median time from referral to discharge was 6 hours 35 minutes. 25% of patients were admitted and 17% discharged with HTT. In February 2021, the median time from referral to discharge was 3 hours 19 minutes. 16% of patients were admitted and 5% discharged with HTT.

Conclusion. It is likely that by reducing the time required for collateral information, overall waiting times in the emergency department will be reduced. Clinicians are likely to feel more confident in their discharge planning if they have access to all clinical notes and previous risk assessments, which might in turn reduce referrals to HTT or admission. There should be further attempts by neighbouring NHS trusts, especially in London, to ensure access to their electronic notes system in order to reduce waiting times and improve the quality of patient care. We have already been approached for more information by a trust in North London who are interested in establishing access to a neighbouring trust's notes.

Audit of baseline cardiometabolic monitoring for patients prescribed or advised dose increase of antipsychotic medication by the knowsley assessment team

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Aims. To ascertain whether baseline monitoring of cardiometabolic health parameters was undertaken for patients prescribed dose increases of, antipsychotic medications in an outpatient setting. Whether results from baseline tests were taken into consideration when prescribing antipsychotic medications.

Background. People with Severe Mental Illness have a reduction in life expectancy of 15-20 years. Chief factors implicated in this rate are smoking, obesity, metabolic dysfunction from diabetes, hypertension and stroke. Antipsychotic medications themselves are associated with increased risk of adverse cardiometabolic effects. The CATIE Study of patients prescribed atypical antipsychotics found that men were 85%, and women 137% more likely to have metabolic syndrome than control. Relative risk for type 2 diabetes and CHD in patients with metabolic syndrome is 1.5-5 times that of the general population.

Method. The Team caseload was accessed between the 6/11/18-13/11/18. Chronologically the first 40 patients on the list who had been prescribed an antipsychotic or advised re a dose increase of antipsychotic chosen. Data were then retrospectively collected from informatics and progress notes, document uploads, initial assessments and the ICE bloods system to populate an excel spreadsheet which is currently in use within North West Boroughs.

Result. Of the 40 patients, 50% (20) attended for physical health review. All who did not attend initial appointment were offered a second appointment. 15% (6) did not attend 2 appointments. 35% (14) were not offered a physical health appointment. 1 patient had BP documented (from full physical review during previous episode within 12 m). 2 patients had BMI documented; Smoking, alcohol and drug use status was documented in 42.5%(17), 57.5%(23) and 67.5%(27) of patients, respectively. And 67.5% (27) of patients had an HbA1c result within past 12 months on ICE and 62.5% (25) had lipid profile. At least 10 of these bloods were not requested by our team. 7 patients were given a blood form but did not have bloods done. 57% (4 of 7) abnormal HbA1c's were acknowledged and 20% (1 of 5) lipid profiles.

Conclusion. This audit demonstrates that baseline cardiometabolic monitoring could be improved for patients under the Assessment Team who are prescribed antipsychotics. Only half of the audited patients had had a physical health review, despite being prescribed, or their GP being advised regarding an increase in dose of, antipsychotic medication. It is important to note that 15% of patients were offered but failed to attend an appointment for physical health review.

Hospital Anticipatory Care Planning for Inpatients of Organic Old Age Psychiatry Wards (NHS Lanarkshire)

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Aims. To improve practice of Hospital Anticipatory Care Planning for inpatients of Organic Old Age Psychiatry wards in NHS Lanarkshire.

Background. Hospital Anticipatory Care Plans (HACPs) are important components of care for inpatients with progressive and life-limiting conditions. HACPs provide guidance on treatment escalation and limitation for individual patients, in the event that they become acutely unwell. In the Old Age Psychiatry Department at NHS Lanarkshire, HACP standards are as follows:

HACP forms should be completed within 2 weeks of admission
HACP information leaflets should be provided to relatives/carers
HACPs should be discussed with relatives/carers
If a patient without an HACP becomes acutely unwell, an HACP should be made, and the responsible Consultant informed
HACP should be discussed within the multi-disciplinary team (MDT)
HACPs should be regularly reviewed
HACP and DNACPR forms should be kept at the front of the notes
Superseded HACPs should be marked as obsolete

Method. Inpatient notes were reviewed in October 2019 and compared against the above standards.

The findings were presented at the Clinical Governance Meeting and Old Age Psychiatry Teaching Group in December 2019.

An 'HACP Checklist' was also created to prompt good practice.

Inpatient notes were reviewed again in July 2020.

Data from both time periods were compared.

Result. There was an improvement in:

The proportion of patients who had an HACP - from 59% to 96%

The proportion of patients who had an HACP made within 2 weeks of admission - from 35% to 78%

Documentation of HACP discussions with relatives/carers - documented for 77% of patients (from 47%)

Timing of HACP discussions with relatives/carers - took place within 2 weeks for 52% of patients (from 29%)

Documentation of HACP discussion by MDT - documented for 73% of patients (from 29%)

HACP Information Leaflets were only distributed to one patient's relatives/carers across both time points

Medical emergencies for patients with no HACP were infrequent and so comparison could not be made

HACPs were reviewed less frequently in July 2020 than in October 2019

HACP forms and DNACPR forms were always filed appropriately

Superseded HACP forms were always appropriately marked as obsolete

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