

Valbenazine is a new FDA-approved treatment for adults with tardive dyskinesia, representing a further avenue for management. Greater focus on patient involvement, and communication surrounding anticipated side effects, is likely to benefit compliance with treatment and improve the doctor-patient relationship.

Audit on the documentation of ethnicity within CAMHS

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Aims. Evidence suggests children from minority ethnic groups have lower rates of referrals from primary care to CAMHS, are more likely to be referred via involuntary or compulsory routes and less likely to have access to therapies than children from white backgrounds. In order to understand how ethnicity influences individuals and ensure service innovation meet these needs data collected have to be accurate. The Mental Health Services Data Set outlines all children and families receiving NHS care should have ethnicity included as a mandatory data submission and services are performance managed on this.

The aim of this audit to review the documentation of ethnicity for service users in CAMHS. We agreed that 100% of patients within York and North Yorkshire (Y&NY) CAMHS should have their ethnicity documented.

Method. Integrated Information Centre (IIC) was used to collect data on the documentation of ethnicity for patients under Y&NY CAMHS on 27th August 2020.

Result. The total caseload was 4109 patients.

823 (20%) had their ethnicity documented as 'unknown' (the clinician had entered 'unknown' or the patient has 'declined to disclose').

49 (1.2%) patients had no entry regarding ethnicity (missing).

Conclusion. We recommend further exploration to consider why 1 in 5 patients have 'unknown ethnicity' documented. We recommend: conducting a refined search considering the percentage of 'declined to disclose' and 'not stated' within the 'unknown ethnicity' section emailing care coordinators for patients with 'unknown ethnicity' or 'missing ethnicity' conducting a questionnaire to gather the opinions and experiences of clinicians, patients and families when talking about ethnicity

reviewing the process for documenting ethnicity to improve accuracy developing staff training, to promote a culture of confidence and curiosity when discussing ethnicity Following this intervention we will aim to re-audit and consider if this has improved the rates of documentation of ethnicity.

COVID-19 antibody seroprevalence in residential psychiatric inpatients

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Aims. While other mental health care outpatient facilities were moved to COVID-centers in March 2020 during the COVID-19 pandemic, the Institute of Mental Health and Neurosciences in Kashmir remained the only functional outpatient facility in the region. It is the only mental health care hospital in the country

with a residential facility for psychiatric inpatients catering to the whole population of Jammu and Kashmir, India. The Mental Health Care Act 2017 that necessitated "halfway homes" is yet to be implemented in the state leaving its inpatients entirely under the institution's care. This study is to investigate the seroprevalence of antibodies to SARS-COVID-19 virus in the 34 residential inpatients in separate male (23 patients) and female (11 patients) wards. This was done as an audit to strategies and measures taken by the institute in protecting its inpatients.

Method. 3 to 5 ml of peripheral venous blood samples were collected and plasma extracted and analysed using the CE-IVD Roche Cobas Elecsys AntiSARS-CoV-2, Electrochemiluminescence Immunoassay (ECLIA) for the qualitative detection of total Immunoglobulins (IgG, IgM and IgA; Pan Ig) generated against SARS-CoV-2 (Roche Diagnostics, Indianapolis, IN, USA). The test was performed according to the manufacturer's instructions.

Result. Out of the 34 inpatients, 2 male inpatients tested positive for antibodies against SARS-CoV-2 (seroprevalence of 5.88%). In comparison, based on a report conducted by the government's Department of Community Medicine and Biochemistry on the 28th of October 2020, out of 2,361 participants in the community, 959 tested positive (seroprevalence of 40.6%).

One of the inpatients that tested positive was re-admitted after testing negative via RT-PCR. The second patient was admitted after being found homeless. He was tested negative on day 1 via RAT and on day 5 via RT-PCR. We believe both of them acquired the infection in the community.

Conclusion. This audit shows that the strategies implemented by the institute were effective in the prevention of the spread of COVID-19. Practical implementations of what works and improvisations are the proven methods of decreasing the mortality and morbidity in vulnerable populations while continuously providing vital mental health services.

An assessment of referrals to a liaison psychiatry team within a large district general hospital – Completing the Cycle

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Aims. In 2019 members of the Liaison Psychiatry Department at Frimley Park Hospital completed an audit of the referrals to the service¹. The quality of referrals was found to be highly variable, for example only 28% included a risk assessment and frequently omitted both past psychiatric and past medical histories. As such an intervention was designed involving three parts;

Multidisciplinary education of staff

New and more readily available referral guidelines

New referral form

This re-audit seeks to complete the audit cycle and assess the impact of the intervention.

Method. The first 50 referrals to the Liaison Psychiatry Department of Frimley Park Hospital during February 2021 were assessed using the following criteria:

Staff type, referral source, physically fit for assessment, physical cause ruled out, drugs / alcohol involved, appropriate reason for referral, clinical question asked, did final diagnosis match referral diagnosis, risk assessment included, information about admission included, past psychiatric history included and past medical history included.

