

**Background.** CGI is a frequently used outcome measure in psychiatry and also forms part of the RCPsych Framework for Outcome Measures in Liaison Psychiatry (FROM-LP) across the NHS's LP Services. However, there is minimal literature discussing the meaning of the quantitative results of the questionnaire. What would be a cut-off point associated with the provision of good care? It is not possible to draw conclusions about the quality of service and care based on the proportion of the patients who report an improvement on CGI in the absence of a gold standard. **Method.** Patients and their ELPS clinicians filled out a CGI questionnaire, rating the patient's mental health condition after contact with the clinician. The 1-7 rated CGI scale indicated the following: 1-3 signified varying degrees of improvement, 4 signified no change and 5-7 signified varying degrees of feeling worse. This study looked at all 205 patients with completed CGI questionnaires who had more than one face-to-face contact with a clinician in 2018 and 2019.

Patient and clinician ratings were compared for concordance and patient notes were reviewed to identify potential reasons for patients with low CGI scores.

Randomised sampling of patients who scored 1 'Very much improved', 2 'Much improved' and 3 'Minimally improved' was conducted to identify differences in number of face-to-face contacts between the groups.

**Result.** 59% of patients reported an improvement, 40% felt that there was no change and 1% (3 patients) indicated feeling worse. Of the latter, 2 patients had been admitted to a mental health unit.

91% of cases showed concordance between patient and clinician ratings.

Randomised sampling identified 9 patients scoring '1', 22 patients scoring '2' and 16 patients scoring '3'. The vast majority of patients had only two contacts with ELPS (77%).

**Conclusion.** ELPS intervention improves patients' self-reported wellbeing in 59% of patients according to CGI.

There was no correlation between number of face-to-face contacts and the degree to which patients felt better. However, in the absence of a nationally-recognised gold standard, it is not possible to draw conclusions about whether care provided by ELPS is good compared to other services. Data from other centres are required to elucidate what constitutes a gold standard to aspire towards.

## Improving "reasonable adjustments" for people with autism in the York Early Intervention in Psychosis Service

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**Aims.** Studies show the prevalence of Autism Spectrum Conditions in EIP populations is 3.6-3.7% compared to approximately 1-1.5% in the general population. The Equality Act 2010 and the Autism Act 2009 make it a requirement for services to make 'Reasonable Adjustments' for people with Autism. The aim of this study was to improve how our service makes Reasonable Adjustments for people with autism.

**Method.** There were 15 patients in our service with a confirmed diagnosis of Autism. Pre and Post a discussion about reasonable adjustments, we invited them to rate, on a 5 point Likert scale, how well they felt the service was making Reasonable Adjustments for their Autism and whether discussing it had been helpful. We offered face to face or telephone discussions with someone with autism expertise to discuss reasonable

adjustments. We allowed at least a month after the discussion before repeating the Likert scale.

**Result.** The pre-discussion rating, of whether the team was making reasonable adjustments for Autism, showed agreement (mean 4.2/5). This improved to 4.6/5 after a month post discussion about reasonable adjustments. Patients agreed to strongly agreed (4.6/5) that the discussion had been helpful. Reasonable adjustments identified were quite individual but responses followed the following main themes; (1) No adjustments were needed or wanted as some patients saw special arrangements for them as stigmatising and wanted to be treated like everyone else; (2) Adjustments around personal space in appointments eg sitting face to face, not sitting too close, explaining reason before moving closer; (3) Simplification/clarification of written information – eg some identified simpler language use and use of pictures; (4) Environment e.g. quieter, dimmed lights, clarity of signage in reception.

**Conclusion.** Autistic patients in our service already rated the team highly at making reasonable adjustments pre and post intervention and found it helpful to have a specific discussion. Reasonable adjustments were highly individualised but some themes emerged around personal space, written communication and clinic environment which staff could consider exploring routinely. Some patients did not want reasonable adjustments as they felt it could be stigmatising. Discussing reasonable adjustments is likely to benefit all patients, not just those with confirmed autism, we would suggest this should be built into routine practice.

## Medical prescription and nursing administration of medication in learning disabilities in-patient settings

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**Aims.** The aim of this re-audit was to review whether inpatient-prescription cards are completed correctly by doctors and administered by nurses, and to compare the results with the previous audit.

**Background.** We carried out a re-audit of Medical Prescription and Nursing Administration of Medication in Learning Disabilities In-patient Settings. Black Country Partnership NHS Foundation Trust is committed to managing medicines safely, efficiently and effectively as a key part of delivering high quality patient centred care. In BCPFT medications are recorded by doctors on paper prescription cards and administered by registered nurses.

**Method.** This audit compared results against the standards for prescribing medication in BCPFT Medicines Policy. Prescription charts were retrospectively reviewed against 22 standards for all LD inpatients as outlined in the LD trust policy across all 3 of the Learning Disabilities in-patient units during May 2019 as long as they were still inpatients during this month. 27 prescription cards were reviewed in total.

