members have further led the conversation through abstracts at international conferences and opinion editorials in key media, and communicated them via social media.

Conclusions Private and public health sectors can indeed work together to lead the conversation on change. More partnerships may catalyse regional responses to address NCDs. On downstream efforts we included patients; a rewarding experience that embraced ‘nothing for us without us’. Next time, we would engage with government stakeholders and multilateral organisations. No one can afford to be a bystander; but we cannot do it alone.

Leadership opportunities for junior doctors

COVID AS A DRIVER OF CHANGE: LEADERSHIP OPPORTUNITIES TO IMPLEMENT NOVEL WAYS OF WORKING IN THE SURGICAL ASSESSMENT UNIT OF A DISTRICT GENERAL HOSPITAL

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Aims To give Registrars an opportunity to innovate & lead service development through a novel way of working to triage SAU telephone referrals.

Methods Referral calls were diverted for triage by the hospital switchboard. Three outcomes were offered: Clinical advice, HC appointment or SAU review.

Results From 15/6–31/7/2020 & retrospective non-triage data (15/6–1/7/2019) were gathered. Triage effects were measured by outcome comparison with non-triage data.

Conclusions Triage reduced disparity in admission rates for GP & NP referrals (53.6% & 16.2% in 2019, compared to 29.1% & 26% in 2020).

The COVID-19 pandemic placed an unprecedented demand on the NHS. In response, high-intensity rotas were implemented with short notice. This project aimed to fairly and safely step down the COVID response rota as normal working patterns resumed.

Conclusions Novel approaches can be cost effective & positively impact patient care.