

Curriculum Vitae

**Professor MICHAEL BEWICK
MB.BS MRCP, MRCP, FRCGP, FRCP**

Independent Consultant in Healthcare

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Company name iQ4U Consultants Ltd

Company Registration number 09529605

PROFESSIONAL REGISTRATIONS

GMC number 2649069

MPS 127709

Revalidation date February 2018

Current Posts Held:

- Professor (honorary) University of Kent – Centre for Professional Practice 2015-
- Founder and Senior Director iQ4U Consultants Ltd 2015-
- Director Verumed Recruitment Ltd 2016-
- Non-Executive Director Medica Ltd (Digital radiology) 2017-
- Mentor to the Clinical Entrepreneurs Programme (NHS England) 2016-

Current Roles:

Independent Healthcare Consultant since the 1st September 2015. Founder of iQ4U Consulting Ltd in April 2015, which has developed rapidly as an SME in the fields of

- Innovation
- Workforce
- Strategic support to health and education systems

Working with associates drawn from health, health management, and higher education working in a variety of settings.

Recent experience:

1. University education:
 - a. Anglia Ruskin University in their bid to set up a new medical school
 - b. UCLAN
 - i. Developing a strategic approach supporting local workforce across NW England
 - ii. Developing the case for increased numbers of publicly funded medical school places in response to the expansion of medical training places.
2. Innovation:
 - a. As part of the European Innovation Partnership developing models of self-care in chronic disease. Developing a novel and innovative programme to maintain 'fitness at work' using new technologies as part of the ARIA/MACVIA programme in Languedoc/Rousillon.
 - b. Improving work productivity utilising self-monitoring systems in App based technologies.
 - c. Senior assessor for INTERREG VA cross border health and social care bids for Ireland/Northern Ireland and West of Scotland.
 - d. Lecturing on the NHS as a thought leader and SME in the health sector.
 - e. Lead reviewer in Airedale Hospitals Telemedicine review.
3. Workforce:
 - a. Essex CCG's Primary Care transformation strategy; supporting improved access to Primary Care through international recruitment and the development of a 'competency based' approach.
 - b. Developing a Clinical Leadership programme at Ashford and St Peters FT.
 - c. Federation and system review N Kirklees CCG.
 - d. Developing an exemplar model of care and platform in Primary Care to supply Locum GPs to practices with Network Locum.
4. Working with FTI Consultants:
 - a. Primary Care:
 - i. London wide QIPP review.

- ii. Essex transformation programme in Primary Care.
- b. Acute sector:
 - i. Liverpool Women's Hospital Reconfiguration of maternity and neonatal care.
 - ii. Kings Lynn strategic approach to system wide change.
 - iii. North Bristol Hospitals clinical strategy to support their sustainability plans.
 - iv. Development of a dementia diagnostic in N London.
- 5. Specialised commissioning:
 - a. Developing a Rare Disease advisory to support industry accessing complex markets.

Previous senior experience:

An experienced and innovative **Executive Board Medical Director** with nationally recognised success in NHS Executive, Board, and Clinical leadership positions in Strategy Development and Commissioning in Primary and Secondary Care. Previously Deputy NHS Medical Director to **Sir Bruce Keogh**, National Medical Director of NHS England. A proven track record of developing and delivering strategic direction nationally for the NHS and within Acute and Primary Care Trusts. Experienced in leading clinical and management teams and delivering through partnership, working with key stakeholders on a Local, Regional and National basis.

A recognised 'thought leader': Insightful and influential in the development of NHS National Strategy and Clinical excellence. Advised on policy for NHS England to the Secretary of State and Government Ministers and author of several publications and instigator of debates that inform emerging NHS strategy and clinical direction. Persuasive in presenting and selling ideas with highly developed television and press interview and public and social media engagement skills with particular experience in dealing with high public profile sensitive situations.

Previous Senior Responsible Owner for **Revalidation**; overseeing its implementation from December 2012 to August 2015.

Passionate regarding the delivery of quality, effective and accessible NHS services for patients. Proven track record of target achievement through organisational recovery, development and delivery of complex programmes, sustainable systems, and high quality care. An influential leader at the RCGP with significant improvements delivered in national standards of care provided by individual doctors and their practices.

