Our aim was to assess the practicality and impact of making calculation of the QRISK3 score routine practice for new admissions onto our general adult acute male inpatient ward, in order to improve detection of increased cardiovascular risk and offer atorvastatin as primary prevention if indicated.

Methods: Over the course of six months (August 2024–February 2025), we calculated the QRISK3 score for 50 inpatients on a general adult male acute ward. Patients who had a score of 10% or more were counselled on their increased risk of stroke or myocardial infarction, and were offered atorvastatin as primary prevention.

Results: At the start of data collection, only one of the 17 patients on the ward was on a statin and none of the patients had a documented QRISK3 score.

Of the 50 patients included, 10 of them had a QRISK3 score of 10% or more. Of those 10, two were already on a statin. Of the remaining eight, four agreed to start atorvastatin whilst the remaining four declined.

QRISK3 scores were included on the discharge summaries of all patients who they had been calculated for, with a request to the patient's GP to revisit the topic of primary prevention in the future for those patients who had declined a statin.

The average time to acquire the information required to calculate the score for a patient was 6 minutes and 24 seconds.

Conclusion: Calculating the QRISK3 score for psychiatric inpatients is a quick process that can feasibly be a part of a checklist for new psychiatric admissions and may increase the proportion of patients on appropriate treatment with a statin.

In the future, use of a semi-structured interview that includes both statin counselling and lifestyle advice can be implemented, and we will trial this for the second cycle to see if it has an impact on uptake of a statin. Future research could involve longitudinal follow-up of cardiovascular outcomes to assess the impact of primary prevention in this patient population.

Bridging the Gap – Physical Health Management by Mental Health Nurses in Pendleview: A Quality Improvement Project

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Aims: To reinforce nurses' initial physical health management knowledge on Darwen and Calder wards at Pendleview unit (LSCFT). This quality improvement project attempted to bridge the gap (of physical health knowledge) amongst nursing staff by providing a short teaching course of 3 topics to mental health nurses on Darwen and Calder ward at Pendleview mental health unit, Royal Blackburn Hospital.

Methods: The quality improvement project was conducted using the PDSA (plan, do, study, act) cycle methodology. The sample included 20 mental health nurses across Darwen and Calder wards in Pendleview unit. Three teaching sessions were delivered to nursing staff by doctors on both Darwen and Calder wards (6 in total) covering blood sugar monitoring, EWS and escalation and pain management. Quantitative and qualitative data was collected via pre- and post-teaching feedback forms, assessing nurses' confidence and knowledge in managing physical health conditions. Confidence and knowledge were both scored on Likert scales numbered from 1–5.

Results: 85% of nurses (17 of 20) stated they had not received training on the teaching topics before starting work Data across the three teaching sessions revealed the following;

Blood sugar monitoring (n=8): Mean confidence (1 – not at all confident, 5 – confident) increased from 2.75 95% CI [1.85, 3.65] to 4.75 95% CI [4.45, 5.05] out of 5. Mean knowledge (1 – very poor, 5 – extremely good) increased from 2.75 95% CI [2.292, 3.208] to 4.75 95% CI [4.45, 5.05] out of 5.

EWS and escalation (n=6): Mean confidence increased from 3.5 95% CI [2.493, 4.507] to 4.3 95% CI [3.704, 4.896] out of 5. Mean knowledge increased from 3.5 95% CI [3.1, 3.9] to 4.5 95% CI [4.1, 4.9] out of 5.

Pain management (n=6): Mean confidence increased from 4.33 95% CI [3.953, 4.707] to 4.83 95% CI [4.532, 5.128] out of 5. Mean knowledge increased from 3.5 95% CI [3.1, 3.9] to 4.67 95% CI [4.293, 5.047] out of 5.

Conclusion: Physical health management teaching to mental health nursing staff has shown to increase nurses' confidence and knowledge in physical health. Providing physical health management teaching trust wide can help to eliminate knowledge gaps among the nursing staff, irrespective of their prior knowledge. Flow charts, posters, and providing regular physical health teaching and training to nurses during induction and beyond can all aid to empower nursing staff. A further QI cycle could be explored, looking into new teaching content after determining any additional gaps in physical health knowledge of the nursing staff.

Psychosis in Neuro-Developmental Disorders: A Phenomenological Approach

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Aims: Psychotic illnesses are more common in people with intellectual disabilities with rates as high as three times what is found in the general population. Making a diagnosis of psychosis in intellectual disability is complicated by various reasons such as communication difficulties, comorbidities, cultural differences, diagnostic overshadowing, and atypical presentation. The presence of comorbid Autism can further complicate the diagnostic process.

The clinical approach in diagnosing psychosis in people with intellectual disabilities must be based on a phenomenological assessment that aims to clarify in the patient, objective reality (that may include the "normal alternate" reality of neurodivergence) and the "loss of reality contact" observed in psychosis, from one another.

Our aim in this article is to illustrate phenomenologically the atypical nature of psychotic symptoms in people with neuro-developmental disorders compared with the general population.

Methods: We analysed features of the mental state examinations of men admitted to the regional medium secure unit for men with neurodevelopmental disorders over the period of June 2021 and