5/7 (71%) had treatment initiated with Valproate more than 5 years ago, hence unable to see if prescription initiations were explained to patients due to lack of historical records.
Conclusion. First cycle of this internal audit which forms part of a wider national prescribing audit, demonstrates that the ECRS team are generally meeting current standards for Valproate prescription.

Despite the majority (71%) being initiated >5y ago - 86% of our patients have documented clinical reasons for ongoing prescription, with100% having a documented review in the past year.

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.

Understanding Trainees' Current Likelihood of Raising Concerns

Dr Vicki Ibbett*, Dr Manjinder Padda, Dr Katie Thomas, Dr Rajendra Harsh, Dr Sian Davies, Ms Tabassum Mirza, Dr Katherine Hubbard, Dr Ainy Gul, Dr Khadija Kulman, Dr Marium Fatima, Dr Amy Shaw, Dr Ella Kulman, Dr Razan Saeed, Dr Shay-Anne Pantall and Dr Ruth Scally

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), Birmingham, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.288

Aims. Raising concerns is a duty for all doctors. However, a scoping exercise within a large mental health Trust demonstrated that trainees experience difficulties in raising both patient safety and training concerns. As part of a trainee-led quality improvement (QI) project within this Trust, our aim was to develop a pulse survey to capture the current likelihood of trainees raising concerns and factors influencing this.
Methods. An online survey was developed using 'plan do study act' (PDSA) methodology. The initial draft was informed by data from the Autumn 2021 scoping exercise. The survey was refined using a collaborative trainee-led approach. It was tested by trainees involved in the QI project followed by two other trainees and was revised accordingly.

Trainees across all training grades were invited to complete the survey through various communication channels. The pulse survey will be repeated monthly with a two-week response window.
Results. Ten trainees out of 103 responded to the first pulse survey open from 18th to 31st January 2023 (response rate 9.7%). Seven respondents were core trainees and three were higher trainees.

Respondents were more likely to raise patient safety concerns than training concerns (average score of 3.8 out of 5, where 5 equals 'very likely', versus 3.4 out of 5 respectively). Of the three respondents who had experienced a patient safety concern in the past 2 weeks, only two had used any existing process to raise it. These data were replicated for training concerns.

No respondents were confident that effective action would be taken if they raised a training concern, while less than half of respondents were confident that effective action would be taken if it were a patient safety concern.

The reasons for the low response rate are likely varied. However, there may be some similar underlying reasons for low engagement in surveys and low engagement in raising concerns. Given this, a more negative picture of trainees' likelihood of raising concerns may have been portrayed if more trainees engaged in the survey.
Conclusion. Engaging trainees to provide insight into their likelihood of raising concerns is challenging. Despite the low response rate, this initial pulse survey demonstrated that trainees continue to experience barriers to raising concerns. PDSA methodology will continue to be used to optimise the monthly pulse survey response rate. The key QI outcome measures will also be integrated into pre and post intervention surveys as a pragmatic approach to evaluate specific change ideas.

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.

EVALUATION of VIDEO CONSULTATIONS in COMMUNITY MENTAL HEALTH SETTING- Pilot Project of Service Evaluation

Dr Sadia Tabassum Javaid* and Dr Ravindra Belgamwar

North Staffordshire Combined Healthcare NHS Trust, Stoke-On-Trent, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.289

Aims. To evaluate the overall experience and satisfaction with Attend Anywhere video consultations in adult CMHT. The increased use of the digital world is evident via Ofcom Tele Report 2019. UK Government's Five Year Forward View and initiatives, such as 'Digital First', aim to reduce face-to-face consultations. Past reports have shown video consultations to be non-inferior to face-to-face consultations in systematic reviews and qualitative studies.The contagious nature of the COVID-19 outbreak limited face-to-face consultations. This led to video consultations via Attend Anywhere (AA). AA is accessed anywhere via the web on Google or Safari with a good internet connection. It provides a single, consistent entry point with an online waiting area on the service's webpage.
Methods.

1. Two separate questionnaires were designed, one each for service users and staff, to capture relevant information at the end of AA consultation. Additional clinical questions for staff included.
2. Data were collected anonymously for 2 months from 1st April 2020.

Results. Total respondent 44= 20 service users and 24 staff.

1. For Service Users:

The respondents' age range was 19-62 years, 80% females. The majority were follow-ups with three new assessments. About half of them had previous contact with the staff. 15 consultations were carried out by the doctor, four by the psychologist, and one was a joint doctor-psychologist consultation.

95% reported their overall experience to be very good-good. 90% found it easy to use: 95% said they would use it again.

2. For Staff:

The respondents' age range was 30-50 years, 87% females. The majority were follow-up assessments with one-third new. 16/24 respondents were doctors and eight psychologists. 58% had a previous meeting with service users.

83% reported the overall experience as very good to good: one third felt it's time-saving. 100% reported it's easy to use, would re-use and recommend to others.

For clinical questions, the responses were very good-good as Rapport 87%; Risk assessment 83%; care plan 83%; History taking 78%; Mental state/Cognition 66% and providing support 65%.
Conclusion. Overall, the majority of respondents at an Adult CMHT found video consultations easy to use with readiness to use them again. Video consultations offer several advantages

https://doi.org/10.1192/bjo.2023.289 Published online by Cambridge University Press

over telephone reviews, e.g. for developing rapport, assessing mental state, etc.

