

CALL FOR ePOSTERS
Guide for Submitting an ePoster Abstract



NHS Scotland Event 2021

22 – 24 June 2021

Re-mobilise, Recover, Re-design



Healthier
Scotland
Scottish
Government

NHS SCOTLAND EVENT 2021

In the past year NHS Scotland and its partners across health and social care have risen to the challenge of dealing with the Coronavirus (COVID-19) pandemic. The NHS was put on an emergency footing – maintaining urgent care, flexing capacity from paused services to meet demand and developing innovative ways of working. Alongside this, community health and social care teams adapted their services to support as many people as possible in their own homes, working in closer and more integrated ways. The response of local public health teams in managing outbreaks has been outstanding.

Those working across health and social care have shown incredible resolve and flexibility, in many cases being deployed into new roles and into new ways of working across our health and social care system. People felt united around a shared purpose, working with a spirit of kindness, openness and inclusivity.

Re-mobilise, Recover, Re-design, published in May 2020, set out plans to restart as many aspects of our NHS as is possible. It set out that restoring normal services should mean capitalising on the gains we have made in ways of working, prioritisation and collaboration, with the roll-out of new techniques, technology and clinically safe but faster pathways to care for patients.

We undoubtedly face significant challenges going forward. The pandemic has interrupted the progress we had made on reducing waiting times, and the effect of this will be felt for some time to come. We will need to tackle this with vigour, while meeting the challenge of rolling out the vaccination programme for COVID-19.

In particular, we must face up to what the pandemic has exposed about health inequalities in Scotland – and how it has exacerbated them. COVID-19 has caused disproportionate harm to older people, minority ethnic groups, the people living in greatest deprivation and those with obesity, diabetes and respiratory and cardiovascular disease.

To step up to meet these challenges, we must look to the achievements and successes of those working in health and social care during this challenging period.

The NHS Scotland Event 2021 will focus on what we have learned so far during the COVID-19 pandemic: the importance of kindness, of working together, of breaking down barriers and silos, of re-discovering our shared purpose. It will showcase the work being done to recover from the COVID-19 pandemic while maintaining the progress made in re-designing services to improve access to services, to integrate care and to provide the highest quality person-centred, safe and effective health and care services as we move into a post-COVID world.

Now is the time to grasp change: communicate, innovate, lead and collaborate. As we look to the future, the event programme will provide opportunities to reflect on what we can achieve when we work together to **Re-mobilise, Recover and Re-design**.

A VIRTUAL EVENT

The NHS Scotland Event is the leading health Event in Scotland. It continues to be the 'premier meeting place' for those committed to providing sustainable high quality health and social care services for the people of Scotland.

Every year, the Event provides the opportunity for those working in and with the NHS in Scotland to come together to consider the challenges, to share best practice and the most innovative approaches to delivering the highest quality of care, and to take away tools and techniques that will support them in their various roles.

Following the postponement of the 2020 Event due to the COVID-19 pandemic and the ongoing challenges faced by our health and social care staff, the decision was made to run the 2021 Event virtually.

Our top priority is the health and wellbeing of our delegates, speakers, exhibitors, sponsors and staff, and we are extremely grateful for your patience and support as we embrace this together.

The virtual NHS Scotland Event promises to deliver the same engaging programme content and impactful connections with peers in a dynamic, digital setting that will be accessible from anywhere.

2021 POSTER SHOWCASE

We are delighted to announce that, even in our new virtual format, the Posters will still feature as one of our key elements of the Event programme – and will continue to form an integral part of best practice, learning and sharing at the Event.

The process for submitting poster abstracts will remain the same.

However, the process by which the posters are designed and presented will change for 2021.

WHAT IS NEW FOR 2021?

This year, for the first time, all abstracts accepted for the NHS Scotland Event will be delivered as ePosters. We're excited to explore a brand new process for poster design which will allow for much more flexibility, offering the option to include a wide range of supporting materials to help tell the story of your project.

The creation of an ePoster moves away from the paper poster model and takes full advantage of the move to a digital format with much greater reach than either an oral presentation or a conventional poster.

Minimum requirement: Each ePoster author must produce either a Poster PDF or Powerpoint Presentation.

Supporting content: In addition to the PDF or Powerpoint Presentation, there is also the option to include many different resources including images, videos, audio, documents, apps and links to social media and online resources.

The online ePoster showcase will also be fully searchable allowing delegates attending the Event to engage with themes and topics of specific interest to them.

ePosters will be created online and presented via a poster design platform called the *Learning Toolbox*.

