factor in line with RefHelp guidance for urgency, and what the end outcome of the referral was.

Results. During the 3 month period, there were 92 urgent referrals. Of these, only 12% were deemed urgent upon triage. Almost all accepted referrals related to concerns around potential psychotic illness (82%). Although only 12% of referrals were accepted as urgent, 35% had factors which, in accordance with RefHelp guidance, would be cause for considering an urgent referral.

There were a variety of disposals including "soon" appointments, redirection to other services such as Thrive or offering advice to the referring clinician. The most common outcome was the offer of a "soon" appointment, closely followed by redirection to the Thrive team.

Conclusion. The majority of urgent referrals were not deemed urgent at triage. There was a clear discrepancy between referrals containing urgency factors according to RefHelp and those offered urgent appointments. This would suggest that the available guidance is not sufficiently clear.

Many referrals were redirected to other services, including Thrive. This redirection may reflect a lack of awareness and a further project may examine Thrive referrals to establish if the number initially sent to psychiatry outpatients is significant.

Additionally, several referrals were triaged as "soon" and seen in 6–8 weeks, as opposed to waiting for a routine appointment. Though RefHelp advises highlighting routine referrals which may be a priority, this pathway was not being used and there is no direct route for "soon" referrals.

Next steps may include liaison with primary care teams to establish views and concerns, updating RefHelp guidance and adding a further referral pathway to address the apparent gap for "soon" referrals.

Quality Improvement Project to Reduce the Anticholinergic Burden in a Rehabilitation Unit

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Aims. We conducted a quality improvement project in a female rehabilitation unit, with an aim to reduce the total anticholinergic burden.

Methods. Most patients were reluctant to change the medications that they have been taking for long time. Hospital staff were also concerned about the potential risk of destabilising the mental health of patients who are currently stable.

As a first step, we used ACB (Anticholinergic Burden) calculator to calculate ACB score

We agreed on a realistic safe target. We decided not to include patients who are on clozapine. Information related to anticholinergic burden was shared with nursing team and staff members. This was discussed in MDT meetings to answer any questions.

Team collaboratively created an information leaflet, including an easy read version. Group sessions and 1:1 sessions were arranged with patients to discuss the potential side effects.

Medication changes were carried out following a consultation with patients.

Results. ACB score of all 15 patients were over 3. One patient is over the age of 65. Five patients scored more than 10 on total ACB score. Two patients were on clozapine.

Promethazine, procyclidine, hyoscine hydrobromide, oxybutynin and clozapine were causing most of the anticholinergic burden.

We decided not to change medications of two patients who were on clozapine. For the remaining patients procyclidine and promethazine were reviewed and stopped following a consultation. All 12 patients' ACB score is now less than 10. There has been a reduction of 3–6 points.

Conclusion. This project has helped in reducing the ACB burden successfully. Promethazine with an ACB score of 3 was stopped for all patients. Some patients received promazine instead of promethazine. Procyclidine has been stopped for several patients and for some patients it has been changed from regular to PRN (to take when required). Consideration has been given to reduce the dose of typical antipsychotic medication instead of using procyclidine to treat extrapyramidal side effects.

Providing information and then reviewing the prescription of promethazine and procyclidine has resulted in significant reduction in the total ACB score.

Impact of Raising Staff Awareness on Recording Patient Consent to Receive Text Message Reminders of Appointments and Increasing the Frequency of Reminders on Did Not Attend (DNA) Rates in Community Mental Health (CMH): A Quality Improvement Project

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Aims. Patients not attending appointments without letting the service know prior (referred to as did not attend – DNA) is a significant problem in community mental health (CMH). However, there are limited studies conducted in the United Kingdom on this issue. Patients forgetting appointments was a reoccurring reason for DNAs in the literature. To address this, we aimed to assess the impact of raising staff awareness on recording patient consent to receive text message reminders of appointments and increasing the frequency of reminders on DNA rates in Arndale House (a CMH service covering Dartford, Gravesend and Swanley as part of the Kent and Medway NHS and Social Care Partnership Trust – KMPT).

Methods. DNA rates at Arndale House from August to October 2023 were assessed to determine a baseline before implementing interventions. Following this, two interventions were put in place; the first occurred on 18/10/23, consisting of an online teaching session for the staff at Arndale on documenting patients' consent to receive text message reminders for their appointments. Posters with instructions on this were posted on the trust intranet and set up within the building. The second intervention occurred on 20/11/23 and included sending out text message reminders more frequently, from three and one day prior to appointments