

lockdown and slight observable improvement in attendance rates during the lockdown. There was no statistical significance seen using t-test comparing attendance rates between video and telephone consultations including new patient virtual consultations.

Conclusion. The large sample size over this period suggests that the results are reliable and valid, we can therefore say virtual/telephone consultation does not affect attendance. It should be noted that the attendance rate may be a good indicator but we should also consider patient/clinician satisfaction, communication quality/effectiveness and other factors which could influence patient's compliance to outpatient follow-up. It is important to acknowledge the lack of a control group and the COVID-19 pandemic were major confounding factors. Mental health services should continue the use of virtual consultation post-pandemic and possibly integrate it with in person consultations (hybrid), this may help with attendance rate of patients with difficulty attending face-to-face appointments.

Audit on the Quality of Outpatient Letters From Cherrywood Clinic

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Aims. Letters between secondary and primary care are an integral part of continuity of patient care. It is crucial letters are comprehensible, focused and useful. The quality of letters can be of a variable standard, we aim to see if the letters sent from Cherrywood clinic are in line with the Royal College guidance.

Methods. Data were collected manually by 2 doctors using dictated clinic letters and patient notes, from the 3 community teams. 20 outpatient letters were sequentially selected from each team from the 1st to 31st of March 2017; 60 letters in total. The letters were divided equally between consultants and junior doctors. In the team where there were 2 Consultants; 5 letters of each were taken, and in the team where there was a junior doctor and a specialist registrar, 5 letters from each were taken. The data were collated onto an Excel spread sheet and analysed.

1. Demographic Details including Name, Date of Birth, Address and the Date of Appointment
2. Who was the patient been seen by; Consultant or Junior doctor (FY/GPST/CT/SPR)
3. Current diagnosis
4. Current medication including doses
5. Mental State Examination (MSE) findings
6. An update of the current problem(s)
7. Current/relevant Risks
8. Plan/recommendations
9. Follow-up plans

Results. Of the Consultant letters the diagnosis, medication and dosage was mentioned in 93%, 93% and 90% respectively. Mental state was found in 66%, risks in 83% and follow-up plans in 96%.

Most of the content derived from the registrar letters were unremarkable; with 80% in MSE in the 5 audited letters.

In the Junior doctor letters; the diagnosis was mentioned in 88% of letters, medication and dosage 76%, mental state 100%, risks 80%, follow-up 100%.

Conclusion. Our letters are largely meeting the Royal College standards, more than 85% of the data were up to the standard. The main area's to improve are;

- Documentation of the MSE.
- The medication and the dosages.
- Diagnosis.
- Risks should always be present.

The areas which require improvement are the areas which are essential for GPs to safely manage psychiatric patients in the community.

Improving Clinical Care in Tobacco and Smoking-Related Problems: A Report of Clinical Audit and Quality Improvement Project

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Aims. Around 40% of people with serious mental health problems smoke, which is significantly higher compared to the general population of the United Kingdom. The Welsh Government has set the target to reduce the overall prevalence of smoking in Wales to 16% from 19. In order to reduce the impact of smoking on the population, the first step is to identify the problem. Hence, a comprehensive history of smoking will help to identify the addiction-related problems. Hence, this combined clinical audit and quality improvement project (QIP) is aimed at the evaluation of the admission clerking around the assessment and management of smoking-related problems in an inpatient mental health unit.

Methods. This clinical audit was carried out at the local inpatient general adult mental health units in Wrexham. It was based on NICE smoking guidelines "Smoking: acute, maternity and mental health services". Clinically relevant information without personal identification information was collected based on a proforma. The first re-audit was repeated without a specific intervention to see any change in pattern and the need for intervention. This was followed by the first intervention, i.e., the sharing of a PowerPoint™ presentation discussing commonly utilised measurement tools in the assessment of smoking-related behaviours and the second re-audit.

Results. The first round of clinical audit involves 32 admissions, the first re-audit was 19 admissions, and the second re-audit was 37 admissions. The baseline showed 71.88% of inpatient admissions were asked about their smoking history, but only less than 10% of them were assessed in detail around the types and quantity of tobacco products, features of dependence and withdrawal, the motivation of the clients to quit smoking, and any help offered to the patients. The number of inpatient admissions which was assessed for their smoking-related behaviour dropped to 36.84% during the first re-audit, and less than 16% of them were assessed in detail. The number improved slightly to 57.14% after the first intervention, although less than 40% of the inpatient admissions were assessed in detail.

Conclusion. There is an inconsistent pattern of change in the percentage, and it seems that the intervention leads to minimal improvement of the assessment of smoking-related problems during admission clerking. The minimal change may be attributable to the change in posting around the intervention period. The

future plan includes a more regular intervention arranged around the beginning of new postings for doctors to ensure they have adequate exposure to the assessment of smoking-related addiction problems.

