

highlighting the need for face-to-face appointment provision to remain accessible across the service.

This audit did not collect demographic data that may have provided insight into whether certain factors may have impacted attendance and could have acted as confounders, for example geographical location.

Introduction of a supportive reminder letter for patients, to bridge the wait between patient's referral and their initial assessment, was an outcome recommendation that was implemented by the service.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Measuring Physical Health in Patients on Antipsychotic Medications

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**Aims.** Mental illness is associated with poorer physical health and reduced life expectancy in comparison to the general population. This is influenced by many factors, one of which is medication related. Antipsychotics can have multi system effects on the body such as increasing the risk of metabolic syndrome and cardiovascular disease. Our objective was to understand current challenges when monitoring patients' physical health and thereby improve overall health outcomes.

**Methods.** Utilising a clinical audit template, the study group was 9 inpatients during cycle 1 and 10 inpatients during cycle 2, who were prescribed antipsychotics on an Old Age Psychiatry ward. Northumberland, Tyne and Wear (NTW) antipsychotic monitoring guidelines were used as criteria which stipulate that blood tests, ECGs, BMI, waist circumference, side effects and lifestyle effects should be recorded at defined intervals. A proforma highlighting these guidelines was created following audit cycle 1 and utilised by the MDT on the ward, the purpose of cycle 2 was to compare findings following the implementation of the proforma. The standard to meet was that 100% of patients should fulfil the guidelines. Data was collected by retrospectively reviewing paper and electronic notes.

**Results.** Audit cycle 1 revealed 0 of the patients met the physical health criteria. 0 had the full set of required bloods in the correct timeframe, 0 had waist circumference checked and 2 and 1 patients had side effect and lifestyle effects documented respectively. By comparison, ECGs and BMIs were recorded well. Audit cycle 2 demonstrated significant improvement in all areas. 9 patients had bloods accurately measured. 3 and 6 had side effect and lifestyle reviews respectively. ECGs and BMIs continued to be monitored well. However, waist circumference remained poor with 1 patient recorded. Qualitative feedback when presenting these findings to the MDT highlighted an interest debate into the cost/benefit of measuring waist circumference with the main point being not wishing to cause undue anxiety to the patient.

**Conclusion.** The use of an accessible proforma clearly outlining the criteria to meet for each patient proved valuable in improving the monitoring of physical health parameters. This study highlighted a need for increased awareness of metabolic syndrome

and the importance of empowering patients with knowledge regarding their healthcare to help tailor a patient-centred approach to physical health monitoring. Our presentation aims to encourage discussion among attendees around measuring waist circumference and raise awareness of metabolic syndrome.

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## Improving On-Call Support for Doctors: A Quality Improvement Project

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**Aims.** Doctors completing on-call shifts at sites across a mental health trust identified a need to improve aspects of on-call work. This quality improvement project (QIP) aimed to improve response to trainee concerns arising from on-call work and support to junior doctors on-call.

**Methods.** A previous QIP cycle identified trainee concerns regarding on-call processes. In our first QIP cycle, surveys were sent to all consultants and SpRs working on non-residential on-call rotas, and Foundation, GP and Core Psychiatry trainees (on residential on-call rotas) in the Trust, regarding perceptions of on-call processes, senior support and on-call issues. A monthly, online forum was introduced in August 2023 to improve on-call feedback and communication. Trainees, consultants and SpRs from 2 localities were invited, along with representatives from the medical staffing team, medical education team and medical management. After 4 forums, participants who had attended an on-call forum were sent a further feedback survey collecting quantitative and qualitative data. Subsequently, forum frequency and scheduling were amended, advertisement improved, and the forum was expanded to include on-call doctors across the whole Trust.

**Results.** First cycle data revealed consultant support for a regular meeting with trainees and senior colleagues to bring issues from on-calls for discussion (56% felt that an on-call forum would be helpful, 33% felt it might be helpful). Mean forum attendance was 14, with attendance from all grades. Feedback data from trainees (5 responses) was that most found the forum useful (80%); 80% felt listened to; all felt able to raise concerns, and all wanted the forums to continue. Qualitative feedback included: '*we started a new QI project from the forum and many on-call guidelines became more defined.*' Consultant feedback (4 responses) was that most found the forums useful (75%); 100% gained a better understanding of trainee concerns; 100% thought forums should continue, although 50% thought the frequency should be reduced. Most consultants and trainees did not feel it would be useful to discuss clinical cases in the forums. Consultant qualitative feedback reported that the forum was helpful to understand trainee concerns, but there should be wider attendance.

**Conclusion.** Establishing an on-call forum was a valuable intervention for both consultants and trainees working on an on-call rota and has led to a further quality improvement project. Respondents felt that clinical supervision offered sufficient space to discuss clinical cases. Increasing trainee and consultant engagement with the forum is the next phase of this project.