DEVELOPING THE ‘F3’ PROGRAM AT ROYAL SURREY COUNTY HOSPITAL (RSCH)

Layla Brookfield, UK

10.1136/leader-2019-FMLM.42

Introduction As the downward trend in the number of Foundation Year 2 doctors progressing directly to speciality training continues, NHS trusts are left struggling with rota gaps and reliant on locums. The Royal Surrey County Hospital (RSCH) is no exception. This project aimed to understand why current F2s have decided to take time out and their aims for the coming year. This information then informs the development of an attractive Foundation Year 3 (F3) program that benefits both the trust and the doctor.

Method A list of current F2s was provided by the Medical Education department. A survey was sent using Survey Monkey. Responders were asked both multiple choice and ranking questions. These concerned: their plans for the coming year, and what they would look for in a trust grade position. Results showed that nearly half of patients went straight to test, with an improved number of days between referral and scope and referral and diagnosis, indicating that adapting this patient centred approach through a targeted role effectively addresses some of the challenges that the 2ww pathway presents.

Abstracts

HOW TO STOP GUIDELINES FROM GATHERING DUST ON THE SHELF: EVIDENCE-BASED INTERVENTIONS

1,2 Aoife Molloy, 3 Johannes Wolff. 1 Imperial College London, UK; 2 NHS England and NHS Improvement, UK

10.1136/leader-2019-FMLM.43

The Evidence-Based Interventions Programme was established and developed as a joint enterprise between five national partners: the Academy of Medical Royal Colleges, NHS Clinical Commissioners, the National Institute for Health and Care Excellence as well as NHS England and NHS Improvement to lead national implementation of appropriate clinical intervention in an integrated health economy. The programme aims to ensure that procedures are offered appropriately in the NHS in England by using shared decision making, behavioural insights, consensus-seeking, collaboration with clinicians and commissioners, contract amendments, tariff changes and patient engagement. Lessons learned are wide ranging and emphasise the need for leadership at all levels of the health care system to inspire improvement:

1. We should ensure that procedures are offered appropriately in the NHS in England.
2. National implementation of initiatives is complex and requires diverse public and stakeholder engagement.
3. Creating nuanced messaging across diverse groups should not be shied away from though it is challenging.

IMPROVEMENT SCIENCE INFORMING CLINICAL STRATEGY

FFPH Malti Vashney, Selina Robinson. London Clinical Networks and Senate, NHS England and Improvement (London), UK

10.1136/leader-2019-FMLM.44

In 2015, the NHS, local councils, the Mayor and Public Health England set out their objectives for London’s health and care system. National priorities were published in the NHS Long Term Plan. London has a complex health and social care system serving 8.8 million population with high levels of inequality. A strategic partnership was formed identifying specific life outcomes and clinical priorities which will improve faster if the organisational partnerships works effectively at a ‘once for London’ level.

Initiatives by various organisations identified challenges relating to unwarranted variation in access, clinical practice and clinical outcomes. An effective delivery model was needed to coordinate efforts of all agencies to implement large scale change at system level.