Worryingly, the QOF statements relating to lithium treatment have now been retired as of April 2019. It is suggested that psychiatrists are aware of the challenges primary care faces when monitoring lithium treatment.

Consultation liaison to support efficient delivery of mental health care

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Aims. To study the impact of collaborative working, via consultation liaison, between Mental Health Liaison Practitioners (MHLPs) and Doctors within a secondary care mental health service. We hypothesise that this model of working may avoid unnecessary clinic appointments and waiting times, whilst providing patients with more efficient treatment.
Background. Mental health services are stretched, understaffed and under-resourced. It is estimated that 75% of people with mental health problems in England may not get access to the treatment they need. We therefore need efficient and innovative ways for people who seek help to receive support. Good practice consultation liaison involves face to face contact between clinicians; treatment can be delivered by supporting primary care whilst reducing the burden of secondary care mental health services.
Method. Regular 30-minute sessions within an Assessment and Treatment Service, between MHLPs and Doctors, at both Consultant and Trainee level, were coordinated. Patients assessed by MHLPs were discussed by opening a dialogue whereby further management was discussed across a multi-professional team. A record was created of all patients discussed and the outcome.
Result. Number of MHLP/Doctor sessions: 10 across a six-month period.

Number of patients discussed: 17.

Medication advice provided for 16 patients. One patient required a referral for a clinic appointment.

For several patients, integrated working procured alternative care pathways and resources to be considered, to incorporate into individual treatment plans.
Conclusion. Regular consultation liaison with MHLPs and Doctors is a model of working across the interface between primary care and specialist mental health services. It may provide patients with more efficient care, whilst avoiding unnecessary waiting times for clinic appointments. The consultation liaison working supported the development of an educative relationship between clinicians, with interprofessional learning. This is an example of an integrated and collaborative care model, whereby multi-professional working can provide efficient and effective treatment, whilst the support for the patient can remain in the primary care setting.

Physical health monitoring in antipsychotic depot clinic

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Aims. A service evaluation project to look at if annual bloods, ECG, physical examination, and medical review was completed within the last year for patients attending anti-psychotic depot clinic at Bassetlaw mental health services in Nottinghamshire HealthCare NHS Foundation Trust.
Method. Electronic notes were examined in October 2020 for 25 patients who attend anti-psychotic depot clinic to ascertain if medical review and physical examination had been completed along with annual bloods and ECG.
Result. Out of 25 patients attending depot clinic in 2020 at Bassetlaw Hospital, 21 had all their blood tests done, 1 patient had refused bloods and 2 patients did not have blood tests done. ECG was completed for 3 patients at Bassetlaw hospital and 8 patients had it requested from primary care with 2 patients refusing to have ECG done. For 12 patients there was no evidence of ECG being requested or completed. 8 patients had physical examination completed and rest 17 patients did not have the physical examination completed including due to refusal. Out of 25, only 14 patients had a medical review conducted.
Conclusion. Patients who attend depot clinic may have an allocated community psychiatric nurse (CPN) or get reviewed by medics in outpatient clinics and would usually have their blood tests, physical health examination and ECGs requested and monitored by them. Patients who do not have any allocated CPN or medic tend to miss out on blood tests and ECG. General Practitioners are expected to complete physical health checks for patients who do not have CPN or regular outpatient review. The results of these investigations may not always be received in depot clinic, hence there is no documentation on electronic RIO system. When these patients disengage from the depot clinic, it is often very difficult to track them. As a follow-up from this service evaluation, all depot clinic patients will be allocated a key worker/CPN. This will ensure that they have a responsible person to facilitate annual checks. This will be reviewed in a years' time to evaluate the effectiveness of this intervention.

Re-evaluating trainee experience of involvement in serious incidents – has anything changed?

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Aims. To complete an audit cycle to investigate: trainees' experiences of SI involvement since 2017, perceptions of current support systems and trust facilitation of learning from SIs and the impact of the interventions implemented following the 2017 survey.
Background. In 2017, data were collected from trainees working in psychiatry within two London trusts to examine the nature of their involvement in serious incidents (SIs), their experience of the process following an SI and their knowledge of the support systems available to them. Due to concerning results from this, several interventions were put in place in accordance with trainees' suggestions.
Method. Cross-sectional surveys were e-mailed to trainees of all grades in July 2019, including GP and foundation doctors, working within two mental health trusts. These built upon the 2017 surveys, additionally enquiring about demographic information and the personal and training consequences of SIs on trainees.
Result. 61 (15% of all trainees) returned the survey with 41 (67%) respondents unable to recall any SI related teaching during induction and 47 (77%) not having received a written guidance document on SI procedures.