

Aims. The COVID-19 Pandemic has had an impact on most aspects of functioning on the world in general. We wanted to see what impact of COVID-19 Pandemic has had on a Crisis Resolution Home Treatment Team North Peterborough. The main objectives of this audit were to see changes in Crisis Resolution Home Treatment Team North number and source of referrals, average length of stay, total number of patients Home Treated during this period (Pre and during COVID-19 pandemic) and to also identify whether patients with a certain diagnosis deteriorated or presented more to services compared to others.

Methods. We retrospectively reviewed case-notes and data were collected from RiO Electronic Patient Records (EPR) covering all the factors we wanted to analyse. Data collection periods were pre-COVID-19 between 1st April 2019 and 30th September 2019 and COVID-19 pandemic (1st Lockdown) between 1st April 2020 and 30th September 2020. Total number of referrals received between April and September 2019 pre-pandemic were 844 and total number of referrals received during COVID-19 pandemic between April and September 2020 were 660. Data were exported from the electronic patient record into Microsoft Excel and quantitative analysis was performed using Microsoft Excel.

Results. The results showed 21.8% drop in total number referrals from 844 to 660 and there were 20.89% (79) less patients Home Treated from April and September 2020 during first lockdown compared to the similar period in 2019. Significant increase observed in patients with bipolar affect illness by 32% (from 86 to 128 patients), acute stress reaction and adjustment disorder by 15% (from 68 to 80 patients) and psychotic disorder by 11.5% (from 245 to 277 patients) in 1st lockdown period compared to 2019 similar period. Declining trend observed in intentional self-harm by various means by 20.75% and 4% drop in personality disorder patients. Anxiety and depression patients number remained same in both periods.

Conclusion. Although referral numbers dropped significantly and Crisis Resolution and Home Treatment Team caseload decreased during the COVID-19 pandemic first lockdown, the number of patients with serious mental illness presented to services increased remarkably (bipolar and psychotic illness). Overall, no major change in length of stay of patients with Crisis Team was observed when compared both periods and referral numbers remained low from all sources during COVID-19 pandemic.

Audit of Timely Assessment, Diagnosis and Post-Diagnostic Support Provided by the West Leeds Memory Assessment Service

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Aims. In Leeds, Key Performance Indicators (KPIs) specify that patients should be offered an initial assessment within eight weeks of referral to the Memory Assessment Service (MAS) and diagnosed within 12 weeks. Additionally, post-diagnostic support (PDS) should be offered within two weeks of diagnosis. There are concerns that these targets are not being met due to the COVID-19 pandemic's impact on referrals and staff absence. This audit aims to establish whether the West Leeds MAS

meets KPIs relating to the assessment and diagnosis of dementia and the provision of PDS in 80% cases.

Methods. The 67 patients who were referred to the West Leeds MAS between 1 June and 31 July 2021 were included in this audit. Data were collected retrospectively from electronic patient records using an online proforma designed a priori. All data were quantitative and analysed descriptively using Microsoft Excel.

Results. 59 patients received an initial assessment; 19 (32%) received their initial assessment within 8 weeks, 14 (24%) had a delayed assessment with a documented reason, and the remaining 26 (44%) had a delayed assessment with no clear reason. 41 patients received a diagnosis; 23 (56%) received the diagnosis within 12 weeks, 12 (29%) had a delayed diagnosis with a documented reason, and 6 (15%) had a delayed diagnosis with no clear reason. Of those diagnosed, 25 (61%) were allocated a PDS appointment. No patients were offered PDS within 2 weeks of diagnosis, with no documented reasons for these delays.

Conclusion. The MAS failed to meet the KPIs of interest, which may be partly explained by staffing issues and a backlog of referrals following the service's suspension in 2020. We aim to raise awareness of the KPIs, and the importance of documentation when KPIs cannot be met, by presenting at local meetings. We plan to liaise with clinical managers to identify systemic strategies to improve flow through the service while ensuring patient-centred care, and we will assess impact by repeating the audit in 12 months.

Outcome of Did Not Attend Outpatient Appointment

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Aims. Failure to attend outpatient clinic appointments by service users without prior notification is a major contributor to waste resources. Failure to attend earlier in treatment predicts attrition later in treatment (Goode, 1997; Aubrey et al, 2003) leading to further waste of resources. The department of health figures for England show that failure to attend outpatient clinic is more in mental health clinics (19.1%) compared with overall figures for other specialties 11.7% (Department of Health, 2003). Lack of appropriate follow-up when a service user does not attend an appointment has been identified as a contributory factor in Serious Incident investigations, Domestic Homicide Reviews and Safeguarding Adults Reviews. Our aim of this study is to see if we are adherent to trust policy or not.

Methods. A questionnaire tool was designed by using trust guidelines regarding DNA appointment

- Was The DNA Recorded in patient's records? YES/NO
- Was the information (DNA) shared with GP? YES/NO
- Was The DNA discussed in MDT meeting? YES/NO
- For new referrals was the referrer involved in review and decision of next step? YES/NO
- Were alternative venues considered for carrying out the assessment to support the person to engage, e.g. GP Surgery? YES/NO

Data were collected by team and analysed by Dr Saleh using electronic records.

