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medication reviews took place within the timeframe written in the patient's notes. A proforma was initiated and used for 93% of patient handovers between wards. Blood results were checked according to the planned timeframe in 86% of cases. Where the handover proforma took place, 100% of patients had a medications review. Qualitative detail revealed that key patient appointments such as MRI Brain scans and important plans such as fluid restriction limits were missed before implementing the protocol. Aftewards complex patient plans were recorded and implemented accordingly.

Questionnaire feedback was positive and MDT found the proforma to be helpful and to improve patient safety.

Conclusion. The team viewed the new handover pathway as a positive patient safety tool. Compliance with completing the protocol in the longer term and maintaining change is an area for ongoing improvement.

Exploring determinants of self-management in adults with severe mental illness: a qualitative evidence synthesis

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Aims. To systematically review and synthesise qualitative evidence about determinants of self-management in adults with SMI. The goal is to use findings from this review to inform the design of effective self-management strategies for people with SMI and LTCs.

Background. People living with serious mental illness (SMI) have a reduced life expectancy by around 15–20 years, mainly due to the high prevalence of long-term physical conditions such as diabetes and heart disease. People with SMI face many challenges when trying to manage their physical health. Little is known about the determinants of self-management – managing the emotional and practical issues – of long-term conditions (LTCs) for people with SMI.

Method. Six databases, including CINAHL and MEDLINE, were searched to identify qualitative studies that explored people's perceptions about determinants of self-management in adults with SMI (with or without comorbid LTCs). Self-management was defined according to the American Association of Diabetes Educator's self-care behaviours (AADE7). Determinants were defined according to the Capabilities, Opportunity, Motivations and Behaviours (COM-B) framework. Eligible studies were purposively sampled for synthesis according to the richness of the data (assessed using Ames et al (2017)'s data richness scale), and thematically synthesised.

Result. Twenty-six articles were included in the synthesis. Seven studies focused on self-management of LTCs, with the remaining articles exploring self-management of SMI. Six analytic themes and 28 sub-themes were identified from the synthesis. The themes included: the additional burden of SMI; living with comorbidities; beliefs and attitudes about self-management; support from others for self-management; social and environmental factors; routine, structure and planning. Capabilities for self-management were linked to people's perceptions about the support they received for their SMI and LTC from healthcare professionals, family and friends. Opportunities for self-management were more commonly expressed in the context of social and environmental factors. Motivation for self-management was influenced by beliefs and attitudes, whilst being closely related to the burden of SMI.

Conclusion. The themes identified from the synthesis suggest that capabilities, opportunities and motivations for self-management can be negatively influenced by the experience of SMI, whilst social and professional support, improved access to resources, and increased involvement in care, could promote self-management. Support programmes for people with SMI and LTCs need to account for these experiences and adapt to meet the unique needs of this population.

Experience of tele-psychiatry during COVID-19 amongst doctors working in a mental health trust: A survey

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Aims. There is paucity of information about perspectives of psychiatrists about telemedicine practice during COVID-19 pandemic. It was intended to explore the experience of doctors using tele-psychiatry for provision of clinical care during the COVID-19 pandemic in a Mental Health Trust covering four cities in West Midlands, UK.

Method. The study was conducted as an anonymized questionnaire survey. A 10-item questionnaire was designed with items related to the clinical outcomes, challenges and provider satisfaction when using tele-psychiatry. It had mostly yes/no dichotomous responses along with the scope for making additional comments for each question. An online link of the questionnaire was sent via email to doctors of all grades working across the Black Country Healthcare NHS foundation Trust, in the West Midlands. The survey was open between July and October 2020; and monthly reminders were sent.

Result. The questionnaire was sent out to 159 doctors and 34 responded (response rate of 21.3%). Just over 50% had used both telephone and video consultations, whereas 47.1% responders had used telephone only. More than half (55.8%) reported that the tele-psychiatry affected clinical outcomes; and it was considered positive in around half (52.9%). Most (73.5%) of the responders found that limitations or challenges of using technology impacted on delivery of care remotely. However 64.7% psychiatrists were satisfied with the process overall; and 79.4% reported that they would like to use tele-psychiatry in the future as well.

Survey captured many observations from the psychiatrists. Positive comments from the psychiatrists included expedited delivery of care, reduced non-attendance rates, as well as successful multidisciplinary meetings. Challenges in specific subspecialties such as Child and Adolescent Psychiatry or Older Adult psychiatry were reported where complete assessments were not achieved successfully. The process was felt to be

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