reconfigured to GRH. This was rapidly implemented, to maximise patient safety whilst managing high patient volumes and potentially high levels of staff sickness.

In theatres, communication is critical to safe working. Much has been done in our Trust to improve theatre briefings. We aimed to assess how communication in theatres was impacted by changes made to working patterns during COVID-19. A SurveyMonkeyTM collected demographics, and Likert scale responses assessing team working, communication, briefings, and staff well-being. The survey was distributed to all surgical specialties, anaesthetic, and theatre staff. A total of 100 responses were collected over 5 weeks.

The survey confirmed that COVID-19 had a significant impact on working structures. 60% of respondents worked in different teams, and 44% felt outside of their comfort zone. 72% found communication more difficult, with 92% attributing this to PPE. The majority (72%) felt briefings covered specific C-19 related issues and they could raise concerns (77%). However, only 26% of respondents felt this was true for emergency briefings. This is the focus of our initial change.

We plan to improve briefings whilst re-engaging those stakeholders who were less involved during the early phase of the initial pandemic. Our high volume of emergency work means that we can implement rapid PDSA cycles following focused discussion groups. Some simple changes have already been made, including introduction of a dedicated pager for the operating general surgeon, and allocation of a CEPOD co-ordinator to attend morning handover. We plan to repeat the survey in 6 weeks. We will also conduct interviews with staff which, in addition to evaluating service improvement, will give vital information to guide ongoing refinements.

Leading across systems and organisations

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DEVELOPMENT OF A COVID-19 PCR TESTING PATHWAY FOR KEY WORKERS AND CARE HOMES

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10.1136/leader-2020-FMLM.183

The Doctors Laboratory Group (TDL) has provided pathology testing for over thirty years, twenty of those as NHS partners. TDL runs a national network of UKAS accredited hub and spoke laboratories. Throughout the Covid-19 pandemic TDL Group, has supported:

- Pillar 1 NHS PCR Covid-19 tests
- Francis Crick Institute and UCL Pillar 2
- Pillar 3 antibody testing
- Pillar 4 research projects
- MedCity surge capacity
- London Nightingale Hospital
- Testing for professional sport, media and commerce

In late April Brent and Harrow CCGs required a Covid-19 PCR testing pathway for symptomatic key workers and suspected care home outbreaks. Brent and Harrow were named the top two London Boroughs worst affected by

Covid-19 deaths, with Brent topping the UK data for Covid-19 deaths.

Covid-19 Hubs and Rapid Response Teams were formed with logistics, IT connectivity and training for electronic requesting and reporting all signed-off within 6 days. Pivotal to this success were Lead Contacts who overcame challenges from testing in non-standard locations, co-ordinating Multi-Disciplinary Teams (MDT) across organisations, new social distancing and lockdown rules, international shortages of consumables, identifying key worker and patient requests for rapid notification of results and NHSE reporting.

Fundamental to the project's success were strong Leads for each organisation who understood their team skills so tasks were appropriately delegated. Leads worked together to maintain momentum, set actions and deadlines, provide rapid resolution to queries or potential stumbling blocks and praise teams on work achieved, promoting ongoing engagement.

Covid-19 testing is key to preventing virus spread and the protection of patients. The hub-spoke model underpinning The Doctors Laboratory Group has proven to be highly adaptable and resilient to exponential, rapid growth. This project's success demonstrates that with the right leadership big changes can happen over a few days.

Education

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ASSESSMENT OF VIRTUAL TEACHING FOR OBSTETRIC AND GYNAECOLOGY POSTGRADUATE TRAINEES IN NORTHERN IRELAND

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Background Obstetrics and Gynaecology trainees in Northern Ireland attend bi-monthly postgraduate continued medical education (CME). COVID-19 restrictions meant these teaching sessions could not occur. Collaborating with senior trainees we developed a virtual postgraduate teaching series via ZOOM, delivered over two months focusing on key areas of the new Royal College of Obstetricians and Gynaecologists (RCOG) curriculum.

Aims To assess whether virtual teaching is an effective platform to deliver CME for obstetrics and gynaecology trainees in Northern Ireland.

Methods Survey monkey sent to participants, non-participants and consultants exploring experiences and attitudes towards this teaching series.

Results 33 trainees completed the participant survey, with the majority attending 1–2 sessions. Over 50% were first time users of video conference based teaching. 66% felt confident using video-conferencing for learning. 27 participants agreed the pre session reading enhanced learning. All participants agreed CME should be mapped to the RCOG curriculum. 87% of participants agreed that video-conferencing from a location of choosing improves accessibility.