Political strengths developed through work on local and national health, education and training issues: Pro-active, flexible, self-motivated, committed with a passionate "can do" attitude: Demonstrates a collaborative leadership style, empowering staff and partners to deliver strategic and organisational change through engagement, constructive challenge, energy, focus, new ideas and change experience.

Particular experience and skills in the following areas:

Strategic Clinical and Business Development, Influencing and Management:

- ◆ Appointed lead clinician in the investigation into the Leeds Children's Cardiac Surgery service. The immediate effects were to assure parents and the public of the safety of the service. The Trust has subsequently implemented improved quality measures and communication processes with the

families. Immediately established a key stakeholder communication strategy. Chaired public engagement events and provided progress updates during television and press interviews. Oversight of all subsequent investigations and inquiries into the unit in a three-part review. Managed complex relationships between two high profile centres of excellence with subsequent resolution of a potentially damaging dispute.

- ◆ Contributed to the Children's Cardiac Surgery 'New Review' with emphasis on the lessons learned from Leeds.
- ◆ NHS England's sponsor for second Bristol Children's Heart review (principal investigator, Sir Ian Kennedy); chaired meeting with families in Bristol and negotiated terms of reference for the review. This involved working closely with Sir Ian, families and the CQC.
- ◆ Strategic advice to DH/NHSE on Medical Innovations bill 2014/15.
- ◆ Senior clinician in the delivery of Closer to Home strategy within Cumbria. Led the integration of clinical and social care services. Ahead of National Policy established this pioneering group as a driving force for change in commissioning of services; one of the first wave pathfinders in England (currently a first authorisation wave CCG). Against 2009 to 11 trend, delivered year on year reduction in demand elective and unscheduled care.
- ◆ Designed and led development of a clinical strategy to meet financial and patient local Acute Services service failures identified. Worked closely with MD of NCUHT. Secured Board approvals. Embedded service provision awareness events into governance reviews. Developed a successful turnaround strategy; established a system board; informed key stakeholder debate. Delivered M&A plans and Gold Command in incident response.
- ◆ Recent lead reviewer in:
 - Airedale Hospital Foundation Trusts review of Telemedicine services.
 - SEUPB assessment of INTERREG VA cross border health and social care bids for Ireland/Northern Ireland and West of Scotland.

Leadership - Clinical and Professional:

- ◆ NHS England's lead clinician in the development of the Primary Care Strategy. Instigated and led on NHSE's 'Call to Action' for Primary Care and Eye Care. Provided advice to the Secretary of State and Ministers. Established a National Network for Quality in Primary Care. The aims were to embed improvement methodologies particularly improved patient safety. Whilst looking at all aspects of care, particular emphasis is placed on a 'human factors' approach, improved incident reporting, effective hands off and handovers and drug reconciliations. Worked with CQC' Chief Inspector of General Practice in developing key metrics of performance, and the 'failure regime and special measures'. Part of the evaluation programme and board for the 'Prime Ministers Challenge Fund'.
- ◆ External Examiner for Kent Surrey and Sussex leadership programme since 2011.
- ◆ Introduced robust business management approaches and structures to deliver numerous service contracts. Lead clinician for 2010/11 NCUHT contract development. Developed as part of a C2H and system wide strategy, a shared risk approach with over and under performance assurance. Embedded a team working culture with clinicians and financial managers. Delivered all contracts to meet all cost, service delivery and QIPP plans.
- ◆ Introduced robust business management approaches and structures to deliver numerous service contracts. Lead clinician for 2010/11 NCUHT contracts development. Developed as part of a C2H and system wide strategy, a shared risk approach with over and under performance assurance. Embedded a team working culture with clinicians and financial managers. Delivered all contracts to meet all cost, service delivery and QIPP plans.
- ◆ Part of a team appointed to develop and implement the strategic direction and transfer of community provider services under TCS. Established clear, open and honest approach to staff and key stakeholder communication. Significantly improved staff understanding of the Health agenda aligned to their roles and responsibilities. Transformed a previous negative view of change in some staff groups into a positive "can do" approach. Led the sign over of contracts from the PCT to Cumbria Partnership FT.

