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 Team 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 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.

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**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 diagnoses 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.** The results of the first audit cycle were poor. Only patient identification and presenting complaint were present in 100% of clerked histories. Concerning, 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% [X2(1) = 5.9; p = 0.015]. Social history showed a statistically significant improvement from 39% to 78% [X2(1) = 5.6; p = 0.018]. Premorbid personality showed a statistically significant improvement from 44% to 89% [X2(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.