Applying the CORE20PLUS5 to Address Health Inequalities for Patients Under the Rehabilitation and Recovery Service in the London Borough of Hackney

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Aims. The NHS England Core20PLUS5 aims to reduce national healthcare inequalities by identifying five clinical areas requiring accelerated improvement for the most deprived 20% of the population. Three of these clinical areas are: Severe Mental Illness (SMI), Early Cancer Diagnosis and Maternity Care.

Hackney has the highest proportion of areas within the most deprived 10% nationally. The Hackney Rehabilitation and Recovery Team is a specialist service for those with SMI. While the service does not provide maternity care it is uniquely placed for women's health outreach work in this population. Research has shown that lower participation by those with SMI in screening may make them 2.5 times more likely to die prematurely from cancer. Bearing this in mind, this project aimed to improve early cancer diagnosis and management of women's health to improve health inequalities for females with SMI in Hackney.

Methods. I audited cancer screening compliance from the medical records of the 19 female patients under the Hackney Rehabilitation and Recovery Team and obtained patient feedback to explore barriers to access screening. I used a pool of possible keywords to perform a search for any discussion of women's health issues during contact with mental health professionals. Encouraging a culture of 'Making Every Contact Count', I presented the results of this audit at a Team Education Session, after which attendees received a personalised list detailing their caseload's outstanding health needs as identified from the audit. I led a weekly physical health clinic which addressed women's health issues. I designed a referral pathway for patients with complex psychiatric needs with the local cervical screening service which allows for longer appointments.

Results. 16% of the female patients under the care of the Hackney Rehabilitation and Recovery Service had never had a discussion covering women's health issues. 73% of mammograms and 53% of smear tests were outstanding. Barriers to access include a lack of knowledge of cancer screening programmes and practical issues in booking appointments. Some cited a lack of confidence in travelling to appointments and communication issues (access to a mobile phone, email address or post) as an issue.

Conclusion. Designing interventions to boost the uptake of cancer screening appointments for female patients with SMI is a practical application of the CORE20PLUS5 approach. An MDT approach including patient participation and feedback is key when developing effective outreach initiatives.

Use of Treatment Escalation Plans to Guide Care Planning on a Specialist Dementia Unit

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Aims. This audit reviewed the use of Treatment Escalation Plans (TEPs) on the Borders Specialist Dementia Unit (BSDU). We aimed to use data on completion rates and quality to adapt the TEP form to both improve practice and develop a more specialised form for use in inpatient old age psychiatry.

TEPs improve clinical decision-making in frail and elderly patient populations, and are commonly used on medical wards. However, these forms are primarily orientated towards acute medical environments and may not be appropriate for use in psychiatric inpatient settings, despite the clear benefits they could provide in this patient group.

Methods. This retrospective audit reviewed completion rates and quality of completed TEP forms for 10 BSDU inpatients in December 2023. Data was gathered by reviewing TEPs and using a data collection form to collate information on completion rates and quality of information provided. Both the TEP form and the ReSPECT form were used to review what information would be relevant to include when completing TEP forms for new admissions to BSDU.

Results. Some sections of TEP forms were consistently well-completed – typically those that were quick to complete e.g. tick boxes. However, limitations of the existing TEP form reduced these sections' usefulness in practice. Most significantly, the form does not indicate whether "ward level care" refers to care on the old age psychiatry ward, or transfer to a medical ward. The "Additional Information" section, which could be used to clarify the patient's ceiling of care and transfer status, was only completed in 40% of cases, despite being particularly relevant to the BSDU patient population. In addition, this audit highlighted that there is no process for reviewing TEPs to ensure they remain appropriate for the patient, which is particularly relevant for old age psychiatry inpatient populations due to their advancing frailty and quickly changing clinical picture.

Conclusion. This audit showed that the current TEP form is not ideally suited to old age psychiatry settings. However, this could be improved with simple adaptations such as distinguishing between psychiatric ward care and medical ward care, and adding a review date to ensure these forms are regularly updated in light of the advancing frailty of old age psychiatry inpatient populations. I would also recommend implementing an initial review of TEP forms shortly after patients are admitted, to ensure the information contained on them is accurate and that they are countersigned by the responsible consultant.

Audit on Discharge Summaries From General Adult Inpatient Units to Primary Care at Black Country Healthcare NHS Foundation Trust

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Aims. Discharge summaries act as a key source of condensed information of inpatient stay as well as follow-up plan. Its timely availability to primary care and other multi-disciplinary teams

involved in patient care is vital, especially when patients are being managed out of locality by different teams.

