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.

**Conclusion**
This project explored ways of reducing time to be seen at the NNW encouraged us as junior doctors to take the initiative and lead quality improvement work.

**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**
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 practice nurses.

**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.
to highlight patients due a review; those patients are invited to book a digital appointment. Follow-up messages & other methods are used to engage ‘non-responders’.

**Increased accessibility** Appointments are made by patients through an app and conducted remotely & available also during evenings & weekends to increase accessibility.

Use of Clinical Pharmacists

Asthma reviews are mainly conducted by clinical pharmacists (& independent prescribers). They are trained to monitor, optimise & prescribe treatment.

Reviews include monitoring symptoms, inhaler technique, triggers, smoking status, hospital admissions and provision of personalised asthma action plans.

Pharmacists can refer patients to GP’s, where they are complex.

**Empowering patients** Consultation notes are documented in a ‘patient friendly’ manner and shared with patients via the app. Safety netting, including, information such as ‘what to do during an asthma attack’ is easily accessible. Asthma action plans are also emailed to patients. More accessible information empowers the patient to take greater ownership of their health and condition.

**Physical follow-up** Pharmacists and other healthcare professionals can refer patients for a physical follow up if necessary. This can include a chest examination in an acute exacerbation or a referral for an objective test such as spirometry. Patients can be referred to one of five locations at a convenient date, time and location via an automated link in the app.

Pharmacists can prescribe or ask the patient to purchase a peak flow meter to minimize risk. They are also able to provide written instructions in the app on how to measure and record measurements.

We will be reviewing outcomes of all patients suffering from asthma closely over the next 12 months and obtaining feedback from patients and clinicians involved in their care.

**Aim** Establish:

- The proportion of total volume of antibiotics*
- The proportion of broad spectrum* antibiotics prescribed
- Ensure local targets were met (Please see results) despite a growing list size
- To promote antibiotic stewardship

**Methods** CCG data on antibiotic prescribing was reviewed at regular intervals. Baseline data was taken from the period of July 2018 to December 2018. The CCG used EPACT data and adjusted per 1000 STARPU.

The following actions were then taken as a result of this data:

- Antibiotic prescriptions were monitored on a weekly basis against NICE antibiotics guidelines.
- Prescriptions outside of this guidance were reviewed further for appropriateness.
- Learnings were shared with individual prescribers & the wider team (there were approximately 100 prescribers at the practice in November 2018)
- Discouraging delayed antibiotic prescribing (improved access means patients are able to book subsequent appointments easily if necessary)

These actions were driven by two practice pharmacists.

**Results**

- Quantity of co-amoxiclav, cephalosporin and quinolone items*: The quantity reduced by 9 points*(36%) (p<0.001) (Target < 40)
- Quantity of total antibacterials*: The quantity reduced by 131* (30%) (p<0.001)(Target < 350)
- *Quantity per 1000 antibacterial STAR PU (From Hammer-smith and Fulham CCG data)

**Discussion/conclusion** All results were per 1000 registered users and were STAR PU adjusted (specific therapeutic age-sex related prescribing unit) allowing us to compare with other practices in the locality. Monitoring of antibiotics and sharing learnings on an ongoing basis by practice pharmacists has made a statistically significant impact on reducing the number of antibiotics prescribed and so assisted in antibiotic stewardship. Based on this we are sharing the learnings with our practices in Rwanda and Canada with an aim to safeguard antibiotic stewardship globally.

**Aims** The ‘Fellows Unit’ was set up at NHS England & Improvement during COVID-19’s first wave, consisting of over 20 Clinical Leadership fellows (doctors, dentists and pharmacists) from the Faculty of Medical Leadership & Management. It aimed to become a novel, cohesive, productive team working on clinical and operational policy in a context of high pace, crisis and uncertainty.

**Methods** Foundational workshops were held to review progress, to identify the group’s unique skill set and professional ethos, to assess challenges and opportunities, and to agree structures and strategies promoting productive working. Bespoke team activities were developed iteratively based on Agile techniques and clinical environment-derived ways-of-working including:

- Morning stand-up – 20-min digital board round with physical and virtual attendees leading updates on progress, priorities and blockers, based on the Daily Scrum model and clinical board rounds
- MDT allocation meeting – using clinical, behavioural science, project- and knowledge management skillsets to screen a high volume and variety of requests
- Afternoon ABC huddle – well-being and team-building intervention to Appreciate positives, offer suggestions where