

## Understanding Leadership Through Research

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

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10.1136/leader-2019-FMLM.96

**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.

- All respondents reported they were 'very satisfied or fairly satisfied' with the service.

A virtual HBV pathway can deliver safe, evidence-based and timely surveillance with a high degree of patient engagement and satisfaction.

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### GLOBAL FELLOWS: AN INTERNATIONAL CONTRIBUTION TO THE WORKFORCE CRISIS IN RADIOLOGY

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Diagnostic imaging is central to almost all diagnostic processes, particularly cancer care. Capacity for diagnostic imaging tests is one of the major limiting factors in the modern NHS and this is critically limited by a lack of radiologists.

The UK has a sound subspecialty training structure in radiology but insufficient current workforce. Specialist Training places for radiologists, although over subscribed at ST1 with high completion rates, also do not provide sufficient supply to change the situation.

India is a country of c.1.3 billion people and trains a huge number of general radiologists to a high standard but offers more limited opportunities for structured higher training within a sub specialty. Thus there is a great wish to 'earn, learn and return' - to develop a subspecialty and knowledge of the NHS.

This is the report of leading a successful pilot of recruiting and placing radiologists who can contribute to the workload in the NHS while up-skilling themselves and returning to India with greater subspecialty expertise. We also offer an early report of further progress: scaling up across England, working with Health Education England (HEE), the Royal College of Radiologists (RCR) and Apollo Radiology International.

By implementing this scheme more radiologists are being recruited, leading to better, quicker diagnosis: patients will have better access to more rapid and accurate diagnosis which can only improve satisfaction.

Acceptability to patients is a key component of the programme including aculturalisation of recruits to the NHS and other learning of NHS values making sure that patients are treated with respect and dignity in keeping with the NHS constitution.

We describe the challenges and successful strategies by which we have navigated them to deliver a truly cross-system project involving four organisations which could hardly be more different: an NHS trust, an arm's length body, a Royal College and a commercial company based in India.

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### STRENGTHENING NEW PAEDIATRIC REGISTRARS' LEADERSHIP POTENTIAL

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**Background** This project sought to improve paediatric trainees' confidence and leadership skills just before becoming core paediatric/neonatal registrars. This is notoriously a difficulty

transition point in the paediatric training pathway and presents potential risk to patient safety.

Assessment of issue and analysis of its causes

Data about trainees' confidence and leadership capabilities at this transition point was collected via an electronic survey from prospective and previous registrars. The responses highlighted concerns about 1) knowledge in certain aspects of neonatal medicine and 2) leadership confidence at this crucial transition period.

**Intervention** In response to the feedback, a study day was carefully designed to address the critical learning needs. Each lecture/workshop was led by a different specialist consultant, senior paediatric trainee or advanced nurse practitioner. The sessions were interactive and included case-based discussions and situation judgement scenarios. Different leadership styles were explored throughout the day.

**Measurement of improvement** To assess the impact of the educational material delivered on the course, detailed feedback was collected in real-time from attendees (n=60), throughout the course. Confidence before and after each session was assessed (on a scale of 1 to 4); confidence increased by an average of 1 point in every lecture delivered. 94% of attendees felt that the talks would help to improve their clinical practice and leadership skills as new paediatric registrars. Overall, 100% of attendees rated the study day a '1' (out of 4) in terms of usefulness (where 1 = extremely useful and 4 = not useful).

**Lessons learnt** Careful planning and briefing of speakers enabled an effective study day to be delivered for prospective new registrars, increasing confidence in various aspects of their training at the crucial transition point between being an SHO and becoming a registrar.

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### ESTABLISHING A TRAINEES NETWORK

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There were many training opportunities in leadership, management, finances and trust-wide projects which were under-utilized by doctors.

It was apparent that most of the Junior doctors were not aware of such opportunities, nor how to access them.

The inspiration to start this network began from my journey in exploring leadership. I was unaware of ample opportunities at our trust, and felt I needed to explore externally, I wasn't alone in this thinking.

By involving local leadership trainers, we explored ways to disseminate the information better.

We carried out a survey to assess the trainee's perception of the trust, as well as how much knowledge they have of the opportunities available:

- Only 54% had any understanding of the learning opportunities available to them
- Only 26% felt it was easy to access relevant information from the trust
- Only 43% felt supported in exploring new ideas and lead change
- Only 37% felt enthusiastic about their future role in the NHS