may be one way of promoting best practice. The improvement in care observed in the pilot study has resulted in this protocol being rolled out across the Trust in an ongoing quality improvement project.

Improving the quality of GP referrals to the Croydon Assessment & Liaison Team

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Aims. To increase the percentage of GP referrals to the Croydon Assessment & Liaison (A&L) Team deemed to be of 'good quality'. The A&L Team receives a large number of referrals daily from GPs, and it was identified that many of these referrals did not include important and relevant information, leading to delays in patient assessments.
Method. A questionnaire was distributed to A&L MDT members to collect information about what information they consider important in a GP referral. The project team reviewed the results of the questionnaire, along with current policies and guidelines, to create a set of criteria by which to assess the quality of GP referrals, as there was no pre-existing gold standard available. A random sample of 6 GP referrals per week stratified by locality was collected and assessed against these criteria.

Using Plan-Do-Study-Act (PDSA) methodology change ideas were generated, and a GP referral form was identified as an important intervention to adopt. A previously-developed draft form was updated after a round of consultations with various stakeholders including Assessment & Liaison staff, GPs and the CCG. The new GP referral form was uploaded to the GP DSX electronic referrals platform and GP practices were also emailed directly to encourage them to use the new form.

The proportion of GP referrals deemed to be of good quality was compared pre and post-intervention. Uptake of the new GP referral form was recorded as a process measure, and the length of time taken to discuss referrals at A&L daily referrals meetings as a counterbalance measure.
Result. At baseline 33% of GP referrals were deemed to be of good quality using the developed criteria. This improved to 58% after implementation of the new referral form in January 2021. There was poor overall uptake of the form, with only 32.5% of GP referrals utilising the new form so far, however of the referrals received on the new form 69% fulfilled the criteria for good quality. Comparison of length of discussion required for referrals with and without the new form showed no significant difference (7.7 and 7.6 minutes respectively).
Conclusion. Implementation of a standardised GP referral form was effective at increasing the proportion of referrals deemed to be of good quality. However, further PDSA cycles focused on improving uptake of the form will be required.

A community service review of the quality of inpatient discharge summaries from six inpatient wards at St Charles Hospital: an initial audit and quality improvement recommendations

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Aims. To discuss whether Discharge summaries include important information to community mental health teams .

To identify patterns and produce recommendations for change by Quality improvement methods .
Method. A convenience sample was selected of the first 5 patient discharges from each of the 6 adult inpatient wards at St Charles Hospital. This represented a total of 30 reviewed summaries. Outcome items were generated following discussion with community psychiatric colleagues based on those aspects of an admission thought to be of most use to a community mental health team. These were; reason for admission, diagnosis, circumstances of admission, progress on the ward, risk assessment, physical health, legal status on discharge, discharge medication, discharge management plan, contact details. Basic identification was also recorded as was the ward and date of discharge
Result.

- Only 3.3% (1/30) of discharge summaries were complete of all items.
- However 23.3% (7/30) were almost complete, failing to record only a single item, and a further 2 missing only 2 of 10 items. There was a bimodal distribution (Graph 1).
- Seven (7/30) discharge summaries provided no information. Of these, four (4/7) discharge summaries were written in the progress notes directly, rather than using the discharge summary proforma.
- The 'reason for admission' item was a clear low outlier with only 2/30 reporting this piece of information. For a number of cases, this was recorded unhelpfully as "in crisis".

Conclusion. There was limited evidence of systemic patterns, however some wards showed internal stark differences with some summaries complete or almost complete and others empty.

The key findings from this report are the high number of discharge summaries which have either no responses to them (7/30). This may indicate that the writer did not know how to use the current discharge template, and therefore support with using this is indicated. For those with a very low (7/30) number of item responses, we might conclude that these discharge summaries were written by someone with knowledge of using the system, but for another reason did not complete the majority of the items asked, and for this reasons are not immediately clear. Similarly, as highlighted above the main low outlying result relates to the apparent widespread practise of writing "in crisis" as the 'reason for admission', unfortunately to community teams this is an unhelpful and self-evident response.

Innovating in CMHT's: mental health wellbeing group visits

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Aims. 'Group consultations/visits' are described as providing shared medical appointments delivering a range of care options and education by clinicians while providing elements of patient choice, empowerment and peer support.

This innovative and cost effective model of care delivery was first conceived in the US and has been gaining a strong foothold in the UK since 2016, mainly limited to GP settings.

The project goal was to attempt to transfer the model into a mental health setting by developing and delivering a novel intervention, to improve health and wellbeing options in a CMHT population.

Method. A four session course was developed focussing on stress, sleep and nutrition. These chosen topics covered common significant challenges to patient health in psychiatry. Sessions were delivered to proactively address these important health related issues in a group visit setting.

