

Applying the CORE20PLUS5 to Address Health Inequalities for Patients Under the Rehabilitation and Recovery Service in the London Borough of Hackney

Dr Ailbhe Brennan*

East London NHS Foundation Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.548

Aims. The NHS England Core20PLUS5 aims to reduce national healthcare inequalities by identifying five clinical areas requiring accelerated improvement for the most deprived 20% of the population. Three of these clinical areas are: Severe Mental Illness (SMI), Early Cancer Diagnosis and Maternity Care.

Hackney has the highest proportion of areas within the most deprived 10% nationally. The Hackney Rehabilitation and Recovery Team is a specialist service for those with SMI. While the service does not provide maternity care it is uniquely placed for women's health outreach work in this population. Research has shown that lower participation by those with SMI in screening may make them 2.5 times more likely to die prematurely from cancer. Bearing this in mind, this project aimed to improve early cancer diagnosis and management of women's health to improve health inequalities for females with SMI in Hackney.

Methods. I audited cancer screening compliance from the medical records of the 19 female patients under the Hackney Rehabilitation and Recovery Team and obtained patient feedback to explore barriers to access screening. I used a pool of possible keywords to perform a search for any discussion of women's health issues during contact with mental health professionals. Encouraging a culture of 'Making Every Contact Count', I presented the results of this audit at a Team Education Session, after which attendees received a personalised list detailing their caseload's outstanding health needs as identified from the audit. I led a weekly physical health clinic which addressed women's health issues. I designed a referral pathway for patients with complex psychiatric needs with the local cervical screening service which allows for longer appointments.

Results. 16% of the female patients under the care of the Hackney Rehabilitation and Recovery Service had never had a discussion covering women's health issues. 73% of mammograms and 53% of smear tests were outstanding. Barriers to access include a lack of knowledge of cancer screening programmes and practical issues in booking appointments. Some cited a lack of confidence in travelling to appointments and communication issues (access to a mobile phone, email address or post) as an issue.

Conclusion. Designing interventions to boost the uptake of cancer screening appointments for female patients with SMI is a practical application of the CORE20PLUS5 approach. An MDT approach including patient participation and feedback is key when developing effective outreach initiatives.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Use of Treatment Escalation Plans to Guide Care Planning on a Specialist Dementia Unit

Dr Charlotte Russell¹ and Dr Lucy Calvert^{2*}

¹NHS Lothian, Edinburgh, United Kingdom and ²NHS Borders, Borders General Hospital, Melrose, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.549

Aims. This audit reviewed the use of Treatment Escalation Plans (TEPs) on the Borders Specialist Dementia Unit (BSDU). We aimed to use data on completion rates and quality to adapt the TEP form to both improve practice and develop a more specialised form for use in inpatient old age psychiatry.

TEPs improve clinical decision-making in frail and elderly patient populations, and are commonly used on medical wards. However, these forms are primarily orientated towards acute medical environments and may not be appropriate for use in psychiatric inpatient settings, despite the clear benefits they could provide in this patient group.

Methods. This retrospective audit reviewed completion rates and quality of completed TEP forms for 10 BSDU inpatients in December 2023. Data was gathered by reviewing TEPs and using a data collection form to collate information on completion rates and quality of information provided. Both the TEP form and the ReSPECT form were used to review what information would be relevant to include when completing TEP forms for new admissions to BSDU.

Results. Some sections of TEP forms were consistently well-completed – typically those that were quick to complete e.g. tick boxes. However, limitations of the existing TEP form reduced these sections' usefulness in practice. Most significantly, the form does not indicate whether "ward level care" refers to care on the old age psychiatry ward, or transfer to a medical ward. The "Additional Information" section, which could be used to clarify the patient's ceiling of care and transfer status, was only completed in 40% of cases, despite being particularly relevant to the BSDU patient population. In addition, this audit highlighted that there is no process for reviewing TEPs to ensure they remain appropriate for the patient, which is particularly relevant for old age psychiatry inpatient populations due to their advancing frailty and quickly changing clinical picture.

Conclusion. This audit showed that the current TEP form is not ideally suited to old age psychiatry settings. However, this could be improved with simple adaptations such as distinguishing between psychiatric ward care and medical ward care, and adding a review date to ensure these forms are regularly updated in light of the advancing frailty of old age psychiatry inpatient populations. I would also recommend implementing an initial review of TEP forms shortly after patients are admitted, to ensure the information contained on them is accurate and that they are countersigned by the responsible consultant.

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Audit on Discharge Summaries From General Adult Inpatient Units to Primary Care at Black Country Healthcare NHS Foundation Trust

Dr Pallavi Chandra^{1*}, Dr Omair Ahmed¹, Dr Bhavika Vajawat², Dr Olutobi Ojuawo³ and Dr Prateek Varshney⁴

¹Black Country Healthcare NHS Foundation Trust, Sandwell, United Kingdom; ²Oxleas NHS Foundation Trust, London, United Kingdom; ³Oakeswell Health Centre, Wednesbury, United Kingdom and ⁴South London and Maudsley, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.550

Aims. Discharge summaries act as a key source of condensed information of inpatient stay as well as follow-up plan. Its timely availability to primary care and other multi-disciplinary teams