



times have risen in the last few months and we will analyse the factors behind this as part of the project. Over the last three months, there were two comments on patient feedback forms reporting that the waiting time for appointments was too long, with similar informal verbal feedback from other patients. We will review the patient reported experience measure forms' (PREM) feedback, following the implementation of the above MDT interventions after 3 months.

**Conclusion:** Our team needs to reduce the long waiting times for appointments and address high DNA rates to improve the efficiency of the service, while enhancing the patient experience. Currently, many new referrals are directed to medical reviews, but MDT involvement could offer earlier and more holistic interventions, addressing quality of life domains. We can promote discharge to primary care as a positive step towards recovery, with the option to opt back in, if there's a need in future.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Evaluation of Carer Contact Practices for Junction 17 CAMHS Inpatient Unit

Dr Alaaelrahman Shahib, Dr Ashley Cooper and  
Dr Rebecca Dugard

Mersey and West Lancashire NHS Trust, Greater Manchester, United Kingdom

doi: [10.1192/bjo.2025.10439](https://doi.org/10.1192/bjo.2025.10439)

**Aims:** This audit aimed to assess and improve the consistency and quality of carer contact within the CAMHS inpatient ward at Junction 17. The objectives were to evaluate current communication practices against Trust policies, ensure effective documentation of carer interactions, and implement strategies to improve adherence to guidelines.

**Methods:** A retrospective audit was conducted on 12 CAMHS inpatients admitted between April 1, 2024, and June 1, 2024. Data was extracted from patient records on the PARIS system and ePMA, focusing on key carer contact indicators:

- Assignment of a staff member for carer communication.
- Documentation of consent for carer contact.
- Carer contact within 72 hours of admission.
- Communication regarding medication/management changes.
- Carer contact following incidents, home leaves, and ward rounds.
- Adherence rates were calculated, and qualitative analysis was conducted to assess documentation clarity and consistency.

**Results:** Assignment of Staff Member: Only 58% (7/12) of patients had a clearly assigned staff member responsible for carer contact.

Consent Documentation: While 100% of patients had verbal consent obtained, only 8% (1/12) had clear documentation in the PARIS system.

Carer Contact Compliance:

- Within 72 hours of admission: 100% compliance.
- Post-medication/management changes: 2/3 (66%) compliance.
- Post-incident contact: 73% (132/180 incidents) compliance.
- Post-home leave: 87% compliance.
- Post-ward round: Only 47% (51/108) compliance.

Common issues included inconsistent documentation, difficulty in retrieving records, and lack of designated time for carer communication.

**Conclusion:** While initial carer contact post-admission and post-home leave showed high compliance, significant gaps were identified in staff assignment, documentation of consent, and post-ward round communication. Key recommendations include:

Assigning primary and secondary staff members as key family links.

Standardizing documentation in the PARIS system for easier retrieval.

Allocating protected time for carer contact, particularly post-ward rounds.

Integrating carer communication into the CAMHS staff induction programme.

A re-audit is scheduled in three months to assess the impact of these interventions. If successful, the proposed guidelines will be considered for broader implementation at a national level.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Improving the Compliance with NICE Guidelines, for the Physical Health Monitoring of Young Persons, on Treatment for Attention Deficit Hyperactivity Disorder (ADHD), in West of Glasgow Child and Adolescent Mental Health Service (CAMHS)

Dr Salomee Shakur

NHS Greater Glasgow and Clyde, Glasgow, United Kingdom

doi: [10.1192/bjo.2025.10440](https://doi.org/10.1192/bjo.2025.10440)

**Aims:** To improve the compliance with the NICE (National Institute for Health and Care Excellence) physical health monitoring guidelines, for young persons on medications, for ADHD, attending the West of Glasgow CAMHS, by at least 50%.

**Methods:** A quality improvement project was implemented to improve the compliance. As intervention staff education, multiple poster placement and introduction of the BP Percentile app was made within the team. The PDSA (Plan-Do-Study-Act) cycle was used to test the change in ideas.

**Results:** The repeat audit done 5 weeks after implementing the above interventions, resulted in a 19% increase in Blood Pressure recorded within 6 months along with 47% increase in them recorded as percentiles.

**Conclusion:** The results of the study showed marked improvement in the compliance in all aspects, especially in the recording of Blood Pressures in percentiles. The improvement was from 0% to 47% almost reaching the goal of 50%. Having said that there is still room for improvement! Future change of ideas include adding an EMIS template which automatically calculates the values in percentiles and re-auditing the cycle after the changes are implemented.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.