

**Method.** We identified 50 out of 359 patients within our service who were admitted to psychiatric hospital over a one year period (between 01/11/2019- 01/11/2020).

We looked at medication compliance, use of the Mental Health Act and accommodation status to compare between those with and without known dual diagnosis. We used frequency and length of admission as indicators of how successfully patients were being managed in the community and the cost to the hospital trust. Urine drug screening and referral to substance misuse services were chosen as markers of whether patients were being appropriately managed on admission.

**Result.** A higher percentage of patients with dual diagnosis were detained under the Mental Health Act compared to those without substance misuse (89% versus 72%). They were more likely to have no fixed abode (28% versus 13%) and be non-compliant with treatment pre-admission (83% versus 56%). Patients with dual diagnosis also had a higher number of hospital admissions, with a greater proportion having 3 admissions that year (11% versus 3%).

Only 50% of patients with known dual diagnosis had a urine drug screen performed on admission and just 25% of patients who were currently misusing substances were referred to specialist services by the inpatient team.

**Conclusion.** Our audit found that there are overall poorer outcomes for patients with dual diagnosis versus a psychiatric illness only. It is evident that integration of services will improve the care we are able to provide and reduce costs associated with multiple admissions to hospital.

We identified three key areas for improvement. Firstly, we advised on the need to improve documentation. Additionally, we recommend ensuring assessment of current drug misuse is done on admission, including performing simple tests such as urine drug screening. Finally, we highlighted the need to improve discussions about substance misuse with patients, within teams and between services, aiming for integrated and holistic care.

### Audit of ADHD medication prescription and monitoring in intellectual disability services, Greater Glasgow & Clyde

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**Aims.** Studies have shown that people with intellectual disability (ID) show a greater severity of attention deficit hyperactivity disorder (ADHD) symptoms and atypical presentation, as well as having a greater risk of developing comorbidities, such as challenging behaviour, anxiety, tic disorders and sleep problems. It is estimated that 1.5% of patients with ID will have a clinical diagnosis of ADHD.

The aim of this audit was to find whether individuals with ID and ADHD, who are prescribed medication for ADHD are adequately monitored and reviewed in accordance with the ADHD medication prescription guidance by NICE and the Royal College of Psychiatrists (RCPsych).

**Method.** This audit looked at ADHD medication prescription for the ID population within Greater Glasgow & Clyde NHS. This is the 6th audit cycle where electronic records (EMIS) were analysed between 28/9/19 to 09/10/20. (The 5th cycle data collection period ended on 28/9/19). We collected data on all patients aged over 18 years.

An audit tool was developed to find whether the following were documented; patient demographics, physical health

monitoring, symptom severity, medication dosage, side effects, need for ongoing treatment and frequency of review. 100% of patients should have all components on the ADHD audit tool documented, as per NICE/ RCPsych prescription guidance.

**Result.** 32 patients were identified as being diagnosed with ADHD prescribed medication. One patient was impacted by the COVID-19 pandemic which meant that the required monitoring was not fully carried out. The age ranged from 18 to 56 years. 75% had mild intellectual disability, 19% had moderate and 6% had severe, with no cases of profound intellectual disability. Blood Pressure/pulse was recorded in 84% of patients. Height/weight/BMI was recorded in 81% of patients. 97% of patients had ADHD symptom severity, medication dosage, side effects, need for ongoing treatment and frequency of review recorded.

**Conclusion.** There is further scope for improvement in the monitoring and documentation of physical health observations, however there was a significant improvement compared to the previous cycle of the audit. Other aspects of monitoring and documentation appear to be recorded in almost 100% of patients. This finding emphasises the challenges of physical health monitoring and compliance in psychiatry as a whole. We need to continue to encourage awareness and education around the physical health risks to our patients, not only due to their comorbidities but also as a result of the psychotropic medications we prescribe them.

### Are patients self-referring to Lewisham Community Wellbeing (LCW) when advised to do so by the assessment and liaison psychiatry team?

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**Aims.** It is well-recognised by the RCPsych that mental illness is both a cause and consequence of social exclusion, and thus social inclusion is an important part of recovery and leads to better outcomes for patients.

The Lewisham Assessment and Liaison team Neighbourhood 4 (A&L N4) is a CMHT service that acts as an intake team for all referrals into secondary care mental health services, with the purpose of assessment and brief intervention. Currently, if a patient is assessed to potentially benefit from our local social inclusion service, Lewisham Community Wellbeing (LCW), they are advised to self-refer. However, there is no follow-up as to whether patients go on to do this.

Therefore, this audit aimed to calculate:

How many patients are advised to self-refer to LCW (advised referral)

How many of these patients make the self-referral to LCW (completed referral)

**Method.** The electronic notes for patients who were accepted by the A&L N4 team from July to September 2020 were retrospectively analysed to see if an LCW self-referral was advised. A list of these patients was then given to LCW to check whether they had self-referred.

**Result.** A&L N4 worked with 82 patients during the study period. 16 patients were advised to self-refer to LCW- an advised referral rate of 19.5%. There was notable month-to-month variation in the advised referral rate- 29.6% in July vs. 9.4% in September.

