inductions, emails and through communication with trust junior doctor representatives. After a period of 8 and 24 weeks, we assessed the initiative's success by collecting both qualitative and quantitative data from on-call doctors about their experience with the handover system. Based on feedback, we made multiple adjustments to improve the system, which was later adopted at Lambeth Hospital. The *Microsoft To Do* app was then replaced by a channel on *Microsoft Teams* to ensure wider access.

Results. 15 doctors responded to the baseline survey. Handover practices were varied and included paper-based handovers, phone calls, and emails. Mean doctors' ratings for the pre-existing handover systems were 3.2/5 for overall quality (1: very poor; 5: very good) and 2.7/5 for safety (1: very unsafe; 5: very safe). 60% (n = 9) of doctors said tasks would sometimes be missed in the pre-existing handover system. 21 doctors responded to 2 post-change surveys. Mean doctors' ratings of overall quality were 4.6/5 and safety were 4.5/5. Qualitative feedback highlighted that a verbal handover was still necessary to complement the electronic system, and that locum doctors would need to have access to the system as well as consultants and registrars during periods of industrial action.

Conclusion. An electronic handover system was successfully implemented to replace a predominantly paper-based handover system at two large mental health hospitals in South London, and on-call doctors reported improvements in handover safety and handover quality. Future work aims to implement a consistent electronic handover system across other hospitals in SLaM and other trusts and transition fully to *Microsoft Teams* for broader accessibility.

Audit of Patients Prescribed Psychotropic Medication in the Community Learning Disabilities Psychiatry Services of the Black Country Healthcare NHS Foundation Trust

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Aims. Stopping Overmedication of People with a Learning Disability, Autism or Both (STOMP) is an initiative of NHS England. This was in response to concerns raised as a result of the Winterbourne View scandal related to the inappropriate use and insufficient arrangements for the review of the prescription of psychotropic medication.

33,000–35,000 individuals with an intellectual disability (ID) are prescribed psychotropic medication daily. 20–45% are on antipsychotic medication, of which 14–30% take these to control behaviour problems rather than for specified psychiatric conditions. Psychotropic medications can have side effects with the potential to significantly impair an individual's quality of life.

This audit is to observe current practice of the prescription of psychotropic medication, with a view to identifying changes to the compliance with recommendations and outlining areas for further improvement in line with the Stopping Overmedication of People with a Learning Disability, Autism or Both (STOMP) initiative.

Methods. Data was collected from electronic records for randomly selected patients, 20 from each of the 4 Community Learning Disabilities Locality Teams within the Trust. The patients who were not currently prescribed psychotropic medication were excluded from the randomly selected samples.

Results. There was good evidence that capacity, consent and best interests were considered, as well as multidisciplinary input. There was also good evidence of regular review of medication, side effects and treatment response. The results suggests that psychotropic medication continues to play a significant role in the management of patients presenting with behavioural problems, and more needs to be done to identify approaches that will help to reduce their use.

Conclusion. In this patient group it is sometimes the case that medication is prescribed legitimately for indications other than their British National Formulary (BNF) recommended use. However, the findings suggest that the rationale could be more clearly recorded. Close collaboration with primary care to provide a comprehensive medication history, the involvement of carers and family members in the active preparation for effective medication reviews and the involvement of the multidisciplinary team should continue to be encouraged and clearly recorded.

Improving Information Distribution and Education Within Memory Clinic

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Aims. The aims of this project were to improve patient education and overall information distribution within the Memory Clinic within the Old Age Psychiatry department, based at Kingsway Care Centre, Dundee.

Methods. This project originated, after there were concerns raised from relatives of a patient who had recently been assessed in the Memory Clinic. A suggested area for improvement included distributing information to patients, highlighting any potential tests or topics of conversation that may be explored during a Memory Clinic appointment. In response, our team engaged in a thorough collaboration with our colleagues in Psychiatry and the Post-Diagnostic Services (PDS). As a result of this partnership, a summary sheet was compiled, highlighting the spectrum of cognitive testing and assessments that may be conducted, potential medicinal treatments and other significant considerations, including driving and Power of Attorney statuses. To ensure these resources were both accessible and informative, they were systemically distributed to patients. The materials were paired with feedback forms to capture patient experiences and insights, to be later collected by the PDS.

Results. Whilst this project remains in the data gathering stages, provisional data has been very promising in showing improvement in clarity of information delivered to patients (both in current and future assessments), explanation to patients regarding medication and treatment options, and overall patient satisfaction.

Conclusion. Optimising educational resources for both patients and families attending the Memory Clinic through summary documentation can be utilised to improve overall patient satisfaction. Aiding patients' understanding of their diagnosis and further management of this, allows them and their families to feel more included in their care and optimises the delivery of holistic care within Psychiatry of Old Age.