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 potential for sustainable improvement. The lack of defined protocols and openness to rapid change facilitated and lead quality improvement work.

Leading innovation and improvement

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

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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 practitioners.

89 CONDUCTING REMOTE ASTHMA REVIEWS TO INCREASE ACCESSIBILITY: BEST PRACTICE

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