never injected heroin in the past were provided with Naloxone for 367 patients, although this is a good practice it comes at the expense of missing out on providing Naloxone to patients who would definitely need it (QUALIFYING POPULATION)

**Conclusion.**

1. The robustness of the data collection done by the professionals was commendable, but this was let down by the ambiguity and obscurity of the data recorded on two different headings (episode and events)
2. There was evidence of Naloxone being provided to the patients who have not injected heroin
3. There was accurate documentation on the type of Naloxone being issued (Injectable vs Nasal)
4. There was sparse documentation on the Naloxone training provision within the electronic system.

Side-Effect Monitoring for Patients on Depot Antipsychotic Medication Within a Community Treatment Team

Dr Harry Waterman1,2*, Dr Hanna Zaborowska2 and Miss Julie Taylor2

1Northumbria Lead Employer Trust (LET), Newcastle, United Kingdom and 2Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle, United Kingdom

*A Corresponding author.

doi: 10.1192/bjo.2023.483

**Aims.** To determine whether the community treatment team (CTT) were meeting the following three trust standards for patients receiving antipsychotic depot medication: 1. 100% of patients should have side effects monitored using a validated scoring system in the form of the Glasgow Antipsychotic Side-effect Scale (GASS) once yearly. 2. 100% of patients should have had a GASS completed ever. 3. 100% of patients with a completed GASS should have this document available in full. Additionally adherence to these measures was compared to the previous year'saudit to assess for change following interventions and change in documentation.

**Methods.** A list of 146 patients receiving antipsychotic depot medication within the CTT was produced and subsequently set up in a Microsoft excel spreadsheet. Exclusion criteria were then applied as follows: any patient no longer under the CTT, any patient no longer on depot antipsychotics and any patient admitted in hospital at the time of audit (to allow for comparison to previous year where this was applied.) Following this 127 patients remained for whom I accessed their online notes and searched for evidence of completed GASS, when this was documented in full. Additionally, this data was gathered percentage of completion was calculated for each of the three standards outlined above both overall and subsequently broken down by depot administration group. These results were then compared to the results of the previous year's audit.

**Results.** None of the three standards outlined above were met, however notable improvement was noted when compared to the previous year and are listed below:

1. In this audit 66% of patients had received a GASS in the previous year compared to 53% previously.
2. In this audit 97% of patients had a completed GASS ever compared to 95% previously.