

Once a child has been diagnosed it is crucial that they are able to be offered the necessary services (Family Therapy, Psychology, Psychotherapy, Medication reviews) in a timely manner. Services must ensure a good balance between new assessments and looking after those post diagnosis.

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Evaluating Change of Attendance Rates in Psychiatric Outpatient Clinics Following Introduction of Short Message Service in a Mental Health Service in West Midlands, England

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Aims: It was intended to explore the change in nonattendance rate at outpatient clinics following the introduction of Short Message Service (SMS) reminders in the Black Country Healthcare NHS Foundation Trust, which serves four regions in the West Midlands.

Methods: The Trust introduced an SMS system in March 2024 to prompt the patients about their upcoming outpatient appointments. In a mirror-image design, we analysed the Did Not Attend (DNA) rates for 6 months pre and post-SMS introduction, from September 2023 to February 2024 and April 2024 to September 2024 respectively. All the patients offered an outpatient appointment were included in the data collection; with no exclusion. The study was approved by the Research and Innovation team of the Trust as a service evaluation.

Results: A total of 14094 appointments were taken into consideration before the introduction of SMS reminders, and a total of 14852 appointments were analysed post-SMS introduction. Before the introduction of SMS reminders, the average DNA rate across all four regions of the Trust was 22.8% (95% CI: 22.2–23.5) with a range of 19.9–24.8 in the six months. After the introduction of SMS reminders, the average DNA rate changed to 23.2% (95% CI: 22.5–23.8) with a range of 21.3–25.1 in the six months; and this change was statistically non-significant (NS). Two regions had an increase of DNA (21.1% to 21.9%, NS; and 20.7% to 24.7%, $p < 0.05$) and others had a decrease (25.2% to 23.1%, $p < 0.05$; and 24.7% to 23.6%, NS).

Conclusion: It appeared that within six months of the introduction of the SMS reminder system, there was no significant change in the DNA rates in the Trust; although there were regional variations of both increase and decrease in rates. There are multiple factors that can influence attendance at outpatient clinics such as accessibility, patient-related factors, and the effectiveness of a reminder system. It is also probable that the first six months may be early for the SMS system to establish its potential, and longer-term observational data might be needed.

Similarly, the difference in DNA rates between regions cannot be explained without more in-depth data. There was a limitation in finding out whether all the patients were sent or received the reminders. There may be a scope to decrease the number of missed appointments through SMS, but further studies are required. In addition, the effectiveness of local processes of inviting patients and sending reminders needs to be checked.

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Changes in Working Patterns in a Community Eating Disorder Service; the Impact of the COVID-19 Pandemic and Beyond

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Aims: One of the aims of this project was to look at changes in working patterns within our local Eating Disorder service over time, paying particular attention to changes in rates of accepted referrals, and rates of inpatient admissions during and after the COVID-19 pandemic. A secondary aim was to look at rates of co-morbidity in the local Eating Disorder Population and compare this to the general population of a similar age group. In order to do this, findings for the general population were extrapolated from the Youth Wellbeing Prevalence Study Northern Ireland (YWPS).

Methods: Data on accepted referrals was extracted from a locally used electronic systemic LCID which came into use in 2018 in Northern Trust CAMHS. Additional information regarding admissions and co-morbidities were obtained using another electronic system widely used in Northern Ireland, NIECR. Data included referrals accepted between October 2017 and September 2024, and excluded referrals made to the CAMHS Eating Disorder Service which were rejected. Information regarding admissions to Beechcroft, a regional psychiatric inpatient unit for young people under the age of 18, was obtained from medical administration in the Belfast Trust. Data was generated regarding admissions accepted specifically from our Eating Disorder Service.

Results: The admission rate (including admissions to adult medical wards) was 13.84% (35–50% UK wide). Of the 64 young people who were admitted to the paediatric ward 11% were male and 89% were female. The average length of admission to A2 was 21.13 days and the average age at the time of admission was 13.64 years old. The rate of Autism/Autistic traits in those Eating Disorder patients admitted to the paediatric ward was nearly 4.4 times greater than the population from the YWPS. Rates of anxiety were increased by more than 4 times. Rates of low mood/depression were increased by more than 11-fold.

Conclusion: The hospital admission rate within our service is significantly lower than the UK-wide admission rate for Eating