Baseline and post intervention feedback including telephone interviews were conducted to evaluate the effectiveness of the intervention.

Result. The qualitative data and the positive feedback obtained from participants indicate the intervention was highly valued and deemed effective in promoting positive health and lifestyle changes. Participants valued the educational and co-production aspects as well as the social and peer support elements of the groups. They appreciated the level of access they had with the clinicians involved, to explore their health and wellbeing in more detail without being limited by the usual 30 minute clinic follow-up sessions.

The clinicians involved found the sessions rewarding and more engaging than most of routine 1:1 clinic sessions as they were able to spend quality time exploring important issues and not just educate the patients but also be educated by their questions and feedback about their lived experiences.

Conclusion. The project aim was met and we believe this intervention can be successfully incorporated into the identified service provision gap within the CMH T model. There is potential to build on and embed this innovation with roll-out to a wide range of service users in different settings.

In line with existing literature from GP settings, the consensus was that the amalgamated group visits/consultations model could be successfully modified to meet the needs of patients in the Mental Health arena who have a range of physical health and lifestyle concerns.

We planned to obtain more information about improvement in patient self-management but this was affected by the pandemic. However, we believe it is a cost effective and helpful innovation which warrants further promotion and evaluation.

QI project: Improving the discharge advice from functional old age psychiatry wards for the monitoring of lithium and antipsychotic medication in the community

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Aims. NICE guidelines and Maudsley prescribing guidelines both stipulate that patients over the age of 65 prescribed lithium or antipsychotic medication should have their bloods and physical parameters monitored regularly. There is currently no provision from the community mental health teams in Edinburgh to provide this monitoring, which falls to the patients GP. Following an initial data collection, it was found that there was no monitoring advice being provided on immediate discharge letters (IDLs) for patients discharged from two functional old age psychiatry inpatient wards at the Royal Edinburgh Hospital. This patient group often have comorbid medical conditions and therefore monitoring of their psychotropic medication is especially important. The aim of the QI project was for 100% of patients discharged from thesewards on lithium or antipsychotic medication to have appropriate advice documented on their immediate discharge letter (IDL) with regards to medication monitoring.

Method. Data were collected monthly by reviewing the notes of all discharged patients to determine the frequency at which medication monitoring advice was documented on IDLs from the two wards. A proposed new template for discharge letters which included advice on medication monitoring was discussed and agreed with the old age psychiatry team in Edinburgh. This was disseminated to the appropriate medical staff members and was included in induction packs for junior doctors. Following this a new "canned text" template was implemented to automatically populate the discharge letter with advice depending on whether they were antipsychotics/lithium/neither.

Result. IDLs for 91 patients discharged between May 2020 and February 2021 were reviewed. Baseline data showed that 0% of patients (n = 15) had appropriate monitoring advice documented on their IDL. Following initial introduction of monitoring advice to the induction pack for junior doctors, the mean frequency of completed advice on IDLs was 50.9% across 6 months. Following implementation of the canned text, the frequency of completed advice on discharge letters for February 2021 was 100% (n = 7).

Conclusion. This QI project has been successful in improving the rate of appropriate advice for antipsychotic and lithium monitoring being provided on immediate discharge letters. It is hoped that this will help reduce adverse effects associated with antipsychotics and lithium in older psychiatric patients. Further work could be done on determining the frequency that the advised monitoring is being carried out.

Improving attendance in addictions - do quality improvement plans work?

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Aims. We assessed whether a quality improvement plan initiated in 2018 had sustained benefits for improving attendance rates at addiction prescriber reviews, after 13 months.

Method. The QIP re-audit had Humber Teaching NHSFT approval. We assessed electronic healthcare records of patients prescribed OST at a specialist addictions service, spanning a large geographical area, split into three Hubs. Data were analysed via Microsoft excel.

Baseline data for the whole addictions service were collected in April 2018 (n = 343), followed by QIP implementation. The QIP included a new appointment letter explaining the importance of the prescriber review, text message confirmation and reminder the day before, verbal reminder from keyworker and a call from the prescriber explaining the importance of attending (for persistent non-attenders). In the event of nonattendance, a medication safety review was completed. Further data were collected in December 2018 (n = 339) and a re-audit of one Hub (n = 91) was completed in Jan 2020.

Result. At baseline in April 2018, half (50% n = 170/343) of all patients had attended an addictions prescriber review in the last 3 months; Hub 1 (55%; n = 52/95), Hub 2 (34%; n = 45/133) and Hub 3 (65%; n = 73/115). The Quality Improvement Plan was implemented. Attendance rates for subsample (Hub 1) conducted in Oct 2018 showed a reduction in attendance (51%; n = 48/92). This led to the enhanced Quality Improvement Plan.

After the enhanced Quality Improvement Plan implementation in Dec 2018, attendance rates improved for all Hubs to 76% (n = 258/