Integrated child health services and Covid-19

The Pivotal Role of a Chief Registrar in Leading Integrated Child Health Through Covid-19

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Context
Connecting Care for Children (CC4C) is a leading partnership organisation, that works alongside local providers of child health and with local communities, to support the delivery of integrated child health services.

CC4C’s model of care puts the General Practitioner (GP) at the centre. Joint clinics with GPs and Paediatricians, and multidisciplinary team (MDT) meetings are hosted by primary care centres across central NW London.

The Issue
Organisational changes instituted at the start of Covid-19, messaged to CYP and families not to attend primary care centres and Accident and Emergency.

The challenge for health professionals was accessing those with health needs and delivering joined-up care without the facility of face-to-face clinics and MDT meetings.

Assessment of the Issue
Through established community networks, CC4C listened and heard that local primary care teams and communities were in need of child health leadership.

Primary care physicians requested paediatric support to manage cases within the new healthcare landscape. Carers, struggling with uncertainty, loss of control and access to services, requested health information from trusted sources.

Intervention
Joint clinics and MDTs swiftly moved to virtual platforms. Simple clinical guides to support management of acutely unwell CYP were created and shared through primary care channels. Bundles of information were co-designed and shared with local carers.

CC4C co-hosted child health GP webinars and collaborated with local community groups to organise parent/carer webinars.

Impact
GP’s reported increased confidence with patient management, improved ability to support families to self-manage and continued interprofessional learning.

Carers reported reduced anxiety and more appropriate use of healthcare.

Understanding local need, designing responsive interventions, reaching out via existing community groups and harnessing peer-to-peer influence has allowed for our success.

Leading across systems and organisations

One Year On, Croydon Quality Improvement Programme: A Review of an Integrated Trust QI Programme, To Drive and Sustain QI Across Croydon Health and Care Systems

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Background
CQI is uniquely placed within a vertically integrated health and care alliance; the One Croydon alliance-
Healthcare planning and strategies

**204 BRIDGING THE PLANNING EXECUTION GAP: RCHSPY EXPERIENCE**

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Planning execution gap is one of the main challenges facing strategists and planners because of its association with several factors. The study aims to explore the problem among all levels of the organization identifying its main impacts and root causes through combined approaches. The main results refer to the 4 ‘Cs’ including effective communication, inter-departmental collaboration, overcoming financial and administrative constraints, and connecting strategies to daily operations as an effective and comprehensive approach to bridge the gap.

**Leading innovation and improvement**

**205 TURNING A CRISIS INTO AN OPPORTUNITY FOR GENERAL PRACTICE TEAMS IN NI**

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The emergence of COVID-19 saw a seismic change in General Practice with significant clinical, operational & educational challenges across the whole of the primary care team. Information & guidance from multiple different sources emerged at an overwhelming pace for practitioners. There was no robust way of cascading critical information to individuals. Shielded, remote & sessional health care professionals in particular lacked access to sensitive Health & Social Care Board information.

It was evident that there was a need for a centralised information platform for professionals. This would provide easily accessible, accurate & up to date information on service changes, operational & clinical guidance as well as legislative changes.

An MDT working group, with representatives from all professions including trainees was formed to design a central knowledge repository for the whole primary care team. This ensured all practitioners had access to the latest information, equipping them to deliver high quality care during the pandemic.

From concept to website launch took just three weeks, with a live web-based educational programme starting just one week later & acting as a catalyst for enhanced primary & secondary care understanding & communication.

There are over 150 attendees at weekly live ZOOM educational events, with the programme reflecting learning needs across the whole primary care team. Website analytics confirm ‘Pageviews’ >100,000 & ‘users’ >7,500 & rising with a global audience.

A crisis can bring exciting opportunities & a highly effective team can be created from conception in less than 4 weeks with a shared vision, enthusiasm & determination to make it work.

Collaborative learning between GPs, fledgling MDTs, & across the primary-secondary care interface has united colleagues around a shared purpose, starting solution-focused conversations. Working regionally has provided a platform for shared learning & standardised approach to high quality safe patient care.

Developing effective leaders

**206 GET IT RIGHT THE FIRST TIME: REDUCING MEDICATION ERRORS IN NEUROSURGERY**

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Introduction Errors in neurosurgery have been studied relating to surgical technique, equipment failure, anaesthesia and...