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.

**Abstracts**

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

Farah Haque*, Nabila Chaudhri. Babylon GP at Hand, UK

10.1136/leader-2020-FMLM.90

**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.

91  **THE FELLOWS UNIT: FORMING A UNIQUE, PRODUCTIVE TEAM DURING A NATIONAL HEALTH EMERGENCY**

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10.1136/leader-2020-FMLM.91

**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