These data are limited to the pilot project and a detailed review is planned for qualitative information with a larger cohort. Following this successful pilot and promising results, video consultations have been rolled out to other trust clinical areas.

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.

Implementing 'Train 2 Retain' Simulation Training Programme for the Mental Health Liaison Practitioners: A 6 Month Pilot Project

Dr Qaiser Javed*, Dr Sruthi Easwaran and Dr Aamer Shamim

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.290

Aims. The authors designed a unique simulation training programme exclusively for the liaison practitioners based in Aintree University Hospital Mental Health Liaison Team (MHLT). The simulation training aimed to improve the knowledge, confidence and competence of liaison practitioners through exposing them to realistic mental health related scenarios in an Accident and Emergency department (AED) and teaching them clinical skills in a safe environment.
Methods. The programme had been delivered by a Liaison Psychiatrist, core and higher trainees in once-monthly session lasting 45 minutes. Six clinical scenarios were picked based on the most common AED presentations. Scripts for all six scenarios were prepared in advance and both content and quality were checked with a liaison consultant psychiatrist. The scenarios depicted the journey of a patient being referred by the AED doctor to MHLT. Various clinical skills were embedded in the training programme including history taking, risk assessment, eliciting psychopathology, brief physical examination, managing co-morbid physical and mental health conditions, use of Mental capacity and Mental Health Act, and collaborative working with AED colleagues. Each station lasted 10-15 minutes and was accompanied by pre-briefing and debriefing with a higher trainee and experienced liaison psychiatrist for a further 30 minutes.

Liaison practitioners rated their confidence managing common but complex scenarios on Likert scales from 1 to 5 immediately before and after the session. Free-text questions explored practitioner's favourite aspects of the training, areas of further improvement and topics they would like the authors to include in the future training. Feedback had guided subsequent programme development and topic selection.
Results. The strength of the target audience was between 6 and 15 nurses per session, with increasing attendance at each session. Dropouts were mainly related to their busy shifts in AED. On average, Likert scale scores were between 1-2 before and 5 after sessions (100% in all feedback forms), indicating a statistically significant improvement in overall confidence and competence. Participants highlighted the format, real-life performance, quality of clinical scenarios and power point slides including group discussions as the most useful aspects of the training. 100% of respondents felt that the content covered was useful and the session content was pitched at the appropriate level.
Conclusion. Overall, 'Train 2 Retain' Simulation training was well-received amongst liaison practitioners. Embedding simulation training can improve the confidence and skills of liaison practitioners working in a busy AED setting which will improve well-being and staff retention. The next phase in the development of the training will be to include competence-based assessment and involving practitioners from other liaison services within the trust.

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.

Reviewing the Effectiveness of Clozapine Monitoring in Community Patients: Including the Monitoring of Physical Health Through Blood Monitoring & Reporting of Side Effects

Dr Amina Kahtoon* and Dr Sangram Pathania

Studdert Kennedy House-Herefordshire and Worcestershire Health and Care NHS Trust, Worcester, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.291

Aims. Clozapine is an atypical antipsychotic used mainly in treatment resistant schizophrenia. Clozapine is known to have various side effects including neutropenia, agranulocytosis, constipation, hypersalivation, myoclonus, tachycardia, dry mouth, gastrointestinal reflux, and hypotension. Therefore, it is important that patients have regular monitoring of their physical health through blood tests and side effect monitoring. The Glasgow anti-psychotic side effect questionnaire allows patients to report side effects whilst on clozapine. This can then be used to review patients' symptoms and treat them as required. The aim of our project was to review compliance of current blood monitoring of patients on clozapine with NICE guidelines and elucidate the effectiveness of the Glasgow anti-psychotic questionnaire in reporting of side-effects. Thirdly, we aimed to introduce a robust new monitoring system to ensure that clozapine monitoring was optimum.
Methods. Compliance of the current blood monitoring was checked by reviewing the blood results for all 68 patients on clozapine. The latest blood results were compared to observe if they were within the required timeframe as per NICE. Secondly, the Glasgow antipsychotic questionnaire was distributed to patients on clozapine and then data collated. Following, this a new computer spreadsheet monitoring system was introduced to improve compliance. This allowed patients with overdue monitoring to be flagged up.
Results. The overall compliance for the various blood parameters varied from 3% to 100% (glucose- 3%, prolactin- 19%, lipid profile- 68%, HbA1c- 69%, liver function- 72%, renal function- 74%, and full blood count- 100%). Following the introduction of a new monitoring system the overall compliance improved as follows (glucose- 8%, prolactin- 32%, lipid profile- 81%, HbA1c- 61%, liver function- 90%, renal function- 88% and full blood count- 100%). We observed a 41% uptake of the Glasgow antipsychotic questionnaire. The most common reported side effects included hypersalivation (86%), GI side effects (nausea and gastric reflux- 64%), postural hypotension (56%) and anticholinergic side effects (blurry vision and dry mouth- 46%).
Conclusion. The findings show that the previous system was not effective. The introduction of a computer-based spreadsheet to flag up patients for clozapine monitoring has substantiality improved compliance with guidelines. The Glasgow antipsychotic self-reporting questionnaire is effective in allowing patients to report the symptoms that they are experiencing. These changes continue to be utilised in our team.

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.

https://doi.org/10.1192/bjo.2023.289 Published online by Cambridge University Press