

Guidelines with better subjective ratings of clarity had more agreement between reviewers, but full agreement between reviewers was only present for 10 out of 52 guidelines. For 11 guidelines, consensual agreement between reviewers was not reached. Qualitative analysis of comments identified the inclusion of past medical history, drug history and flow charts as positive sub-themes. Redundant language, contradictions and the suggestion to seek senior intervention before trialling a second agent were viewed negatively. Many guidelines did not sufficiently emphasise the need for performing an ECG before administering therapeutic agents, such as haloperidol, which may lead to potentially fatal arrhythmias.

Conclusion. There is no national consensus on the most appropriate rapid tranquillisation agents, with the available evidence being interpreted variously by different trusts and organisations. Poor guideline comprehensibility impacts clinician adherence and allows for personal preference to influence choice of drug. Clear guidelines utilising flow charts to succinctly outline relevant doses and absolute contraindications were viewed favourably by reviewers. The findings of this project highlights to relevant stakeholders the attributes that should be implemented when improving guidelines for the future.

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Effect of Cognitive Stimulation Therapy on Cognition and Social Independence in People With Dementia at the North Norfolk Memory Service

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Aims. Cognitive stimulation therapy (CST) is a psychosocial treatment for people with dementia. It is an evidence-based treatment which shows improvement in cognition, well-being and quality of life of people living with dementia. CST is recognised as one of the interventions which is cost-effective.

The National Institute of Health and Care Excellence (NICE) guideline recommends that people with mild to moderate dementia should be given opportunities to take part in CST. The CST sessions done in North Norfolk are weekly sessions which span 90 minutes. A group of between 8–10 people attend a 14-week CST treatment course.

The aim of this study is to evaluate the effectiveness of the CST on cognition and social independence of patients with dementia in North Norfolk.

Methods. Patients diagnosed with mild to moderate dementia at the memory service were referred for CST sessions. A trained professional assessed the patients to determine their eligibility for CST. The assessment included: assessing motivation to join a group therapy, administration of the short-version of the Addenbrooke Cognitive Examination questionnaire (MINI-ACE) to assess cognitive functions and the administration of Engagement and Independence in Dementia Questionnaire (EIDQ) which measures the social independence of the patients. A higher score on both questionnaires indicates better cognitive function and social independence, respectively.

The CST sessions spanned from February 2023 to May 2023. The patients were re-assessed after the 14-week sessions of CST for their MINI-ACE and EIDQ scores. A qualitative questionnaire was administered for feedback about the sessions.

Data were obtained from patients' clinical record following approval from the research and service evaluation team of the Trust.

Results. Nine patients completed the 14-week CST sessions. The mean age of the patients was 82.9 ± 4.8 . 66.7% were male and 33.3% were female. 77.8% were on memory medication and 22.2% were not on memory medication. 44.4%, 33.3%, 11.1% and 11.1% were diagnosed with dementia in Alzheimer's Disease; Mixed Alzheimer's-Vascular Dementia, Lewy Body Dementia and Frontotemporal Dementia, respectively.

The same proportion of patients (44.5%) had both increased and decreased MINI-ACE score after CST while 11% had no changes in MINI-ACE score. Majority (66.7%) had increased EIDQ score after CST, 22.2% had decreased EIDQ score and 11.1% had no changes.

Conclusion. The CST sessions done in North Norfolk showed more positive effect on social independence than cognition in people with dementia.

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Evaluation of Tertiary Neuropsychiatry Pilot Service: Pitfalls, Challenges, Outcomes and Success

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Aims. Neuropsychiatry, being at the interface between Neurology and Psychiatry, can fulfil the unmet needs of a cohort of people with complex presentations including psychiatry symptoms associated with neurological diseases and atypical psychiatry presentations with possible underlying aberrant brain processes. However, the development and provision of Neuropsychiatry services have lagged behind in the United Kingdom and some parts of the world, at the cost of ongoing symptom burden and reduced quality of life for vulnerable groups of patients. We set up a tertiary pilot service of Neuropsychiatry in Derbyshire from March 2022 and have been successfully operating both outpatient Neuropsychiatry clinics as well as inreach on to psychiatric wards. We set out to evaluate our service and explore the challenges and outcomes associated with our service development.

Methods. A mixed methods evaluation was completed, and the data were extracted from patient records and assessments. Feedback responses were obtained from referring clinicians and service users utilising structured feedback forms for each group. A thematic analysis approach was completed for qualitative responses. More than 140 patients have already been assessed by our Neuropsychiatry service to date, out of which we completed an initial analysis of records of 70 patients referred between March 2022 and February 2023. We further revisited the

challenges (lack of resources including clinic space, admin and dedicated electronic medical records (EMR) section).

