

Aims. Gain an insight into learnings/pitfalls that existing services have met whilst setting up/running intensive outpatient pathways/ services (IOS).

Methods. 4 Focus Groups (FGs) were conducted virtually through MS Teams from December 2022- January 2023 of duration 90 minutes each for health professionals involved in a leadership role in IOS pathways across England. The FGs were recorded with participant consent, transcribed and analysed with an inductive approach for thematic analysis.

Results. 4 main themes emerged including (i) patient and (ii) team considerations, (iii) approach and (iv) commissioning. A key sub-theme emphasised the importance of flexible and creative approaches in IOS to supplement existing evidence base therapies as well as the importance of a well-rounded MDT approach with good communication across the board. Key set-ups include: enhanced outpatient offers, home treatments, in-reach, and hybrid.

Conclusion. Intensive outpatient services for EDs allows an enhanced community offer that is needs led and flexible and individualised approach.

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.

A Service Evaluation and Improvement Project: Outcomes of Referrals From Prison to the Male Psychiatric Intensive Care Unit (PICU) in Kent

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Aims. Aims: The project aims to evaluate the referrals from prison services for admission to our PICU from June 2020 to October 2021. Hypothesis: We expect referrals to come from multiple sources with variable timeframes for assessment. For those admitted to PICU, we expect delays in transfer out of PICU with increased PICU length of stay. We believe this to be secondary to lack of an established protocol for this pathway. Background: Our single 12 bedded male PICU in the trust has seen increased demands on its beds for prisoners requiring admission to mental health services. While PICU beds can meet the low secure requirements for prison transfers, they cannot function as forensic low secure beds due to their role within Acute services. With the increased number of referrals and the lack of a clearly defined pathway for these prison transfers, there was a risk of erosion of PICU philosophy aiming for discharge at the point when intensive care was not required, i.e increased length of stay.

Methods. Data were collected for all referrals from prison services to the male PICU between June 2020 and October 2021, recording the demographics, clinical information and timeframes for assessment. For those admitted to the PICU, percentage meeting the PICU criteria, admission-discharge pathways, serious untoward incidents and delays in transfer were recorded.

Results. There were 22 referrals from prisons, of which 11 (50%) were admitted to the male PICU. The referrals came from multiple sources with poor coordination between the PICU, forensic and prison services with delays in assessment. 100% of the admissions met criteria for PICU. There were 2 serious incidents related to security levels of the environment. The pathway out of PICU included prison, forensic services and acute wards. Over half the patients were downgraded to non-restricted detentions and stepped

down to acute beds. There was a delay in transferring out of PICU in 36% of the patients leading to increased length of stay.

Conclusion. In conclusion, the data support our initial concerns that there is a need for a protocol guiding the transfer of prisoners to our PICU for treatment. This has led to discussions to develop such a protocol with close collaboration between prisons, forensic services and PICU. We hope this will lead to a much smoother process from having a single point of referral, timely assessments and decisions making, better defined exit pathways with less delays in transfer from PICU.

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A Qualitative Evaluation of the Quality of Assessments for the Psychological Medicine in Primary Care Service: A Patient Perspective

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Aims. Background: Psychological Medicine in Primary Care, Stockport works with people with persistent physical symptoms and personality difficulties whose psychological needs cannot be met by existing services due to complexity. The service views the assessment process as a therapeutic intervention in its own right and utilises a relational, formulation-based approach over 2 to 5 sessions. A letter including this formulation is sent following assessment to both the patient and their GP.

Aims:

1. To evaluate the quality of the assessments from a patient perspective.
2. To improve the quality of the assessments in order to improve patient care and the support offered to patients.

Methods. A short questionnaire with open questions was created. Thirty-two patients assessed by the service took part in semi-structured interviews by means of a short telephone discussion after consent was taken. Three independent investigators reviewed their responses and performed thematic analysis, using an inductive and recursive approach.

Results.

Theme 1: The understanding of the service and awareness of the referral affects the perception of the assessment.

