

## Audit Reviewing Consent for Electro Convulsive Therapy

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**Aims.** The National Institute for Health and Clinical Excellence (NICE) recommends that valid consent be sought for Electro Convulsive Therapy (ECT) in all instances where the individual has the capacity to provide or deny consent. Individuals should get comprehensive information on the general risks and potential advantages of ECT. When informed consent and decision-making are not possible, advance directives are fully considered, and the individual's advocate and caregiver are consulted. Additionally, patients should be informed that they can discontinue treatment at any moment. The purpose of this audit is to determine whether we are adhering to the NICE-recommended standards and recommendations.

**Methods.** This is a retrospective audit looking at case notes from the last 30 individuals who received ECT at University Hospital Wishaw. Individuals' electronic and paper light notes were analysed for data.

In informal patients, the aspects reviewed were:

1. Documentation about adequate information given.
2. Documentation of risks and benefits explained.
3. Documentation of information given about withdrawing consent.

In Formal patients the aspects reviewed were:

1. Number of cases who received urgent ECT under Mental Health Act (Scotland) with Record of notification on T4 form.
2. Number of cases who received ECT under Mental Health Act (Scotland) with Certificate of the designated medical practitioner completing T3A form.
3. Number of cases who regained capacity to consent for ECT during the course of treatment and had appropriate informed consent with Certificate of consent to treatment completed on T2 form.
4. Did any of the cases have Advance Statement either for or against having ECT as a treatment option for them?

**Results.** Observations of the data collected revealed that over 30% of cases lacked the documentation proposed by NICE standards. Only 25% of cases with complete documentation were informal patients, whereas the remaining 75% received ECT under the Mental Health Act Scotland.

**Conclusion.** Based on the observations, this audit establishes that our results do not meet generally accepted standards. The full results will be disseminated with appropriate recommendations to the prescribing Consultant Psychiatrists. This Audit process has also prompted us to redesign the ECT booklet to include the required documents in accordance with standards.

## Improving Awareness and Accessibility of Well-being Resources Among Core Psychiatric Trainees in the West Midlands Deanery- a Quality Improvement Project

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**Aims.** Supporting the mental health and well-being of psychiatrists impacts on the quality of patient care delivered, and crucially for trainees, on retention to the profession. Our aim was to survey core trainees to gauge their awareness, access and use of well-being resources.

**Methods.** 111 core trainees in the West Midlands deanery were invited to complete an anonymous online survey during November 2020. Quantitative data were analysed using Google Forms and Microsoft Excel. Qualitative data were reviewed by all team members to identify relevant themes.

**Results.** Only 14% of trainees felt well informed about the well-being resources available to them, 57% who attended local trust induction and 82% who attended deanery induction did not think nor recall if the topic had been covered. Despite this, trainees were aware of a range of resources, with the most known being BMA Wellbeing (58.3%), Psychiatrists' Support Service (44.4%) and the local Peer Support Unit (30.6%). Just 14% of trainees reported using a well-being resource during their training.

**Conclusion.** Our results suggest that more work needs to be done at local trust and deanery level to make well-being a priority during induction and improve awareness of available resources. At least one trainee reported they would not seek help, due to concerns about the impact on their training progression, and stigma may be an under-reported barrier to accessing these resources.

We hope to use our results to improve signposting, and to collocate a resource easily accessible and applicable to all trainees in the deanery.

## QIP: Liaison Psychiatry Outcome Measures at University College Hospital in London

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**Aims.** The purpose of this quality improvement project was to improve the collection of outcomes in the Liaison Psychiatry (LP) department at the University College Hospital in London (UCLH). To achieve this, the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP) was used to gather data and evidence on clinical and other patient-related outcomes provided by the department. The FROM-LP was created to provide a consistent way to compare the quality and performance of Liaison Psychiatry services across the NHS. It was developed in 2015 and is based on the most widely used measurement frameworks for assessing quality and performance of services.

**Methods.** This project implemented the FROM-LP, using the Identify and Rate the Aim of the Contact (IRAC) tool and the Clinical Global Impression – Improvement scale (CGI-I) from September to November 2021 in the UCLH Liaison Psychiatry department. The PDSA (plan, do, study, and act) cycle was used to carry out this quality improvement project and the data were collected by two foundation year doctors.

The IRAC scale identified ten categories for the aim of contact by LP and a rating on whether the aim was fully achieved, partially achieved, or not achieved after patient contact. The CGI-I scale was used to rate whether a patient had improved upon discharge by LP. Data were also collected on the demographics of patients, the specialty teams that referred to LP, whether legal frameworks were used, and where patients were discharged to.

