

**Methods.** Primary data were collected from a virtual focus group of CTs ( $n = 3$ ) from the North West School of Psychiatry, UK. All CTs in the region were invited to take part, participation was voluntary and informed consent was obtained prior to participation. The focus group was transcribed, analysed and data anonymised to ensure confidentiality.

**Results.** Participants expressed concerns about embarking on their first psychotherapy case with subthemes relating to: insufficient experience and training in psychotherapy prior to starting a case, the ability to provide an effective intervention for patients and progression through core training. Ideas for how simulated learning may help trainees develop skill in psychotherapy centred around: introductory teaching (with opportunities to watch recordings of simulated patient encounters, examples of psychotherapeutic techniques used as well as using simulation to experience psychotherapeutic supervision) and having opportunities to actively participate in, and observe, individual or group role plays. Engagement with professional actors and psychotherapy faculty during role plays was identified as a priority. Finally, the notion of an introductory Psychotherapy Simulation “one day workshop” was proposed.

**Conclusion.** There are many ways in which psychiatry CTs’ anxieties regarding psychotherapy may be addressed. They may feel better prepared to embark on undertaking therapy clients by engaging in simulated learning opportunities: whether this be actively taking part in role plays and simulations or accessing pre-recorded content of pedagogical simulations outlining underpinning psychotherapeutic theory. The findings from the focus group will be used to inform development of a novel Psychotherapy simulation resource. This will aim to improve the quality of Psychotherapy training in the North West and foster trainees’ confidence in conducting therapy sessions. Psychotherapy faculty will also be interviewed in a subsequent Focus group. Co-production of resources with stakeholders could maximize acceptability and help to maintain ongoing engagement with the project.

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.

### 3 Quality Improvement

#### Optimising Care: Quality Improvement for Sustainable Practices in the Paediatric ADHD Clinic in Wrexham Maelor Hospital

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**Aims.** To make a case for E-prescribing within the Paediatric Neurodevelopmental Team in Wrexham Maelor Hospital.

To trial a different way of approaching 6 monthly reviews within the ADHD clinic (option for remote reviews).

To show how we could reduce the carbon footprint of the ADHD clinic.

**Methods.** Process mapping was completed to consider areas in the ADHD prescribing process that could be made more sustainable.

For each patient appointment in the ADHD clinic a questionnaire was completed. The data collection period was over 3 weeks

during August and September 2023. Data was collected and interpreted.

**Results.** 99 appointments were offered, 82 appointments attended. 77 appointments were face-to-face and 22 were via telephone. Of the face-to-face appointments, 54 families travelled in by car and 4 used public transport (2 taxis). Of those who commented 31 people found it hard to find parking by the clinic, 13 people did not.

Of the appointments attended face to face via car/taxi (57):

- Average of 4.4 miles travel to the clinic (8.8 miles total journey)
- Shortest journey 1.1 miles (2.2 miles total journey)
- Longest journey 16 miles (32 miles total journey)
- Total patient mileage for these appointments (assuming travel to and from clinic) 855.8 miles

Carbon emissions from the ADHD Clinic:

- Average journey 0.005t CO<sub>2</sub>
- Total journeys 0.472t CO<sub>2</sub>
- Assuming average sized petrol car used
- Extrapolating this data for a whole year approximately: 8.024t CO<sub>2</sub> from patient journeys to and from the ADHD clinic

For context the average amount of CO<sub>2</sub> generated by a single person in the EU is 7.2t.

**Conclusion.** We have made a case for e-prescribing within the ADHD clinic in Wrexham Maelor Hospital.

The current system impacts on:

- Patient and carer’s travel time and convenience.
- Clinician’s travel time.
- Carbon emissions.

Alternative processes have the potential to streamline this process making it more sustainable socially, clinically and environmentally.

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#### Developing an Electronic Handover System for On-Call Doctors in a South London Mental Health Trust

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**Aims.** To replace pre-existing paper-based and informal handover systems with a confidential electronic handover system for on-call doctors across a large South London mental health trust, thereby improving the safety and quality of handovers.

**Methods.** A quality improvement project was registered within our trust. At baseline, we surveyed core trainees, GP trainees, and locum doctors about their experiences using a paper handover system for on-calls at the Bethlem Royal Hospital and Lambeth Hospital, South London and the Maudsley NHS Foundation Trust (SLaM). Their feedback guided the implantation of a confidential and secure electronic handover system integrated into the trust’s Microsoft SharePoint, using the *Microsoft To Do* app and then *Microsoft Teams*. We alerted doctors to these changes via formal and informal means, such as trust

inductions, emails and through communication with trust junior doctor representatives. After a period of 8 and 24 weeks, we assessed the initiative's success by collecting both qualitative and quantitative data from on-call doctors about their experience with the handover system. Based on feedback, we made multiple adjustments to improve the system, which was later adopted at Lambeth Hospital. The *Microsoft To Do* app was then replaced by a channel on *Microsoft Teams* to ensure wider access.

