Objectives:

- To determine the prevalence of physicalcomorbidities among this population.
- To evaluate the frequency and adequacy of physical health monitoring provided to older service users.
- To assess whether current service provision meets the specific needs of older adults and to develop recommendations for service improvement.

Methods: We employed a retrospective design, drawing on clinical records from the Bolton Addiction Service (Paris and GM care records). 65 years was the operational cut-off for defining "old age". 33 records were accessed for their:

–Sociodemographic characteristics and social circumstances.

–Substance use and treatment history.

–Clinical profile: presence of comorbid medical conditions and concurrent medications.

–Investigations: whether any diagnostic or monitoring investigations were recorded, and the time elapsed since the most recent investigation.

–Cognitive status: evidence of cognitive decline documented in clinical notes.

Results: The project highlighted significant physical and social vulnerabilities among older adults receiving treatment for substance misuse, with over halfliving alone and almost all of them relying on pension or benefits.

- Opioid misuse is the predominant issue(73%), with 79% of these having a history of injecting, although only a small proportion (8%) continue to inject. 91.6% of those with opioid misuse are on methadone.
- Two thirds have been in treatment for more than five years, many(39%) for over two decades. Those with shorter treatment histories are largely individuals with alcohol misuse, who receive psychosocial interventions rather than medication.
- Nearly all patients have multiple medical comorbidities, most commonly cardiovascular disease, and all are prescribed several medications.
- Cognitive impairment is documented in one fifth of the cohort, including three cases of confirmed dementia.
- Despite this high level of clinical complexity, more than half have not received a medical review in the past year, eight had no physical health investigations, and only one patient underwent an ECG.

Conclusion: Older adults with substance misuse have substantial physical health needs that are not fully met by the current service. Enhancing the frequency of medical reviews and physical health investigations, particularly ECG monitoring, is recommended. It was also suggested that doctors include discussion about methadone dose reduction or change to buprenorphine as part of older adults' medical reviews.

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.

Improving GP-CMHH Communication

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Aims: The aim of the project was to formalise and structure reciprocal communication between GPs and Queen's Park and Paddington community mental health hub (QPP CMHH), with the hope of streamlining mental health care, supporting GP colleagues with mental health management, and to improve the quality of referrals.

Methods: Three GP surgeries were selected on the basis that they constituted 80% of the referrals to QPP CMHH. A7-item questionnaire (consisting of 5 rating-scale questions, ranging from dissatisfied to very satisfied, and 2 free-text questions) was sent to the GPs at these practices. Both virtual and paper copies were used. GPs were then given access to a spreadsheet that allowed them to book in for patients that they wished to discuss with CMHH, where they provided patient details and the clinical question. Virtual meetings were held every 2 weeks to discuss the cases and for the GPs to receive advice.

Results: A total of 15 pre-intervention questionnaires were returned, from 3 GP surgeries. A total of 13 post-intervention questionnaires were returned, from 1 GP surgery. There was overall improvement in the GP-CMHH relationship, with the greatest improvement seen in the domain 'communications were being sent via the correct channels'.

Conclusion: Limitations include long-term sustainability, which depends heavily on the commitment and input of more permanent, often senior staff. Suggested areas for improvement included a bypass telephone number to expedite access to QPP professionals for better support for duty GPs, and integrating the discussion referral process into SystmOne, the software that both GP surgeries and CMHT use. Suggested next steps is to widen access to additional GP surgeries.

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Improving the Admission Clerking Process and Documentation Completion in an Adult Acute Inpatient Psychiatric Unit

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Aims: Timely and accurate admission clerking is essential for safe and effective care in inpatient psychiatric settings. In our adult acute inpatient psychiatric unit, admission clerking was frequently delayed and inconsistently completed, increasing risks to patient safety, delaying treatment initiation, and impairing multidisciplinary communication. This quality improvement (QI) project aimed to improve the timeliness and completeness of admission clerking by ensuring completion within 72 hours of admission and achieving at least 70% documentation completeness by December 2025.

Methods: A QI methodology using Plan–Do–Study–Act (PDSA) cycles was employed. Afishbone diagram and driver diagram were developed to identify contributory factors and guide interventions. Baseline data were collected to assess current performance and identify priority areas for improvement. Two change ideas were tested. The first involved extending the target timeframe for admission clerking completion to within 72 hours of admission, which was clearly communicated to all medical staff. The second involved introducing a standardized admission clerking template to ensure consistent documentation of key domains, including mental state examination, risk assessment, physical health, and social history. Data on timeliness and completeness of admission clerking were collected and reviewed across sequential PDSA cycles.

Results: Following implementation of the first intervention, the initial PDSA cycle demonstrated a significant qualitative