

(N = 147). However, the proportion in this group receiving treatment on doses below the licenced maximum improved from 85% (N = 68) to 76% (N = 55). Those on treatment but not in remission who had sufficiently trialled 2 or more antipsychotics (and therefore would meet the criteria for treatment resistance) increased from 50% (N = 52) to 56% (N = 55). The proportion of this treatment-resistant group receiving clozapine remained low, but increased from 3.8% (N = 26) to 9.7% (N = 31).

Conclusion. This project demonstrated modest improvements in prescribing practice, with a small increase in symptomatic patients receiving gold-standard treatment both in terms of numbers of medication trialled and reaching maximum doses. However there remains a significant gap, with a large proportion of symptomatic cases still showing room for medication optimisation. In particular clozapine remains underutilised in this cohort, with only a small minority of patients who would meet the criteria for treatment-resistant psychosis being prescribed it. This leaves room for further interventions to improve prescribing practice.

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Adherence to RCPsych Standards for Physical Health Monitoring and Health Promotion in Patients Open to the North Wales Early Intervention Psychosis (EIP) Service

Dr Zeenish Azhar* and Dr Javier Mendieta

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims.

- The audit aims to improve the quality of physical health monitoring and physical health interventions that the EIP service provides to people with psychosis.
- To ensure adherence to RCPsych standards for physical health monitoring in patients with First Episode Psychosis.
- To ensure adherence to RCPsych standards for provision of required physical health interventions and health promotion in patients with First Episode Psychosis.

Methods.

- A retrospective case note audit and re-audit was conducted for 13 patients on the caseload of the North Wales EIP service from December 2022 to December 2023.
- The case notes were audited against RCPsych standards for physical health monitoring and physical health interventions using an adapted version of the National Clinical Audit of Psychosis (NCAP) audit tool.

Results.

- Alcohol and substance misuse screening status improved to 100% in re-audit.
- There was significant improvement noted in Hypertension, Body Mass Index and Cholesterol screening.
- Mental health medication review, advice or referral for diet and exercise with regards to weight gain/obesity and hypertension improved to 100%.
- No specialist interventions were offered around health promotion and illness prevention as most of the patients were either not in the abnormal range, identified as high risk for developing the above mentioned physical health conditions or refused to have interventions for these conditions.

- A definite increase was observed in frequency of interventions being reviewed and reoffered for those accepting and declining interventions at baseline.

Conclusion.

- Training for staff to complete bloods and physical health screening.
- Increase availability of equipment to carry out physical health screening.
- Monthly, three and six monthly prompts in the case notes for staff to discuss physical health interventions with patients.
- Staff to use headings for physical health screening and interventions to improve documentation in case notes.

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Reducing Emergency Prescriptions (FP10s) Requiring Electronic Shared Care Agreement (ESCA) by North Hub Community Mental Health Team (CMHT), Birmingham & Solihull Mental Health Foundation Trust (BSMHFT)

Dr Alisha Bakshi*, Ms Zora Bell, Mr Matthew Stafford, Ms Kate Jennings-Cole and Mr Sanna Ceesay

Birmingham and Solihull Mental Health Trust, Birmingham, United Kingdom

*Presenting author.

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Aims. The community mental health team (CMHT) is actively involved in reviewing mental health patients who require commencing psychotropic medications. The responsibility to prescribe the psychotropic medications falls on the CMHT for the first 3 months. After this period, if the patient's mental health is stable, the prescribing role can be transferred to the GP by completion of an electronic shared care agreement (ESCA).

This project aimed to improve the management of emergency prescriptions (FP10s) requiring ESCA within the North Hub CMHT, BSMHFT focussing on reducing administrative time in receiving numerous urgent phone calls for repeat prescriptions, timely completion of ESCA and updating the electronic prescribing system.

Methods. Data collection was done by logging the numbers of the following on a weekly basis:

1. FP10s issued.
2. Calls related to FP10s.
3. ESCA sent.

Baseline data was collected over 11 weeks to analyse practice. Plan-do-study-act (PDSA) cycle was used to improve the processes from January to August 2023. Identified PDSA cycles included:

1. Clinician prompt reminders to check ESCA status.
2. Document FP10s instances on issue and inform patient about ESCA during outpatient appointments.
3. A 4-week system for managing FP10s at reception desk.
4. Increase consistent use of and access to EPMA.

Data was collected again for 4 weeks in December 2023 to assess sustainability of the implemented changes.

Results. This project resulted in a 14% reduction in the number of FP10s requiring ESCA and a 27% reduction in the number of calls for FP10s from January to August 2023. Data measuring