

Improving Delegation of New Patient Referral Allocations to Manage the Workload Burden of Staff

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Aims: Referrals to Old Age Community Mental Health Team (CMHT OP) Guildford/Waverley have increased in number and workload. The purpose was to see the number of referrals received and how to improve the referral allocation practice concerning delegation to manage the workload burden on staff.

Methods: 1230 referrals were reviewed. The quantitative data was primarily taken from allocation meeting documentation. Additionally, information was gathered from senior staff and relevant documentation of allocation meetings on the electronic patient records when there was vague information.

Results: The data shows that during the first cycle from April to September 2023, CMHT OP Guildford and Waverley received 579 referrals. 90% (521) of the referrals were accepted, and 10% (58) were declined due to inappropriate referrals. There were 412 routine, 65 sooner and 92 urgent referrals received. Senior team members assessed and stepped down 21 of the urgent referrals. 459 patients were referred due to organic conditions, 76 patients were referred due to functional conditions, and 23 patients were referred for a mix of functional and organic conditions. 85 patients were transferred to the Care Home Pathway (CHP) service, 18 patients were transferred to the Young Onset Dementia (YOD) service, and 25 patients were transferred to the Integrated Care Team (ICT). The first cycle of the audit was presented to the team, and steps of interventions were agreed upon for the second cycle. The re-audit data shows that from October 2023 to March 2024, there were 651 referrals. 88% of the referrals were accepted, and 12% were declined due to inappropriate referrals. There were 510 routine, 57 sooner and 84 urgent referrals received. Senior team members stepped down 26 of the urgent referrals. 523 patients were referred due to organic conditions, 88 patients were referred due to functional conditions, and 48 patients were referred for a mix of functional and organic conditions. 76 patients were transferred to the CHP service, 15 patients were transferred to the YOD service, and 51 patients were transferred to the ICT.

Conclusion: The audit data objectively reflects an increasing trend in referrals between the first and second cycles. Intervention after the first audit cycle showed increased use of advice and guidance services for declined referrals, increased step-down of urgent referrals and an increased number of patients delegated to other services, particularly the integrated care team, which shows a more confident referral allocation process.

The Impact of the Availability of ECG on Treatment Time in the North Norfolk Older People Service, Norfolk and Suffolk NHS Foundation Trust

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Aims: The electrocardiogram is a non-invasive test used to assess cardiac function. Certain psychotropic and antidementia medications can cause bradycardia, heart block, or prolonged cardiac repolarization, worsening pre-existing conditions. Evaluating cardiac function before treatment initiation is essential. However, in the North Older People Service (NOPS), the lack of electrocardiogram availability at the time of assessment has led to significant delays in treatment initiation, particularly for patients referred for cognitive assessments. These delays not only affect individual patients but also reduce clinic efficiency, limiting access for other patients awaiting assessment.

Aims were to evaluate how the availability of ECG at the time of patient's assessment impact on the commencement of treatment. **Methods:** A retrospective review of electronic health records was conducted for patients referred to the North Older People Service, between January and February 2023. Of 62 accepted referrals, 5 patients were deceased, and 2 had not yet been assessed, leaving 55 for analysis. Data collected included referral dates, assessment dates, electrocardiogram availability, whether an electrocardiogram was required before treatment, treatment initiation dates, and diagnoses. **Results:** Of the 55 patients analysed, 70.9% were started on new medications, while 29.1% were not due to mild cognitive impairment, existing treatments, or diagnoses such as vascular dementia. Among those who commenced treatment:

10.25% had an electrocardiogram at assessment and were started on treatment immediately.

71.79% did not require an electrocardiogram and were initiated on treatment without delay.

17.94% required an electrocardiogram before treatment initiation. Of these, 85.7% had dementia.

The waiting period ranged from 4 weeks and 6 days to 30 weeks and 2 days, with an average delay of 18 weeks and 2 days.

Conclusion: The findings support the hypothesis that the absence of an electrocardiogram at the time of assessment contributes to significant treatment delays, particularly for dementia patients. To address this issue, referring clinicians should include electrocardiograms in pre-assessment investigations, and the triaging team should ensure that electrocardiograms are requested when necessary. Implementing these measures could reduce delays, improve efficiency, and enhance patient outcomes.

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