options. The embarrassment of urinary incontinence was identified as a barrier to appointment attendance.
**Conclusion:** An interdisciplinary management approach is recommended to optimize patient care. Systemic complications of KUD and co-occurring mental illness should be treated simultaneously. Intensifying the support from Addiction Recovery Coordinators may improve attendance at appointments.

Recommendations include more health worker education and staffing, early pain team involvement and provision of harm reduction advice. Peer-informed, ketamine-focused psychosocial programmes and national psychiatry guidelines for KUD are required.

Our collaborative model demonstrates a significant step towards improving management of KU and KUD, however its impact on clinical outcomes will need further evaluation.



## Trusted Assessments: Avoiding Duplication of Work, Improving Efficiency and Trusting Colleagues

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**Aims:** Psychiatric patients attending acute hospitals settings in North East London are reviewed by the Psychiatric Liaison Service (PLS). Those who PLS deem to require Older Adults Home Treatment Team (OAHTT) input on discharge are re-assessed face to face by a member of the OAHTT prior to discharge from the acute hospital. This is time consuming as it requires OAHTT staff to travel to the acute hospital and re-assess the patient. This can delay discharge and the outcome of the assessment is rarely different to the decision PLS staff would have made.

The aim of our quality improvement project is to streamline the process of referrals to OAHTT and prevent duplication of work. Referrals made to the OAHTT from PLS at Queen's Hospital, Romford (QH) and King George Hospital, Ilford (KGH) would be discussed on the phone and accepted for OAHTT follow up or admission without the need to conduct a separate assessment.
**Methods:** Baseline data were collected for all patients referred to the OA HTT in January 2023–Dec 2023 from QH PLS and in July 2023–June 2024 from KGH PLS. The percentage of patients who had face to face assessments by OAHTT were recorded. The trusted assessments intervention was launched in QH in January 2024, and in KGH in July 2024. Following intervention, the percentage of patients who had face to face assessments by the OAHTT were recorded.
**Results:** Prior to intervention, 95% of all referrals made from QH PLS to OA HTT were assessed face to face. This reduced to 25% post-intervention (data from January 2024–November 2024). Therefore, a 75% reduction in face to face assessments was achieved.

In KGH, prior to intervention, 84% of referrals were assessed face to face. Preliminary data (July 2024–November 2024) show that post intervention in KGH, 50% of referrals were assessed face to face. This is a reduction of 40%.

**Conclusion:** The trusted assessment model resulted in a large reduction in face to face assessments conducted by the OAHTT following referral by the PLS teams. This model appears to have achieved its aims of streamlining referrals, preventing duplication of work and improving efficiency. The next step would be to extend this model to adult HTT services and evaluate if the same benefits can be achieved.



## Registration for Clozaril Website (eCPMS) Access for Healthcare Professionals on Chebsey Ward, St George's Hospital – A Quality Improvement Project

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**Aims:** Clozapine is a critical treatment for patients with treatment-resistant schizophrenia, requiring close monitoring through the Clozaril Patient Monitoring Service (CPMS). Access to the electronic CPMS (eCPMS) is vital for healthcare professionals on Chebsey Ward at St George's Hospital to ensure safe prescribing, dispensing, and monitoring of clozapine. Delays in obtaining eCPMS access can disrupt patient care and treatment continuity. This Quality Improvement Project (QIP) aimed to streamline the registration process and reduce the time taken for healthcare professionals on the ward to gain access to the platform.

The primary aim of this QIP was to reduce the time required for healthcare professionals, including nurses and doctors on Chebsey Ward, to obtain access to the eCPMS website. The project sought to identify barriers to timely registration and implement strategies to expedite the process, improving workflow efficiency and patient safety.
**Methods:** The project was carried out on Chebsey Ward at St George's Hospital over a four-month period. Initial testing was conducted to assess the average time taken for healthcare professionals to gain eCPMS access. Root cause analysis identified key delays, including administrative bottlenecks, lack of awareness about the registration process, and incomplete applications. Interventions included the creation of a simplified registration guide specific to the ward and closer collaboration with the CPMS registration team to expedite approvals. A post-intervention cycle was conducted to assess the effectiveness of these measures.
**Results:** The baseline audit revealed that healthcare professionals on Chebsey Ward took an average of seven days to obtain eCPMS access. After implementing the targeted interventions, the post-intervention cycle showed a reduction in registration time to an average of three days, representing a 57% improvement. Staff satisfaction with the registration process increased, and feedback highlighted greater clarity and efficiency in obtaining access.
**Conclusion:** The QIP successfully reduced the time taken for healthcare professionals on Chebsey Ward to gain eCPMS access, improving workflow efficiency and ensuring uninterrupted patient monitoring. The structured approach of process simplification and enhanced collaboration with the CPMS team contributed significantly to the improvements. Future steps include sharing the