

## Implementation of an App Based Communication Platform, "Consultant Connect", to Improve Physical Health Outcomes for Patients at a UK Mental Health Trust

Dr Isabel McMullen<sup>1\*</sup>, Mr Raymond McGrath<sup>1</sup>, Ms Karen Ang<sup>1</sup>, Ms Elli Fairbairn<sup>1</sup>, Ms Julie Williams<sup>2</sup>, Dr Prashanth Reddy<sup>3</sup>, Professor Nick Sevdalis<sup>2</sup> and Professor Fiona Gaughran<sup>1,2</sup>

<sup>1</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom; <sup>2</sup>King's College London, London, United Kingdom and <sup>3</sup>King's College Hospital, London, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.402

**Aims.** Patients with mental health disorders are known to have worse physical health outcomes. 'Consultant Connect' (CC) is an app-based communication platform which aims to improve patient outcomes and experience, by offering clinicians direct access to consultants working in a partnership acute Trust, so they can seek advice and guidance for their patients' physical health problems. This creates whole system efficiencies by avoiding unnecessary referrals to an Emergency Department or outpatient clinics. This poster describes the implementation of CC in a large UK Mental Health Trust. Initially designed for GPs, this is the first time a UK Mental Health Trust has used CC.

**Methods.** Consultant Connect was launched in the Mental Health Trust's inpatient services in June 2020 as part of a Trust-wide programme of work aiming to improve the physical healthcare of mental health patients. In July 2021 it was rolled out across all services, including all community services. All platform activity was monitored and the implementation team collected data to determine: a) origin of call, b) which specialty was required, c) numbers of calls successfully connected, and in a subset of calls d) outcome of call. In addition, 183 call recordings were analysed, to identify clinical training needs and inform further development of the platform.

**Results.** In the period June 2020 – December 2021, there were 1422 use episodes of the CC platform by Mental Health Trust clinicians. There were 401 Trust registered downloads of the CC App by the Trust clinicians. 53 different clinical specialties were contacted, with cardiology (414 calls), diabetes and endocrinology (243 calls), and haematology (124 calls) the most frequently called. 68% of queries received a response. 48% of calls had an outcome recorded, with 70% of these resulting in the physical healthcare being delivered by the mental health team, following the advice received (i.e. referral or admission avoided, or the patient treated out of hospital).

**Conclusion.** CC is being progressively embedded into clinical practice and has become a well-used pathway for mental health clinicians seeking immediate clinical advice from acute hospital Consultant colleagues. Further qualitative and quantitative work is planned with mental health clinicians, patients and carers to better understand their experience and determine if it improves care from both the clinicians' and patients' perspective.

## The Effects of Remote Consultation (RC) on Outpatient Clinic Attendance Rates in City Community Mental Health Team (CMHT) and Patient Feedback on RC

Dr Ting Miller<sup>1\*</sup>, Dr Joshua Thomas<sup>2</sup> and Dr Anitha Mukundan<sup>2</sup>

<sup>1</sup>Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and <sup>2</sup>Bradford District Care Trust, Bradford, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.403

**Aims.** The outbreak of COVID-19 in 2020 forced a sudden change in service delivery in CMHT. Remote consultations (RC) via telephone or video were introduced to facilitate safe contact between staff and patients. Traditional face to face (F2F) appointments have high rates of non-attendance (DNA). This project aimed to examine whether the DNA rate for CMHT appointments has been affected by the introduction of RC. In addition to this, patients were asked to give feedback about how they felt about the use of RC.

**Methods.** We retrospectively studied the outcome of outpatient medical appointments within City CMHT over two periods, namely pre COVID-19 which was between April to June 2019 and during COVID-19 which corresponded to the same period in 2020. A list of patients over these two periods were extracted from trust electrical medical record: System One (S1). Further review patients' notes on S1 was conducted to identify DNA group, among which detailed information including gender, age groups, types of outpatient clinics (urgent or routine, first review or follow-up review), types of consultations (remote or F2F).

In addition, an anonymous patient feedback form on RC was given out to 30 patients attending F2F appointments at the clinic between May and August 2021.

**Results.** 94% appointments were conducted remotely in 2020 while 100% were F2F in 2019 during the periods studied. 2020 saw a 16% increase in attendance rate and a nearly half reduction in cancelled appointments from 30% to 16%. There was a slight drop in DNA rate by 2%.

19 patient feedbacks indicated at least one RC experience. Among them, 47% rated it as very good and 58% felt RC offered the same level of care and treatment as F2F. On the other hand, 74% would like to be seen F2F for future appointments when given a choice.

Free comments about RC were captured including 'Not everything gets covered', 'it makes me anxious to talk to a medical team over the phone' and 'things like bruises could be missed in a RC'. However, one patient said they found RC is less stressful.

**Conclusion.** A massive shift from F2F to RC was seen due to COVID-19 restriction. Attendance rate was improved with RC, however, it was mainly achieved by a significant reduction in cancelled appointments. Its impact on overall DNA rate appeared minuscule.

Despite nearly half of the patients indicated RC is as good as F2F. Most patients prefer f2f for future consultation.

## Prevention of Hospital Associated Venous Thromboembolism in Psychiatric Inpatients- a Survey of Current Practice Within Mental Health Trusts in England

Dr Ashma Mohamed<sup>1\*</sup>, Dr Michael Cheah<sup>1</sup>, Dr Josie Jenkinson<sup>1</sup>, Professor Beverley Hunt<sup>2</sup>, Ms Jo Jerome<sup>3</sup> and Ms Audrey Purcell<sup>4</sup>

<sup>1</sup>Surrey and Borders Partnership NHS Foundation Trust, Chertsey, United Kingdom; <sup>2</sup>King's College London, London, United Kingdom;

<sup>3</sup>Thrombosis UK, London, United Kingdom and <sup>4</sup>Saint John of God Hospital, Dublin, Ireland

\*Presenting author.

doi: 10.1192/bjo.2022.404

**Aims.** General hospital inpatients are routinely risk assessed for hospital associated venous thromboembolism (HAT) and given appropriate thromboprophylaxis if indicated. However, mental health trusts have not taken a similar approach in psychiatric inpatients, despite known risk factors, including some unique to