

## Are We Executing Our Vision?

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**Aims/Background.** Safety plan and Goal setting are standard interventions offered by CAMHS Crisis Resolution and Home Treatment team. The Department of Health Best Practice Principles and NICE guidelines recommend collaborative production of risk management plans and recovery orientated input. We wanted to ensure compliance and understand patient's views on usefulness of these. Aims:- Did all patients complete safety plan and goal setting? Was this done collaboratively? Did these strategies help? Were documents easy to access?

**Methods.** There were two arms to the project.

1. Review of 40 electronic case notes out of 715 patients seen from Jan to April 2021. We looked at completion of safety plan, goal setting, goals achieved, HONOSCA scores, risk ratings and mood scores.
2. Between April and July 2022, willing patients were requested to complete anonymised electronic questionnaire through a QR code. The questionnaire asked if patients felt included when completing the safety plan and goal setting, whether these interventions helped recovery and if the documents were easy to access. A free text option for feedback was also given.

This proposal was approved by the Improvement and Knowledge Hub within the LPT NHS trust who confirmed that ethical approval was not required.

Results are reported in percentages.

**Results.** Case notes review (n=40):

- 99% had safety plans completed, done collaboratively.
- 90% had goal setting completed, done collaboratively
- Rationales documented within the notes for not completing.
- 85% reported Improved mood scores
- 90% reported improved risk ratings
- 65% achieved 2 or more of 3 goals set.
- 67.5% had HONOSCA at admission (average score 13.6) and discharge (average score 10.5) – improvement documented.

Questionnaires: 18 questionnaires returned.

- 100% completed safety plan and goal setting
- 83% reported they felt included when doing safety plan and goal setting.
- 83% said goal setting was helpful in recovery.
- 94% said safety plan helped.
- 82% reported easy access to documents.

**Conclusion.** Results suggest compliance with guidelines and strategies are useful. There is consistency in relevant information from the case note review and questionnaire feedback. Case note review included objective and subjective perspectives. Questionnaires gathered patient perspective; in confidence/anonymously. Recommendations:

1. Repeat survey ensuring case review and patient feedback for same period.
2. Use children and young people friendly version, offer paper version, advertise widely - to improve questionnaire response rate.
3. Complete HONOSCA on admission and discharge.
4. Research to explore usefulness of interventions in CYP

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.

## Satisfaction Survey of Patients and Carers for Telephone vs Face-to-Face Reviews - a Service Evaluation Project

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**Aims.** The COVID-19 pandemic necessitated major changes in clinical care, including remote patient contact. Havering Older Adults Mental Health Team and Memory Service (HOAMHT&MS) patients often fell within the vulnerable category for poorer outcomes with the SARS-CoV-2 virus, so remote contact was preferable during the pandemic. Telephone assessments were offered to replace face-to-face reviews for some patients. Feedback from patients and carers was collected to compare these modes of patient contact. Remote assessment has positive impacts including; improving access to care in remote areas/when local services cannot meet demand and for disabled patients. Understanding the patient experience about remote assessments helps navigate decisions about future modes of consultation.

**Methods.** This evaluation was organised in HOAMHT&MS. A Rio\* diary search was conducted for practitioners from 15/07/2020 to 15/10/2020. 75 questionnaires were sent from each clinic (OAMHT and Memory Service). We sent an equal number of questionnaires for telephone appointments and face-to-face reviews. Questionnaires were posted to patients with pre-paid envelopes to return responses.

\*Rio is our Electronic Patient Record System

**Results.** We had a total return of 23 questionnaires from the Memory Service and 24 from the OAMHT clinic. Most questions were a likert scale from Poor (1) to Excellent (5). The overall satisfaction score out of 5 (average of all the responses):

### OAMHT:

Patient/telephone: 3.7 (n=13)

Patient/face-to-face: 4.1 (n=7)

### Memory Service:

Carer/telephone: 4.4 (n=8)

Carer/face-to-face: 4.2 (n=9)

### Some of the open ended feedback:

#### OAMHT:

#### • Carer/telephone:

“The telephone was rushed and at the end of the meeting the person wanted to sign my husband off.”

#### • Patient/face-to-face:

“Help was always there for me.”

“The clinic deserves a medal.”

#### Memory Service:

#### • Carer/telephone:

“Very helpful - I am now contacting them for further advice. They understand my stress and give me full support.”

#### • Patient/face-to-face:

“Very happy with the care and attention from the consultant, doctor and nurses at the memory service.”

#### Conclusion. OAMHT Responses:

- Face-to-face feedback more positive
- Patients experienced more distress - nature of illness (distress/crisis) compared to memory (usually gradual decline)