

Reviewing the Use of a Fibroscan® Machine in Belfast Trust Addictions Service

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Aims. Belfast Trust Addictions Service was among the first addictions teams in the UK to get their own Fibroscan® machine, in March 2021. In the two preceding years (2019–2020), only 32% of patients referred by addictions to hepatology for hepatitis C virus (HCV) attended their appointments.

Patients under the addictions service are known to access healthcare services poorly while being at increased risk, with a clear need to improve their access to appropriate care.

We aimed to review how the Fibroscan® machine has been used in the addictions service, and if there has been an impact on how the patient cohort access healthcare.

Methods. We reviewed our case records of all patients offered a Fibroscan®, and whether they attended the appointment, and reviewed indications of each scan in the three following categories. Firstly, for those with alcohol misuse. Secondly, for HCV cases in which Fibroscan® results help decide treatment choice. Thirdly, 'other' – for example, consultant discretion due to LFT results.

Results. 308 patients were offered Fibroscans® between March 2021 and February 2023.

238 patients attended their appointments, of which 194 were for alcohol misuse, 43 for HCV and 1 'other'.

70 patients did not attend their appointments, of which 67 were for alcohol misuse and 3 'other'.

Scans for HCV were completed ad hoc (i.e. without an arranged appointment) so are not included in attendance rates. The attendance rate for *scheduled* Fibroscan® appointments (for alcohol misuse and 'other') was 74%.

Of the 194 patients scanned for alcohol misuse, 40 were then referred to hepatology with likely cirrhosis.

Conclusion. 238 patients underwent a Fibroscan®, leading to 40 hepatology referrals for likely cirrhosis, and 43 patients being offered appropriate HCV treatment.

Crude DNA rates appear greatly improved – 74% attendance at our Fibroscan® appointments vs 32% attendance at hepatology referral appointments.

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.

Patients' Experience of Using Virtual Consultations in Their Care During Their Inpatient Stay on Acute Mental Health Admission

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Aims. To obtain the views of patients regarding their experience of meetings where virtual media (video conferencing) has been used during their inpatient stay in the acute female admission ward.

Methods. Data was collected via a questionnaire. Service users who met the inclusion criteria were past and current inpatients

in the acute female psychiatric ward during the last six months. The sample of the service users included in the project was selected from all applicable cases via convenience sampling – those on the ward who consented and were able to engage, as well as past inpatients whom we contacted via telephone after their discharge who met these same criteria.

Verbal consent was obtained from all the patients who agreed to participate. Data was collected and analysed using Microsoft Excel.

Results. 13 patients in total completed the facilitated questionnaire which used 11 questions rated by Likert Scale as well as an open space area for further comments. Age ranges varied among participants with 39% age range 18–30, 38% aged 31–50 and 23% aged 51–65. 61% were of white British descent. Majority (38%) were admitted for schizophrenia, schizotypal and delusional disorders, 31% for disorders of adult personality, 23% for mood (affective) disorder and 8% for anxiety, dissociative, stress related, somatoform and nonpsychotic mental disorders.

Most patients rated the use of virtual consultations positively, with over ¾ of patients answering strongly agree or agree (positive response) to most questions. This included feeling able to express themselves effectively as in an in-person consultation, feeling that they received adequate care, feeling that the audio-visual quality was satisfactory and that their privacy was respected. One suggestion for improvement from the patients was to clarify the number of people in the room and how many students are present during the consultation.

Conclusion. Virtual consultations were overall well received among the patients interviewed. Interventions that facilitate time-liness and privacy in consultations as well as training for staff in verbal and nonverbal communication skills for virtual consultations would be beneficial. Further surveys in groups underrepresented in the survey such as men, older people, ethnic minority groups, people with visual or hearing impairment and other mental disorders not present in the sample would help to give further insight into how virtual consultations are received and barriers by different groups.

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A Service Evaluation of Clinicians Writing Clinic Letters to Patients

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Aims. Writing clinic letters addressed and directed to the patient could be considered part of a strategy to implement a person-centred approach by giving patients more autonomy and understanding of their assessment and care plan. We carried out an audit of current practices and a survey of clinician attitudes within two community mental health teams to determine who clinic letters were being addressed to, whether they are being written in a suitable language and exploring the barriers to improving clinic letter writing.

Methods. We reviewed the first 100 initial and first 50 follow up clinic appointment encounters in two community mental health teams over a one-month period. We used a Microsoft Excel

proforma to collect information on who the clinic letter was written to (patient or GP), whether the patient had been copied into the letter, and if not, if there was a recorded reason for why the patient had not been copied in. We also calculated the Flesch Readability score of each of the clinic letters to determine their reading ease using the Microsoft Word add-on tool. Following the initial audit, we carried out a survey to gain insight into clinician attitudes towards writing clinic letters directed to patients. The survey was sent out to all clinicians in the two community mental health teams where the audit was carried out.

