Management of Physical Health Conditions in Old Age Psychiatry: A Quality Improvement Project

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Aims: Psychiatric patients on elderly psychiatric wards often have multiple physical comorbidities and there is also a clear link between mental and physical health. Trainees on old age psychiatry wards, both during the day and on call, have to manage acute and routine medical conditions. We wanted to evaluate how confident trainees find managing acute and routine medical conditions on the psychiatry wards, and whether they know where to gain advice from.
Methods: A survey via googleforms was designed to assess confidence in managing medical conditions in old age psychiatry patients, whether they often require advice, and if they know who to contact. We also asked which conditions they felt they required more guidance on.
Results: 9 responses were collected. 66.7% of trainees felt quite confident in managing day to day medical conditions, 22.2% did not feel confident at all and 11.1% were neutral. In managing medical emergencies, 11.1% felt very confident, and 22.2% felt quite confident, however 33.3% felt neutral, 11.1% felt only slightly confident and 22.2% felt not confident at all.

There was a range in responses to whether trainees tend to rely on advice from others, as opposed to managing medical conditions themselves. With 22.2% disagreeing with the statement, 33.3% neither agree nor disagree, 22.2% agreeing and 11.1% strongly agreeing.

Based upon these results, a brief guide was created with management tips of common medical problems and links to useful guidelines. A second survey was then sent out to assess usefulness.

80% of respondents felt it was very useful in both emergencies and day to day conditions, and 20% felt it was useful. 80% felt it contained information they did not already know and 100% felt it was a useful addition to the trainee handbook and it covered all medical conditions they wanted it to.
Conclusion: There was a range in confidence levels in managing medical conditions, however some trainees reported not feeling confident at all, or only slightly confident. Based upon these results, a brief guide to management of common medical conditions was created, for both day to day and routine medical conditions, and links to useful guidance. This was created by trainees, with advice and information provided by the ward GP. Trainees found this handbook very useful.

Reducing Did Not Attends (DNAs) at a Community Mental Health Service Through the Implementation of SMS Reminders: A Closed Loop Audit

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Aims: This audit aims to ascertain the rate of Did Not Attends (DNAs) in the St John's Wood PCN, North Westminster CMHT between 01 March 2024 to 31 May 2024 and to evaluate the rate of DNAs following the implementation of SMS reminders one working day prior to a scheduled appointment between 01 June 2024 and 31 August 2024.
Methods: The rate of DNAs for outpatient appointments booked between 01 March 2024 to 31 May 2024 were reviewed by scoring the number of DNAs out of the total number of appointments booked. The percentage was calculated and tabulated using Microsoft Excel for simple statistical analysis.

SMS reminders were sent one working day prior to a scheduled appointment for appointments booked from 01 June 2024 onwards. A re-audit of the rate of DNAs was conducted for the period 01 June 2024 to 31 August 2024 and the results were presented to the Multidisciplinary Team.
Results: The data collected reflects an overall mean improvement of 33.3% in the rate of DNAs following the implementation of SMS reminders one working day prior to a scheduled appointment. The mean percentage of DNAs decreased from 7.5 % to 5.0% following the implementation of SMS reminders one working day before a scheduled appointment.
Conclusion: This audit reflects an overall improvement of 33.3% in the rate of DNAs by successfully reducing the rate of DNAs from 8.3% (highest) to 4.1% (lowest) with a mean improvement of 2.5%. The intervention is deemed successful and feasible for long-term implementation within the service. We recommend a re-audit 12 months post intervention to evaluate its sustained effectiveness within the service.

Valproate Annual Risk Acknowledgement Form: Evaluating Compliance and Creating Digital Solutions

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Aims: Valproate is a commonly prescribed drug in neurology and psychiatry, licensed for epilepsy as an anticonvulsant and in bipolar disorder as a mood stabiliser. Valproate is highly teratogenic with evidence suggesting that use in pregnancy leads to neurodevelopmental disorders (approximately 30–40% risk) and congenital malformations (approximately 10% risk). Consequently valproate must not be used in females of childbearing age unless conditions of pregnancy prevention programme (PPP) are met.

To aid the monitoring of risk, the Annual Risk Acknowledgment (ARA) form for valproate forms a key part of the UK's valproate pregnancy prevention programme. It documents the patient's awareness of risk, reinforces the PPP, promotes informed decision making and vitally ensures compliance monitoring to ensure prescribers are following national guidelines.

To measure compliance with completion of the ARA form for all adult female patients (18–65) prescribed valproate within our local mental health outpatient and inpatient services.

To devise digital solutions for record keeping and reminders with the aim to support clinicians to complete the forms in a thorough and timely manner.