Results. 88 outpatient appointments were flagged as DNA appointments between 1 April 2021 to 31st May 2021

1. In 87.5% cases DNA was recorded in patient's records?
 2. In 45.45% cases the information (DNA) was shared with GP
 3. In 45.45% cases DNA was discussed in MDT meeting
 4. In 0% case the referrer was involved in review and decision of next step
 5. In 11.36% cases alternative venues was considered for carrying out the assessment to support the person to engage, e.g. GP Surgery.
 6. 25 patients DNA appointment twice
- Conclusion.** We are not adherent to trust policy.

Assessing the Impact of COVID-19 on Overdose Presentations Through the Emergency Department in a Large Tertiary Hospital

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Aims. The outbreak of COVID-19, lockdown and self-isolation has created a lot of additional pressure on the society as a whole. We aim to audit the number of patients presenting to SVUH ED since March 27th 2020 (the date at which the government imposed a stay-at-home order) with an overdose.

Methods. The cohort of cases analysed was identified using ED MAXIMS under the subheading of 'overdose and poisoning' presentations. Data were collected using MAXIMS and clinical portal and stored on the SVUH system and analysed using Microsoft Excel and SPSS.

Results. There were a total of 713 cases in both years (from 27th of March – 31st December), with 353 (49.5%) admitted in 2019 and 360 (50.5%) admitted in 2020. Out of those admitted, 423 patients were females (196 and 227 in 2019 and 2020 respectively). There was a significant increase in the number of female presentations in 2020, with a p value of 0.041.

When stratifying patients based on age, the mean ages were 37.22 (SD 17.04) and 34.18 (SD17.32) in 2019 and 2020 respectively ($p=0.076$). When dividing age groups in three categories (under 18, over 65 and 19–64), our data showed significant differences. There was a significant increase in numbers in the ≤ 18 yr and 19–64 age groups in 2020 compared with 2019. In the under 18 groups, there was an increase in numbers by 7.9% in 2020 (11.6% compared with 19.5%). When comparing numbers between Months per year, overall, there were no changes in presentations. Interestingly March 2020 had no presentations compared with March 2019, coinciding with the beginning of the pandemic in Ireland. May showed more than 50% decrease in presentations in 2020. Similar numbers were seen in the rest of the months of both years.

Conclusion. Between 2019 and 2020, there was a 1.9% increase of ED presentations with overdoses, which did not show any significance in increase of numbers or in age demographics. There were three main findings from our analysis:

1. A significant difference between the two years in a rise in female patients admitted with overdose ($p=0.041$)
2. An increase in presentations in the age groups of under 18 and 19–64. This may allude to increase strain in the younger population with loss of jobs, financial burdens etc.
3. There were no presentations in March 2020, coinciding with the beginning of the pandemic in Ireland.

An Audit on Patient Safety and Prescribing in Patients With a Learning Disability, Autism, or Both at a Scottish GP Practice

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Aims. The aim was to investigate the proportion of patients with a previous diagnosis of learning disability or autism who later successfully underwent an annual review of their prescribed anti-psychotic or anti-depressant. This audit was prompted after Public Health England announced that a significant number of adults with a learning disability, autism or both take a prescribed antipsychotic, an antidepressant or both without appropriate clinical indications (psychosis or affective/anxiety disorder).

Methods. The sample included 23 patients from the practice who had received a diagnosis of learning disabilities, autism, or both by 12th October 2020. Of these, 12 patients had a record of at least 5 prescriptions of an anti-psychotic in the last 12 months and 20 patients had a record of at least 5 prescriptions of an antidepressant within the last 12 months. The notes for these patients were reviewed in May 2021 in an effort to ascertain whether a medication review had been completed for these patients since May 2020. The review process included a phone call between the patient and the prescribing doctor to determine whether there any side effects were being experienced and to assess the need for the continuation of the prescription. The resulting data were recorded and analysed on Microsoft Excel.

Results. Out of the 12 patients who had been prescribed an anti-psychotic, 10 had received a medication review within the last 12 months. From the 20 patients who had been prescribed an antidepressant, 19 had undergone a review of their medication within the last 12 months.

Conclusion. Review of anti-psychotics and anti-depressants prescribed to patients with a diagnosis of learning disability, autism, or both was overall positive with the majority of these patients receiving a medication review within 12 months. As a further recommendation, another audit can be done to explore whether these patients had an annual blood test done as increased cholesterol is a known side-effect of psychotropic drugs.

Presenting Symptoms of Undiagnosed Autism Spectrum Disorder Among Young Boys and Girls in Community CAMHS Between 2018–2019

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Aims. Though Autism Spectrum Disorder (ASD) is a common childhood neurodevelopmental disorders, the literature on presentation of undiagnosed ASD in Consultant Child and Adolescent Mental Health Services, (CAMHS) is scarce. The aim of the study was to look at symptoms at presentation among boys and girls in CAMHS, compare the symptom profile between the two genders, establish the main referral and assessment pathways and interventions employed after diagnosis