Audit on Availability, Quality and Frequency of Clinical Supervision

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Aims. We have completed a cycle of audit on the availability and quality of clinical supervision in Somerset NHS Foundation Trust. Last year we had highlighted the results of our first survey (run in 2020) in local teaching and audit meetings. We have now completed the cycle following the intervention. Both Severn deanery and Somerset NHS Foundation Trust both recommend psychiatry trainees have one hour of supervision per week, involving exploration of trainee clinical and educational needs. This audit is now part of a quality improvement project being run across Severn Deanery. This particular audit focuses on the results from Somerset NHS Foundation Trust.

Methods. Trainees working in Somerset NHS Foundation Trust were invited to participate in this survey. We used the original survey from last year but added further white spaces to invite feedback and to explore what was particularly good about the clinical supervision currently offered. Questions on accomplishing workplace based assessments (WPBA), managing e-portfolio requirements were asked, with Likert scale responses available. The survey was sent out in the form of Microsoft Forms disseminated via email to all junior doctors (n = 27).

Survey was run from May till June 2021 (nearing the end of placement). We sent out 3 reminders before closing the survey. The authors of the audit then reviewed the data.

Results. 9 out of 27 doctors responded, response rate of 33%. Our last survey had a response rate of 63%. Supervision appears to be more regular now with only 11% stating that they were meeting their supervisor sometimes in comparison to 17% the last survey. Similar percentage of respondents were able to complete WPBAs as in the last survey (88% Vs 89%).

QI project/audits were being discussed at a similar rate (60% Vs 66%). 75% of psychiatry trainee respondents were discussing their psychotherapy competencies (42% were having some discussion in the last survey). There was a better response from GP and FY doctors for this survey.

Conclusion. Response rate appears to have fallen, however supervision appears to be more regular with more focus on competencies.

White space answers showed that most trainees were satisfied with supervision. However, supervision could be more consistent and serious attempts must be made to protect it from clinical work overshadowing it.

We will be comparing the results of our audit in Somerset NHS Foundation Trust to the results from other parts of the deanery.

Audit of Lithium in a Psychiatry of Old Age Service

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Aims. The aim of this audit is to compare our prescribing and monitoring practices in the Mental Health Service for the Elderly team (MHSE) in County Monaghan with current NICE guidelines (National Institute for Health and Care Excellence, UK). Lithium is used in the management of Bipolar Affective Disorder (BPAD) and refractory Depression in the elderly and across other patient groups. The elderly population is more vulnerable generally than other patient groups to adverse effects and toxicity from Lithium including at therapeutic doses. This is due to the increased likelihood of having other medical morbidities, interaction with other medications and the higher prevalence of renal impairment.

Methods. The audit duration was from the beginning of April to the end of June 2021. Data were collected for demographic variables and for therapeutic variables such as Lithium dose, serum Lithium level, adverse effects due to Lithium, weight and signs of Lithium toxicity. Re-audit was completed during the month of June 2021.

Results. Ten patients attending the MHSE team were prescribed Lithium at the time of the audit and were included in the audit. 60% were females and 40% were males. The mean age was 77.3 years. 50% had a Depressive disorder and 50% had a diagnosis of BPAD. The mean Lithium dose was 310 mg and the mean serum Lithium level was 0.5mmol/L. All 3-monthly Lithium levels were completed. 100% were provided with information booklets, record books and BMI recorded. 60% of six-monthly Lithium levels were completed. 20% of six-monthly bloods were completed but not documented. There were eight patients prescribed Lithium in the re-audit. 62% were females and 38% were males. The mean age was 78.8 years. 75% were diagnosed with refractory Depression and 25% with BPAD. The mean Lithium dose was 337.5 mg and the mean serum Lithium level was 0.6mmol/L. 100% of patients completed their three and six-monthly serum Lithium levels and documentation was complete for 100% of patients.

Conclusion. We recommend the establishment of a Lithium Clinic to ensure proper monitoring of this group. This includes clear pathways for patients to have their bloods taken (GP or hospital), pro forma reminder letters for GPs and patients, a recording table for blood results and physical variables in the patient file, alert cards and the provision of written information about Lithium for patients and carers.

Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication in North West Edinburgh Community Mental Health Team (CMHT)

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Aims. To assess the effect of interventions in the physical health monitoring of patients prescribed depot antipsychotic medications. We hypothesised that compliance with monitoring would improve post-intervention. It is well recognised that patients with severe mental illness have a significantly reduced life expectancy. Depot antipsychotic medication increases the risk of