

patients, 11 (32.35%) demonstrated new-onset ECG changes; 8 with new sinus tachycardia, 1 with new QTc prolongation and 2 with additional rhythm strip abnormalities. Based on these new findings, 50% were then referred for a repeat ECG. No plan had been made for the other 50%. ECGs of 8 (23.53%) individuals demonstrated changes which remained present across the consecutive ECGs. Plans for these patients included referral for cardiology opinion (25%), repeat ECG (25%) and dose reduction (50%). A further 8 patients demonstrated an improvement in findings on their most recent ECG. In 3 (37.50%) of these cases, Clozapine had been reduced during the period between ECG recordings. 7 (20.59%) individuals demonstrated no ECG changes.

**Conclusion.** Our findings suggest many individuals prescribed Clozapine develop ECG abnormalities, with the largest proportion developing sinus tachycardia. Regular monitoring remains beneficial within the outpatient department to determine the nature of ECG changes, and further methods may be required to ensure appropriate management plans are in place should these changes arise.

### Investigating the Influence of the Pandemic on the Wandsworth Home Treatment Team

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**Aims.** This study aimed to determine the impacts of the COVID-19 pandemic on the Wandsworth Home Treatment Team (HTT), South West London and St. George's Mental Health NHS Trust. We hypothesised that demographics and illness characteristics of patients would differ before and during the first wave of the COVID-19 pandemic and that concerns about possible infection with COVID-19 influenced the decision to be referred to the HTT. Additionally, we hypothesised that there would be fewer face-to-face contacts during the initial months of the pandemic.

**Methods.** Routinely collected data from the trust's electronic records (RiO) were compared from the 15<sup>th</sup> March – 15<sup>th</sup> May in both 2019 (control) and 2020 (early pandemic). Patients could have a maximum of 1 variable absent to be included in the study and should have been under the care of the WHTT for longer than 2 days. Overall, 301 patients were included in this study, 181 from 2019 and 122 from 2020. Variables compared were: marital status, age, sex, ethnicity, diagnosis, referral source, referral urgency, referral reason, referral weekday, count seen (number of contacts with a clinician), face-to-face contacts, and length of stay.

**Results.** The demographic variables: age, sex, marital status, and ethnicity were not significant. Likewise, the length of stay of patients, referral reason, and referral weekday were also not significant. However, during the early pandemic, there was an increase of 11% in the diagnosis of psychotic disorders/psychotic episodes ( $p = 0.039$ ). Further, the referral urgency of patients within the 2020 period was significantly raised ( $p > 0.01$ ). The referral source of patients was significantly different with an increased number of patients having been referred to the HTT from the ward ( $p = 0.017$ ). The mean interactions (count seen) between patients and clinicians significantly lessened from 2019

to 2020, 12.8 Vs 10.2 ( $p = 0.008$ ). Moreover, the percentage of face-to-face contact had also decreased from 2019 to 2020, 56.1 Vs 46.6 ( $p = 0.007$ ).

**Conclusion.** Overall, less patients received care from the home treatment team during the first wave of the pandemic. Age, marital status, sex, ethnicity, length of stay, referral reason, and weekday were not significant. On the contrary, the diagnosis of patients, count seen, face-to-face contacts, referral urgency, and referral source were statistically significant. These findings reflect a different referral pattern to the Wandsworth HTT during the initial months of the pandemic accompanied with fewer face-to-face and other interactions overall.

### Psychosis Early Intervention in Southwark – Gold Standard Prescribing vs Reality

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**Aims.** The RCPsych Standards for Early Intervention in Psychosis Services documents Gold Standard treatment, including: every service-user with psychosis is offered antipsychotic medication; if their illness does not respond to therapeutic dose of 2 different antipsychotics, they are offered clozapine. The Southwark Team for Early Psychosis ('STEP') in the South London and Maudsley Trust (SLaM) treats adults in their first 3 years of psychosis diagnoses. We aimed to compare prescribing practice in STEP to RCPsych Standards.

**Methods.** STEP's caseload of 296 individuals was reviewed on 7th June 2021. Those excluded: inpatients/under Home Treatment Team; not yet assessed. Final number of outpatients assessed = 269. Data gathered: 1) Taking an AP? If taking an AP, the name and dose of AP. If not taking, trial discontinuation with medical advice or unsupervised refusal? 2) Remission status 3) Total number of AP trials. Uncertainties in categorisation were reviewed by the 2 other contributors.

**Results.** In 269 outpatients on 7/6/21, 186(69%) were taking an antipsychotic (167:19 oral:depot), with a further 62(23%) recommended but declining. 21(8%) were not recommended, following change in diagnosis or resolution of psychotic symptoms.

7 service-users had down-titrated off AP with medical collaboration. All but 1 remained in remission. 35/47(74%) who discontinued AP independently had relapsed.

