward with authority... and fundamental to that is compassion. What we are all going through is genuinely life shifting, so we need to hold that in mind as we try to get the very best from everyone, for the benefit of our patients.

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REFERENCES

- 1 Winfrey O. *“What I know for sure”* (ISBN 978-1-4472-7766-8). USA: Flatiron Books, 2014.
- 2 Kaur R. *“Milk and Honey”* (ISBN 978-1-4494-9636-4). Canada: Andrews McMeel Publishing, 2014.