Theme 2: There can be therapeutic gain in the assessment process, which appears to be mediated by the relationship with the assessors including:

- Emotional catharsis
- Having a wider perspective of personal issues
- Developing new coping mechanisms
- Regaining a sense of agency
- Gaining a sense of hope
- Developing a better understanding of emotions
- Having a different experience to past encounters with mental health services

Theme 3: The relationship with the assessor plays an important role in the experience of the assessment process, and is mediated by skills of the assessor, including:

- Active listening
- A sense of thoroughness; not feeling rushed
- Sensitive use of verbal and non-verbal communication
- An empathic, non-judgmental approach
- A warm, professional approach
- Open, clear, collaborative communication
- A consistent approach
- Validation
- Psychological containment

Patient perception of the degree of attunement in these areas appears to lend itself to a sense of psychological trust and safety in the process.

Theme 4: The outcome of the assessment can lead to various emotional responses which can play a role in how people perceive the assessment process

Theme 5: The assessment letter is considered an important part of the assessment by many, but not all, participants

Conclusion. Psychiatric assessment can be a therapeutic intervention in its own right and a collaborative, relational approach can help to facilitate this.

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Exploring the Trend in the Use of Electroconvulsive Therapy (ECT), Modified ECT and Transcranial Magnetic Stimulation (TMS) in Northamptonshire Healthcare Trust

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Aims. Our aim was to analyse the trend in the use of new courses of ECT in Northamptonshire Healthcare Trust from 2007 to 2022 and to compare the use of ECT, Modified ECT (MECT), TMS, Ketamine and combined TMS + Ketamine in the Treatment Centre and The Centre for Neuromodulation in Northamptonshire Healthcare Trust from 2013 to 2022.

Methods. Data for new ECT courses were collected from the Treatment Centre in Northamptonshire Healthcare Trust from 2007 to 2022. These data were then compared with new courses for TMS, MECT, ketamine and combined TMS + Ketamine from various sites across the trust from 2013 to 2022. These data have been represented as two separate graphs the first showing trend of ECT and the second comparison of the trend of ECT, MECT, TMS, Ketamine & combined TMS + Ketamine.

Results. The data show that there has been a significant decrease in the number of ECT and MECT procedures performed in recent years, with a decrease of over 50% to 70% in new courses of ECT & MECT among various units in the trust. Regarding the data for TMS treatment vs ECT there is a gradual decrease in ECT and increase in TMS over the years, of particular note is the recent period of 2019 to 2022 during which there were 10 times more referrals for TMS compared to ECT at Northamptonshire

Healthcare Trust. During this period TMS accounted for 87% of the total new treatments, while ECT accounted for 9% and Ketamine 4%.

Conclusion. Our findings suggest that TMS is becoming an increasingly popular treatment option for depression and may eventually replace ECT and Modified ECT as the primary treatment in the Northamptonshire Healthcare Trust. This poster provides an overview of the current state of ECT, Modified ECT, TMS, and ketamine as treatments for depression, and highlights the need for further research to better understand the relative effectiveness and safety of these treatments, especially in treatment-resistant depression cases.

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Enhancing Medical Governance of Care Within an EIP Service

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Aims. We aimed to enhance the clinical governance of medical input to patients within Brighton Early Intervention in Psychosis (EIP) service. The Service Standard Operational Policy indicates that patients should be medically reviewed every 6 months as part of the Care Programme Approach (CPA) and include review of: diagnosis, service eligibility, medication positive and negative effect, clinical improvement, risk assessment and physical health.

Methods. The EIP caseload on a specific date was reviewed to explore if a medical CPA review had taken place. A detailed medical letter evidenced this. A meeting was convened between team doctors to identify from electronic records when the last medical CPA had taken place. General characteristics of the delayed review group were identified. An excel spreadsheet was used to create a system to autogenerate when a next review is required.

Results. 142 patients were identified on the EIP caseload. 21 patients had been discharged so were excluded. 121 patients were eligible for this audit, including 8 inpatients. 46 (38%) patients were identified as having an overdue CPA review.

Those with overdue CPA reviews were found to be overall clinically stable, on the caseload for over a year and those who had had a recent change in Lead Practitioner (LP) who were not aware of service operational policy due to high staff turnover linked with the COVID-19 pandemic. Some duplications of routine medical reviews were identified between team doctors within the 6 months.

Conclusion. This service was not achieving CPA standards of the operational policy. A spreadsheet was set up to proactively alert the LP when patients required a 6 month review. Policy information sessions were set up for the team and will be specifically included in new worker induction training. A full audit cycle will be completed by implementing the change made and re-auditing to see if there is an improvement. Duplications of routine medical reviews will be explored in more detail.

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