

1.3.5.1: Medication benefits were discussed and documented in 9/19 cases (47%), with 3 patients refusing to engage in this discussion. Side effects were discussed and documented in 5/21 cases (23%).

1.3.6.1: Patients underwent a range of investigations. In some cases, the patient hadn't been on the medication for long enough to require additional tests. Some patients were excluded as they refused testing. Glycosylated Haemoglobin (100%), Weight (100%), Pulse and Blood Pressure (100%), Blood Lipid Profile (86%), Prolactin Levels (77%), Assessment of nutritional status, diet (77%), baseline fasting blood glucose (38%), Level of Physical Activity (31%), Assessment of any movement disorder (22%), Waist Circumference (0%).

1.3.6.2: An ECG was offered in 94% of cases.

1.3.6.3: The rationale of continuing, changing or stopping the medication was recorded in 86% cases and no patients had anti-psychotic doses above BNF maximum.

1.3.6.4: Overall physical health monitoring, weekly weights and, pulse and BP at 12 weeks (100%). Adherence and response to treatment were both 95%. Measurement of glycaemic control (57%), movement disorders (14%) and side effects (13%).

**Conclusion.** While there are areas of good practice, there are a number of significant omissions. Remedies to these deficits will be proposed.

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.

## An Audit of the Consistency and Quality of Letters From Choice Appointments in CAMHS South Edinburgh

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**Aims.** Hypothesis: Choice letters generated by Child & Adolescent Mental Health Services (CAMHS) South Edinburgh are not consistent in quality and content.

**Aims:**

1. To assess the consistency and quality of letters generated by clinicians following Choice appointments in CAMHS South.
2. To observe the range of resources shared in Choice letters.

**Methods.** Patients were identified retrospectively from the team Choice diary.

Choice or Complex Choice appointments attended between 13<sup>th</sup> October–27<sup>th</sup> November 2023 at CAMHS South were included. See Soon appointments and appointments that were not attended or cancelled were excluded.

Standards to which all letters should adhere were devised from the CAPA (Choice & Partnership Approach) Book and the CAMHS South Choice Handbook.

Standards: current concerns, background information, patient goals, clinician impression, choices discussed, choices made, self-help agreed, services required, maximum two sides of A4, copy to patient, copy to referrer, sent within two weeks.

Letters were accessed via electronic records and analysed with a proforma.

A maximum of three letters per clinician was included.

A log of resources and frequency shared was kept.

**Results.** 57 appointments were attended, with 50 letters generated by 22 clinicians.

Adherence to standards in 50 available letters:

- Current concerns 92%
- Background information 96%
- Patient goals 40%
- Clinician impression 62%
- Choices discussed 22%
- Choices made 100%
- Self-help agreed 52%
- Services required 100%
- Maximum two sides of A4 50%
- Copy to patient 88%
- Copy to referrer 100%
- Sent within two weeks 72%

94 different resources were shared in the letters, with minimum 0 resources and maximum 19 resources per letter.

**Conclusion.** There were areas of good quality and consistency in Choice letters, including documentation of current concerns, background information, and highlighting of required services. These are areas likely to feature in most assessments regardless of clinician background.

There were areas that require improvement, including documentation of goals, clinician impression, self-help agreed, and keeping to a maximum of two sides of A4. These areas are perhaps more obscure for different types of clinician.

A wide range of resources were shared in Choice letters with a considerable amount of variability in number of resources. This suggests differing levels of individualisation of resources to the patient.

Since this audit, CAMHS South have implemented additional Choice training, electronic canned text for letters, and collation of Choice guidance. There is a plan to re-audit following these interventions.

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## Audit on Antidepressant Prescribing; Documentation of Indication; and Compliance With EIPN Standards in Medication Review, at Hailsham Early Intervention in Psychosis Service

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**Aims.**

- To improve documentation of antidepressant prescribing in our service, aiming to improve frequency of review, and guide measurement of outcomes.
- Identify patients requiring medical review.

The standards that we audited against are that, for patients under The Early Intervention in Psychosis Service (EIPS), a diagnosis should be recorded alongside each antidepressant prescription and, according to EIPN guidelines, psychotropic medications should be reviewed every 6 months.

Population data from the UK indicates that lack of recording of a diagnosis is associated with increased duration of treatment, and reduced frequency of mental health reviews.

**Methods.** It was recorded for each patient whether they had an antidepressant prescribed, which medication, the documented indication, and their most recent medical review. Data was collected in a 'snapshot' cross section of all 89 patients on the case-load in December 2023.

