

Aims. Medicine reconciliation in community teams is guided by trust guidance, which emphasises that for all new patients accepted into a community team, staff should be aware of all current medication (both psychotropic medication and those prescribed for physical health needs). This information needs to be considered at each review to inform safe prescribing. Upon this background, concordance between electronic mental health records and general practice shared records of medications and allergy status for patients residing at a community forensic supported accommodation was audited in order to identify areas for improvement in practice.

Methods. Data were collected from mental health electronic records (Rio) and general practice records (Health Information Exchange). All patients residing full-time at a community forensic supported accommodation in Cumbria Northumberland Tyne and Wear NHS Foundation Trust during January 2022 were included. Concordance between the records in medication and allergy status was assessed. Initial assessment was performed by one reviewer and 100% of included records were then cross checked by a second reviewer. Data collection was intended to pick up any mismatch in the records. Standards were set at 100% concordance.

Results. Eight patients were included. For allergy status, in two patients' (25%) records showed allergies which were present in electronic mental health records were not present in general practice records. The reasons as to lack of documentation of allergy status in general practice records were unclear. Cross check of the discharge summaries to primary care from the wards where allergies were originally identified indicates that allergies were clearly documented.

For medication, discrepancies between records were found in two patients (25%). In these patients, medications present on general practice records were not present on mental health records. These were both physical health medications (vitamin D supplements) which were being prescribed regularly by primary care and had been omitted during transcription onto electronic mental health records.

Conclusion.

- 1) Currently, standard practice is for updates of medication on mental health records to take place every four months as part of quarterly care coordination reviews. Electronic mental health records should not be relied upon solely to check patients' medication: while they provide a snapshot, cross checking with primary care records and pharmacy remains a must. This is current practice and ensures patient safety.
- 2) Primary care to be made aware of the omissions and requested to update their records as per the discharge summaries.
- 3) Continue regular re-audits every four months

Buckinghamshire Early Intervention Service' (BEIS) Compliance With the National Institute for Health and Care Excellence (NICE) Antipsychotic Monitoring Guidelines: Practical Challenges, Including Those Posed by the Pandemic, in an Outpatient Setting

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Aims. Antipsychotic use is associated with cardiovascular and metabolic side-effects, which may contribute to increase mortality and morbidity in this patient group. This highlights the importance of physical health monitoring. We aimed to assess our compliance with the more stringent NICE guidelines, updated in September 2021.

Methods. Half of BEIS team's caseload was audited (n = 67) during October 2021 for compliance with NICE's monitoring guidelines for patients initiated on antipsychotic medication. These included initial and, if indicated, repeat monitoring of body mass index (BMI), pulse, blood pressure (BP), blood results, electrocardiogram, and adverse effects. Patients who were not on antipsychotics were excluded. 61% of patients were initiated on antipsychotics as inpatients, and 39% were outpatients. These patients have been started on antipsychotics within the last three years. Data were collected via electronic record systems. 80% compliance was set as the standard, in line with National Clinical Audit of Psychosis standards.

Results. In the first three months of antipsychotic initiation (61% as inpatients, 39% in the community) six out of nine parameters met standards (ranging from 2% to 100%), with BMI measurement (weekly), pulse and BP measurements and one month repeat haemoglobin A1C (HbA1c) failing. When only accounting for patients who were started on antipsychotics in outpatient settings (BEIS or crisis team), compliance was only met on two parameters.

Three months post initiation, when patients were mainly monitored in the community, only three of the nine parameters met compliance (lipids, HbA1c, and side-effects).

Conclusion. Adherence to the NICE standards for physical health monitoring in the community poses significant challenges. Possible barriers include reduced patient contact during the pandemic, lack of awareness of monitoring requirements, poor documentation (particularly of declined screening) and a lack of time and resources. There is also a possibility of unnecessarily stringent and impractical guidelines which are difficult to achieve in outpatient settings – such as weekly BMI. We plan to implement interventions including providing a checklist for medical and nursing staff and encouraging patients to monitor their own blood pressure and weight at home. We will reaudit the same parameters in 6 months' time.

Availability and Functionality of Physical Health and Resuscitation Equipment in an Inpatient Setting: A Closed Loop Audit Cycle

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Aims. To ensure physical health and resuscitation equipment on all wards in a mental health hospital fulfil relevant standards. A closed-loop audit of this was performed on four acute adult inpatient wards after implementing interventions.

Methods. Data were collected from treatment rooms on each ward, with standards based on Physical Health in Mental Health; Final Report of a Scoping Group (Royal College of Psychiatrists) and Mental Health Inpatient Care Equipment and Drug Lists (Resuscitation Council UK) – parallel to the trust approved standards.

Percentage of availability and functionality against audit standards were tabulated and interventions were carried out, including:

1. Awareness presentations at trust clinical governance meetings.
2. Each ward to have own complete sets of physical health and resuscitation equipment.
3. Policy for wards to register their physical health equipment and service details on the trust maintenance services database.

