Conclusion Poor documentation may reflect inadequate safety checks and incorrect procedural technique. Our quality improvement project demonstrates that a simple intervention of introduction of a checklist measurable improved documented compliance with key BTS mandated parameters. This intervention improves patient safety.

After review by key emergency medicine, acute medicine and respiratory stakeholders, the checklist has been incorporated into the Trust pleural procedures protocol. This protocol will be rolled out trust-wide across three sites.

REFERENCES

1. GMC, 2013. Good Medical Practice.
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Collaborative working

7 GP-CONSULTANT LIAISON SOUTHAMPTON 2018

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10.1136/leader-2018-FMLM.7

Introduction and implementation Collaborative working across primary and secondary care is crucial to providing quality care. In this GP-Consultant Liaison scheme, 59 Consultants and GPs were strategically paired to enhance working relationships. Pairs hosted and visited each other's workplace. Our aim was to improve professional understanding, foster deeper partnership, ignite opportunities for innovation and quality improvement (QI) with co-owned local solutions. Submitted anonymous reflections were analysed for common themes. A celebration of the shared learning took place in January 2018 with 9 affiliated NHS organisations. The emphasis was on compassionate leadership and next steps.

Impact Feedback obtained from 71 (60%) participants was scaled from 1 (least likely) to 6 (most likely). In breaking barriers, individuals supported a regular primary-secondary care forum; weighted average score of 5.25, found the scheme useful (4.59), likely to take part again (4.83), consider new ways of working consequent to building better relationships (3.85). We observed production of leaflets on psychological support for patients in hospital consequent to insight obtained from primary care, sharing directories of primary care secretary contacts and restructuring of outpatient clinic letters to state 'For Information Only' or 'GP Action Required' resulting in substantial time and cost savings. The liaison improved morale and insight. Common themes from reflections revolved around compassion, collaboration, complexity, efficiency and education.

Learning This scheme was an easy and enjoyable way to reconnect individuals and allowed professionals to learn about challenges we face within the NHS. As QI activity, the scheme resulted in simple local solutions for patients. It is a low-cost intervention that can be replicated within any organisation in the NHS. However, it needs a motivated and persistent individual to drive the project forward. @sotonliaison17

Quality improvement

8 USING CARE NAVIGATION TO OPTIMISE GENERAL PRACTICE

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10.1136/leader-2018-FMLM.8

Background Demand in primary care is increasing; between 2010 and 2014 consultations increased by 13% but the workforce increased by less than 5%. Superimposing this is the difficulty in retaining full-time GPs. We therefore embarked on a care navigation project at a London practice with the aim of utilising resources more efficiently by directing patients to the most appropriate healthcare professional available.

Methods Staff meetings were held to discuss the factors contributing to oversubscription of GP appointments. An Ishikawa diagram was constructed and the Pareto Principle was applied to determine that patient unfamiliarity with resources was the root cause.

Teaching sessions focusing on communication and care navigation were held with reception staff. This empowered staff to reassuringly request information from patients so, if appropriate, the patient could be redirected to alternative healthcare professionals. We designed a poster featuring statements that staff could use and we developed a flowchart so that receptionists could establish who the patient should be booked with. The project was developed through PDSA cycles; staff were encouraged to edit the resources so improvements could be made. Problems were identified through verbal feedback.

Results Patient bookings pre- and post-intervention were recorded; this totalled 238 and 108 sessions respectively. Data was gathered retrospectively from Vision. GP bookings decreased from 15.0 patients per session pre-intervention, to 12.9 patients post-intervention; a 14.00% decrease. Bookings with nurses and healthcare assistants increased by 4.95% and 26.63% respectively suggesting a redirection of patients away from GP appointments.

Conclusion Small changes can impact upon big problems. A reduction of two patients per session creates twenty extra minutes that can allow space for emergency appointments, flexibility for overrunning appointments and a reduced need for locums.

Leadership and management program

9 KING'S IMPROVEMENT THROUGH ENGAGEMENT (KITE) – A PROJECT TO IMPROVE UNDERSTANDING OF MANAGEMENT STRUCTURES AND LEADERSHIP TECHNIQUES AMONGST TRAINEE DOCTORS AT KING'S COLLEGE HOSPITAL

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10.1136/leader-2018-FMLM.9

Aims

1. To help trainees develop a better understanding of different leadership strategies and increase their exposure to the various management and leadership opportunities present within medicine.