

appropriate health professional(s) in the timeliest way and that we communicate with their referrer in a timely and helpful manner. We aim to deliver a service that is safe, effective and helpful to patients, carers and their referrers. The purpose of this study is to understand the referrers' experience of our communications with them when they refer to the T&AT.

Methods. A pre-intervention survey was sent out in November 2022 to GPs who work and are part of the Brompton and South Kensington primary care networks (PCNs).

We received an equal number of responses from Brompton and South Kensington GPs respectively. Quantitative and qualitative data were both collected. We had a cross section of respondents including trainees, salaried GPs and partners.

Results. From the quantitative data, the majority of respondents reported they were reasonably satisfied with our communication with respect to timeliness, clarity and clinical relevance of our communication.

Respondents were less satisfied with the balance struck between clinical detail on the one hand and recommendations for the mental health shared care plan.

A qualitative analysis of respondents all free text comments and identified three main themes: the local referral pathway, the use of SystemOne computer software programme, and recommendations for improving communications between GPs and the T&AT at CMHT.

Conclusion. We have acknowledged concerns about the complex mental health referral pathway together with suggestions about improving the functionality of SystemOne across the GP and CMHT interface into the regular discussions we have with our respective PCNs.

The Triage and Assessment Team are designing improvements to the consistency, timeliness and relevance of our GP communications.

Once these improvements have been implemented, we will send out a post-intervention survey to GPs and reassess their satisfaction levels with our new mode of communication.

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A Re-Audit of the Assessment and Management of Patients With Alcohol Use Disorders Following Admission to the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust

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Aims. This re-audit aimed to determine the level of performance in the assessment and management of patients with alcohol use disorders following admission to one of the general adult inpatient wards in Mersey Care NHS Foundation Trust and to determine whether the level of performance has improved compared to the original audit done in 2021 and whether recommendations that were implemented following the original audit have been effective.

Methods. A list of all inpatients on each of the eight general adult inpatient wards in the Trust was obtained. The electronic patient record (on RiO) and electronic prescription card (on EPMA) for

each inpatient was scrutinised to obtain the required data. All data were collected retrospectively.

Results. A total of 149 inpatients were identified on the eight general adult inpatient wards. Using specific inclusion and exclusion criteria, 56 of the 149 inpatients formed the final sample. Of the 56 inpatients, 58% were male, 42% were female. An alcohol history was documented in 81% of the 56 inpatients, representing an improvement on the 45% in the original audit in 2021. An average weekly quantity of alcohol for the inpatient was documented in only 8% of cases, a drop from 22% in the original audit in 2021. There was minor improvement in documentation of a CIWA-R score for the inpatient on admission to the ward - an increase from 0.7% in 2021 to 4.0% in 2022. There were improvements on gamma GT and serum Magnesium level being checked on admission for the 2022 audit cohort compared with the 2021 audit cohort. There was also an improvement on referral of the inpatient to community alcohol services - 3% in the 2021 audit vs 7% in the 2022 audit.

Conclusion. The findings from this re-audit indicate an improved level of performance in assessment and management of patients with alcohol use disorders following admission to the general adult inpatient ward since the original audit in 2021. Recommendations from this re-audit are: ensuring that taking and documenting a thorough alcohol history is included in the induction for junior trainees, the provision of education and training to both medical and nursing staff on the wards in using the CIWA-R to assess level of alcohol withdrawal and producing a flow chart on the assessment and management of alcohol use in patients following admission to the ward that can be displayed in the Treatment Room on each ward and in the Junior Doctors' office.

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Antipsychotic Dose Reduction for Patients With Behavioural and Psychological Symptoms of Dementia in the Well-being Clinic of a Community Mental Health Team for Older People

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Aims. To evaluate the usefulness of the "Well-being Clinic", a specialized service aimed at reducing the dose of antipsychotic medication prescribed for patients with behavioural and psychological symptoms of dementia (BPSD). The aim of the service was to have a sustained reduction of at least 50% of the antipsychotic dose in at least 50% of the sample size.

Methods. A retrospective quantitative study was performed, looking at the 6 month period between August 2022 and January 2023. Two data parameters were obtained. One, the percentage of reduction of the antipsychotic dose for each patient. Two, the number of reviews done for each patient over the specified time period.

Results. Out of a sample size of 21 patients prescribed antipsychotics for BPSD, only 1 (5%) had a sustained reduction of at least 50% of the antipsychotic dose. 2 (10%) had a dose reduction of less than 50%, 14 (67%) had no change and 4 (19%) had a dose increase.