

quality improvement strategy was created using the Plan-Do-Study-Act (PDSA) model of creating change. A series of three interventions were implemented and subsequently analysed using the PDSA model. These included creating an admission checklist and placing this in doctors' on-call rooms across the trust, distributing the checklist to wards across hospital sites and service lines and lastly, sending out reminder emails to doctors at the Trust. A re-audit was completed after each intervention.

Results. The baseline BCAC completion rate was 60.5% (n = 76) in February 2023. This increased to 63.75% (n = 80) following the creation of the admission checklist. Distributing the checklist throughout the Trust resulted in a further improvement to 76.5% (n = 81). In July 2023, the final data collected 6 weeks post reminder email demonstrated a BCAC completion rate of 75% (n = 68).

Conclusion. Through the application of the PDSA model, alongside focused interventions aimed at raising Trust-wide awareness of the BCAC form, we managed to obtain a 14.5% increase in BCAC completion rates between 13 February and 31 July 2023. Whilst not achieving the initial goal of 100% completion, this quality improvement project helped to bring a renewed focus to the timely completion of capacity and consent assessments at the Trust. Moving forward, we hope to build on this improvement by exploring additional strategies to reach a 100% BCAC completion rate, thereby promoting patient safety and autonomy.

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.

Confidence in Adherence to Antidepressant Prescribing Guidelines Among Liaison Psychiatrists

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Aims. This project aims to increase confidence among Liaison Psychiatrists (LPs) in North East London Foundation Trust (NELFT) regarding their adherence to the prescribing guidelines for antidepressants by 25% in accordance with the standard set by Psychiatric Liaison Accreditation Network (PLAN).

Background

The prescribing guidelines in this project are based on Standard 21 from 7th Edition Standards as devised by PLAN which states:

“When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.”

This project focuses on antidepressants because they are one of the widely used medications in psychiatry that doctors of all grades working in Liaison Psychiatry will be familiar with to some extent. Adhering to this validated guideline would promote gaining informed consent and patients' involvement in their care, which studies have shown can increase adherence to treatment.

Methods. Circulated an eight-question survey by email based on Standard 21 of 7th Edition Standards document by PLAN to LPs in NELFT. Conducted two Plan-Do-Study-Act (PDSA) cycles. The first PDSA uses a teaching session as the intervention and

explained the importance of antidepressant guidelines and what areas LPs need to address with patients. The second intervention uses a poster to reinforce the key points. After each intervention a reissued survey assesses the change in responses.

Results. The baseline survey response rate was 10 out of 15 LPs, made up of seven consultants, two registrars and one foundation year doctor. The lowest levels of confidence were reported around providing patients with printed information on their prescribed antidepressant with the majority of consultants reporting the lowest level of confidence. The highest levels of confidence across all medical grades were reported around discussing a specific treatment goal and explaining the benefits of treatment with antidepressant medication.

Conclusion. From the baseline data, it can be concluded that providing patients with printed information on newly prescribed antidepressants is the area that LPs, particularly consultants, are the least confident about regarding their adherence to prescribing guidelines. Future cycles of this quality improvement project can assess how incorporating teaching on antidepressant prescribing guidelines into trust induction sessions impacts LPs confidence in their adherence.

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4 Service Evaluation

Review of Rapid Tranquillisation Guidelines Across NHS Trusts in England

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Aims. Rapid tranquillisation – the parenteral administration of a sedating psychotropic – is frequently utilised to manage acute behavioural disturbances. Each mental health trust in England utilises independent guidelines for rapid tranquillisation, which vary geographically in both recommendations for therapeutic agents, as well as the format in which this information presented. Audits have identified that there is currently poor adherence to rapid tranquillisation protocol guidelines; this may be due to a lack of guideline clarity allowing for personal interpretation. This service evaluation aims to determine the clarity and uniformity of protocols outlined in mental health trust guidelines, in addition to analysing the outcomes of guideline testing to identify if there is consistency between policies, or whether outcomes varied depending on the trust guidelines used.

Methods. Five reviewers (of differing positions throughout clinical training) utilised 52 guidelines from each mental health trust in England, as well as Maudsley and NICE. These were assessed using the same fictional scenario, which simulated a common presentation in which the use of rapid tranquillisation is required. Reviewers deduced the most appropriate therapeutic agent according to the guideline, rated the clarity of each guideline and were invited to leave comments highlighting the guideline's useability.

Results. Seven different management plans were generated by the majority of respondents from the 52 guidelines. Lorazepam was the most frequently selected therapeutic agent.