Results. The audit revealed that 53% of clinicians wrote their clinic letters addressed to the patient and 47% wrote them addressed to the GP. 69% of letters were classified as, according to the Flesch Readability Score: fairly difficult to read, difficult to read or very difficult to read. The reading ease varied amongst different clinician types. The clinician survey had 16 respondents and revealed various reasons that clinicians did not write to the patient – including the clinician's own opinion that letters should be addressed to the GP, current practice in their team to write to the GP, long-standing style of writing addressed to the GP and lack of training in writing to the patient.

Conclusion. There has been variable practice amongst clinicians for whom their clinic letters are directed to. The majority of letters in our sample were not easy to read and this could be considered suboptimal for the target population. Training in clinic letter writing directed to the patient and the development of purposefully designed clinic letter templates are ways that we could help facilitate improvement in this practice.

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Transition of Care in Young People With Attention-Deficit/Hyperactivity Disorder (ADHD) From Child to Adult Services

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Aims. This retrospective cohort study using routinely collected administrative clinical data from the Cambridgeshire and Peterborough Foundation Trust (CPFT) Research Database, aims to understand how many children and young people (CYP) with attention-deficit/hyperactivity disorder (ADHD) undergo successful transition from child and adolescent mental health services (CAMHS) and community paediatric services, to adult mental health services and investigate the factors that are associated with the successful transition of care in young people with ADHD to adult services.

Many young people with ADHD, in need of service transition from child to adult services, experience serious barriers in receiving the care they need, constrained by scarce resources, low capacity in specialist services and variable awareness or training across various levels of care.

Methods. We explored the numbers and clinical and sociodemographic characteristics of CYP with ADHD who undergo successful transition from CAMHS and paediatric services, to adult mental health services. We will explore whether children

with certain sociodemographic factors/treatment/service attended are more likely than others to successfully transition using multi-variable logistic regression.

Results. Note results are rounded for statistical disclosure control. We identified 24,240 unique CYP for whom a referral (age < 18) exists to CPFT between 1 Sep 2007 and 31 Aug 2019 (with follow up until 2020). Of this cohort, 2300 were referred at any time to any ADHD service, 1760 CYP had a record of ADHD medication in their clinical notes at any time of whom 1590 CYP had a record of ADHD medication under the age of 18. Of these 1590 CYP, 330 had at least 1 year follow up in the database before and after their 18th birthday and a record of ADHD prescribing during the year before they turn 18. This is a cohort of CYP who should have transitioned from child to adult services. Of these 330, 160 (48%) had been referred to any ADHD service between their 17th and 19th birthday and 190 (58%) had any record of ADHD medication in the year after they turn 18. Further analyses will explore the characteristics of CYP who successfully transition, and we will carry out a series of sensitivity analyses.

Conclusion. With an increase in the number of children with ADHD who are prescribed medication, we can expect an increasing cohort of emerging adults who need continued care. This study will provide evidence on the current state of care to help identify areas for improvement.

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Evaluating Current Practice of Prescribing as Required Medications for Psychiatric Inpatients

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Aims. *Pro re nata* (PRN) medications are commonly prescribed for psychiatric patients on admission, often at maximum daily dose (MaxD). We intended to evaluate prescribing patterns for PRN medications, their MaxD, and rationale, specifically in the first seven days in the hospital, along with any concerns of associated physical illnesses.

Methods. All the inpatients on a specific date, admitted to adult and old age wards of a general psychiatric hospital, for at least 7 days, were recruited for this service evaluation. Data regarding the prescribing of promethazine, lorazepam, zopiclone as PRN, patient demographics, and psychiatric and physical diagnoses were collected using inpatient drug cards and electronic patient notes.

Results. Out of 52 inpatients, 14 were excluded (4 admitted for < 7 days, and 10 had missing data), leading to a sample size of 38 patients. On admission, a considerable proportion of patients were prescribed promethazine (82%), lorazepam (76%), and zopiclone (50%). More than half (63%) of patients on promethazine were started on 100 mg MaxD, of which 13% had reasons for prescription, and 33% had reasons for the MaxD were noted. None of the old-age patients was prescribed 100 mg of promethazine. During first 7 days, patients used on average 15%, 14% and 29% of the total prescribed dose of PRN promethazine, lorazepam and zopiclone; and 35%, 45% and 47% of patients did not use any PRN drugs. Only one patient used 100% of the available PRN lorazepam and zopiclone. Patients with current illicit substance