Further information and guidelines on designing an ePoster will be issued to all successful abstract authors ahead of the ePoster design stage. In the meantime, please follow the link to view some ePoster examples.

[Examples of ePosters using Learning Toolbox](#)

SUBMITTING AN ePOSTER ABSTRACT

WHO CAN SUBMIT AN ePOSTER ABSTRACT?

Submissions are welcome from NHS Scotland employees, our voluntary and partner organisations, and other public or private sector organisations on any aspect of work they are undertaking in, with or on behalf of NHS Scotland.

Don't miss this opportunity to raise awareness of your project, showcase your achievements, gain recognition, share best practice and make new contacts.

POSTER CATEGORIES

1. **Quality of Care:** Person-Centred
2. **Quality of Care:** Safe
3. **Quality of Care:** Effective
4. **Quality of Care:** Infrastructure
5. **Health of the Population**
6. **Value and Sustainability**
7. **Integrated Care**
8. **Responding to and Learning from COVID-19**

This year, we want to take the opportunity to showcase the extraordinary work of NHS Scotland staff and partners in responding to the Coronavirus (COVID-19) pandemic. So this year, we have introduced a special category - **Responding to and Learning from COVID-19**.

While we expect that COVID-19 will feature across the majority of the ePoster submissions, this category specifically aims to recognise the incredible new and innovative models of care our colleagues across health and social care have developed in order to provide much needed care to individuals under incredibly difficult circumstances. Demonstrating outstanding commitment, dedication and compassion in keeping people safe and providing care when we have needed it most.

Please ensure that your abstract is linked to **at least one** of these ePoster categories. More information about each ePoster category can be found on pages 8 to 11. If your abstract cuts across more than one ePoster category, please choose the category you think is most relevant and submit **only under one ePoster category**.

ABSTRACT ENTRY CONTENT

Abstract content should include the following:

- A clear description of why the project was needed and what its aims were;
- What is the benefit over the current practice;
- If applicable where would the intervention sit in the overall process/pathway and what additional resources/staffing are required;
- A clear and logical presentation of the method of actions taken to address those needs in a systematic way;
- Clear articulation of how the project supports the challenges and our key priorities;
- The project outcomes and/or conclusion accurately reflect the evidence presented and draw appropriate conclusions;
- References: remember to acknowledge any other individuals, funders or specific programmes associated with your work.¹

The Scottish Government and Healthcare Improvement Scotland are reviewing ePoster entries to the NHS Scotland Event to assess and support their potential viability for scale up and spread to help to meet current priorities and ensure the future sustainability of our health and social care services.

ePoster abstracts should make explicit reference to how you are contributing to the work being recognised within the poster category.

¹ References should follow Vancouver Convention: Name, Title, Publication, Year, Chapter, Page No(s) and should be listed on a separate page

HOW TO SUBMIT YOUR ABSTRACT

Please submit your ePoster abstract by following the instructions below:

- Download a copy of the ePoster abstract form from the website [here](#).
- Abstracts must not exceed 400 words excluding title, references and any diagrams.
- You may include up to two images, diagrams or tables to illustrate your work further.

QUALITY ASSURANCE BEFORE UPLOADING YOUR FINAL ABSTRACT

In order to ensure your ePoster abstract is on message and that the content portrays your work to its full potential, please follow the appropriate quality assurance process set out below.

Once you have completed the abstract form you must have it quality assured through the arrangements set out below. Please note that you need to do this by no later than 15 March 2021.

ABSTRACTS FROM NHS SCOTLAND ONLY

- For abstracts that are submitted by **NHS Scotland only**. It is important that you discuss the content of your ePoster abstract with your line manager, NHS Board Quality Improvement Lead or Clinical Governance Lead prior to submission. Please also discuss and agree the content of your ePoster abstract with your **designated ePoster Co-ordinator**. A list of the ePoster Co-ordinators can be found on Page 14.

ABSTRACTS FROM PARTNER ORGANISATIONS CO-AUTHORED BY NHS SCOTLAND PERSONNEL

- For abstracts submitted by a Partner Organisation that also includes NHS Scotland staff, please ensure that as well as discussing and agreeing the content of your abstract through **your own governance arrangements**, please also discuss and agree the content with the **designated ePoster Co-ordinator** for the NHS Scotland staff involved in the planning and design of your abstract. A list of the ePoster Co-ordinators can be found on Page 14.

ABSTRACTS FROM PARTNER ORGANISATIONS WITH NO NHS SCOTLAND INPUT

- For each abstract submitted by one or more Partner Organisations **with no NHS Scotland input**, please ensure that you discuss and agree the content of your abstract through the **relevant governance arrangements** – i.e. for **each** partner author's employing organisation as appropriate.