Data was obtained from carenotes by reviewing clinic letters and clinical notes; and cross-referencing with GP records.

**Results.** 33 patients (37%) were prescribed an antidepressant. Of these, 25 (76%) had a recorded indication. The commonest indication was mixed anxiety and depression followed by depression. Sertraline was by far the commonest prescribed antidepressant (52%) followed by mirtazapine. 3 patients were prescribed combination antidepressants. 67 patients (84%) had had a medical review within 6 months.

**Conclusion.** Among patients with a first episode of psychosis, there is a significant comorbidity of depression and anxiety spectrum disorders.

Our standard was met for most patients but there were several exceptions, and we considered why 8 patients did not have a listed diagnosis. There can be a degree of diagnostic uncertainty in distinguishing anxiety and depressive disorders from negative symptoms, and the affective changes that are an established part of recovery from an acute psychotic episode. In these circumstances it may be appropriate to consider a trial of antidepressants in consultation with the patient. Some of these patients also have been on long-term therapy which preceded their referral to EIPS, leading to uncertainty of the indication and pre-morbid status.

We conclude the following recommendations:

1. Prompt a review of antidepressant use in those identified without a clear indication, discussing risks and benefits with the patient at next review.
2. Arrange medical reviews for those exceeding the 6-monthly window.
3. Record last review for patients under shared care.
4. Re-audit in 6 months to monitor improvement.

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## Keeping Up Standards: An Audit of Adherence to Admission Standards on Acute Mental Health Wards in NHS Lanarkshire

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**Aims.** We audited the adherence to part of the minimum admission standards for Mental Health, Learning Disabilities and Addictions Services (MHLDA) for 6 acute wards, across two sites (UHH and UHW) in NHS Lanarkshire. We focussed on the section of the standards that the admitting junior doctor/ANP is responsible for. This comprised:

- An admission assessment (including presenting complaint, history of current episode of illness, medication, mental state examination and risk assessment).

- Physical health assessment (examination, bloods, ECG, VTE assessment), medicine reconciliation and prescribing on HEPMA - within 12 hours.

**Methods.** Five individuals collected data across both sites and both cycles. For our first cycle, all admissions in March 2023 were retrospectively reviewed, a total of 94 admissions (UHH 47, UHW 47). Electronic notes/systems were reviewed (Morse, Clinical Portal, Hepma, Trakcare).

This first cycle demonstrated poor adherence to the minimum admissions standards. A proforma for admission statement was created, including prompts for the admission assessment and for the components of the physical health assessment, medicines reconciliation and prescribing. Presentations were made at post-graduate teaching and at ANP teaching. The majority of people were unaware of the existence of the admission standards or did not know where to find them. The admission standards document and the proforma were circulated via email and added to the shared R drive. A second cycle was completed, reviewing all admissions in July 2023, a total of 74 admissions (UHH 41, UHW 33). The proforma has now been included in the induction material for new doctors.

**Results.** Following interventions, there was improvement in completion of admission statement (90% vs 81%). There was improvement in the inclusion of all components, most notably MSE (91% vs 71%) and risk assessment (59% vs 18%). Where the proforma was used (57%), all aspects of admission statement were present (97–100%). When not used, there was variable inclusion of the different components (7–90%). There was improvement in the completion of all components of physical health assessment (except small decrease in medicine reconciliation). In every case of missing components with no documentation as to why, the proforma had not been used.

**Conclusion.** Development of a proforma for admission assessment has led to improved completion of admission assessment, physical health assessment, medicines reconciliation and prescribing within 12 hours. Qualitative feedback is being sought on the proforma from junior doctors, ANPs and senior medics to guide next steps and further improvements. Review of the admissions standards guidance is now due.

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## Antibiotic Prescribing in Acute Wound Management

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**Aims.** The primary aim is to ensure patients receive recommended acute wound care. Specific objectives include improving wound management, enhancing antimicrobial stewardship, and aligning practices with national guidelines.

**Methods.** A retrospective audit spanning May to October 2023 assessed prescriptions for in-patients receiving antibiotics for wound management. Detailed patient records were scrutinized to evaluate compliance with standards, including wound assessment documentation, antibiotic indication adherence, tetanus status recording, and wound swab collection.

**Results.** A total of 21 patients/encounters met the criteria for inclusion. Documentation deficiencies were prevalent, with only