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Aims. To ensure smooth running of Multidisciplinary team (MDT) in Community mental health team (CMHT) and reviewing MDT structure for better functioning at Parkview Mental health Resource centre.

On a Friday two Multidisciplinary teams (MDTs) were running online on Microsoft teams simultaneously. The same staff was running the two MDTs, so staff input could be limited at times and staff would dip in and out of MDTs. Discussion around ways of improving this so that both MDTs run smoothly. Also, there was no formal structure to MDT meetings. It was decided that improvement in Quality of MDT needs to be addressed.

Methods. Initially numerous discussions held online with Parkview team, nursing colleagues.

CMHT Quality improvement group was set up and a meeting was arranged where everyone's ideas were considered.

A pilot project was first introduced in March 2022 and audited in July 2022. Plan, do, study, act (PDSA) cycle was carried out.

Plan

Two nursing teams to be setup which will feed back into the two MDTs on alternate weeks. This will reduce nursing teams having to come in and out of one MDT to join other MDT, hence increasing the efficacy of the MDT.

Devise a new template to provide formal structure for the MDT presentation.

Do

Trial the new setup of two nursing teams.

Study

Ask all MDT staff members for feedback on the working of MDT.

Act

Reformat the Structured template and distribute to all staff members.

Results. 100% staff felt that new structure of MDT was useful.

84% staff satisfied with the new way of running of MDT.

84% staff satisfied with having designated teams for MDT.

Conclusion. Having Designated MDT teams and a structured format helped in robust functioning of the MDT in the CMHT.

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.

Improving Trainee Doctors' Awareness on How to Refer for Routine Radiological and Cardiac Investigations at a Psychiatric Hospital in South London

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Aims. Psychiatric inpatient hospital, although part of secondary care, is separate from a physical health hospital and therefore does not have access to electronic referral systems, which increases efficiency of referral processes. As part of an admission clerking for all inpatients in psychiatric hospitals, the admitting doctor takes a history of past medical issues, a physical examination, electrocardiogram and bloods. Depending on findings, further radiological and cardiac investigations may be warranted. Not having access to electronic referral systems can cause delay in delivering treatment for psychiatric inpatients, especially when referral pathways is unclear. The aim of this quality improvement project is to increase the knowledge of referrers in order to improve efficiency completing referrals and reduce incorrect referrals. With clinicians able to refer for routine imaging correctly and in an efficient manner, it is hoped that this will correlate with an improved quality of care received by patients.

Methods. Firstly we assessed the knowledge of currently employed trainee doctors, via a web-based survey, on how to refer for routine and commonly ordered radiological and cardiac investigations. Employed referrers included core trainee, GP and foundation year trainee doctors. We then created an electronic referral pack which includes a guidance and referral forms provided to clinicians when they start employment at Lambeth hospital and accessible to current trainees. A follow up survey then reassessed the knowledge of these referrers.

Results. There was a total of 11 responses received from survey prior to sending out the electronic referral guidance pack, of which 100% believed that it would be helpful to have a referral guidance pack. A total of 4 responses were received after sending out the guidance. The surveys showed that there is improved knowledge of how to refer for routine radiological and cardiac investigations after guidance was sent. Prior to sending the guidance, 9.1% referrers were made aware of the referral process, and this increased to 50% after the referral guidance pack was sent out.

Conclusion. Trainee doctors in psychiatric hospitals require more support with physical health management in psychiatric hospitals, including referring for physical health investigations, as referrers cannot access electronic referral systems used in physical health hospitals. Results need to be correlated with clinical outcomes in future. A longer term project could include linking the electronic referral systems between psychiatric and physical health hospitals.

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Monitoring of Clozapine-Induced Gastrointestinal Hypomotility

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Aims. Clozapine, a second-generation antipsychotic licensed for treatment-resistant schizophrenia, has a well-documented side effect profile, the most common of which is decreased gastrointestinal motility. Clozapine-induced constipation occurs more frequently than blood dyscrasias and can lead to severe complications such as paralytic ileus and intestinal blockage; in extreme cases, it can be fatal, with a fatality rate of 20–30%. The risk of gastrointestinal hypomotility is most pronounced during the initial four months of treatment; hence, weekly assessments are imperative during this period. According to Lanarkshire's local guidelines, bowel habits should be assessed at baseline, during routine blood sampling, and ideally at every clinical interaction. Our audit aims to determine the frequency of bowel habit monitoring in inpatient settings and to ascertain the prevalence of laxative prescriptions among these patients.

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