Over 60% of the general population and up to 80% of patients detained in forensic psychiatric units in the UK are classed as overweight or obese, with serious consequences to physical health.

Southfield Low Secure Unit is a 28 bed unit. Most patients suffer from treatment resistant schizophrenia and are prescribed high doses of antipsychotic medication, some up to 250% of the maximum recommended dose.

**Method.** Baseline data were collected using Body Mass Index (BMI) and Simple Physical Activity Questionnaire (SPAQ).

Following the initial data collection, patients were involved in focus groups, community meetings and a monthly physical health action group. There was input from the care team including psychology, occupational therapy, nursing, catering and security. New activities have been made available such as “physical health and mental health education group”, “rambling group”, “gym sessions”, “patient focus groups” and “walking group”.

**Result.** This project has been running for 9 months and is ongoing.

There has been a modest change in the BMI – initial results ranging from BMI 23.6–42.8kg/m². Of the initial cohort (n = 14), there has been weight loss (n = 3), weight gain (n = 3) and no change (n = 8).

The initial SPAQ results showed that on average patients spend 19.8 hours per day either in bed or doing sedentary activities and only 1.68 hours per day walking or doing physical activities. This pattern is being reassessed.

The qualitative data from patient focus groups shows increased interest in activities, motivation and desire to contribute to the project. **Conclusion.** The preliminary results show an increase in patient motivation and engagement with available activities. There have also been patient-led challenges which were well received. Patients feel positive about the programme and valued for their input. Further support is required to maintain progress.

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**Assessing the practice of written referrals to neuroradiology and how this process can be improved and standardised**

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**Aims.** This quality improvement project aims to improve the quality of information provided in the referrals from the older adult psychiatry department to radiology when requesting neuroradiological imaging.

The secondary outcome aims to standardise information on the referral proforma. We hypothesise that this improved referral proforma will lead to improved quality of reporting from the radiology department, which will form the second stage of this quality improvement project.

A further area of interest of this exercise is to establish whether standardised radiological scoring systems are requested in the referral, as these can be utilised as a means to standardise reported information.

**Method.** Retrospective electronic case analysis was performed on 50 consecutive radiology referrals for a period of 3 months from November 2019 to January 2020. Data were obtained from generic MRI and CT referral proforma and entered into a specifically designed spreadsheet for analysis of baseline demographics.

Data collection tool. Recorded were patient demographics, provisional diagnostic scoring systems, and inclusion and exclusion criteria.

**Conclusion.** Shorter LOS during the pandemic was a significant finding. Despite this, BMI on discharge remained similar, suggesting a shift to weight restoration due to lack of opportunities for an holistic approach due to restrictions. Key elements of treatment include careful monitoring of HbA1c and concurrent management of Type 1 Diabetes for those patients. The low response rate to questionnaires raises concern regarding their use, in their current format, as effective tools to measure outcomes. Though low numbers of questionnaire responses prevent firm conclusion, it appears that the reduced opportunities for elements of treatment to be undertaken in the community may have contributed to increased anxiety levels on discharge.