

- There was slight difference for those who were on PRN (77% to 81%). All prescribers informed about results and reminded of recommended guidelines
- Reaudit in 2021-22 to measure change in clinical practice in prescribing HDAT.

A quality improvement project to improve the physical health of people with intellectual disability & severe mental illness in a forensic inpatient ward

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doi: 10.1192/bjo.2021.495

Aims. Review physical health risk factors of service users Co-produce personalised care plans for service users Improve health knowledge and confidence in self-management of health problems Support reduction in risk by improving physical activity levels and supporting healthy dietary choices.

Background. People with intellectual disability have poorer physical health outcomes than those without intellectual disability; there is higher prevalence of obesity, constipation and diabetes in this group of the population, and consistent evidence of premature mortality. Excess mortality in persons with severe mental illness has also been established.

Empowering patients to take an active role in their care, is good practice and encouraged as part of the NHS Long Term Plan.

Quality Improvement methodology was used to design and deliver a multi-disciplinary team (MDT) intervention, on a forensic mental health ward for persons with intellectual disability, to improve physical health in this patient group.

Method. Cardiovascular risk was assessed for 13 patients on a low secure forensic mental health ward. Measures of weight, BMI, blood pressure, resting heart rate, smoking status & status regarding prescription of psychotropic medications were collected.

Together with individual comorbidities and activity levels, a personalised care plan was co-produced by MDT members and patients. Motivational interviewing techniques were adapted to support patients to set personal goals.

Education sessions were designed in 'easy-read' format and delivered by MDT members in a group format. Focus groups were held with service users and with staff members to explore barriers to change. Based on these, specific ideas to increase physical activity and support healthy dietary changes were introduced.

The Patient Activation Measure (PAM) questionnaire was modified and used to assess confidence and knowledge in preventing or reducing health problems, and maintaining changes.

Result. Cardiovascular risk and activity levels were assessed for 13 inpatients. 85% of patients had a BMI in the overweight or obese range. 62% were regular cigarette smokers. 92% were prescribed psychotropic medications. On review of 2 months of opportunities for activity, all patients were categorised as 'inactive'. Patients engaged to varying degrees to co-produce personalised care plans and to engage in group education and physical activity. Of these patients, all showed improvement in measures of Patient Activation and activity level.

Conclusion. An individualised approach is required in exploring physical health problems, considering modifiable risk factors and addressing barriers to change. Co-production, and active participation of MDT members in role-modelling 'healthy habits' was positively reported by patients to facilitate self-management.

The quality of handover on an inpatient psychiatric unit - information is key!

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doi: 10.1192/bjo.2021.496

Aims. To study the quality of handover, between nursing staff and doctors, on an inpatient psychiatric unit.

Effective handover between professionals is vital to ensure the accurate transfer of useful information to enable quality care and patient safety.

Implementation of a handover tool has been shown to improve patient safety, especially when used to structure communication over the phone.

Feedback at trainee doctor forums highlighted insufficient handover from nursing staff whilst on-call, a problem which prompted further exploration.

Method. Standards were developed for the expected quality of handover, consisting of a set of criteria for the minimum information required to ensure a safe and effective handover, stemming from the SBAR (Situation, Background, Assessment, Recommendation) approach, with adequate identification of patients, clear communication of the current situation and relevant details.

In an inpatient psychiatric setting, telephone calls to the on-call doctor were recorded for a two-week period, documenting whether key information was communicated.

Result. Total number of calls to on-call doctor recorded: 68. The patients name was given in 49% and the ID number in just 10%. Both relevant diagnosis/history and NEWS score was provided in 18%. However, the current issue and recommendation was given in 90% and 95% respectively.

Conclusion. The results thus far demonstrate a lack of structure and often limited information delivered in handover from nursing staff to the on-call doctor. This leads to difficulties in prioritisation, identifying the urgency of the situation and inefficiencies, as time is spent requesting further information which is not readily available.

After nursing colleagues were made aware, results from a further two-week period, from 65 total calls, demonstrated some improvement. Patient name given in 51%, ID number in 18%, relevant diagnosis/history in 12%, NEWS score in 17%, current issue in 92% and recommendation in 51%. It is clear that with marginal improvement, there remains a problem which we aim to address by collaborating further with senior nursing leads whilst implementing a succinct handover proforma. It is likely that with COVID-19 as the priority on the agenda this past year, quality improvement projects such as this has not been the main focus. We hope that we will be able to implement these changes in the coming months.

Do you mind if I take your blood pressure? Physical health monitoring of children and young people on ADHD medication amidst a pandemic

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doi: 10.1192/bjo.2021.497

Aims. To establish whether physical health monitoring for CYP on ADHD medication is according to NICE guidance (2018).

To determine the impact of COVID-19 pandemic restrictions on physical health monitoring for CYP on ADHD medication.