**Result.** 100% of prescription cards had patients full names, address, ward name, were fully legible, written in black ink, route of administration, approved abbreviation for route, date of prescription, signature of prescriber, prescription labelled as 1 of 1/2, frequency of prn meds and indication. Whereas only 96% had generic drug names, clearly documented doses and time of administration along with acceptable abbreviation and appropriate code for omission. 85% drugs had a stop date once drug was stopped and 85% had allergies recorded in red and had a line drawn through once drug was omitted.

**Conclusion.** The re-audit was highlighted to inpatient managers, nursing staff, The Medicines Management Committee (MMC) and doctors in the Learning Disability division. Prescribers were reminded of the importance of documenting a stop date for the prescriptions and signing off once drug is crossed out. It was discussed in MMC to consider removing the standard for recording allergies in red ink as the box is already red in colour. The PRN section for medication does not have an area to sign when the drug is cancelled and this in particular is the case when PRN medication is re-written. It was discussed to limit this standard to regular medication and to be taken in consideration if the current drug chart requires redesigning in the future. We also recommended a re-audit in 2 years' time.

### Service evaluation of the mental health assessment service (MHAS) in Dudley, West Midlands

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**Aims.** To assess how well MHAS meets the service specification  
To ascertain areas of good practice

To examine whether the referral form is being used in an appropriate manner

To elucidate areas of good communication and whether any improvement can be made

**Background.** Launched in 2012, MHAS is the single point of access service for mental health services for patients aged 16–65 years, with a general practitioner (GP) in Dudley, who are not currently open to secondary care. Assessments are completed by a medic, community psychiatric nurse or jointly. It aims to identify the most appropriate care pathway for patients. This audit was a comprehensive assessment of how effective MHAS is at ensuring patients are adequately triaged.

**Method.** 10 cases from each month between April 2018 and March 2019 were randomly selected from all 980 anonymised MHAS referrals. A proforma was developed based on current practice, previous audits and service specification. A team of four doctors assisted in the data collection and only electronic health records (EHR) were reviewed.

**Result.** 88.3% of referrals were recorded on the EHR. Only 61.7% of referrals used the proforma with the other referrals mostly being in the form of a letter, which often missed out information vital to the triaging process. Only 4.2% of referrals are from Primary Care Mental Health Nurses (PCMHN) with 85.8% arising from GPs. Urgent referrals were not discussed with MHAS via telephone contact in about 60% of cases. The majority of patients had telephone screening completed the same day and were then discussed the next working day at the daily referral meeting. Although a brief summary for the GP was being sent the same day in all cases, over half of the comprehensive assessments were not being sent within the five day timeframe.

**Conclusion.** All referrals must be uploaded to the EHR and completed using the service's proforma. PCMHNs may be currently

under-utilised or effectively doing their jobs at managing mental health patients in primary care. GPs regularly referring via letter require further training and support to use the proforma. The proforma may require simplification to make it easier to complete. The service specification requires review as it makes unrealistic demands of the service. All referrals must be discussed at the daily referral meeting. Further investigation is required to understand why MHAS is struggling to meet timeframes for appointments and letters.

### Fruit and vegetable intake among psychiatric inpatients: an electronic health record-based study

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**Aims.** Psychiatric illness is associated with premature mortality, which is largely attributable to physical health conditions. Low fruit and vegetable intake is a risk factor for cardiovascular disease, which contributes significantly to this disparity in physical health. This study used routinely collected data from electronic health records to assess fruit and vegetable intake among psychiatric inpatients across a UK mental health trust.

**Method.** We conducted an anonymised search of de-identified electronic patient records from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) research database. We collected data on ICD-10 diagnosis and fruit and vegetable intake for patients aged 18 years or over, with a recorded ICD-10 psychiatric diagnosis, admitted to CPFT inpatient facilities between March 2013 and January 2019 inclusive (n = 1031). Information on fruit and vegetable intake is recorded as part of a General Health and Lifestyle questionnaire, routinely performed within a week of admission. Fruit and vegetable intake in different ICD-10 diagnostic categories was compared using a one-way ANOVA.

**Result.** Among patients for whom data on fruit and vegetable intake was recorded (n = 768), the prevalence of low fruit and vegetable intake (defined as <5 portions/day) was 75.9%, and mean fruit and vegetable intake was 2.85 portions/day (95% CI 2.72–2.98). Fruit and vegetable intake was lowest among patients with schizophrenia (mean = 2.3 portions/day), significantly worse than other diagnostic groups. In patients with schizophrenia, prevalence of low fruit and vegetable intake was 86.5%.

**Conclusion.** Low fruit and vegetable intake is common among CPFT psychiatric inpatients, particularly those with schizophrenia. Interventions to improve dietary habits, such as increasing tailored for individuals with psychiatric illness may help to reduce the risk of physical illness.