Implementation of an App Based Communication Platform, "Consultant Connect", to Improve Physical Health Outcomes for Patients at a UK Mental Health Trust

Dr Isabel McMullen[1]*, Mr Raymond McGrath[1], Ms Karen Ang[1], Ms Elli Fairbairn[1], Ms Julie Williams[2], Dr Prashanth Reddy[3], Professor Nick Sevdalis[2] and Professor Fiona Gaughran[1,2]

[1]South London and Maudsley NHS Foundation Trust, London, United Kingdom; [2]King's College London, London, United Kingdom and [3]King's College Hospital, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.402

Aims. Patients with mental health disorders are known to have worse physical health outcomes. 'Consultant Connect' (CC) is an app-based communication platform which aims to improve patient outcomes and experience, by offering clinicians direct access to consultants working in a partnership acute Trust, so they can seek advice and guidance for their patients' physical health problems. This creates whole system efficiencies by avoiding unnecessary referrals to an Emergency Department or outpatient clinics. This poster describes the implementation of CC in a large UK Mental Health Trust. Initially designed for GPs, this is the first time a UK Mental Health Trust has used CC.

Methods. Consultant Connect was launched in the Mental Health Trust's inpatient services in June 2020 as part of a Trust-wide programme of work aiming to improve the physical healthcare of mental health patients. In July 2021 it was rolled out across all services, including all community services. All platform activity was monitored and the implementation team collected data to determine: a) origin of call, b) which specialty was required, c) numbers of calls successfully connected, and in a subset of calls d) outcome of call. In addition, 183 call recordings were analysed, to identify clinical training needs and inform further development of the platform.

Results. In the period June 2020 – December 2021, there were 1422 use episodes of the CC platform by Mental Health Trust clinicians. There were 401 Trust registered downloads of the CC App by the Trust clinicians. 53 different clinical specialties were contacted, with cardiology (414 calls), diabetes and endocrinology (243 calls), and haematology (124 calls) the most frequently called. 68% of queries received a response. 48% of calls had an outcome recorded, with 70% of these resulting in the physical healthcare being delivered by the mental health team, following the advice received (i.e. referral or admission avoided, or the patient treated out of hospital).

Conclusion. CC is being progressively embedded into clinical practice and has become a well-used pathway for mental health clinicians seeking immediate clinical advice from acute hospital Consultant colleagues. Further qualitative and quantitative work is planned with mental health clinicians, patients and carers to better understand their experience and determine if it improves care from both the clinicians' and patients' perspective.

The Effects of Remote Consultation (RC) on Outpatient Clinic Attendance Rates in City Community Mental Health Team (CMHT) and Patient Feedback on RC

Dr Ting Miller[1]*, Dr Joshua Thomas[2] and Dr Anitha Mukundan[2]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and [2]Bradford District Care Trust, Bradford, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.403

Aims. The outbreak of COVID-19 in 2020 forced a sudden change in service delivery in CMHT. Remote consultations (RC) via telephone or video were introduced to facilitate safe contact between staff and patients. Traditional face to face (F2F) appointments have high rates of non-attendance (DNA). This project aimed to examine whether the DNA rate for CMHT appointments has been affected by the introduction of RC. In addition to this, patients were asked to give feedback about how they felt about the use of RC.

Methods. We retrospectively studied the outcome of outpatient medical appointments within City CMHT over two periods, namely pre COVID-19 which was between April to June 2019 and during COVID-19 which corresponded to the same period in 2020. A list of patients over these two periods were extracted from trust electrical medical record: System One (S1). Further review patients' notes on S1 was conducted to identify DNA group, among which detailed information including gender, age groups, types of outpatient clinics (urgent or routine, first review or follow-up review), types of consultations (remote or F2F).

In addition, an anonymous patient feedback form on RC was given out to 30 patients attending F2F appointments at the clinic between May and August 2021.

Results. 94% appointments were conducted remotely in 2020 while 100% were F2F in 2019 during the periods studied. 2020 saw a 16% increase in attendance rate and a nearly half reduction in cancelled appointments from 30% to 16%. There was a slight drop in DNA rate by 2%.

19 patient feedbacks indicated at least one RC experience. Among them, 47% rated it as very good and 58% felt RC offered the same level of care and treatment as F2F. On the other hand, 74% would like to be seen F2F for future appointments when given a choice.

Free comments about RC were captured including 'Not everything gets covered', 'it makes me anxious to talk to a medical team over the phone' and 'things like bruises could be missed in a RC'. However, one patient said they found RC is less stressful.

Conclusion. A massive shift from F2F to RC was seen due to COVID-19 restriction. Attendance rated was improved with RC, however, it was mainly achieved by a significant reduction in cancelled appointments. Its impact on overall DNA rate appeared minuscule.

Despite nearly half of the patients indicated RC is as good as F2F. Most patients prefer f2f for future consultation.

Prevention of Hospital Associated Venous Thromboembolism in Psychiatric Inpatients- a Survey of Current Practice Within Mental Health Trusts in England

Dr Ashma Mohamed[1]*, Dr Michael Cheah[1], Dr Josie Jenkinson[1], Professor Beverley Hunt[2], Ms Jo Jerrome[3] and Ms Audrey Purcell[4]

[1]Surrey and Borders Partnership NHS Foundation Trust, Chertsey, United Kingdom; [2]King's College London, London, United Kingdom; [3]Thrombosis UK, London, United Kingdom and [4]Saint John of God Hospital, Dublin, Ireland
*Presenting author.

doi: 10.1192/bjo.2022.404

Aims. General hospital inpatients are routinely risk assessed for hospital associated venous thromboembolism (HAT) and given appropriate thromboprophylaxis if indicated. However, mental health trusts have not taken a similar approach in psychiatric inpatients, despite known risk factors, including some unique to

https://doi.org/10.1192/bjo.2022.404 Published online by Cambridge University Press

psychiatric inpatients. We explored current practice of HAT prevention in English psychiatric inpatients.

