

with cervical screening amongst psychiatric inpatients is less than the general population. Admission presents a crucial contact between patients and healthcare services and this could be utilised to engage patients in physical health screening. Cervical screening history could be checked upon admission and patients not adequately screened, assisted to make an appointment on discharge.

Quality improvement project: delirium awareness and training in coventry memory services

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Aims. By way of Quality Improvement, this project aims to identify awareness levels, deliver a brief training and thus increasing the confidence of Memory Assessment Clinicians in detecting delirium.

Background. People with dementia are at greater risk of delirium, and the acute confusion associated with delirium may be mistaken as part of their dementia. Despite having an estimated prevalence in care homes of 14.2% in the UK, delirium is under-recognised. Memory Assessment Clinicians may have low confidence in identifying and have low awareness of delirium despite being tasked with a triage and diagnostic role in dementia assessment. NICE has recently updated the guidelines on Delirium in March 2019 with recommendations on prevention and treatment of Delirium.

Method. We delivered a survey pertaining:

- (a) Awareness of Delirium NICE Guidelines
- (b) Confidence in spotting Delirium

We used convenience sample of Memory Assessment Clinicians in Coventry. Overall, this survey was uptake by 17 clinicians. The pre training survey was done in early October 2019 and the post training survey was done shortly after the training, at the end of October 2019.

A brief training comprising NICE Guidelines and using Confusion Assessment Method (CAM) was delivered. The survey is repeated post training and differences in result of level of confidence is done to measure changes. The survey assessed knowledge, beliefs, practices and confidence level regarding delirium detection.

Result. Pre training:

17 clinicians took part in the survey. 59% was aware that there is a delirium NICE guidelines. 12% felt strongly agree, 41% agree and 47% felt neutral in their confidence of detecting delirium.

Post training:

10 clinicians took part in the survey. 50% felt strongly agree and 50% agree that they are confident in detecting delirium.

Overall, the mean difference is 2 and the p value is 0.92034. we used Mann-Whitney Test to measure the difference in pre and post training which showed not significant at $p < 0.05$.

Participants felt that the training was useful and relevant to practice.

Conclusion. This study showed our clinicians have a good basic knowledge in detecting delirium. As a result of this study, we have created 'Delirium checklist' and Confusion Assessment Method (CAM) to be used during duty work. We also feel that the majority of delirium cases referred to us comes from the community base, thus our next step of the project will be to involve educational work with the community care home.

Patient experience survey for community drug and alcohol service users in hospitals

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Aims. To explore and monitor experience of hospital care provided to patients of Stoke Community Drug and Alcohol Services (CDAS) and Edward Myers Unit (EMU; detox inpatient based unit).

Method. The sample was collected from patients who attended face-face clinics at CDAS and patients living in Stoke-On-Trent who were admitted to the Edward Myers Unit. The survey pertains to four locations, which include Royal Stoke Hospital, A + E, Harplands Hospital (Mental Health Unit), and EMU.

We collected data of over two months from September–November 2020. The cohort of patients from CDAS included new presentations or restart Opioid Substitution Treatment (OST) clinics and people known to the alcohol team at CDAS.

We delivered a survey pertaining to experience of hospital care in the last 12 months. This includes treatment at A&E Royal Stoke Hospital, any of the wards at Royal Stoke Hospital, Harplands Hospital and Edward Myers Unit.

Result. The uptake for the survey was 53/83 (64%) at CDAS clinic and 23/44 (52%) at Edward Myers Unit. The sample comprised more men than women. The majority were aged 31–40 years. Most common substances used were alcohol.

Majority of patients has been admitted to the general hospital, either in the ward or seen at A + E. Most people were very satisfied with their treatment in all four locations. This include withdrawal symptoms, pain, mental health, and discharge plan. There were diverse reasons given of the satisfactory scores. EMU seems to have the best overall scores comparatively to the other units, with Harplands Hospital seems to be doing worse.

The free text comments revealed that the staffs' courtesy, respect, careful listening and easy access of care was particularly the strongest driver of overall patient satisfaction. Patients look for supportive relationships, to be involved in treatment decisions, effective approaches to care, easy treatment access and a non-judgemental treatment environment. In some aspects, patients were dissatisfied with pain management, longer waiting times and inability to treat them as equal to non drug/alcohol users.

Conclusion. On objective measures, patients were satisfied with treatment received, however, some has point out their dissatisfaction, particularly in the mental health setting. This project calls for greater attention and support for addiction service provision in emergency departments and hospital wards. Although these findings do not represent the views of all patients in SUD treatment, findings give insight into the ways treatment providers, service managers and policy makers might enhance the patient experience to improve patient treatment prognosis and outcomes

Implementing out of hours MDT safety huddles at the Ladywell Unit, Lewisham, South London and the Maudsley (SLAM) NHS Foundation Trust

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