**Results.** This project improved the collection of outcome data in the department from 0% to 98.16%, indicating an improvement of outcomes measurement by >98%. Other outcomes collected showed that patients were predominantly 21–30 years of age and referred to community mental health teams when discharged. The IRAC tool showed most patients were referred for assessment and diagnosis, with the majority of these aims marked as ‘fully achieved’. The CGI-I tool showed most patients were ‘much improved’ upon discharge.

**Conclusion.** The collection of these outcomes led to the creation of an outcomes measure form on the primary electronic software system (Carenotes) utilized by the department and local trust. This electronic form is now currently being used by the Liaison Psychiatry department at UCLH for their patients and makes this improvement sustainable while providing an easier means to continue collecting data. Ultimately, the collection of these outcomes will guide future changes and improvements for both the liaison psychiatry department and its patients.

### Communication Skills in Group Psychoeducation

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**Aims.** To Improve the mental health of psychiatric inpatients and caregivers. To improve communication skills of postgraduate trainees.

**Methods.** Setting; Consented, monitoring and observation of communication skills during weekly, inpatient Psychoeducation sessions at Department of Psychiatry and Behavioural Sciences, JPMC, Karachi.

Data collection; Retrospective, communication skill records of postgraduate trainees from last 10 sessions from July 2019 to October, 2020. Based on a 13-items self-made questionnaire for communication skill. The overall communication skills of each postgraduate trainee were recorded from excellent, very good, good, improvement needed and lots of improvement needed category based on their performance.

**Results.** Current practice showed that communication skills of 70% of postgraduate trainees were recorded as very good communication skill, 30% into excellent while none was noticed in another category.

**Re-audit.** : It was started soon after implementation of action plan from November, 2019 to January, 2020, with monitoring of weekly inpatient psychoeducation sessions similarly as done previously. The result of reaudit concluded significant improvement in individual and overall communication skill which were recorded as very good 50% and excellent 50% and none had other poorer categories of communications Skills.

**Conclusion.** Individual feedbacks to doctors immediately after the psychotherapy session according to the audit tool questionnaire to improve current communication skills.

### Improving the Referral Process Between Acute Wards and the Psychiatry Department at Tameside General Hospital

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**Aims.** The project aims to address the barriers faced by the acute hospital and the psychiatry department in the referral process for a psychiatric opinion, at Tameside General Hospital (TGH). The Care Quality Commission (CQC) undertook a review of how people’s mental health needs were met in acute hospitals in 2017 and concluded that there were barriers to this, for multifactorial reasons. Examples included: acute hospital staff not feeling adequately prepared to treat mental health conditions and lack of mental health care services 24/7. The current referral process at TGH for the acute hospital doctors requesting a psychiatric opinion presents a challenge for the referring doctor and psychiatry doctor in receipt of the referral. Many at the acute hospital have found the process of referral unclear, and many in the psychiatric department have found that referrals seldom contain sufficient information to determine whether a psychiatric review is required and whether it needs to be prioritised.

**Methods.** To understand the specific difficulties encountered during the referral process, two questionnaires were created. One for TGH acute trust doctors and one for the psychiatry doctors, asking what the perceived barriers were and how these could be overcome. Data were collected between September and October 2021.

**Results.** We obtained results from 17 acute trust doctors. The results revealed that most referring doctors found the referral process unclear. 100% agreed that they would benefit from guidance with the referral process e.g., a psychiatry specific referral form and/or a flow chart outlining the referral process. All responders wanted guidance around the roles and responsibilities of the psychiatric team in relation to the hospital setting.

We obtained results from 7 psychiatry doctors. Most were not satisfied with the referrals received. 100% would like to see a specific psychiatry referral form implemented in the acute hospital.

**Conclusion.** Key findings were: the referral process is unclear, acute trust doctors don’t feel well enough equipped to manage mental health concerns, referrals don’t contain sufficient patient information, and that the acute trust doctors don’t know where to ask for help. The project reflected earlier CQC findings.

After discussion with the acute trust, our action plan includes creating a psychiatry-specific referral form, to be distributed together with a flow chart which directs acute trust doctors to the appropriate source for psychiatric opinions. We also aim to join departmental and junior doctor teachings regularly to distribute and educate on the process.

### Urine Testing in a Local Drug and Alcohol Service: How Has the COVID-19 Pandemic Affected the Frequency of Urine Testing in Patients With Opiate Addiction?

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**Aims.** When a dependant opiate user seeks help from a substance misuse service, it is vital that some form of drug testing is conducted. This is commonly a urine test and will show the patient’s