Methods: With support from pharmacy we retrieved a list of female patients prescribed valproate in our locality, which served as a central valproate register. We examined patient records to determine whether an ARA form was on their records and if the form was completed and up to date. We then produced a list of patients who required renewal/completion of the form.

The team met with Information technology system provider (RIO) to discuss creation of a digital central valproate register and using digital clinical reminders on patient's records to notify clinicians when the form was due for renewal.

Results: Reminders were sent to relevant clinicians/teams, requesting them to complete the required ARA form at earliest opportunity. The data from the central valproate register was shared with the RIO team who agreed to transfer this data to the electronic records intervention list in order to create digital version. They then agreed to create a valproate tab in patient's records, and link the ARA form to the tab. This link up will automatically act as trigger to warn clinicians that the ARA form is due for completion.

Conclusion: This project has created a central database for local service users who are on valproate. By doing so it has facilitated the tracking of ARA forms for the clinicians. Creation of automatic reminders will further help clinicians in completing the required form in timely manner.

Bridging the Gap: Improving Locum Rates at South West London and St George's Mental Health NHS Trust

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Aims: The 2023 GMC national trainee survey revealed that 33% of secondary care trainers reported that their trainees' education and training were adversely affected because rota gaps aren't always dealt with appropriately. This project aimed to improve locum rates within the South West London and St George's Mental Health NHS Trust (SWLSTG) to address these issues and enhance training conditions.

Methods: A Freedom of Information (FOI) request was sent to all London mental health trusts to gather data on locum rates at core trainee and registrar levels, escalation policies, and definitions of social and unsocial hours. The data was compiled and compared in a spreadsheet, then presented at the Medical Out of Hours Working Group (MOOHWG) meeting. A new policy was developed to amend out-of-hours pay for doctors based on the findings. This was presented in an executive meeting where it was approved, with changes implemented in August 2024. The process occurred from November 2023–July 2024.

Results: The FOI responses revealed that SWLSTG offered less favourable locum rates compared with other London mental health trusts. To bring SWLSTG in line with the local trusts, several key changes were made. The definition of unsocial hours was updated from 9pm–9:30am to the London consensus definition of 7pm–9:30 am on weekdays, as well as all day during weekends and bank holidays. An escalation policy was introduced for shifts first announced with less than 48 hours' notice, offering a 20% rate increase. Locum rates were also revised: CT1/2 social rate was increased from £40 to £45 per hour, and the unsocial rate from £45 to £54 per hour. CT3 rates were differentiated from CT1/2, with the social rate rising from £40 to £49.25 per hour, and the unsocial rate from £45 to £59.10 per hour. Additionally, the ST4–6 social rate was raised from £45 to £49.25 per hour, and the unsocial rate from £55 to £59.10 per hour.

Conclusion: The changes to locum rates and the introduction of an escalation policy at SWLSTG have successfully brought the trust in line with other London mental health trusts. These improvements are expected to reduce the negative impact of rota gaps on trainee education and training, helping to maintain high-quality service delivery and ensure more favourable working conditions for resident doctors. Further evaluation is recommended to assess the long-term impact of these changes on both trainee satisfaction and patient care.

Project 'BANGED' – A Bedside Tool to Aid Post Head Banging Reviews

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Aims: Project 'BANGED', a Quality Improvement Project (QIP) aimed to enhance confidence, consistency, and clarity, when completing post headbanging reviews (PHBR).

The world of psychiatry is often the first-time (and perhaps only time) resident doctors (RDs) are exposed to such behaviour thus request. This can be daunting, often inducing a 'CT head reflex reaction'.

A tool to strike balance between true neurology vs over medicalisation seemed pressing. Thus, the bedside tool 'BANGED' was created. A guiding acronym for RDs to use, designed for inpatient settings. Aimed at the general adult population, however, has relevance to other areas such as Intellectual Disability.

QIP carried out at Humber Teaching NHS Foundation Trust (HTNFT).

'BANGED'

Each letter represents key areas of focus for PHBRs and is as follows:

B – bruising, bumps (swelling), breakage of skin, bleeding (? active).

A – awareness – any LOC, GCS, awareness of triggers – reason for head banging if known (any ways of reducing this).

N – Neurological deficits – any red flags for head injury & Nausea/vomiting, are neurological observations required? Nursing engagements.

G – gross (motor) movements, gait.

E – eyes (pupils) equal and reactive to light, accommodation, any diplopia.

D – dizziness, drowsiness – don't forget glucose (if dizzy and oral intake concerns).

Methods: 2024 timeline.

August: Created the acronym 'BANGED' following brief narrative review, discussion amongst psychiatry trainees and own experience. Showcased tool via integration of 'BANGED' into poster and presentation.

September: Gathered baseline data via pre-intervention questionnaire – sent out to all HTNFT psychiatry RDs – initial confidence, understanding, applicability of tool. Presented tool in