

Clinical Psychology, AHPs, Social Work Team Manager, Social Worker, Police, GP, Housing, MHO, District Nurses, etc

Individuals identified as RED and are at risk of admission or an inappropriate alternative solution will likely require significantly longer discussions and a full plan to reduce the risk of harm.

Evaluation data were gathered via qualitative feedback from the multi-disciplinary team (MDT). Number of patients admitted among cases discussed from January 2020 until September 2022 (Total 248) was noted.

Results. The MDT team were generally satisfied with the assistance they received and were able to be provided solution focused remedies with immediate feedback. In particular, they were satisfied with the accessibility in having a collaborated approach with addressing the challenges to request priority of interventions from NHS Highland ID staff and provision of timely advice and guidance to support providers. Out of the 248 People With Intellectual Disability (PWID) discussed from January 2020 to Sept 2022, only two required admission with the rest successfully being managed in the community.

Conclusion. With its easy accessibility and quick response via video conferencing, 'Red people' meeting can be used as a platform to discuss PWID and / or autism who have been classified with a RED status identifying the immediate support required, providing expert advice and guidance, enabling a quick prioritised response from professionals and provision of safe and timely discharge from hospital.

It is evident that further research needs to be undertaken into the contemporary and future practice of community ID teams in the management of crisis settings.

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.

Review of Admissions to Local Division, Mersey Care NHS Foundation Trust Between June 2017-June 2022

Dr Jane Leadbetter* and Dr Anna Richman

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.377

Aims. The aim of the study is to investigate if a trend in admissions to wards within Local Division in Mersey Care NHS Foundation Trust has been evident over the past five years and hypothesise rationale for this.

Methods. Mersey Care NHS Foundation Trust has collated information on admissions to wards within their Local Division from June 2017 to June 2022. These data were reviewed and analysed.

We considered contributory reasons for any trends in admissions, for example, establishment of the Crisis Resolution Home Treatment Team (CRHTT) in 2017 and the impact of the Coronavirus pandemic. We also reviewed the number of assaults over this period, to see if a trend was evident.

Results. There has been a downward trend in the total number of admissions to wards within Local Division.

The average total number of monthly admissions pre establishment of the CRHTT was 186, which declines to 133 when the service was functioning. For general adult admissions, the average number of monthly admissions pre commencement of the CRHTT was 160, which reduced to 118 after implementation of the CRHTT, a 26.3% reduction. For old age admissions, the average number of monthly admissions was 25, which reduced to 19 after implementation of the CRHTT, a 24% reduction.

At the height of the Coronavirus pandemic, the average number of admissions dropped to 124, and 80% of results fell below the trendline. There was a less significant reduction in old age admissions due to the Coronavirus pandemic, perhaps reflecting less family support during lockdown periods, reduced access to carers and less input from the community mental health team in care homes; all of which could increase the need for older adults to be admitted to inpatient mental health beds.

The number of assaults across wards within Local Division increased significantly from 602 in 2017 to 1527 in 2021. This suggests there is perhaps a higher threshold to admit patients, with more significant risk profiles.

Conclusion. A downward trend in admissions to Local Division within Mersey Care NHS Foundation Trust has been evident since 2017.

There are a several factors that could have contributed to this, including commencement of the CRHTT and restrictions due to the Coronavirus pandemic. The significant increase in the number of assaults, may also suggest there is now a higher threshold to admit patients, with more significant risk profiles.

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.

Long Waiting Lists and Poor Attendance - How Can Psychiatry Do Better? a Review of Services in North West Edinburgh

Miss Iqra Ali¹, Mr Vito Balboa¹, Mr Sarthak Datta¹, Miss Lois Dobson¹, Miss Devshi Dubey¹, Miss Alexandra Eylul Oguz¹, Miss Rachel Horobin¹, Miss Sophie Ladha¹, Miss Cassie Moore¹, Miss Louise Tan¹, Mr Pranav Thamarai Saravanan¹, Dr Kenneth Murphy² and Dr Douglas Murdie^{2*}

¹University of Edinburgh Medical School, Edinburgh, United Kingdom and ²NHS Lothian, Edinburgh, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.378

Aims. Increasing demand and high rates of non-attendance (DNA) lengthen waiting lists for psychiatric services, a topic of significant public and political interest. NHS Lothian data between 2009/10 and 2018/19 averaged a DNA rate of 19% for new patient appointments. Our aim was to analyse the waiting list and DNA rate for patients referred for a routine Consultant-led General Adult Psychiatry outpatient clinic appointment (OPCA) within the North-West Edinburgh Community Mental Health Team. The goal was to identify lost clinical time and areas for service development.

Methods. We collected data of all patients on the waiting list for a routine OPCA, excluding 'soon' or 'urgent' appointments and those on the separate Neurodevelopmental Disorder waiting list.

We collected data of all OPCA attendances between 1st of January 2020 and 1st of January 2023.

In line with Royal College of Psychiatrists guidance, we allocated 30 minutes for a return patient and 60 minutes for a new patient to determine lost clinical time due to DNAs.

Data were collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Results. 221 patients were on the waiting list for an appointment. 52% of patients were female (n = 115). The longest wait was 10 months.

Between the 1st of January 2020 and the 1st of January 2023, 1961 new patient appointments were booked. 263 were cancelled prior to the appointment. Of the appointments remaining, 30% were DNAs (n = 505), resulting in 505 lost clinical hours, an average of 168 hours/year.