Results. 67% of referrals were from Neurology services with Functional Neurological Disorder (FND) predominating. 74% of patients referred had more than one diagnosis/symptom cluster. Patients reported significant benefits and overall positive experiences from the service. One patient reported, “After 3 years I finally not only have answers to my symptoms but also an explanation as to why. Without this service, I believe I would be still struggling.” Similar positive feedback was obtained from referring clinicians.

Conclusion. Our results demonstrate that a successful tertiary Neuropsychiatry service can be established and run even under challenging circumstances including lack of resources. Our service now has a dedicated clinic running every week, a dedicated EMR section and we are currently in the process of submitting business plans towards sustainable commissioning. Furthermore, our service has been instrumental in reducing the length of inpatient stay, facilitating early discharges, diagnosing and treating reversible conditions that mimicked primary psychiatric issues, as well as improving the quality of life of a vulnerable cohort of people previously diagnosed with complex conditions such as FND and personality disorders.

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Harm-Reduction for Substance Misuse in Young People: A Service Evaluation of Southampton's Drug and Alcohol Support Hub (DASH)

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Aims. This project aims to evaluate Southampton's Drugs and Alcohol Support Hub Service (DASH) for young people (YP) provided by the charity, No Limits. It aims to produce insights and recommendations for No Limits to improve their service for YPs and positively influence local commissioning and governmental bodies. This project was part of the Wessex Public Health Fellowship for Junior Doctors, which aims to provide experience of working in public health and teach relevant research skills.

Methods. An adapted-Donabedian framework was implemented and a review of the literature informed a 'harm-reduction' lens for analysis. Mixed methods were used: Quantitative analysis reviewed data from 50 (anonymised) YPs. All data were routinely collected by No Limit's staff as Young People Outcome Records (YPORs) and Client Information Reviews (CIRs), as well as outcome measures collected quarterly for the National Drug Treatment Monitoring Service (NDTMS). Qualitative methods included a thematic analysis of five semi-structured interviews with service providers.

Results. Cannabis and alcohol were the most commonly reported problem drugs for YP (48% and 36%, respectively). In terms of smoking per weekdays, 67% of YPs were using cannabis for the

same number of days and 15% had decreased smoking days. For smoking in grams, 26% were smoking the same amount of cannabis compared with 41% smoking less. For alcohol, 41% consumed fewer units and 44% had increased alcohol-free days. Importantly, 63% of YPs reported increased quality of life and 59% increased happiness.

Thematic analysis generated seven themes: harm reduction, mental health, relationships and trust, inter-agency working, YP-led care, individual outcomes and differences between reported outcomes and care provided. Harm reduction for most meant helping the YP build healthier relationships with drugs vis-à-vis enforcing abstinence. Trust was necessary for service providers to support YP reach their goals and YP-led, individualised goals benefitted most. Next, service providers often supported YP with mental health and sometimes this created challenges beyond their professional capabilities, thus emphasising the importance of collaborative inter-agency working. Lastly, providers were frustrated with required NDTMS outcome measures given they failed to capture service benefits.

Conclusion. DASH service's 'harm reduction' approach to supporting YP with substance misuse is in-line with evidence-based best practice guidance. However, reported NDTMS outcomes remain driven by an abstinence-informed agenda. This policy is grounded in governmental policies that do not consider the nuance of substance misuse disorders and are reflective of Nancy Reagan's 1980s 'Just say No' campaign. To prioritise the health and mental health of young people, government must reframe their policy on substance misuse.

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5 Audit

Improving Acute Treatment of Alcohol Withdrawal at an Inpatient De-addiction Ward ('Vimukthi') at Kerala State, India: Full Cycle of a Clinical Audit

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Aims. Long-acting benzodiazepine is the treatment standard for alcohol withdrawal and three regimens are defined – fixed-dose (for outpatient and inpatient settings with untrained staff), symptom-triggered (inpatient setting with trained staff) and front-loading (when a severe withdrawal state is anticipated). Standards in this regard are published by ASAM, NICE and guidelines by Govt. of India. A clinical audit was performed to explore the treatment strategy used in a de-addiction centre in India.

Methods. Description of the initial audit cycle.

Setting: Dedicated 10-bed de-addiction ward, attached to a general hospital, with an average of 15 admissions/month of patients with disorders of alcohol use. The centre was established as a special project ('Vimukthi') in 2018 and is serviced by a team of three nurses, one doctor and one clinical psychologist, and visited by psychiatrists from the general hospital.

Measurement of performance and comparison with standards: Measurement was done in May 2023 after the authors took charge of the ward. The centre used a fixed-dose regimen of short-acting