Conclusion. 1. This quality improvement initiative has highlighted that the current level of information in referring patient to radiology is variable and dependent on the referrer.

2. All referrals should state exclusion criteria as per the NICE guidelines on neuroimaging in diagnosis of dementia.

3. Preliminary evidence suggests that requesting specific radiological rating scales could improve the quality of information received in the imaging report. The second part of this quality improvement initiative will aim to explore the impact of requesting these scales routinely.

A prescription of information – promoting symptom self-management in people with functional neurological disorder (FND)

Hashim Dadah[1]*, Uzoma Anthony-Uzoeto[1], Sadat Yazdouni[1], Ali Aweis-Asanga[1], Alan Dunlop[2] and Rafey Faruqui[3]

[1]King's College London; [2]Kent and Medway NHS and Social Care Partnership Trust and [3]Kent and Medway NHS and Social Care Partnership Trust, University of Kent
*Corresponding author.

doi: 10.1192/bjo.2021.493

Aims. Functional Neurological Disorder (FND) is known to be associated with high healthcare resource utilisation and poor quality of life. Patients' understanding of the disorder is considered instrumental in improving prognosis.

We produced a symptom self-management patient education strategy with a booklet and FND symptoms recording template in a community neuropsychiatry setting. We embedded this psychoeducation intervention in a post-nursing triage model of care.
Method. A co-production cycle of patient education material was implemented as part of a Quality Improvement Project (QIP) at East Kent Neuropsychiatry Service. Year 4 medical students completed their first QIP cycle involving 4 students, 2 multidisciplinary team members and 4 patients with functional neurological presentations. An FND leaflet and symptom recording template was produced and reviewed using feedback domains such as leaflet readability, perceived usefulness, and template design. The revised version of leaflet was then pilot-tested in second QIP cycle via email or post to 12 patients awaiting their group psychology or neuropsychiatry appointments for treatment of FND. The uptake and impact of leaflet was assessed using telephone-based structured feedback collection.
Result. The first QIP cycle included 10 participants and generated qualitative knowledge domains, providing examples of different types of FND presentations and a biological-psychological-social model explaining onset and/or recurrence of FND symptoms. Group patient feedback and co-production input allowed inclusion of the patient voice and a re-design of leaflet and symptom recording template.

The second QIP cycle involved 12 participants: feedback was collected two weeks after circulation of patient education material. Only 5 participants (42%) had read and used their education leaflet and template during this period. Patients described the booklet as useful overall, but thought it to be more useful at the point of diagnosis and referral to neuropsychiatry. Qualitatively, patients wished there to be more emphasis on FND being explained as "less psychiatric, more a neuropsychiatric problem", and that it would be "very good for someone who had just been diagnosed". 80% of responders rated the leaflet quality 8/10 or above. These respondents felt that the leaflet had helped them understand their condition better than they did previously. Usefulness of an additional self-formulation flowchart was rated as 8/10 or below by all patients - with several finding it difficult to use.

Conclusion. Our QIP supports the need for early patient education when discussing diagnosis of FND. The finding of 42% uptake within two weeks of leaflet dispatch is encouraging.

Audit on High Dose Antipsychotic Treatment (HDAT) Monitoring at Rampton Hospital

Astha Das* and Ian Yanson

Nottinghamshie Healthcare NHS Trust
*Corresponding author.

doi: 10.1192/bjo.2021.494

Aims.

- High Dose Antipsychotic Treatment defined as 100% of the maximum recommended dose in British National Formulary, either as single agent or in combination.
- HDAT and poly-pharmacy may be linked to heightened mortality for psychiatric patients. The Committee on Safety of Medicines, Medicines and Healthcare Products Regulatory Agency recommended ECGs, electrolyte monitoring after each dose escalation, and 6 monthly intervals.
- The Royal College of Psychiatrists in 2006 suggested some justifiable cases of temporary poly-pharmacy with careful monitoring.
- This audit has been done in past to improve standards, especially in High Secure Setting where prescribing HDAT is a common practice
- To audit adherence to "HDAT monitoring guidelines" including regular monitoring of bloods, physical observations and ECG , done after every dose escalation plus at every 6 months.
- To monitor compliance with consent to treatment documentation including reasons of being on HDAT, documentation of physical health monitoring results

Method.

- All patients prescribed high dose antipsychotic (regular and as required) were identified by treating Consultants and also going through drug cards.
- One year retrospective review of haematological, ECG and physical observations were identified through Electronic notes

Result.

- 6 % of patients received HDAT within Rampton Hospital in 2018(12 males' vs 6 females).
- All patients on Regular HDAT had yearly TFT done whereas only 71% had prolactin monitoring done.
- Approximately 50-60% of patients had quarterly blood monitoring including glucose, electrolytes, lipids, liver function test and full blood count.
- About 40% of patients had quarterly ECG monitoring recorded.
- 100% patients on regular HDAT had quarterly physical observation monitoring compared to 81% patients on HDAT (including PRN).
- Consent forms were completed for all patients on HDAT. 85% patients on regular HDAT has the reasons for treatment documented in the notes compared to 100% patients on HDAT (including PRN).

Conclusion.

- Improvement in monitoring of blood parameters and cardiac function (ECG) 40-60% as compared to 2014 audit (8% to 23%).
- Yearly monitoring of TFTs and Prolactin also appeared better (100% and 71%) which was (88% and 72% in 2014).
- Quarterly physical observations were recorded in 77% patients on regular HDAT in 2014 which improved to 100% in 2018.