Change Management: Performance and Financial Improvement:

- ◆ Appointed Senior Responsible Owner for the introduction of Medical Revalidation. Designed, recruited and led a national team to deliver key milestones for the implementation Revalidation for all registered doctors in England. All key targets met and delivered with minimal disruption of the service. Led a national team of Responsible Officers (31 in commissioning and over 600 in provider organisations). Implemented Responsible Officer regulations covering 165,000 doctors. Improved clinical governance systems for 43,000 General Practitioners.
- ◆ Appointed NHS England's lead clinician in QOF revisions for GP contracts: worked across organisations to align NICE and NHSE operations to support proposed QOF changes. This resulted in a reduction of QOF data sets reducing administrative burden while maintaining key targets. Joint lead for design of Dementia DES 2014
- ◆ Lead NHS clinician in developing joint workforce plan for Primary Care; the 'Ten Point Plan', to improve Primary Care workforce.
- ◆ Lead GP in designing protocol and tools to improve the management of sepsis in children (in development) outside of the acute setting.
- ◆ NICE guidance on QOF; Lead clinician advising on future development of QOF working with colleagues in all four countries. Advised NHSE and Secretary of State on safe reduction in QOF points 2013/14.
- ◆ Led the development of new ways of community working. Strategic support to clinicians in community hospitals and the newly developing 'step up step down' care within the acute trusts. Improved patient throughput (significant reductions in lengths of stay), quality and patient satisfaction. Established the first Primary Care Assessment Unit in Westmorland General Hospital. Successful transfer patient care from acute to a community care provider.
- ◆ Developed a novel new review system in primary care to improve the management of referrals to providers. Introduced support to enable clinicians to peer-review activity and reduce variation in referral patterns. Engaged 'Clinical Inter-phase Managers' with access to comparative data. Developed community-based services including; dermatology, surgery, gynaecology, cardiac and diabetes. Widened the choice on 'choose and book' resulting in many patients preferring locally based services within their GP or community premises.

Service and Quality Improvement:

- ◆ Keogh reviews; Chaired the visits to two of the post Francis review sites, NLAG and Blackpool; contributed to three other reviews in the North of England. Complex and in depth inquiries. Contributed to the final Keogh review document and recommendations. Developed thorough understanding of secondary care systems, clinical governance, mortality and patient safety.
- ◆ Development of EPRR standards and processes with the operations directorate of the NHS commissioning Board 2012.
- ◆ Appointed as a CQC Chair for the first cohort reviews in hospitals. Chaired the Liverpool Royal Hospital visit and partook in the review of Harrogate Trust. Large multidisciplinary team sampling key areas of clinical activity resulting in improved patient safety
- ◆ Programme board member for Ebola outbreak 2014/15 advising on NHS England's response
- ◆ Lead PCT executive and Board Member within ELIFT Company: Developed the primary care and community estate strategy. Delivered successful procurement of primary care facilities in line with the C2H strategy to enable delivery of locally based community services, including new premises delivering community based integrated social and medical care.
- ◆ Appointed Chair of the examination board and Chair of the Assessment committee: Led the transition to single route of assessment for GPs; implemented the new MRCGP assessment, a single route to licensing for GP's.

People Management

- ◆ Key clinician in the England implementation of Medical Revalidation working with multiple stakeholders at MD/CE level, including all Arm's Length and Professional Bodies. Negotiated budgets with leads from finance and operations directorates within NHS England

- ◆ RCGP role; led both assessors and educators through the change management required for the new MRCP assessment. Worked within a complex environment including the GMS, PMETB, and the RCGP senior management.
- ◆ Led executive team in its planning of primary care and community workforce to implement C2H policy. Improved patient outcomes and satisfaction in community hospitals and primary care. Implemented community intervention teams to support early patient discharge from acute trusts (STINT teams- short term intervention teams).
- ◆ Worked collaboratively with the PCT executive team to develop staff within primary care and community with a patient centred focus. Secured support and engagement of staff and unions via an open whole team approach. Delivered realigned workforce with change flexibility in community nursing to meet new commissioning requirements.

