

and 12 months, prompting consideration of the Saladax MyCare Insite Analyzer. This point-of-care device uses a finger-prick sample and delivers results in 7 minutes. Despite promising studies, its effectiveness depends on local acceptance, warranting a pilot.

Aims were:

To evaluate the acceptability of the finger-prick test among patients and staff.

To enhance patient care with a quicker method, enabling timely referrals and decisions.

Methods: Clozapine testing was conducted at Lyme Brook Clozapine Clinic (23.10.2023–17.11.2023) using the Saladax MyCare Insite Analyzer on pin-prick samples, with prior patient consent and staff training. Separate anonymised questionnaires were provided for staff and patients.

Results: Patients (n=31) were aged 21–70 years (64.5% male, 35.5% female), majority follow ups (64.5%).

96.9% of tests were completed within 15 minutes (32.3% within 0–5 min, 58.1% within 5–10 min, 6.5% within 10–15 min, 3.2% within 15–20 min). Compared with venous blood tests, 87.1% had a positive experience, 90.3% were satisfied with the test and care received, and 90.4% valued the time-saving benefits. Overall, the test was acceptable to 90.3%, and 71.0% preferred the finger-prick test (22.6% unsure) over venous, with 90.3% willing to use it again (6.5% unsure), and 83.9% would recommend it (9.7% unsure). 97% reported no issues, with only one instance of test repetition.

Staff (n=32) were aged 31–64: 56.3% doctors, 6.3% nurse associates, 12.5% STRs, 25% trainee nurse associates; 68.8% female, 28.1% male.

96.9% completed testing within 15 minutes (0–5 min: 9.4%, 5–10 min: 62.5%, 10–15 min: 25%, 3.1% unspecified). 96.9% highly rated their experience (3.1% no response), while 100% valued time efficiency, ease of use, and care quality. 93.8% found it acceptable (6.3% neutral). 94% reported no issues, with one test repetition. All staff preferred the finger-prick test and wished to continue using it.

Conclusion: The pilot project showed strong acceptability of the finger-prick method among patients and staff, with high satisfaction, minimal issues, and improved time efficiency. Both groups preferred it over venous testing, supporting its potential to improve patient care.

Further evaluation of cost-effectiveness, clozapine pathway integration, and training for wider implementation across trust is recommended.

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.

Length of Stay in Mental Health Acute Inpatient Units in Australia vs England: Exploring Differences in Clinical Practice and Service Design

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Aims: To explore factors in service design that can account for difference in length of stay (LoS) in acute inpatient care for general

adult patients between a public mental health service in London, North London Foundation Trust (NLFT) with one in regional Australia, South West Healthcare (SWH).

Methods: Information was gathered from the mental health organisations as below:

1. Data comparison of the 2 services over the period Nov 2023 to Dec 2024 relating to patient flow.

2. Comparison of service design in the two systems such as staffing levels, availability of supporting services and clinical practice.

3. Audit in each service comparing factors that can affect LoS.

Results: SWH had a shorter length of stay compared with NLFT (13 vs 43 days) in keeping with national and statewide comparison of LoS. Re-admission rates were also lower in SWH (9% vs 15%). There was a significant difference in the number of very long stayers (>60 days) with no such patients in the Australian service.

NLFT had a higher proportion of patients admitted formally (88% vs 65%) and a higher proportion of patients with a psychotic disorder (85% vs 75%).

The service comparison demonstrated higher levels of senior medical input available in the Australian service (1.2 vs 0.6 FTE per 10 patients) and medical staffing in general and more frequent reviews with a Consultant Psychiatrist (4 times weekly in SWH vs once a week in NLFT).

The audit showed more frequent use of high-dose antipsychotic prescribing at discharge (25% vs 18%) and higher amounts of antipsychotic doses in general in the Australian service (79% vs 59% of BNF Maximum Antipsychotic dose) at discharge.

Conclusion: The difference in LoS between the services is consistent with benchmarking data. The service evaluation identified several factors that might explain the difference.

There were more patients admitted with psychosis and a higher use of formal admissions in the UK service, both associated with longer LoS.

There were higher levels of medical staffing and in particular Consultant and Registrar levels in SWH. This is likely to explain the difference in frequency of senior reviews for patients in SWH which may result in frequent changes in management plans. The results suggest the use of higher doses of antipsychotic prescribing in SWH.

Staffing models and prescribing practice is likely to impact LoS. It would be important to consider differences in patient experience in the two systems in future evaluations of services.

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Smoking and Mental Health: A Framework for Action in Wales

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Aims: Smoking contributes to poor mental health and increases inequalities in physical health and premature mortality. Smoking is a leading contributor to the 7–23-year lower life expectancy among people with severe mental illness (SMI) compared with the general population.