

discussed by clinicians and implemented using PDSA cycles with iterative changes tested and analysed. PH form completion was re-audited monthly for a 6-month period.

Result. Baseline data showed 61.54% of patients had physical health forms completed ($n = 26$; 61.54% with HbA1c, 76.92% with cholesterol completed). Iterative changes and improvements included; (i) paper list to track PH form completion, (ii) table on Microsoft Word, (iii) Excel spreadsheet, and (iv) a conditionally formatted Excel spreadsheet. The conditionally formatted Excel spreadsheet was colour-coded to show completed elements as green and incomplete elements as red.

Paper lists increased PH completion to 84.85% ($n = 33$). Word table increased PH completion to 96.43% ($n = 28$). Excel spreadsheet had PH completion of 96.67% ($n = 30$). Colour coded excel spreadsheet increased PH completion to 100% ($n = 28$). This was used as standard practice with sustained 100% completion in November ($n = 34$) and December ($n = 39$). The improvement was sustained to January 2021, although there was a decrease to 97.7% ($n = 30$).

Conclusion. It was hypothesised an intervention to track completion of PH forms would improve completion rate. The use of a colour-coded conditionally formatted Excel spreadsheet improved PH form completion to 100% within an 8-week period and a sustained increase of >95% 6 months after the study began. This study recommends the use of such an electronic record keeping system to assist with PH form completion.

Increasing participation in the 2019 UK general election amongst patients on a high intensity rehabilitation ward

Aaron Wood* and Amrith Shetty

Bowmere Hospital, Peasley Cross Hospital

*Corresponding author.

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Aims. To increase participation in the 2019 UK general election amongst inpatients on a high intensity rehabilitation ward, by supporting patients to both register to vote (RTV) and vote.

Background. In 2000, the franchise was extended to those under section 2 or 3 as well as informal inpatients. Unfortunately, voting rates remain low: studies of the 2010 general election show voting rates amongst psychiatric inpatients to be 14%, compared to 65% for the general population. Engaging patients in the democratic process is not only just, it has been shown to be an effective avenue for rehabilitation through increasing social capital. The 2019 UK general election represents a singular opportunity for biopsychosocial rehabilitation.

Method. In the three weeks up until 26/11/19 – the deadline to RTV – visual displays and verbal information were used to notify patients of:

- The election
- Their eligibility
- The need to RTV before casting a ballot
- The registration deadline
- Voting methods (in person, by post, by proxy)

We gathered patients' intention to RTV and offered impartial, personalised support to register online or by paper, and to apply for a postal or proxy ballot if wished. Patients with no fixed abode were supported to use the ward as their declared place of residence.

Result. Of the 17 patients on the ward there were:

Four informal patients

11 patients under section 3

One patient each under a section 37 and a section 37/41, both ineligible to vote

Of the 15 eligible patients, one (6.7%) had already registered, six patients (40%) wanted to register and eight (53.3%) stated they did not want to register. Those wanting to register were supported according to individual patient preference. Of the registered seven, five (33.3%) reported voting, one (6.7%) reported not having voted and one (6.7%) declined to say. Two (13.3%) voted in person and five (33.3%) voted by postal ballot.

Conclusion. Our intervention corresponded with an increase in number of patients registering – from one patient (6.7%) to seven (46.7%), with 5-6 (33.3-40%) casting their ballot. While the causal relationship should not be overstated, the uptake of assistance supports the intervention's efficacy.

Good rehabilitation increases a person's social capital, empowering them to actively participate in societal life. Registering to vote is a tacit assertion of this principle. Our study shows that brief interventions that are easily incorporated into everyday care are a simple, effective and ultimately necessary tool in holistic mental health rehabilitation.

Rates of cervical screening amongst females admitted to the psychiatric inpatient hospital in Jersey, Channel Islands

Jade Wright

St Saviours Hospital, Jersey

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Aims. Patients with enduring mental health conditions are known to have higher morbidity and mortality rates than the general population. It has been identified that this is due to lifestyle risk factors, medication side effects and barriers to receiving physical health care. National screening programmes; including cervical screening, save lives, however depends upon patient engagement. We hypothesised that due to the factors stated above, psychiatric inpatients are more at risk of cervical cancer and less likely to engage in cervical screening. This study aimed to assess the cervical screening history of patients discharged from the psychiatric inpatient hospital in Jersey, Channel Islands.

Method. Using computerised laboratory records, the cervical smear history of female patients discharged from the psychiatric inpatient hospital was analysed. Inclusion criteria were: being aged between 25–64 years and having a cervix in situ. Exclusion criteria were total hysterectomy. Cervical smear history was compared to the national guidelines of having routine smears every 3 years for women aged 25–49 and every 5 years for women aged between 50–64 years.

Result. In the period 1 December 2019–1 December 2020 there were 45 females discharged from the psychiatric inpatient hospital that fit the inclusion criteria. 26 (58%) were up to date with their cervical smears in accordance with national guidelines. 12 (27%) had previously had a smear but were not up to date. 19 smears were done at the GP, 13 at the sexual health clinic and 6 at gynaecology clinic. 7 (16%) had never had a cervical smear. Of these 7 patients it was identified that one patient was in a same sex relationship and one was a victim of sexual assault.

Conclusion. 58% of women discharged from the psychiatric inpatient hospital were up to date with their smears. This is down from the 72.2% coverage rate of the general population. Although this was a small study, it highlights that engagement

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

Nurul Yahya* and Karim Saad

Coventry and Warwickshire Partnership Trust

*Corresponding author.

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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

Nurul Yahya* and Derrett Watts

North Staffordshire Combined Healthcare NHS Trust

*Corresponding author.

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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

Su Yeoh*, Natavan Babayeva, Hugh Williams and Emma Jones

Ladywell unit, Lewisham, SLAM

*Corresponding author.

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