Of the 16 patients advised to self-refer to LCW, 5 did so - a completed referral rate of 31.3%.

**Conclusion.** The completed referral rate of 31.3% is difficult to interpret given there are no standards in this area. On one hand, the self-referral process as it currently exists is functioning; on the other, some two-thirds of patients are not making the most of a service deemed to be of benefit to their recovery.

To improve completed referral rates, efforts should be made to better 'sell' LCW to the patient. Potential ways of doing this would be through closer working with LCW - for example, LCW could join the clinical meetings more regularly to discuss new services they offer and feedback any patients A&L has referred. There should also be emphasis on making the self-referral process as straightforward as possible.

A secondary finding was the notable monthly variation in advised referral rates. It is important to ensure the A&L team are consistently identifying the right patients for LCW, and again, closer liaison with LCW would help achieve this.

## Clozapine & constipation: an audit of bowel habit monitoring and laxative prescribing in inpatients on clozapine

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**Aims.** To establish how often bowel habits are monitored in inpatients on clozapine

To determine how many of these patients are prescribed laxatives and whether these are utilised

**Background.** It's estimated that 30-60% of patients will suffer from constipation whilst on clozapine; this can lead to ileus, intestinal obstruction and bowel ischaemia, all of which can be fatal. Constipation is much more common than clozapine-induced blood dyscrasias, and has a higher mortality rate. Despite this, there is no strict universal framework for bowel habit monitoring equivalent to the compulsory FBC monitoring. Local trust guidance indicates that bowel habits should be monitored regularly, at least at any point of blood sampling. However, monitoring processes across the trust were noted to be variable, as were laxative prescribing practices.

**Method.** The data sample of current inpatients on clozapine across the trust was identified from pharmacy records. The patient's Rio notes from the preceding 3 months were searched for predetermined terms relating to bowel habits and constipation, and the notes were then analysed for assessment of bowel habit. The number of FBCs collected during this 3 month period was then used to produce comparison with the audit standard. The data on laxative prescribing were collected from current medication lists on EPMA.

**Result.** A data sample of 31 current inpatients was identified. The audit found that only 54.8% (17) of patients had their bowel habits monitored at least with every FBC taken. There was significant variability between different wards, with the best performing ward having 100% adherence to the audit standard, and the worst performing having 0%. In terms of laxative prescribing, it was found that 87.1% (27) of patients had at least 1 regular or 1 PRN laxative prescribed. Regular laxatives were prescribed for 61.2% (19) of patients, whereas only PRN laxatives were prescribed in 25.8% (8) of patients. Of those prescribed only PRN laxatives, only 50% (4) ever utilised this medication.

**Conclusion.** Bowel habits are not consistently monitored across the trust in inpatients on clozapine, leaving room for potentially life-threatening side effects to be missed. Additionally, regular laxative prescribing is not standard throughout the trust, which could further add to the potential for significant constipation-related morbidity to occur. A standard method of monitoring bowel habits throughout the trust, as well as a trust laxative prescribing policy, could be a way of remedying this issue and preventing harmful outcomes for our patients on clozapine.

## Opportunistic completion of the 9 diabetic care processes during inpatient admission to a mental health hospital: an audit of local practice

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**Aims.** Diabetes is more prevalent in people with mental illness than in the general population. Those with both mental illness and diabetes are more likely to have poor glycaemic control. Clients with mental illness and diabetes are less likely to receive the 9 NICE recommended annual diabetic care processes than the general population. In 2017, the Joint British Diabetes Societies for Inpatient Care (JBDS-IP) and the Royal College of Psychiatrists released guidance recommending that inpatient psychiatric admissions should be used as an opportunity to complete diabetic care processes, and a named staff member should be responsible for this.

We aimed to review local compliance with this JBDS-IP guidance, increase knowledge and improve local care for clients living with both mental illness and diabetes.

**Method.** We reviewed the notes of all current inpatients to general, forensic or learning disability wards at our centre and identified all patients with a known diagnosis of Diabetes. We identified which of the 9 care processes had been completed (or had the most recent result documented, or had a plan made for completion) during this admission. We identified if a named staff member was responsible for completing processes on each ward, and whether the care processes were documented in the patients' notes.

**Result.** We identified 18 current diabetic inpatients at our centre (14% of inpatients). We found that none of these patients had a diabetic care processes review documented and none of these patients had had a foot check and urinary albumin performed during admission, or had the last community result identified and documented. We found that less than 15% of patients had a documented plan concerning the completion of retinal screening. One ward had a named staff member responsible for reviewing their diabetic patients' screening. However, 6/9 care processes had been completed in the significant majority of patients (>75%).

**Conclusion.** Our centre is not compliant with the guideline audited. We have implemented a plan to increase awareness of care processes through posters, teaching (at junior and consultant level), creating documentation templates and ensuring wards nominate a staff member to review care processes. We have organised a re-audit. Organising foot examination, renal function testing and retinal screening during admission for clients who may have complicated social situations and may not be aware of (or be non adherent with) the long term management of their diabetes has the potential to significantly reduce morbidity in this client subgroup.