

Aims. A&E departments are busy places; with quick triage decisions required to prioritise urgent care to those who need it. This requires the use of predictions based on past experiences and probabilities. However, this runs the risk of patients being categorised by the prejudices and stigmas associated with their conditions; particularly in the case of mental health patients and the assumption they are otherwise 'medically fit'. This is especially of concern when considering that mental health often deteriorates during acute physical illness.

Following a number of dangerous 'near misses', this audit was conducted to review the practice of triage and physical assessment of patients presenting to A&E with mental health symptoms. The aim was to compare practice against the Royal College of Emergency Medicine (RCEM) guidelines, to identify repeated issues and systemic vulnerabilities which endangered patients through a lack of appropriate assessment.

Method. Using the online Electronic Patient Record (EPR) system, the notes of 100 patients referred to the Bolton Mental Health Liaison Team (MHLT) from Bolton A&E were reviewed. They were assessed for whether or not the patients had been appropriately physically assessed, according to the RCEM guidelines, before being referred to the MHLT. These results were analysed anonymously.

Result. The findings showed that less than half (44%) of all referred patients had physical observations taken at all, and even fewer (37%) received the full, physical assessment before referral. Out of the patients identified as having abnormal physical observations only 58% were acted on. Many patients had no history or triage assessment completed; with triage referrals consisting of only the words "mental health". Most importantly, the audit identified this lack of adequate physical assessment resulted in a 2% 'near miss' rate, including a missed diabetic ketoacidosis and delayed treatment for a missed overdose.

Conclusion. Following this audit and the above result, it is clear that triage and physical assessment of mental health patients attending A&E is inadequate; with resulting risk of severe consequences to patients. It is therefore recommended to co-develop joint guidelines and teaching to guide A&E and MHLT practitioners on the process of completing the physical assessment prior to referral. It is also recommended to repeat this audit throughout other hospital trusts, in order to review the local referral pathways to ensure adequate physical assessment to avoid any 'near misses' or serious incidents.

Annual physical health checks within a forensic inpatient service

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Aims. Patients prescribed antipsychotics are at risk of ill effects to their physical health. Our aims were to assess whether inpatients within a forensic service, on antipsychotic medications, were receiving annual physical health monitoring in accordance with current NICE and SIGN Guidelines. Based on these Guidelines the following objectives were identified:

- 1: Physical examination, BMI and blood pressure recorded within the past year
- 2: FBC recorded within the past year
- 3: U&Es recorded within past year
- 4: LFTs recorded within the past year

5: HbA1C / random glucose / fasting glucose recorded within the past year

6: Random lipids / fasting lipids recorded within the past year

Method. Inclusion Criteria: Patients admitted for longer than a year currently prescribed an antipsychotic.

Data were collected cross-sectionally on 24/7/20 for all inpatients meeting the inclusion criteria. Medical notes and the blood results system were reviewed for results of any annual physical examinations and blood monitoring over the past year.

Anonymized data were analysed using Excel.

Result. 13 out of 17 inpatients fulfilled the inclusion criteria. Of these 13 inpatients, 9 (69.2%) were prescribed clozapine, 1 (7.7%) zuclopenthixol, 1 (7.7%) paliperidone and 1 (7.7%) amisulpride.

All patients had BMI and blood pressures recorded within the preceding month. Only 1 patient (7.7%) had an annual physical health examination within the past year.

Findings for bloods taken within the past year were as follows:

12 patients (92.3%) had an FBC recorded

9 patients (69.2%) had U + Es recorded

9 patients (69.2%) had LFTs recorded

11 patients (84.6%) had HbA1c recorded

7 patients (53.8%) had lipids recorded

Conclusion. There is scope for improvement with both annual physical examinations and blood monitoring.

All patients had regular BMIs and blood pressure recorded which is largely attributable to nursing staff protocols. Low compliance with full annual physical examination could be explained by there being no local system in place for annual physical health checks and also frequent changes in junior doctor ward cover.

Blood monitoring showed variable compliance with established standards. FBC monitoring had the best compliance, likely because the vast majority of our patients are prescribed clozapine, which necessitates minimal monthly FBC monitoring.

This audit was presented to the Forensic Team and thereafter it was agreed for a local system to be put in place for annual physical health checks in the summer each year. This will improve opportunities to optimise our patients health. We plan to re-audit at this time.

Racial representation of psychological services in a London male remand prison

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Aims. To investigate whether racial groups are proportionally represented in referrals for trauma, hearing voices, emotional regulation and psychological therapy.

To understand the psychological needs across racial groups in HMP Wormwood Scrubs, the UK's 4th-most diverse prison.

To see if the long-established under-representation of Asian males and over-representation of Mixed males in psychological services in the community is also occurring in the prison system.

Method. Psychological referrals were received via the medical notes system (SystemOne), whereby a prisoner's name, age, location, racial group and reason for referral are transferred into the psychology referrals database.

