Aims. Assessment and management of the mental health needs of patients with dementia has been identified as a key role for a mental health liaison team (MHLT). The existing practice for referrals of patients with dementia made to Barnsley Hospital's MHLT was for them to be redirected to the memory team for assessment, who have limited scope for in-reach work into hospital, rather than being assessed by MHLT who are based on the hospital site.

This project aimed to clarify the pathway for dementia referrals presenting with psychiatric issues at Barnsley Hospital and determine which patients should be seen by either MHLT or the memory team. It also aimed for MHLT to increase the number of dementia referrals assessed compared with existing practice and increase the proportion of face-to-face reviews for these patients.

Methods. 2 periods of data collection took place within MHLT, where the outcome of referrals made from Barnsley Hospital for patients with diagnosed or suspected dementia requiring assessment was recorded. The first period recorded existing practice and the second period recorded practice following the implementation of a new pathway for referrals.

The new referral pathway was created in collaboration between MHLT, memory team and Barnsley Hospital's dementia nursing staff. MHLT would review cases of suspected dementia not currently open to memory team whilst referrals made for patients open to memory team would be referred to memory team initially, with the option of MHLT input subsequently being requested.

Results. First data collection period 3–28 April 2023:

4 referrals in total.

2 were assessed by MHLT, 1 seen face-to-face, 1 by telephone. 2 were redirected to memory team.

Second data collection period 17 July–17 September 2023 following implementation of the pathway:

10 referrals in total.

7 were assessed by MHLT, 7 seen face-to-face. 3 were redirected to memory team.

Conclusion. The implementation of the pathway led to improved outcomes, with absolute increases of 20% in the proportion of referrals assessed by MHLT and of 45% in the proportion of patients assessed face-to-face. Undertaking the project also helped to identify that there was a training need for MHLT practitioners regarding dementia assessment and management. The next aim is for MHLT to assess 100% of dementia referrals following dementia training being delivered to the MHLT practitioners, and to continue regular MDT meetings to monitor the efficacy of the pathway and maintain collaboration between MHLT and the memory team.

Physical Health Monitoring in Waverley Community Mental Health Recovery Service (CMHRS)

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Aims. To audit the recording of physical health parameters for the clients of Waverley Community Mental Health Recovery Service (CMHRS).

To ensure Trust and NICE guidelines are met for monitoring of:

1) Psychiatric drug prescribing.
2) Psychiatric disease monitoring.
3) Past medical history and biophysical parameters relevant to prescribing decisions.

To develop a clinical review process for the clients to ensure that physical health parameters are monitored longitudinally.

Methods. A random sample of 100 patients from Waverley CMHRS was analysed. The data was collected between November 2022 and January 2023. The process involved establishing the cohort, dividing the caseload for review, and applying an audit questionnaire. The questionnaire was applied to both SystmOne Electronic Patient Records and GP Shared Care Records to assess compliance with physical health monitoring in both secondary and primary care. All data collected were compiled onto an Excel Spreadsheet. The level of compliance for monitoring of each parameter was calculated and audited against Trust and NICE guidance.

Results.

For secondary care:

1. Compliance with physical health monitoring requirements is consistently low.
2. Higher levels of compliance (>50%) for height, weight, Audit C (Alcohol), Smoking status.
3. Lowest compliance levels observed for: blood tests, ECG request, substance misuse status, sleep, medication side effects.
4. Evidence of a comprehensive physical health review was found in 1% of patients.

For primary care:

1. 95% of patients from our sample consented to giving access to their Shared Care Record.
2. Compliance with physical health monitoring requirements in primary care was higher.
3. Compliance was particularly high (> 87%) for: height, weight and BMI, BP, evidence of alcohol monitoring, evidence of smoking monitoring.
4. Smoking monitoring is the parameter with the highest level of compliance (95%).
5. Parameters are monitored more regularly.

Conclusion. The audit identified gaps in the documentation and assessment of physical health parameters within Waverley CMHRS. Compliance with monitoring requirements was significantly lower in secondary care, highlighting the need for intervention. Conversely, primary care demonstrated higher adherence to monitoring guidelines. The results show deficiencies in physical health monitoring that need to be addressed to ensure comprehensive psychiatric care.

The project was crucial in optimizing physical health monitoring within Waverley CMHRS. Recommendations include targeted training, improved communication between primary and secondary care, and the designation of physical health coordinators. An action plan was developed with assigned responsibilities and a timeline for implementation. A re-audit will follow to assess the impact of implemented changes.

Mental Health Policies in Low and Lower Middle-Income Countries (LLMICs): A Narrative Synthesis

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