

Conclusion. Of 46 patient records, nearly half had a documented low vitamin D level or were on treatment. We would therefore suggest that vitamin D testing should form part of the routine admission bloods. It is an important opportunity to detect deficiency or insufficiency for a potentially vulnerable group of patients. Intervention is simple and effective.

Results demonstrated room for improvement for vitamin D testing on admission to hospital, thus improving potential treatment and benefits for individual patients. The importance of recording blood results on to the electronic patient record was also highlighted.

We raised awareness and provided further education to all junior doctors, with creative posters and informative communications. Following the implementation of these changes a re-audit of 40 patients showed 75% had vitamin D tested on admission or during and of these, 58% either had a low vitamin D level or required replacement. 7 of 9 patients with a documented low vitamin D level had the correct vitamin D treatment, according to NICE guidance. Within this closed loop audit, we have reported moderate improvement in the testing of vitamin D for patients on admission to hospital along with a significant improvement in the treatment of vitamin D deficiency, according to NICE guidance.

A closed loop two cycle audit investigating the availability and accessibility of physical healthcare equipment on forensic inpatient wards within mersey care's secure division

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Aims. To evaluate the provision of recommended medical equipment on forensic psychiatric inpatient wards in Mersey Care's secure division, as outlined by the Care Quality Commission (CQC) in their 2019 guidance "Brief Guide: Physical Healthcare In Mental Health Settings". It has been documented that people with severe and enduring mental illness are at risk of dying on average 15 to 20 years earlier than people without, two thirds of which are due to avoidable physical illnesses. It was our aim to use these data to improve the provision of physical healthcare equipment on the wards of Mersey Care's secure division, in turn allowing for the safe assessment of patients in the acute setting, and the monitoring their chronic health conditions.

Method. We conducted a closed loop, two cycle audit of all forensic inpatient wards in Mersey Care's secure division measuring the provision of physical health equipment against the CQC's 2019 guidance. The intervention was to present our findings and implement physical health equipment boxes in the clinic rooms on the wards. Low, medium, high, and secure learning disability (LD) wards were audited, with a control sample of non-secure wards (addiction, old age, general adult, and LD non-secure) in the initial cycle for comparison.

Result. On initial audit, the mean availability of equipment across the secure division was 66% (range 50.9%-88.9%), and 75% across our sample of wards in the non-secure divisions (range 61.1%-88.9%). Following the intervention in the secure units, the mean availability increased to 73.5% (range 72.2%-77.8%). The mean percentage increase in equipment availability following intervention was 12.5% (range -12.5% to 41.8%).

Conclusion. Following the intervention, the re-audit conducted found an overall improvement with 73.5% of recommended

equipment available. Despite this improvement in equipment availability in the secure unit wards, the equipment is still less available than on the non-secure control wards. Due to this, further intervention and another re-audit have been planned. In the second cycle, significant items such as disposable gloves, pulse oximeters, sphygmomanometers, thermometers and stethoscopes were available across all wards. This was an improvement from the initial audit and allows for the safe assessment of patients in the acute setting.

Impact of COVID-19 on psychiatric services and presentations in north-west Edinburgh

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Aims. COVID-19 has had a significant impact on healthcare provision, accessibility and psychiatric presentations. We aim to investigate the impact of the pandemic on psychiatric services and the severity of presentations in Edinburgh, with a particular focus on the North-West Edinburgh Community Mental Health Team (NW CMHT).

Method. Measures of the impact of the pandemic on NW CMHT were identified as referral numbers from primary care and Did Not Attend (DNA) rates. Royal Edinburgh Hospital admissions, detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and Out of Hours (OOH) contacts were used as proxy measures to explore the severity and urgency of presentations.

Quantitative data focussing on these parameters for patients aged 18–65 years in NW CMHT in 2019 and 2020 were collected from NHS Lothian Analytical Services. OOH data were only available Edinburgh-wide. All data were anonymised in line with NHS Lothian Information Governance Policy.

In order to assess the impact on staff, a questionnaire was created and disseminated, with qualitative data returned anonymously.

Result. Referrals to NW CMHT decreased by 9.3% in 2020 (n = 2164) compared to 2019 (n = 2366). Referrals in April (n = 81) and May (n = 102) 2020 were far below the monthly average across the two years (n = 188).

Appointment numbers were very similar in 2019 (n = 3542) and 2020 (n = 3514). Despite this, DNA and cancellation rates decreased by 3.94% in 2020. Questionnaire results illustrated some of the challenges for staff of working during a pandemic.

Admissions to hospital reduced by 6.8% in 2020 (n = 219 vs n = 235). While MHA detentions in NW Edinburgh increased by only 1.8% (n = 173 vs n = 170), new Compulsory Treatment Orders (CTO) increased by 60%. Furthermore, OOH contacts across Edinburgh increased by 45.2% when compared to 2019.

Conclusion. The COVID-19 pandemic altered the way patients accessed healthcare. Uncertainty of the public in accessing primary care services early in the pandemic may have contributed to reduced referral numbers.

The increase in CTOs is suggestive of severe relapses in previously stable patients or new episodes of illness. The pandemic may have contributed to a reduction in early recognition, and referral, of those with major mental disorders resulting in more protracted or severe illness episodes. The increase in OOH crisis contacts supports such a hypothesis.