Result. All respondents (n = 10) dealt with confidentiality issues at work, with 50% experiencing issues daily. 33% respondents did not feel confident dealing with confidentiality queries at work. The majority (60%) had received confidentiality training, but all respondents thought extra information would be useful. Of possible interventions, 70% supported a flowchart. Following an implementation period, 100% respondents re-surveyed agreed they felt confident dealing with issues related to confidentiality at work. The majority of respondents had used the flowchart and found it useful (83%). Qualitative data gathered suggested rolling-out the project elsewhere.
Conclusion. A lack of confidence surrounding issues with confidentiality, including information sharing, was identified. This can negatively impact patient engagement and delivery of care. The introduction of the confidentiality flowchart demonstrated improved understanding of, and confidence in, patient confidentiality issues. The small sample size means there are limitations in extrapolating findings to wider contexts. However, it is likely that more confidentiality training and practical information for NHS staff at the interface between patients, clinicians and services would reduce the risk of confidentiality breaches and reinforce positive relationships with services.

Improving patient access to medication information: a quality improvement project on patient-centred prescribing

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Aims. Ward rounds are sometimes the only opportunity for patients to discuss medication. Patient and professional feedback on an acute male inpatient ward in South London highlighted a demand for more medication information outside the formal ward round setting. We aimed to have 100% of patients meet our criteria for "Patient-Centred Prescribing" on the ward by March 2021. To fulfil criteria, all patients are offered: (1) ward round discussion, (2) written patient information leaflets (PILs), (3) informal discussion groups, all regarding medication.

The principles of this quality improvement project (QIP) were drawn from definitions of patient-centred care and standards of good practice; patients should have access to a variety of information formats, relevant to the individual, and the knowledge gained empowers patients.

Patient experience data revealed that 30% of clients answered passively to the question, "Do you feel involved in your care?" We hypothesized that medication discussion groups positively impact patients' wellbeing, by providing a safe space that facilitates conversation surrounding medication issues.
Method. We conducted weekly audits on patients whose admission duration was >7 days, and recorded fulfilment of the above criteria. At week 1, we introduced a program of weekly medication discussion groups led by members of the wider multidisciplinary team covering a broad topic range. At week 6, we developed a rolling rota of the discussion groups and posters were displayed in advance. At week 14, all patients were offered PILs through a 1:1 interaction and this continued as routine practice. Medication discussion group feedback was obtained via questionnaires and "The Blob Tree", a psycho-emotional assessment tool commonly used in healthcare settings.
Result. In 19 weeks, the median percentage of patients who fulfilled our criteria for Patient-Centred Prescribing was 92.86%. After 11 medication discussion groups, 79.3% of questionnaire responders wanted further sessions. 88% of "The Blob Tree" responses collected inferred a positive emotional response after the group discussions and half of those noticed an improvement in their emotional state.
Conclusion. This QIP was overall a success; it fulfilled a requirement to meet good standards in information sharing and became embedded in the fabric of the ward, continuing to run as part of the activities program. It demonstrated the impact of education on patients' mental wellbeing through empowerment and peer support. As a by-product it established multidisciplinary connections and improved therapeutic relationships. Challenges included patient engagement secondary to acute mental illness or negative symptoms and maintaining project momentum following a COVID-19 outbreak.

On-line memory clinic – piloting a hybrid model

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Aims. Quality improvement project was undertaken to reorganise memory clinic to incorporate both virtual and in-person consultation (Hybrid Virtual model), as depicted in the following model:
Method. Tele triage conducted to ascertain information from patient and carer. This reduced time for face to face assessment.

Nurse did face to face assessment to complete cognitive test (Addenbrooke's Cognitive Examination III) & carer completed Bristol Activities of Daily Living scale. Nurse would also do BP, PR, oxygen sats & temp.

Nurse discussed the assessment with the consultant (who is in the inpatient unit) on line using MS TEAMS

Consultant would then see patient on line, confirm diagnosis, answer questions, give information on medication and post prescription (if required)

Feedback was collected using Telehealth Satisfaction questionnaire
Result. Hybrid remote memory clinic was started on 29/09/20. A total of 37 patients were seen in this clinic by 31/01/21.

Collected feedback from 21 patients was generally positive –

Information provided on video consultation prior to assessment -18 reported it as excellent

How well you privacy was respected – 21 reported it as excellent.

Information you received on the treatment – 18 reported it as excellent
Conclusion. The hybrid remote memory clinic was more effective than telephone consultation or on line only consultation as it was –

Easy to establishing rapport

Physical examination could be performed

Digital literacy was no longer a limiting factor

Prescribing medication was slightly more difficult but possible

Audit of follow-up within 7 days on discharge from the mental health unit, Forth Valley Royal Hospital

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