Examples of successful poster abstract forms from previous NHS Scotland Events can be found on Pages 12 and 13.

All ePoster abstracts will be reviewed by the ePoster Co-ordinator and/or by the employing governance arrangements and constructive feedback will be provided on the content – with possibly some editorial changes suggested where appropriate. Please ensure you have received their comments **by no later than 2 April 2021**. – you will then have a week to make any amendments to your abstract before the deadline for submitting it online.

SUBMITTING YOUR FINAL AND APPROVED ABSTRACT VIA THE NHS SCOTLAND EVENTS WEBSITE

Once your abstract has been reviewed and agreed through the appropriate governance arrangements, you will be required to complete the [online abstract form](#) for final submission. The online form is located within the ePoster section of the Event website.

Final abstracts must be submitted by no later than 5pm on 9 April 2021.

Please note there will be no extension to this deadline.

All abstracts will be reviewed by a group of shortlisters who will score them between 9 and 30 April 2021.

IF YOUR ABSTRACT IS SELECTED

After the closing date, all ePoster abstracts will go through a shortlisting process to determine which will be selected for final ePoster design.

The lead author named on the online submission form will be notified by email whether the abstract has been successful on 7 May 2021.

If your abstract is successful, you will be required to design an ePoster or PowerPoint presentation based on your abstract - i.e. the ePoster/ PowerPoint presentation content must develop the content of the abstract submitted – it must not differ in terms of the work described in the abstract.

Please note that by submitting an abstract, you are giving permission for the information and your contact details to be shared with:

- Eventage – who facilitate the online ePoster system for the NHS Scotland Event 2021;
- Shortlisters for the ePoster process agreed through the NHS Scotland Event 2021 governance arrangements; and
- The ePoster Lead for the NHS Scotland Event 2021 for the purposes of communicating with ePoster authors.

The Scottish Government may wish to contact you in the future regarding the work described in your ePoster abstract so that further information can be obtained in an effort to share good practice. We would therefore ask that you also tick the box when submitting your final abstract online to confirm you are content that we have your permission to do so.

The NHS Scotland Events team may also feature work described in the abstracts for promotional activity. We would therefore ask that you also tick the box on the form to confirm you are content that we have your permission to do so.

Please ensure that when submitting your ePoster abstract online, you tick the permission boxes.

Your abstract will not be accepted if the tick boxes are incomplete.

AT THE EVENT

With our new Virtual Event format, there are elements of the programme that will look very different this year. To this end, we have decided not to run the Facilitated Poster Presentations. Instead, ePoster authors will have the opportunity to record a short video or audio presentation to supplement their ePoster content.

Further information and guidelines on designing an ePoster will be issued to all successful abstract authors ahead of the ePoster design stage. In the meantime, please follow the link to view some ePoster examples.

[Examples of ePosters using Learning Toolbox](#)

Please note there will be no poster judging or awards at this year's Event.

2021 KEY DATES

22 February	Call for ePosters Opens
15 March	Abstract forms to be submitted to ePoster Co-ordinators/Employer Governance Lead for comment
15 March - 2 April	ePoster Co-ordinator (for NHS Boards) or Employer Governance Lead (for other organisations) considers abstract and suggests improvement/amendments
2 - 9 April	ePoster author amends abstract based on feedback provided and submits abstract via online portal.
9 April	Closing date for submitting ePoster abstracts to the online portal
9 - 30 April	Shortlisting
7 May	Shortlisted abstracts announced
7 May - 11 June	ePoster Design Stage
11 June	ePoster submission closing date
22 - 24 June	ePoster Showcase at the NHS Scotland Event

ePOSTER CATEGORIES

QUALITY OF CARE: PERSON-CENTRED

There will be mutually beneficial partnerships between patients, their families and those delivering health and social care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

WHAT WE'RE LOOKING FOR:

Examples of health and social care services, initiatives and activities that seek to put service users at the heart of decisions about their care and that involve people and communities in shaping how they are supported and services are delivered.

A person-centred approach puts people in the driving seat of their care, with support from professionals to achieve the outcomes that are important to them. It could also include a range of activity to encourage and listen to the voice of people using services, their families and carers, and use this to continuously improve services to meet the needs and values of people.

QUALITY OF CARE: SAFE

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities that seek to build on the Scottish Patient Safety Programme priority themes which are: prevention; recognition and response to deterioration; medicines; and system enablers for safety.

