

than this standard. The low offer rate may be explained by vaccines being offered in rounds leading to patients possibly being missed. Our acceptance rate could be enhanced by improving our vaccination care plans for formally admitted psychotic patients.

Adherence to the Admission Policy in a Local Old Age Psychiatric Unit in Wrexham: A Clinical Audit

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Aims. Elderly patients are more vulnerable due to the higher prevalence of underlying physical health problems. Hence, it is prudent to have a baseline and regular update on the physical health assessment for all old age mental health inpatients. This paper is aimed to discuss the clinical audit findings on the physical health assessment are done in accordance to the trust policy.

Methods. The clinical audit was conducted in a local elderly inpatient mental health unit over a period of a week. The standard used was based on the local Health Board Policy on acute inpatient admission, which includes an admission clerking with details on physical health need and physical examination should be done within 12 hours of admission, blood investigations and medication chart should be completed within two hours of admission, and an ECG (electrocardiography) should be done at the point of admission.

Results. A total of 21 elderly inpatients admission clerking were analysed. It is noted that over 95 cases admission did not adhere to the prescribed standard. Only 67% of the admission clerking was completed within 12 hours, while only 52% of the admission had physical examination done. Only 24% of the admission completed their blood investigations within two hours and 14% of them had ECG done at the point of admission. Although 90% of medication chart was completed within two hours of admission, there is still room for improvement. Feedback from the junior doctors revealed a multifactorial contribution to the failure of meeting the standards: patient being agitated during admission, lack of communication among different teams, lacking an online documentation system on handover, and the heavy workload on junior doctors on venepuncture and ECG.

Conclusion. The clinical audit has shown a huge area of improvement is needed in terms of the physical health assessment and documentation for elderly inpatient psychiatry unit.

We recommend having a good handover system, training more nurses and HCWs in phlebotomy and ECGs, having ward based doctor cover to improve the adherence for future.

We will be presenting this audit in post grad teaching and junior doctor forum with a plan to conduct a regional audit to compare the adherence on the three different hospital under the same health board.

Antipsychotic Prescribing Practice in Adults With a First Presentation of Psychosis Amongst Bolton's Early Intervention Team and Inpatient Mental Health Services: An Audit

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Aims. In Bolton Early Intervention Team (EIT) it was noticed that patients prescribed antipsychotics frequently required a change in medication due to side effects. Similar issues had been identified in Avon and Wiltshire NHS Foundation Trust where a prescribing guideline was developed which won the NICE Shared Learning Award in 2020. This recommends prescribing Aripiprazole first line and cautions using Olanzapine or typical antipsychotics first due to their side effects. The aim of this project was to identify which antipsychotic drugs are currently prescribed in first episode of psychosis (FEP) in Bolton EIT patients and to audit adherence to National Institute of Clinical Excellence antipsychotic prescribing guideline CG178.

Methods. The sample included all adults with FEP accepted by Bolton EIT across a four-month period from 01/12/20 until 31/03/21. Fifty-two people were identified.

Measured standards were documentation of prescribing rationale, discussion regarding medication side effects and weekly weight monitoring for six weeks following initiation. Antipsychotic choice and need for a change within six months of initiation was recorded. Data were collected retrospectively from patients' electronic records.

Results. Thirty-eight patients had been prescribed an antipsychotic – fifteen as inpatients, seventeen by Bolton EIT and six by the Home Treatment Team.

Of the fifteen inpatients Olanzapine (8) and Zuclopenthixol (3) were the most common choice. 5/15 had a documented rationale, and side effects were discussed with 3/15 patients. Weekly weight monitoring was performed in 7/15.

Of the 17 people who started antipsychotic medication once under Bolton EIT Quetiapine (6), Olanzapine (6) and Aripiprazole (5) were the most common choices. 12/17 had a documented rationale and 13/17 were consulted regarding side effects. Weekly weight monitoring was not performed for any of these patients.

Within six months, sixteen antipsychotic prescriptions (42%) were changed due to side effects (9), inefficacy (6) and non-compliance (1). The drugs changed were Olanzapine (6) Quetiapine (6) Zuclopenthixol (2) Aripiprazole (1) and Chlorpromazine (1).

Conclusion. Those initiated on antipsychotics as inpatients need better involvement in decision-making and consultation about side effects. A community initiative should be introduced to offer weekly weight monitoring. Further work is required to understand the rationale for frequently prescribing Olanzapine and Zuclopenthixol in inpatient services, and to consider why Aripiprazole is infrequently used first line.

Clinical Audit and Reaudit of Driving Risk Assessment During Leave Risk Discussions Within an Adult Mental Health Inpatient Hospital

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Aims. All detained patients should have a leave risk discussion carried out prior to commencement of home leave. Driving risk must be clearly discussed and captured during the assessment. Driving advice as per DVLA guidance must be documented in case notes and discharge summaries. The aim was to audit and

reaudit the use and quality of the driving risk assessment during leave risk discussions within adult mental health inpatient wards at one site under the Tees, Esk and Wear Valleys NHS Foundation Trust. The authors hypothesise that compliance to local policies could be improved upon.

