

Introduction and Outcomes From an Enhanced Physical Health Clinic for People With Intellectual Disabilities Prescribed Psychotropic Medication

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Aims: People with intellectual disabilities have higher rates of mental health difficulties than those without. The physical health inequalities and premature mortality that they experience is even more pronounced. In the United Kingdom, physical healthcare has traditionally been co-ordinated and delivered through primary healthcare settings. There is a case that physical health inequalities for those with intellectual disability and mental health difficulties can be reduced further if primary care interventions are supplemented by Enhanced Physical Health Clinics (EPHCs) co-located in mental health outpatient settings. This paper describes the structure and setting up of an EPHC for people with intellectual disability and mental disorders and an evaluation of its first 2 years.

Methods: The EPHC database which contains patient demographics and process data for the clinic regarding tests and interventions completed was utilised for this study. This includes socio-demographic, psychiatric, and physical health diagnoses, prescribed medication, physical health assessments and interventions.

Results: During its first two years, the clinic saw 463 patients. The mean age was 44 years and 62% were male. There was considerable developmental and psychiatric comorbidity, with high rates of autism and major mental illness. The most common physical health diagnoses were epilepsy, hypothyroidism, diabetes, hypertension, and asthma. A range of previously unidentified unmet healthcare needs that warrant further assessment and treatment was identified.

Conclusion: The EPHC was effective in promoting physical health monitoring and screening in a population which experiences significant health barriers. Recommendations regarding clinical practice and future research are provided.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Implementing Patient-Initiated Follow-Up (PIFU) Into a Psychiatric Outpatient Setting

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Aims: The cost to the NHS of missed appointments each year is highly significant. PIFU is an alternative to the conventional follow-up model where patients request appointments as-needed in attempt to reduce this cost, and is part of the Outpatient Recovery and Transformation Programme component of the NHS Long-Term Plan. This model is well established in chronic conditions under secondary care like

gynaecology and rheumatology outpatients but has more recently been brought into psychiatry. Currently, there is minimal research on the suitability of this model in psychiatry. The Exmouth CMHT in Devon have had a PIFU model for the last 4 years, and this project evaluated this model and analysed the associated costs.

Methods: We present the model used to form the PIFU service in Exmouth. A service evaluation was conducted of the Exmouth PIFU model and is presented in this poster looking at the team constructed, pathways into the service, and the hours this service provided for patients. Patients under the service also have given feedback on their experience of the service. We then compare the costs of this service with equivalent referrals through primary care.

Results: In the absence of a standardised PIFU model for psychiatry, the Exmouth CMHT model was compared with the PIFU model described in the NHS Long-Term Plan. Our service evaluation demonstrates that limited staffing and budget can provide a suitable PIFU service for our patients. Patients gave positive feedback about their experience of PIFU and felt this had benefited their care. Cost comparisons demonstrate the relative costs, overall demonstrating savings to the NHS.

Conclusion: Despite a lack of research to guide the transition of PIFU into psychiatry, the Exmouth CMHT have created an effective model for their team that patients have found helpful. This model was adapted to the changing needs of the service over the years, demonstrating flexibility in the model, but despite this, it could be used as a template for the implementation of PIFU in other services. Cost comparisons demonstrate the saved time in primary care is most significant. Further research is planned to develop an evidence-based model for PIFU, and to look at staff perceptions of PIFU implementation.

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A Survey of Substance Misuse Prevalence and Management in Patients Admitted to a Male Acute Ward, a Female Acute Ward, and a Male Psychiatric Intensive Care Unit in KMPT

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Aims: Substance misuse is a common comorbidity in severe mental illness, contributing to increased morbidity and poorer clinical outcomes. Effective management requires accurate documentation and structured interventions. However, existing practices in psychiatric inpatient care are often inconsistent, necessitating a thorough evaluation to inform service development.

Aims were to assess the prevalence of substance misuse and evaluate its documentation and management among patients admitted to Willow Suite Psychiatric Intensive Care Unit (PICU), Pinewood (male acute ward), and Cherrywood (female acute ward) at Littlebrook Hospital between June and July 2024.

Hypothesis: Substance misuse is prevalent among psychiatric inpatients and is under-documented and sub-optimally managed across acute and PICU settings at Littlebrook Hospital.

Methods: A retrospective review of clinical records for 96 consecutive admissions (Willow Suite PICU: n=28, Pinewood: