

sustainability in December 2023 showed a total reduction of 64% from the baseline of 28 FP10s per week at the beginning of the project (January 2023) to an average of 10 FP10s issued per week in December 2023.

Conclusion. In conclusion, patients benefit from having a clear understanding of where their medications will be issued from thus improving their experience with the mental health service. Having effective processes in the CMHT enables medical professionals to complete the ESCA in a timely manner. Altogether this reduces burden on all professionals and reduces costs of prescribing by transferring the prescribing responsibilities to GPs. This project has been effective in reducing the number of weekly emergency FP10s issued. The 4-week system of managing FP10s at reception has now been included in the Medication Management's new procedure and guidance and is being introduced across all CMHTs in BSMHFT.

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.

Junior Doctor's Ideas, Concerns and Expectations About Electroconvulsive Therapy: An Educational Quality Improvement Project

Dr Victoria Selwyn¹, Dr Julian Navanathan², Dr Rebecca Howard³ and Dr Yzobelle Barcelos^{1*}

¹East and North Hertfordshire NHS Trust, Hertfordshire, United Kingdom; ²West Hertfordshire NHS Trust, Hertfordshire, United Kingdom and ³Princess Alexandra NHS Trust, Harlow, Essex, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.347

Aims. There remains stigma surrounding electroconvulsive therapy (ECT) amongst junior doctors, as well as gaps in knowledge, recent studies have shown. The aim of this study is to reduce stigma and negative biases towards ECT among junior doctors in Hertfordshire.

This research strives to improve clinical knowledge regarding ECT amongst the same population of junior doctors.

After highlighting stigma and gaps in clinical knowledge amongst junior doctors, we aimed to implement an educational intervention to reduce these and assess the impact it made.

Methods. Over 80 doctors ranging from foundation year 1 doctors to consultants attended a weekly academic teaching for doctors working in Psychiatry. A 50-minute slot was set aside for a teaching session on ECT.

This included a pre- and post-teaching anonymous questionnaire, with open and closed questions, asking junior doctors about their previous exposure to ECT, and asking them to list three words they associated with ECT.

The teaching session included: what ECT is, indications, side effects, a short video explaining the procedure, an open discussion about stigma and ECT, a brief overview about the future of neuromodulation, and a consultant psychiatrist who is part of the ECT team talking through the before, during, after, and answering questions from the participants.

Results. 31 participants answered the pre-intervention questionnaire. Of the 31 respondents, 70% reported learning about ECT during medical school. However, 40% reported little teaching and only 13% had observed ECT. From thematic analysis of free text responses, 54% of respondents expressed detailed understanding of ECT, with 71% agreeing that ECT is a humane

treatment. 80% expressed that ECT should be part of NICE guidelines. 50% of respondents conveyed that stigmatised portrayals of ECT in popular culture have influenced their negative opinion of ECT.

Of the 10 responses to the post-teaching questionnaire, 100% agreed that ECT is a humane treatment and that ECT should be part of NICE guidelines for treatment of severe/treatment-resistant depression. From thematic analysis, when asked to name 3 words they associated with ECT, 60% of participants described ECT as effective or successful and 40% described ECT as safe. 72% of the words used were positive descriptors.

Conclusion. ECT is not covered thoroughly during medical school. Before this teaching, about half of the trainees expressed a negative opinion of ECT due to popular culture. Post-teaching, positive opinions had increased, and more trainees (100%) agreed that ECT is a humane treatment and should be part of NICE guidelines.

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.

Audit to Determine the Incidence of Did Not Attend (DNA) Rates at First Assessment in the NHS Northern Gambling Service (NGS) by Assessment Modality

Dr John Barker* and Dr Benjamin Marriott

NHS Northern Gambling Service, Leeds, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.348

Aims. Non-attended appointments can lead to adverse outcomes for a service and its users, including reduced service efficiency; increased waiting times; and impaired patient care. The audit objective was to explore whether DNA rates vary between the current modalities of face-to-face; virtual; and telephone. It was hoped that this would enable the service to better understand the reasons for patients not attending initial assessments and determine whether the modality may present a barrier.

Methods. A sample was obtained including all first assessment appointments between March 2022 and March 2023 (n = 386). Data included the modality for each initial appointment. Matched to this data, was whether the patient attended each appointment, creating a frequency of DNAs for each appointment modality across the year. Data analysis was conducted using Microsoft® Excel®. Beyond frequency and percentages, a chi-square test was used to assess for a statistical difference in appointment attendance between modalities.

Results. For this one-year sample the overall attendance rate was 77%: with 299 appointments attended, and 87 'DNAs'. The DNA rates across the one-year sample were face-to-face (24%); virtual (22%); and telephone (23%).

The chi-square value produced when analysing the DNA rates between modalities was 0.92 (critical value 5.99). Hence, there was no statistically significant difference in DNA rates by modality.

Conclusion. Despite the absence of variation in DNA rates between modalities, the findings can be viewed as reassuring. The move to include multimedia alternatives to assessments does not appear to be impacting attendance when compared with assessments that continue to occur face-to-face. Balanced against this increased geographical inclusion afforded by remote appointments, is the competing equity issue of digital exclusion,

highlighting the need for face-to-face appointment provision to remain accessible across the service.

