

teamwork, organisational and management skills to achieve the highest standard of patient care. It is contributing to improved compliance to guidelines and we hope the next re-audit cycle will better reflect this.

Leading innovation & improvement

84

CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED CLINICAL AUDIT & QUALITY IMPROVEMENT PROJECT

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10.1136/leader-2020-FMLM.84

Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice.

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires.

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women's Aid in the flowchart and having it both online and in-person.

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in future. Incorporating patient education into appointments may improve efficiency and the primary care network (34k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Leadership lessons from across the world

85

A FAST REFOCUS; AN IRISH DERMATOLOGY DEPARTMENT IN THE ERA OF COVID-19

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10.1136/leader-2020-FMLM.85

The arrival of Covid-19 in early 2020 posed a unique challenge for Dermatology, a largely outpatient based and highly visual specialty. We, a large Dermatology Department based in the south of Ireland, recognised that a dramatic reduction in face-to-face interaction must be delivered on a tight timeline to ensure patient and staff safety.

The response to a crisis like this required us to refocus on our core objectives; maintaining care and safety for returning patients, whilst also providing continued access for acute and serious new referrals.

With the arrival of Covid-19 to Irish shores in late February we immediately moved to telephone clinics for returning patients. Video consultations for new patients were introduced within two weeks. Later we increased the number of 'see-and-treat' surgical lists to manage suspected skin cancers, thereby minimising exposure risk. Our pre-existing photo-advice email service for GP's was re-advertised, which helped us to triage referrals. Meanwhile our multidisciplinary meetings for Melanoma, Dermatology/Pathology and Dermatology/Plastic Surgery were moved to teleconferencing.

We employed a 'fail fast, learn fast' approach. By example we soon learned that patients referred with skin lesions are not suitable for video consultation due to video fidelity issues. This led to a successful increase in 'see-and-treat' surgical lists to compensate.

As a result of these changes we have managed to maintain our service, an achievement which is demonstrated by our clinic numbers for new and returning patients, our clinical meetings proceed uninterrupted and even unintended benefits, such as a reduction in our 'did not attend' rate (a decreased from 22% pre-COVID to a 'did not answer' rate of 7% during lockdown).

Change may be forced, but in the words of Voltaire 'Perfect is the enemy of good'. Through focus, courage and flexibility we weather the storm.

Leading innovation and improvement

86

IMPROVING COMMUNICATION AT NHS NIGHTINGALE HOSPITAL NORTHWEST: MEDICAL UPDATES TO NEXT-OF-KIN

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10.1136/leader-2020-FMLM.86

The Nightingale Northwest (NNW) is a UK temporary field hospital set up to provide extra capacity during the COVID-19 pandemic. Policies and standard operating procedures were undeveloped. Visitors were permitted only in exceptional circumstances, resulting in heightened anxiety for patients, and their family/carers.

Recognising the crucial importance of effective communication at this time, we led a quality improvement project aiming to improve telephone communication between the medical team and next of kin (NOK).

NOK satisfaction with communication received from doctors (rating 1–5, plus qualitative feedback) was the primary outcome measure and was surveyed through standardised phone-calls.