Methods. Standards were set based on local policies. The audit was conducted across all adult acute inpatient wards within the identified mental health hospital. All inpatients who went on a period of home leave during their admission and ultimately discharged during the period from 1 April 2021 to 30 April 2021 (initial audit) and 1 October 2021 to 31 October 2021 (reaudit) were assessed. The data were collected using an audit tool. An Excel spreadsheet was used to collate data: specifically driving status of the patient, whether a leave risk discussion which captured driving risk was carried out, and whether DVLA advice was captured on discharge letters.

Results. 48 patients (19 were drivers) during the initial audit and 27 patients (9 were drivers) during the reaudit met the inclusion criteria. For the initial audit, overall compliance for leave risk discussion (73%), specifically for driving risk assessment, did not meet target compliance. Only 5% of drivers were given written DVLA guidance on discharge letters. The reaudit showed a 100% compliance in the use and quality of leave risk discussion. 56% of patients had written confirmation of discussion on DVLA driving advice recorded on discharge summary.

Conclusion. There has been significant improvement in the use and quality of leave risk discussion, and documentation of DVLA driving advice on discharge summary during the reaudit.

The results were discussed at the Regional Audit meeting and the Inpatient Leadership Meeting. The following improvement plan was agreed and implemented:

1. Regular communication amongst Multi-Disciplinary Team (MDT) during Leave Risk Discussion. One healthcare professional assigned to inform patient of the advice and capture conversation on case notes.
2. Junior doctor induction to reiterate importance of capturing DVLA advice on discharge letters.
3. MDT to discuss driving risk and advice during discharge meetings. "Driving advice discussion" to be added to discharge meeting checklist.

Audit on COVID-19 Vaccine Uptake and Hesitancy Amongst Pregnant or Postnatal Patients Under the Care of a Perinatal Mental Health Community Team

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Aims. Women with perinatal mental illness are at increased risk for severe illness with COVID-19. Vaccination against COVID-19 is strongly recommended by JCVI (Joint Committee on Vaccination and Immunisation) and RCOG guidance. Mental health professionals should proactively inform their patients about COVID-19 vaccination and also address any concerns or misinformation, should they be raised. The aim of this audit was to evaluate the rate of uptake of the COVID-19 vaccine among patients under the West Kent community perinatal mental health team. In addition, we aimed to identify factors that deter patients from taking the COVID-19 vaccine. In patients who were hesitant to take the vaccine, we offered further information to aid their decision-making process.

Methods. We identified patients under the care of the West Kent perinatal mental health community team on 27/10/2021. We excluded patients who were discharged from the team in subsequent weeks during data collection. We collected patient demographics including highest level of education, ethnicity, religion and socio-economic status. Patients' COVID-19 vaccine status was obtained via GP records or through telephone contact.

If patients had not had their COVID-19 vaccine, they were contacted to enquire whether they were planning to take the vaccine, if not, to ascertain reasons for refusal and whether they wanted additional information about the vaccine. Those women who requested additional information were offered the RCOG information sheet and decision aid.

Results. Amongst 86 patients included in the audit, 59% (n = 51) had taken both dose of the COVID-19 vaccine and 12% (n = 10) had taken a single dose. 29% (n = 25) were unvaccinated.

68% (n = 17) of unvaccinated patients were pregnant and 32% (n = 8) were postnatal. All women who did not accept COVID-19 vaccine were contacted to offer further information. Following this contact, 39% (n = 9) decided to accept the vaccine, 52% (n = 12) refused the vaccine and 26% (n = 6) were uncertain but were willing to consider taking the vaccine in the future.

The reasons for hesitancy in accepting the vaccine included a lack of trust in the vaccine, concerns around its development over a short period of time, concerns around close associates experiencing illness or side effects after taking the vaccine and scepticism over efficacy of the vaccine. Few women did not wish to take the vaccine during their pregnancy, but were willing to consider it after the birth of their baby.

Conclusion. We identified potential areas to optimise uptake of COVID-19 vaccines by discussing the importance, safety, efficacy and providing up-to-date information regarding COVID-19 vaccine in the perinatal period.

Re-Audit of Benzodiazepine and Z-Drug Prescribing in Two Community Treatment Teams in the Cumbria, Northumberland, Tyne and Wear Trust

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Aims. This is a re-audit of Benzodiazepine and Z-hypnotic drugs prescriptions in two community treatment teams (CTTs) in the Cumbria Northumberland Tyne and Wear (CNTW) Trust, comparing with previous audits in 2009, 2017 and 2018 to check whether areas of good practice were maintained, and progress was made.

Methods. We reviewed caseloads of four CNTW consultants in the two CTTs which included 554 patient encounters with 60 encounters where benzodiazepines or z-drugs were prescribed. Nine missing data sets brought the total audit sample to 51. For these 51, prescribing information was gathered from RiO and assessed against standards derived from CNTW Trust Policy and BNF prescribing guidance. To be compliant, 90–100% of prescriptions needed to meet the standard.

Results. Overall, the rate of prescribing of benzodiazepines and Z-drugs increased from previous audit (7% in 2018, now 10.8%). Good areas of practice maintained were as follows (all 100%): all teams were compliant in prescribing within BNF limits, refrained from prescribing diazepam in 10 mg formulation, and no pregnant/post-partum women were prescribed these medications.