The percentage of referrals received for each criterion (e.g. the percentage with a risk assessment completed) was then derived from the data.

Result. There has been a marked improvement in a variety of areas. The percentage of referrals containing a risk assessment increased from 28% to 96%. This is likely due to the risk box now requiring an entry prior to being able to submit the referral form. Similarly the percentage containing past psychiatric history has risen from 38.8% to 90%. Previously 46.2% of referrals contained a working diagnosis which was not consistent with the clinical picture, but again this has improved, with 60% of initial diagnoses now matching the final outcome. There are however areas for improvement. Only 14% of referrals contained a specific clinical question, which is lower than the 20% achieved previously. This may be because the new referral form does not provide a specific free text box for this.

Conclusion. The intervention yielded a marked improvement in the quality of referrals received by the Liaison Psychiatry Department at Frimley Park Hospital, and it is the intention to continue to use the current process. Based on the new results we will look to make small adjustments, for example adding a free text box for a specific clinical question and emphasising the importance of this information.

Transfer and transition referrals of patients with intellectual disability from children's services to adult community learning disability teams

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Aims. The audit aimed to assess if patients under the care of children's services in Wessex were transferred at the appropriate age and whether transition referrals to Community Learning Disability teams (CTLD) occurred timely. It also aimed to look at how many patients underwent transitions in a three month period, and if their transition support plan (TSP) was completed. A transition support plan should include chronological information on psychopharmacology, psychotherapy, and social support measures. Patients should be referred between the ages of 17–19 but require a justification after 18 years of age.

Method. The BI team was contacted to provide all IDs for patients referred within a three month period between the ages of 17–19. The BI team provided 42 patients with their ID. Patients discharged from services within a short time span were excluded for the following reason: inappropriate referral (9pts), discharged after 1st assessment (6pts), internal discussion (6pts), only referred to Autism team (4pts), moved out of area (1pts). From the initial 42 patients, 16 patients were analysed using the collection tool.

Result. 4/16 had a TSP, and only two had a complete TSP and transitioned in another trust and were inter-team referrals.

CAMHS services referred 1/16 patients.

Psychotropic medication was prescribed to 12/16 prior to or on time of referral, but only two patients had a complete psychotropic medication history.

8/16 patients' referral was commenced prior to their 18th birthday, and no information was provided for delay in transfer.

Health records did mention psychotherapy, but apart from 2/16 TSP records, no additional information was available on the modality.

Conclusion. Patients with Intellectual Disability face challenges when transferring from children to adult services. Insufficient referral information may have a detrimental impact on patients wellbeing and long-term care.

Access to a patient's chronological journey through the different children's services allows Adult CTLD health professionals to provide effective care. Historical psycho-social and pharmacological interventions provide a reference point for future interventions.

Concerns included: limited information on most TSP regarding psycho-social and psychotropic treatments, lack of access to CAMHS/CHYPS paperwork and ineffective inter-trust communication for transition patients.

This project highlighted the average number of transition cases in 3 months. It led to changes to the transition pathway, as awareness was raised in trust and CCG meetings to improve patient outcome. CTLD created the new role of transition facilitators to support children's services. They sit in meetings before patients transition referrals.

Auditing improvements to physical health in the acute psychiatric inpatient setting

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Aims. Whilst patient psychiatric health is the primary focus in the acute psychiatric inpatient setting, there has been a recent focus on ensuring a greater integration with physical health to address the physical health outcome inequalities between patients with psychiatric conditions and those without. Despite the ward having a robust physical health clerking proforma, there were issues with its completion; at initial clerking patients often aren't able, or refuse, to consent to physical examination or investigations. This led to the trust's electronic physical health form, designed to collate these results, not always being completed. Our aim was to increase the rates of completion.

Method. Changes to ward handover sheets were made in an effort to increase rates of physical health form completion and improve 24 and 72 hour completion rates. Columns were added delineating which parts of the physical clerking were outstanding, ensuring the MDT were aware of which jobs needed actioning. Data for two months prior and post intervention were analysed.

Result. 266 admissions were analysed for the two months prior and post the intervention. Form completion rose from July (88%) to October (100%), with 24 and 72 hour completion rate increasing from 47% & 55% respectively, to 84% & 96%, during the same time period. Greater completion rates of physical health forms led to increased knowledge of patients' physical health issues. Having 96% of patients physical health issues within three days of admission (cf. 55%, July), led to a 'physical health huddle' being held during the MDT. This provided a platform to discuss relevant physical health treatment plans with the whole team. These findings were summarised under a new column on the handover sheet and updated biweekly during the MDT meeting. Placement on the handover sheet ensured daily visibility to all staff.

Conclusion. Simple structural changes can bring physical health to the fore in psychiatric care. Timely and more complete physical health data enabled biweekly reviews of physical health issues and allowed input across the MDT. Increased knowledge and awareness of physical health issues led to an increase in medical review requests. These are currently performed on an ad hoc basis, which can be quite disorganised and inefficient. The results above, of improved physical health outcomes based on a structured approach, have led to a recommendation of a biweekly physical