(N = 147). However, the proportion in this group receiving treatment on doses below the licenced maximum improved from 85% (N = 68) to 76% (N = 55). Those on treatment but not in remission who had sufficiently trialled 2 or more antipsychotics (and therefore would meet the criteria for treatment resistance) increased from 50% (N = 52) to 56% (N = 55). The proportion of this treatment-resistant group receiving clozapine remained low, but increased from 3.8% (N = 26) to 9.7% (N = 31).

Conclusion. This project demonstrated modest improvements in prescribing practice, with a small increase in symptomatic patients receiving gold-standard treatment both in terms of numbers of medication trialled and reaching maximum doses. However there remains a significant gap, with a large proportion of symptomatic cases still showing room for medication optimisation. In particular clozapine remains underutilised in this cohort, with only a small minority of patients who would meet the criteria for treatment-resistant psychosis being prescribed it. This leaves room for further interventions to improve prescribing practice.

Adherence to RCPsych Standards for Physical Health Monitoring and Health Promotion in Patients Open to the North Wales Early Intervention Psychosis (EIP) Service

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Aims.
- The audit aims to improve the quality of physical health monitoring and physical health interventions that the EIP service provides to people with psychosis.
- To ensure adherence to RCPsych standards for physical health monitoring in patients with First Episode Psychosis.
- To ensure adherence to RCPsych standards for provision of required physical health interventions and health promotion in patients with First Episode Psychosis.

Methods.
- A retrospective case note audit and re-audit was conducted for 13 patients on the caseload of the North Wales EIP service from December 2022 to December 2023.
- The case notes were audited against RCPsych standards for physical health monitoring and physical health interventions using an adapted version of the National Clinical Audit of Psychosis (NCAP) audit tool.

Results.
- Alcohol and substance misuse screening status improved to 100% in re-audit.
- There was significant improvement noted in Hypertension, Body Mass Index and Cholesterol screening.
- Mental health medication review, advice or referral for diet and exercise with regards to weight gain/obesity and hypertension improved to 100%.
- No specialist interventions were offered around health promotion and illness prevention as most of the patients were either not in the abnormal range, identified as high risk for developing the above mentioned physical health conditions or refused to have interventions for these conditions.
- A definite increase was observed in frequency of interventions being reviewed and reoffered for those accepting and declining interventions at baseline.

Conclusion.
- Training for staff to complete bloods and physical health screening.
- Increase availability of equipment to carry out physical health screening.
- Monthly, three and six monthly prompts in the case notes for staff to discuss physical health interventions with patients.
- Staff to use headings for physical health screening and interventions to improve documentation in case notes.

Reducing Emergency Prescriptions (FP10s) Requiring Electronic Shared Care Agreement (ESCA) by North Hub Community Mental Health Team (CMHT), Birmingham & Solihull Mental Health Foundation Trust (BSMHFT)

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Aims. The community mental health team (CMHT) is actively involved in reviewing mental health patients who require commencing psychotropic medications. The responsibility to prescribe the psychotropic medications falls on the CMHT for the first 3 months. After this period, if the patient's mental health is stable, the prescribing role can be transferred to the GP by completion of an electronic shared care agreement (ESCA).

This project aimed to improve the management of emergency prescriptions (FP10s) requiring ESCA within the North Hub CMHT, BSMHFT focussing on reducing administrative time in receiving numerous urgent phone calls for repeat prescriptions, timely completion of ESCA and updating the electronic prescribing system.

Methods. Data collection was done by logging the numbers of the following on a weekly basis:

1. FP10s issued.
2. Calls related to FP10s.
3. ESCA sent.

Baseline data was collected over 11 weeks to analyse practice. Plan-do-study-act (PDSA) cycle was used to improve the processes from January to August 2023. Identified PDSA cycles included:

1. Clinician prompt reminders to check ESCA status.
2. Document FP10s instances on issue and inform patient about ESCA during outpatient appointments.
3. A 4-week system for managing FP10s at reception desk.
4. Increase consistent use of and access to EPMA.

Data was collected again for 4 weeks in December 2023 to assess sustainability of the implemented changes.

Results. This project resulted in a 14% reduction in the number of FP10s requiring ESCA and a 27% reduction in the number of calls for FP10s from January to August 2023. Data measuring

sustainability in December 2023 showed a total reduction of 64% from the baseline of 28 FP10s per week at the beginning of the project (January 2023) to an average of 10 FP10s issued per week in December 2023.

