

Safe Medication Prescribing in Halton Memory Services

Dr Divya Jain¹ and Dr Archisha Marya^{2*}

¹MerseyCare NHS Trust, Halton, United Kingdom and ²Liverpool University, Liverpool, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.395

Aims.

- To improve safe medication prescribing by achieving a 25% improvement in the number of cases reported in the practice within six months.
- To reduce human factors contributing to medication errors to improve patient safety and quality of care.

Methods.

- Retrospective data collection was done for Halton and Widnes patients from March 2022 to April 2023;
- Retrospective data collection for Re-audit was done for a period between June 2023 to January 2024 to complete the audit cycle;
- Liaised with medicine management team for local practices/policies;
- Reviewed and verified Trust standardised local policies on medicine management;
- Reviewed incident data and checked processes in other teams;
- The findings were presented at the Medicine Management meeting in May 2023;
- Training on safe prescribing was delivered to the Memory team in June 2023.

Results.

- During the first data collection period, 14 incident forms were reported.
- During the second data collection period, 1 incident form was reported which was an administrative error.
- Prescribing errors for the first cycle accounted for 28.6%, administrative errors for 35.7%, dispensing errors for 21.4%, and other errors for 14.3%.
- Specific error types included prescribing the wrong dose/medication, medication not prescribed, medication unavailable and double prescribing.
- No incidents of restraint, seclusion, rapid tranquillisation, ambulance calls, or RIDDOR were reported.

Conclusion.

- Administrative errors accounted for the majority of the total reported incidents (35.7%).
- Recommendations include safe clinical practice of prescribing medication (MDT lead to update medication card and inform GP promptly).
- Other recommendations were medication card updates, aligning clinical systems, avoiding email requests and introducing Community EPMA (Trust objective to introduce EPMA to community teams in 2024/25) and to standardise procedures.
- An improvement of 92.9% in the incident reporting was found in the re-audit following a training session to the team with improved practice of no email requests or chains.
- The audit identified communication difficulties within memory services, primary care and care home.
- It also highlighted challenges related to new staff, post-MDT meetings medication card updates, prescriber preferences, geographical disparities, and doctors' availability.

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.

QI Project Aiming to Reduce the Use of Restrictive Practice in Belfast Trust Psychiatry With the Implementation of a Therapy Cross

Dr Sara McGucken*, Dr Jordan Taylor, Dr Niall Corrigan, Dr Pamela McGucken and Mr Robert Dornan

Belfast Health and Social Care Trust, Belfast, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.396

Aims. The aims of the study were to illustrate the number and type of restrictive practices that were used across two inpatient wards within the Acute Mental Health Inpatient Centre in the Belfast trust over a two year period. This initially would highlight the prevalence and use of such practices and allow for comparison against the data collected after the implementation of the therapy cross. We hoped that with the implementation of the therapy cross we would see a decline in the use of physical interventions, use of IM medications and also the number of aggressive or distressing incidents and behaviours would also decrease.

Methods. We utilized a statistical process control to collate and illustrate data. Daily data collection was carried out and compiled over a 2–3 year period and is ongoing with regards to ward incidents of aggressive behaviour, use of physical intervention, use of IM medications. In early October of 2023 the therapy cross was introduced and the run charts and data collection continued allowing for comparison of such behaviours and interventions pre and post intervention.

Results. A percentage decrease of 50% of the weekly average was noted in incidents of aggressive and violent behaviours on one ward in AMHIC following implementation of therapy. A percentage decrease in average weekly use of IM injections was noted to be 13%. A 12% decrease was found in the use of physical intervention on a weekly average following the therapy cross.

Conclusion. The implementation of a therapy cross in early October 2023 indicated improvement in the incidence of use of restrictive measures on two inpatient wards in the Belfast Trust, including the number of physical interventions such as holds that were required and also decreased the incidence of use of IM medications for rapid tranquillization. The data indicates a significant decrease in the number of cases of violent and aggressive behaviour on wards following implementation of a therapy cross.

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.

Let's Talk About Sex: Breaking Down Barriers to Care in a Community Learning Disability Team

Dr Liam Embliss¹, Dr Zoe Melrose^{2*} and Dr Laura Dunn³

¹North East London NHS Foundation Trust, London, United Kingdom; ²South West London and St George's Mental Health NHS Trust, London, United Kingdom and ³East London NHS Foundation Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.397

Aims. We aimed to improve the care for people with intellectual disabilities (PWID) presenting to a community learning disability service (CLDT) with health needs relating to sexual wellbeing, sexuality, and/or gender identity (SSGI). A QI framework was used, focussing on staff education and service development.

