

Conclusion. Despite the limitation of subjective clinical assessments, the results suggested that the CRHT was effective in considerable proportions of patients with symptomatic improvement and a decrease in risk level, with a small proportion being admitted to a psychiatric ward. There is a need for objective evaluation of risk and symptomatic change using validated instruments and assessing patient experiences about the services.

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Psychiatric Admissions in NHS Lothian – What Can We Do Better?

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Aims. Psychiatric services are under increasing pressure to provide effective patient care with diminishing resources. In NHS Lothian, there is a sector-based model and chronic issues with lack of inpatient beds.

We aim to examine the admission to discharge process at the Royal Edinburgh Hospital (REH) for patients within the North-West sector of Edinburgh (NW) to identify areas for improvement.

Methods. We collected data for NW admissions and discharges from the five General Adult Psychiatry wards in REH in 2023, two of which are allocated NW wards.

Admissions to the Intensive Psychiatric Care Unit were excluded as they indicated differing severity, and discharges via the 'long-stay' ward were excluded due to other factors delaying discharge.

Data was collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Qualitative data was collected anonymously from staff within NHS Lothian in the form of an online questionnaire to identify strengths and weaknesses of the current processes.

Results. In 2023 there were 133 discharges of NW patients in REH. The average age was 39 years old and most common diagnosis was a psychotic illness (36%).

Qualitative data identified that admitting patients to hospital is increasingly challenging due to capacity issues and the lack of a community transfer plan.

53% of NW patients were admitted to NW wards. 27% of patients were moved between wards during their admission.

Length of stay (LOS) and readmission rates were used as proxy measures to examine patient outcomes. Patients who remained on the same ward during their admission had an average LOS of 28 days. 22% were re-admitted within the calendar year. Outcomes were no better when patients remained on their sector ward.

Patients who moved ward during their admission to hospital had an average LOS of 47 days. 45% were re-admitted.

Conclusion. A lack of bed capacity is having a negative impact on patient care in NHS Lothian. Staff expressed concerns about the admission process and patients are moving wards during acute episodes of care to accommodate a sector-based model and chronic lack of capacity. Lack of continuity during admissions may be contributing to longer admissions and more re-admissions, further impacting on capacity.

A review of the strategic planning of NHS Lothian Psychiatric care is required, including capacity planning, admission protocols and policies on boarding patients. We will disseminate these results to support this process and any future work into this topic.

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Monitoring Antipsychotic Adherence in a Community Depot Clinic

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Aims. In conditions such as schizophrenia insight may be limited, leading to partial adherence to antipsychotic medication. This can result in lower remission rates in this group and increased disease burden. Depot injections allow close monitoring of treatment adherence and early intervention where needed.

We aimed to determine the treatment adherence of patients attending the outpatient depot clinic at the South Sefton Neighbourhood Centre (SSNC) for antipsychotic injections and compare adherence between depot medication administered at 1, 2, 3 and 4 weekly intervals.

Methods. We identified patients attending the depot clinic at the SSNC using depot cards. The RIO patient electronic record was used to find previous depot cards and to record the number of doses given each month and calculate the number of failed encounters over a twelve-month period.

We excluded patients receiving the injection at home and those where 12 months of data could not be collected.

Results. 42 (12 female, 30 male) patients were included. 18 had full adherence and 24 had partial adherence. Average adherence was 93%; 90% in the female group and 94% in the male group. We compared adherence to weekly (7 patients), 2 weekly (15 patients), 3 weekly (8 patients) and 4 weekly (12 patients) depot injections. Weekly and 2 weekly had an average adherence of 89%, while 3 and 4 weekly had an average adherence of 96% and 99% respectively. The average number of failed encounters was highest with the 2 weekly group and lowest in the 3 and 4 weekly group.

Conclusion. Adherence to antipsychotic depot treatment at SSNC is good with nearly half of the patients included having full adherence. 4 weekly depot injections showed the best adherence with an average of 99%. Following on from this study we would like to explore the reasons for partial adherence in the two weekly group as well as the impact this has had on this group of patients, looking specifically at relapse and readmission rates.

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Exploring the Experiences of the NCL CAMHS Co-Production Experts by Experience in Barnet, Enfield and Haringey Mental Health Trust: A Thematic Analysis

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