Conclusion. In conclusion, patients benefit from having a clear understanding of where their medications will be issued from thus improving their experience with the mental health service. Having effective processes in the CMHT enables medical professionals to complete the ESCA in a timely manner. Altogether this reduces burden on all professionals and reduces costs of prescribing by transferring the prescribing responsibilities to GPs. This project has been effective in reducing the number of weekly emergency FP10s issued. The 4-week system of managing FP10s at reception has now been included in the Medication Management's new procedure and guidance and is being introduced across all CMHTs in BSMHFT.

Junior Doctor's Ideas, Concerns and Expectations About Electroconvulsive Therapy: An Educational Quality Improvement Project

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Aims. There remains stigma surrounding electroconvulsive therapy (ECT) amongst junior doctors, as well as gaps in knowledge, recent studies have shown. The aim of this study is to reduce stigma and negative biases towards ECT among junior doctors in Hertfordshire.

This research strives to improve clinical knowledge regarding ECT amongst the same population of junior doctors.

After highlighting stigma and gaps in clinical knowledge amongst junior doctors, we aimed to implement an educational intervention to reduce these and assess the impact it made.

Methods. Over 80 doctors ranging from foundation year 1 doctors to consultants attended a weekly academic teaching for doctors working in Psychiatry. A 50-minute slot was set aside for a teaching session on ECT.

This included a pre- and post-teaching anonymous questionnaire, with open and closed questions, asking junior doctors about their previous exposure to ECT, and asking them to list three words they associated with ECT.

The teaching session included: what ECT is, indications, side effects, a short video explaining the procedure, an open discussion about stigma and ECT, a brief overview about the future of neuromodulation, and a consultant psychiatrist who is part of the ECT team talking through the before, during, after, and answering questions from the participants.

Results. 31 participants answered the pre-intervention questionnaire. Of the 31 respondents, 70% reported learning about ECT during medical school. However, 40% reported little teaching and only 13% had observed ECT. From thematic analysis of free text responses, 54% of respondents expressed detailed understanding of ECT, with 71% agreeing that ECT is a humane treatment. 80% expressed that ECT should be part of NICE guidelines. 50% of respondents conveyed that stigmatised portrayals of ECT in popular culture have influenced their negative opinion of ECT.

Of the 10 responses to the post-teaching questionnaire, 100% agreed that ECT is a humane treatment and that ECT should be part of NICE guidelines for treatment of severe/treatment-resistant depression. From thematic analysis, when asked to name 3 words they associated with ECT, 60% of participants described ECT as effective or successful and 40% described ECT as safe. 72% of the words used were positive descriptors.

Conclusion. ECT is not covered thoroughly during medical school. Before this teaching, about half of the trainees expressed a negative opinion of ECT due to popular culture. Post-teaching, positive opinions had increased, and more trainees (100%) agreed that ECT is a humane treatment and should be part of NICE guidelines.

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.

Audit to Determine the Incidence of Did Not Attend (DNA) Rates at First Assessment in the NHS Northern Gambling Service (NGS) by Assessment Modality

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Aims. Non-attended appointments can lead to adverse outcomes for a service and its users, including reduced service efficiency; increased waiting times; and impaired patient care. The audit objective was to explore whether DNA rates vary between the current modalities of face-to-face; virtual; and telephone. It was hoped that this would enable the service to better understand the reasons for patients not attending initial assessments and determine whether the modality may present a barrier.

Methods. A sample was obtained including all first assessment appointments between March 2022 and March 2023 (n = 386). Data included the modality for each initial appointment. Matched to this data, was whether the patient attended each appointment, creating a frequency of DNAs for each appointment modality across the year. Data analysis was conducted using Microsoft® Excel®. Beyond frequency and percentages, a chi-square test was used to assess for a statistical difference in appointment attendance between modalities.

Results. For this one-year sample the overall attendance rate was 77%: with 299 appointments attended, and 87 'DNAs'. The DNA rates across the one-year sample were face-to-face (24%); virtual (22%); and telephone (23%).

The chi-square value produced when analysing the DNA rates between modalities was 0.92 (critical value 5.99). Hence, there was no statistically significant difference in DNA rates by modality.

Conclusion. Despite the absence of variation in DNA rates between modalities, the findings can be viewed as reassuring. The move to include multimedia alternatives to assessments does not appear to be impacting attendance when compared with assessments that continue to occur face-to-face. Balanced against this increased geographical inclusion afforded by remote appointments, is the competing equity issue of digital exclusion,