

Prior to project baseline measures of ward teaching best practice were collected. The project started at the commencement of 2022/2023 academic year; duration: 12 weeks. The intervention was that inpatient medical teams were supported to send an introductory email to each student cohort, provide a placement timetable, and use supplied tutorial materials.

Questionnaires were emailed to inpatient medical teams at 6 and 12 weeks and to medical students at the end of placements. Medical team questionnaire covered engagement with best practice teaching. The student questionnaire addressed placement experience.

Results. Outcomes at project conclusion:

- 33.3% of wards sent introductory email.
- 66.7% of wards issued a placement timetable.
- 16.7% of wards used tutorial materials.
- Less than 75% of student reported that the placement exceeded expectations.

Student experiences were varied: from excellent to feeling ignored. Students expressed a strong preference for additional structured teaching.

The medical inpatient teams did not engage with this project as hoped. Feedback suggested reasons:

- Lack of knowledge about the project.
- Time pressures.
- Perceived lack of medical student engagement.
- Team had preferred teaching practices.

Conclusion. Despite this intervention, student inpatient placement experience remains varied.

It may have been optimistic to expect medical teams to change their established practice regarding medical students with only very modest additional support.

Some teams are enthusiastic and thoughtful about student teaching. Other are less so; this may be associated with temporary staff.

Following PSDA cycle 1 no further cycles were attempted as outcome suggested an alternative approach is required.

Possibilities for further PSDA cycles include:

- Supporting placements via regular teaching-focused ward team meetings where expertise can be shared.
- Appointing ward teaching fellows.
- Explicitly rewarding inpatient teams displaying teaching excellence.

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.

Empowering Patients With Functional Neurological Disorders (FND) Through Information to Facilitate Informed Decision-Making and Active Condition Management

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Aims. This service improvement project seeks to empower individuals diagnosed with Functional Neurological Disorders (FND) by delivering comprehensive information, facilitating informed choices about their care, and encouraging an active role in managing their health.

Methods. Information was gathered relating the concerns and expectations of FND patients upon receiving a diagnosis or attending the neuropsychiatric clinic at a regional neuroscience centre. The identification of a patient information leaflet as a valuable resource became apparent. Consequently, a meticulously designed leaflet was developed to educate patients about their condition, providing useful tips and resources. The content of the leaflets underwent a thorough series of reviews, incorporating input from various professionals within the multidisciplinary team, with additional consideration given to feedback from service users. To assess the impact of this intervention, feedback is required from both clinicians and end-users.

Results. The patient information leaflet contains information designed to enlighten patients about their condition, incorporating psychoeducational content on self-help strategies and available treatment modalities. It also highlights support resources available to them. The leaflet can be conveniently stored in the neurology and neuropsychiatric clinic areas for easy clinician access and distribution to relevant patients. Additionally, it is available in PDF format, enabling clinicians to print it in satellite clinics, and medical secretaries can email it to patients along with clinic letters as directed by the clinicians. Initial feedback from patients and clinicians has been overwhelmingly positive, with many considering it an essential intervention.

Conclusion. This service improvement, realized through a relatively modest intervention, can lead to a substantial impact on patient care and satisfaction. Providing patients with pertinent information is crucial for fostering informed decision-making and empowering them to take an active role in their care. Especially for conditions historically stigmatized and misunderstood, it is imperative to disseminate up-to-date information, establishing a reliable and endorsed source to dispel stigma for both patients and their families.

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Quality Improvement Project on Standardising GP Discharge Summaries in Liaison Psychiatry Services for Older People in Nottinghamshire Healthcare NHS Trust

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Aims. Discharge letters to general practitioners (GPs) are pertinent in summarising patients' care in secondary healthcare settings and communicating follow-up management plans for continuity of care. 26 GPs from 13 GP surgeries in the West Midlands thought that discharge letters lacked important information and standardisation. We developed a quality improvement (QI) project to standardise GP discharge summaries within the liaison psychiatry services for older people in Nottinghamshire Healthcare NHS Trust. We aimed to ensure that 100% of GP discharge letters are written in a standardised format and meet the mandatory subheadings within six months.

Methods. A comprehensive literature search was performed, and we invited six GPs across Nottinghamshire to comment on the quality of anonymised discharge summaries written by our

colleagues. After discussing the findings with our stakeholders, we developed a new discharge summary template with the subheadings of 'Reason for Liaison Psychiatry Involvement', 'Summary', 'Diagnosis (if applicable)', 'Risk Formulation', and 'Treatment or Plan of Action'.

