## Co-Production of a Digital Symptom Self-Management Resource for Patients With Functional Neurological Disorder

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**Aims.** Patients with Functional Neurological Disorder (FND) experience neurological symptoms which may impair motor control, sensory function, or awareness. Long waiting lists before treatment mean the risk of relapse during this period is high. A lack of knowledge around FND also results in a lower quality of life. Therefore, it is important patients with FND receive appropriate psychoeducation to empower them to understand and manage their symptoms. We aimed to strengthen our symptom self-management booklet for patients in a community neuropsychiatry setting, using a co-production model and taking forward improvements into a digital audiovisual format.
**Methods.** We used co-production as part of a quality improvement project (QIP) at East Kent Neuropsychiatry Service to identify improvements to our existing symptom self-management booklet and apply these in the production of a digital resource. Initially, the symptom self-management booklet was distributed to 10 patients, awaiting further assessment and treatment, chosen by the multidisciplinary team following triage appointments. Two weeks later, 7 patients reviewed the booklet with 4 medical students by phone and qualitative and quantitative feedback was obtained from patients and carers. Quantitative feedback was collected using an adapted 20-point Ensuring Quality Information for Patients (EQIP) tool. Informed by this feedback, scripts were developed for the audiovisual resource. The scripts were further reviewed by a medical student, 2 multidisciplinary team members and 3 Trust Communications Department members.
**Results.** The first QIP cycle highlighted the importance of the symptom self-management booklet. Most patients had used the booklet. Patients found it a helpful source of information. Two patients noticed a considerable improvement in their quality of life, others did not due to the short length of booklet use. . EQIP tool demonstrated an improved score of 80.51% compared to previous round of feedback (53.33%). Carers identified the booklet as reassuring. Additional links to external information was identified as an area for development.

Patient feedback informed the development of scripts for the audiovisual resource. Consultation with the Trust Communications Department identified three themes of improvement: accessibility to patients, increased clarity and concise language, and an appropriate visual format, therefore scripts were further refined.
**Conclusion.** Our QIP shows the value of a psychoeducation and symptom self-management tool for FND patients which was positively received by patients and carers. Collaborating with patients in the digitalisation of this information allows for a more accessible resource which effectively addresses patient concerns and empowers symptom self-management.



## Quality Improvement Project to Co-Produce Effective Triangulated Communication Between Inpatient Psychiatric Team, Community Mental Health Teams, Patients and Carers to Help Patient Involvement and Positive Step Down Discharge Planning

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**Aims.** The aim of the QI project was to promote patient involvement, choice and recovery using effective communication and collaborative planning. To achieve this, we aimed to ensure that patient's voice remained central to the decision making process in meetings . Using 5-Why QI methodology, the MDT of Delfryn-House—a private 28-bedded rehabilitation unit, reviewed the communication interruptions between the internal and external CMHT (especially after the pandemic), which in turn was hampering patients' progress towards positive discharge. It was also noticed that patients' attendance was significantly dropped and they were not showing interest in their CPA/CTP meetings, as they were not seeing any benefits of them. The MDT planned the project to improve the communication for continuity of care and to have better involvement of patients, their families and external teams.
**Methods.** The Intervention project, based on QI model-of-improvement, established that effective communication was the main aim, to be achieved with new change ideas. The outcomes were both qualitatively and quantitatively measured e.g.using feedback questionnaires from CMHT and patients and carers, attendance and discussion of discharge goals for the admitted patients. Driver diagrams were used for change ideas e.g. Microsoft teams invites to all teams for the patient review and care plan review meetings, MDT adding the progress feedback to the patient review meeting proforma to be shared internally and externally prior to the meetings, informing the care coordinators prior to change in Mental health act status, same day email to CCOs about medication changes, incidents, safeguarding, and ensuring discharge goals are discussed at every meeting. Satisfaction surveys to the CMHTs and patients were conducted pre- and post-intervention. Qualitative data were collated, helping to generate quantitative statistical analysis of the satisfaction ratings. The attendance of meetings and positive discharge from the unit were also used to measure the outcomes.
**Results.** There was significant improvement in both commissioners and CMHT's satisfaction of improved communication from Delfryn House. There was increase in attendance (44% by patients, 20% by carers, 64%by CMHT and 40% by Commissioners). There was increase (45%) in patients reading and signing their care plans. A notable increase in positive step-down discharge plans were noted, however, as the QI project was run in a rehabilitation unit requiring longer admissions, there were not many actual discharges to show a noticeable difference.
**Conclusion.** The QI-project helped in establishing clearer pathways towards positive discharge and continuity of care, signifying the importance of effective communication between teams and