

that were measured in 2018 were found to be higher in the 2022 cycle.

Conclusion. Findings show that physical health monitoring for the patients prescribed Clozapine in our LMHT does not consistently meet guidance. Development of a 'Clozapine clinic' was already planned. Results from this audit were shared within the LMHT and recommendations were made as follows; i) a measuring tape to be placed in each room ii) data such as weight, blood pressure and heart rate to be entered in a way that it can be plotted over time iii) pharmacy technician to work with a healthcare assistant to ensure all criteria can be met in the designated yearly Clozapine clinic

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The Utilisation Rate of Clozapine for Treatment Resistant Schizophrenia Within Trustwide Adult Inpatient Services Over One Year

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Aims. The audit was undertaken to explore if inpatients with treatment resistant schizophrenia (TRS), or whose condition has not adequately responded to two antipsychotics of an optimal duration and dose, were offered clozapine as per NICE guidelines (CG178 1.5.7.2).

Methods. Data were collected retrospectively and anonymously from all electronic notes via the UK-CRIS analysis platform.

The inclusion criteria required patients, aged 18–64 years, to have a schizophrenia (ICD10 F20) diagnosis and to have been admitted to one of ten Trust inpatient wards between 01/01/2020 and 01/01/2021.

Patients were required to fulfil the criteria of treatment resistance, as having an inadequate response to two or more antipsychotic drugs, one of which was an atypical agent.

Patients who had previously tried or were currently on clozapine were excluded. Those with non-schizophrenia psychotic disorders were also excluded. 347,645 records were electronically screened according to the criteria, and 209 records were reviewed.

Results. 43 patients from the 209 patients reviewed were found to be eligible for clozapine. 28 (65%) were offered clozapine during their admission and 9 of these patients had started the titration process (21% of those eligible).

Of the 19 patients who declined clozapine when offered, 14 had refused the drug with the most common reason of not accepting the required blood monitoring (n=10).

Of the 15 eligible patients who were not offered clozapine, the clinical team had documented a consideration to offer clozapine in 6 patients (14%) but had rejected its, predominantly due to concerns of non-compliance.

For 3 patients (7%) the clinical team considered for but did not offer clozapine. There was no documentation regarding clozapine for 6 patients (14%).

Conclusion. This audit identified that most patients with TRS were offered clozapine during their admission. However, a proportion of patients were not offered the gold standard treatment for TRS and this may lead to poorer outcomes.

It demonstrated that a minority of eligible patients ultimately start the drug. There are barriers for eligible patients to accept clozapine, for instance around the regular blood monitoring required.

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Re-Audit of Prescribing Responsibility for Antipsychotic Depots for Shared Care Patients (PRAD-SCP)

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Aims. To re-audit whether community teams are requesting GPs to take over the prescribing of antipsychotic depots for patients who have been stabilised on treatment, in line with Shared Care Pathway protocols by Greater Manchester Medicines Management Group (GMMMGM).

Methods. The sample size was 199 patients open to Rochdale, Heywood and Middleton community mental health team antipsychotic depot clinics. Information was gathered from depot cards, care records and clinical entries on Paris and imputed on an Excel spreadsheet. This was a prospective audit and data collection took place between 01/11/22 and 30/12/22 by the auditors. Microsoft Excel was used to carry out simple percentage analysis by the authors and presented using charts.

Results. Transfer of prescribing responsibility for first generation antipsychotic had the highest compliance rate with 98% prescribed by GP on shared care protocol for stable patients followed by Paliperidone and Risperidone at 94%. Aripiprazole was the least compliant with 91% prescribed by GP for stable patients as against 100% target.

Overall compliance rate for all depot antipsychotics was 96% compared with 83% from original audit in 2020. In comparing the different community teams, one team was compliant by 99% overall in transferring prescribing responsibility to the GP for stable patients and 100% compliant with 1st generation antipsychotics, paliperidone and risperidone.

The data showed that CMHT prescribed higher proportion of 2nd generation antipsychotics when compared to original audit.

Conclusion. This re-audit has demonstrated that overall, there was significant improvement in compliance with GMMMGM shared care guidelines by Rochdale community teams from 83% in 2020 to 96% in 2022. However, this does not meet the standard of 100% target for depot antipsychotics as per GMMMGM guidelines. In other to ensure that target standards are met a 100%, secondary care prescribers should ensure appropriate transfer of prescribing responsibilities via the shared care protocol to the GP for stable patients are done and also shared with the new team particularly during the transition phase for patients transferred from one team to another who are stable on their current medication.

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