

appropriate health professional(s) in the timeliest way and that we communicate with their referrer in a timely and helpful manner. We aim to deliver a service that is safe, effective and helpful to patients, carers and their referrers. The purpose of this study is to understand the referrers' experience of our communications with them when they refer to the T&AT.

**Methods.** A pre-intervention survey was sent out in November 2022 to GPs who work and are part of the Brompton and South Kensington primary care networks (PCNs).

We received an equal number of responses from Brompton and South Kensington GPs respectively. Quantitative and qualitative data were both collected. We had a cross section of respondents including trainees, salaried GPs and partners.

**Results.** From the quantitative data, the majority of respondents reported they were reasonably satisfied with our communication with respect to timeliness, clarity and clinical relevance of our communication.

Respondents were less satisfied with the balance struck between clinical detail on the one hand and recommendations for the mental health shared care plan.

A qualitative analysis of respondents all free text comments and identified three main themes: the local referral pathway, the use of SystemOne computer software programme, and recommendations for improving communications between GPs and the T&AT at CMHT.

**Conclusion.** We have acknowledged concerns about the complex mental health referral pathway together with suggestions about improving the functionality of SystemOne across the GP and CMHT interface into the regular discussions we have with our respective PCNs.

The Triage and Assessment Team are designing improvements to the consistency, timeliness and relevance of our GP communications.

Once these improvements have been implemented, we will send out a post-intervention survey to GPs and reassess their satisfaction levels with our new mode of communication.

---

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.

## A Re-Audit of the Assessment and Management of Patients With Alcohol Use Disorders Following Admission to the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust

Dr Declan Hyland<sup>1\*</sup>, Dr Ranjan Baruah<sup>1</sup>,  
Dr Mohammed Hussain<sup>1</sup> and Ms Hollie Buchan<sup>2</sup>

<sup>1</sup>Mersey Care NHS Foundation Trust, Liverpool, United Kingdom and <sup>2</sup>Aberdeen Medical School, Aberdeen, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.431

**Aims.** This re-audit aimed to determine the level of performance in the assessment and management of patients with alcohol use disorders following admission to one of the general adult inpatient wards in Mersey Care NHS Foundation Trust and to determine whether the level of performance has improved compared to the original audit done in 2021 and whether recommendations that were implemented following the original audit have been effective.

**Methods.** A list of all inpatients on each of the eight general adult inpatient wards in the Trust was obtained. The electronic patient record (on RiO) and electronic prescription card (on EPMA) for

each inpatient was scrutinised to obtain the required data. All data were collected retrospectively.

**Results.** A total of 149 inpatients were identified on the eight general adult inpatient wards. Using specific inclusion and exclusion criteria, 56 of the 149 inpatients formed the final sample. Of the 56 inpatients, 58% were male, 42% were female. An alcohol history was documented in 81% of the 56 inpatients, representing an improvement on the 45% in the original audit in 2021. An average weekly quantity of alcohol for the inpatient was documented in only 8% of cases, a drop from 22% in the original audit in 2021. There was minor improvement in documentation of a CIWA-R score for the inpatient on admission to the ward - an increase from 0.7% in 2021 to 4.0% in 2022. There were improvements on gamma GT and serum Magnesium level being checked on admission for the 2022 audit cohort compared with the 2021 audit cohort. There was also an improvement on referral of the inpatient to community alcohol services - 3% in the 2021 audit vs 7% in the 2022 audit.

**Conclusion.** The findings from this re-audit indicate an improved level of performance in assessment and management of patients with alcohol use disorders following admission to the general adult inpatient ward since the original audit in 2021. Recommendations from this re-audit are: ensuring that taking and documenting a thorough alcohol history is included in the induction for junior trainees, the provision of education and training to both medical and nursing staff on the wards in using the CIWA-R to assess level of alcohol withdrawal and producing a flow chart on the assessment and management of alcohol use in patients following admission to the ward that can be displayed in the Treatment Room on each ward and in the Junior Doctors' office.

---

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.

## Antipsychotic Dose Reduction for Patients With Behavioural and Psychological Symptoms of Dementia in the Well-being Clinic of a Community Mental Health Team for Older People

Dr Timothy Cherian James\* and Dr Uttara Mandal

Barnet Enfield and Haringey Mental Health NHS Trust, London, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.432

**Aims.** To evaluate the usefulness of the "Well-being Clinic", a specialized service aimed at reducing the dose of antipsychotic medication prescribed for patients with behavioural and psychological symptoms of dementia (BPSD). The aim of the service was to have a sustained reduction of at least 50% of the antipsychotic dose in at least 50% of the sample size.

**Methods.** A retrospective quantitative study was performed, looking at the 6 month period between August 2022 and January 2023. Two data parameters were obtained. One, the percentage of reduction of the antipsychotic dose for each patient. Two, the number of reviews done for each patient over the specified time period.

**Results.** Out of a sample size of 21 patients prescribed antipsychotics for BPSD, only 1 (5%) had a sustained reduction of at least 50% of the antipsychotic dose. 2 (10%) had a dose reduction of less than 50%, 14 (67%) had no change and 4 (19%) had a dose increase.

