

Methods. Following GPs engagement sessions, a 12 weeks pilot was conducted with the Bath and North East Somerset (BaNES) Primary Care Liaison Service (PCLS) and the 6 Primary Care Networks (PCNs) in BaNES. 22 GP surgeries were allowed access to Advice and Guidance (A&G) system using a digital platform. The pilot ran from 3rd April to 25th June 2023, focussing on answering non-urgent queries related to: psychotropic medications, mental health presentations, and the wider mental health system signposting and awareness.

One Consultant Psychiatrist and One Associate Specialist in Psychiatry were involved. The asynchronous system (eOpinion) with an expected response time of 3–5 working days was used.

To allay any governance risks and to act as a backup should the A&G system process fail to record appropriately, a dual recording of the A&G given – both in the A&G digital platform and the patient electronic record was implemented. Further governance structures were built into the project to establish that actions undertaken by the psychiatrists were effective and justifiable.

Results. 82 requests received over the 12 weeks period.

20 out of 22 surgeries took part.

The Psychiatrists spent on average of 3.5 hours per week answering A&G requests. The administrative team spent on average one hour and three quarter per week processing A&G responses.

Although no significant impact on total referrals was noted, there was indication that demand was moving from the referral to A&G request.

All requests were responded within 2 working days.

Requests from GPs were largely appropriate with 88% resulting in advice and guidance, indicating an improved patient journey.

Minimal impact on the operational processes.

Positive feedback from GPs with 91% finding the A&G system useful or very useful. They were keen for the offer to continue.

Conclusion. Effective inter-professional collaboration between GPs and psychiatrists is essential in enhancing patients' overall health outcomes and experiences. For mental health services, this transformational approach should continue to enhance the existing offer. However, we should remain mindful of the potential risk of increased workload burden in General Practices, and the implications of this new clinical model on staff based in specialist services.

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.

Clinical and Non-Clinical Complaints Towards a Mental Health Service in the West of Ireland Over a Seven-Year Period

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Aims. To examine whether the rate of clinical and non-clinical complaints towards a mental health service (MHS) in the west of Ireland has changed over the preceding seven years. We aim to clarify the pathways for managing clinical and non-clinical complaints locally and compare with other MHS nationally. We aim to capture the nature of complaints, potential factors in

any change in rate and quantify associated workloads via survey of senior clinicians involved in managing complaints.

Methods. We obtained anonymous data from a local database maintained by administrative staff regarding annual complaint numbers for the previous seven years (2016–2022). Data separating clinical and non-clinical complaints were available for the previous four years only due to previous recording practices. Current complaint pathways were captured via administrative staff. A survey via telephone or email of Executive Clinical Directors (ECDs) typically involved in complaint management was conducted.

Results. Annual rates of complaints have increased in the past four years, with these representing higher totals than any of the three previous years (2019–2022, $n = 27, 23, 23, 46$ v. 2016–2018, $n = 21, 12, 14$). A significant increase in rate is noted in 2022 ($n = 46$) representing at least double the rate of five of the preceding six years. Clinical complaints are more predominant than non-clinical across a four year period (mean = 59% annual total) but no significant change in rate was noted. Rates of complaints are perceived to have increased in the previous five years by ECDs ($n = 4$). Repeat complainants are perceived to be common ($n = 4$). Workload regarding complaints is reported to be variable between services ($n = 2$, 0–4 hrs/week v. $n = 2$, 4–8 hrs/week). A clear appeals pathway is unavailable regarding clinical complaints across MHS ($n = 4$). A disparity between MHS around clinical complaints structures and recording practices between services is noted.

Conclusion. Overall rates of complaints towards MHS have broadly increased in the last four years, with a significant increase in 2022. There appears to be a significant disparity in structures between both clinical and non-clinical complaints pathways and between individual MHS. Further research in this area and a standardised national framework for management of clinical complaints is needed.

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One Stop; Addiction, Obstetrics & Perinatal Mental Health Pathway in North East Essex

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Aims. Addiction services in Essex are provided as a collaborative by NHS run Essex STaRS, Open Roads, SHARP and ARC provide psychosocial care. YPDAS supports the young people.

Observed gap: Pregnant women with addiction problems were running from pillar to post to receive care and support needed during this challenging phase of their life.

The one stop clinic provided an all-encompassing care pathway to fill the above need and improving outcomes for mothers and babies.

Methods.

Description:

The new pathway was setup in 2019 on a hub & spoke model. The one stop clinic was at centre, comprising Substance Misuse, Midwifery and Obstetrics. The spokes included Perinatal-mental