The medical device engineering team to complete maintenance and repair as needed.

4. Resuscitation equipment on each ward being checked weekly and replaced as needed (monthly before).

A re-audit was performed one year post intervention on four acute adult inpatient wards in the mental health hospital using similar parameters.

Results.

1. In general, 90.0% of the standards are met (out of 160 pieces of equipment, 144 are in stock and functional), similar to that of previous year (90.0%).
2. Decrease in overall available and functional physical health equipment: 76.6% (49/64) compared to 83.8% last year.
3. Increase in overall in overall available and functional resuscitation equipment: 99.2% (95/96) compared to 94.2% last year.

Conclusion. There is a significant decrease in percentage of overall available and functional physical health equipment; while that of resuscitation equipment has significantly improved when checked and corrected weekly using the trust Resuscitation Check Form.

Action plan:

1. All unavailable/ inadequate equipment to be reordered or sent for maintenance immediately.
2. Discussion in the upcoming trust Physical Health Nurses Forum and Medical Devices Standards Group on audit recommendations below:
 - . Allocation of named permanent staff member to check presence and functionality of medical equipment regularly.
 - a. Creating a checklist similar to the Resuscitation Check Form for physical health equipment.
3. Discussion in the trust Resus Standards Group on 'My Kit Check' (MKC), a centrally monitored electronic checking platform with alerts automatically sent for incomplete checks or expired resuscitation items (e.g., AED batteries, anaphylaxis kit) that are not replaced. A funding request has been submitted for this.

Audit on Smoking Cessation in a Community Secondary Mental Health Service

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Aims. Smoking is the single largest cause of preventable death. Smoking prevalence is higher in people with mental disorders and impacts on physical health, mental health and bioavailability of psychotropic medications. Evidence-based interventions exist to support smoking cessation (SC)/reduction in people with mental disorders, although evidence suggests less provision compared to the general population. We aim to determine the unmet SC needs and associated causes in a community secondary mental health service, in order to advise appropriate service response. This audit will inform relevant work of the RCPsych Public Mental Health Implementation Centre as a case example.

Methods. From the caseload of 364 patients, a sample of 91 case records was randomly selected for recording of smoking and provision of treatment. A survey of 31 smokers and 12 ex-smokers identified patient attitude and barriers in SC. Information on

availability and nature of other SC provision in the community was gathered from staff and relevant services.

Results. A sample of case records found 44% (n = 40) of patients were smokers compared to 13.5% in the general UK population. 31 patients were offered SC advice of whom 2 were recorded as wanting to quit. Nicotine Replacement Therapy (NRT) was offered to 13 patients and 5 were referred to SC services (SCS). Aside from smoking status, limited information on smoking was recorded.

The survey revealed that 20/31 smokers wanted to reduce or quit smoking, of whom 10 used NRT. Six were referred to SCS which helped 3 reduce. Four ex-smokers used SCS, which helped 3 to quit. Most frequently reported barriers in SC were habit, social isolation, availability of tobacco, and stress. Frequently reported enhancers in SC were NRT, allocated support with follow-up, social interventions and family support.

Regarding current service provision, we identified that local GP's did not prescribe NRT. Targeted SCS exist exclusively for inpatients and the only community SCS available offered 12 SC sessions without targeting needs of people with mental disorder.

Conclusion. Despite high smoking prevalence in our caseload, there is an implementation gap in providing and recording SC advice and treatment, both in our service as in local primary care and community services. Provision of evidence-based interventions and coordination with GP's and SCS could prove useful in narrowing this gap. Results from this local project could be explored on a larger scale to address the implementation gap in SC in this population at high risk of smoking associated harm.

An Audit Cycle Highlighting the Rate of Chlamydia Screening in a Forensic Child and Adolescent Mental Health Unit in Birmingham

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Aims. Chlamydia, a sexually transmitted bacterial infection caused by *Chlamydia Trachomatis* can result in long-term complications for affected individuals. The National chlamydia screening programme recommends screening at-risk young persons, however for the vulnerable patients at the Forensic Child and Adolescent Mental Health Service (FCAMHS), there has been no audit to determine the completion rate. This audit aim to (1) Determine the demographics of young persons on admission (2) To determine the rate of chlamydia screening as well as the percentage of patients who qualified for a Chlamydia screening (3) To determine the rate of documentation for completed tests.

Methods. This was a retrospective study. The medical electronic records of patients who met the inclusion criteria was searched. All the three mixed-sex adolescent forensic wards (2 medium secure units and one low secure unit) at FCAMHS Ardenleigh, Birmingham were sampled.

All patients that were on admission aged above 15 years of age were recruited.

A total sample size of 19 was obtained for the initial audit and 12 for the re-audit.

Data collection

Data were collected by the author for the initial-audit and re-audit by searching the clinical progress notes, the investigation