Satisfaction with access to endoscopy training rose from 50% to 100% and satisfaction with communication increased from 66.7% to 100%.

**Conclusion** Satisfaction amongst trainees and up-skilling in endoscopy has improved significantly with our intervention.

Our model was devised by trainees for trainees. This could be implemented across all trusts and future regional academies to improve access to endoscopy training.

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**MEASURING DISRUPTION OF UK GENERAL PRACTICE BY DIGITAL FIRST PRIMARY CARE: A CASE STUDY EXAMINING THE IMPACT OF BABYLON GP AT HAND IN LONDON**

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10.1136/leader-2021-FMLM.42

**Background** General Practice is central to the NHS but remains difficult to access for the working well. It has resisted organisational change leaving it resistant to technology and vulnerable to competition. Privately funded Babylon GP at Hand (BGPaH) can disrupt through a value proposition (access) whilst undermining core funding.

**Aim** It is important to analyse the impact that Babylon has made in attracting London based patients. In 2017 Babylon created a joint venture with a London based practice resulting in list growth to the 5th largest in the UK. The study examines factors that make General Practice vulnerable to digital transformation.

**Design and Setting** Adopting a qualitative case-study approach we assessed GP awareness of technological disruption and their willingness to utilise scale-economics through organisational change. The setting of our research was London. Quantitatively, we investigated patient-flow within Hammersmith and Fulham.

**Method** We utilised a mixed-methods approach utilising semi-structured interviews and analysis of public data. Six GPs and two senior health managers were interviewed (n = 8) and then analysed using thematic analysis. We also accessed the NHS Business Services Authority Database to compare numbers for each practice in Hammersmith and Fulham on November 2017 and July 2020.

**Results** Five broad themes were identified including GP Business Ideation, GP Organisational Development, Economies of Scale, COVID-19, and the NHS. The quantitative aspects of the study demonstrated a statistically significant increase in patient number by BGPaH.

**Conclusion** GPs exhibited an awareness of business threat from BGPaH but this did not translate to organic organisational change. Factors included the pandemic and the use of technology as well as the emergence of PCNs. There was evidence of successful use of economies of scale by a GP-owned Federation. We could not quantitatively prove that BGPaH had disrupted primary care.

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**NATIONAL LEARNER ASSEMBLY FOR EQUALITY, DIVERSITY AND INCLUSION**

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HEE’s Summer 2020 call for evidence answered by over 400 trainees the aftermath of Black Lives Matter. Analysis of these responses showed system-wide challenges that trainees face. Those of minority backgrounds and International Medical Graduates are acutely aware of differential attainment and a lack of representative role-modelling. One stand-out issue was difficulties in having trainee views and experiences represented to senior leaders of HEE in open dialogue. This Assembly aims to improve this situation.

Our inaugural event was 26th May 2021. It was attended by Dr Navina Evans and Prof. Namita Kumar, outlining their experiences of the importance of diverse leadership.

An interactive roundtable discussion with over 70 participants followed. Trainees’ personal stories were heard and reflected upon. A range of themes emerged, including EDI in recruitment processes, clinical supervision and flexible training options. Some individuals shared experiences of differential attainment, systemic racism and undermining behaviours.