- Cambridge medical students expressed feelings of loneliness and isolation during medical student placements, where they could be allocated in small groups (often 2 or 3 individuals) to remote areas of Cambridgeshire.
- Care homes residents reported a feeling of lack of social integration with those outside of their care homes.

Aims Our aim was to create an intervention that:

- Tackled loneliness in students and elderly residents in Cambridge.
- Established social integration across different generations.

Intervention Following a stakeholder engagement and workshop with: medical student representatives, Cambridge university executive board and Cambridge local council care home lead; a pilot pen-pal scheme was launched between care home residents and Cambridge medical students.

Measurement of impact and improvement

Impact will be measured following a year of letter-writing to assess:

- A change in score of feeling of loneliness.
- Understanding another generation.

Provisional feedback has been positive, with all 10 pairs in the pilot recommending the scheme to a friend or family, and reporting that they have had 'interesting and enjoyable conversations'.

Conclusion Pen-to-paper is a unique and engaging way to tackle the complex problem of social isolation and loneliness in two at high-risk groups. The intervention has been well received by both groups and we are extending the intervention to residents in warden controlled/sheltered accommodation.

71 QR CODE, DOCUMENT STUDIO AND PATIENT SAFETY

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10.1136/leader-2019-FMLM.71

Aims

- Think Out Of Box
- To know about application of technology(google add on) in Incident Reporting to overcome barriers, such as, Complex system of reporting, time consuming, manpower and supplies issues, feedback issues, fear of punitive action, and inability to report as anonymous.

Methods Google add ons like spreadsheet, document studio and QR code was designed and used for incident reporting, getting responses and giving feedbacks.

Results Incident reporting was increased to nearly 3 to 4 times. Incident reporting barriers were removed. Monitoring of the compliance to the essential safety standards(Blood transfusion reaction, Patient identification, Safe and correct procedure, venous thromboembolism prophylaxis) was made easy. Even Patients started to contribute in Incident reporting.

Conclusion With the help of the applied google tools, we were able to have a direct live access to the dashboard for Incident reporting and also helped to monitor Indicators of patient safety, particularly, the timeliness of the OVR(Occurrence Variance Report) System.

72 REDUCTION OF NEEDLESTICK INJURIES AMONG NURSES AND HEALTHCARE ASSISTANTS THROUGH AN INTERVENTION: NATIONAL HOSPITAL SRI LANKA (NHSL)

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10.1136/leader-2019-FMLM.72

Introduction Cutaneous injuries, resulting from needle sticks, injection devices and sharps are a major issue for all health care workers and cause a considerable threat of spreading blood-related infections like HIV.

Aim To reduce NSI among nurses (NO) and health care assistants (HCA) in the NHSL, by assessing the current gaps in the Knowledge, attitude and practice and designing intervention to mitigate the harm and reduce the injuries.

Method An Interventional study was conducted in three components, pre-interventional, interventional and post interventional. Random sampling technique was applied to select the appropriate number of nurses and health care assistants.

Pre-interventional component:

To identify the gaps in the present managerial practices on NSI, a pre-tested structured questionnaire on knowledge, attitude and practices was administered.

Interventional component:

Two separate in-service programmes were conducted for both categories. WHO recommended injection safety tool kit was also introduced.

Post-interventional component:

Outcome of the interventions were assessed by measuring the pre- and post-test knowledge, attitude, and practice of the same participants. The same tool was administered.

Results

- Both Groups (NO and HCA) showed a highly significance different after interventions, on Reporting system for NSI: p value (0.05, 0.001). Awareness on Post Exposure prophylaxis (0.003, 0.049).
- Non-significance difference among nursing officers on Knowledge attitude and practice. All the p values observed 0.05 < and z evident with negative findings.
- Only Knowledge component among the HCA indicates a significant difference.

Conclusion and recommendation It was recommended to conduct more awareness programs and training modules on post exposure management of NSI because it has shown positive Results in both categories.

WHO injection safety tool kit has also shown positive Results.

73 TEA BREAK TALK: A WELLBEING INITIATIVE FOR JUNIOR DOCTORS

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10.1136/leader-2019-FMLM.73

Background The 2019 BMA report on 'Caring for the mental health of the medical workforce' found that 80% of doctors are at high risk of burnout with junior doctors being most at risk. The 2018 GMC Training Environment Report also found that 25% of doctors in training felt burnout associated with

high workloads, rota gaps, and lack of a supportive environment.

