

response about satisfaction with running of Multidisciplinary Team Meetings (MDTs), availability of name nurse and medical team and information provision around MDTs, leave arrangement, discharge planning and follow up.

**Conclusion.** This quality improvement project has highlighted inconsistencies in the quality of and satisfaction with information provision during admission and has helped to recognised areas that needed to be improved. Several steps have been taken to improve quality of care such as copies of care plan and "Welcome to Tissington" booklet have provided. Discharge pathways and name board displayed in reception. Ward round appointments given to patients in advance and named nurse to support patients in writing MDT meeting plan. Invite families to attend care plan reviews, ward rounds and discharge meeting in person/via online. Additional craft items made available for activity, and exercise and walking groups have been introduced. Additional time made available for carers to speak with ward staff. Recruitment of Psychologist and occupational therapists now in post and Carers meeting to commence.

It is important to repeat this quality improvement project regularly to monitor the progress and get more information from families and patients to improve the quality of care given by the ward.

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### Increasing the Interval Between Anti-Psychotic Depot Injections for Service Users on 3-Weekly Injections: A Quality Improvement Project

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**Aims.** Our aim was to improve service user satisfaction by increasing the interval between their depot injections where clinically feasible. By doing this, we aimed to reduce attendance at the South Kensington and Chelsea Community Mental Health Team (SK&C CMHT) depot clinic by 25% over a period of 3 months, improving the workload for nurses running the clinic.

**Methods.** Our first baseline measure was data gathered about service user satisfaction with their depot. Our second baseline measure was the average number of service users attending the depot clinic per week between May and November 2022. The balance measure was a medical review 3 months post-interval change to ensure there were no negative impacts from this change.

10 service users on 3-weekly anti-psychotic depots were identified. Our team devised criteria to select service users who were appropriate for our project. This included: a stable mental state, minimal side effects on the current dose, no breakthrough symptoms, good engagement with the depot clinic, and scope to increase the current dose. These service users were discussed with their care coordinator, consultant and depot clinic nurse. If the criteria were met, the dose and interval change was discussed with our pharmacist. Finally, service users were consented and their depot charts were amended.

**Results.** The interval between depot injections for 2 service users was increased from 3 to 4 weeks on December 5th, 2022. The

other 8 service users failed to meet the criteria set out in our methodology.

These 2 service users were asked to fill in a questionnaire on January 23rd, 2023. They reported that "it was not comfortable having an injection" and that "having it every 4 weeks was better" and "less hassle". Their first medical review did not raise any safety concerns.

On average, 20 service users attend the SK&C CMHT depot clinic every week. There was no change in the average number of patients attending the depot clinic in the last two months as only 2 service users had their depot interval successfully altered.

**Conclusion.** Service users on depot injections can benefit from increasing the interval between their injections where clinically feasible. We would like to repeat this project for service users on 2-weekly depots and reassess if that makes an impact on satisfaction levels and attendance numbers at our depot clinic.

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### Community Mental Health Team (CMHT) Book Club: A Staff Well-being Improvement Project

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**Aims.** COVID-19 lockdown had reduced face-to-face interaction amongst staff with work-from-home and hybrid models adapted by most NHS organisations which had impacted team morale and reduced learning opportunities within the team. Book clubs are an effective way to enhance social process of learning especially in mental health. Our aims were to improve face-to-face interaction to boost morale within the Community Mental Health Team (CMHT) and increase the reading habit within the team around mental health fiction.

**Methods.** A questionnaire was sent initially to gauge interest on the idea of a book club and how it should be conducted. Next, we digitalised the book club with a WhatsApp group to facilitate discussion on selection of books and the first book was selected via polling (*The Fat Lady Sings* by Jacqueline Roy). After 4 weeks reading time, we gathered on a selected day (30th September 2022) for moderated discussions with potluck-style lunch. Anonymous feedback was collected via surveys. The cycle was repeated on 28th October 2022 (second book was *Inheritance of Loss* by Kiran Desai).

**Results.** Questionnaire to gauge interest and how the book club should be conducted revealed that the majority preferred a once-a-month discussion during working hours on a mental health and/or social care-related fiction of about 200-300 pages in length. The 8 respondents were made up of 6 doctors, 1 nurse and 1 social worker.

Feedback surveys on the impact of the book club on interaction with colleagues showed 30% improvement after the first book club (50% to 80%) and was 100% after the second cycle. Respondents also noted 60% improvement in interest in mental health-related fiction and 60% felt that the book club and