

Study aims This study was the first qualitative study to explore the experiences of the commissioning and redesign of the innovative Umbrella model. The study aimed to understand the impact of the Health and Social Care Act and cuts to funding on the provision of contraceptive services in Birmingham and Solihull.

Methodology The methodology is founded on Realist Evaluation, exploring data gathered from the thematic analysis of 12 semi structured, one-to-one, qualitative interviews.

Findings Through re-design and innovation, the introduction of Umbrella has improved outcomes in a time of uncertainty and austerity. For Umbrella those individuals involved in commissioning and service redesign have been key in driving a shared vision for change, as has the culture of collaboration and partnership working.

Conclusion The Umbrella model has achieved greater efficiency, cost savings and reinvestment opportunities, while reintroducing accountability and a strong clinical governance framework through collaborative commissioning, innovative leadership and a shared vision for change.

While this study has its limitations, it provides insight into the experience of Umbrella in evading the detrimental impact of cuts to funding, while operating in an environment of austerity, offering advice and direction for others in this challenging time and raises considerations for the future.

Leading Innovation and Improvement

116 PROJECT CUTTING EDGE (PCE): STIMULATING CULTURAL CHANGE IN SURGICAL TRAINING

¹Prakrit Kumar, ²Harry Spiers, ³Hugo Horsfall, ⁴Tanya Ta, ⁵Alexander Yao. ¹University of Birmingham, Medical School, Edgbaston, Birmingham, B15 2TT, UK; ²Department of hepato-pancreatico-biliary surgery, Manchester University NHS Foundation Trust, UK; ³Division of Neurosurgery, University of Cambridge, Cambridge Biomedical Campus, Cambridge, CB20QQ, UK; ⁴Norwich Medical School, Norfolk and Norwich University Hospital, Colney Ln, Norwich NR4 7UY, UK; ⁵Department of Otolaryngology, Princess Royal Hospital, Lewes Rd, Haywards Heath RH16 4EX, UK

10.1136/leader-2019-FMLM.116

Compounding on high burnout rate (33% in NHS), the lack of progression of UK trainees to further UK-based surgical training (38% of F2 trainees) is not conducive to sustainable future-fit NHS. A more sustainable, holistic form of training culture is needed to stop and even reverse the burnout epidemic. These changes require strong leadership, as well as grass-roots cultural change to promote a bio-psycho-social model of well-being that supports sustainable personal success as well as professional success.

PCE is a national organisation that combines the traditional portfolio-focused advice, from prize-winning trainees, with holistic supportive ecosystem. PCE, via workshops, mentoring sessions, online resources and articles, encourages trainees to consider principles of success, productivity optimisation and multiple health facets via 2 principles:

1. Constant, continuous improvement
2. Service to others

PCE currently has 649 subscribers on mailing list, 986 likes on Facebook, 283 followers on Twitter, 98 subscribers

on Youtube. In 3 recent workshops, 58.2%, 74.4% and 41.2% of attendees understood the need for constant, continuous improvement and 74.4%, 69.3% and 53.0% understood need for service to others. In workshop 3, 92.3%, 76.9% and 92.3% agreed that these 2 principles have provided tools to develop their portfolio, build long-term career success and build resilience respectively. In workshop 2, 79.5% of attendees demonstrate a strong use of these values when pursuing a career in surgery. All attendees stated they will take action as a result of these workshops.

In addition to the tradition portfolio/exam-focused advice, PCE broadens the view of trainee to build a viable surgical career, in the light of all health facets (physical, mental, social and financial domains). PCE demonstrates how strong leadership is a catalyst for cultural change of resilience and growth to guide our future surgeons for a happy, successful and sustainable career in surgery.

Leading Across Systems and Organisations

117 QUALITATIVE STUDY: EXPLORING THE VIEWS OF CANCER RESEARCHERS SURROUNDING BREXIT AND ITS IMPACT ON THEIR WORK

Shahswar Zearmal, Kerry Allen. University of Birmingham, UK

10.1136/leader-2019-FMLM.117

Background With roughly one in two people set to develop cancer at some point in their life, cancer research plays an important role in helping to tackle this disease. However, there are well documented, significant concerns felt by the United Kingdom (UK) cancer research community as to the effects Brexit will have on their work.

Objectives A qualitative study to explore the views of senior cancer researchers at the University of Birmingham surrounding Brexit, to evaluate the impact it will have on the work.

Methodology This study involved eight semi-structured interviews with senior cancer researchers working at the University of Birmingham. Participants were from a range of nationalities and have worked in a variety of different research specialities, including clinical trials and laboratory-based research.

Findings All the senior researchers agreed that Brexit would adversely impact their work and it was felt that the immediate consequences would greatest for those involved in pan European clinical trials. Participants' main fears were around their ability to recruit European Union (EU) talent, derive EU funding and the implications of Brexit on regulatory alignment between the UK and EU. The latter was felt to be especially important in relation to clinical trials.

Conclusion Participants felt that the nature of the deal the UK secures with the EU following Brexit would ultimately determine the true impact Brexit would have on their work. Insights from this project's findings suggest that policymakers must create legislation that allows EU talent to be easily recruited, gives the UK access to Horizon Europe funds and achieves regulatory alignment between the UK and EU, particularly in the field of clinical trials.