

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

¹Rachel Zanetta, ²Moacyr Nobre, ³Anna Carolina Alencar. ¹Cognos Health Innovation, Brazil; ²Heart Institute (InCor) University of São Paulo Medical School, Brazil; ³Training Manager in Wolters Kluwer, Brazil

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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?

¹Amrit Sachar*, ²Tony Willis. ¹West London NHS Trust; ^{1,2}North West London Collaboration of Clinical Commissioning Groups (CCGs)

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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

Sinead J Fanning, Hannah Palmer, Beattie Sturrock, Ahmed Hussain, Clare Carney, Shameen Jaunoo. Brighton Oesophagogastric Centre, Royal Sussex County Hospital, Eastern Road, Brighton, UK. BN2 5BE

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