

Clinical Psychology, AHPs, Social Work Team Manager, Social Worker, Police, GP, Housing, MHO, District Nurses, etc

Individuals identified as RED and are at risk of admission or an inappropriate alternative solution will likely require significantly longer discussions and a full plan to reduce the risk of harm.

Evaluation data were gathered via qualitative feedback from the multi-disciplinary team (MDT). Number of patients admitted among cases discussed from January 2020 until September 2022 (Total 248) was noted.

Results. The MDT team were generally satisfied with the assistance they received and were able to be provided solution focused remedies with immediate feedback. In particular, they were satisfied with the accessibility in having a collaborated approach with addressing the challenges to request priority of interventions from NHS Highland ID staff and provision of timely advice and guidance to support providers. Out of the 248 People With Intellectual Disability (PWID) discussed from January 2020 to Sept 2022, only two required admission with the rest successfully being managed in the community.

Conclusion. With its easy accessibility and quick response via video conferencing, 'Red people' meeting can be used as a platform to discuss PWID and / or autism who have been classified with a RED status identifying the immediate support required, providing expert advice and guidance, enabling a quick prioritised response from professionals and provision of safe and timely discharge from hospital.

It is evident that further research needs to be undertaken into the contemporary and future practice of community ID teams in the management of crisis settings.

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.

Review of Admissions to Local Division, Mersey Care NHS Foundation Trust Between June 2017-June 2022

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Aims. The aim of the study is to investigate if a trend in admissions to wards within Local Division in Mersey Care NHS Foundation Trust has been evident over the past five years and hypothesise rationale for this.

Methods. Mersey Care NHS Foundation Trust has collated information on admissions to wards within their Local Division from June 2017 to June 2022. These data were reviewed and analysed.

We considered contributory reasons for any trends in admissions, for example, establishment of the Crisis Resolution Home Treatment Team (CRHTT) in 2017 and the impact of the Coronavirus pandemic. We also reviewed the number of assaults over this period, to see if a trend was evident.

Results. There has been a downward trend in the total number of admissions to wards within Local Division.

The average total number of monthly admissions pre establishment of the CRHTT was 186, which declines to 133 when the service was functioning. For general adult admissions, the average number of monthly admissions pre commencement of the CRHTT was 160, which reduced to 118 after implementation of the CRHTT, a 26.3% reduction. For old age admissions, the average number of monthly admissions was 25, which reduced to 19 after implementation of the CRHTT, a 24% reduction.

At the height of the Coronavirus pandemic, the average number of admissions dropped to 124, and 80% of results fell below the trendline. There was a less significant reduction in old age admissions due to the Coronavirus pandemic, perhaps reflecting less family support during lockdown periods, reduced access to carers and less input from the community mental health team in care homes; all of which could increase the need for older adults to be admitted to inpatient mental health beds.

The number of assaults across wards within Local Division increased significantly from 602 in 2017 to 1527 in 2021. This suggests there is perhaps a higher threshold to admit patients, with more significant risk profiles.

Conclusion. A downward trend in admissions to Local Division within Mersey Care NHS Foundation Trust has been evident since 2017.

There are a several factors that could have contributed to this, including commencement of the CRHTT and restrictions due to the Coronavirus pandemic. The significant increase in the number of assaults, may also suggest there is now a higher threshold to admit patients, with more significant risk profiles.

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Long Waiting Lists and Poor Attendance - How Can Psychiatry Do Better? a Review of Services in North West Edinburgh

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Aims. Increasing demand and high rates of non-attendance (DNA) lengthen waiting lists for psychiatric services, a topic of significant public and political interest. NHS Lothian data between 2009/10 and 2018/19 averaged a DNA rate of 19% for new patient appointments. Our aim was to analyse the waiting list and DNA rate for patients referred for a routine Consultant-led General Adult Psychiatry outpatient clinic appointment (OPCA) within the North-West Edinburgh Community Mental Health Team. The goal was to identify lost clinical time and areas for service development.

Methods. We collected data of all patients on the waiting list for a routine OPCA, excluding 'soon' or 'urgent' appointments and those on the separate Neurodevelopmental Disorder waiting list.

We collected data of all OPCA attendances between 1st of January 2020 and 1st of January 2023.

In line with Royal College of Psychiatrists guidance, we allocated 30 minutes for a return patient and 60 minutes for a new patient to determine lost clinical time due to DNAs.

Data were collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Results. 221 patients were on the waiting list for an appointment. 52% of patients were female (n = 115). The longest wait was 10 months.