3 patients (14%) had 3 reviews in the 6 month period, whereas 10 (48%) had 2 reviews, 5 (24%) had 1 review and 3 (14%) had no reviews.

**Conclusion.** The Well-being Clinic intends to reduce harm to patients by reducing their antipsychotic dose. However, only 5% had a satisfactory dose reduction and 62% were reviewed at least once in 3 months.

Recommended actions include increasing the frequency of reviews to once in 6 weeks (in accordance with national guidelines) and implementing regular monitoring of electrocardiograms (ECGs), vital signs and blood markers to further improve practice.

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.

### Audit on Baseline Physical and Metabolic Investigations Before Prescribing Antipsychotics in Children and Adolescent With Psychosis and Schizophrenia

Dr Sadia Tabassum Javaid\* and Dr Lubna Latif  
Northstaffs Combined Healthcare NHS Trust, Stoke-On-Trent,  
United Kingdom  
\*Corresponding author.

doi: 10.1192/bjo.2023.433

**Aims.** INTRODUCTION: The term ‘psychosis’ is used in NICE guidelines to refer to the group of psychotic disorders that includes schizophrenia, schizoaffective disorder, schizophreniform disorder, and delusional disorder as identified by the International Classification of Diseases – 10th revision (ICD 10; World Health Organization, 1992). BACKGROUND: Children and young people with psychosis and schizophrenia have poorer physical health than the general population as get older. Life expectancy is reduced by 16 to 25 years (Brown et al., 2010; Parks et al 2006). AIMS & OBJECTIVES: To compare the west-midlands child psychiatrist practice with the standard NICE clinical guidelines on baseline physical and metabolic investigations before prescribing antipsychotics in children and adolescents. To compare if fulfilling criteria. Early detection and intervention in order to delay or possibly prevent the onset of psychosis and schizophrenia. To improve the services.

#### Methods.

- The sample was collected via ‘WEST MIDLANDS CAMHS CONSULTANT SURVEY’.
- Information collection through the questionnaire.
- Nine members of the west midlands CAMHS Consultant CLENT group participated in 2019.

#### Results.

- Indications to use antipsychotics, Record keeping and Assessment of nutritional status & level of physical activity: 100%.
- Pulse and B.P check: 88.9% yes, 11% not always.
- Weight and Height plotted on growth chart: 77.8% yes, 22% not always.
- Antipsychotics (must be initiated by suitably qualified health care professional with expertise in prescribing: 33% consultant, 55% doctor, 11.1% doctor or nurse.
- Assessment of movement disorders was done by 44.4% always, 11.1% never and 44.4% sometimes.

- Lipid Profile was checked by 44.4% always, 11.1% never and 44.4% sometimes.
- Fasting blood Glucose and Hb1ac check: 33.3% yes, 66.7% never and 33.3% sometimes.

**Conclusion.** Data collected suggest meeting the set standards for indications of antipsychotics, record keeping and physical activity checks but not in other domains.

#### Recommendations:

- To create a checklist Performa for physical / metabolic Health Checks for children and adolescent initiated on antipsychotic medications under the care of CAMHS.
- Clinicians to stay up to date with NICE guidelines.
- To regularly monitor physical health and blood test before prescribing antipsychotics.
- To re-audit after introducing Performa in our CAMHS centre, if effective to introduce it in other local CAMHS centres after negotiation with them.

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.

### Audit of On-Call Assessments (Acute and Urgent Care)

Dr Sadia Tabassum Javaid\*, Dr Darret Watts, Dr Mike Jorsh,  
Dr Mehr Muhammad Usman, Dr Laura Stevenson,  
Dr Oluwafemi Popoola, Miss Corrina Bentley, Miss Sam Dawson  
and Dr A Briacu

North Staffordshire Combined Healthcare NHS Trust,  
Stoke-On-Trent, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.434

**Aims.** BACKGROUND: Local algorithms are in place which outline the required process for arranging a Mental Health Act assessment. It requires one doctor from the patient’s allocated care team or Trust on-call consultant during the working hours and one doctor from the on-call team (registrar/Consultant- if no registrar) during out of hours. Concerns were raised that on-call doctors were not always asked to participate in assessments in accordance with Trust protocol. AIMS: To improve the on-call assessment process at Northstaffs Combined Healthcare NHS Trust (NSCHT). OBJECTIVES: To determine: Whether NSCHT doctors from the on-call rota participate in Mental Health Act assessments, as appropriate. Any patterns relating to day, time of day or location of assessment which correlate with on-call doctors not participating in assessments appropriately. Any areas where the required standards relating to on-call assessments are not being met. As well to take this opportunity to note down how long was admission following mental health act assessment and if any role of substance misuse.

**Methods.** All assessments undertaken during November and December 2020 were identified by the Mental Health Law Team. This resulted in a total for analysis of n=141 cases. Data collection was undertaken by Working Group members using a form devised by the Clinical Audit Department and entered online for analysis. Analysis was subsequently undertaken using SPSS and validated according to departmental protocol.

**Results.** MHAA was done 35% inpatient, 30% Section 136 Suite, 14% community, 12% UHNM, 3% access, 2% police custody and 4% in other areas/ out of areas. Outcome were that 45% detained under section 2 MHA, 35% on section 3 MHA, 2% admitted