

Between the 1st of January 2020 and the 1st of January 2023, 1961 new patient appointments were booked. 263 were cancelled prior to the appointment. Of the appointments remaining, 30% were DNAs (n = 505), resulting in 505 lost clinical hours, an average of 168 hours/year.

9172 return patient appointments were booked. 1189 were cancelled in advance. 22% were DNAs (n = 1812), resulting in 906 hours of lost clinical hours, an average of 302 hours/year.

Conclusion. DNAs have a direct impact on service provision. Were our service to reduce our DNAs to the Lothian average for General Adult Psychiatry new patient OPCA, we would save on average 61 clinical hours/year.

We will disseminate this information to the NHS Lothian Digital Experience Mental Health Team to support the introduction of a text reminder service, before involving the NHS Lothian Quality Improvement team to explore the impact of this intervention on DNAs.

Furthermore, being placed on a waiting list can be an uncertain time for patients. We will create a waiting list pack for patients, including information of local supports and emergency contacts. We will pilot this in our sector before disseminating to other teams in Lothian.

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.

Evaluation of the Quality of the Pre-ARCP (Pre-Annual Review of Competency Progression) Corporate Report for Postgraduate Doctors (Core Trainees) in Relation to Their Postgraduate Teaching Attendance and Audit Involvement

Dr Muredzwa Adelina Muzenda*, Dr Olusegun Sodiya and Dr Baxi Sinha

Tees, Esk and Wear Valleys NHS Foundation Trust, Middlesbrough, United Kingdom

*Corresponding author.

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Aims. This evaluation was done with the focus to improve the quality of pre-ARCP corporate report for core-trainees. The pre-ARCP corporate report is a document compiled by the medical education department guided by other departments to capture certain competencies. The area of interest was how the report could be up-to-date and accurate. This would ultimately lead to a fair and objective summation of facts for the Psychiatric and Educational Supervisor report which will be reviewed by the ARCP panel.

Methods. This evaluation included all full-time core trainees within the Northern training scheme of the Trust who have undergone ARCP in January and July 2022. Exclusion criteria included less-than full-time trainees and core trainees who did not take part in an ARCP panel in January and July 2022. The questionnaire was designed by the Project Team and approved by the Trust Audit Team prior to data collection. The data were collected from 11th July to 31st July 2022. Electronic questionnaires were sent out to 33 postgraduate doctors.

Results. A total of 12 postgraduate doctors responded (36%). Out of the 12 doctors that responded, 11 (92%) had taken part in the ARCP panel in July 2022. 11/12 (92%) reported having received their pre-ARCP corporate report prior to the ARCP and in adequate time. Similarly, 11/12 (92%) of postgraduate doctors agreed with the record of both the RCPsych teaching attendance

and audit involvement recorded on their pre-ARCP corporate report. In relation to capturing locality teaching attendance, 58% of postgraduate doctors reported the information as accurate. Inaccurate capturing of leaves, on-calls and/or rest days were pointed out by respondents as reasons for the discrepancy in attendance. Of those who contacted medical education, 10/10 (100%) reported that the issue was resolved before the portfolio submission date for ARCP. Of those who did not take action, 50% (1/2) reported the reason as being "I did not see the need to take action".

Conclusion. We found that core trainees felt that capturing accurate RCPsych teaching attendance as well as accurate audit involvement before ARCP are areas that required improvement. There is room for improvement regarding recording locality teaching attendance and absences due to leaves, on-calls, and compensatory rest. It brings us back to reflect on the time spent by each affected postgraduate doctor to clarify their records when discrepancies are noted. Results were discussed with Medical Education department and suggestions for improvement implemented. A re-evaluation is scheduled to take place in July 2023.

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Suicidality in the Absence of Self-Harm: Trends in Presentation to a General Hospital's Liaison Psychiatry Service

Dr Nick Newton* and Dr William Lee

Cornwall Partnership NHS Foundation Trust, Bodmin, United Kingdom

*Corresponding author.

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Aims. Following the initial phase of the COVID-19 pandemic, and with the introduction of an off-site Crisis Hub, has there been a change in presentation to the Emergency Department (ED) with suicidality in the absence of self-harm?

Methods. Patients referred to the Liaison Psychiatry Service (LPS) from the ED at the Royal Cornwall Hospital with suicidal threat over a two-month period were identified in 2019 (pre-pandemic and the creation of the Crisis Hub), 2021 and 2022 (post pandemic and Crisis Hub implementation).

Demographic data for each attendance were recorded: age and gender, mode of arrival/route of referral and outcome of assessment.

Results. The number of attendances has decreased since 2019 (87 in 2019, 71 in 2021 and 53 in 2022). This is on the backdrop of decreasing total departmental attendances and a fall in the proportion referred to LPS: 541 in 2019, 3.84% of the total ED attendances, 510 in 2021, 4.32% of the total ED attendances and 400, 3.7% of the total ED attendances in 2022.

The proportion arriving under Section 136 of the Mental Health Act (MHA), is also increasing: 0% in 2019, but 15.5% in 2021, and 13.8% in 2022. This corresponds to an increasing proportion taken from the ED by the police to another Place of Safety.

A small proportion of those attending were considered suitable to be assessed at the Crisis Hub and were subsequently taken there (5% in 2021 and 3% in 2022). The most common reason to reject referral to the Crisis Hub was recent alcohol consumption.

The proportion requiring admission varied: 3.4% in 2019, 5.6% in 2021 and 1.7% in 2022.

Conclusion. The number of patients arriving with the police under s136 has increased. The numbers were too small to see a trend in transfers to the crisis hub and psychiatric admissions.