

Methods. Three plan, do, study, act cycles were run. The first involved creating a draft proforma and testing this with 3 complex patients, gathering qualitative feedback from receiving clinicians. The proforma was then improved and a full-scale trial including all patients with stays of 2 weeks or more was conducted, a total of 18 patients. Data were collated on the timing of summary completion and further improvements to the proforma were made based on consultant feedback. Finally, a third cycle was run to establish whether the new process was sustainable between rotating trainees.

Results. Initial feedback was positive with clinicians highlighting that the summaries saved time reading extensive notes, clearly identified outstanding tasks, and helped with final discharge document writing. It became clear that there was a need to agree a cut-off time of how long a patient should be in IPCU to merit a stepdown summary. Of the 18 patients who met this cut-off in the 2nd cycle all had a stepdown summary at the point of transfer with 89% of these fully complete before their next clinical review. During the 3rd cycle, there were 19 relevant patients only one of whom did not have a summary, due to their transfer coinciding with trainee leave. Feedback remained positive, highlighting that the summaries avoided duplication of work.

Conclusion. Overall, the use of stepdown summaries proved useful to receiving clinicians in both communicating important information and in saving further time when later creating final discharge documents. It was sustainable between trainees, however there remained an issue with these not being produced during trainee leave. It may be useful to consider alternate clinicians who can support with the production of summaries to minimise this as well as measuring more clear clinical outcomes, such as the repetition of investigations. This would support an expansion to other UK IPCUs.

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Development of an Integrated Electronic Platform for ADHD Medication Initiation in Child and Adolescent Mental Health Services

Dr Noah Stanton*, Dr Hamzah Iqbal, Ms Sandra Bailey,
Dr Louise Morganstein and Dr Salim Jakhra

Central & North West London NHS Foundation Trust, London,
United Kingdom

*Presenting author.

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Aims. Children and young people (CYP) with attention deficit hyperactive disorder (ADHD) under Brent Child and Adolescent Mental Health Services (CAMHS) experience long waiting times before treatment with medication is initiated: on average 3 months. Therefore, the aims were firstly, to create an electronic platform (e-platform) to educate parents about ADHD medication and facilitate its initiation in Brent CAMHS. The e-platform replaced the previous method of medication initiation which was typically delivered to a group over Zoom. Secondly, to reduce time-to-treatment initiation (TTI) by January 2024. Thirdly, to increase the proportion of patients with ADHD who were initiated on medication (when appropriate) by the same date.

Methods. The content from neurodevelopmental clinicians counselling parents about ADHD medication was transcribed.

Individual transcripts were collated into a master transcript to standardise the information delivered to parents. Medication initiation psychoeducation videos were created using the master transcript and a videographer and editor, in collaboration with the Trust's Director of Communications and Web Development Team. The videos were integrated electronically with a question-and-answer section, a useful websites section and a medication decision section to construct an e-platform, which was embedded in the Brent CAMHS website.

Following the QI model-of-improvement, objective clinical measures included TTI, the proportion of CYP initiated on medication, and total clinical and administrative time saved. User-reported outcomes were measured using a pre- and post-intervention questionnaire combining Likert scale and free-response items.

Results. TTI reduced by 37% from 92 days (Zoom) to 58 days (e-platform). The proportion of CYP initiated on medication increased from 64% (Zoom) to 72% (e-platform). Over a 2-month period, 9 hours of clinician time was saved. Based on 20 respondents, overall user satisfaction increased from 4.13/5 (Zoom) to 4.71/5 (e-platform). Qualitative feedback revealed that users found the e-platform 'easy to understand', 'easy to access, quick and useful' and 'provided clear explanations'.

Conclusion. The results indicate the positive impact of the e-platform initiative which can be derived from both clinical and user-reported outcomes. By integrating standardized educational content, user-friendly features and streamlined processes, the e-platform empowers parents with knowledge, enhances communication between families and the neurodevelopmental team, and ultimately expedites ADHD medication initiation and saves clinical time. Regional spread has commenced, and the authors are engaged in discussions with other CAMHS to facilitate this further.

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Improving the Completion of Capacity and Consent Assessments

Dr Michael Abbott¹, Dr Kristina Logacheva¹,
Dr Eleanor Thompson^{1*}, Dr Nik Fikri bin Nik Fauzi²
and Dr Tarun Rangan¹

¹South West London and St George's Mental Health NHS Trust,
London, United Kingdom and ²Barnet, Enfield and Haringey Mental
Health NHS Trust, London, United Kingdom

*Presenting author.

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Aims. The respect of a patient's autonomy and choices is one of the cornerstones of good psychiatric care. Key to this is ensuring the timely and thorough assessment of a patient's capacity to consent to admission and treatment once in contact with mental health services.

The aim of this quality improvement project was to optimise the Trustwide completion of capacity assessments for all newly admitted patients within 24 hours of admission at South West London and St Georges Mental Health NHS Trust. Our goal was for 100% completion of the Trust's Brief Capacity and Consent (BCAC) form by July 2023.

Methods. We obtained a list of all new admissions to inpatient wards across the Trust's three hospital sites between 1–14 February 2023. A retrospective audit was then undertaken to establish the baseline BCAC completion rate. Following this a