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 actions 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.

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

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 Hammersmith 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.

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[1]Peter Scolding*, [2]Emma Roche, [3]Garry Davenport, [4]Rebecca Rohrer. [1]*NHS England and Improvement, UK*; [2]*Birmingham Children's Hospital, UK*; [3]*Macmillan Cancer Support, UK*; [4]*BUPA, UK*

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

things might Be Better If…, and share Creativity – ideas for improvement or new projects.

Results The unit completed more than 50 projects over 4.5 months. Strong team identity and cohesion were developed, with a clear sense of role, ethos and core areas of work. In a high-stress environment, group activities cost little time overall, but were vital to rapid improvement of team cohesion and productivity.

Conclusions Clinical practices blended with project management techniques can create a powerful environment for cohesive team development and productive working in a healthcare crisis. A supportive environment, where positive values and behaviours are promoted, and where active, continuous improvement is valued, is vital to meet uncertain, shifting challenges.

Leading across systems and organisations

92   LEADERSHIP ON THE COVID-19 FRONTLINE: EXPLORING EXPERIENCES OF THE SENIOR MANAGEMENT TEAM AT THE NHS NIGHTINGALE NORTH WEST

Sophie Riley*, Hannah Baird, Lewis Holt, Jack Griff, Fozia Khan. *NHS Nightingale North West, Manchester, UK*

Aims The NHS Nightingale Hospital North West (NNW) was part of a new group of temporary hospitals created within the NHS, constructed in non-NHS infrastructures, to rapidly expand the capacity of the healthcare service for patients during the COVID-19 pandemic. During it's existence, the hospital received 104 admissions, 1183 patient/days. The creation of a new hospital in such a short space of time presented many challenges for those in leadership positions, necessitating diverse and experienced management. This project sought to capture these unique experiences to highlight lessons learnt from the senior leadership team at NNW.

Method Using a semi-structured format, interviews were conducted with four consultants and nine members of the senior leadership team. Responses were summarised into transcripts using an interview-based format. Consensus coding of the transcripts was performed using domains/themes to establish common themes that occurred in the interviews and how this related to the hospital workforce.

Results The interviews explored what leadership qualities the staff were required to demonstrate. The following themes were identified: adaptability, bringing people together, reassuring staff, keeping calm and being visible. A key element was transparency and sharing information particularly relating to an openness about lack of knowledge, which was pertinent in the climate that COVID-19 created. A flat hierarchy facilitated staff to easily voice their opinion and promote change. Leadership challenges included working with new people, managing uncertainty and the rapid pace of change.

Conclusions The project established some key learning points for the NHS to take forward, including a greater focus on staff wellbeing, less bureaucracy and the need for clinicians to be involved in leadership roles. This will benefit staff at all levels of care by facilitating the creation of an environment which makes them feel valued and supported.

Leading innovation and improvement

93   SKILLS FOR COLLABORATIVE CHANGE

Anindita Ghosh. *The Health Foundation*

The Q community (delivered by the Health Foundation) and Nesta have worked in partnership to develop a tool that sets out the skills and attitudes needed for collaborative and creative problem solving.

The Skills map is a reflection tool that supports teams to better understand and explore the blend of skills required for collaborative working. It is focused on how teams can work together, is informed by evidence, and supports practical application. It includes activities for how teams can better understand their strengths as well as identify where the potential gaps might be.

Developing effective leaders

94   CAN A MAGAZINE MENTOR? HOW A STUDENT-LED PUBLICATION IS SHAPING PROSPECTIVE & CURRENT MEDICAL, VETERINARY AND DENTAL STUDENT LEADERS

Alexander M Davies, Pavandeep Kaur, Ji-Yun S Yeung. *Medic Mentor, UK*

Mentor magazine is a quarterly magazine which contains wider reading to inspire aspiring healthcare students and provides opportunities for omni-directional mentorship. The magazine is a multidisciplinary project, as reflected in its leadership team consisting of medical, veterinary and dental students. Taking a One Health approach has resulted in a publication which demonstrates collaborative working and the transferable nature of healthcare skills to future leaders. Mentoring prospective healthcare students in writing an article develops the ability to act on feedback and respond appropriately to constructive criticism. Opportunities to publish outside of the school curriculum encourage students to seek challenges consistent with a growth mindset.

A survey was created to map skills learned to the Medical Leadership Competency Framework's areas for leadership and management development, to ensure that processes were shaping future healthcare leaders. Initial data is overwhelmingly positive: 77% of contributors would recommend writing for the magazine. Students feel they learned how to use feedback to develop their skills (69%), learned how to critically appraise scientific literature (58%) and learned about the process of mentoring (58%). Open-text feedback shows that contributors enjoy the process: 'it's satisfying and rewarding'; 'it is an amazing experience in which you...develop essential skills'. This project has shown that the skills of healthcare leadership can be developed at the earliest career stages. To meet growing demand, the publication portfolio of Mentor was remodelled to contain content written by undergraduate students and qualified healthcare professionals. Once the new portfolio has been launched, a follow-up survey will be sent