9172 return patient appointments were booked. 1189 were cancelled in advance. 22% were DNAs (n = 1812), resulting in 906 hours of lost clinical hours, an average of 302 hours/year.

Conclusion. DNAs have a direct impact on service provision. Were our service to reduce our DNAs to the Lothian average for General Adult Psychiatry new patient OPCA, we would save on average 61 clinical hours/year.

We will disseminate this information to the NHS Lothian Digital Experience Mental Health Team to support the introduction of a text reminder service, before involving the NHS Lothian Quality Improvement team to explore the impact of this intervention on DNAs.

Furthermore, being placed on a waiting list can be an uncertain time for patients. We will create a waiting list pack for patients, including information of local supports and emergency contacts. We will pilot this in our sector before disseminating to other teams in Lothian.

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.

Evaluation of the Quality of the Pre-ARCP (Pre-Annual Review of Competency Progression) Corporate Report for Postgraduate Doctors (Core Trainees) in Relation to Their Postgraduate Teaching Attendance and Audit Involvement

Dr Muredzwa Adelina Muzenda*, Dr Olusegun Sodiya and Dr Baxi Sinha

Tees, Esk and Wear Valleys NHS Foundation Trust, Middlesbrough, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.379

Aims. This evaluation was done with the focus to improve the quality of pre-ARCP corporate report for core-trainees. The pre-ARCP corporate report is a document compiled by the medical education department guided by other departments to capture certain competencies. The area of interest was how the report could be up-to-date and accurate. This would ultimately lead to a fair and objective summation of facts for the Psychiatric and Educational Supervisor report which will be reviewed by the ARCP panel.

Methods. This evaluation included all full-time core trainees within the Northern training scheme of the Trust who have undergone ARCP in January and July 2022. Exclusion criteria included less-than full-time trainees and core trainees who did not take part in an ARCP panel in January and July 2022. The questionnaire was designed by the Project Team and approved by the Trust Audit Team prior to data collection. The data were collected from 11th July to 31st July 2022. Electronic questionnaires were sent out to 33 postgraduate doctors.

Results. A total of 12 postgraduate doctors responded (36%). Out of the 12 doctors that responded, 11 (92%) had taken part in the ARCP panel in July 2022. 11/12 (92%) reported having received their pre-ARCP corporate report prior to the ARCP and in adequate time. Similarly, 11/12 (92%) of postgraduate doctors agreed with the record of both the RCPsych teaching attendance

and audit involvement recorded on their pre-ARCP corporate report. In relation to capturing locality teaching attendance, 58% of postgraduate doctors reported the information as accurate. Inaccurate capturing of leaves, on-calls and/or rest days were pointed out by respondents as reasons for the discrepancy in attendance. Of those who contacted medical education, 10/10 (100%) reported that the issue was resolved before the portfolio submission date for ARCP. Of those who did not take action, 50% (1/2) reported the reason as being "I did not see the need to take action".

Conclusion. We found that core trainees felt that capturing accurate RCPsych teaching attendance as well as accurate audit involvement before ARCP are areas that required improvement. There is room for improvement regarding recording locality teaching attendance and absences due to leaves, on-calls, and compensatory rest. It brings us back to reflect on the time spent by each affected postgraduate doctor to clarify their records when discrepancies are noted. Results were discussed with Medical Education department and suggestions for improvement implemented. A re-evaluation is scheduled to take place in July 2023.

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.

Suicidality in the Absence of Self-Harm: Trends in Presentation to a General Hospital's Liaison Psychiatry Service

Dr Nick Newton* and Dr William Lee

Cornwall Partnership NHS Foundation Trust, Bodmin, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.380

Aims. Following the initial phase of the COVID-19 pandemic, and with the introduction of an off-site Crisis Hub, has there been a change in presentation to the Emergency Department (ED) with suicidality in the absence of self-harm?

Methods. Patients referred to the Liaison Psychiatry Service (LPS) from the ED at the Royal Cornwall Hospital with suicidal threat over a two-month period were identified in 2019 (pre-pandemic and the creation of the Crisis Hub), 2021 and 2022 (post pandemic and Crisis Hub implementation).

Demographic data for each attendance were recorded: age and gender, mode of arrival/route of referral and outcome of assessment.

Results. The number of attendances has decreased since 2019 (87 in 2019, 71 in 2021 and 53 in 2022). This is on the backdrop of decreasing total departmental attendances and a fall in the proportion referred to LPS: 541 in 2019, 3.84% of the total ED attendances, 510 in 2021, 4.32% of the total ED attendances and 400, 3.7% of the total ED attendances in 2022.

The proportion arriving under Section 136 of the Mental Health Act (MHA), is also increasing: 0% in 2019, but 15.5% in 2021, and 13.8% in 2022. This corresponds to an increasing proportion taken from the ED by the police to another Place of Safety.

A small proportion of those attending were considered suitable to be assessed at the Crisis Hub and were subsequently taken there (5% in 2021 and 3% in 2022). The most common reason to reject referral to the Crisis Hub was recent alcohol consumption.

The proportion requiring admission varied: 3.4% in 2019, 5.6% in 2021 and 1.7% in 2022.

Conclusion. The number of patients arriving with the police under s136 has increased. The numbers were too small to see a trend in transfers to the crisis hub and psychiatric admissions.