regular use of such interventions in practice. Clinician confidence varied, with some expressing neutrality or disagreement regarding their preparedness to assess and manage problematic substance use.

Key barriers included limited resources, inadequate service integration, and challenges in engaging young people and families. Qualitative responses highlighted the need for structured training, clearer referral pathways, and enhanced service coordination. Clinicians emphasised the importance of ongoing education programmes that evolve with emerging substance use trends.

Conclusion: The findings reveal significant gaps in clinician training, confidence, and service integration. Recommendations include:

Expanding training opportunities to strengthen familiarity with evidence-based interventions.

Enhancing referral pathways to improve integration with substance use services.

Developing engagement strategies to support young people and families in accessing treatment.

These findings highlight the need to improve clinicians' awareness, confidence and training working with young people who use substances.

Improving Physical Health Monitoring in Patients Under a London Home Treatment Team

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Aims: Many of our patients have multiple co-morbidities in addition to their mental health diagnoses, with the two often impacting each other. Outcomes such as life expectancy in mental health patients also tend to be poorer compared with the general population. Therefore, it is vital to use the opportunity whilst patients are under our services to engage them in care for their physical health. Our quality improvement (QI) project began after reviewing home treatment team physical health policies across the UK to form a tailored local protocol, and was co-produced with our experts-by-experience. This project aimed to achieve 80% of patients under the Westminster Home Treatment Team (WHTT) with physical health monitoring completed (observations, bloods and ECGs) by Feb 2025.

Methods: For the 84 patients on our caseload from July–Oct 2024, data was manually collected from the electronic records for observations, blood tests and ECGs performed. Improvement strategies were implemented in 3–4 weekly cycles with input from our QI team's nurses, doctors, support workers and our experts-by-experience in monthly QI meetings to ensure a patient-centred approach.

Results: Three cycles were completed with: 1) implementing a communal monitoring spreadsheet to identify patients needing checks, 2) dedicating a section for physical health in weekly MDT meetings, and 3) the formation of equipment kits for observations. The target was met for observations (50% to 90%) and bloods (20% to 81%) by the end of cycle 3, although not for ECGs at 30% to 66%, observed to likely be due to limited ECG machines available onsite. The mean time to complete observations was 7.4 days, bloods 11.2 days and ECGs 8.0 days. No patients declined observations, only 4 declined bloods and 3 declined ECGs. GPs were informed to offer checks as follow-up for any patients who did not receive them before discharge from WHTT (observations n=18, bloods n=35 and ECG n=46).

Conclusion: Offering physical health checks was generally received well by patients and should be integrated into routine patient contact within mental health pathways. Additional training for staff (e.g. phlebotomy), access to equipment and raising patient understanding of the physical health services available would further engagement. Ongoing collaboration between WHTT and GPs is needed for timely interventions so physical health is not neglected. Forming automated processes to capture the data collected manually will be critical for sustainability and identifying further service improvements.

Protecting Lives: A Quality Improvement Project to Improve Adherence to Fitness to Drive Policy in Mental Health Setting

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Aims: Driving is a complex and rapidly evolving task that requires a high level of skill and the ability to simultaneously interact with both the vehicle and the external environment. Mental illness can impair these abilities, potentially compromising both the driver's safety and the safety of others. While individuals with mental health conditions have a legal obligation to refrain from driving if their condition renders them unfit, healthcare professionals, including doctors, have a crucial role to play. They are responsible for advising patients on the potential impact of their condition on driving ability, their legal duty to inform the Driver and Vehicle Licensing Agency (DVLA), and, in certain circumstances, directly notifying the DVLA on the patient's behalf. Unfortunately, the driving status of patients is often overlooked during both admission and inpatient stays. There is also a concerning lack of awareness among patients regarding their duty to inform the DVLA and potential driving restrictions.

To mitigate these risks, it is essential to gather relevant information about driving status on admission, during the inpatient stay, and, most importantly, to discuss this with patients and carers at the time of discharge planning. The aims and objectives of this project were to achieve a 100% rate of driving risk assessment for all patients admitted to inpatient settings and to ensure that 100% of service users receive information about DVLA guidance following a mental health illness.

Methods: This Quality Improvement (QI) project involved assessing baseline practices against the local fitness to drive policy of Leicestershire Partnership NHS Trust. Data was collected from ten inpatient wards (six general adult and four older age) for patients discharged in January 2023. Information was gathered on driving risk assessment at admission, driving status at admission, driving risk assessment during the inpatient stay, and advice on fitness to drive given at discharge. An educational training video was developed and shared with trust-wide clinicians via email in September 2024, followed by a reminder email two weeks later. Data was collected again for patients discharged in October 2024.

Results: In the first cycle (January 2023), 128 patients were included. Driving risk assessment was completed for 95% of patients at admission. Approximately 12% of patients were driving at