We held a team meeting and distributed a guidance document with scoring criteria for each subheading for our clinical colleagues to practise for two weeks. Subsequently, 75 discharge summaries were randomly selected and independently scored across seven weeks by an internal team member and an external QI data analyst to improve inter-rater reliability. 98 discharge summaries written six weeks before the new letter template was introduced were retrospectively scored for baseline measurement.

Results. At baseline, the discharge summary scores ranged between 6 and 20 (out of a maximum of 20), depending on the individual completing them. The mean score was 12.3.

The implementation of the new discharge summary template improved the mean score to 19.0, irrespective of the author. The mean score was consistent across seven weeks.

Most of our colleagues did not face significant challenges in learning a new style of writing and for some, a standardised template reduced administrative time. The same GPs reviewed the new set of anonymised discharge summaries and were satisfied with the new summary format.

Conclusion. Formulating a standardised discharge summary template which adhered to professional guidelines was pivotal in improving the quality of GP discharge summaries. GP involvement throughout the project convinced stakeholders and colleagues to commit to a new writing template and tremendously helped achieve our project aim.

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Eating Disorders Intensive Treatment (EDIT) Subteam: Shoring Up MDT Working to Turn the Tide for Patients at Risk of Hospitalisation

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Aims. Presentations of severe Eating Disorders (ED) to the Tertiary Eating Disorders Specialist Service (TESS) in Lanarkshire have increased in recent years. Our criteria has also expanded to include severe Avoidant-Restrictive Food Intake Disorder (ARFID), increasing demand for a multidisciplinary team (MDT) approach for patients at high physical risk with less typical ED presentations. Medical Emergencies in Eating Disorders (MEED) recommends MDT working and development of pathways to support these patients.

The "EDIT subteam" was thus developed in March 2023, comprising: TESS psychiatrist, TESS GP, dietician, assistant practitioner, and TESS psychologist.

For TESS patients at high physical risk, high risk of hospitalisation, and who would benefit from a trial of "stepping up" treatment, we aimed to employ coordinated MDT intervention to 1. optimise community treatment, 2. regularly review risk and 3. reduce need for hospital admission.

Methods. Each patient was discussed at a weekly MDT meeting attended by EDIT subteam, where risk assessment and management plan was agreed.

6-month review was conducted using meeting minutes, staff survey and group discussion, with consideration given to: number of patients prevented from requiring hospital, number of patients admitted to hospital and consideration if different levels of intervention could have prevented this, staff satisfaction and review of the MDT complement.

Results. 22 patients – 17 female, 5 male – were included on EDIT for the first 6 months. At point of step-down from EDIT, 13 had ongoing TESS community input, 5 were admitted to hospital, 3 were discharged from TESS and 1 transferred to Community Mental Health Team.

Most EDIT patients received input from multiple domains of the MDT. Given baseline low admission rates and complexity of patient presentation, we were unable to determine how many hospital admissions were prevented, but consensus was that overall, a higher level of care was provided. It was not felt that different levels of intervention could have prevented any of the 5 admissions. Staff feedback was positive: EDIT improved communication, provided job role diversification, contained and shared risk, improved awareness of care plans and resulted in better-considered onward referrals.

Areas for improvement included a lack of Occupational Therapy and nursing, and concern about EDIT patients skipping waiting lists.

Conclusion. The EDIT subteam provides an avenue for high risk patients to be regularly discussed in an MDT setting – although impossible to empirically quantify if admissions were reduced, consensus within TESS was that the introduction of EDIT has improved community treatment for this group of patients.

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VTE Prophylaxis Quality Improvement of Service Users Data in Older Adult Mental Health Inpatient Wards in St Charles Hospital, CNWL NHS Trust

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Aims. To reach the target of 100% for VTE (venous thromboembolism) prophylaxis data submitted for all St Charles Older Adult inpatients.

Methods. It was found at the start of the QI project, the service was at 63% (August 2023). I reviewed this data and discussed it with the ward managers of the older adult inpatient wards and implemented two PDSA cycles. I went through the ward list of service users and noted on the database who had an outstanding VTE prophylaxis check. From this, I then created a section for the nursing handovers to include whether each service user had their VTE prophylaxis forms filled in and whether VTE prophylaxis was appropriately prescribed. The wards have a weekly MDT meeting where this could be discussed and all staff could be reminded to document the VTE data on the trust data system. I rechecked the data two months later to see if the data had improved. Following this, I created a VTE poster to be distributed via email to ward staff and hung up in the ward doctors' offices to