

Understanding Leadership Through Research

96 SUPER-PARTNERSHIPS VS TRADITIONAL PRACTICES: A QUALITATIVE STUDY EXAMINING GENERAL PRACTITIONERS' EXPERIENCES OF LEADERSHIP

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Background General practice has been identified as the backbone of the NHS, yet it is under increasing pressure. One change occurring in general practice is the move towards larger organisations from smaller traditional practices. These new structures bring an emerging complexity regarding leadership. It is unknown how well leadership is being executed in super-partnerships. This is an important subject as there is evidence to show that good leadership in a system corresponds to better quality of care delivered. A key aspect that is being missed in current research is how the workforce feels about their leadership roles in these new super-partnerships compared to smaller traditional practices.

Methodology Qualitative interviews with nine general practitioners in the west midlands were undertaken. Exclusion criteria: GPs working as locums or retired. Semi-structured telephone interviews were undertaken following a topic guide and transcribed verbatim. Thematic analysis was conducted on the transcripts using Braun & Clarke's six-phase framework with the aid of the software NVivo.

Findings Nine interviews were undertaken, and six main themes were formed: time spent on leadership, motivation, future, leadership style, current challenges and training to create change.

Conclusion This research looks further in-depth at the views of general practitioners towards their leadership roles and challenges that present themselves currently and could do in the future. This research is important as understanding if good leadership is being implemented in these structures can have a positive knock-on effect to many other systems. This topic needs to be closely monitored as these structures develop.

Leading Innovation and Improvement

97 MDT APPROACH TO IMPROVE ATTENDANCE OF OUTPATIENT APPOINTMENTS AND SCANS FOR GERIATRIC INPATIENTS

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While working on a geriatric ward I noticed many of the patients were not responsible for their own care and that often it was done by family/community teams. Thus when they came into hospital they were often missing planned outpatient appointments/investigations which were scheduled for them. This led to poor patient care and led to increased missed appointments. Imperatively many of these patients were vulnerable and it would improve their quality of life greatly to have all investigations while an inpatient rather than coming back repeatedly for single appointments.

I was able to assess the extent of this issue by discussing a model with our IT team in which they ran a model which displayed all patients on geriatric wards who had upcoming outpatient appointments/investigations. I then discussed with local teams on wards and decided that doctors, head nurses and ward clerks would be notified twice weekly about upcoming appointments. My analysis was based on looking at how many of those who had appointments attended them and if they did not why so.

From the findings it was seen that this was beneficial for doctors to understand what investigations/appointments patients had. It also made life easier for nursing and ward staff as previously they were either told about appointments at the last moment or would have to search for them manually. Thus as the Whittington is now moving to a fully electronic system, one part of this system will have upcoming appointments displayed for all professionals to see. This work contributes to leadership as it shows how simple interventions can have mass effect on patient care, ease work for staff and improve clinic attendance.

98 DESIGN AND DELIVERY OF A NOVEL VIRTUAL HEPATITIS B (HBV) SURVEILLANCE PATHWAY IN EAST LONDON

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HBV can lead to serious complications but the disease is generally asymptomatic. Homerton University Hospital has a large cohort of treatment naïve HBV patients requiring long term surveillance. Patients were being seen for follow-up on a six-monthly basis primarily to organise surveillance investigations, which impacted upon follow-up waiting time for other conditions and risked delaying surveillance investigations if clinics were cancelled or appointments missed.

We created an electronic 'virtual surveillance pathway' commencing March 2018 based upon European guidelines. Patients triaged to this pathway are recalled by text message and postal invitation for Hepatocellular Cancer surveillance ultrasound, with blood tests and elastography performed on the same visit when required. If a focal liver lesion is detected on ultrasound, cross-sectional imaging can be immediately organised by the duty radiologist. Results are reviewed in an electronic virtual clinic by a Consultant or Clinical Nurse Specialist with early recall to clinic or organisation of the next cycle of surveillance as dictated by results. Outcomes are electronically shared with the GP and patients receive a hard copy. The pathway is coordinated on the electronic patient record with patients booked into a timetabled 'paper clinic' after each cycle of surveillance tests.

Results

- 168 patients were recruited in the first year, saving 336 outpatient appointments.
- Cancellation or non-attendance for surveillance investigations was less than 5% compared to just over 10% for conventional outpatient consultation.
- Liver clinic new to follow-up ratio improved from 14:22 to 16:16.
- Routine follow-up waiting time fell to 13 weeks.