**Results.** 15 doctors responded to the baseline survey. Handover practices were varied and included paper-based handovers, phone calls, and emails. Mean doctors' ratings for the pre-existing handover systems were 3.2/5 for overall quality (1: very poor; 5: very good) and 2.7/5 for safety (1: very unsafe; 5: very safe). 60% (n = 9) of doctors said tasks would sometimes be missed in the pre-existing handover system. 21 doctors responded to 2 post-change surveys. Mean doctors' ratings of overall quality were 4.6/5 and safety were 4.5/5. Qualitative feedback highlighted that a verbal handover was still necessary to complement the electronic system, and that locum doctors would need to have access to the system as well as consultants and registrars during periods of industrial action.

**Conclusion.** An electronic handover system was successfully implemented to replace a predominantly paper-based handover system at two large mental health hospitals in South London, and on-call doctors reported improvements in handover safety and handover quality. Future work aims to implement a consistent electronic handover system across other hospitals in SLaM and other trusts and transition fully to *Microsoft Teams* for broader accessibility.

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### Audit of Patients Prescribed Psychotropic Medication in the Community Learning Disabilities Psychiatry Services of the Black Country Healthcare NHS Foundation Trust

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**Aims.** Stopping Overmedication of People with a Learning Disability, Autism or Both (STOMP) is an initiative of NHS England. This was in response to concerns raised as a result of the Winterbourne View scandal related to the inappropriate use and insufficient arrangements for the review of the prescription of psychotropic medication.

33,000–35,000 individuals with an intellectual disability (ID) are prescribed psychotropic medication daily. 20–45% are on anti-psychotic medication, of which 14–30% take these to control behaviour problems rather than for specified psychiatric conditions. Psychotropic medications can have side effects with the potential to significantly impair an individual's quality of life.

This audit is to observe current practice of the prescription of psychotropic medication, with a view to identifying changes to the compliance with recommendations and outlining areas for further improvement in line with the Stopping Overmedication of People with a Learning Disability, Autism or Both (STOMP) initiative.

**Methods.** Data was collected from electronic records for randomly selected patients, 20 from each of the 4 Community Learning Disabilities Locality Teams within the Trust. The

patients who were not currently prescribed psychotropic medication were excluded from the randomly selected samples.

**Results.** There was good evidence that capacity, consent and best interests were considered, as well as multidisciplinary input. There was also good evidence of regular review of medication, side effects and treatment response. The results suggests that psychotropic medication continues to play a significant role in the management of patients presenting with behavioural problems, and more needs to be done to identify approaches that will help to reduce their use.

**Conclusion.** In this patient group it is sometimes the case that medication is prescribed legitimately for indications other than their British National Formulary (BNF) recommended use. However, the findings suggest that the rationale could be more clearly recorded. Close collaboration with primary care to provide a comprehensive medication history, the involvement of carers and family members in the active preparation for effective medication reviews and the involvement of the multidisciplinary team should continue to be encouraged and clearly recorded.

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### Improving Information Distribution and Education Within Memory Clinic

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**Aims.** The aims of this project were to improve patient education and overall information distribution within the Memory Clinic within the Old Age Psychiatry department, based at Kingsway Care Centre, Dundee.

**Methods.** This project originated, after there were concerns raised from relatives of a patient who had recently been assessed in the Memory Clinic. A suggested area for improvement included distributing information to patients, highlighting any potential tests or topics of conversation that may be explored during a Memory Clinic appointment. In response, our team engaged in a thorough collaboration with our colleagues in Psychiatry and the Post-Diagnostic Services (PDS). As a result of this partnership, a summary sheet was compiled, highlighting the spectrum of cognitive testing and assessments that may be conducted, potential medicinal treatments and other significant considerations, including driving and Power of Attorney statuses. To ensure these resources were both accessible and informative, they were systemically distributed to patients. The materials were paired with feedback forms to capture patient experiences and insights, to be later collected by the PDS.

**Results.** Whilst this project remains in the data gathering stages, provisional data has been very promising in showing improvement in clarity of information delivered to patients (both in current and future assessments), explanation to patients regarding medication and treatment options, and overall patient satisfaction.

**Conclusion.** Optimising educational resources for both patients and families attending the Memory Clinic through summary documentation can be utilised to improve overall patient satisfaction. Aiding patients' understanding of their diagnosis and further management of this, allows them and their families to feel more included in their care and optimises the delivery of holistic care within Psychiatry of Old Age.