PUBLICATIONS

1. Superoxide dismutase, glutathione peroxidase and catalase in the red cells of patients with malignant lymphoma. **Bewick, W.** Coutie and G.R. Tudhope. Br J of Haematology 1987.65.347-380.
2. Poster Submission to AMEE 2008. Setting the standard for the nMRCP Clinical Skills Assessment. **Mike Bewick**, Neil Munroe, Fiona Patterson & Richard Wakeford
3. Experience of simulated patients and candidates in the MRCP examination Simulated surgery component. Education for Primary Care 2006 17, 354-61 ML Denney, R Wakeford, **M Bewick** and K Hawthorn
4. Simulated Surgery an examination for our time? Education for General Practice 2006 17 136-46. K. Hawthorn, **M. Bewick**, ML. Denney and R. Wakeford
5. Personal profile; BMJ confidential 25th April 2014
6. BMJ Careers 14th February 2014. Promote GP careers to counter falling applicant numbers.
7. Munro N, **Bewick M**, Jones S, de Lusignan S. Combining Specialist and generalist training could improve GP recruitment 2nd August 2014, 349:36 No 7969 Careers page 3-4.
8. Operational definition of Active and Healthy Ageing (AHA): A conceptual; framework; Jean Bousquet, **M Bewick** et al; The journal of Nutrition Health and Ageing 09/2015, DOI:10.1007/s 12603-015-0589-6.
10. Maintaining Health despite chronic illness in the elderly: A multi-disciplinary study visit to the North of England Region. Wilson N, **Bewick M** and Dziworski W; European Geriatric Medicine 05/2015.03.008
11. Operative definition of active and healthy ageing (AHA): meeting report. Jean Bousquet, **M Bewick** et al; Montpellier October 2014. European geriatric medicine; 02/2015; 6(2); 196-200; DOI; 10; 1016/j.EurGer.2014
12. Positioning the Principles of Precision Medicine in Care Pathways of Allergic Rhinitis and Chronic Rhinosinusitis; P.W. Hellings, W.J. Fokkens, C.A. Akdis, T. Bieber, C. Bachert, I. Agache, **M. Bewick**, M. Bernal-Sprekelsen, G.W. Canonica, P. Gevaert, G. Joos, V. Lund, A. Muraro, M. Onerci, T. Zuberbier, B. Pugin, S.F. Seys, J. Bousquet ARIA and EPOS working groups (in press)
13. Building bridges for innovation in ageing: Synergies between action groups of the EIP on AHA. The Journal of Nutrition Health and Ageing 21(1):92-104-January 2017. Bousquet, J. Bewick, M et al
14. Pilot Study of mobile phone technology in allergic rhinitis in European countries. The MASK-rhinitis study. Allergy January 2017. M.Bewick with J. Bousquet, A. Bedbrook, DP. Caimmi et al

Research

- ◆ Laboratory based research at Ninewells teaching hospital into red cell enzymes protecting erythrocytes against oxidation, during cytotoxic chemotherapy
- ◆ Junior member of Forrest trial in the initial evaluation of Tamoxifen in early breast cancer
- ◆ Unpublished research on Total Body Irradiation versus conventional chemotherapy in Indolent Lymphoma
- ◆ Multi-site trial of Ceftazidime as a primary treatment for leucopenic associated sepsis (1986-7). Published as a poster at International meeting on antibiotics in the immunocompromised host.
- ◆ One of the architects of a novel commissioning methodology 'commissioning through evaluation' for NHSE.

Recent research:

1. Part of the ARIA group investigating the phenotypic determinants of health in young children with premature onset of allergic disorders a predictor for complex multisystem disease.
2. 'Fit at Work: a new smart phone based application to support patients with Allergic Rhinitis manage their condition and improve productivity. Study commences in Northern Ireland then Germany June 2016.

