**Primary Care: Challenges Faced During COVID-19**

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The COVID-19 outbreak is arguably one of the greatest public health challenges of our time - not least for general practice, where over 1 million patients are already treated daily. Boundary House Medical Centre, a GP practice in Greater Manchester, has a 10,500 patient population and 28 members of staff. As lockdown approached, the transition in primary care in such a short space of time presented many challenges, particularly for those in leadership positions (practice manager (PM), GP partners). This project sought to capture the experiences of the staff at the practice to highlight lessons learnt during the pandemic in primary care.

Using a semi-structured format, interviews were conducted in July 2020 of all staff members at the practice. This involved the PM, 3 GP partners, Salaried GPs, GP trainees, trainee advanced practitioner, Nurses, HCAs, and the rest of the diverse administration team (n=28). Their responses were summarised into transcripts using an interview-based format. Consensus coding of the transcripts was performed using thematic analysis to establish common themes during the interviews and how this related to staff well-being.

This project highlighted some key learning points in primary care during the Covid-19 pandemic. It challenged leaders to be adaptable during uncertain periods, keeping staff engaged and up to date, and fostering a feeling of togetherness in a collective aim to still provide excellent patient care. Leaders felt empowered with more individual autonomy and there was a greater focus on staff wellbeing through both the creation of an environment which makes staff feel safe, valued and supported, ultimately improving staff well-being and morale.

**Enhanced Recovery Following Elective Caesarean Section**

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**Aims**

Our project aimed to enhance the recovery pathway for elective caesarean section (ELCS) at St Thomas’ Hospital by reducing the length of stay by 20% by February 2020 (over a course of 5 months).

**Methods**

Quantitative and qualitative data (via feedback forms) was sought. The length of stay following ELCS was calculated from theatre operating times and discharge time using an interview-based format. An analysis was conducted to establish common themes during the interviews and how this related to staff well-being.

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