

**Aims.** Assess how current practice reflects recommendations from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Treat as One: bridging the gap between mental and physical healthcare report (January 2017).

Develop template for electronic documentation of liaison psychiatry reviews and implement for trial period.

Re-audit after trial period to assess for change in quality of documentation.

**Background.** The John Radcliffe Hospital (JR) is a tertiary centre and has a large liaison psychiatry department with 14 consultants. Patient reviews by the liaison team are documented using a blank note type, on an electronic system used by all specialties within the hospital trust. The NCEPOD Treat as One report makes recommendations for the content of documentation of liaison psychiatry reviews which aim to improve communication between specialties.

**Method.** 86 patients referred to liaison psychiatry at the JR in September 2018 were randomly selected. Four liaison psychiatry consultants appraised the quality of documentation of anonymized reviews by consultant colleagues. The audit tool was a questionnaire containing 12 questions developed by the four consultants based on the NCEPOD Treat as One report. Data were collated from these questionnaires. The template for electronic documentation was developed to reflect the report recommendations and after discussion with the liaison psychiatry team. The template has been implemented and is used for all initial patient reviews.

**Result.** The 12 questions of the audit tool can be divided into two groups: assessment and management. As part of the assessment, the majority of reviews included a primary diagnosis (77.9%) and reason for referral (66.3%). Other aspects of the assessment were documented in the minority of reviews: mental capacity (19.8%), need for DOLS (2.3%), risks (27.9%) and risk management (7%). Regarding the management, the majority of reviews included: clear plan with numbered/bullet points (61.6%), medication changes (51.4%), useful plan (73%) and answered the reason for referral (69.8%). Other aspects of the management were documented in the minority of reviews: each action point assigned (47.7%) and non-medical MDT advice (18.6%).

**Conclusion.** The main area for improvement in documentation of assessment agreed by the liaison team is risk. The main areas agreed for improvement in documentation of management are medication changes, assigning action points to individuals, and including advice for non-medical MDT members. The next step is re-audit, planned for March 2020.

## Improving access to the physical health clinic in a community first-episode psychosis service

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**Aims.** Physical health outcomes are poor for patients with severe mental illness as demonstrated by the significant mortality gap present globally.<sup>[1]</sup> Access to and engagement with care is a key factor underpinning this disparity.<sup>[2]</sup> The Early Intervention in Psychosis service works with young people from 14-35 experiencing a first episode of psychosis in the community. Within the service, difficulties in engagement have been reflected in the high 'no-show' rates observed in the Foundation Year 2 trainee

doctor-led physical health clinic. This quality improvement project aimed to reduce the 'did not attend' (DNA) rate in the physical health clinic by 20% in order to improve patient outcomes, particularly in the context of their physical health.

**Method.** The project took place between September and November 2020, over the course of 10 weeks. A driver diagram was constructed to identify key influencing factors and subsequent change ideas. In order to implement each of these changes, three cycles within the Plan, Do, Study, Act (PDSA) ramp framework were completed. These consisted of phone reminders within 48 hours of appointments, a teaching session for staff alongside the distribution of an accompanying information leaflet and increased flexibility in clinic times with opportunistic appointments. The change ideas were cumulative with each cycle lasting a duration of seventeen days.

**Result.** The baseline DNA rate was calculated based on the preceding month and found to be 55%. Following cycle one of the project, there was a significant reduction in DNA rates to 30% although this remained relatively stable at 33% after cycle two. By the end of cycle three when all interventions had been introduced, the DNA rate had dropped to 22%. As such, a total drop in DNA rate of over 30% was achieved which surpassed the initial aim of the project.

**Conclusion.** The outcomes of this project demonstrate that the introduction of even simple measures can lead to positive change. Successful implementation of these changes requires teamwork and a culture of openness and flexibility. Feedback from team members, particularly care coordinators, also indicated better resulting engagement of clients with the service overall, suggesting potential for both improved mental and physical health outcomes. Next steps for this project may involve not only continued implementation of established changes but also service user input and scope for virtual consultations particularly in light of current COVID-19 restrictions.

## Confidentiality at the interface of an adolescent psychotherapy service

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**Aims.** Aims included to explore how, within a London trust, staff at the interface between patients, relatives and access to services view their understanding of confidentiality, and to determine ways to improve knowledge if needed.

**Background.** Confidentiality is essential to the trust and development of clinician-patient relationships. National policies set guidance on how confidential information should be recorded, secured and shared. However, confidentiality breaches are reportedly common within health professions. Working with adolescent patient groups brings additional issues regarding confidentiality. Care-givers who contact services, often desiring containment, may experience a sense of uncertainty when confidentiality policy prevents details being shared about a young person's clinical experience.

**Method.** Stakeholders were identified from the multidisciplinary team, with a collaborative rather than 'top-down' approach. Administrators in patient-facing roles were surveyed to ascertain current understanding and frequency of involvement in confidentiality issues. Based on feedback, a flowchart prompt was designed, ensuring it reflected best practice. Qualitative and quantitative data were collected before and after a two month implementation period.