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

REDUCTION OF INAPPROPRIATE ANTIBIOTIC PRESCRIBING IN A GP PRACTICE LED BY PRACTICE PHARMACISTS

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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.