

Experiences of psychiatrists assessing under 18s on an “all age” rota. An evaluation of the current service

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Aims. Gloucestershire Health Care Trust operates an “all age” out of hours on-call rota, staffed by Registrars and Consultants who cross-cover all psychiatric sub-specialities. Our aim was to understand the challenges faced by psychiatrists of different professional backgrounds when assessing under 18 year olds in a health-based Place of Safety (POS).

Method. We circulated a survey to all psychiatrists on the on-call rota, to gather quantitative and qualitative information on the challenges posed by assessments of under-18s in a POS and assess whether an under-18 specific policy was needed.

Result. Out of the 50 psychiatrists invited, 27 completed this survey (during February 2021). 33.3% of respondents reported that they had completed a POS assessment of an under 18-year-old when a Consultant Child and Adolescent Psychiatrist/Registrar was not available to join. 33.3% of respondents had been asked to complete such an assessment as the sole psychiatrist joining the AMHP, with 24% of those respondents reporting feeling uncomfortable doing these assessments without a second doctor present, and an additional 24% feeling comfortable only sometimes. 48.1% of the doctors surveyed did not invite parents or carers to take part in the assessment, despite this being considered best practice, citing reasons such as: being unaware that this was a possibility, assessments conducted at unsociable hours, safeguarding concerns involving the parents, and social distancing in the context of COVID-19. 41% of respondents had assessed vulnerable young people (children looked after or with a diagnosis of an autism spectrum condition) in the POS and reported that these assessments posed significant challenges to safe discharge planning and identifying appropriate placements. 81.5% felt that a tailored policy for young people was needed. Qualitative findings suggest psychiatrists think such a policy should include clear procedures (flowcharts), potential outcome scenarios/options for safe discharge, referral criteria for CAMHS, contact details for key staff members, a handover protocol. Respondents felt a shared policy with all stakeholders (AMHP service, Mental Health Services, police) was required.

Conclusion. Our survey highlights the challenges for non-CAMHS specialists assessing under 18s in a health-based POS and the need for an under-18 policy to support safe practice. Major themes will be further explored in a focus group to guide policy development.

Assessing DNA rates within first time psychiatric referrals and the extent to which DNA rates are reduced by an SMS reminder service

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Aims. 1) To assess the average wait time for patients to be offered an appointment and to establish any correlations between longer waiting times and ‘Did not attend (DNA)’ rates 2) To assess the number of patients who have opted into the text message

appointment reminder service and whether this had an effect on DNA rates.

Background. Research has indicated that the Did Not Attend (DNA) rate in Psychiatry is estimated at 20%, twice that of other medical specialties (1). With NHS Digital estimating that DNAs cost the NHS £1 Billion per annum, there has been much interest in reducing the rate of DNAs within Psychiatry (2). Findings have shown that short waiting times are associated with higher rates of attendance (3). In addition, poor appointment attendance within Psychiatry is also associated with increased disease severity and higher rates of hospital admission (4).

Method. We conducted retrospective data collection on 99 patients referred to Professor Oyeboade between January 2018 and August 2019. Our data collection involved assessing time the referral was received, time to first appointment and the patient’s communication preference (e.g. whether they opted in to the SMS alert service). All data collection was conducted through use of RIO and coded/ammonized into a Excel spreadsheet. No sampling methods were employed and our population only consisted of first-time referrals to Professor Oyeboades clinic.

Result. 1) We found no correlation between a longer waiting time to first appointment and an increased DNA rate.

2) All patient waiting times between 1st January - 31st August were within the maximum limit set by national guidelines

3) Opting into the text messaging service remains severely low. Of the patients audited, 95% had not completed a communication preference form. Overall, it is still unclear whether the text messaging service has a positive impact on DNA rates.

Conclusion. Our data have shown no significant correlation between a longer waiting time and an increased DNA rate for first time Psychiatry appointments. Secondly, we have concluded that between the audited period, waiting times were still within the maximum 18 week wait set by the Mental Health Standards. Finally, we can conclude that uptake of the text messaging service remains very low at 4%. Due to a limited sample size of only 4 patients, it is still unclear from this audit whether opting into the text messaging services will have a positive decrease on the number of DNA’s.

‘Foreseeing well-being’: developing a physical health strategic vision across a large mental health trust

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Aims. Statistically, suicide is less than half as deadly as poor physical health for people with severe mental illnesses (SMI). For every 1000 SMI patients, diseases such as diabetes cause 10-20,000 ‘years of life lost’ compared to 4,000 ‘years of life lost’ to suicide. National charity Rethink dubbed the failure of the NHS to act on this as tantamount to “lethal discrimination”.

We aim to reform the physical health care provision for service users under the care of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

Method. To evaluate the current service within AWP, we combined data from a comprehensive audit of 106 inpatients, local Quality Improvement (QI) Projects, and qualitative feedback from a pilot Medical-Psychiatric Liaison Service (MPLS).