may be one way of promoting best practice. The improvement in care observed in the pilot study has resulted in this protocol being rolled out across the Trust in an ongoing quality improvement project.

Improving the quality of GP referrals to the Croydon Assessment & Liaison Team

Gabriella Lewis*, Lucia Chaplin, Gareth Knott, Alexandra Coull and Lamide Sobamowo

South London and Maudsley NHS Foundation Trust
*Corresponding author.

Aims. To increase the percentage of GP referrals to the Croydon Assessment & Liaison (A&L) Team deemed to be of 'good quality'. The A&L Team receives a large number of referrals daily from GPs, and it was identified that many of these referrals did not include important and relevant information, leading to delays in patient assessments.

Method. A questionnaire was distributed to A&L MDT members to collect information about what information they consider important in a GP referral. The project team reviewed the results of the questionnaire, along with current policies and guidelines, to create a set of criteria by which to assess the quality of GP referrals, as there was no pre-existing gold standard available. A random sample of 6 GP referrals per week stratified by locality was collected and assessed against these criteria.

Using Plan-Do-Study-Act (PDSA) methodology change ideas were generated, and a GP referral form was identified as an important intervention to adopt. A previously-developed draft form was updated after a round of consultations with various stakeholders including Assessment & Liaison staff, GPs and the CCG. The new GP referral form was uploaded to the GP DSX electronic referrals platform and GP practices were also emailed directly to encourage them to use the new form.

The proportion of GP referrals deemed to be of good quality was compared pre and post-intervention. Uptake of the new GP referral form was recorded as a process measure, and the length of time taken to discuss referrals at A&L daily referrals meetings as a counterbalance measure.

Result. At baseline 33% of GP referrals were deemed to be of good quality using the developed criteria. This improved to 58% after implementation of the new referral form in January 2021. There was poor overall uptake of the form, with only 32.5% of GP referrals utilising the new form so far, however of the referrals received on the new form 69% fulfilled the criteria for good quality. Comparison of length of discussion required for referrals with and without the new form showed no significant difference (7.7 and 7.6 minutes respectively).

Conclusion. Implementation of a standardised GP referral form was effective at increasing the proportion of referrals deemed to be of good quality. However, further PDSA cycles focused on improving uptake of the form will be required.

A community service review of the quality of inpatient discharge summaries from six inpatient wards at St Charles Hospital: an initial audit and quality improvement recommendations

Omar Mahmoud[1]*, Jasna Munjiza[2] and Jacob King[3]

[1]ST5 General Adult psychiatry Trainee, Pall Mall, North Kensington and Chelsea CMHT; [2]Consultant General Adult psychiatrist, Pall Mall, North Kensington and Chelsea CMHT and [3]Core trainee, Pall Mall, North Kensington and Chelsea CMHT
*Corresponding author.

Aims. To discuss whether Discharge summaries include important information to community mental health teams .

To identify patterns and produce recommendations for change by Quality improvement methods .

Method. A convenience sample was selected of the first 5 patient discharges from each of the 6 adult inpatient wards at St Charles Hospital. This represented a total of 30 reviewed summaries. Outcome items were generated following discussion with community psychiatric colleagues based on those aspects of an admission thought to be of most use to a community mental health team. These were; reason for admission, diagnosis, circumstances of admission, progress on the ward, risk assessment, physical health, legal status on discharge, discharge medication, discharge management plan, contact details. Basic identification was also recorded as was the ward and date of discharge

Result.

- Only 3.3% (1/30) of discharge summaries were complete of all items.
- However 23.3% (7/30) were almost complete, failing to record only a single item, and a further 2 missing only 2 of 10 items. There was a bimodal distribution (Graph 1).
- Seven (7/30) discharge summaries provided no information. Of these, four (4/7) discharge summaries were written in the progress notes directly, rather than using the discharge summary proforma.
- The 'reason for admission' item was a clear low outlier with only 2/30 reporting this piece of information. For a number of cases, this was recorded unhelpfully as "in crisis".

Conclusion. There was limited evidence of systemic patterns, however some wards showed internal stark differences with some summaries complete or almost complete and others empty.

The key findings from this report are the high number of discharge summaries which have either no responses to them (7/30). This may indicate that the writer did not know how to use the current discharge template, and therefore support with using this is indicated. For those with a very low (7/30) number of item responses, we might conclude that these discharge summaries were written by someone with knowledge of using the system, but for another reason did not complete the majority of the items asked, and for this reasons are not immediately clear. Similarly, as highlighted above the main low outlying result relates to the apparent widespread practise of writing "in crisis" as the 'reason for admission', unfortunately to community teams this is an unhelpful and self-evident response.

Innovating in CMHT's: mental health wellbeing group visits

Samuel Mammolotti Parkinson*, Ismail Laher and Shola Johnson

Leeds & York Partnership NHS Foundation Trust
*Corresponding author.

Aims. 'Group consultations/visits' are described as providing shared medical appointments delivering a range of care options and education by clinicians while providing elements of patient choice, empowerment and peer support.