CAREER DETAILS:

Deputy National Medical Director NHS England Deputy for Sir Bruce Keogh

2012 – 2015

Responsible nationally for:

- ◆ Primary Care leadership and strategy.
- ◆ Oversight of Specialised Commissioning (until December 2014).
- ◆ Senior Responsible Officer for Revalidation NHS England.
- ◆ Lead Medical Director on Informatics.

Selected achievements:

- ◆ Developed and implemented a national Revalidation programme in England for. Assumed the SRO role from DH following a Gateway review to establish the capacity and capability to deliver the revalidation programme: Established a PMO function
- ◆ Part of a multi-disciplinary team as lead Medical Director and subject expert in a number of Keogh Reviews following the publication of the Francis report.
- ◆ National oversight of NHS England's Specialised commissioning strategy. Introduced 'commissioning by evaluation' concept
- ◆ Setting up of a new National Network for Primary Care Quality, working with key partners implementing improvement and safety processes within Primary Care
- ◆ Key spokesman for NHS England on Primary Care strategy following the 'Call to Action' launched in August 2013

Medical Director (Director of Primary Care Commissioning) and Responsible Officer (from 2010): NHS Cumbria

2007 – 2012

Including, since 2011 **Deputy CEO 2011: Board member** responsible for:

- ◆ Strategic clinical service development and delivery of clinical and operational services to 510,000 populations in Cumbria; includes contract development across services integrated with all health and social care sectors; £850 million budget and c2000 staff.
- ◆ New Business and Partnership development incorporating social care, acute and specialist sectors, primary care, voluntary and third sector organisations; Service transformation and procurement of service contracts. Strategic business partnership formed with acute, mental health provider and local government for the re-provision of services throughout Cumbria. All partners agreed publically to the endorsement of the C2H plan.

Selected achievements:

- ◆ Delivered all services to meet all cost, quality, service and governance standards; all services registered with Care Quality Commission (CQC) with acute and community contracts and Service Level Agreements in place and high levels of productivity (QIPP) delivered.
- ◆ Instigated partnership working with other key stakeholders including service providers to develop a range of care pathways (acute and community) to ensure that services could be accessed at the right time and in the most appropriate setting. Significant cost reduction with the introduction of community response and reduced hospital lengths of stay
- ◆ Delivered significant improvement in Primary Care performance. Achieved top 2-performer status within the NW SHA (from bottom 3). Improved QOF performance, and reductions in practices using excessive 'exception reporting'. Active management of underperformance of clinicians within primary care, supported by improved clinical governance and remediation processes; Developed a 'federal approach' within localities; expansion of local enhanced services, supporting overarching strategic change e.g. the development of a long term conditions LES supporting the role out of 'year of care' and patient involvement.
- ◆ Revalidation preparedness. Responsible Officer led on implementation of 'organisational readiness self-assessment'. Achieved 'green status' following plan submission. Successful transfer of SRO role from Department of Health to NHS England and became the SRO.
- ◆ Royal college of General Practitioners. Following the implementation of the new MRCGP assessment successfully defended the 'standard setting' procedures as pass rates reduced.
- ◆ Successful wave 1 clinical commissioning pathfinder in 2010.

Strategic Lead Secondments

2012 – Present

- ◆ **Department of Health NCB Emergency planning team:** Appointed to help develop the NHS strategy for EPRR in recognition of my experience and expertise as a category 1 emergency responder for NHS Cumbria over the last 5 years (includes: flooding in 2009, the tragic shootings in 2010; and UHMBT). As Chair of Gold led incident working across clusters, and with both regulators and professional bodies in response to the Trust's multiple clinical and system failures. The current work concentrates on how policy is translated into implementation, addressing design, communication and governance issues.
- ◆ **South Essex PCT Cluster.** Mentor to Thurrock CCG during authorisation
- ◆ **CQC inquiry** into commissioners' involvement for the 'Urbani case'. Appointed to advise on the PCT/SHA's role in the procurement and supervision of out of hours' care, 'Take Care Now'. Informed the National review of out of hour's services. Led to improved vigilance and assurance standards for all PCT's and primary care providers.

