

Aims. Mental health transition-related disengagement is a major public health problem. This study aims to review children in care (CIC) and adopted children's transitions from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). This study aims to illustrate the often overlooked complexities that are associated with this population's transitions.

It is hypothesised that this population is at an increased risk for disengagement post-transition. Such is hypothesised as a result of the population's increased prevalence of complex mental health problems, neuro-developmental needs and developmental trauma. This population would benefit from a transition (optimal), as opposed to a transfer of care (suboptimal).

Method. This retrospective case study included young people from Lewisham CAMHS's team for looked after and adopted children. Optimal transition was evaluated using four criteria: continuity of care, parallel care, a transition planning meeting and information transfer.

Result. A total of 34 cases (male = 14, female = 20) were included, 88% of which were CIC (12% were adopted children). 85% of the cases included reports of at least one form of abuse and/or neglect. 59% of the cases were categorised as having more than one diagnostic group of mental health problems.

30% (n = 11) of the cases were discharged and were not recorded to have re-engaged with Lewisham AMHS. 12% of the cases had an outcome as 'unknown' due to miscellaneous reasons.

Only 18% (n = 6) of the cases had an 'optimal' transition. 18% (n = 6) had a suboptimal transfer and of those cases, 66% (n = 4) did not engage with AMHS beyond three months post-transfer. 21% (n = 7) were re-referred to Lewisham AMHS after being discharged from CAMHS. None of the re-referred cases engaged with AMHS post-referral.

Conclusion. In conclusion, these findings demonstrate that this population is highly complex and can often experience suboptimal transitions from CAMHS to AMHS. Anything less than an 'optimal' transition yields a low rate of therapeutic engagement. Recommendations for clinical practice includes an extended period of 'overlap time' between CAMHS to AMHS for CIC and adopted children. This overlap period will enable mental health practitioners to provide more informed and consistent support that incorporates the needs of CIC and adopted children. Such a provision will enhance therapeutic engagement and subsequently, promote better outcomes for CIC and adopted children. These findings have important resource implications for both CAMHS and AMHS teams.

Using an electronic discharge notification system reduces the time delay between discharge and a summary being sent to the GP

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doi: 10.1192/bjo.2021.467

Aims. All patients discharged from our Paediatric Liaison Team will have an electronic discharge summary sent to their GP within 24 hours by January 2020.

Background. Writing a GP discharge summary is an essential part of patient care and is a patient safety issue if not completed on time. The NHS England Standard Contract states discharge summaries should be completed and sent to a GP within 24 hours of discharge. Baseline data showed our median time between discharge and a GP summary being sent off as 3 days

and a baseline survey of staff in our team rated our discharge summary process as inefficient and time consuming. At baseline our discharge summary was typed on a word document which was then emailed to admin staff who would print and post to the GP. Our electronic patient record had an inbuilt discharge notification function that generates and sends summaries via email to the GP that other teams in the trust were already using.

Method. We utilised the Model for Improvement Quality Improvement methodology. Initially we created a driver diagram breaking the process of discharge summary writing into its constituent components to generate change ideas. We then tested out these out in plan, do, study, act (PDSA) cycles whilst continually collecting data using a shared team spreadsheet to monitor for change.

Result. We found that switching to electronically sent discharge notifications improved our time from discharge to a summary being sent to the GP from a median of 3 days to 1 day. We noticed that alongside a shared team spreadsheet monitoring when summaries were written we also reduced variation of time between discharge and a summary from a range of 0-27 days (with an outlier of 161) to 0-9 days.

Conclusion. On average the time from discharge to a summary being written met the standard and we reduced the variability of time delay by using an electronic notification. However only 56% of summaries were sent within the 24 hour limit. Key factors for continued variability identified during regular team meetings included overall caseload of patients, amount of staff on shift and technical issues with the form. Our plan for sustainability is to discuss monthly in the team meeting any discharges that took longer than 1 day and target further PDSA cycles to these issues.

National video consultation service- changing the way we deliver future care

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doi: 10.1192/bjo.2021.468

Aims. In March 2020, when the COVID-19 outbreak emerged, Technology Enabled Care (TEC) Cymru went into partnership with the Welsh Government and CWTC Cymru to offer a safe solution to protect the NHS and the public by developing and rolling-out a National Video Consulting (VC) Service on an All-Wales basis.

The aim was to quickly develop and roll-out an NHS-approved communication platform (Attend Anywhere) to all primary, secondary and community care services, and into care homes, prisons, dentistry, optometry and pharmacy to offer video consultations to patients.

Method. The NHS Wales Video Consulting (VC) Service used a robust mixed methodology of surveys and interviews with patients, families and professionals. The real-time quality improvement approach was invaluable to the team as findings continually informed the approach and direction.

Result. Based upon 10,000 survey responses from patients and professionals, and more than 300 interviews the results demonstrate that video consulting is consistently high in satisfaction, clinical suitability and acceptability across a wide range of patient demographics and clinical specialties in Wales. The key findings are

Very high in patient and clinician satisfaction (slightly higher in patients).

Clinically suitable across a wide range of specialties, care sectors and Health Boards.

Very high in patient and clinician satisfaction (slightly higher in patients).

High acceptability of VC, which is believed to be associated to the 'Welsh Way' of digital implementation processes.