and non-medical staff cooperate in ensuring ECG monitoring is done according to guidelines. 3. The need to help Nurses acquire competence in performing ECG

Methods. A total of 101 patients were reviewed, all with various diagnoses, cardiovascular risks, and on different medications. Of these, 61 were included while 40 were excluded.

The exclusion criteria include:

1. Transfer from another trust to Frays ward
2. Transfer or step down from ICU to Frays ward
3. Transfer from frays ward on the day of admission
4. Patients who are already on treatment and recently had physical health assessments.
5. Admitted before August and after January

Some of the patients were already known to mental health services and had been on medications. While others were having contact with mental health services for the first time.

After the exclusion, only about 61 patients were included in the study over the 5-month period.

Data were collected on the following:

1. Date of admission
2. Date ECG was done.
3. Date medication was commenced.
4. QTc readings
5. Type of medication commenced.
6. Days between admission and completion of ECG were extrapolated.
7. Days between admission and commencement of medication were also extrapolated.

All the above data were analysed and presented in charts, tables, and graphs.

Some Limitations identified:

Lack of standard admission register

Lack of discharge register

Missing ECG reports

Recruitment and participation of team members due to multiple training activities on Frays

Results.

1. A total number of 48 patients had ECG while 13 of them did not. Some refused to give consent or were not mentally/clinically stable.
2. A total of patients that had Baseline ECG before the commencement of medications on admission was 22(36%), while 39(64%) had ECG after the commencement of medications. The vast majority of the non-compliant patients were due to failure to consent at the time of admission.
3. Timeline for Baseline ECG vs commencement of medications: 16 patients had within 24 hours, 10 patients had after 24 hours, 16 patients had within one week and 4 patients had after one week.
4. Concerning QTc pattern; A total of 37 patients had normal, 10 patients had borderline and 1 had prolonged
5. Patients with other ECG abnormalities: Out of the 48 patients that had ECG at one point during the admission, about 44 of them had a Normal sinus rhythm while 4 were abnormal. However, all the abnormal ECGs were asymptomatic

Conclusion. Although the vast majority of service users in this study had normal ECG readings and overall low cardiovascular risk, the compliance rate with Trust/NICE guidelines are significantly low. Apart from falling short of Trust and NICE policies, this increases the chances of missed diagnosis, especially in people with pre-existing cardiac conditions.

Efforts must be intensified to ensure the vast majority of service users get thorough physical health assessments including ECG before psychotropic medications are commenced.

Quality Improvement Project: Referral Process for Adults With Suspected ADHD

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Aims. Twelve GP surgeries refer adults with suspected ADHD to Horsham Assessment and Treatment Service (ATS). Patients are referred by GPs via letter and an adult ADHD self-report scale (ASRS). Letter contents are variable and some referrals are rejected. There is no gold standard or national guideline for what referral information is required. We used a combination of guidelines and advice from The Royal College of Psychiatrists, The National Institute for Health and Care Excellence, and ADHD UK. Aims: to evaluate the current quality of the referrals, to obtain GP" views on the referral process, to make the process more efficient and clearer, and with that improve patient experience.

Methods. A retrospective data collection method was used. 57 patients were referred between 31^{s}t August 2021 and 1^{s}t April 2022. We reviewed 54 referral letters (3 were excluded). Main information looked for: presenting difficulties, resultant impairments, confirmation some symptoms present in childhood, past medical history, family history and if an ASRS was attached. We sent a questionnaire to obtain GPs' opinions on the referral process and how to improve this.

Results. Results of reviewing referral letters:

- 89% of referrals explained the current difficulties
- 52% described the resultant impairments
- 61% of referrals mentioned if symptoms had been present in childhood
- 91% of referrals contained past medical history and current medication
- No referrals mentioned family history
- 6% of referrals contained some physical health data
- 85% of referrals to ATS were accepted; 13% rejected as ASRS not attached.

Results from GP questionnaires: 11 surveys were returned. Most GPs were not confident in making a referral or what information is required, and did not understand the referral process. GPs would like a referral form, a flowchart outlining the referral process and information for patients about ADHD assessment.

Conclusion. 89% of referrals explained current difficulties. Just over half described the resultant impairments, and confirmed if there were symptoms in childhood. Most referrals contained past medical history. 6% contained some physical health data. Only 85% of referrals were accepted. GPs would like a referral form, a flowchart and information for patients.

