82 'FORMING, STORMING, NORMING AND PERFORMING' – EXPERIENCES IN CLINICAL POLICY (SPECIALISED COMMISSIONING)

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Specialised Services provide people suffering from a variety of complex and rare conditions with a range of medical and surgical treatments that are directly commissioned by NHS England. The National Clinical Policy Team was a new team set up within Specialised Commissioning in August 2018. Our new team was mandated with improving the efficiency of the policy development, whilst in parallel developing new policies and contributing to the development of our team and its establishment within the wider department.

This was a novel opportunity for a junior doctor undertaking an out-of-programme experience to develop leadership and management skills early on in their career. Alongside managing a range of policies across various programmes of care, the role required coordination of policy working groups, chairing teleconferences, attending meetings and contributing to the commissioning of evidence reviews and the writing of policy and commissioning documents.

Through becoming increasingly conscious of behaviour and its impact on others to managing conflict and politics between various stakeholders to drive the production of higher quality and more robust work, this opportunity provided a springboard for personal development away from direct clinical contract. Two-way communication, a critical aspect of the doctor-patient relationship, is also required at a system-based level to achieve better patient care. Such experiences should be welcomed amongst the junior doctor community and help contribute to the development of future medical leaders.

83 FUNDING AVAILABLE! HOW TO FUND YOUR LEADERSHIP AND MANAGEMENT PROGRAMME THROUGH APPRENTICESHIPS

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Aim Medical leadership and management (LM) is recognised as an essential facet of clinical practice; poor LM leads to poor patient outcomes. However, there lacks standardised, sustainable training for all clinical professions whilst clinician burnout, and associated risks of increased patient safety incidents, is a national concern. Through the Government Apprenticeship Scheme NHS Trusts have access to a ring-fenced budget that can provide funded, vocationally based, nationally benchmarked leadership and management (LM) training which can support staff LM development.

Methods In December 2017, through a partnership between the authors, South Tees Hospitals NHS Foundation Trust (STEES) and Always Consult, a Registered Apprenticeship Training provider, the Foundation Leadership and Management (FLM) programme for Foundation Year 1 doctors (FY1s) was launched. Believed to be the first clinical LM Apprenticeship

in the United Kingdom, FLM is mapped to the FY1 clinical curriculum and leads to a nationally recognised qualification enabling membership of two leading international LM bodies. FLM has been shown to increase FY1s' preparedness for the LM challenges of practice and resilience.

Results FLM's clinical LM Apprenticeship concept was used by STEES in 2018 to create a Ward Managers' programme; further programmes for Allied Healthcare Professionals, Consultants, Matrons, Staff Grade Nurses and Trust Grade Doctors are planned. Other healthcare organisations, using the FLM concept, are currently preparing to launch clinical LM Apprenticeships including Health Education North East's programme for Acute Care Common Stem Trainees.

Conclusions Clinical LM Apprenticeship programmes, such as FLM, can increase staff self-rated LM preparedness and resilience. Apprenticeships offer an opportunity to establish locally deliverable LM programmes, for all professions and levels, which holistically benefit staff in a resource constrained and challenging environment.

84 QUALITY IMPROVEMENT AUDIT

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The prevalence of pain in advanced cancer is 70 to 90%. Some cancer patients may have more than one pain. The available evidence demonstrates that the efficacy and tolerability of morphine sulphate, oxycodone, hydromorphone and methadone are equivalent.

The aim of this audit was to review the prescribing practice of opioids to palliative patients on the oncology day ward. The nursing and medical staffs were educated frequently with short, interactive teaching sessions. As well as this, an opioid constipation leaflet has been developed and introduced for patient education purposes. This was a re-audit of the audit completed in 2018.

NICE Opioids in Palliative Care Clinical Guideline 140 and Pharmacological Management of Cancer Pain in Adults, National Clinical Guideline No.9, November 2015.

This was prospective re-audit and twenty people were included on the audit. Sixty-five percent were male and 35% were female. All were reviewed by the Palliative Medicine Consultant.

In regards to breakthrough analgesia (BTA), 15 percent of patients did not have breakthrough analgesia prescribed. It has been recommended that the BTA should be 1/6 the 24 hour sustained release dose. Of those that had breakthrough analgesia prescribed, 83% were prescribed the correct dose of BTA and 17% were not. This is an improvement from last year where only 55% of patients were prescribed the correct dose of BTA.

In the last audit, it was found that laxatives were not prescribed concomitantly with opioids in 40% of cases. On re-audit, the prescribing of laxatives with the prescribing of opioids improved. Laxatives were prescribed in 85% (17/20) of cases.

This re-audit has shown that correct dose of breakthrough analgesia is being prescribed and the corresponding short-acting opioid is being prescribed, i.e. Oramorph with MST. The concomitant prescribing of laxatives have improved also.