Methods. A Freedom of Information Act (FOI) request was sent to all 71 English mental health trusts, asking whether there was a Venous Thromboembolism (VTE) policy, whether a VTE risk assessment tool was being used, what is looked like, and the incidence of HAT in their psychiatric inpatients i.e., VTE during admission or occurring up to 90 days post discharge.

Results. We received 54 unique responses (76%) to the FOI. Of these, 36 (86%) shared their VTE policy, 26 (72%) of which had been adapted for this population; 38 (90%) shared their VTE risk assessment tool, of which 17 (45%) were adapted from the Department of Health VTE risk assessment tool.

Only five trusts out of 42 (12%) monitored VTE events up to 90 days post-discharge and 4 of these shared their monitoring policy. Only 18 (43%) were able to provide data on the number of psychiatric patients diagnosed with a VTE during their stay and up to 90 days post discharge between February 2016–2021, 6 (14%) said they would incur costs to collect this data and 9 (21%) were unable to access this data. Where information was provided, the number of HAT events ranged from 0–224 within each trust. Of the 18 trusts who provided data, a total of 514 events were recorded between Feb 2016-Feb 2021, but none of the trusts were able to confirm if this included VTE events up to 90 days post discharge.

Conclusion. Our FOI survey suggest a high incidence of VTE in psychiatric patients and indicate wide variation in HAT prevention in English hospitalised psychiatric patients. Most had a VTE Trusts had a policy in place, with 45% having a VTE risk assessment tool that listed risk factors unique to psychiatric patients, adapting VTE risk assessment tools in this way may lead to a greater use of thromboprophylaxis. The lack of access to data on HAT by mental health trusts is concerning. Further research is required to understand the rates of VTE, validate a VTE risk assessment tool and conduct trials looking at the benefit of thromboprophylaxis in psychiatric inpatients.

The SSRI Clinic: Improving SSRI Prescribing Safety in Outpatient CAMHS Clinic

Dr Tammy Morgan*, Dr Helen McFerran and Dr Anna McGovern

Southern Health and Social Care Trust, Belfast, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.405

Aims. Within a multidisciplinary team of medical and non medical prescribers the aim of this project was to improve SSRI prescribing safety by 30% by June 2022. This was with view to enhance prescribing provision across the trust.

Methods. Multiple methods were done to improve staffs perception of safety. Criteria were set out in keeping with NICE guidance, RCPSYCH and BAP guidance on prescribing. Psychoeducation and focus groups were held to gauge colleagues thoughts on SSRI prescribing. This was along with pulse surveys.

An SSRI clinic was set up, with referral pathway, protocol for referral and staff clinics for reviews and new prescribing. This was to improve prescribing safety.

Health promotion leaflets were also made for the clinic in terms of non pharmacological methods to improve mental health.

Results. Improved staff safety from a Good (3) to Excellent (5).

Established SSRI clinic which will be spread trust wide to the other clinics.

Better monitoring and education of SSRIs.

Health promotion benefits.

Conclusion. Improved staff safety from a Good (3) to Excellent (5).

Established SSRI clinic which will be spread trust wide to the other clinics.

Better monitoring and education of SSRIs.

Health promotion benefits.

Evaluating a Pilot Group Based Mental Health Promotion Programme Adapted for Young People With Intellectual Disabilities: The “Healthy Me” Programme

Mrs Emma McDermott, Miss Naomi Jenkins, Dr Heather Hanna and Dr Tammy Morgan*

Southern Health and Social Care Trust, Northern Ireland, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.406

Aims. A mental health promotion programme called ‘Healthy Me’, was a collaboration between Action Mental Health (AMH) MensSana, Child and Adolescent Mental Health Services (CAMHS) in the Southern Health and Social Care Trust and the Royal College of Psychiatry (RCPsych) in Northern Ireland in 2014. Adapting ‘Healthy Me’ for delivery in special schools was recommended in evaluation of this pilot programme. A co-produced pilot adapted ‘healthy me’ programme, for young people with ID was taken forward by Action Mental Health (AMH) MensSana and Intellectual Disability Child and Adolescent Mental Health Service (ID CAMHS) in the Southern Health and Social Care Trust (SHSCT). To determine the feasibility of adaptation and delivery of the programme for the needs of the ID population. To inform changes to be made before wider roll-out. To promote children’s social and emotional well-being and emotional literacy through the teaching of problem-solving, coping skills, conflict management and managing feelings. To evaluate the effectiveness of this intervention with children being able to retain learning, information and ideas.

Methods. Evaluation

- Pre programme quiz July 2021 (young people)
- Post session 1–5 quizzes (young people)
- Post programme quiz October 2021 (young people)
- Simple visual blob tree (young people)

Outcome Measures

- Pre programme initial outcome measure (parent) The Mood, Interest and Pleasure Questionnaire-short form (MIPQ-S) July 2021
- Pre programme initial outcome measure (parent) non standardised, based on the strength and difficulties questionnaire (SDQ) and the Child and Youth Resilience Measure-Revised Person Most Knowledgeable version (PMK-CYRM-R) July 2021
- Post programme repeated outcome measure (parent) MIPQ-S October 2021
- Post programme repeated outcome measure (parent) Based on SDQ & PMK-CYRM-R October 2021

Results. Six participants identified at outset and four attended and engaged consistently, young people aged between 14 and 17 years. Participants were supported 1:1 to fill in a simple evaluation forms after sessions rating their enjoyment and what they had learnt. Repeating the MIPQ-S with parents highlighted