Conclusion. Of 46 patient records, nearly half had a documented low vitamin D level or were on treatment. We would therefore suggest that vitamin D testing should form part of the routine admission bloods. It is an important opportunity to detect deficiency or insufficiency for a potentially vulnerable group of patients. Intervention is simple and effective.

Results demonstrated room for improvement for vitamin D testing on admission to hospital, thus improving potential treatment and benefits for individual patients. The importance of recording blood results on to the electronic patient record was also highlighted.

We raised awareness and provided further education to all junior doctors, with creative posters and informative communications. Following the implementation of these changes a re-audit of 40 patients showed 75% had vitamin D tested on admission or during and of these, 58% either had a low vitamin D level or required replacement. 7 of 9 patients with a documented low vitamin D level had the correct vitamin D treatment, according to NICE guidance. Within this closed loop audit, we have reported moderate improvement in the testing of vitamin D for patients on admission to hospital along with a significant improvement in the treatment of vitamin D deficiency, according to NICE guidance.

A closed loop two cycle audit investigating the availability and accessibility of physical healthcare equipment on forensic inpatient wards within mersey care's secure division

Thomas Davies, Stephen Owens* and Tonia Forjoe

Merseycare NHS Foundation Trust
*Corresponding author.

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Aims. To evaluate the provision of recommended medical equipment on forensic psychiatric inpatient wards in Mersey Care's secure division, as outlined by the Care Quality Commission (CQC) in their 2019 guidance "Brief Guide: Physical Healthcare In Mental Health Settings". It has been documented that people with severe and enduring mental illness are at risk of dying on average 15 to 20 years earlier than people without, two thirds of which are due to avoidable physical illnesses. It was our aim to use these data to improve the provision of physical healthcare equipment on the wards of Mersey Care's secure division, in turn allowing for the safe assessment of patients in the acute setting, and the monitoring their chronic health conditions.

Method. We conducted a closed loop, two cycle audit of all forensic inpatient wards in Mersey Care's secure division measuring the provision of physical health equipment against the CQC's 2019 guidance. The intervention was to present our findings and implement physical health equipment boxes in the clinic rooms on the wards. Low, medium, high, and secure learning disability (LD) wards were audited, with a control sample of non-secure wards (addiction, old age, general adult, and LD non-secure) in the initial cycle for comparison.

Result. On initial audit, the mean availability of equipment across the secure division was 66% (range 50.9%-88.9%), and 75% across our sample of wards in the non-secure divisions (range 61.1%-88.9%). Following the intervention in the secure units, the mean availability increased to 73.5% (range 72.2%-77.8%). The mean percentage increase in equipment availability following intervention was 12.5% (range -12.5% to 41.8%).

Conclusion. Following the intervention, the re-audit conducted found an overall improvement with 73.5% of recommended equipment available. Despite this improvement in equipment availability in the secure unit wards, the equipment is still less available than on the non-secure control wards. Due to this, further intervention and another re-audit have been planned. In the second cycle, significant items such as disposable gloves, pulse oximeters, sphygmomanometers, thermometers and stethoscopes were available across all wards. This was an improvement from the initial audit and allows for the safe assessment of patients in the acute setting.

Impact of COVID-19 on psychiatric services and presentations in north-west Edinburgh

Ritika Devadas[1]*, Douglas Murdie[2], Idris Thomas[2], Rhona Hannah[1], Wiktoria Karbowniczek[1], Tara Kinney[1], Oscar Lacey-Solymar[1], Adam Łukaszuk[1], Seona MacDonald[1], Sarah McIntosh[1], Danya Taha[1] and Charles Taylor[1]

[1]University of Edinburgh Medical School - 1st year Medical Student and [2]Consultant Psychiatrist, NW CMHT, NHS Lothian
*Corresponding author.

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Aims. COVID-19 has had a significant impact on healthcare provision, accessibility and psychiatric presentations. We aim to investigate the impact of the pandemic on psychiatric services and the severity of presentations in Edinburgh, with a particular focus on the North-West Edinburgh Community Mental Health Team (NW CMHT).

Method. Measures of the impact of the pandemic on NW CMHT were identified as referral numbers from primary care and Did Not Attend (DNA) rates. Royal Edinburgh Hospital admissions, detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and Out of Hours (OOH) contacts were used as proxy measures to explore the severity and urgency of presentations.

Quantitative data focussing on these parameters for patients aged 18–65 years in NW CMHT in 2019 and 2020 were collected from NHS Lothian Analytical Services. OOH data were only available Edinburgh-wide. All data were anonymised in line with NHS Lothian Information Governance Policy.

In order to assess the impact on staff, a questionnaire was created and disseminated, with qualitative data returned anonymously.

Result. Referrals to NW CMHT decreased by 9.3% in 2020 (n = 2164) compared to 2019 (n = 2366). Referrals in April (n = 81) and May (n = 102) 2020 were far below the monthly average across the two years (n = 188).

Appointment numbers were very similar in 2019 (n = 3542) and 2020 (n = 3514). Despite this, DNA and cancellation rates decreased by 3.94% in 2020. Questionnaire results illustrated some of the challenges for staff of working during a pandemic.

Admissions to hospital reduced by 6.8% in 2020 (n = 219 vs n = 235). While MHA detentions in NW Edinburgh increased by only 1.8% (n = 173 vs n = 170), new Compulsory Treatment Orders (CTO) increased by 60%. Furthermore, OOH contacts across Edinburgh increased by 45.2% when compared to 2019.

