To evaluate compliance with DVLA and GMC guidelines, an audit was conducted to assess: 1) whether patients' driving status was established; 2) whether patients were advised to inform the DVLA; and, 3) whether they were advised to inform their insurance company. This was subsequently re-audited after introducing recommendations to improve compliance.

Methods. Each audit cycle reviewed the 30 most recent discharges from an adult general psychiatry inpatient unit before and after intervention. Online notes, multi-disciplinary team (MDT) minutes and discharge summaries were reviewed to assess whether the above criteria were met. Following the initial audit cycle, results were presented at Trust-wide teaching, and driving status was added to an MDT template as a prompt to discuss this with patients. A second cycle was completed four months afterwards.

Results. Results of the first cycle (pre-intervention) showed driving status was established in 73% (n = 22) of patients. Of the drivers, 90% (n = 9) were advised to tell the DVLA, whilst only 9% (n = 1) were advised to tell their insurance company. Post-intervention, 67% (n = 20) of patients had driving status established, whilst 100% (n = 11) of drivers were subsequently advised to inform the DVLA, and 64% (n = 7) advised to tell their insurance company.

Conclusion. Clinicians have a legal and ethical duty to discuss driving status with patients. Failure to do so could have significant consequences on both individual and wider public safety. This audit showed that in clinical practice, key legal requirements were not being fulfilled. Whilst staff education and changes to MDT templates increased the number of drivers being advised to tell the DVLA and insurers, it had little impact on establishing driving status. Therefore, further changes were made to the discharge letter template to remind staff to assess patients' driving status, and to enable community team follow-up. A third cycle of the audit is currently ongoing to evaluate this change.

Community Clozapine Initiation Practice

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Aims. To establish the proportion of CMHT Preston service users with schizophrenia who met the NICE standard (CG 178) of being offered clozapine after inadequate response to treatment with at least two antipsychotic drugs.

Methods. Inclusions – Service users on the CMHT Preston caseload with schizophrenia who attended outpatient clinic between January and June 2023.

Exclusions – Organic psychosis and non-schizophrenic/unspecified psychosis.

Sample size – 50.

Sampling – First 50 service users with established diagnosis of schizophrenia.

Data collection – Retrospective case-note audit from electronic patient records.

Data analysis – Quantitative.

Results. 45 service users (90%) met the clozapine eligibility criteria of not responding adequately to or tolerating at least 2 other antipsychotic medications while 5 service users (10%), did not meet the criteria. The proportion of eligible service users who were offered clozapine, and therefore met the standard, was approximately 64%, representing 29 out of the 45 eligible service users. Approximately 36%, representing 16 eligible service users, were not offered clozapine. In one isolated case, a service user who had only 1 previous antipsychotic trial and therefore did not meet the eligibility criteria, was offered clozapine. No reason was given in 13 out of the 16 service users who were not offered clozapine despite meeting the eligibility criteria. In the remaining 3 service users in this group, 2 were not offered clozapine because of cardiac problems and 1 was not offered because of significant history of poor compliance with antipsychotic medications. Furthermore, 25 eligible service users (86%) of those who were offered clozapine went on to initiate it with only 4 service users (14%) in this group not going ahead to initiate clozapine. In all 4 service users who did not initiate clozapine after being offered, the reason given was that the service users declined it.

Conclusion. The findings from this audit indicate that a considerable proportion (64%) of CMHT Preston service users with schizophrenia are being offered clozapine in line with the NICE standard, and 86% of those offered went on to initiate clozapine. However, there is room for improvement in terms of offering and ultimately initiating clozapine in a timely manner as evident from the findings which highlighted an average of three antipsychotic trials before eligible service users were offered clozapine. The existing established local clozapine community initiation pathway can potentially be optimised to improve clozapine access and ultimately enhance clinical outcomes for this subset of service users.

Monitoring the Conformance of Patients Undergoing Electroconvulsive Therapy (ECT) Treatment to Electroconvulsive Therapy Accreditation Services (ECTAS) Standards at Worcestershire Specialist Mental Health Services

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Aims. To confirm that 100% of patients treated by Electroconvulsive Therapy (ECT) have weekly assessment of mental state via Montgomery–Åsberg Depression Scale (MADRS).

To confirm that 100% of patients treated with Electroconvulsive Therapy (ECT) have regular assessment of their cognition before treatment and every 4 treatment sessions via the Montreal Cognitive Assessment Scale (MOCA).

Methods. This Audit included all service users attended ECT suite regularly at Worcestershire Specialist Mental health services over a period of 12 months between April 2022 and April 2023.

Twenty patients were included in this audit for whom data was collected from both electronic and paper records to analyse the percentage of compliance with the Electroconvulsive Therapy Accreditation service (ECTAS) standards with regards to the recommended weekly assessment of mental state via MADRS and the recommended regular assessment of cognition before treatment and every 4 treatment sessions via the MOCA Scale.