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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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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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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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.

We identified a wide, four point (1–5) variability in satisfaction. Less satisfied NOK predominantly reported reduced frequency of medical communication.

We used PDSA methodology and introduced three interventions: 1) 'Gold standard' for frequency of routine medical updates; 2) Record date of most recent NOK update on the doctors' list; 3) Disseminate a light-hearted informative video of the 'gold standard' to increase awareness and motivation.

Early post-intervention data showed reduced variability in satisfaction, with levels consistently reported as 4 or 5 towards the end of data collection. Process measures demonstrated excellent uptake of interventions with 81.3% adherence to the 'gold standard' and 95.7% compliance to accurately updating the doctors' list.

Early data indicates a promising tool for improving doctor-NOK communication primarily by prompting doctors to update NOK more regularly.

Our timeline was very limited but the excellent uptake of interventions suggests a potential for sustainable improvement. The lack of defined protocols and openness to rapid change at the NNW encouraged us as junior doctors to take the initiative and lead quality improvement work.

87 CHANGE TO REDUCE PATIENT WAITING TIMES

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10.1136/leader-2020-FMLM.87

Introduction Ambulatory Majors was set up in the Countess of Chester Hospitals Emergency Department to take the workstream of 'non minor injury' patients, who are not suitable for the Urgent Treatment Centre and do not need a bed to wait on. Ambulatory Majors has the largest throughput of patients, but has minimal senior doctor supervision. Patients have long waits to be seen with their consultation time disproportionately shorter. Patients are having cannulation or blood tests which are not required which increases patient length of stay. Their length of stay is the biggest factor causing congestion which leads to the impression of chaos to both patients and staff.

Methods The aim of this project was to decrease the length of time from patients' arrival to being seen and patients' arrival to depart. A force field analysis, Driver diagram and a literature search are used to help identify possible solutions to the problem. Buy in was gained from key stakeholders.

Intervention A team-based approach to seeing patients in Ambulatory Majors was adapted which included two doctors and a nurse seeing each patient. Whilst one doctor saw the patient, the other doctor recorded the notes in real time and the nurse preformed any investigations necessary.

Results The average arrival to seen improved from an average of 139.63 minutes to 112.5 minutes during the first month and average arrival to departure time from an average of 194 minutes to 162.5 minutes. Results over the year saw an initial decrease for the month of March when the intervention was introduced but this was not sustained throughout the year.

Conclusion This project explored ways of reducing time to be seen and the length of overall stay in ambulatory majors. Strategies using alternative team working and environmental change were used. Despite some promising initial results, benefits were not sustained which were multifactorial.

Leading innovation and improvement

88 INFORMATION GIVEN POST DIAGNOSIS OF AUTISM: OBTAINING PARENT FEEDBACK TO IMPROVE EXISTING PRACTICE

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10.1136/leader-2020-FMLM.88

Aim To gain feedback from parents of children diagnosed with an

Autistic Spectrum Condition regarding information they received following diagnosis, with a view to improve our service.

Method Feedback was initially sought using a questionnaire that was distributed to all parents of children with a new diagnosis of autism by consultants at Worthing Child Development Centre (CDC), during a 6 month period. After a very low response rate, a focus group was arranged by inviting 20 parents, randomly selected from all those diagnosed in a 4 month period. Children with dual diagnoses and parents unable to speak English without an interpreter were excluded. There were 3 facilitators and 1 scribe.

Results 4 parents attended the focus group. Parents preferred diagnostic information given to them by a Speech and Language Therapist alongside their consultant. They found it difficult to take in the information and would have liked written information to take home. A follow up visit from a specialist health visitor was very useful and was felt best at 3–4 weeks post diagnosis. Parents wanted clinic reports to contain information specific to their child, rather than general implications of diagnosis. Social media support groups were named as more useful than official websites.

Conclusion This qualitative study suggests positive aspects of post diagnosis information provided by Worthing CDC, however parents want written information provided sooner. Parents also value social media groups that are not regulated, making their recommendation controversial. Most importantly, although it can be difficult to obtain, parent feedback can provide valuable information to ensure services best meet the needs of their users and therefore must be sought routinely.

Babylon GP at Hand is an NHS GP practice which predominantly uses remote video or telephone consultations for provision of healthcare; and has done for the last 6 years. Various clinicians are available including GPs, prescribing pharmacists and advanced

89 CONDUCTING REMOTE ASTHMA REVIEWS TO INCREASE ACCESSIBILITY: BEST PRACTICE

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10.1136/leader-2020-FMLM.89

At Babylon GP at Hand we have been providing asthma reviews via telephone and video initially. A search enables us