

doctors on a range of topics. Consensus amongst peers was that teaching sessions often were not particularly relevant to the needs of junior doctors.

A peer-to-peer teaching scheme was launched for Foundation Year 1 (FY1) doctors in February 2018. A one-hour session dedicated to peer teaching was allocated once or twice a month within protected teaching time. Three speakers were assigned per session, each delivering a 15–20 minute presentation. Content was left to the discretion of the FY1 doctor presenting, and frequently centred around common on call scenarios.

13 FY1 doctors presented topics within the peer teaching programme in the remaining 6 months of the Foundation Year 1. An end-of-year evaluation survey showed that feedback of the scheme was largely similar to regular teaching sessions, with a higher overall rating.

Reflecting on our positive feedback, going forward we ensured that the programme continued to be offered to the FY1 doctors starting in August 2018, and expanded the programme to FY2 doctors.

Acting upon feedback, the presentation time was lengthened to 30 minutes for the FY2 programme in order to allow the speaker to explore their chosen topic in more depth. We also developed a teaching syllabus based on the core medical/surgical curriculum to encourage teaching tailored towards membership exams.

Compared to last year's FY1 programme, we have seen an increase of nearly 40% in teaching participation this year with 18/54 FY2 doctors presenting topics.

We believe the positive uptake of the peer teaching programme reflects a positive engagement of junior doctors in their education, which we hope will carry through to their clinical work on the wards.

56 DIGITAL PATIENT INFORMATION LEAFLET : AN INNOVATIVE APPROACH

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Issue Non availability of paper leaflets for patients for sexual health conditions and contraception in our clinic due to the lack of logistics necessitated to start a quality improvement project.

Innovative idea proposed Newer generation smart phones have camera with built in QR code scanner and does not require an App to scan the QR code. We utilized this opportunity for our innovation.

Project journey A survey was conducted among sexual health clinic staffs on tools used for distribution of patient information leaflets and acceptability of QR code and short url for usage. Survey findings were presented and discussed at a departmental educational meeting. QR codes linking to official BASHH and FPA online patient information leaflets were created from trust Microsoft word software and displayed as small stickers at clinic rooms for usage. Feedback from users was obtained after 6 months. On the second stage of the project, bit.ly codes were created for different clinic sites and were incorporated to the second version of QR codes. It was exceptionally approved by clinic staff for usage with good positive usage feedback.

Technical knowledge of team members and patients were initial challenges, but it did not create a big hurdle as many of our patients are youngsters and Londoners. The total budget for this low carbon project was zero. It solved our clinic logistics requirement at no extra cost.

Lessons learnt Innovative approaches works and encouraging team members and supporting them during innovations can bring positive improvement to the service. Changes can be proposed and implemented as early as possible if it is of no harm to patients and staffs. Team involvement and communication are essential for a successful project.

57 EXPLORING THE FUNCTIONS OF AN E-PRESCRIBING SYSTEM TO REDUCE PRESCRIBING ERRORS AND IMPROVE INPATIENT MEDICATION RECORD KEEPING

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The e-prescribing system at the Great Western Hospital offers a note taking system that pharmacy uses to record a 24-hour drug history and allows users to add notes clarifying any changes.

A QI project aimed to reduce near-misses caused by prescribing errors by increasing the utilisation of the 24-hour drug history and note system. This was done via education targeted at the primary users of the system using pre-existing channels in the trust. Three cycles of interventions were implemented: teaching the prescribers how to use the system during teaching sessions, increasing publicity via posters in clinical areas and trust mailing lists, and making a version of the guide available on the trust intranet.

The primary measure was the number of near-misses identified from pharmacy phone calls to the medical team in a 24-hour period, which fell from 22 to 10 to 8 to 7. Secondary measures were the percentage drug histories being 'read', which improved from 12.77% to 23.26% initially but fell to 2.38% and 4.65%; and the percentages of drug charts with notes clarifying discrepancies which changed little despite intervention from 18.92% to 28.00% to 33.33% to 29.54%.

The interventions show that it is possible to use existing trust education channels to produce a sustainable reduction in near-misses. The reduction in percentage drug histories being 'read', and the lack of change in the percentages of drug charts with notes clarifying discrepancies illustrate the challenges in using an e-prescribing system.

58 HOSPITAL AT WEEKENDS: IMPROVING CONTINUITY OF CARE

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Introduction Maintaining continuity of care at the weekends with a reduced workforce requires effective handover, and robust workforce and task management. In Medway Maritime Hospital, an audit showed that only 50–60% of the weekend