

factor in line with RefHelp guidance for urgency, and what the end outcome of the referral was.

**Results.** During the 3 month period, there were 92 urgent referrals. Of these, only 12% were deemed urgent upon triage. Almost all accepted referrals related to concerns around potential psychotic illness (82%). Although only 12% of referrals were accepted as urgent, 35% had factors which, in accordance with RefHelp guidance, would be cause for considering an urgent referral.

There were a variety of disposals including “soon” appointments, redirection to other services such as Thrive or offering advice to the referring clinician. The most common outcome was the offer of a “soon” appointment, closely followed by redirection to the Thrive team.

**Conclusion.** The majority of urgent referrals were not deemed urgent at triage. There was a clear discrepancy between referrals containing urgency factors according to RefHelp and those offered urgent appointments. This would suggest that the available guidance is not sufficiently clear.

Many referrals were redirected to other services, including Thrive. This redirection may reflect a lack of awareness and a further project may examine Thrive referrals to establish if the number initially sent to psychiatry outpatients is significant.

Additionally, several referrals were triaged as “soon” and seen in 6–8 weeks, as opposed to waiting for a routine appointment. Though RefHelp advises highlighting routine referrals which may be a priority, this pathway was not being used and there is no direct route for “soon” referrals.

Next steps may include liaison with primary care teams to establish views and concerns, updating RefHelp guidance and adding a further referral pathway to address the apparent gap for “soon” referrals.

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### Quality Improvement Project to Reduce the Anticholinergic Burden in a Rehabilitation Unit

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**Aims.** We conducted a quality improvement project in a female rehabilitation unit, with an aim to reduce the total anticholinergic burden.

**Methods.** Most patients were reluctant to change the medications that they have been taking for long time. Hospital staff were also concerned about the potential risk of destabilising the mental health of patients who are currently stable.

As a first step, we used ACB (Anticholinergic Burden) calculator to calculate ACB score

We agreed on a realistic safe target. We decided not to include patients who are on clozapine. Information related to anticholinergic burden was shared with nursing team and staff members. This was discussed in MDT meetings to answer any questions.

Team collaboratively created an information leaflet, including an easy read version. Group sessions and 1:1 sessions were arranged with patients to discuss the potential side effects.

Medication changes were carried out following a consultation with patients.

**Results.** ACB score of all 15 patients were over 3. One patient is over the age of 65. Five patients scored more than 10 on total ACB score. Two patients were on clozapine.

Promethazine, procyclidine, hyoscine hydrobromide, oxybutynin and clozapine were causing most of the anticholinergic burden.

We decided not to change medications of two patients who were on clozapine. For the remaining patients procyclidine and promethazine were reviewed and stopped following a consultation. All 12 patients' ACB score is now less than 10. There has been a reduction of 3–6 points.

**Conclusion.** This project has helped in reducing the ACB burden successfully. Promethazine with an ACB score of 3 was stopped for all patients. Some patients received promazine instead of promethazine. Procyclidine has been stopped for several patients and for some patients it has been changed from regular to PRN (to take when required). Consideration has been given to reduce the dose of typical antipsychotic medication instead of using procyclidine to treat extrapyramidal side effects.

Providing information and then reviewing the prescription of promethazine and procyclidine has resulted in significant reduction in the total ACB score.

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### Impact of Raising Staff Awareness on Recording Patient Consent to Receive Text Message Reminders of Appointments and Increasing the Frequency of Reminders on Did Not Attend (DNA) Rates in Community Mental Health (CMH): A Quality Improvement Project

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**Aims.** Patients not attending appointments without letting the service know prior (referred to as did not attend – DNA) is a significant problem in community mental health (CMH). However, there are limited studies conducted in the United Kingdom on this issue. Patients forgetting appointments was a reoccurring reason for DNAs in the literature. To address this, we aimed to assess the impact of raising staff awareness on recording patient consent to receive text message reminders of appointments and increasing the frequency of reminders on DNA rates in Arndale House (a CMH service covering Dartford, Gravesend and Swanley as part of the Kent and Medway NHS and Social Care Partnership Trust – KMPT).