15 trainees completed the non-participant survey, with 93% stating work commitments as the non-attendance reason. Interestingly 2 trainees were unable to work ZOOM. 73% of non-

participants agreed that video-conferencing improved accessibility, with 80% stating they would access recorded sessions if unable to attend.

41 consultants completed the survey. 67% had never used video-conferencing to teach doctors. 40% were not confident in sharing presentations and 92% in managing break-out sessions. 34 consultants would deliver CME virtually with 82% having no objections to recording of sessions.

Conclusions Virtual teaching is an appropriate method to provide the necessary volume and quality of postgraduate medical education. Consultants are keen to provide virtual teaching but would benefit from focused training.

Developing effective leaders — leadership lessons from across the world

185 BRINGING UP LEADERS TO MULTIPLY THE PROMOTION OF HEALTHY LIFESTYLE AMONG ADOLESCENTS PEERS

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The central axis to promote health on is based on education practices. The great challenge is still how incorporate behaviors that can reduce the presence of disease risk factors. The aim of the 'Healthy Life Style Multiplier Agents' program is based on the concept of work that puts together individuals close in age and from distinct school grades in order to influence their cultural development and psychosocial growth and change teaching-learning experiences. We describe the experience of 80 multiplier students with more than 1,060 classmates from 4 public elementary schools, in the city of São Paulo – Brazil.

The focus of the work points at healthy diet, regular exercise practice and damages associated to cigarette and alcohol consumption, through a theme content which regards knowledge, procedures and attitudes, what means in other words, which takes into account what the students know about health, how to put together these knowledge into their own lives.

The program aimed to train adolescents as leaders, facilitators or multiplying agents. During training, they develop didactic tools to be used in the interaction with their peers, through their own language. These multiplier students were chosen based on their personal skills, leadership and interest. The form of communication used was role play theater, musical parody, board games, and food experimentation.

The cultural differences among the adolescents were worked out in a comprehensive way, without particular cultural focus, regardless of the place of origin that their ancestors such as Africa, Europe, America, Middle East, Asia, and so on.

The employed techniques should lead to dialogues that would encourage the reflection on 'doing or not doing it', regarding physical activity, diet as well as smoke and alcohol consumption.

The mayor difficulty observed is the peculiar adults' unbelief about the adolescents' capacity for leading the teaching-learning process.

Integrated mental health and physical health care

186 SYSTEM WIDE INTEGRATION OF MENTAL HEALTH INTO DIABETES TRANSFORMATION: A MODEL FOR OTHER LONG TERM CONDITIONS?

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North West London (NWL) has 8 CCGs, in a diverse area with significant deprivation and a complex commissioning landscape. Self-care is central to diabetes management but self-care is negatively affected by mental illness which is common in diabetes. Improving MH improves diabetes outcomes. In NWL, about 79,000 people with diabetes (PWD) may be struggling with MH issues but there is variation in MH service provision, no standard MH screening, so data analysis is challenging, and only 15wte staff working in diabetes MH across 8 CCGs.

Intervention We used small, short term funding to build sustainable change rather than deliver a finite clinical service to a small number of PWD. We mobilised a Model for Improvement approach with a simple driver diagram to implement system-wide interventions. MH was fully embedded throughout the entire suite of products we had in NWL including 10-year service specification, clinical guidelines, training for staff and PWD, digital platform.

Impact Behaviour and culture change for clinicians, commissioners, public; diabetes/anxiety screening rates in PWD went from 4% to 38% (59,000) of PWD; improved MH detection led to improved collaborative care planning (80%), take up of patient education programmes (30%), and reduction of diabetes complication admissions (12%) in 12 months.

Conclusion A system-wide approach using a simple driver diagram is useful for taking a wide view of the issues and for engaging stakeholders. The first author has used a similar driver diagram for NWL renal care and is now working with Kidney Care UK to create a MH pathway for kidney care using this driver diagram as a starting point. The model is potentially transferrable to other long term conditions.

Lessons for Leaders Articulate a clear, co-created message. Galvanise a strong coalition of engaged stakeholders and those voices will disseminate the message. Use small, short term resource to create system change wherever possible to get sustainable.

187 PATIENT FEEDBACK STUDY ON THE USE OF VIRTUAL CLINICS DURING COVID-19 PANDEMIC IN GENERAL SURGERY

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Introduction The use of Virtual clinics are novel to the department and were implemented as a consequence of the