

been positive and provides tangible data on quality and quantitative benefits.

All PA's are undertaking departmental service improvement projects to highlight service needs and value to be added by our new workforce which aligns with our trust vision. Their contribution increases patient safety, reduces waiting times and leads to increased productivity.

PA's are contributing to first tier on call rotas, delivering patient care whilst helping to improve the quality of doctor training - there is an increased opportunity for doctors to access training, more clinic and theatre time.

PA's do not rotate like junior doctors and as such retain institutional and departmental memory, as such they have become an integral part of departmental inductions.

By having a clear vision aligning with our overall organisational aims, we have been able to take staff on our journey.

Co-production to improve neighbourhood well-being for underprivileged parents

37 LEADING SYSTEMS CHANGE THROUGH CO-PRODUCTION WITH BENEFICIARIES AND CHAMPIONS FROM MULTIPLE SECTORS

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Background Social disadvantage is associated with problems in child development and studies have found this was largely mediated by maternal mental health (Ban et. al, 2012). In Southwark, 40% of children live in poverty and 30–40% of GP visits were mental health related. Yet, there is a shortage of mental health support services for their population even before the surge in demand triggered by Covid-19. Given this backdrop, support for parental mental health should be more distributed in the wider society, utilising preventative community approaches for mental well-being, particularly for disadvantaged parents.

Leadership intervention Combining principles of design thinking and co-production, the root causes of the problem of maternal and more broadly, parental distress, were investigated through focus group, individual interviews, clinical observations and preliminary data from primary care database. People considered to be important in the parents' network of influence were then invited to 'parent champions' co-production sessions over zoom where champions were asked to co-design and co-deliver ways to better meet these needs. A total of 4 sessions were held to date with 60 champions from 13 sectors.

Outputs Interventions co-produced from the multi-sector parent champions events include expanding a computer bank for the digitally deprived, developing culturally sensitive GP video briefings to address parents' concern about Covid-19, and building a buddy system between parent champions and social prescribers.

Process outcomes 85% of the parent champions said they would do one thing differently to support self or other parents as a result of conversations during co-production.

60% said they feel more connected and less alone in coping with the crisis through the co-production process.

Leadership learning When diverse and relevant people are involved in co-production, synergy happens, creating a higher point of leverage for wider impact.

Leading innovation and improvement

38 THE ALPHABET STRATEGY FOR DIABETES MANAGEMENT; A PATIENT CENTRED, EVIDENCE-BASED CHECKLIST APPROACH FOR REDUCING COMPLICATIONS AND HEALTHCARE COSTS

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Background The International Diabetes Federation estimates 430million cases of diabetes globally. The National Diabetes Audit highlights significant gaps in attainment of national targets, which can result in diabetes-related complications including heart disease, stroke, and retinopathy. The latest report highlighted;

- Type-1 diabetes: only 17.1% achieved good glycaemic control, BP and cholesterol targets

- Type-2 diabetes: only 39.5% achieved these targets

Method The Alphabet Strategy is an evidence-based care plan to manage patients with diabetes. Created at George Eliot Hospital, and included GPs; Nurses, Specialist Doctors and patients. The strategy allows healthcare professionals to provide a personalised care plan to all patients including a specialised plan for patients observing Ramadan.

Results The strategy resulted in significant improvements in glycaemic control, blood-pressure, cholesterol, eye and foot examinations, and guardian drug uptake. Locally, we had the best attainment of targets out of 22 regional Clinical Commissioning Groups. The National Inpatient Diabetes Audit highlighted lower admission rates and disease-related complications.

Discussion The Alphabet Strategy philosophy follows our 'POETIC' vision;

- Patient-Centred, Public-Health driven, Professionally Inspired
- Outcome-based,
- Evidence-based,
- Team-focused,
- Integrated across services,
- Cost efficient,

Dissemination is ongoing; over 50 teaching workshops and diabetes care events based on The Alphabet Strategy, including the BMJ Masterclass by Professor Patel. The care plan is part of the Sound Doctor diabetes care educational programme, approved by QISMET (Quality Institute for Self-Management, Education and Training).

Conclusion We have learnt that a 'POETIC' approach works well. Implementing the strategy can lead to earlier detection of disease-related complications and better patient outcomes.