This approach supports the development of cultures of continuous quality improvement so that every person working in health and social care is engaged in the work of improving their day to day practice; and supporting the work to design systems, services and processes which enable people to receive the right support and care, in the right place, at the right time whilst also reducing harm, waste, duplication, fragmentation and inappropriate variation.

QUALITY OF CARE: EFFECTIVE

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities that seek to ensure that appropriate and effective care are provided consistently for every person, every time. This includes the use of innovative approaches to increase efficiency in service delivery and a description of how collaborative approaches can realise economies of scale, reduction of waste and variation in the system.

We are interested in projects where there is clear and agreed evidence of clinical and cost-effectiveness, and to support the spread of these practices where appropriate to ensure that unexplained and potentially wasteful or harmful variation is reduced.

QUALITY OF CARE: INFRASTRUCTURE

Progress towards the three Quality Ambitions of Person-centred, Safe and Effective care will be optimised if we have the right supporting services and resources in place.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities which promote early interventions and better models of holistic care built around communities and localities supporting people to live longer, healthier lives – and where our clinicians and health practitioners are able to work with others across health and social care to target interventions, and grow and develop new models of health improvement for the people who will see the greatest benefit and the most important outcomes.

HEALTH OF THE POPULATION

NHS Scotland, local and national government, the wider public and voluntary sectors have a part to play in achieving a reduction in health inequalities.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities that have been developed through partnership working to tackle preventable, lifestyle related illnesses and support individuals to make healthier choices leading to improved outcomes with a focus on those in our most deprived communities. We will also consider initiatives that focus on improving the health of the NHS workforce as part of the Health Promoting Health Service.

We would also welcome examples involving service users to report and share accounts of their personal experience of a service as a whole, or in relation to a particular intervention – and how this rich intelligence is used to facilitate the ability for services to adapt and improve.

VALUE AND SUSTAINABILITY

As a publicly-funded service, NHS Scotland has a duty to ensure value for money and to provide person-centred, safe, effective and efficient services to the people of Scotland.

Evidence of the human and high financial cost of poor quality, makes improvement in both quality and financial sustainability essential across NHS Scotland.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities that seek to improve quality and efficiency through improving experience, reducing unwarranted variation, removing waste and eliminating harm.

We are particularly interested in clearly described examples where demonstrable benefits, in terms of quality and efficiency, have been achieved through collaboration with partners.

INTEGRATED CARE

In 2014, the Scottish Government legislated to integrate health and social care services to ensure those who use services get the right care and support, whatever their needs, at any point in the care journey.

WHAT WE'RE LOOKING FOR:

Examples of services, initiatives and activities demonstrating that by collaborative working across health and social care with individuals and local communities, people accessing these services will:

- be safe from harm and are able to look after and improve their own health and wellbeing and live in good health for longer;
- have positive experiences of those services and have their dignity respected; and
- be able to live, as far as reasonably practicable, independently at home or in a homely setting in their community; receive services which help to maintain or improve their quality of life.

We would also welcome examples which demonstrate that people who work in the delivery of integrated health and social care services:

- feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide;
- believe that integrated activity contributes to reducing health inequalities; and
- are utilising resources effectively and efficiently in the provision of integrated health and social care services.

RESPONDING TO AND LEARNING FROM COVID-19

There is no doubt that we have had to adapt to respond to the COVID-19 pandemic. Staff and services have flexed to meet the challenge of dealing with the impact of the virus, while at the same time maintaining a range of essential services. This category focuses on the work that has been done during COVID-19 to provide continuity of care and services, the innovations we've seen and the deeper integration that has been necessary. And as work to remobilise services continues where possible and appropriate, we need to continue to focus on what we've learned so far – retaining the positive developments in working together, of breaking down barriers and silos, of working innovatively, and in re-discovering our shared purpose to Re-mobilise, Recover and Re-design.

WHAT WE'RE LOOKING FOR:

Examples of the work being done to recover from the Coronavirus (COVID-19) pandemic; examples of how health and social care staff and services are maintaining the progress made in re-designing services; and examples of the integrated care, which is creating safe and effective health and care services as we move into a post-COVID world.

While we expect that Coronavirus (COVID-19) will feature across the majority of the ePoster categories this year, the Coronavirus (COVID-19) category specifically aims to recognise the innovative new ideas our staff have so magnificently produced in response to the challenge of caring for people during the pandemic, while at the same time maintaining a range of essential services and continuing to provide essential care.