Conclusion. The COVID-19 pandemic altered the way patients accessed healthcare. Uncertainty of the public in accessing primary care services early in the pandemic may have contributed to reduced referral numbers.

The increase in CTOs is suggestive of severe relapses in previously stable patients or new episodes of illness. The pandemic may have contributed to a reduction in early recognition, and referral, of those with major mental disorders resulting in more protracted or severe illness episodes. The increase in OOH crisis contacts supports such a hypothesis.

Despite what would be expected, DNA and cancellation rates in NW CMHT reduced. The contribution of telemedicine to this warrants further exploration as a means of delivering healthcare in an efficient and accessible way.

An audit of admission clerking of patients in Heddfan, Adult Mental Health Unit in BCUHB - north Wales

Asha Dhandapani*, Sathyan Soundararajan, Manjula Simiyon, Vinila Zachariah and Rajvinder Sambhi

BCUHB

*Corresponding author.

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Aims. To ensure admission clerking includes salient features needed for the management of both physical and mental health of the patient and also to aid in administrative purposes.

Method. The audit included a team of doctors reviewing the admission clerking notes for 50 patients in the General Adult Psychiatric unit in-patient ward.

We created a standard questionnaire-based on Intended learning outcome of core training in psychiatry CT1-CT3 from Royal College of Psychiatry and standard textbooks.

Our aim is to achieve 100 % compliance in clerking

Result. It was noted that only 30% wrote their GMC number, 4% added route of admission of the patient and a mere 8% filled the Consultants name. Though almost everyone had written the presenting complaints, the other aspects such as history of presenting illness, medical and family history, Allergy status and substance misuse history were missing in many clerking notes. None of them had filled in details of personal history and very few did a risk assessment.

Further lacuna was noted with Mental state examination. Physical examination was also noted to be incomplete. While more than 50% had completed the Blood investigations and ECG, half of them had not documented it and that meant searching in the entire file. A mere 20% filled the nursing observation level whilst none had completed the formulation in the notes.

Conclusion. Admission clerking is a vital source of information that would be needed for the formulation of patients diagnosis and future management.

Apart from this, it also is needed for further continuity of care.

Hence this vital source of information will need to be shared with the junior doctors who will be clerking the patient and seeing them in the first instance.

We, therefore, intend to create a complete clerking proforma along with physical health proforma to aid us in this respect.

We will audit initially in the first round and then plan to introduce a proforma for Clerking and physical examination based on the findings.

We will re-audit to see if the standards are achieved after using the proforma and will consider a Quality improvement project based on this topic

Junior doctor daytime bleep audit

Asha Dhandapani*, Sathyan Soundararajan and Rajvinder Sambhi

BCUHB

*Corresponding author.

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Aims. There had been ongoing concerns with regard to covering daytime duty bleeps across the three sites in the Mental health Department, BCUHB, North Wales.

Frequent empty on-call slots meant some doctors being asked to hold the bleep between 9-5 in-order to cover the vacancy.

Some felt this added to the existing workload and that it was unfair and unsafe.

This issue was raised during a supervision session with the Educational supervisor, North Wales and an initial data collection was suggested.

Method. Data were collected over 2 week period to look at the Daytime bleep duties between 9 am to 5 pm

We hoped the data would demonstrate certain patterns of the task being asked to perform.

Result. The total number of bleeps were noted to be 249

Discharge notification and prescription writing was noted to be the commonest reason for bleep in East and Central while Routine review and Discharge notification was the reason to be bleeped major number of times in the West

Nearly 70% and 90% of the bleeps were found to be appropriate by the East and West respectively, while only a mere 15% were reported so in Central.

While 30% of these bleeps in the West were considered to be deferred, 70% bleeps were deferrable in the East and almost 95% in Central.

The general trend in all 3 centres was as follows:

All three centres have high numbers of bleeps for discharge, prescribing tasks and routine patient reviews

Most think planned discharge paperwork could be done in advance and jobs can be deferred if there is a ward/team doctor available

Conclusion. A simple solution could be some jobs being planned ahead (e.g TTO/Discharge Summaries, Re-write charts) and done by the team/ward doctor. ECG could be arranged to be done by nurses/ECG technicians. Some nurses/HCAs are trained in phlebotomy, however, they have not been utilising the skills. That needed to be reinforced in safety huddles meeting.

Apart from these suggestions, we were also wondering about the impact of the service models and how the juniors placed in the community mental health unit could stay involved in their team inpatients

Audit on use of PRN (pro re nata) psychotropic medication for behavioural disturbance in individuals with intellectual disability in the community

Asha Dhandapani*, Sathyan Soundararajan and Claire Jones

BCUHB

*Corresponding author.

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Aims. Psychotropic medication is commonly used in people with Intellectual disabilities (ID). This may be attributed in part to an increased prevalence of mental illness in this population and the presence of challenging behaviour which has been shown to increase rates of prescribing. Whilst there are a number of studies looking at regularly prescribed medication there are few studies on "as and when" required (PRN) medication.

Psychotropic medication continues to be used to manage behavioural disturbances in people with ID. Where there is no clear cut psychiatric illness, the role of psychotropic medication is an adjunct to a comprehensive multimodal treatment plan.

The aim is to find out if prn psychotropic medication for behavioural disturbance is being used appropriately and safely in these individuals.

Method. Files and PRN protocols of individuals known to be using prn psychotropic medications for the management of acute episodes of agitation and behavioural problems and supported by professional staff teams was studied.