mentoring in real-time clinical practice and patient care. Further analysing their effectiveness, impact factor and overall benefits in collaboration with organisations such as the Royal College of Physicians (RCP), Royal Pharmaceutical Society (RPS) and others.

Leading innovation & improvement

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CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED CLINICAL AUDIT & QUALITY IMPROVEMENT PROJECT

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Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice.

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires.

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women's Aid in the flowchart and having it both online and in-person.

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in future. Incorporating patient education into appointments may improve efficiency and the primary care network (34 k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Developing effective leaders

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LEADERSHIP TRAINING COMPONENTS AS PART OF JUNIOR DOCTORS' EDUCATION CURRICULUM – SHOULD THEY BE COMPULSORY? A QUALITATIVE STUDY

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Background Literature suggests clinical leadership is an important attribute for junior doctors working in the National Health Service (NHS). However, no formal, mandatory leadership training exists for this group of clinicians. To date, there has been no qualitative research exploring if the absence of leadership training within the foundation programme for junior doctors is justified.

Primary Aim This is a qualitative study, with the primary aim of researching attitudes and perceptions of junior doctors towards the incorporation of leadership training within their foundation programme, in order to determine whether junior doctors believe this training would be beneficial if mandatory.

Methodology This study comprised of 13 semi-structured, one-to-one interviews with junior doctors on the foundation programme. Interviews were either conducted in-person, over video-calling platforms or via telephone calls.

Findings Thematic analysis generated four main themes, some of which had sub-themes. The main themes were: 'Working in the NHS', 'Leadership and Medicine', 'Should training be introduced?' and 'Delivery and Implications'.

Conclusion Junior doctors expressed their acknowledgement of the importance of clinical leadership within a hospital setting. However, only three interviewees stated that there is a clear need to introduce mandatory leadership training in the foundation programme. Barriers were frequent, especially in relation to an already overcrowded timetable. If this training were to be introduced, it would have significant implications for numerous NHS stakeholders.

Oxygen

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IMPROVING OXYGEN PRESCRIBING PRACTICES AT AN ACUTE TERTIARY CARE HOSPITAL

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Oxygen is one of the most commonly used, yet poorly prescribed drugs. The British Thoracic Society (BTS) 2015 National Oxygen Prescribing Audit highlighted national shortcomings in prescribing practices and use of oxygen. A 2017 audit at The Royal Sussex County Hospital amongst hospital inpatients continued to highlight inadequacies in the prescribing, monitoring and documentation of oxygen.

Aims 95% of patients using oxygen to have a valid drug chart prescription

100% of patients to have a target saturations range specified

100% of patients to have oxygen saturations documented with sufficient frequency for their NEWS score

90% of patients to have 'actual' SpO₂ within their specified target range

Methods We carried out yearly re-audits in November 2018 and 2019 to objectively measure the impact of trust-wide and local changes.

PDSA Cycle 1

-Introduction of the 'NEWS 2' scale

-Re-designing drug charts with 'tick-boxes' for target oxygen saturations

PDSA Cycle 2

-Mandatory junior doctor teaching on safe oxygen prescribing