Results were distributed to staff in ATS and we will distribute results to GPs. We have created a referral form and flowchart to make the referral process more efficient and clearer, and to improve patient experience. We will re-evaluate this after a few weeks, so we can compare with previous data collected.

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.

High Intensity User Quality Improvement Project

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Aims. To ensure that patients who are high intensity users of acute mental health services (136 suite, Liaison, and inpatient admissions) have a 'safety plan' in place .This should contain person centred and specific recommendations to avert crisis and guide acute clinicians in managing care in a crisis situation.

Methods. Audit of electronic health care records of top 10 patients who most frequent attend each of s136 suite, LPS and inpatient wards (26 in total) in the period 05/2021 to 04/2022.

Process mapping
Driver diagram
Coproduction via patient engagement team
Focus group-across care groups and lived experience

Results. -Audit of 26 identified HIU – whilst most (>80%) had a 'safety plan' in place, these lacked sufficient detail to avert 'crisis' and guide appropriate treatment should the situation escalate. The most frequent diagnosis was EUPD (77%). Most (93%) were open to CPA pathway.

- Process mapping – visual representation of crisis planning process within CPA process.
- Driver Diagram – primary and secondary drivers leading to change ideas of: additional 'HIU response plan' template; best practice example to guide care coordinators; process of flagging up HIU to community mental health services.
- Focus group – themes included the importance of : joint working across care groups' transparency with patients regarding professional opinion; consistency of interventions during a 'crisis'; and coproduction of safety plans.
- HIU response plans are incorporated into the safety plans of 20/26 HIUs.
- PDSA process ongoing – quality assurance and clinical effectiveness of changes to be reviewed. Further change ideas sought through QI process.

Conclusion. High intensity users who often present in 'crisis' to acute mental health services, have unmet needs.

This cohort require an additional framework to meet their needs.

When patients experience a mental health 'crisis', a consistent and clear treatment response is experienced as helpful.

Safety/crisis planning is thus an important aspect of meeting needs.

HIU response plans' can be incorporated into a patients 'safety plan' to ensure that individualised and specific guidance is available.

Best practice example of 'HIU response plans' can empower community mental health colleagues to co-produce such plans.

Service Users Experience in the Use of Tele-Psychiatry in Child and Adolescent Mental Health Services in NHS Orkney

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Aims/Background. Near Me is a tele-psychiatry platform for conducting video consultation appointment in Child and Adolescent Mental Health Services (CAMHS) in NHS Orkney (NHSO). This model of consultation was introduced in NHSO CAMHS during the COVID-19 pandemic. The performance in offering effective clinical intervention in the domains of quality of care will determined through the experiences of both users and providers of care in this respect.

To assess the perception and experiences of service users (clinicians, patients and their families) on the use of Near Me in NHS Orkney Child and Adolescent Mental Health Services by applying the domains of quality of care as a measure. To enable all stakeholders (policy planners, users and providers) to identify gaps and barriers in the use of Near Me and to inform change in practice.

Methods. A survey was developed using the Telehealth Usability Questionnaire which is a validated tool to generate responses on the key domains of quality of care measures of appropriateness, reliability, access, timeliness, usefulness, effectiveness, interaction, quality, efficiency, safety, satisfaction and possibility of future use for both users and providers of care.

The survey was made available on social media platforms including websites and online adverts for clinicians, patients and their families in Orkney to complete for a period for 10 weeks.

Results. 28 responses were received with 14 completed responses (6 staffs & 8 patients and families) and 14 uncompleted responses (4 staffs and 10 patients & families).

A mean rank test was applied to appropriately evaluate the responses received.

Over 50% of respondents show high level of satisfaction in the use of tele-psychiatry services in all domains of quality of care in Orkney NHS CAMHS.

Access, timeliness and safety are highly positively rated by both clinicians and service users.

Improvement in network connections, improved coordination and understanding of technology will enhance the service.

Better understanding of the handling of technical problems in tele-psychiatry services should be addressed

Reduction of in-person interactions was identified by some respondents as concern.

Conclusion/recommendation. Tele-psychiatry is highly useful and accepted as revealed by the survey but network connections for the Near me platform needs to be improved. Face to face consultations should not be discounted and should be available where possible for better engagement.

As the first survey of the use of tele-psychiatry in NHS Orkney, this study will serve to establish a baseline for future evaluation of tele psychiatry services in NHS Orkney CAMHS.

Administrative Support for Medical Workforce in Kent and Medway NHS and Social Care Partnership Trust -KMPT

Dr Catherine Anosike*