- There was slight difference for those who were on PRN (77% to 81%). All prescribers informed about results and reminded of recommended guidelines
- Reaudit in 2021-22 to measure change in clinical practice in prescribing HDAT.

A quality improvement project to improve the physical health of people with intellectual disability & severe mental illness in a forensic inpatient ward

Rupal Dave[1]*, Rachael Miller[2], Lucy Bermange[2] and Laura Humphries[2]

[1]East London NHS Foundation Trust and [2]John Howard Centre for Forensic Mental Health
*Corresponding author.

doi: 10.1192/bjo.2021.495

Aims. Review physical health risk factors of service users Co-produce personalised care plans for service users Improve health knowledge and confidence in self-management of health problems Support reduction in risk by improving physical activity levels and supporting healthy dietary choices.

Background. People with intellectual disability have poorer physical health outcomes than those without intellectual disability; there is higher prevalence of obesity, constipation and diabetes in this group of the population, and consistent evidence of premature mortality. Excess mortality in persons with severe mental illness has also been established.

Empowering patients to take an active role in their care, is good practice and encouraged as part of the NHS Long Term Plan.

Quality Improvement methodology was used to design and deliver a multi-disciplinary team (MDT) intervention, on a forensic mental health ward for persons with intellectual disability, to improve physical health in this patient group.

Method. Cardiovascular risk was assessed for 13 patients on a low secure forensic mental health ward. Measures of weight, BMI, blood pressure, resting heart rate, smoking status & status regarding prescription of psychotropic medications were collected.

Together with individual comorbidities and activity levels, a personalised care plan was co-produced by MDT members and patients. Motivational interviewing techniques were adapted to support patients to set personal goals.

Education sessions were designed in 'easy-read' format and delivered by MDT members in a group format. Focus groups were held with service users and with staff members to explore barriers to change. Based on these, specific ideas to increase physical activity and support healthy dietary changes were introduced.

The Patient Activation Measure (PAM) questionnaire was modified and used to assess confidence and knowledge in preventing or reducing health problems, and maintaining changes.

Result. Cardiovascular risk and activity levels were assessed for 13 inpatients. 85% of patients had a BMI in the overweight or obese range. 62% were regular cigarette smokers. 92% were prescribed psychotropic medications. On review of 2 months of opportunities for activity, all patients were categorised as 'inactive'. Patients engaged to varying degrees to co-produce personalised care plans and to engage in group education and physical activity. Of these patients, all showed improvement in measures of Patient Activation and activity level.

Conclusion. An individualised approach is required in exploring physical health problems, considering modifiable risk factors and addressing barriers to change. Co-production, and active participation of MDT members in role-modelling 'healthy habits' was positively reported by patients to facilitate self-management.

The quality of handover on an inpatient psychiatric unit - information is key!

Emma Davies* and Ijeoma Enemo-Okonkwo

Sussex Partnership NHS Foundation Trust
*Corresponding author.

doi: 10.1192/bjo.2021.496

Aims. To study the quality of handover, between nursing staff and doctors, on an inpatient psychiatric unit.

Effective handover between professionals is vital to ensure the accurate transfer of useful information to enable quality care and patient safety.

Implementation of a handover tool has been shown to improve patient safety, especially when used to structure communication over the phone.

Feedback at trainee doctor forums highlighted insufficient handover from nursing staff whilst on-call, a problem which prompted further exploration.

Method. Standards were developed for the expected quality of handover, consisting of a set of criteria for the minimum information required to ensure a safe and effective handover, stemming from the SBAR (Situation, Background, Assessment, Recommendation) approach, with adequate identification of patients, clear communication of the current situation and relevant details.

In an inpatient psychiatric setting, telephone calls to the on-call doctor were recorded for a two-week period, documenting whether key information was communicated.

Result. Total number of calls to on-call doctor recorded: 68. The patients name was given in 49% and the ID number in just 10%. Both relevant diagnosis/history and NEWS score was provided in 18%. However, the current issue and recommendation was given in 90% and 95% respectively.

Conclusion. The results thus far demonstrate a lack of structure and often limited information delivered in handover from nursing staff to the on-call doctor. This leads to difficulties in prioritisation, identifying the urgency of the situation and inefficiencies, as time is spent requesting further information which is not readily available.

After nursing colleagues were made aware, results from a further two-week period, from 65 total calls, demonstrated some improvement. Patient name given in 51%, ID number in 18%, relevant diagnosis/history in 12%, NEWS score in 17%, current issue in 92% and recommendation in 51%. It is clear that with marginal improvement, there remains a problem which we aim to address by collaborating further with senior nursing leads whilst implementing a succinct handover proforma. It is likely that with COVID-19 as the priority on the agenda this past year, quality improvement projects such as this has not been the main focus. We hope that we will be able to implement these changes in the coming months.

Do you mind if I take your blood pressure? Physical health monitoring of children and young people on ADHD medication amidst a pandemic

Emma Davies*, Maham Khan and Claire Jones

Surrey and Borders NHS Foundation Trust
*Corresponding author.

doi: 10.1192/bjo.2021.497

Aims. To establish whether physical health monitoring for CYP on ADHD medication is according to NICE guidance (2018).

To determine the impact of COVID-19 pandemic restrictions on physical health monitoring for CYP on ADHD medication.