

included a re-audit of patients under the Central Birmingham Assertive Outreach Team.

Background. Patients with severe and enduring mental illness are known to have poorer physical health outcomes. In Birmingham and Solihull there are 6 Assertive Outreach Teams. These teams manage patients with a diagnosis of psychosis who have complex needs requiring intensive multidisciplinary input and often struggle to engage with health services. The national cervical screening programme aims to prevent cervical cancer by detecting and treating cervical abnormalities. Acceptable coverage is defined as screening at least 80% of people aged 25–49 years within the last 3.5 years and 80% of people aged 50–64 years within the last 5.5 years. In 2018 71.4% of women in England and 70.9% in the West Midlands were screened adequately. An audit of 15 patients under the Central Birmingham Assertive Outreach Team in 2014 showed 46.2% had taken up screening, measured in the last 5 years for those aged 50–64 years and the last 3 years for those aged 25–49 years.

Method. A list was obtained of all female patients under the Assertive Outreach Teams with patients excluded if they were under 25 years or over 64 years or if they were known to have undergone a total hysterectomy. All GP practices with eligible patients registered to them were written to requesting the date of the patient's most recent smear test. Cervical screening was classed as in date if carried out in the last 3.5 years for patients aged 25–49 years or 5.5 years for patients aged 50–64 years.

Result. Out of 127 eligible patients, 110 had correct GP details on their record. Responses were received regarding 101 patients, 48 of whom had in date cervical screening (47.5%). Of 58 patients aged 25–49 years, 26 had in date cervical screening (44.8%). Of 43 patients aged 50–64 years, 22 had in date cervical screening (51.2%).

Conclusion. 13.4% patients did not have a known GP practice, increasing the risk of multiple poor physical health outcomes. The rates of cervical screening among Assertive Outreach Team patients are similar to the original audit in 2014 and fall significantly below the national standards and averages. These findings, along with the importance of working together to address the need for physical health monitoring in this population, will be communicated with the local Assertive Outreach Teams and GP practices.

A closed loop audit of clerking psychiatric histories in an acute psychiatric inpatient unit

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Aims. An accurate and complete history is a key component of a medical consultation. Evidence suggests that up to 80% of diagnosis may be made entirely off the patient history. The aim of this closed loop audit was to examine the effects of a clerking pro forma on the quality of doctors clerking histories of new patients admitted to an acute psychiatric inpatient unit, against standards suggested in the New Oxford Textbook of Psychiatry.

Method. Data for this audit were gathered by finding the initial clerking history for inpatients at The Orchard on ECR and RIO. The clerking histories of the 18 inpatients present on 12.10.20 were initially audited. These standards recommend in

the in the New Oxford Textbook of Psychiatry include; Patient Identification (ID), Presenting Complaint (PC), History of Presenting Complaint (HPC), Psychiatric history, Medical history, Family history, Forensic history, Social history, Personal history, Premorbid personality, Mental state exam (MSE). After analysis of the results of the first loop, a clerking pro forma was created and distributed to junior doctors to implement. The clerking histories for the subsequent 18 patients to be admitted were then audited and compared.

Result. The results of the first audit cycle were poor. Only patient identification and presenting complaint were present in 100% of clerked histories. Concerningly, only 72% of the histories included the patients' medical histories, forensic histories were included 44% of the time, and social history just 39% of the time.

The implementation of a clerking history proforma showed improvements in all areas of clerking. Patient ID, PC, HPC, psychiatric history and MSE were now present in 100% of clerked histories. Forensic history showed a statistically significant improvement from 44% to 73% [$X^2(1) = 5.9$; $p = 0.015$]. Social history showed a statistically significant improvement from 39% to 78% [$X^2(1) = 5.6$; $p = 0.018$]. Premorbid personality showed a statistically significant improvement from 44% to 89% [$X^2(1) = 8.0$; $p = 0.005$]. Personal history showed a non-statistically significant improvement from 39% to 56%, as did medical history from 72% to 94%, and family history from 39% to 61%.

Conclusion. In conclusion, the implementation of a clerking history pro-forma has significantly improved the quality and completeness of clerking histories gathered by doctors at The Orchard. This is hopefully increase diagnostic accuracy and improve the quality of care of patients in the hospital.

Counting ECGs in acute psychiatry – The patients' price for junior doctors' rotations

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Aims. On 05/08/20, when a new cohort of doctors rotated onto an acute ward, (John Dickson Ward, Maudsley Hospital, London) a new handover tool on MS Teams was introduced, which replaced previously used MS Word document. The new handover tool can be accessed and edited by any of the users in the team. We hypothesised that the introduction of an interactive, live-updated tool would help improve physical health monitoring for patients, especially compliance with ECG taking. The aim of this project was to test this hypothesis.

Method. Authors have reviewed electronic documentation of patients admitted to and discharged from John Dickson Ward between 01/04/2020 and 24/12/2020. Evidence of whether an ECG was performed, was offered but declined by the patient, or was not offered were noted in the final audit. Patients were divided into 3 groups: (1) Patients admitted and discharged from 01/04/20 – 05/08/2020; (2) Patients admitted and discharged from 05/08/2020 – 24/12/20, and (3) Patients admitted before the intervention date, but discharged after the date (i.e., the period when new junior doctors had rotated onto the ward). Fifty patient records were identified in Group 1, fifty in Group 2, and 18 in Group 3.

Result. Surprisingly, the percentage of patients who had a documented ECG did not improve after the intervention, with 37/50 (74%) of patients having an ECG in Group 1, and 37/50 (74%) of patients having an ECG in Group 2. However, an incidental