This would in turn lead to improved Physical health outcomes, especially in the COVID-19 pandemic.

Methods. The NEWS chart is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, when patients present to, or are being monitored in hospital. This will ensure that patients who are deteriorating, or at risk of deteriorating, will have a timely initial assessment. This should supplement clinical judgement in assessing the patient's condition.

Early detection and escalation of deteriorating NEWS leads to improved patient outcomes and referral to the appropriate specialties, for subsequent management.

The initial phase of the QIP comprised of retrospective data collection surrounding the recognition and documentation of NEWS on an 18-bedded Old age Psychiatric ward. This period spanned the 2nd wave of the pandemic, from November- December.

Potential interventions were implemented in the form of raising NEWS awareness by educating nursing staff via teaching sessions, displaying posters all over the ward and nursing station. Team also reviewed all NEWS charts everyday during ward management rounds which served as a daily reminder for the staff measuring the observations.

NEWS of & greater than 3 was defined as the threshold for escalation.

Following change implementation, data were collected to capture the progress made over a month.

Results. Analysis of data pre and post- interventions displayed a significant improvement in escalation of unwell patients from 26% to 60%.

Conclusion. Improved outcomes and early detection of potentially deteriorating patients, leading to early transfer of patients to an Acute Medical setting and better overall management.

Raised awareness and understanding of physical health management in Mental Health nurses.

The QIP was presented at the Trust QI Forum meeting and was met by and overwhelmingly positive response. In order to enhance NEWS recording an electronic format is now being adapted. There is also a consideration around providing regular NEWS teaching sessions to all inpatient staff across the trust.

Restructuring Patient Review and Allocation in a South London Home Treatment Team

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doi: 10.1192/bjo.2022.282

Aims. Lambeth Home Treatment Team (LHTT) provides short-term intensive community psychiatric care to a diverse South London population. The high turnover of patients requires a streamlined process to review and discuss their progress. We aimed to discuss patients in more frequent, targeted and shorter meetings, and to improve continuity of medical care using a 'named doctor' system. We assessed impact on length of stay with LHTT, on staff time as well as on both patient and staff satisfaction.

Methods. The system of once-weekly day-long discussions of entire caseload was replaced by twice-weekly discussions of new and concerning patients only. The system of medical reviews was changed from ad hoc to MDT-agreed allocation to a specific doctor for the duration of LHTT stay.

Data on duration of treatment and caseload size were taken from regular LHTT statistical reports. Staff and patient questionnaires assessed impact on satisfaction and time spent in review discussions.

Results. Qualitative reports of staff experience revealed that the new system was felt to provide better continuity of care, better time efficiency (less time spent learning about new patients) and improved learning experiences for doctors in training. Downsides included lack of 'automatic second opinion' when a patient was reviewed by a different doctor, felt to be mitigated by more frequent discussions in MDT reviews when needed.

Patient feedback showed no significant change was noted in overall experience of LHTT, although patients were more likely to feel involved in their care (88% said 'definitely' compared to 68% before the change).

Time spent discussing patients in clinical review meetings reduced from an average of 38.5 to 28.5 person-hours per week.

Average caseload reduced from 57 to 42. However, duration of treatment increased from 18.8 days to 20.4 days.

Conclusion. The reduction in staff time in reviews suggests that the system had been appropriately streamlined. While caseload size reduced, duration of stay slightly increased, so the new system was not found to have had a significant impact on objective measures of patient care.

Staff feedback was generally favourable, highlighting continuity of care and time efficiency. Patient feedback, while good both before and after our change, suggested a greater feeling of involvement in their care, possibly due to clearer communication and discussion of plan from the start of LHTT care.

Lithium Monitoring Within NHS Forth Valley 2020

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doi: 10.1192/bjo.2022.283

Aims. The aim of this audit is to improve the monitoring of appropriate parameters in patients within the health board who are prescribed lithium, including lithium level, urea and electrolytes, thyroid function tests, calcium. It will also look at whether the same patients are appropriately referred to renal services.

Methods. A retrospective review of electronic patient records of 100% of the patients in Forth Valley Health Board who have collected a lithium prescription in the 6 months between March and August 2020.

Results. 69% of patients had a lithium level checked within the time period set out in the NICE guideline. Only 43% complied with the guideline on renal referral and 63% on calcium. Compliance with assessment of urea and electrolytes was better at 90%, and thyroid function tests at 85%.

Conclusion. Part of the decline in compliance with guidelines is likely in relation to the availability of face-to-face appointments during the pandemic, and reduction in outpatient appointments. As a result of this there is a planned further audit looking at how lithium monitoring is reviewed in outpatient psychiatry. This is intended to increase the involvement of psychiatry and the patient in ensuring appropriate monitoring is completed rather than relying solely on the GP.

