Reviewing the Use of a Fibroscan® Machine in Belfast Trust Addictions Service

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Aims. Belfast Trust Addictions Service was among the first addictions teams in the UK to get their own Fibroscan® machine, in March 2021. In the two preceding years (2019–2020), only 32% of patients referred by addictions to hepatology for hepatitis C virus (HCV) attended their appointments.

Patients under the addictions service are known to access healthcare services poorly while being at increased risk, with a clear need to improve their access to appropriate care.

We aimed to review how the Fibroscan® machine has been used in the addictions service, and if there has been an impact on how the patient cohort access healthcare.

Methods. We reviewed our case records of all patients offered a Fibroscan®, and whether they attended the appointment, and reviewed indications of each scan in the three following categories. Firstly, for those with alcohol misuse. Secondly, for HCV cases in which Fibroscan® results help decide treatment choice. Thirdly, 'other' – for example, consultant discretion due to LFT results.

Results. 308 patients were offered Fibroscans® between March 2021 and February 2023.

238 patients attended their appointments, of which 194 were for alcohol misuse, 43 for HCV and 1 'other'.

70 patients did not attend their appointments, of which 67 were for alcohol misuse and 3 'other'.

Scans for HCV were completed ad hoc (i.e. without an arranged appointment) so are not included in attendance rates. The attendance rate for *scheduled* Fibroscan® appointments (for alcohol misuse and 'other') was 74%.

Of the 194 patients scanned for alcohol misuse, 40 were then referred to hepatology with likely cirrhosis.

Conclusion. 238 patients underwent a Fibroscan®, leading to 40 hepatology referrals for likely cirrhosis, and 43 patients being offered appropriate HCV treatment.

Crude DNA rates appear greatly improved – 74% attendance at our Fibroscan® appointments vs 32% attendance at hepatology referral appointments.

Patients' Experience of Using Virtual Consultations in Their Care During Their Inpatient Stay on Acute Mental Health Admission

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Aims. To obtain the views of patients regarding their experience of meetings where virtual media (video conferencing) has been used during their inpatient stay in the acute female admission ward.

Methods. Data was collected via a questionnaire. Service users who met the inclusion criteria were past and current inpatients in the acute female psychiatric ward during the last six months. The sample of the service users included in the project was selected from all applicable cases via convenience sampling – those on the ward who consented and were able to engage, as well as past inpatients whom we contacted via telephone after their discharge who met these same criteria.

Verbal consent was obtained from all the patients who agreed to participate. Data was collected and analysed using Microsoft Excel.

Results. 13 patients in total completed the facilitated questionnaire which used 11 questions rated by Likert Scale as well as an open space area for further comments. Age ranges varied among participants with 39% age range 18–30, 38% aged 31–50 and 23% aged 51–65. 61% were of white British descent. Majority (38%) were admitted for schizophrenia, schizotypal and delusional disorders, 31% for disorders of adult personality, 23% for mood (affective) disorder and 8% for anxiety, dissociative, stress related, somatoform and nonpsychotic mental disorders.

Most patients rated the use of virtual consultations positively, with over ¾ of patients answering strongly agree or agree (positive response) to most questions. This included feeling able to express themselves effectively as in an in-person consultation, feeling that they received adequate care, feeling that the audio-visual quality was satisfactory and that their privacy was respected. One suggestion for improvement from the patients was to clarify the number of people in the room and how many students are present during the consultation.

Conclusion. Virtual consultations were overall well received among the patients interviewed. Interventions that facilitate timeliness and privacy in consultations as well as training for staff in verbal and nonverbal communication skills for virtual consultations would be beneficial. Further surveys in groups underrepresented in the survey such as men, older people, ethnic minority groups, people with visual or hearing impairment and other mental disorders not present in the sample would help to give further insight into how virtual consultations are received and barriers by different groups.

A Service Evaluation of Clinicians Writing Clinic Letters to Patients

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Aims. Writing clinic letters addressed and directed to the patient could be considered part of a strategy to implement a person-centred approach by giving patients more autonomy and understanding of their assessment and care plan. We carried out an audit of current practices and a survey of clinician attitudes within two community mental health teams to determine who clinic letters were being addressed to, whether they are being written in a suitable language and exploring the barriers to improving clinic letter writing.

Methods. We reviewed the first 100 initial and first 50 follow up clinic appointment encounters in two community mental health teams over a one-month period. We used a Microsoft Excel