The project aimed at assessing if discharge summaries for General Adult inpatients across all four localities of the Trust was made available and in a timely fashion on patient electronic records as well as to primary care using national guidelines as the standard. Using the same guidelines, it also evaluated the quality of the summaries based on the information contained.

Methods. Data was retrospectively collected in October 2023 for general adult inpatient discharges for the month of January 2023 across all four localities of Black Country Healthcare NHS Foundation Trust. Records for 148 out of the 152 discharges were assessed. Data was collected from electronic patient records Rio and evaluated on Microsoft Excel. The evaluation checked whether discharge summaries were available, duration between discharge and its availability on electronic records as well as contents of summary. Professional Record Standards Body and the RCPsych guidelines were used as standards.

Results. 28 of the 148 (18.9%) patients did not have a completed discharge summary. Of these, 14 (9.4%) were out of locality patients. The average duration from discharge to summary being made available was 12.7 days. Most of the summaries contained all relevant information as per guidelines.

Conclusion. The findings were presented to the Trust's QI committee. It was concluded that while majority patients had a summary made available, there is a need for additional strategies to ensure summaries are available soon after discharge to ensure safe post-discharge care.

It was identified that the bed management team should notify parent teams of admissions and discharges promptly.

The medical secretary is to monitor the admissions register and ensure the junior doctors in the team complete discharge summaries in a timely manner.

Business intelligence team to use clinical coding to identify any missing discharge summaries and provide medical teams with a monthly report in case any are missed by the secretaries.

Once above recommendations are implemented, a re-audit would help to analyse the improvements in practice. The results would also help guide the Trust in developing a policy to harmonise processes across the Trust and thereby ensure safe patient care post-discharge.

Audit of Documentation of Lifestyle Medicine Factors in the Leicestershire Early Intervention Psychosis Team Clinic Letters

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Aims. Lifestyle medicine promotes the use of therapeutic lifestyle interventions to modify disturbed lifestyle factors which are thought to underlie chronic illnesses, including mental health conditions. It is important to identify and manage any disruptions in factors that lifestyle medicine has identified as being contributory towards sustaining good health. Aims were to identify the extent to which the early intervention in psychosis (EIP) medical team in Leicestershire are enquiring about the pillars of lifestyle medicine.

Methods. There are 6 pillars of lifestyle medicine, namely exercise, sleep, diet, refraining from toxins, positive social interactions and quality personal time. Motivation has been added as the 7th pillar for this audit. Gold standard would be to adequately explore all pillars at each medical review. Retrospective analysis was done of electronic patient records (SystmOne) for all patients on the EIP team case load, available on 19th May 2023. Information was gathered from the most recent medical review, using a predefined audit extraction tool. Information on each pillar was assessed based on whether it was fully explored, mentioned with some detail, mentioned with no further detail, or not mentioned at all. Data collection was carried out by three members of the team (TC, SA and DG).

Results. 495 patients were identified and 459 had information from a latest medical review found on SystmOne. For all domains, "not mentioned" was the leader, ranging from 48.6–70.8%). For all domains, except for refraining from toxins, the second most common finding was "mentioned with no further details".

Conclusion. Our results suggest EIP medical staff are either not discussing many of the seven pillars of lifestyle medicine with patients, or not documenting them in sufficient detail. Limitations of the study include that it was the most recent medical review being audited and there could have been more detail documentation in previous reviews. Distribution of the findings and recommendations from the audit were shared with the team and an educational poster detailing lifestyle factors was created. The online system is being adapted to include an option to input lifestyle factors. Re-audit should be done in 12 months.

Autistic Spectrum Disorder in Young People Presenting to a Paediatric Specialist Fatigue Service

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Aims. To investigate whether young people referred to a paediatric specialist fatigue service present with higher levels of autistic traits or have higher prevalence of Autistic Spectrum Disorders (ASD), than those found in the general population.

Methods. 143 initial assessment reports of young people presenting to a paediatric specialist fatigue service were audited over a 5-month period to identify cases where a previous diagnosis of ASD has been documented, or the assessing clinician has recommended referral for an ASD assessment, or autistic traits have been documented in neurodevelopmental screening. Comparative data on age, gender, age of symptom onset, duration of symptoms, reported symptoms, comorbidity, family history, and sleep difficulties was then explored to help us identify/understand the profile of the young people who present to our service. Routine mental health screening questionnaire data from the Revised Children's Anxiety and Depression Scale (RCADS) was analysed in addition to clinical reports regarding mental health comorbidities.

Results. Of the 143 young people presenting to the specialist fatigue service over the 5-month period, 16 had a diagnosis of

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