We hypothesised that there would be a lack of confidence and staff knowledge around SSGI issues in PWID. We suggested that challenges exist because discussing sex in PWID still feels taboo.

PWID have the same sexual needs as those without any disability. Historically, this population have been discouraged from expressing their sexuality due to certain attitudes, fears, and prejudices. Stigmatising views have included PWID being viewed as asexual or conversely posing a risk of sexual violence, despite evidence showing that they are more vulnerable to sexual abuse. Important issues around capacity and understanding consent highlight the importance of psychosexual education for patients and carers.

Carers and health care professionals are key in educating and supporting PWID, however, our disinclination towards discussing SSGI openly can have unintended negative effects on the well-being of our patients. These issues are therefore paramount to understand and address.

Methods. Patient-facing staff in a London CLDT were surveyed, and staff focus groups held, to understand attitudes towards SSGI in PWID. Staff knowledge of local services was also explored. Using thematic analysis, we identified both staff and service development needs and devised a set of interventions to address these.

Four educational interventions for staff were developed and evaluated using QI methodology. Interventions included bitesize teaching, externally commissioned training, and resource packs.

Results. Thematic analysis identified a number of barriers to delivering SSGI care, particularly staff's low confidence and a lack of training. Following the four educational interventions, average staff confidence to discuss SSGI increased from 55% to 77%.

Staff responses indicated a lack of SSGI services for PWID locally. In response to this, the QI team, service leads and management agreed upon various service development ideas. These include upskilling specific staff to become SSGI leads; auditing the CLDT caseload to understand the SSGI issues in our population; and trialling a clinical sexology service for a small subset of patients.

Conclusion. A QI approach to staff education demonstrated clear benefit, with staff more confident to address the SSGI needs of PWID. Combined with sustainable service improvement ideas, this can improve patient care.

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.

Genetic Screening of Inpatients With Intellectual Disabilities: A Service Development Project to Widen Access to Up-to-Date Genetic Screening in Adults With an Intellectual Disability

Dr Shauna Monaghan*

NIMDTA, Belfast, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.398

Aims.

Problem:

Around 10% of patients with an intellectual disability have a clinically relevant copy number variant in their DNA detected using microarray analysis. Adults with an intellectual disability may not have had access to genetic screening during their patient journey, or they may have had previous screening with now outdated technology.

Aim: to offer up-to-date genetic screening to adults with intellectual disability in an inpatient setting.

Methods.

Strategy for change:

In collaboration with the clinical genetics department, confirm local capacity for genetic screening by microarray testing, and create a pathway for referral with a screening tool for detection of "high risk" patients. Develop processes and resources for consenting patients with capacity, and for acting in best interests with family agreement for those without.

Measurement of Improvement:

Increase in the number of patients with up-to-date genetic screening.

Results.

Effects of change:

This project has detected previously unknown genetic abnormalities in current inpatients, two of which were felt to be clinically significant. Further testing is underway and clinical discussions are ongoing regarding the implication of these findings for current patient care and management.

Conclusion.

Discussion:

Patients with capacity, families and multidisciplinary healthcare professionals were overwhelmingly supportive of this project with the aim of improving understanding and ultimately the care of each individual. With further discussion and assistance, this project could be widened to the community setting to benefit a greater number of patients and their families.

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.

Evaluating a Process for Offering Psychiatry Inpatients a Novel Onsite Sexual and Reproductive Health Clinic

Dr Francesca Moss-Lawton*, Dr Anushka Pathak, Dr Emily Giles, Dr Norman Nuttall and Dr Nicole Needham

NHS Lothian, Edinburgh, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.399

Aims.

1. For all eligible general adult psychiatry and substance misuse inpatients at the Royal Edinburgh Hospital (REH) to be offered appointments at a pilot onsite sexual and reproductive health (SRH) clinic.
2. To evaluate the need for this novel service using eligibility rates and attendance levels.

Methods. Eligibility of all inpatients on a substance misuse ward considered at admission, and a space in the clinic offered if appropriate. Reminder added to the clerking proforma.

Eligibility of general adult psychiatry (GAP) inpatients considered by their multidisciplinary team (MDT) weekly. Team 1 to trial this at ward round, and team 2 to trial it at rapid rundown.

A patient leaflet was created to explain the clinic.

Results.

General adult psychiatry: In team 1, 82% (120/147) of patients were considered by the MDT over 20 weeks, and in team 2, 65% (53/82) over 10 weeks. Of all GAP patients considered, 48% (83/173) were deemed eligible. Of those, 70% (61/83) were asked if they wished to attend, usually by the junior doctor