Method Members of the Junior Doctors Representative Committee (JDRC) at University Hospitals Plymouth (UHP) NHS Trust, launched a bi-monthly initiative called Tea Break Talk. We put forward a proposal to our local BMA events organizer and arranged attendance of key people and services locally that we would like to promote as part of these sessions. Through open group discussions and questionnaires we assessed perceptions around seeking support from Clinical/Educational Supervisors and aim to support the wellbeing of junior doctors locally by signposting available services and peer-led discussion/reflection.

Results Over a period of 3 months, we obtained feedback from doctors ranging from F1-ST6 levels. All responders found Tea Break sessions to be beneficial and a safe platform to discuss concerns regarding their wellbeing and professional development. 44% of the attendees were not aware of the existing counselling services, and only 48% felt comfortable discussing these stressful scenarios with their supervisors. Only one third of responders would discuss other personal or health-related concerns with their supervisors and almost 20% felt that doing so would reflect badly on them.

Conclusion Tea Break peer-led sessions have formed the ideal platform to facilitate reflection and promote wellbeing for Junior Doctors, as well as signposting information about alternative support systems available. Our data proves these sessions as a successful leadership initiative at Derriford Hospital and highlights the importance of establishment of similar initiatives in other hospitals in the South West.

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THE SLRP PROTOCOL: A TECHNIQUE FOR IMPROVING TELEPHONE TRIAGE FOR RECEPTIONISTS

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10.1136/leader-2019-FMLM.74

With the rising population number and age, and the current financial climate of the NHS, there is a greater burden on primary care services to create innovative solutions to meet the increasing patient demand. Alternative communication tools such as telephone triage have been proposed by the Royal College of General Practitioners (RCGP) as a cost-effective, sustainable solution. The quality of the first patient interaction, typically conducted by receptionists, can have a substantial impact on patient care, yet most are not trained in medical communication. This project aimed to improve the telephone triage process at our practice (South Lambeth Road Practice) focusing specifically on the patient's first contact with receptionists as this is a potential area of significant risk. The involvement of a final year medical student in a leadership role was a novel aspect of this project that served as an invaluable link between medical and non-medical staff.

A protocol entitled 'SLRP' (Symptoms, Length of symptoms, Recent actions, Priority) was created to aid reception staff with focused information gathering and effective triage.

Patient awareness was also increased by updating the practice website, phone service and production of posters.

Before telephone triage, 100% of calls resulted in face-to-face consultations, compared to 45% after its implementation. Post-intervention there was a 142% rise in the quality of information gathered. Feedback from staff showed the protocol increased their confidence when interacting with and gathering information from patients.

This project has resulted in the implementation of further telephone triage days and interactive training sessions for receptionists. It highlighted the challenges faced by receptionists and has emphasised that effective leadership involves the ability to work collaboratively with non-medical and medical staff to create sustained improvement.

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WHAT IS THE ROLE OF A PHARMACIST IN A PARKINSON'S MULTIDISCIPLINARY TEAM?

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10.1136/leader-2019-FMLM.75

Worcestershire Integrated Neurological Rehabilitation Service (WINRS) recognised their Parkinson's disease (PD) caseload was increasing and more patients were presenting with complex care needs. A comparison of caseloads and referral times between healthcare professionals (HCPs) identified areas where workload was duplicated. Patients were also waiting longer for assessments with individual HCPs. WINRS collaborated with the Trusts Pharmacy Team to pilot PD multidisciplinary team (MDT) clinics.

Patients attend a PD MDT with the PD specialist nurse (PDSN), physiotherapist, occupational therapist (OT) and pharmacist in one single clinic to formulate a collaborative care plan. The PDSN leads the review using an agreed PD assessment tool ensuring a systematic review is conducted. Patients are given the opportunity to discuss their care needs and benefits from the expert knowledge of each HCP. The integrated care approach minimises duplication of workload and reduces waiting time referrals. The pharmacist supports the PDSN with accurate medication history, medication review and any other medication-related problems.

The utilisation of pharmacists' specialist knowledge in long term conditions (LTCs) is highly recommended in national guidelines. However, a systematic literature search was conducted in 2018 using healthcare databases. The literature search identified 17 PD MDT peer-reviewed studies. The MDTs identified varied both in the number and the type of HCPs. Physiotherapists and OTs (n=16) were included most often and PDSN (n=8) included sometimes. None of the studies identified involved a pharmacist. Pharmacists have shown benefits when working in MDTs for other LTCs; however, their role in PD MDT is not researched enough.

Research is underway to identify the role of a pharmacist in a PD MDT. We anticipate the research will show that patients, carers and HCPs will prefer a more inclusive PD MDT with a pharmacist resulting in improved patient care.