

Information sharing and the way to record it in electronic health records and the Concept of implied consent.

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Re-Audit of Blood Monitoring of Lithium in Outpatients of Working Age Under Dudley Mental Health Services

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Aims. Lithium remains the first line mood stabilising therapy recommended by NICE for Bipolar Disorder and an important treatment option for augmentation of the treatment of Depression. Lithium has a strict monitoring requirement due to long term impact on Renal, Thyroid function and risk of toxicity due to a narrow therapeutic range. This Re-Audit aimed to assess improvement in Lithium Blood monitoring in working age adults in Dudley following an initial 2021 audit.

Methods. We used the standards set by NICE CG185- Bipolar Disorder Assessment and Management. We agreed a standard of 3 monthly monitoring of lithium levels due to the number of indications for 3 monthly monitoring to ensure safest practice. We also agreed to standards for 6 monthly monitoring of Urea and Electrolytes (U&Es) and Thyroid Function Tests (TFTs). An additional standard was agreed that at every outpatient review Lithium blood results should be reviewed and documented. A sample of 40 patients was gathered from the 8 outpatient sector teams. We used Rio notes system for demographic, diagnosis and clinical information and blood results systems EMIS and ICE for blood results over a period of November 2021- November 2022.

Results. There was a noted minor improvement to compliance with 3 monthly monitoring, overall increasing from 10% to 17.5%, but this result is still poor. The number of patients who had 4 or more Lithium blood tests over the 12 month period was more of a positive increase, to 32.5% from 17.5% in the previous audit cycle. There was also an improvement in the mean number of lithium blood tests per patient from 2.67 to 3.3. For U&Es 90% of patients were monitored 6 monthly while for TFTs 85% of patients were monitored 6 monthly. There was a slight reduction in documentation of blood results at clinic review, reducing to 62.5% from 67.5% in the initial audit.

Conclusion. While the progress is positive, the results are still far below where the trust would like to be. We considered whether frequency of outpatient review, poor awareness of 3 monthly monitoring standards and a lack of formal system to remind or ensure patients are monitored appropriately. It was agreed that measures to ensure compliance such as a lithium blood monitoring clinic may be useful to improve compliance with monitoring.

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Aetiological Investigation of Epilepsy in Adults With a Learning Disability – a Community Audit

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Aims. To demonstrate adherence to national standards for the aetiological investigation of epilepsy in Bromley Community Learning Disability Team (CLDT), Oxleas NHS Foundation Trust. The National Institute for Health and Care Excellence (NICE) and International League Against Epilepsy (ILAE) advise strenuous attempts to identify the aetiology of epilepsy as it often carries significant treatment implications. The ILAE divides aetiology into six categories selected because of their potential therapeutic consequences (structural; genetic; infectious; metabolic; immune; unknown).

Methods. Audit standards were derived from NICE and ILAE. The key standard was that 100% of patients should have sufficient aetiological investigation of their epilepsy, including a dysmorphism assessment, neuroimaging, and genomics, as appropriate. The population was defined as all patients open to the Epilepsy Service of Bromley CLDT in December 2021. Data were collected using a secure electronic database between December 2021 and January 2022.

Results. 76 patients (52 male, 24 female) were audited, mean age 38 years (range 18-79 years). Learning disability severity included borderline (n=3), mild (n=28), moderate (n=24), severe (n=17) and profound (n=4). Identified aetiologies included structural (42%; n=32), genetic (13%; n=10), and infectious (5%; n=4), with one patient having both genetic and infectious aetiology. Aetiology was unknown in the remaining 41% (n=31) of patients, of which 58% (n=18) had outstanding investigations. In 72% (n=13), there was no apparent reason for investigations to be outstanding. Genomics was the commonest outstanding investigation (70%, n=14), followed by neuroimaging (20%, n=4) and dysmorphism assessment (10%, n=2). In addition, 40% (n=12) of patients were newly eligible for whole genome sequencing – a recent development within 12 months and thus excluded from outstanding investigations.

Conclusion. This audit demonstrates adherence to national standards is below 100%. Where appropriate, patients with outstanding investigations should be approached. Dissemination of findings and an action plan are required before re-audit.

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Stopping Over-Medication of People With a Learning Disability, Autism or Both (STOMP) – a Community Audit

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Aims. The stopping over-medication of people with a learning disability, autism or both (STOMP) campaign was launched by NHS England in 2016 as part of the Transforming Care programme. It aims to reduce the inappropriate prescribing of psychotropic medication to manage challenging behaviour in the absence of a licenced indication. The current audit aimed to demonstrate adherence to national standards for STOMP within the community learning disability teams (CLDTs) of Oxleas NHS Foundation Trust. Additionally, a secondary aim was to

compare current adherence to the previous audit undertaken in 2019.