"Drilling Down": psychiatry and dentistry in collaborative action

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https://doi.org/10.1192/bjo.2022.530 Published online by Cambridge University Press

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doi: 10.1192/bjo.2022.530

Aims. People with severe mental health illnesses experience multiple adverse physical health outcomes, in part caused by difficulties accessing, engaging with health promoting behaviour, treatment and recovery strategies. As oral health is a major contributor to physical and mental wellbeing, obstacles to care, prevention, and therapy play an important role in the oral health of individuals with mental illnesses. Psychiatric medications are known to predispose to oral health pathologies, including sialorrhea and dental caries, electroconvulsive therapy (ECT) may rarely result in dental fractures, and substance misuse may contribute to poor dental health. Unsurprisingly, COVID-19 has been more acutely noticed by those already at risk of worse oral health outcomes, including people with mental health conditions.
Methods. We address the interplay between mental health and dental care, outline evidence behind the vital importance of collaborative working, and advocate for a joint approach between mental health and dental teams utilising harm reviews adapted to assessing the impact of delay dental care upon patients and families' quality of life. As COVID-19 persists and winter pressures are experienced every year, these raise the question of what needs to be done to demonstrate the effects of poor oral health on patients with learning difficulties and mental illness.
Results. With annual winter pressures in healthcare, many elective operations are postponed to allow capacity for increased demand. Dental general anaesthetics are amongst the first lists to be suspended, particularly since the arrival of COVID-19. During the first peak of the pandemic, limited access to personal protective equipment and concerns over viral transmission risked by aerosol generating procedures restricted the provision of community dental care to urgent cases, and dental general anaesthetics to life-threatening infections alone.These impacts were particularly acute for those with learning difficulties and mental illness, further exacerbated by social, geographical and financial inequalities. Waiting for patients to deteriorate to access dental care treatment seems in direct opposition to the mental health movement towards community and early management of mental illnesses.
Conclusion. Adapted harm reviews are a powerful tool for mental health and dental teams to demonstrate to hospital managers the multidimensional impact that poor oral health has and causing physical, behavioural and emotional deterioration on patients, families and supporting staff. Wider understanding of the dental needs of those with mental health conditions may foster research on the interplay between oral and psychological health, and remains vital to multidisciplinary, compassionate and holistic care.

Evaluating the Dissemination of Mental Health Resources and Service Information in Primary Care: A Quality Improvement Project

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doi: 10.1192/bjo.2022.284

Aims. *Background:* Demand for mental health support in primary care has increased during the COVID-19 pandemic. Furthermore, in an era of social distancing, the use of digital technology for communication has never been more important. It is therefore vital for mental health services to be easily accessible online, especially because 90% of people with mental health problems are cared for entirely within primary care, despite using <10% of mental health expenditure. *Aims:* 1. To evaluate the dissemination of resources and services to patients during initial mental health consultations. 2. To develop an easy to access and cost-effective resource containing details of both adult and child mental health services.
Methods. An anonymised survey was used to explore the dissemination of mental health resources at the Cotswold Medical Practice. The baseline data collection revealed a lack of easily accessible and shareable information, furthermore, a review of existing literature found that no resource existed containing details of both local and national services. Consequently, two virtual documents were created for adult and child mental health resources. These were added to an accuRx template to allow clinicians to easily send the resources to patients via text message. The resources were then re-evaluated 1–week and 5–weeks post–intervention.
Results. Pre–intervention the average GP provided patients with 2.4 mental health resources and there was no standardisation of the information given. Post-intervention, over 25 resources were provided as both 6–page virtual documents contain a range of resources including: NHS services, local and national charity services, private services, self-help books and mobile apps.
Conclusion. The novel virtual resource produced is a cost-effective resource that helps improve the quality and quantity of information provided to patients about mental health services. The resource produced is compatible with virtual consultations and is sustainable for long term use.

Journey to Perinatal Mental Health Services in Northern Ireland

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doi: 10.1192/bjo.2022.285

Aims. The case for perinatal psychiatry as a subspecialty is strong. In the context of perinatal mental illness consideration has to be given to; differences in presentation, the need to account for mother and baby and the risks associated with inadequate treatment. Specialist services improve outcomes, reduce risks and save money. Despite the government's agenda of preventative healthcare, service provision has been inequitable across the UK. Here we detail the journey towards the development of new Community Perinatal Mental Health Services in Northern Ireland (NI).
Methods. In NI the first embers of a perinatal service were ignited by Dr Janine Lynch approximately 15 years ago when she established a small community perinatal team in Belfast Health and Social Care Trust (BHSCT). Her commitment and foresight regarding training inspired others, resulting in high levels of interest among trainees. From this grew a dedicated group of consultants committed to supporting service development across NI.

A multidisciplinary regional perinatal mental health forum was formed leading the development of a Northern Ireland Care Pathway in 2012. In partnership with women with lived experience, this forum led the bid for perinatal service development across the province.

https://doi.org/10.1192/bjo.2022.530 Published online by Cambridge University Press