

and colleagues to highlight risk and provide support. A culture of open discussion and transparency was implemented through provision of Welcome Packs including Care and Discharge Pathways details at point of entry to the service. Support was provided to patients with Discharge Packs including information about community services. This enabled a meaningful support model at the end of their recovery journey and an improved discharge process.

The team is now working with additional teams and administrative and clerical staff to improve safety. We hope to replicate this approach in our Trust.

The introduction of electronic prescribing in the Orchard clinic-a QI project

Hannah Sayeed^{1*} and Fionnbar Lenihan²

¹ST6 Forensic Psychiatry, the Orchard clinic and ²St Bricin's Military Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.581

Aims. Hospital Electronic Prescribing and Medicines Administration (HEPMA) system successfully rolled out in July, 2020 at the Orchard clinic as the first site in NHS Lothian. The initial aim was to collect some “pre-HEPMA” and “post-HEPMA” data to look at “staff's attitudes to a new IT system, and does that change with successful implementation of it?” in the form of a survey. In the light of the findings of the pre-HEPMA staff survey, it became the QI project (as above).

This aimed to look at both qualitative data; in the form of a staff attitudes survey towards a new IT system and quantitative data; to measure benefits of its implementation and to address issues raised by staff in the survey in the form of an audit in both pre and post HEPMA cycles.

Method. Two cycles were completed as follows:

1. Pre-HEPMA cycle in March, 2020:

Survey: Questionnaires asking question re- own IT skills, preparation and expectations of outcome of its implementation.

Audit: Measured time taken to write and re-write paper prescriptions. Proforma filled by staff to measure time taken to log on and other IT related issues.

2. Post-HEPMA cycle in October, 2020:

Survey: Replicated above questions re-own IT skills, support during and after launch, disaster recovery and views about actual outcome of its implementation.

Audit: Replicated to measure time taken to complete electronic prescriptions.

Result. 24 staff questionnaires returned in both cycles. Staff felt more confident in their own IT skills, training and hence competence to use HEPMA; more supported, more confident about contingency plans and HEPMA to be more beneficial than initially anticipated. Overall, actual perceived success of (91%) compared to anticipated success (71%).

The majority issues raised via the first survey were felt to be addressed. Time to log was on average

The audit showed a clear benefit in terms of clinical time saving, e.g. daily clinical time spent writing prescription reduced from an average 45 to 6 minutes with HEPMA.

The quality of documentation on the prescriptions remained unchanged.

Conclusion. Staff's attitude towards IT does change after successful implementation of a new IT system. But IT issues make the whole process laborious.

There was evident benefits realization with an electronic prescribing system compared to paper prescriptions.

I was awarded “Employee of the month” for this project which I also presented at the NHS Lothian grand round (>150 attendees) for dissemination and future replication.

Improving access to mental health services for homeless people in Torbay

Tom Scott-Gatty^{1*} and Tom Cant²

¹Devon Partnership Trust, Livewell Southwest NHS Trust, Shekinah and ²Devon Partnership Trust

*Corresponding author.

doi: 10.1192/bjo.2021.582

Aims. Devon continues to see increasing numbers of rough sleepers despite the “Everyone In” initiative and the South West region is now behind only London and the South East nationally. The interaction of homelessness and Mental Health is complex. Mental health problems and trauma contribute to people becoming homeless as well as homelessness itself causing or exacerbating existing problems, all complicated by high rates of substance use and poor physical health. Despite the desperate need in this population they often struggle to access mental health services which are not designed with their needs in mind. Their pattern of service use is primarily that of acute services when in crisis and disengagement in the community which results in high costs and poor outcomes.

Method. In July 2019 an outreach service was set up consisting of a psychiatry core trainee (Dr Tom Scott-Gatty) for half a day per week supervised by the Torbay North CMHT consultant (Dr Tom Cant) to seek opportunities to engage individuals in assessment and treatment and improve outcomes in this population. The service is primarily based at the homeless hostel in Torquay (Leonard Stocks Centre) for ease of access but is flexible about where patients are seen. Patients have been seen in various locations including medical wards, prison, on the street etc. The role includes close work and liaison with other professionals such as GPs, probation, charity sector, drug and alcohol etc. and this is integral to supporting the level of complexity seen in this population. Engagement, building relationships and trust are central to serving this vulnerable and marginalised population.

Result. In January 2021 feedback forms were completed by 13 patients and 18 professionals who had used the service. Feedback was overwhelmingly positive with average overall score 9/10 from both patients and professionals. All patients reported feeling comfortable using the service and that mental health services are now easier to access. All respondents would like to see the service continue. A significant number of patients and professionals identified increasing the hours offered by the service as an area for improvement.

Conclusion. This service has succeeded in improving access to mental health services for homeless people in Torbay. The service is valued by both the people it serves and the professionals supporting them. Further improvement to the service could be achieved by expanding capacity. Funding has been identified from existing local authority budgets to add a CPN to the team to achieve this.

QI project: Improvement in quality of Seclusion Medical Review

Shumaila Shahbaz* and Richard Ward

Humber Teaching Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.584