

Qualitative feedback from the team pre- and post-intervention, at baseline and regular follow-up intervals, in the form of monthly team meetings, emails, focus-groups and semi-structured interviews.

Results. A full thematic map was created after initial consultation; themes included communication improvement between teams and external agencies, timely support for complex case management, improving transition processes and development of robust clinical review processes.

Qualitative feedback has been collated, analysed and final recommendations to be shared with the MDT professionals

Conclusion. Preliminary results have shown improvements in communication among the MDT, stakeholders, and external agencies.

The consultation process highlighted that there is a substantial need for standardisation and consistency within communicative practices to promote enhanced care delivery and improved patient outcomes.

Complex Case Management Workshop for Trainees & Trainers - a Quality Improvement Project -to Enhance the Understanding of the Case Management and Complexity in People With Intellectual Disabilities for Senior Trainees and Early Career Consultants

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Aims. Whilst there is always more to learn within any speciality, the particular zone of development for senior trainees and early career consultants is the management of the complex case. The factors underpinning complexity are varied, and can range from aspects of the service user such as complexity and severity of disorder and/or multi-morbidity, to aspects of their local social networks, to complexities arising from the service or care environment. The aim of this workshop was to offer a safe space for senior trainees and early career consultants to work through some principles that might be helpful, particularly where things seem to be getting into a pickle.

Methods.

- A 60-minute slot was proposed, as part of the Northwest Learning disability academic teaching forum.
- The structure of the workshop borrowed the informality and spirit of support from Balint groups.
- Attendees were prepared to talk about one of their cases anonymously, and why they might be getting into a pickle.
- Soundings were taken and a particular case chosen to workshop in more detail, as an exemplar for others.
- Each session focused on one or two themes from the wider set of themes suggested by the CCaRM framework (Spurrell, Potts & Shaw, 2019) currently being used by Greater Manchester and Lancashire SST to expedite their work.
- Each session concluded with an evaluation discussion of workshop usefulness.

Results.

- There were 6 virtual workshops in first PDSA cycle (June 2021-Nov 2021)

- Each workshop lasted approximately 100–120 minutes, with 8–12 people attended in each session.
- The intention for the workshop was to include senior trainees and early career consultants who are within the NWLD forum however junior trainees, senior consultants and other MDT professional also became part of the sessions.
- Each session concluded with an evaluation discussion of workshop usefulness
- Qualitative feedback has been collated and analysed from the evaluation discussion.
- The information derived from the qualitative analysis indicates that there is a substantial need for regular complex case discussions for the purposes of enhanced care delivery and improved patient outcomes

Conclusion. This approach helped in enhancing the understanding of the case management for people with intellectual disabilities among forum members

We consider that the online workshops is a success and are planning further-PDSA 2 in order to create competent and well-rounded ID psychiatrist in the future in Northwest region.

Follow-Up of New SSRI Prescriptions for Depression and Anxiety in Primary Care

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Aims. The aim of the audit was to review the follow-up of new SSRI prescriptions for anxiety and depression in a primary care setting and to evaluate this against relevant guidance, including that provided by NICE. NICE guidelines recommend initial follow-up for patients newly prescribed SSRIs for depression at either 1 week or 2 weeks dependent on patients age and the perceived risk of suicide or self-harm.

Methods. An audit was carried out of new SSRI prescriptions and subsequent follow-up for 52 patients in a primary care practice in North Derbyshire covering the period January to August/September 2021.

The audit used patient notes which were manually reviewed to assess the initial consultation, prescription, documented suicide/self-harm risk assessment and follow-up plans. The length to initial follow-up and the number of subsequent follow-up appointments were also assessed.

Results. The audit found that the median time to initial follow-up was 14.5 days for patients aged 18–30 years with only 12% compliant with the NICE recommendation of 1 week to follow-up. The median time to initial follow-up was 17.5 days for patients aged >30 years with only 19% compliant with the NICE recommendation of 2 weeks to follow-up. There were no significant differences in follow-up between males and females. 96% and 77% of initial consultations included a documented suicide risk assessment for patients aged 18–30 years and >30 years respectively. 88% of the new SSRI prescriptions were for sertraline 50 mg.

Conclusion. The above findings were presented to the clinical team at the primary care practice meeting with reminders of the NICE recommendations for follow-up and how these vary between different patient groups. The practice will carry out a repeat audit in 12 months.