dementia diagnosis, it was useful for obtaining most of the relevant information to enable diagnosis and initiating treatment in timely manner. We also found that approximately 437 miles of travelling was prevented because of the possibility of virtual meetings

Retrospective Analysis of a Single Centre Experience of the Pharmacological Management of Patients With Intellectual Disability & Challenging Behaviour Across Three Audit Cycles

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Aims. To investigate adherence to NICE and STOMP guidelines for the pharmacological management of patients with intellectual disability (ID) and challenging behaviour (CB) in a large acute mental health trust over three audit cycles
Methods. The electronic records of a purposive sample of patients with ID and CB under the care of the ID Team at a large acute mental health trust were retrospectively reviewed over three audit cycles (conducted in 2013, 2014 and 2021).
Results. The sample sizes were 31 (2013), 17 (2014) and 35 (2021). Over the three cycles, most patients had moderate (35%, 47%, 49%) or severe ID (42%, 35%, 31%). Common co-diagnoses included autistic spectrum disorder (45%, 47%, 69%), mood disorders (23%,18%,17%) and epilepsy (16%, 24%,31%).

Target behaviours for intervention were aggression (42%, 27%, 49%), agitation (10%, 40%, 40%) and self-injurious behaviour (28%, 20% and 20%).

Medications used for CB were antipsychotics (61%, 24%, 62%), benzodiazepines (20%, 29%, 42%), antidepressants (13%, 35%, 42%) and mood stabilizers (6%, 12%, 9%)

The number of patients on multiple medications to manage CB declined over the years, with an increasing number receiving singular drug therapy (19%, 35%, 34%).

Over the three audited years, there were improvements in risk assessment (68%, 94%, 100%), descriptions of the nature of targeted behaviours (74%, 100%, 100%), metabolic monitoring (0%, 0%, 95%), documentation of successful and unsuccessful interventions (48%, 65%, 86%).

Adherence to certain standards however declined over time or remained difficult to achieve: complete evaluation of mental (87%, 94%, 60%) and physical health (61%, 88%, 60%), documentation of consent (19%, 76%, 46%), documentation of discussions regarding potential side effects (32%, 47%, 50%) and 6 weeks' review of medications' efficacy (52%, 65%, 50%). A positive behaviour support care plan was available in 75% of cases in 2021 and had not been audited in previous cycles.
Conclusion. This retrospective analysis highlights a reduction in the use of polypharmacy to manage CB in patients with ID over time. Adherence to standards remains patchy across the years with improvements in risk assessments and metabolic monitoring. Standards necessitating outpatient intervention such as review of medication efficacy, evaluation of mental and physical well-being were hard to achieve, in part explained by service changes and pressures related to the COVID-19 pandemic. Future improvements may require increased pharmacy-led reviews.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Pathways to Care at Early Intervention in Psychosis Liverpool: A Cross-Sectional Retrospective Audit Cycle

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Aims. Early Intervention in Psychosis (EIP) services provide an evidence-based approach to the identification and treatment of patients experiencing a first episode of psychosis (FEP). The NICE access and waiting time standard is that 60% of people experiencing FEP are treated with an approved care package within two weeks of referral. This is defined by allocation of an EIP care coordinator, though the offer of antipsychotics is also important. The aims of this audit were to (1) Collect data on EIP referral to treatment pathways and explore delays (2) Explore the origin of EIP referrals (3) Explore timings of referrals to review with a prescriber (4) Compare two audit periods to assess recommendation efficacy and provide future recommendations to reduce delays.
Methods. Two retrospective audits were carried out on patients accepted onto the FEP pathway at EIP Liverpool in May & June 2020 (34 patients) and December 2021 (11 patients).

Data were collected for each patient on time spent at stages of the referral pathway from initial referral to mental health services to first medical review with an EIP clinician. Further data included each patient's first point of contact with mental health services, the referral origin and first contact with a prescriber.

Data were collected using electronic health records. Duplicate referrals and extended inpatient admissions were excluded from prescriber analysis. Initial audit results from 2020 were compared with the re-audit in 2021, assessing for changes in pathway provision and compliance with the NICE standard.
Results. The results found that there was a 43.5% increase in wait time on the EIP referral pathway between the periods audited in 2020 and 2021, from an average of 9.8 to 22.5 days, related to the COVID-19 pandemic. The primary delays for both periods were referral assessment, care coordinator allocation and prescriber review.

The type of prescriber reviewing remained consistent, with reviews being conducted by a consultant for >50% of patients in both periods.
Conclusion. Between the two audited periods, the average pathway to care time increased to over the NICE standard despite implemented recommendations from the initial audit.

Stages of the referral pathway facing significant delays came from within the service, due to an increase in referrals, an increase in patients experiencing FEP by 50% and a change in the origin of referrals. A framework for improvement is recommended to improve pathways to care and outcomes for patients experiencing FEP within the EIP service.

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