This audit did not collect demographic data that may have provided insight into whether certain factors may have impacted attendance and could have acted as confounders, for example geographical location.

Introduction of a supportive reminder letter for patients, to bridge the wait between patient's referral and their initial assessment, was an outcome recommendation that was implemented by the service.

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.

Measuring Physical Health in Patients on Antipsychotic Medications

Dr Elizabeth Beavis^{1*}, Dr Jessica Morris²
and Dr Katherine McMenzie²

¹Hitchin, United Kingdom and ²Northumbria Healthcare, Newcastle Upon Tyne, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.349

Aims. Mental illness is associated with poorer physical health and reduced life expectancy in comparison to the general population. This is influenced by many factors, one of which is medication related. Antipsychotics can have multi system effects on the body such as increasing the risk of metabolic syndrome and cardiovascular disease. Our objective was to understand current challenges when monitoring patients' physical health and thereby improve overall health outcomes.

Methods. Utilising a clinical audit template, the study group was 9 inpatients during cycle 1 and 10 inpatients during cycle 2, who were prescribed antipsychotics on an Old Age Psychiatry ward. Northumberland, Tyne and Wear (NTW) antipsychotic monitoring guidelines were used as criteria which stipulate that blood tests, ECGs, BMI, waist circumference, side effects and lifestyle effects should be recorded at defined intervals. A proforma highlighting these guidelines was created following audit cycle 1 and utilised by the MDT on the ward, the purpose of cycle 2 was to compare findings following the implementation of the proforma. The standard to meet was that 100% of patients should fulfil the guidelines. Data was collected by retrospectively reviewing paper and electronic notes.

Results. Audit cycle 1 revealed 0 of the patients met the physical health criteria. 0 had the full set of required bloods in the correct timeframe, 0 had waist circumference checked and 2 and 1 patients had side effect and lifestyle effects documented respectively. By comparison, ECGs and BMIs were recorded well. Audit cycle 2 demonstrated significant improvement in all areas. 9 patients had bloods accurately measured. 3 and 6 had side effect and lifestyle reviews respectively. ECGs and BMIs continued to be monitored well. However, waist circumference remained poor with 1 patient recorded. Qualitative feedback when presenting these findings to the MDT highlighted an interest debate into the cost/benefit of measuring waist circumference with the main point being not wishing to cause undue anxiety to the patient.

Conclusion. The use of an accessible proforma clearly outlining the criteria to meet for each patient proved valuable in improving the monitoring of physical health parameters. This study highlighted a need for increased awareness of metabolic syndrome

and the importance of empowering patients with knowledge regarding their healthcare to help tailor a patient-centred approach to physical health monitoring. Our presentation aims to encourage discussion among attendees around measuring waist circumference and raise awareness of metabolic syndrome.

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 On-Call Support for Doctors: A Quality Improvement Project

Dr Sharna Bennett*, Dr Verity Williams, Dr James Anslow
and Dr Mohan Bhat

Kent and Medway NHS and Social Care Partnership Trust, Kent, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.350

Aims. Doctors completing on-call shifts at sites across a mental health trust identified a need to improve aspects of on-call work. This quality improvement project (QIP) aimed to improve response to trainee concerns arising from on-call work and support to junior doctors on-call.

Methods. A previous QIP cycle identified trainee concerns regarding on-call processes. In our first QIP cycle, surveys were sent to all consultants and SpRs working on non-residential on-call rotas, and Foundation, GP and Core Psychiatry trainees (on residential on-call rotas) in the Trust, regarding perceptions of on-call processes, senior support and on-call issues. A monthly, online forum was introduced in August 2023 to improve on-call feedback and communication. Trainees, consultants and SpRs from 2 localities were invited, along with representatives from the medical staffing team, medical education team and medical management. After 4 forums, participants who had attended an on-call forum were sent a further feedback survey collecting quantitative and qualitative data. Subsequently, forum frequency and scheduling were amended, advertisement improved, and the forum was expanded to include on-call doctors across the whole Trust.

Results. First cycle data revealed consultant support for a regular meeting with trainees and senior colleagues to bring issues from on-calls for discussion (56% felt that an on-call forum would be helpful, 33% felt it might be helpful). Mean forum attendance was 14, with attendance from all grades. Feedback data from trainees (5 responses) was that most found the forum useful (80%); 80% felt listened to; all felt able to raise concerns, and all wanted the forums to continue. Qualitative feedback included: '*we started a new QI project from the forum and many on-call guidelines became more defined.*' Consultant feedback (4 responses) was that most found the forums useful (75%); 100% gained a better understanding of trainee concerns; 100% thought forums should continue, although 50% thought the frequency should be reduced. Most consultants and trainees did not feel it would be useful to discuss clinical cases in the forums. Consultant qualitative feedback reported that the forum was helpful to understand trainee concerns, but there should be wider attendance.

Conclusion. Establishing an on-call forum was a valuable intervention for both consultants and trainees working on an on-call rota and has led to a further quality improvement project. Respondents felt that clinical supervision offered sufficient space to discuss clinical cases. Increasing trainee and consultant engagement with the forum is the next phase of this project.