Guidelines with better subjective ratings of clarity had more agreement between reviewers, but full agreement between reviewers was only present for 10 out of 52 guidelines. For 11 guidelines, consensual agreement between reviewers was not reached. Qualitative analysis of comments identified the inclusion of past medical history, drug history and flow charts as positive sub-themes. Redundant language, contradictions and the suggestion to seek senior intervention before trialling a second agent were viewed negatively. Many guidelines did not sufficiently emphasise the need for performing an ECG before administering therapeutic agents, such as haloperidol, which may lead to potentially fatal arrhythmias.

Conclusion. There is no national consensus on the most appropriate rapid tranquillisation agents, with the available evidence being interpreted variously by different trusts and organisations. Poor guideline comprehensibility impacts clinician adherence and allows for personal preference to influence choice of drug. Clear guidelines utilising flow charts to succinctly outline relevant doses and absolute contraindications were viewed favourably by reviewers. The findings of this project highlights to relevant stakeholders the attributes that should be implemented when improving guidelines for the future.

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Effect of Cognitive Stimulation Therapy on Cognition and Social Independence in People With Dementia at the North Norfolk Memory Service

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Aims. Cognitive stimulation therapy (CST) is a psychosocial treatment for people with dementia. It is an evidence-based treatment which shows improvement in cognition, well-being and quality of life of people living with dementia. CST is recognised as one of the interventions which is cost-effective.

The National Institute of Health and Care Excellence (NICE) guideline recommends that people with mild to moderate dementia should be given opportunities to take part in CST. The CST sessions done in North Norfolk are weekly sessions which span 90 minutes. A group of between 8–10 people attend a 14-week CST treatment course.

The aim of this study is to evaluate the effectiveness of the CST on cognition and social independence of patients with dementia in North Norfolk.

Methods. Patients diagnosed with mild to moderate dementia at the memory service were referred for CST sessions. A trained professional assessed the patients to determine their eligibility for CST. The assessment included: assessing motivation to join a group therapy, administration of the short-version of the Addenbrooke Cognitive Examination questionnaire (MINI-ACE) to assess cognitive functions and the administration of Engagement and Independence in Dementia Questionnaire (EIDQ) which measures the social independence of the patients. A higher score on both questionnaires indicates better cognitive function and social independence, respectively.

The CST sessions spanned from February 2023 to May 2023. The patients were re-assessed after the 14-week sessions of CST for their MINI-ACE and EIDQ scores. A qualitative questionnaire was administered for feedback about the sessions.

Data were obtained from patients' clinical record following approval from the research and service evaluation team of the Trust.

Results. Nine patients completed the 14-week CST sessions. The mean age of the patients was 82.9 ± 4.8 . 66.7% were male and 33.3% were female. 77.8% were on memory medication and 22.2% were not on memory medication. 44.4%, 33.3%, 11.1% and 11.1% were diagnosed with dementia in Alzheimer's Disease; Mixed Alzheimer's-Vascular Dementia, Lewy Body Dementia and Frontotemporal Dementia, respectively.

The same proportion of patients (44.5%) had both increased and decreased MINI-ACE score after CST while 11% had no changes in MINI-ACE score. Majority (66.7%) had increased EIDQ score after CST, 22.2% had decreased EIDQ score and 11.1% had no changes.

Conclusion. The CST sessions done in North Norfolk showed more positive effect on social independence than cognition in people with dementia.

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Evaluation of Tertiary Neuropsychiatry Pilot Service: Pitfalls, Challenges, Outcomes and Success

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Aims. Neuropsychiatry, being at the interface between Neurology and Psychiatry, can fulfil the unmet needs of a cohort of people with complex presentations including psychiatry symptoms associated with neurological diseases and atypical psychiatry presentations with possible underlying aberrant brain processes. However, the development and provision of Neuropsychiatry services have lagged behind in the United Kingdom and some parts of the world, at the cost of ongoing symptom burden and reduced quality of life for vulnerable groups of patients. We set up a tertiary pilot service of Neuropsychiatry in Derbyshire from March 2022 and have been successfully operating both outpatient Neuropsychiatry clinics as well as inreach on to psychiatric wards. We set out to evaluate our service and explore the challenges and outcomes associated with our service development.

Methods. A mixed methods evaluation was completed, and the data were extracted from patient records and assessments. Feedback responses were obtained from referring clinicians and service users utilising structured feedback forms for each group. A thematic analysis approach was completed for qualitative responses. More than 140 patients have already been assessed by our Neuropsychiatry service to date, out of which we completed an initial analysis of records of 70 patients referred between March 2022 and February 2023. We further revisited the