Aims. This audit covered 3 hospitals in Glasgow City which has 1221 beds providing inpatient healthcare for the north east region of the city. To improve the referral process,we aimed to verify adherence to existing referral pathway and adequacy of information provided by referrals. Referral characteristics including referral indication, intervention and outcomes were accounted for to identify area interest that may help improve the referral process.
Method. Our referral pathway involves completion of a Microsoft Word referral template subsequently sent electronically to an internal electronic mail.

Referrals in a 2 month period were included in the audit. Each referral was reviewed for adherence to the referral template, adequacy of provided information and referral indications. Intervention in the form of staff input, Mental Health Act status, psychotropic medication prescribed and given diagnosis was ascertained via staff electronic entry records.
Result. 139 referrals were included. 114 referrals (82%) adhered to the referral template. 72 referrals (52%) contained adequate information. Common referral indications were delirium (23%), agitation (20%), low mood (18%) and cognitive decline queries (18%). Staff input ranged from psychiatrist input (46%), liaison nurses (40%), clinical psychology (1%) and shared input (13%). 16 referrals (12%) resulted in subsequent detention under the Mental Health Act. Psychotropic medications prior to liaison assessment included antidepressants (49%), antipsychotics (29%) and benzodiazepines (16%). Liaison assessment resulted in increase use of antipsychotic (55%) and reduction of antidepressants (29%) and benzodiazepines (10%), Delirium (34%), dementia (21%), Mood & Anxiety related disorders (18%) and Query of Cognitive Impairment (14%) were recorded as the most discussed diagnosis.
Conclusion. Referrals with inadequate details affect the service's ability to efficiently assess for clinical urgency and matching of appropriate interventions to suit clinical needs. The percentage difference in delirium between referral indication and diagnosis highlights that delirium can be under-recognised, resulting in potentially delayed treatment. Identifying common given diagnosis and differences in psychotropic medication prescribing pattern points to the need for training and support of acute medical ward staff in utilising therapeutics for management of acute mental health disorder.

A pending electronic referral pathway with mandatory entries and linked relevant online resources can encourage early recognition of acute mental health disorder and prompt early management including the use of appropriate therapeutics. An additional feature allowing direct referrals by acute ward staff to community mental health team would support continuity of care for discharged patients needing ongoing mental health assessment.

An audit of waiting times in the outpatient clinic in Inverness Sector A NHS Highland during the COVID-19 pandemic

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Aims. This audit was to assess and improve the organizational efficiency of referrals to Inverness Sector A Outpatient Service. The referrals were audited to measure the average waiting time from referral to first offered outpatient appointment and to assess the proportion of patients waiting longer than 12 weeks.
Method. The audit included routine referrals to the CMHT Inverness Sector A, NHS Highland from GP practices: Kingsmills, Burnfield, Riverside, Fairfield, Foyers and Drumnadrochit Medical Practices. The number of referrals and the number and proportion of clients given appointments for assessments were calculated. Referrals were received directly from primary care and the Mental Health Liaison Team or following Out of Hours contacts at the Mental Health Assessment Team.

Data were collected retrospectively: referrals from 1 Jan 2020–31 Aug 2020. Sample size came to 160 patients aged 16–65 years. Data were collected via review of recorded documentation on the NHSH electronic patient record systems (SCIstore), from 5th–25th January 2021.
Result. 160 patients (male 82, female 78) were referred from 1 Jan to 1 Sept 2020. Of these, 140 (87.5%) were given an appointment for an assessment. The mean waiting time was 12 weeks for 103 patients (64%), with 57 patients (36%) waiting longer than 13 weeks. The bimodal distribution of waiting times prompted an analysis of those with longer waiting times. In some instances, appointments were delayed because patients either did not attend (DNA) or cancelled their appointments. Reasons for delays included: postponement until further information was available; cancellation of meetings or patients DNA. In 20 cases (12.5%), the referrals deemed inadequate, prompting further liaison with the referrer for clarification about the nature of the problem and previous psychological interventions.
Conclusion. The number of transactions (any amendment to a patient record) was higher than the number of patients affected, as several transactions can relate to one patients' record.

Most referrals are vetted in advance via the daily Inverness triage huddle. Ways of improving the quality of information provided by referrers would be explored.

On receipt of each referral, the date of the 12 week deadline would be calculated and highlighted in a database.

The cross-sector (Highland wide) standardisation will add clarity about medical capacity, that does not involve use of excessive clinician time.

Case Study

Tics induced by promethazine in an adolescent: a case report

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Objective. The objective of this report is to highlight the finding of a movement disorder caused by promethazine in a 16-year-old female and to alert other clinicians to a high index of suspicion of possible movement disorders in young people on promethazine.
Case report. I discuss a 16-year-old female (who presented to medics at 15) with low mood, lack of motivation, self-consciousness – at 15, she was over 6 feet tall and weighed 81.2 kg. She also self-harmed by cutting her thigh with razor along with poor sleep, anxiety, and panic attacks. She took an overdose of paracetamol and ibuprofen and a strip of vitamin D and irritable bowel tablets she found at home.