172 patients were reliably taking antipsychotic medication as prescribed. 56(32.5%) had ongoing psychotic symptoms (ranging from non-preoccupying residual delusions to distressing delusions/hallucinations). 4 symptomatic service-users were prescribed lower than BNF minimum effective doses.

Of those symptomatic and on hypothetically therapeutic doses ( $n = 52$ ; median% of BNF Maximum Dose 50%; mean 54%), 26 were on their 1st AP, 26 on or beyond their 2nd AP. 8 service-users had ever trialled clozapine.

**Conclusion.** Even in an experienced EI team for a highly psychiatrically morbid population, there remain gaps between best practice and actual prescribing.

Close to 1/3 of patients taking their prescription weren't in remission, almost all of whom had room to increase doses or trial an alternative medication. Clozapine is under-utilised in the treatment resistant group. For those who stopped AP, supervised tapering is a reasonable treatment option.

The next steps will be run as a quality improvement project addressing MDT and service-user barriers to assertive medication management:

- Trial methods to improve adherence (depot prescribing, psychoeducation, peer support)
- Encourage efficient up-titration and frequent MDT review of AP efficacy (empowering service-users self-management, care-coordinator opportunistic mental state assessments to trigger dose increase, medical review frequency)
- Identify and refer service-users suitable for clozapine

### Lithium Counselling in Women of Childbearing Age

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**Aims.** Lithium is a commonly prescribed mood stabiliser given to women of childbearing age. There are risks of teratogenicity in first trimester of pregnancy, most notably cardiac abnormalities. It is not clear whether this is highlighted to patients. Our aim was to evaluate whether women were being counselled according to NICE and BNF guidelines.

**Methods.** We analysed records for 25 female inpatients who were commenced on lithium in Goodmayes Hospital from August to September 2021 to see if lithium counselling was done and documented on Rio. This was corroborated with e-prescribing records on ePMA.

**Results.** Data were collected from 26 patients; 1 was post-menopausal (excluded), final sample size  $n = 25$ . 16% were given a lithium leaflet, 92% had trialled alternative antipsychotics, 8% were asked if planning pregnancy, 4% had the risks of lithium in pregnancy explained and 12% were offered contraception.

**Conclusion.** Lithium counselling needs to improve. We should give patients information via lithium leaflets and explain the risks when they improve in mental state. We should arrange contraception referrals if desired and signpost perinatal psychiatry team if planning a pregnancy.

### Making Sense of the Urgent GP Referrals; Audit Into How Many Are Actually Urgent?

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**Aims.** The trust policy dictates that all urgent GP referrals should be contacted within 48 hours by the duty team. The duty team carries out a telephone screening assessment and offers the patients who are deemed to be urgent, a face-to-face assessment. Those who are not assessed to be urgent are signposted to the right service.

**Methods.** All the urgent GP referrals of the month of July 2021 were followed up retrospectively and the outcome was recorded to assess the influx and outcome of urgent referrals from primary care. The urgent referrals from all other routes such as Psychiatric Liaison, and Social Services, Police etc were not included in the data.

**Results.** A total of 124 urgent referrals were received in the month of July 2021. Only 13 out of the 124 were deemed urgent following the telephone assessment and they were offered a face-to-face assessment. Fifty three patients were referred to primary care mental health team, 24 were referred to the secondary community mental health, 20 were referred to the older adults team and 10 were discharged back to the GP following. Out of the 13 who were assessed by the duty team, 6 patients were referred to primary care mental health team and 6 were referred to the secondary community mental health team. The urgent referrals came from 20 GP surgeries that cover a wide area of the rural and urban communities and the surgeries with most urgent referrals were highlighted

**Conclusion.** Trying to work on improving the quality of urgent referrals, the team tried to analyse the results, which proved to be complicated. The efforts to standardise the referral process has depended mainly on the degree of awareness of the GPs about the way the mental health service operates considering there is a percentage of locum GPs who might not be fully aware of how mental health service works.

The recommendation of the audit is to arrange visits to the GP surgeries to work on raising awareness among GPs about the referral system to the Mental Health team. It is also recommended that the GPs should be able to complete a brief risk assessment to justify why the referred patient needs to be reviewed urgently instead of on routine basis.

### Looking at Current Practices Regarding Implementation of Covert Administration of Medication Policy

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**Aims.** The aims of the audit was to find out current practices regarding implementation of covert administration policy guidance. The Covert Medication Administration policy was introduced during the past two years, but due to ongoing pandemic, awareness of it was low. Guidelines for when making a decision to administer medication covertly were clear in the policy. Covert medication administration is a very restrictive practice, albeit clearly in a patient's best interests. Instances were found when medication for physical health was administered covertly and there isn't authority to do so under the Mental Health Act as noted in Care Quality Commission inspections.

**Methods.** The sample selection was obtained by Incident Reporting forms for covert medication prescription from which 10 patients were identified from a four month retrospective sample of geriatric psychiatric inpatient admissions at the Juniper Centre at Moseley Hall Hospital, Birmingham from April to August 2021.