

3. To identify any possible areas of difficulty in ensuring full compliance with said guidelines and suggest possible solutions.

Methods. A retrospective design was used, in which the electronic and hardcopy patient records of service users at both sites, covering a specified time-frame (2nd Dec 2021- 2nd Dec 2022) were screened. Data collected from eligible users included demographic information, names of anti-psychotics used and results of each individual's screening profile measured against the respective Trust's guidelines.

Results. The demographic profiles of eligible service users at both sites were largely similar.

17 out of 18 services users from GMH and 23 out of 50 service users from the Fens Unit were found eligible for the audit.

The majority of eligible service users at both sites (88-100%) were compliant with measurement of relevant laboratory markers, as per Trust guidelines.

However, at both sites, there were notable omissions in monitoring of certain physical parameters, especially waist circumference (100% omission in both sites) and ECG monitoring (60% omission in prison, 14% in GMH), which is important given the significant comorbidity of cardiovascular risk factors amongst service users at both sites.

Conclusion. We noted disproportionate compliance in the monitoring of different physical health parameters. While laboratory tests were on the whole, satisfactorily monitored, there were gaps in other clinical measurements like waist circumference and ECG recordings. We postulate several reasons for this discrepancy, including:

- A possible lack of awareness about the importance of measuring parameters like waist circumference, which also indicates a lack of familiarity with Trust guidelines.
- A lack of time/inconvenience in ensuring adequate recording of clinical parameters
- Inadequate reminders to conduct relevant physical health checks.

We suggest possible solutions to ensure 100% compliance: for example, creating a teaching session for staff and service users on pertinent topics, like metabolic syndrome or creating electronic aids to remind staff when physical measurements are due.

This audit also engendered further questions on appropriateness of anti-psychotic prescription and importance of educating service users about physical complications of anti-psychotic use. These could be the focus of future audits.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Physical Health Monitoring for Patients Diagnosed With Emotionally Unstable Personality Disorder

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doi: 10.1192/bjo.2023.472

Aims. The aim of this work was to apply the well established standards for patients suffering from diagnoses classed as Severe Mental Illness (SMI) to patients with a diagnosis of emotionally unstable personality disorder (EUPD) in our EUPD

psychotherapy service. This patient population is also known to suffer lower life expectancy and greater physical comorbidities than the general population, and indeed than patients with other personality disorders, and this represents part of the holistic care we hope to offer in our service. In order to bring this in line, we were aiming for an annual medical review including: height, weight, blood pressure, blood tests including lipids, up to date information about alcohol and substance misuse.

Methods. One month before a patient's 6-week and 12-month review we liaised with their general practitioner (GP) for the above information. We then followed up as needed. In the first cycle of this work (January through July 2022) we found that we were able to establish contact with patients' GPs and there was qualitative evidence from patient testimonials about improved relationships with their GPs. However, the information that we were receiving was not complete - 0% had all the information that was requested.

Following discussion in the team, a proforma was developed to make it as clear as possible to the GP which information we were seeking. We more proactively engaged GPs and patients' other physical care teams, including neurology teams. Where patients had home monitoring equipment like a blood pressure cuff or scales, we also collected information from these. Compliance was reviewed again at the end of the next six-month cycle (August 2022-January 2023).

Results. Between the first cycle, from January 2022 through July 2022 and the second cycle from August 2022 through January 2023, we improved compliance toward the target of having all these data points documented for all patients from 0 to 57%. This included 100% compliance for blood pressure and pulse measures and 86% compliance for documented weight.

We also note improved relationship between patients and GPs and other healthcare professionals including a patient testimonial "Having not had the support of Waterview dedicated staff and the group I probably would not attend any of the hospital appointments."

Conclusion. Introducing the proforma significantly improved compliance with physical health monitoring targets from 0 to 57%. Further work within the team and with GPs including education on the diagnosis may improve this further.

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A Re-Audit of Teesside On-Call Email System

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doi: 10.1192/bjo.2023.473

Aims. An on-call email system was put in place to facilitate communication between wards and the on-call doctor, allowing prioritisation of duties according to green, amber and red tasks. Information regarding the patient, nature of request and clinical background are expected in the request form. The doctor is expected to respond to the email within 45 minutes. We completed a re-audit to compare if expected standards were reached in practice and attempt to find any areas of practice that could be improved.

Methods. We collected information on request forms, presence of adequate information and response time by reviewing the Teesside on-call email inbox. One day was randomly chosen from each week for a 24 month period and all emails were