

Aims. Clinical guidance indicates that methadone doses of 60–120mg are therapeutic as opioid substitution therapy (OST). Audit was completed to understand why patients open to Newcastle Treatment and Recovery (Addictions) are being prescribed doses below 60mg and to identify areas for improvement.

Methods. 285 patients were identified via prescription software as currently prescribed <60mg methadone. A random sample of 50 cases was obtained for audit during signing of routine prescriptions. Case sample was adjusted to ensure even distribution between keyworkers. Review then completed of prescribing card and clinical entries in the last 6 months. Standards included reason for subtherapeutic dosing and evidence of instability with use of illicit opioids, or other substances (excluding alcohol or cannabis), alongside secondary outcomes.

Results. 54% of cases were found to currently be undergoing a change in their dose – mostly reducing though 2 increasing and 2 preparing to switch to buprenorphine. The remaining 46% were maintained on a consistent dose of methadone below 60mg. Of these 8 were advised to change their dose but this was declined. The remaining 15 had no additional advice recorded and remained on sub-therapeutic dose. Of 50 cases 8 were unstable with regards illicit opioid use, 21 were using other substances (1 gabapentin with the remaining using cocaine). For those using illicit opioids 63% were advised of an increase but declined whilst 25% were not advised of any change in their OST. Of those using other substances 48% had no change in OST considered whilst a further 10% continued with a reduction.

Conclusion. The audit found that a proportion of cases prescribed a sub-therapeutic dose were being maintained on this dose. Most concerning was the proportion of patients who were not advised to increase despite use of illicit opioids but also the proportion who were not following advice from their keyworker. Additional concerns highlighted uncertainty in practice around the role of OST in those who remain using other substances, in particular cocaine. Department of Health guidance recommends that doses in these cases should be optimised which would mean at least targeting therapeutic range. Recommendations made included to develop further training to ensure consistency of practice as well as requiring that all patients on sub-therapeutic doses of methadone should be booked for strategic care plan reviews at a minimum of 6 monthly.

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.

Improving Completion Rates, Accuracy and Online Upload of DNA CPR, Adults With Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) Documentation in Two Old Age Psychiatry Wards in NHS Fife

Dr Kate Womersley^{1*}, Dr Olivia Mansfield², Dr Emma Holland¹, Dr Adeeb Abuthahir² and Dr Nasser Shah²

¹NHS Lothian, Edinburgh, United Kingdom and ²NHS Fife, Edinburgh, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.646

Aims. To evidence accurate completion and online upload of DNACPR, Adults with Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) paperwork at the point of admission across two old age psychiatry wards at Queen Margaret's Hospital, NHS Fife.

Methods. We identified which of our 36 inpatients required DNA CPR, AWI and HACP forms, compared with those who actually had this documentation in place, correctly completed, in their paper notes. When documents were present, we confirmed whether they were also uploaded to Morse (NHS Fife's psychiatry electronic notes system).

Data were collected on August 25th 2023 for cycle 1. A Multidisciplinary team meeting was held in each ward to consider strategies for improving performance, and 11 weeks were allocated for intervention design and implementation, before data collection was repeated on November 10th 2023.

Results. The primary outcome was whether DNA CPR, AWI and HACP documentation were correctly in place across both wards. Completion rates of all forms improved between the two cycles, as did compliance with online upload (secondary outcome) and correct completion of all fields (secondary outcome).

Since our interventions (improving availability of forms, peer education regarding correct completion of forms, ward round prompts to review paperwork, streamlining workflow for scanning), there was a marked improvement in performance on both wards 1 and 4. For patients who were assessed to need an AWI form, form completion increased from 93.3% and 94.4% for each ward respectively, to 100% on both wards. Required fields on the form were completed in 71.4% and 76.5% for each ward respectively in August, increasing to 88.2% and 100% in November. DNA CPR forms were present for appropriate patients in 100% and 88.9% of cases on the two wards in August 2023, with 75% and 62.5% uploaded to Morse. This improved to 100% presence and 100% upload rates in November 2023. HACP forms were present in 100% and 83.3% of cases on the two wards in August, but were available online in 0% and 20% of cases respectively. This improved to 100% completion of HACP forms on both wards, with 100% and 91% respectively available online in November.

Conclusion. A combination of peer education, MDT learning, readily available forms, ward round review and awareness-raising across medical, nursing and administrative staff improved rates of accurate completion and online upload of DNA CPR, AWI and HACP paperwork.

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.

Assessing Clinician Compliance With DVLA Guidelines for Psychiatric Inpatients

Dr Samuel Yale^{1*} and Dr Anastasiia Redko²

¹Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom and ²The Rotherham NHS Foundation Trust, Rotherham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.647

Aims. Mental health conditions have wide ranging impacts on individuals, including in their ability to safely drive. Attention, impulse control, judgement, and psychomotor reaction times are some of the ways in which mental health conditions and psychotropic medications impair ability to drive. To ensure safety of patients and other road users, the Driving and Vehicle Licensing Agency (DVLA) provides guidance to clinicians and patients regarding fitness to drive. The General Medical Council (GMC) also states that doctors have a duty to inform patients that their condition and/or medication can impact driving ability.