

Annual Reviews: For females, annual acknowledgement forms were completed in one of two cases; both complied with the Pregnancy Prevention Programme (PPP).

Discrepancy: All cases had alert creation mismatches.

Conclusion: Good Practices:

Reduced new sodium valproate cases in 2024 (from 10 in 2023 to 3).

Universal completion of acknowledgement forms for new cases.

Adherence to PPP for females and avoidance of valproate initiation in females under 55.

Areas for Improvement:

Documentation and completion of LFT/FBC tests before and after initiation.

Timely creation and removal of alerts.

Clear record of initiation dates, reasons, and follow-up plans.

Mitigation Strategies:

Training healthcare professionals on guidelines and the importance of acknowledgement forms for all patients.

Ensuring accurate alert management.

Proper documentation in discharge plans for female patients.

Verification of recent LFTs and acknowledgement forms during reviews.

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Physical Health Monitoring for Patients Within an Assertive Outreach

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Aims: This audit highlights the well-documented disparity in life expectancy between individuals with severe mental illnesses, such as schizophrenia, and the general population, attributed in part to inadequate access to and engagement with healthcare services. Addressing this issue aligns with the Government's commitment to achieving parity between physical and mental healthcare standards.

The audit aims to evaluate progress in physical health monitoring for patients, identify improvement areas, and assess practices against NICE and NCAP standards.

Methods: In January 2021, the team appointed a healthcare assistant to enhance physical health monitoring for patients with severe mental health conditions. An audit of 39 patients active between January 2023 and January 2024 reviewed electronic records, focusing on physical health results, case notes, and correspondence to assess outcomes.

Results: In 2021, 83% of patients had documented monitoring for HbA1c/RPG and lipids, with four documented refusals. By 2023, these rates improved to 100% (24/24) for both measures, although 15 patients refused monitoring. Family history documentation for diabetes, hypertension, and hyperlipidaemia showed significant progress, increasing from 0% in 2021 (10/10) to 100% in 2023 (25/25). For the period from January 2023 to January 2024, 100% of patients (39/39) were offered comprehensive physical health monitoring, maintaining the 2021–2022 rate. All cases documented tobacco, alcohol, and substance use clearly. Dietary and exercise advice remained consistent at 100% across both years. Notably, in 2023, 100% (3/3) of patients with diabetes and hypertension indications received intervention offers, while no patients required

intervention for dyslipidaemia. Additionally, 100% of patients were offered smoking cessation and support for reducing alcohol and substance misuse, with refusals clearly documented.

Conclusion: The 2023 audit highlighted both challenges and progress in physical health monitoring. Although 15 patients declined HbA1c/RPG and lipid monitoring – an increase from 4 in 2021, this signals a need for improved patient engagement strategies, such as rapport-building and tailored education on monitoring benefits. Positively, documentation of family history for diabetes, hypertension, and hyperlipidaemia reached 100% in 2023, indicating effective recognition of familial risk factors. To further enhance documentation consistency, adding a dedicated family history section to the annual physical health check form is recommended. Overall, the audit shows significant progress, achieving 100% rates for key metrics and aligning with national standards. However, ongoing efforts are needed to engage patients who refuse interventions, ultimately improving outcomes and reducing health disparities among individuals with severe mental illnesses.

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Transfer of Care Between the Emergency Department and an Older People's Mental Health Inpatient Unit

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Aims: Two patients within an Older People's Mental Health (OPMH) unit that had been transferred to the emergency department (ED) for physical health assessment were found to have returned without a handover or discharge letter. The discharge letters, received more than 48 hours later, revealed important interventions that were consequently delayed. This audit aimed to identify compliance with NICE Quality Standard QS174: adults admitted with a medical emergency and whose care is being transferred to a different healthcare setting have information about their condition and needs passed onto their new care provider.

Methods: A retrospective audit using online records from 30 patients admitted to a Doncaster OPMH unit between January–June 2024. Records were reviewed for key terms to identify patients with ED visits and then assessed for (a) handover documentation, (b) discharge letter availability, (c) actions required for the psychiatry ward, and (d) the nature and implementation of these actions.

Results: There were 20 individual ED reviews. 35% (n=7) had a documented handover to the OPMH unit at point of return (POR). 65% (n=13) had no evidence of a handover. Discharge letters were available on average 4 days (range 1–14 days) post-discharge. 5 reviews had no handover documentation or letter in the records and were followed up separately to this audit.

8 reviews resulted in actions for the ward. 7 required medication changes (antibiotics, anticoagulants, diuretics, beta blockers), 1 required patient isolation. Only one patient had evidence of a handover and subsequently their new medication was started without delay. The remaining patients received medication no longer indicated or missed doses of new medication. Patient isolation occurred with significant delay. Two reviews had a discharge letter at