**Audit Reviewing Consent for Electro Convulsive Therapy**

Dr Saba Ansari1* and Dr Sujatha Maiya2

1University Hospital Monklands, Airdrie, United Kingdom and 2University Hospital Wishaw, Wishaw, United Kingdom

*Presenting author.

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**Aims.** The National Institute for Health and Clinical Excellence (NICE) recommends that valid consent be sought for Electro Convulsive Therapy (ECT) in all instances where the individual has the capacity to provide or deny consent. Individuals should get comprehensive information on the general risks and potential advantages of ECT. When informed consent and decision-making are not possible, advance directives are fully considered, and the individual's advocate and caregiver are consulted. Additionally, patients should be informed that they can discontinue treatment at any moment. The purpose of this audit is to determine whether we are adhering to the NICE-recommended standards and recommendations.

**Methods.** This is a retrospective audit looking at case notes from the last 30 individuals who received ECT at University Hospital Wishaw. Individuals' electronic and paper light notes were analysed for data.

In informal patients, the aspects reviewed were:
1. Documentation about adequate information given.
2. Documentation of risks and benefits explained.
3. Documentation of information given about withdrawing consent.

In formal patients the aspects reviewed were:
1. Number of cases who received urgent ECT under Mental Health Act (Scotland) with Record of notification on T4 form.
2. Number of cases who received ECT under Mental Health Act (Scotland) with Certificate of the designated medical practitioner completing T3A form.
3. Number of cases who regained capacity to consent for ECT during the course of treatment and had appropriate informed consent with Certificate of consent to treatment completed on T2 form.
4. Did any of the cases have Advance Statement either for or against having ECT as a treatment option for them?

**Results.** Observations of the data collected revealed that over 30% of cases lacked the documentation proposed by NICE standards. Only 25% of cases with complete documentation were informal patients, whereas the remaining 75% received ECT under the Mental Health Act Scotland.

**Conclusion.** Based on the observations, this audit establishes that our results do not meet generally accepted standards. The full results will be disseminated with appropriate recommendations to the prescribing Consultant Psychiatrists. This Audit process has also prompted us to redesign the ECT booklet to include the required documents in accordance with standards.

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**QIP: Liaison Psychiatry Outcome Measures at University College Hospital in London**

Dr Ariana Auyeung1,2* and Dr Lisa Patel1,2

1University College London Hospital, London, United Kingdom and 2Camden and Islington NHS Foundation Trust, London, United Kingdom

*Presenting author.

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**Aims.** The purpose of this quality improvement project was to improve the collection of outcomes in the Liaison Psychiatry (LP) department at the University College Hospital in London (UCLH). To achieve this, the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP) was used to gather data and evidence on clinical and other patient-related outcomes provided by the department. The FROM-LP was created to provide a consistent way to compare the quality and performance of Liaison Psychiatry services across the NHS. It was developed in 2015 and is based on the most widely used measurement frameworks for assessing quality and performance of services.

**Methods.** This project implemented the FROM-LP, using the Identify and Rate the Aim of the Contact (IRAC) tool and the Clinical Global Impression – Improvement scale (CGI-I) from September to November 2021 in the UCLH Liaison Psychiatry department. The PDSA (plan, do, study, and act) cycle was used to carry out this quality improvement project and the data were collected by two foundation year doctors.

The IRAC scale identified ten categories for the aim of contact by LP and a rating on whether the aim was fully achieved, partially achieved, or not achieved after patient contact. The CGI-I scale was used to rate whether a patient had improved upon discharge by LP. Data were also collected on the demographics of patients, the specialty teams that referred to LP, whether legal frameworks were used, and where patients were discharged to.
**Results.** This project improved the collection of outcome data in the department from 0% to 98.16%, indicating an improvement of outcomes measurement by >98%. Other outcomes collected showed that patients were predominantly 21–30 years of age and referred to community mental health teams when discharged. The IRAC tool showed most patients were referred for assessment and diagnosis, with the majority of these aims marked as ‘fully achieved’. The CGI-I tool showed most patients were ‘much improved’ upon discharge.

**Conclusion.** The collection of these outcomes led to the creation of an outcomes measure form on the primary electronic software system (Carenotes) utilized by the department and local trust. This electronic form is now currently being used by the Liaison Psychiatry department at UCLH for their patients and makes this improvement sustainable while providing an easier means to continue collecting data. Ultimately, the collection of these outcomes will guide future changes and improvements for both the liaison psychiatry department and its patients.

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**Communication Skills in Group Psychoeducation**

Dr Muhammad Ayub* and Meritorious Professor Dr M. Iqbal Afridi  
Dept. of Psychiatry & Behavioural Sciences, JPMC (Jinnah Postgraduate Medical Centre), Karachi-75510, Pakistan  
*Presenting author.

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**Aims.** To Improve the mental health of psychiatric inpatients and caregivers. To improve communication skills of postgraduate trainees.

**Methods.** Setting: Consented, monitoring and observation of communication skills during weekly, inpatient psychoeducation sessions at Department of Psychiatry and Behavioural Sciences, JPMC, Karachi.

Data collection; Retrospective, communication skill records of postgraduate trainees from last 10 sessions from July 2019 to October, 2020. Based on a 13-items self-made questionnaire for communication skill. The overall communication skills of each postgraduate trainee were recorded from excellent, very good, good, improvement needed and lots of improvement needed category based on their performance.

**Results.** Current practice showed that communication skills of 70% of postgraduate trainees were recorded as very good communication skill, 30% into excellent while none was noticed in another category.

**Re-audit.** It was started soon after implementation of action plan from November, 2019 to January, 2020, with monitoring of weekly inpatient psychoeducation sessions similarly as done previously. The result of reaudit concluded significant improvement in individual and overall communication skill which were recorded as very good 50% and excellent 50% and none had other poorer categories of communications Skills.

**Conclusion.** Individual feedbacks to doctors immediately after the psychotherapy session according to the audit tool questionnaire to improve current communication skills.

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**Improving the Referral Process Between Acute Wards and the Psychiatry Department at Tameside General Hospital**

Dr Claudia Bann1,2*, Dr Sharon Yeung1,2 and Dr Emmalene Fish1,2

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**Urine Testing in a Local Drug and Alcohol Service: How Has the COVID-19 Pandemic Affected the Frequency of Urine Testing in Patients With Opiate Addiction?**

Dr John Barker1,2*, Dr Olawale Lagundoye2 and Mr Thomas Nield1

1The University of Sheffield, Sheffield, United Kingdom and 2Sheffield Health and Social Care NHS Foundation Trust, Sheffield, United Kingdom  
*Presenting author.

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**Aims.** When a dependant opiate user seeks help from a substance misuse service, it is vital that some form of drug testing is conducted. This is commonly a urine test and will show the patient’s