Results Those on the FLM Apprenticeship showed greater self-rated preparedness for the LM challenges of practice when compared to those not on the Apprenticeship. Participants' first BRS in October 2018 was taken as a baseline and compared with their last BRS in January or March 2019. Increases in BRS were observed in over 70% of those on the FLM Apprenticeship compared to decreases in over 70% of those not on the Apprenticeship.

Conclusions LM programmes such as FLM can increase FY1s' self-rated LM preparedness and resilience. Apprenticeships offer an opportunity to establish locally deliverable LM programmes which holistically benefit staff in a resource constrained and challenging environment.

91 SYSTEMS LEADERSHIP LESSONS FROM PLANNING FOR WINTER PRESSURES

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10.1136/leader-2019-FMLM.91

Aims Unprecedented winter pressures in 2017–18 led to cancellations of elective activity across the NHS and deteriorating population outcomes. East Midlands Clinical Senate undertook a review of the local planning processes to manage periods of increased demand

Methods A two-stage approach was adopted:

- Literature review of national guidance
- Interviews with four local organisations

Conclusion 25 papers were identified with guidance falling within 8 key themes: patient flow (n=13), communication and collaboration (13), demand (13), system capacity (12), funding (6), planning (6), patient safety (3) and staff training (3)

The interviews revealed that despite similar system and operational challenges, clinical solutions are not being shared between commissioners and providers at scale

More collaborative systems leadership approaches from commissioners during winter 2018–19 resulted in improved outcomes across the system

The ambulance service is uniquely placed as a provider which interacts daily across local systems and with providers. This enables operational and clinical relationships to be developed and there was evidence of how a strategic approach to learning and responding to this insight had enabled better performance and outcomes following the winter of 2017–18

The importance of looking after workforce and creating the best possible conditions for staff to do their best for patients was highlighted

Recommendations Better sharing of data and practices across the region

Systems embrace and develop innovative ways of working to facilitate holistic care

Commissioners should consider acting more as facilitators (enable change to occur and issues to be tackled) rather than regulators (seeking assurances on what has already happened)

Develop better relationships with ambulance services to ensure practices are robust and standardised

Improvements in rotas and increased investment in staff (both in terms of staffing numbers and improved skillset of each staff member)

92 TELEDERMATOLOGY: AN INNOVATIVE APPROACH TO MANAGE SKIN CONDITIONS IN PRIMARY CARE

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Teledermatology is a newly growing service delivering dermatologic care, covering the entire field of dermatology, ranging from initial diagnosis to treatment and management. Teledermatology involves the use of medical photography to examine the skin of a patient together with the relevant history to diagnose dermatological conditions. Images are sent electronically to the dermatologist and in most cases receive a response within 48 hours. GP practices have started making diagnostic agreements with GP's with a special interest in Dermatology. Teledermatology gives the opportunity for the majority of patients to be treated by their own GP/Primary care, following a suitable management plan suggested by the GP with a special interest in Dermatology, but without having to attend hospital. By reducing the number of dermatology referrals to secondary care, Teledermatology can also help address the demand for dermatology care in hospitals. Teledermatology has shown to optimize resources, provide quick and efficient care as well as reducing the number of referrals to secondary care. It is a service that should be achieved by all primary care physicians. Teledermatology has the potential to permanently change the way that doctors manage their workflow and provide patient care.

93 INNOVATING IN CHILDREN'S URGENT CARE

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Aim The number of emergency department attendances by children and young (CYP) is on the rise. However, 90% of medical patients are discharged after initial assessment. The Ambulatory Care Experience (ACE) service is a new model for urgent care for CYP. The primary aim of the team is to provide child and family centred quality acute care at the right time and in the right place, ideally at home. The service provides an alternative to a hospital referral or admission for CYP.

ACE Intervention

1. Paediatric consultants take clinical responsibility from point of referral. Subsequently, CYP receive up to 5 days of home observation, delivered by a specially trained band 6 nurse.
2. Development of the service has required a system wide, shared ambulatory care vision. It was designed with families