**Methods.** DNA rates at Arndale House from August to October 2023 were assessed to determine a baseline before implementing interventions. Following this, two interventions were put in place; the first occurred on 18/10/23, consisting of an online teaching session for the staff at Arndale on documenting patients' consent to receive text message reminders for their appointments. Posters with instructions on this were posted on the trust intranet and set up within the building. The second intervention occurred on 20/11/23 and included sending out text message reminders more frequently, from three and one day prior to appointments

to seven days beforehand as well. DNA rates for November were analysed to assess the impact of intervention one and December for intervention two. Patient characteristics were also examined monthly to identify any trends among those who DNA. The analysis comprised 109 patients (69 for pre-intervention, 27 for intervention one, and 13 for intervention two).

**Results.** Pre-intervention DNA rates were 13.4%, 17.5%, and 13.5%, respectively. The incidence of DNA increased to 19.9% after intervention one. However, this was lower than November 2022. The rate for intervention two was 11.6%, lower than that of December 2022. Being White, having a mood disorder and having mental health disorders which fell under more than one category were prominent among those who DNA.

**Conclusion.** Increasing the frequency of text message reminders of appointments had a significant impact on reducing DNA rates, highlighting a potential intervention which can be implemented in CMH to tackle the issue of DNAs.

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### Empowering Psychiatric Trainees: Enhancing Portfolio Competence Through the Café of Royal College of Psychiatrists (CoRP) Quality Improvement Project

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**Aims.** The Quality Improvement Project (QIP) for the Café of Royal College of Psychiatrists (RCPsych) Portfolio (CoRP) was initiated to address the challenges faced by UK postgraduate psychiatric trainees in utilizing the RCPsych Portfolio effectively. The primary objective of this project is to enhance trainees' confidence and competence in using the portfolio. Additionally, CoRP aims to establish a robust, sustainable ecosystem of peer coaching and mentorship to support continuous learning and development among trainees.

**Methods.** The CoRP employs a unique, multi-faceted approach, leveraging a scalable coaching and mentoring model. Firstly, the program focuses on increasing its visibility among trainee groups through targeted communication and marketing efforts. Secondly, CoRP provides on-demand sessions to cater to the varied schedules and job plans of trainees, offering flexibility and accessibility. The sessions offer a mix of coaching, mentorship, and guidance, tailored to the specific needs and learning styles of each trainee. Furthermore, the project fosters an environment where trainees can learn from peers and experienced professionals, enhancing the learning experience and promoting a culture of collaborative learning.

**Results.** The implementation of the CoRP has led to significant improvements in trainees' confidence in using the RCPsych Portfolio. This outcome is evidenced by the data collected from pre- and post-session surveys, which show a marked increase in

trainees' self-reported confidence levels. The project has successfully conducted a series of sessions that focus on various aspects of portfolio management and learning. These sessions have been well-received, with positive feedback from participants indicating that the program meets its intended objectives. However, the project acknowledges the need for long-term data to understand its impact on the Annual Review of Competency Progression (ARCP) outcomes and to assess its sustainability over time.

**Conclusion.** The CoRP has demonstrated immediate, positive effects in enhancing the skills of psychiatric trainees in using the portfolio. Its strengths lie in the scalability of the model and the incorporation of coaching and mentorship principles, which have proven effective in addressing the needs of trainees. However, the project recognizes that further evaluation is needed to establish a clear correlation between improved portfolio skills and ARCP outcomes. To this end, future plans include the continuous expansion and repetition of the program every six months to accommodate new trainees. Additionally, ongoing evaluation will be conducted to measure the program's long-term effectiveness and sustainability. This will ensure that CoRP continues to evolve and adapt to the changing needs of psychiatric trainees, ultimately contributing to their professional development and success in their field.

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### Learning Disabilities: Reducing CTPLD West Psychiatry Clinic DNAs by 20% by Offering a More Person-Centred Service

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**Aims.** To explore reasons why patients under the learning disability community psychiatry team were not attending their appointments.

To explore patient preferences for type of appointments offered (F2F, telephone or video) aiming to improve access and attendance, whilst promoting reasonable adjustments for patients with learning disabilities.

To improve efficiency in terms of number of patients seen and reduce wasted clinical and admin time in relation to DNA appointments, by reducing the 'did not attend' (DNA) rates by 20%.

**Methods.** With the support of the QI team using methodology including fishbone diagrams and PDSA cycles, electronic data on the number of DNA psychiatry appointments were collated from January 2022 onwards and recorded monthly.

Each DNA appointment was coded with a reason given for non-attendance. The data was then reviewed and analysed to identify any common themes around non-attendance.

A questionnaire was initially trialled with a small sample of patients who had not attended to explore reasons for non-attendance and preference regarding appointment type. The questionnaire was then sent to all CTPLDW patients who had missed