

A subsequent intervention to the proforma assessment tool to prompt these discussions improved these behaviours, there was no impact on the rates of antipsychotic prescribing.

Despite increased attention regarding the limited benefits of antipsychotic medication in BPSD their use remains widespread. Due attention must be given to changing this practice in order to protect this vulnerable patient group.

The monitoring and use of Pro re nata (PRN) psychotropic medication for people with learning disabilities on an inpatient ward

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Aims. This project was designed to evaluate the use of PRN medication and PRN monitoring charts on an adult learning disability ward. These charts had been designed by the trust to provide us with a way of monitoring the use of psychotropic PRN medication to ensure monitoring of treatment response, physical health and side effects.

Method. The data were collected from PRN monitoring charts, electronic case notes and electronic prescribing chart records for all patients on an adult learning disability inpatient unit. The sample consisted of 7 patients who had been prescribed and/or received PRN psychotropic medication over a five week period. Quantitative data were derived by simple calculation for the total amount of PRN medication used and number of PRN monitoring charts completed. Qualitative data were collected of prescription charts and PRN protocols which is supposed to guide treatment.

Result. Out of all the incidences where PRN medication was administered, only 64% of monitoring charts were completed. Out of the 7 patients on the ward, 6 had PRN protocol charts and for only 5 patients these were followed.

Conclusion. Clinical practice must be improved. The results were presented to ward staff and doctors to discuss the implications for patient care and ways to improve clinical practice by ensuring full monitoring of the use of PRN medication to help reduce the over-medication of people with learning disability by improving the use of the PRN charts. NICE guidelines and The Royal College of Psychiatrists have published guidelines on the prescription of psychotropic drugs for people with learning disabilities. NHS England have also published an article to discourage over-medication of people with learning disabilities. There is a risk that doctors are prescribing medication to treat behaviour that is an expression of distress or a mode of communication rather than a mental disorder. Doctors have a responsibility to ensure they have fully assessed the person's potential to benefit from medication before they prescribe. The audit would serve to provide a baseline for this team prior to any audits in the future.

Improving baseline and follow-up physical health monitoring when commencing oral antipsychotics

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Aims. NICE guidelines suggest baseline physical health monitoring be performed prior to commencing antipsychotics, in addition to

follow-up monitoring for adverse effects for at least 12 months. 'Shared Care Guidelines' were adapted from NICE guidance for local use in North East Lincolnshire. Nevertheless, a local audit published in 2018 reported low compliance with baseline monitoring in community mental health teams (CMHTs) compared to inpatient teams. The parameter most infrequently performed overall was the Glasgow Antipsychotic Side Effect Scale (GASS) questionnaire.

This study aimed to assess whether compliance with baseline physical health monitoring had improved in line with the previous audit's recommendations. Additionally, it aimed to expand on previous findings by adding compliance data for follow-up physical health checks and produce further recommendations to optimise performance.

Method. A retrospective re-audit was performed in NAViGO Health and Social Care to assess compliance with the guidelines for physical health monitoring when commencing antipsychotics in previously antipsychotic-naïve patients. Patient records were examined for which recommended physical health checks were performed at baseline, and at 1-, 3- and 6- months from commencing antipsychotics.

Result. 15 eligible patients were identified to have been commenced on antipsychotics, 8 patients under a CMHT and 7 under an inpatient team. The average overall compliance at baseline for checking 16 parameters was 50%. For the CMHT, compliance was 60%, compared to 38% for the inpatient team. Across both teams, baseline compliance was highest for renal function tests, liver function tests, and blood pressure and pulse (80%). For 1-, 3-, and 6- month checks, overall compliance for checking recommended parameters were 33%, 29% and 29% respectively. GASS monitoring compliance was 7% at baseline, 0% at 1- and 3-months, 7% at 6-months.

Conclusion. The CMHT performed better than the inpatient team at baseline monitoring. This may reflect action on the previous audit's recommendations to increase provision of community 'Wellbeing Health Improvement Service' (WHISe) clinics. However, performance of the GASS questionnaire at baseline was consistent with the previous audit, with similar performance at follow-up extending these findings.

In response, the first recommendation is for Quality Improvement Activities to help improve compliance with the 'Shared Care Guidelines'. This may include CQUINs and further provision of community clinics to improve compliance with both baseline and follow-up checks. Secondly, it is proposed that GASS questionnaires be sent to patients prior to appointments to be completed in advance to avoid further risk of GASS being incomplete.

Audit of inpatient smoking cessation advice

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Aims. Audit carried out to assess whether or not patients had been asked about their smoking status during admission onto an acute adult mental health ward, as well as if they had received any smoking cessation advice or offered nicotine replacement therapy.

Background.

