

Methods. Primary data were collected from a virtual focus group of CTs ($n = 3$) from the North West School of Psychiatry, UK. All CTs in the region were invited to take part, participation was voluntary and informed consent was obtained prior to participation. The focus group was transcribed, analysed and data anonymised to ensure confidentiality.

Results. Participants expressed concerns about embarking on their first psychotherapy case with subthemes relating to: insufficient experience and training in psychotherapy prior to starting a case, the ability to provide an effective intervention for patients and progression through core training. Ideas for how simulated learning may help trainees develop skill in psychotherapy centred around: introductory teaching (with opportunities to watch recordings of simulated patient encounters, examples of psychotherapeutic techniques used as well as using simulation to experience psychotherapeutic supervision) and having opportunities to actively participate in, and observe, individual or group role plays. Engagement with professional actors and psychotherapy faculty during role plays was identified as a priority. Finally, the notion of an introductory Psychotherapy Simulation “one day workshop” was proposed.

Conclusion. There are many ways in which psychiatry CTs’ anxieties regarding psychotherapy may be addressed. They may feel better prepared to embark on undertaking therapy clients by engaging in simulated learning opportunities: whether this be actively taking part in role plays and simulations or accessing pre-recorded content of pedagogical simulations outlining underpinning psychotherapeutic theory. The findings from the focus group will be used to inform development of a novel Psychotherapy simulation resource. This will aim to improve the quality of Psychotherapy training in the North West and foster trainees’ confidence in conducting therapy sessions. Psychotherapy faculty will also be interviewed in a subsequent Focus group. Co-production of resources with stakeholders could maximize acceptability and help to maintain ongoing engagement with the project.

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3 Quality Improvement

Optimising Care: Quality Improvement for Sustainable Practices in the Paediatric ADHD Clinic in Wrexham Maelor Hospital

Dr Catherine Cuning, Dr Mostafa Abdellatif* and Dr Qamar Jabeen

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims. To make a case for E-prescribing within the Paediatric Neurodevelopmental Team in Wrexham Maelor Hospital.

To trial a different way of approaching 6 monthly reviews within the ADHD clinic (option for remote reviews).

To show how we could reduce the carbon footprint of the ADHD clinic.

Methods. Process mapping was completed to consider areas in the ADHD prescribing process that could be made more sustainable.

For each patient appointment in the ADHD clinic a questionnaire was completed. The data collection period was over 3 weeks

during August and September 2023. Data was collected and interpreted.

Results. 99 appointments were offered, 82 appointments attended. 77 appointments were face-to-face and 22 were via telephone. Of the face-to-face appointments, 54 families travelled in by car and 4 used public transport (2 taxis). Of those who commented 31 people found it hard to find parking by the clinic, 13 people did not.

Of the appointments attended face to face via car/taxi (57):

- Average of 4.4 miles travel to the clinic (8.8 miles total journey)
- Shortest journey 1.1 miles (2.2 miles total journey)
- Longest journey 16 miles (32 miles total journey)
- Total patient mileage for these appointments (assuming travel to and from clinic) 855.8 miles

Carbon emissions from the ADHD Clinic:

- Average journey 0.005t CO₂
- Total journeys 0.472t CO₂
- Assuming average sized petrol car used
- Extrapolating this data for a whole year approximately: 8.024t CO₂ from patient journeys to and from the ADHD clinic

For context the average amount of CO₂ generated by a single person in the EU is 7.2t.

Conclusion. We have made a case for e-prescribing within the ADHD clinic in Wrexham Maelor Hospital.

The current system impacts on:

- Patient and carer’s travel time and convenience.
- Clinician’s travel time.
- Carbon emissions.

Alternative processes have the potential to streamline this process making it more sustainable socially, clinically and environmentally.

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Developing an Electronic Handover System for On-Call Doctors in a South London Mental Health Trust

Dr Ahmed Abdelsamie*, Dr Laith Alexander, Dr Rebecca Wilkinson, Dr Olivia Dawson and Dr Prateek Yadav

South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. To replace pre-existing paper-based and informal handover systems with a confidential electronic handover system for on-call doctors across a large South London mental health trust, thereby improving the safety and quality of handovers.

Methods. A quality improvement project was registered within our trust. At baseline, we surveyed core trainees, GP trainees, and locum doctors about their experiences using a paper handover system for on-calls at the Bethlem Royal Hospital and Lambeth Hospital, South London and the Maudsley NHS Foundation Trust (SLaM). Their feedback guided the implantation of a confidential and secure electronic handover system integrated into the trust’s Microsoft SharePoint, using the *Microsoft To Do* app and then *Microsoft Teams*. We alerted doctors to these changes via formal and informal means, such as trust