

Audit of Appointment Non-Attendance in Leeds Child and Young Person Learning Disability Psychiatry Clinic

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Aims: Appointment non-attendance has significant impacts on care and resource allocation across the NHS. This audit investigates appointment non-attendance within the Leeds Child and Young Person Mental Health Service (CYPMHS) Learning Disability (LD) Psychiatry Clinic, aiming to identify contributing factors and propose strategies to improve attendance in the context of the unique challenges and complexities associated with LD.

Methods: This retrospective clinical audit analyses data on 237 scheduled appointments at the Leeds CYPMHS LD Psychiatry Clinic between September 2023 and August 2024. Data collection involved reviewing electronic medical records to identify trends within anonymised patient information, handled securely in compliance with NHS and University of Leeds data protection policies.

MS and AG investigated multiple strata to identify trends explaining DNAs, including: attendance status (parent and child) by month and overall, age, gender, ethnicity, location, appointment time, day of the week, and format (virtual vs in-person). More detailed analyses explored potential patterns by clinician, school, postcode-linked deprivation indices, diagnosis, medication, and recorded reasons for non-attendance.

Results: 83% of overall appointments were attended.

Afternoon appointments had a higher attendance rate (94%) compared with morning slots (81%). Older teenagers were more likely to attend, with a trend of increasing attendance by year of age: 91% in 17-year-olds vs. 67% in 9-year-olds. Home visits had the highest attendance (100%), followed by school visits (85%), virtual consultations (81%) and clinic-based appointments (80%).

Attendance patterns differed between children and parents. While home visits had the highest attendance for both (100%), school visits were preferable for children (86%) whereas parents attended best virtually (83%).

Conclusion: This audit highlights predictors of appointment attendance. Findings suggest that targeted adjustments may enhance engagement and reduce DNAs, such as: prioritising home and school-based visits, afternoon appointment timing, and developing strategies to improve access amongst younger children. These findings align with existing literature, showing higher non-attendance rates among younger children and for morning appointments in paediatric and learning disability (LD) services.

The inverse attendance patterns between parents and children by location raises questions about whether services should prioritise child or parental attendance in decision-making. Joint attendance is often important for LD assessments, so this may require further discussion amongst the clinical team.

Further research is needed to identify barriers to attendance for younger children, and to explore whether alternative scheduling/alternative interventions could improve engagement and reduce DNAs. These insights can inform broader service delivery strategies to improve care access and efficiency.

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.

Prophylactic Vitamin D Prescribing for Adult Inpatients on Psychiatric Wards at Warneford Hospital – an Audit

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Aims: Vitamin D deficiency is a common and preventable problem seen in the UK, which can contribute to physical and mental health illness. The Department of Health and Social Care states that adults in restricted settings, such as inpatient psychiatric units, are at increased risk of vitamin D deficiency due to limited exposure to sunlight. Local Trust guidelines specify that all adult inpatients should be offered vitamin D prophylaxis year-round, unless there are symptoms of osteomalacia, in which case vitamin D serum levels should be tested and a treatment dose regime prescribed. Despite this, we noted that many patients did not receive prophylactic treatment. The primary aim of this audit was to increase the number of prophylactic vitamin D prescriptions for psychiatric inpatients at Warneford Hospital, in line with local Trust guidelines and national guidance.

Methods: We firstly collected data on current prescribing of prophylactic vitamin D for adult inpatients across 3 wards. We then re-formatted local Trust guidelines on vitamin D prescribing and testing into a simplified poster and flow chart. Copies were distributed to doctor's offices in three adult inpatient wards, 2 female and 1 male, at the Warneford Hospital. We then compared the number of patients who were prescribed prophylactic vitamin D pre- and post-intervention.

Results: There were 51 patients across all 3 wards, 33 female and 18 male. In a two-week timeframe, the total number of patients who were prescribed prophylactic vitamin D doubled, from 8 (16%) to 16 (31%) patients. The biggest increase was seen in patients on the male ward, with a 5-fold increase from 1 (6%) to 5 (28%) patients. The patients on the ward changed in this timeframe, due to the normal flow of discharges and admissions on acute wards.

Conclusion: There was an increase in the numbers of patients who had prophylactic vitamin D supplementation prescribed in all included inpatient wards, showing that presenting guidelines in a simplified manner is a useful intervention to improve prescribing practices. Our intervention could be further improved by using additional channels of communication, such as e-mails or presentations for prescribers. A qualitative approach may be useful to explore existing barriers for patients to accept vitamin D prescriptions. In future, reducing the number of serum vitamin D level tests due to prophylactic prescribing of vitamin D in the absence of osteomalacia could have significant financial and environmental benefits for the Trust and the NHS.

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A Review of Communication Practices Between a Psychiatric Inpatient Unit and an Emergency Department to Improve Patient Safety and Clinical Outcomes During Transition of Care

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