calculated as the number of DNA in CCS South/ number of DNA in total CCS × 100. Student t test, Mann U Whitney test, Chi square test were used to analyse the data.
Results. The number of DNA in the pandemic group (625) was significantly higher than the pre-pandemic group (376) [$\chi 2 = 86.31$, $p < 0.00001$]. Males had significantly higher DNA in pre-pandemic group (59.52%) whereas females had significantly higher DNA in the pandemic group (66.76%) [$\chi 2 = 72.97$, $p < 0.00001$]. The mean (SD) age of clients in the pandemic group was 41.17 (12.39) years was significantly lower than the mean (SD) age of clients in the pre-pandemic group, 42.87 (13.72) years [$t = 1.97$; $p = 0.049$].

There was an increase in the Caucasian British (49.73% vs 38.40%) and Asian (29.52% vs 26.41%) in the pandemic group compared to pre-pandemic group. There was a decrease in the African-Caribbean group (10.11% vs 16.11%) and the mixed/ other/unstated group (10.64% vs 19.20% vs) in the pandemic group compared to pre-pandemic group. It was the first DNA for twenty-four service users in the pre-pandemic group and none in the pandemic group. Those in the pandemic group (6.39 (6.79)) had significantly higher mean (SD) number of previous DNA than the pre-pandemic group (5.41 (7.50) [$U = 98145$; $W = 293770$; $Z = -4.40$; $p = 0.000$). There was no significant difference between the time of the appointment in both groups.
Conclusion. There was an increased number of DNA during the pandemic period and the profile of those who DNA during the pandemic was of that a female with a mean age of about 41 years with previous DNAs.

Identification and Management of Substance Misuse in Patients Referred for Psychodynamic Psychotherapy: A Service Evaluation Project

Dr Joshua Lusby*, Dr Kenny Chu, Dr Shivanthi Sathanandan and Dr Thomas Hillen

Camden and Islington NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.400

Aims. To evaluate and improve upon collection of data pertaining to substance misuse in opt-in questionnaires sent to patients accepted by a psychodynamic psychotherapy service in an inner London Trust, and to explore options for improving care for the population of patients identified as potentially having a substance misuse issue who are accepted by the service.
Methods. An initial audit of all opt-in questionnaires was conducted between September 2019 and September 2020. In this analysis of 144 responses, 72 were found to have indicated that they had experience of a substance misuse disorder. Of these responses, 55% of answers made it possible to discern the substance of misuse, and 31% of answers allowed for differentiation between historic and current misuse. In response to these findings, the AUDIT-C was incorporated into the opt in questionnaire with data subsequently collected and analysed between December 2020 and February 2021. Subsequently, patients identified as having and AUDIT-C score indicating possible harmful or dependent drinking were offered interventions stratified by score with a clinician supervised by the substance misuse service
Results. In the re-audit period of opt-in questionnaires, there were 31 respondents, of whom 90% indicated that they or a contact had been concerned about their substance use. Inclusion of the AUDIT-C allowed for differentiation between alcohol and other substances in 100% of cases, and in 71% of cases it was possible to discern current vs historic substance misuse. In the period of December 2020- December 2021, four patients accepted the offer of a brief intervention.
Conclusion. It was felt that obtaining higher quality data pertaining to substance misuse in patients accepted for psychotherapy was beneficial in terms of being better able to understand needs of patients and also to guide clinical management. Furthermore, introduction of a pathway to guide interventions in cases identified as being potentially at risk appeared to be effective in addressing substance misuse within this population. It is hoped that this preliminary evaluation can guide further service model development within this psychotherapy department and within other services in order to better address the needs and improve access to services of patients with comorbid substance misuse disorders.

Evaluation of Early Neuro-Imaging Requests for Dementia Diagnosis in Wolverhampton Memory Assessment Service (MAS)

Dr Aparna Prasanna, Dr Kuljit Mandair* and Dr Clare Ling

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.401

Aims. The Wolverhampton Memory Assessment Service (MAS) is nurse led and accepts referrals from primary and secondary care settings. There has been a rapid rise in the number of referrals as well as an increase in demand to provide a timely diagnosis. This poses a challenge to meet the national aspiration of referral to diagnosis in 6 weeks. The aim is to improve access to neuroimaging in order to avoid delays to diagnosis and management.
Methods. In January 2022, a retrospective sample of three groups of newly referred patients to MAS between 1st June-31st October 2021 was selected, each group consisting of 15 patients.

A dedicated tool was used to collect data. MAS follows NICE standards for neuroimaging in dementia guidance.

In Group 1 scans were not requested at referral but were requested after initial nursing assessment, in Group 2 scans were available at initial referral and in Group 3 scans were requested by the MAS Consultant Psychiatrist upon receipt of referral.
Results. In group 1; 47% of patients have still not had a scan (with a waiting time of approximately 6 months) and 73% have not been given a diagnosis. Three patients were given a diagnosis due to exceptional circumstances and therefore the results of these patients can be disregarded.

In group 2, all (100%) patients had a scan either prior to the referral (73%) or requested by GPs at the time of referral (27%). 80% of patients have been given a diagnosis. The average days from referral to diagnosis was 82 days. Patients not given a diagnosis yet was due to cancellation/awaiting appointments.

In group 3, all (100%) patients have had a scan and 67% of patients have been given a diagnosis. The average days from referral to diagnosis was 102 days. Patients not given a diagnosis yet was due to cancellation/awaiting appointments.
Conclusion. Implementing a pathway whereby clinicians can either have access to prior neuroimaging or refer appropriate patients for scans at the point of referral, significantly reduces waiting times to diagnosis and management within a timely manner.

This reduces carer burden and provides increased support from appropriate services as well as reducing the chances of patients ending up on crisis pathways.

There is a need to implement an integrated care pathway that is responsive and accessible to all patients.