Strategic Lead NHS Merseyside

2012

- ◆ External advisor on procurement of multiple APMS contracts valued at £20million.
- ◆ External consultant appointed to investigate governance procedures in primary care.

Strategic Lead: NHS Cumbria

2007-12

- ◆ **Governance;** leading on transition arrangement, documenting of the legacy issues in the transition to the new organisational form. Evaluation of the impact of CIP's on patient safety and quality of provision. Setting up of a director of nursing and medical directors' forum across Cumbria to assure quality of service during the transition. Set up with Director of Public Health and Director of Nursing an effective serious untoward incident group.
- ◆ **Recovery phase of the UHMBT incident.** PCT appointed lead working closely with the trust and the CCG's in Lancashire and Cumbria, in cooperation with Monitor and CQC.
- ◆ **System wide performance.** Managing the transfer of performance responsibility to the new commissioning organisations, recognising that pragmatically they will lead on these issues post authorisation, but before achieving full statutory body function.
- ◆ **Primary care development.** Provision of strategic support for primary care particularly in areas of challenged service deliver. Implementing Public Health priorities in areas of deprivation.
- ◆ **Monitoring of financial performance in all providers:** incorporating specific focus in UHMBT as a result of the recent significant incident
- ◆ **Improving safeguarding procedures within all providers:** Appointed to address a weak performance in OFSTED and CQC reports. Established a new forum with providers, commissioners and local government to improve the safety of children and young adults in Cumbria. Earlier implemented the launch of 6 locality GP leads providing a children's safeguarding role. Improved educational programmes across providers, including primary care. Identified and appointed designated nurse, doctor and strategic paediatric lead (consultant level); involved clinical commissioners in the SUI system to deliver shared governance with the new commissioning organisations
- ◆ **Mental health;** priority of improved provision of psychological therapies for the population. Specific areas for improvement are in the provision of services for young people and those with long term conditions.
- ◆ **Bristol Children's Cardiac surgery;** key negotiator in the setting up of current (second) inquiry into services at the Bristol site. High profile issue led by Sir Ian Kennedy who completed the first inquiry over 10 years ago.
- ◆ **Children's Heart surgery new review;** Parliamentary briefings on progress since a Judicial Review process repealed the 'Safe and Sustainable' review.

Principal in General Practice **1989 – 2008**
Beech House Egremont: Appointed to develop and deliver a strategy to support new and existing investment business; Trainer for F2 trainees; Tutor to UCL/RFH accepting final year

Registrar Internal Medicine and Oncology	Ninewell's Hospital and Medical School	1983 to 1987
Medical SHO rotation	Stoke Mandeville Hospital	1982 to 1983
Junior Lectureship in Medical Oncology	St Bartholomew's Hospital	1981 to 1982
Pre-registration Surgery and Medicine	St Mary's Hospital	1980 to 1981

Board, Board Sub Committees and other Statutory Roles

Appointed Professor (Honorary) of Professional Practice	May 2015 Ongoing
Chair of assessment MRCGP assessment	2007 to 2012
Council and College Executive member RCGP	2004 to 2011
Vice Chair of Cumbria LMC	2002 to 2008
Chair of Examinations Board, Royal College of General Practitioners	2005 to 2007

Postgraduate Education and Training Roles

External Examiner – University of Kent (KSS)	2011 to Present
Member of the Assessment and Transition group and Examiner for MRCGP	1996 to 2012
RCGP council member	2002 to 2011
Interim lead for RCGP Practice accreditation scheme	2009 to 2010
CEC member	2005 to 2008
Simulated Surgery core group member, deputy convenor and convenor	2000 to 2005
MAP assessor and core group member	
Trainer to Northern Deanery (West Cumbria VTS)	1997 to 2010
Mentor to new trainers – Northern	2000 to 2002

PROFESSIONAL DEVELOPMENT and QUALIFICATIONS

GMC registered. Medical Manager compliant with current appraisal and revalidation requirements	2012
FRCP	2012

Responsible Officer Training	2011
Equality and Diversity Training	2010
FRCGP	2005
MRCGP	1988
MRCP (1985)	1985
MB.BS (Lond)	1980

Updated CV January 2017