SUCCESSFUL ABSTRACT EXAMPLES FROM PREVIOUS NHS SCOTLAND EVENTS

CATEGORY: Health of the Population

TITLE: Provision HIV Antiretrovirals (ARVs) via community pharmacies alongside Opiate Replacement Therapy (ORT) during an HIV outbreak amongst People Who Inject Drugs (PWIDs)

DESCRIPTOR

Since November 2014, there is an ongoing outbreak of HIV among homeless PWIDs in Glasgow. Within this cohort, ongoing substance misuse and homelessness are common.

This cohort have difficulties engaging with the traditional hospital-based HIV service and in order to engage patients in care and reduce morbidity, mortality and onward transmission a new model of care was required.

METHODOLOGY

Since July 2016, ARV medication has been provided via community pharmacies alongside ORT, supervised where required.

Close working between HIV hospital pharmacy team and community pharmacy development team (CPDT) created a bridge between primary and secondary care pharmacies.

AIMS AND OBJECTIVES

- Improved patient access to medication
- Improved adherence to medication
- Improved overall patient welfare
- Reduction of onward transmission of HIV and support one of the Public Health approaches to the outbreak, i.e. treatment as prevention.

RESULTS AND OUTCOMES

The existing pharmacy and HIV clinical databases were interrogated to identify patients who have received ARVs via community dispensing from August 2016 until July 2018.

Forty-two community pharmacies in Greater Glasgow and Clyde took part in the supervised provision of ARVs alongside ORT. Seventy-two HIV positive patients have been enrolled on this model of ARV provision, however, 29 of these (40%) were no longer on community dispensing of ARVs as of the end of July 2018. Of the 43 patients still engaged with supervised community dispensing of ARVs, 93% of those have had a HIV viral load checked in the last six months, 90% of those who tested in the last six months have an undetectable viral load (<40 copies/ml).

In the midst of an HIV epidemic we have initiated a new model of pharmacy ARV provision creating links between hospital and community pharmacies, to benefit people with complex needs.

The high level of uptake of this service suggests feasibility and acceptability within this group. High level of viral load suppression indicates efficacy of this model.

CATEGORY: Quality of Care: Person-Centred**TITLE: Sleep Well, Feel Well, Get Well – Improving Sleep Within Critical Care****DESCRIPTOR**

Sleep is an active and dynamic state that greatly influences our waking hours. Sleep allows the brain and body to repair and rejuvenate. However sleep disturbance is a significant issue for patients in Critical Care settings (1,2). Reasons why patients suffer sleep disturbances include: pain; anxiety and acute care activity (3). The physiological and psychological consequences of sleep deprivation are significant (4). Our Sleep Well, Feel Well, Get Well project recognised the need for improvement and the provision of a more patient-centred approach to sleep.

METHODOLOGY

We undertook baseline data collection with patients to understand current practice. Data was collected using a validated ICU sleep questionnaire – the modified Richards-Campbell sleep questionnaire (5).

As a result of this feedback and with patient input, we undertook Quality Improvement work within our High Dependency Unit (HDU) to improve sleep depth and quality. We continued to collect data to explore the context of change and to understand the impact of these changes.

AIMS AND OBJECTIVES

In line with 2020 vision for NHS Scotland, we placed patients at the centre of the improvement plan. We aimed to improve day-to-day practice and quality of care by improving the quality and depth of patient sleep in HDU.

To achieve these aims we:

- Prioritised patient need by exploring with our patients what was effecting sleep;
- Made changes to care in response to this feedback.

RESULTS AND OUTCOMES

During the baseline data collection, 93 patients completed sleep questionnaires. Baseline data demonstrated that patients generally slept lightly in HDU; very few (3%) felt they reached a deep sleep. Reasons given for this disturbance included: nurse/doctor interventions; pain; alarms and environmental factors.

As a result of this feedback, several interventions were implemented. These included: promotion of sleep as a therapy and education. We also made behavioural and environmental changes. Finally, we encouraged clinicians to reduce interventions, where appropriate, when patients were sleeping.

After this cluster of interventions had been implemented we re-audited patient sleep. We saw improvements in sleep disturbance (Figure One). The most important of these were the reduction in the number of patients reporting nurse/doctor interruptions (20% vs. 3%). Also the reduction of environmental issues (9% vs. 2%). The quality and depth of sleep from a patient perspective also improved with patients commenting upon the positive impact of measures taken by nursing staff.

This small-scale clinical project has demonstrated that low-cost interventions to promote patient sleep, can improve patient experience and quality of care.

ePOSTER CO-ORDINATORS

For any ePoster abstract which has been developed in partnership with NHS Scotland, please ensure that it is forwarded to the relevant ePoster Co-ordinator for comment.

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