- Physical health outcomes in patients with serious mental illness (SMI) are consistently worse than the general public This is due to multiple factors; adverse effects of medication (including metabolic syndromes with psychotropics) as well as poor life-style factors such as smoking status

- Patients with an SMI are 3–6 times more likely to die due to coronary artery disease. 70% of patients in inpatient psychiatric units are smokers, a strong independent risk factor for cardiovascular disease.
- Smoking cessation is a potent modifiable risk factor that can prevent mortality and reduce morbidity.

Method. A cross-sectional review of all 34 inpatients across four general adult acute psychiatric wards.

Patient records were explored using the Aneurian Bevan Health Board admission proformas to identify evidence of smoking status and whether advice was offered.

Result. Smoker but not given cessation advice $n = 13$ (38%)

Not asked about smoking $n = 11$ (32%)

Smoker and given cessation advice $n = 4$ (12%)

Non-smoker $n = 6$ (18%)

Conclusion. Patients were asked about their smoking status the majority of the time (68%) but provision of advice or nicotine replacement therapy was only done in 14% of potential smokers (identified smokers and patients not asked about smoking status).

A consideration to be taken into account is that on admission, a patient's physical health status may be unknown, with the additional difficulty of a patient's acute distress complicating the physical examination, smoking status and modification of patient's smoking status may not be the highest priority in that context.

Data regarding asking about smoking were different amongst wards, potentially signifying differences between assessors willingness to ask about smoking status.

There is a lack of smoking cessation literature available on the wards and patients are often unaware of what options are available to quit smoking.

The audit simply determined whether or not assessors were documenting smoking status, it does not measure the quantity or quality of smoking cessation advice provided.

Further quality improvement projects should be launched, with focus groups as the initial step at further investigating inpatient smoking rates, as well as attempting to reduce them in a more systemic way.

An audit comparing telephone reviews to standard face-to-face consultations within child and adolescent mental health services at Massereene House

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Aims. This audit was carried out in response to the Coronavirus pandemic. The COVID-19 pandemic has forced many teams to review how they provide care to their patients. Due to attempting to reduce the spread of COVID-19, the Child and Adolescent Mental Health Service within the Northern Health and Social Care Trust largely switched to telephone reviews instead of face-to-face reviews for non-urgent outpatient appointments from March 2020 onwards. The aim of this audit was to establish whether or not service users found telephone reviews to be as useful and therapeutic as the previous standard face-to-face reviews.

Method. A questionnaire was used to assess opinions on telephone reviews. Those who were answering the questions were asked to rate their answers on the following scale: "not at all", "a little", "somewhat" or "a great deal". There was an "any other comments" section at the end where service users could give detailed opinions on how successful they thought telephone

reviews were. A sample of twenty patients was involved. This cohort of twenty patients was a mixture of ten ADHD reviews and ten medication reviews. The audit was conducted by one person and this was done via the telephone.

Result. For questions one to four (which will be fully outlined in the poster), the most popular category chosen was "somewhat" and this indicates that the majority of patients found telephone reviews somewhat better than face-to-face appointments. For question five (which was- "Overall, was the help you received good?"), 80% of service users stated that the help that they received was "a great deal" better than the help that they had received at previous face-to-face appointments. Lastly, for question six (which was- "If a friend or family member needed similar help, would you recommend that they are phoned by our service?"), 80% of service users said that they would recommend our service "a great deal" to family members or friends.

Conclusion. Generally the feedback was positive for the telephone reviews. However, some still outlined a preference for face-to-face reviews. There may have been bias in this audit as it was the same doctor who did the telephone reviews as conducted the audit. To conclude, telemedicine is likely to become more popular in the future especially as the Coronavirus pandemic is still currently a worldwide problem therefore it is important to explore how service users feel about this as a way of communicating with the clinicians who are treating them.

An audit to review the extent to which appropriate preconception advice is given to women being discharged from mental health wards on psychotropic medication, in line with NICE guidelines

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Aims. The release of the Cumberlege Report in 2020 served as a reminder of the importance of informed consent for women when they are started on treatment that may affect their fertility or future pregnancies.

Our aim was to evaluate current performance with regards to advice given to women of childbearing age around contraception, impacts of psychotropic medication on fertility and future pregnancies, and availability of preconception counselling.

Method. Standard identified as NICE Guideline 192 (Antenatal and Postnatal Mental Health), sections 1.2 and 1.4.

60 female inpatients were selected by looking at the most recent discharges prior to 03/11/2020 from 3 local acute adult wards. All females aged between 18 and 48 years were included.

Electronic notes were reviewed for each patient. The discharge summary and last four ward round entries were reviewed, then key-word search of the patients' records was performed using the terms "pregnan*", "conception", "contraception", and "fertility".

The following information for each patient was documented in a spreadsheet:

Discharge medication

Is there any discussion or advice around contraception?

Have women taking antipsychotic medication been given advice regarding the possible impact on fertility?

Has the potential impact of psychotropic medication on a future pregnancy been discussed?