Methods. Audit standards were derived from national guidance by the Royal College of Psychiatrists and the National Institute for Health and Care Excellence. The population was defined as all patients open to a CLDT prescriber (medical or non-medical) between April 2020 - March 2021. A multidisciplinary working group agreed inclusion and exclusion criteria before designing an electronic audit questionnaire. A random sample of 20% of patients from each of the three CLDTs (Bexley, Bromley & Greenwich) was generated. Data were collected between October and November 2021.

Results. The clinical records of 111 patients were reviewed, 86 of whom met inclusion criteria. Of these, 65 patients were taking psychotropic medication and progressed to full auditing. Key findings were: 85% of patients on established psychotropics had a medication review within the previous 6 months, of which 100% were assessed for their response to treatment and 86% were assessed for side effects; 78% of patients had their capacity to consent to treatment documented and, of those lacking capacity, 81% had a best interests decision documented. All but one of these key findings demonstrated an improvement compared to the 2019 audit.

Conclusion. Overall, this 2021 audit demonstrates a substantial improvement since the previous audit in 2019. However, adherence to national standards continues to be below 100%. Dissemination of findings and an updated action plan are indicated before re-audit in 2023.

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Audit of Physical Health Monitoring in Long-Stay Psychiatric Inpatients on Clozapine in NHS Ayrshire & Arran

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Aims. There is a body of evidence showing the health inequalities faced by people with schizophrenia, with some studies indicating that their life expectancy is approximately 20 years less than that of the general population. The vast majority of patients with schizophrenia require long-term treatment with antipsychotic medications, such as Clozapine. These can lessen disease burden significantly however can be accompanied by adverse effects, including metabolic syndrome. This audit aimed to determine whether the local physical health monitoring guidelines for those on Clozapine are being carried out for long-stay patients in inpatient forensic and rehabilitation psychiatry services in NHS Ayrshire & Arran.

Methods. The guideline "National Standard for Monitoring the Physical Health of People Being Treated with Clozapine" was issued by the Scottish Government in 2017. This guideline advises on physical health parameters which benefit from monitoring during Clozapine titration and on-going therapy. This audit reviewed whether the parameters with specified frequencies, such as annual LFT monitoring, were being monitored within the recommended timeframes.

Results. In our group of 18 patients on long-term Clozapine therapy, 10 had undergone a serum fasting blood glucose and 12 had a lipid profile checked in the preceding 6 months. Meanwhile, all

18 had liver function tests done within the last year prior to data collection. All patients had a BMI, heart rate and blood pressure reading documented in the last year, while 12 out of 18 had an ECG carried out in the same time period.

Conclusion. This audit has revealed a mixed picture in terms of the adherence to guidelines for physical health monitoring for our long-stay forensic and rehabilitation patients on Clozapine therapy. A need for more fastidious blood test monitoring within the forensic service has been identified, with a particular focus on the measuring of serum fasting blood glucose and lipid panels. It was noted that a physical health monitoring checklist incorporating the above guidelines had previously been introduced into the rehabilitation ward, and the benefit of this was demonstrated in the 100% adherence they achieved. We have therefore decided to introduce a similar checklist to the forensic wards as our intervention, with a plan to re-audit in 6 months' time.

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An Audit on Physical Health Assessment and Medical Review for Service Users Under the South Cambridgeshire Crisis Resolution and Home Treatment Team

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Aims. According to the Home Treatment Accreditation Scheme (HTAS) Standards for Home Treatment and Crisis Resolution Teams, the physical health assessment and medical review are type-1 criteria. These standards must be met for all service users since failure to meet them would constitute a significant threat to patient safety, rights, or dignity. This audit aimed to measure the compliance of the south Cambridgeshire crisis resolution and home treatment team (CRHTT) with the HTAS standards for physical health assessment and medical reviews.

Methods. This audit was registered with Audit & Service Evaluation Registration services at the Cambridgeshire and Peterborough NHS foundation trust (CPFT). The necessary permissions to access patient records on the trust's electronic patient record (EPR) system were obtained from appropriate authorities in the CPFT IT department. From August 2021 to July 2022, all referrals to South Cambridgeshire CRHTT were screened for inclusion and exclusion criteria, and clinical records of 77 service users who met these criteria were analysed. The required data were collected on an excel sheet and analysed using descriptive statistics to measure the percentage of service users who satisfied the audit criteria. The audit was conducted between May 2022 and July 2022.

Results. A total of 1232 referrals were screened, and 77 (6.25 %) service users (n=77) satisfied the inclusion criteria. The average age of service users was 37, with 54.55% of the subjects being females and 45.45% being males. 70.12% of the CRHTT reviews met the Physical health assessment criteria as set by HTAS while 94.80% of the CRHTT reviews met the medical review criteria set by HTAS. The expectations were 100% of the CRHTT reviews should meet the HTAS standards for physical health assessment and medical review. The HTAS standards were not met in 30 percent of service users for the physical health