

**Background.** CGI is a frequently used outcome measure in psychiatry and also forms part of the RCPsych Framework for Outcome Measures in Liaison Psychiatry (FROM-LP) across the NHS's LP Services. However, there is minimal literature discussing the meaning of the quantitative results of the questionnaire. What would be a cut-off point associated with the provision of good care? It is not possible to draw conclusions about the quality of service and care based on the proportion of the patients who report an improvement on CGI in the absence of a gold standard. **Method.** Patients and their ELPS clinicians filled out a CGI questionnaire, rating the patient's mental health condition after contact with the clinician. The 1-7 rated CGI scale indicated the following: 1-3 signified varying degrees of improvement, 4 signified no change and 5-7 signified varying degrees of feeling worse. This study looked at all 205 patients with completed CGI questionnaires who had more than one face-to-face contact with a clinician in 2018 and 2019.

Patient and clinician ratings were compared for concordance and patient notes were reviewed to identify potential reasons for patients with low CGI scores.

Randomised sampling of patients who scored 1 'Very much improved', 2 'Much improved' and 3 'Minimally improved' was conducted to identify differences in number of face-to-face contacts between the groups.

**Result.** 59% of patients reported an improvement, 40% felt that there was no change and 1% (3 patients) indicated feeling worse. Of the latter, 2 patients had been admitted to a mental health unit.

91% of cases showed concordance between patient and clinician ratings.

Randomised sampling identified 9 patients scoring '1', 22 patients scoring '2' and 16 patients scoring '3'. The vast majority of patients had only two contacts with ELPS (77%).

**Conclusion.** ELPS intervention improves patients' self-reported wellbeing in 59% of patients according to CGI.

There was no correlation between number of face-to-face contacts and the degree to which patients felt better. However, in the absence of a nationally-recognised gold standard, it is not possible to draw conclusions about whether care provided by ELPS is good compared to other services. Data from other centres are required to elucidate what constitutes a gold standard to aspire towards.

## Improving "reasonable adjustments" for people with autism in the York Early Intervention in Psychosis Service

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**Aims.** Studies show the prevalence of Autism Spectrum Conditions in EIP populations is 3.6-3.7% compared to approximately 1-1.5% in the general population. The Equality Act 2010 and the Autism Act 2009 make it a requirement for services to make 'Reasonable Adjustments' for people with Autism. The aim of this study was to improve how our service makes Reasonable Adjustments for people with autism.

**Method.** There were 15 patients in our service with a confirmed diagnosis of Autism. Pre and Post a discussion about reasonable adjustments, we invited them to rate, on a 5 point Likert scale, how well they felt the service was making Reasonable Adjustments for their Autism and whether discussing it had been helpful. We offered face to face or telephone discussions with someone with autism expertise to discuss reasonable

adjustments. We allowed at least a month after the discussion before repeating the Likert scale.

**Result.** The pre-discussion rating, of whether the team was making reasonable adjustments for Autism, showed agreement (mean 4.2/5). This improved to 4.6/5 after a month post discussion about reasonable adjustments. Patients agreed to strongly agreed (4.6/5) that the discussion had been helpful. Reasonable adjustments identified were quite individual but responses followed the following main themes; (1) No adjustments were needed or wanted as some patients saw special arrangements for them as stigmatising and wanted to be treated like everyone else; (2) Adjustments around personal space in appointments eg sitting face to face, not sitting too close, explaining reason before moving closer; (3) Simplification/clarification of written information – eg some identified simpler language use and use of pictures; (4) Environment e.g. quieter, dimmed lights, clarity of signage in reception.

**Conclusion.** Autistic patients in our service already rated the team highly at making reasonable adjustments pre and post intervention and found it helpful to have a specific discussion. Reasonable adjustments were highly individualised but some themes emerged around personal space, written communication and clinic environment which staff could consider exploring routinely. Some patients did not want reasonable adjustments as they felt it could be stigmatising. Discussing reasonable adjustments is likely to benefit all patients, not just those with confirmed autism, we would suggest this should be built into routine practice.

## Medical prescription and nursing administration of medication in learning disabilities in-patient settings

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**Aims.** The aim of this re-audit was to review whether inpatient-prescription cards are completed correctly by doctors and administered by nurses, and to compare the results with the previous audit.

**Background.** We carried out a re-audit of Medical Prescription and Nursing Administration of Medication in Learning Disabilities In-patient Settings. Black Country Partnership NHS Foundation Trust is committed to managing medicines safely, efficiently and effectively as a key part of delivering high quality patient centred care. In BCPFT medications are recorded by doctors on paper prescription cards and administered by registered nurses.

**Method.** This audit compared results against the standards for prescribing medication in BCPFT Medicines Policy. Prescription charts were retrospectively reviewed against 22 standards for all LD inpatients as outlined in the LD trust policy across all 3 of the Learning Disabilities in-patient units during May 2019 as long as they were still inpatients during this month. 27 prescription cards were reviewed in total.

**Result.** 100% of prescription cards had patients full names, address, ward name, were fully legible, written in black ink, route of administration, approved abbreviation for route, date of prescription, signature of prescriber, prescription labelled as 1 of 1/2, frequency of prn meds and indication. Whereas only 96% had generic drug names, clearly documented doses and time of administration along with acceptable abbreviation and appropriate code for omission. 85% drugs had a stop date once drug was stopped and 85% had allergies recorded in red and had a line drawn through once drug was omitted.