

Background. According to the department of health guidelines, there is legal requirement to provide copies all clinical correspondence to the patients. Therefore, after any clinic review, letters summarizing the consultation are sent out to GP and patients are copied in. However, these are not very meaningful for patients with special needs, as they struggle to comprehend information. Previous studies have shown that patients with learning disability would prefer letters in a simple language and would also like to participate in the decision making process. According to Accessible Information Standard, we have a legal obligation to deliver information to our service users in an easily understandable manner. We undertook a quality improvement pilot project of easy read templates to improve the understanding of patients and their carers/families.

Method. A standard easy read template was co-produced after collecting feedback from different service users and clinicians. Pictures were incorporated into the questionnaire to facilitate understanding. We collected reviews over a period of 2 months from Nov 2019- Dec 2019. This proforma did not replace the routine clinic letter send out to the GP and the patients. This easy read template began with the introduction of the doctor (with photograph) and it encompassed mental health, physical health, current medication (and the benefits and side effects if any) and changes of medication. It also included epilepsy and the risks (risks to self and to others), vulnerability, behaviours of concern and the day-to-day activities that a service user engages in and finally about the plan formulated at the end of the consultation. At the same time, there was a separate form (with self-explanatory pictures), which collected feedback about the above mentioned appointment outcome review form.

Result. Templates were handed out to 65 patients and carers, and 60 completed the form. All patients found the template useful and helpful, mainly because it was easily comprehensible, with pictures, and also "provided instant updates".

Conclusion. This easy read template improves patients' understanding and participation in the clinic review. This contributes to greater patient satisfaction. As Specialist Learning Disability services, we need to ensure that information is imparted to the patients and the carers in an easily understandable manner and this easy read template should be incorporated in the routine clinic practice.

Abstract : stomp in HPFT

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Aims. Analyse the pattern of psychotropic drug use and de-prescribing (in the context of STOMP) in people with Intellectual disability and Challenging behaviour in Hertfordshire community team(s) during 2016-17. STOMP stands for Stopping Over Medication in People with Learning Disability, Autism or both.

Background. Public Health England in 2015 estimated that on an average day in England, between 30,000 and 35,000 adults with a learning disability, autism or both were taking prescribed psychotropics without appropriate clinical indications. HPFT signed up to the STOMP pledge in 2017 to actively review psychotropic prescribing in line with NICE guidance alongside patients, carers and professional partnerships. This audit provides the outcomes of applying the STOMP Pledge to clinical practice.

Method. Data collection for the current audit occurred over Q1-5 in 2016-2017. All patients with Intellectual Disabilities on

psychotropic medication were reviewed in psychiatric clinics. Awareness was raised about STOMP in teams. A semi-structured tool was developed based on the Self assessment framework published by the ID faculty RCPsych and prospective data were collected after each outpatient visit.

Result. 347 patients were prescribed psychotropic medication and reviewed quarterly between 2016-2017. 96 patients were prescribed antipsychotics for challenging behaviour. Other prescribed medications included mood stabilisers, anticonvulsants, anti-depressants and benzodiazepines. Common antipsychotics used: Risperidone (63), Aripiprazole (14), Quetiapine (9), Olanzapine (4); Chlorpromazine (2). Four patients were maintained on two antipsychotics in varying combinations. The data collection tool noted that alternatives to medication were tried in 32 cases. Deprescribing occurred in 41 cases

Conclusion. This study represents an attempt to capture the impact of the STOMP principles in a clinical sample. Various alternatives to medications were pursued in the sample such as positive behaviour support, sensory integration, psychological therapies, social support. Younger adults (under 30 years) represented the largest proportion of cases where medication was increased. Adults over 30 years represented the largest proportion of cases where a STOMP reduction occurred. This may reflect the individual factors at play. Younger people with ID and /or Autism are more likely to experience changes in support and structure at transition, whilst older adults may have more physical comorbidities that may influence this decision.zcvv

Audit for prescription and administration of PRN buccal midazolam for people with learning disabilities and epilepsy in the Hertfordshire & Essex

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Aims. The current audit aims to identify the gaps in the practice of administering prn buccal midazolam, for management of epilepsy in people with intellectual disability and to review training needs, with a view to improve patient care.

Background. Convulsive status epilepticus is a medical emergency requiring admission to hospital and has a mortality as high as 20% (SUDEP -Sudden Unexpected Death in Epilepsy). It is imperative that the carers are fully aware of the risks associated with the epileptic attacks, are able to recognize the attacks and offer rescue medication to the patient in a timely and effective manner. National guidelines have been drafted jointly by ESNA (Epilepsy Specialist Nurses Association) and ILAE (International League Against Epilepsy) for prn administration of buccal midazolam. The use of rescue medication by trained carers can significantly improve the outcome and reducing the risk of hospital administration and chances of SUDEP. Buccal midazolam is widely used to manage prolonged seizures. Administration should be undertaken only by people who have received both epilepsy awareness and buccal midazolam training. **Method.** All patients with intellectual disability with epilepsy were studied and patients who were prescribed prn midazolam have been shortlisted for data analysis. A template was designed and data are being collected from the carers, community nurses and the prescribing clinicians. Data are categorized under headings of background information about epilepsy, recognizing complications during a seizure and the ability to administer