773 referrals were made between October 2018 and May 2020.

As the prison's population throughout this time period was fluid, the month of December 2019 was used as a reference for the general prison population.

Racial groups were specified using the Office of National Statistics' 5-category classification system (White, Black, Asian, Mixed and Other).

Result. There is a consistent under-representation of Asian males in psychological referrals in relation to their general prison population. Whilst this group makes up 17% of the population of the prison, only 10% of prisoners referred to psychological services identified as Asian.

Those identifying as Mixed are over-represented in trauma referrals and psychological therapy referrals. The prison's mixed population is 7%, whereas 16% of those being referred for these two reasons were from the same racial category.

The proportion of patients who identified as Black, White or Other and were referred for psychology input were found to be representative of the wider prison population, suggesting no clear over or under-representation.

Conclusion. Trends seen in the community in regards to Asian males being under-represented in psychological services are also evident in one of the UK's most diverse prison populations.

Public health campaigning to reduce stigma and promote help seeking in BAME communities is of vital importance to provide the needed support for those silently dealing with psychological problems.

The two largest racial groups in the prison, White and Black individuals, were found to be proportionally represented in their respective referrals to psychological services.

One key finding was in regards to Mixed race individuals, who comprise 7% of the total prison population but 16% of psychology referrals. As this racial group is one of the fastest-growing in addition to be over-represented in referrals, it is vital to understand how provisions can be put in place to appropriately address the needs of this group.

Audit on structure of assessment for remote consultation during COVID-19 pandemic

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Aims. According to the Royal College of Psychiatry, GMC guidelines and NHS England, it is necessary to consider remote consultation to enable service delivery to those requiring shielding or facing additional health risk, and to avoid transition of infection.

To audit whether the standards of Mobile and Remote access work are met.

To audit whether the standards of Consent to Examination and Treatment are met.

To also evaluate whether the remote consultation due to the COVID-19 pandemic is being explicitly documented or not.

To suggest to the policy makers the need to establish some standards of practice concerning remote consultation and consent in the COVID-19 pandemic

Method. Inclusion criteria – sample of service users who had remote consultation in April, May, and mid-June 2020 by doctors of MHSOP community mental health team at Bassetlaw Hospital.

Data collection: Retrospective.

Data source(s) used: Patient/Client medical/care records

Anticipated benefits of this audit: Due to the nature of current COVID-19 pandemic situation, it is essential to minimise contacts with vulnerable groups to prevent transmission of infection. It is anticipated that the number of remote consultations will grow in the forthcoming months.

This audit creates an opportunity to develop a new policy and improve the quality of remote consultations documentation.

Result. Documentation for remote consultation was done in 81% of case notes whereas documentation of consent obtained was present in 57% of patients' electronic notes.

90% of entries had documentation of 'addressed concerns'. Around 50-70% of patients' documents showed good record keeping on domains of 'ability to maintain effective communication', 'mental state examination', 'risk assessment' and 'ability to understand medication plus side effects'.

About 40% of documentation met standards for good record keeping on 'management plan', 'concerns raised', 'chance given to ask about management plan'.

Conclusion. Most of the standards of good consultations are being met despite the change in the type of Consultation due to COVID-19. However, there are identified areas for improvement which could be focused on. For example, documentation can be clearer when consent is gained for remote consultation. It should not be presumed that, as patients are booked in a certain type of clinic, they have been properly consented beforehand.

Key Success: Almost in all domains 40% have met the standards

Key Concerns: There are areas where a lot of evidence is partially documented.

The above results can be explained as a consequence of a sudden change in the normal working pattern in a community-based setting, having minimal protocols and procedures on standards of working in the situation of COVID19 remote consultation.

Following this audit, we aim to increase the amount of information recorded during remote consultation.

The plan is to develop a template that would cover the requirements for a remote consultation recommended by national guidelines

The proposal of a letter template following a remote consultation will be disseminated to the MHSOP CMHT teams for any suggestions/approval.

Walking on sunshine! Vitamin D in psychiatric inpatients

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Aims. We aimed to determine whether vitamin D is being tested on admission for psychiatric inpatients at a local inpatient hospital, to identify the level of vitamin D for this group and to establish whether vitamin D treatment provided is according to NICE guidance.

Emerging evidence suggests that psychiatric patients are more vulnerable to vitamin D deficiency, due to reduced sun exposure, social isolation, long inpatient stays and poor diet. Low vitamin D levels may also increase susceptibility to SARS CoV-2 infection and COVID-19 severity.

Method. Standards were determined by local policies, RCPsych recommendations and NICE guidance. Data were collected retrospectively from electronic patient records and entered manually to a spreadsheet for analysis.

Result. 67% of patients had vitamin D tested on admission to hospital. Of the patients that had their vitamin D level tested, 39% patients had their result recorded. 48% either had a low vitamin D level or required replacement. 6 of 12 patients with a documented low vitamin D level had the correct vitamin D treatment, according to NICE guidance.