

well as the presence of any cardiovascular comorbidities and, if so, what were they and how many were present.

Result. Of the 148 inpatients, 91 were male, 57 female. Patient age ranged from 19 to 71 years. The majority were of “white British” ethnicity. The most common mental disorder diagnosis was schizophrenia (35 inpatients), followed by schizoaffective disorder (22 inpatients). Twenty-one of the 148 patients had at least one weight-related comorbidity recorded. Only 2 of the 21 inpatients with a diagnosis of one or more weight-related comorbidity had a recorded BMI in the “healthy” range. The gender split for the presence of weight-related comorbidities was almost equal. The most common comorbidity recorded was type II diabetes mellitus. Most patients with a weight-related comorbidity had only one recorded, but three patients had two comorbidities recorded, and one patient had three recorded.

Conclusion. A significant proportion of patients admitted to the general adult inpatient wards in the trust have a weight-related comorbidity. Admission to hospital provides an ideal opportunity to review the management of any such comorbidity and optimise this as required. There is a need to ensure there is a strong focus on, not only the patient’s mental health issues, but also his / her physical health status.

An audit to assess physical health monitoring of patients following their admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

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Aims. This audit aimed to establish whether patients undergo physical health monitoring within 24 hours of admission to one of the general adult inpatient wards in Mersey Care NHS Foundation Trust, as per Trust policy.

Background. Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. Shared care of SMI patients between primary and secondary healthcare professionals causes uncertainty over who is responsible for monitoring the physical health of these patients.

Method. A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity. The patient’s psychiatric diagnosis was recorded. The tool captured whether each of the following were measured following admission – body mass index (BMI), blood pressure (B.P), serum cholesterol level, QRISK score and HbA1c level, and, if so, whether this was done within 24 hours of admission. For those patients who were smokers, being offered nicotine replacement therapy was documented.

Result. Of the 135 inpatients, 10 didn’t have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male,

57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of “white British” ethnicity. 91% of the sample had a BMI measured within 24 hours of admission, but only 62% had a B.P done, 59% had a serum cholesterol level done and 58% had an HbA1c level done within 24 hours of admission. 78% of eligible patients had a QRISK score calculated. 97% of inpatients who were smokers were offered nicotine replacement therapy, but only 13% accepted it.

Conclusion. The majority of patients admitted to the general adult inpatient wards have an SMI. The audit findings show need for improvement in physical health monitoring following admission. Creation and implementation of a checklist of physical health parameters to be measured within 24 hours of admission could help improve performance. Use of motivational interviewing may help increase uptake of nicotine replacement therapy in smokers.

An evaluation of the prevalence of physical health comorbidities in patients with severe and enduring mental illness following admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

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Aims. This evaluation aimed to establish the prevalence of physical health comorbidities in SMI patients admitted to the general adult wards in Mersey Care NHS Foundation Trust.

Background. Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. SMI patients more likely to engage in unhealthy lifestyle behaviours, such as poor dietary choices, smoking and physical inactivity; Antipsychotic medication prescribed to these patients can cause adverse metabolic side effects.

Method. A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity, and also recording whether the patient had a diagnosis of an SMI (e.g. schizophrenia, bipolar affective disorder). The presence of any physical health comorbidities and whether the inpatient was a smoker was also recorded.

Result. Of the 135 inpatients, 10 didn’t have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male, 57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of “white British” ethnicity. Of the 98 SMI patients, 14 had type II diabetes mellitus, 11 had essential hypertension, 12 had chronic obstructive pulmonary disease and 22 were obese (i.e. a BMI > 30 kg/m²). 70 of the 98 patients with an SMI were smokers.

Conclusion. As expected, a significant proportion of patients with SMI admitted to the general adult inpatient wards are smokers. Whilst admission to hospital may not be considered an ideal

time to get patients to consider quitting smoking, admission does at least provide an opportunity to educate patients on the negative effects on physical health that smoking has. This evaluation has highlighted that physical health comorbidities are common in this patient group. Admission to the psychiatric ward provides a golden opportunity to provide education to patients on the importance of making healthy lifestyle choices and also to assess any physical health comorbidities and ensure the management of any such comorbidities is optimised prior to discharge.

Off-label prescribing of quetiapine in HMP Elmley, a Category B remand prison: a re-audit

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Aims. This was a re-audit of off-label prescribing of quetiapine in order to identify the number of patients on off-label quetiapine in HMP Elmley, to monitor compliance by the Mental Health Inreach Team (MHIRT) psychiatrists with the Royal College of Psychiatrists guideline on off-license prescribing, to compare findings with the baseline audit and to identify areas for improvement.

Method. All patients on quetiapine in HMP Elmley were identified and their electronic patient record was reviewed against the standards outlined in the Royal College of Psychiatrists "Use of licensed medicines for unlicensed applications in psychiatric practice (2nd edition).

Result. There were 60 residents on off-license quetiapine prescription in HMP Elmley.

Of this number, four had their prescription initiated by a general practitioner, either while in prison or in the community. Two residents were on quetiapine first prescribed while they were on admission in hospital. 5 patients had been initiated by the MHIRT psychiatrists. 38 residents were commenced off-license quetiapine by another psychiatrist, either while they were in the community or in another prison. In 17 patients, electronic records were inadequate to determine who had prescribed the quetiapine.

The number of inmates prescribed off-label quetiapine in HMP Elmley had dropped from 82 to 60 in the 1 year since the initial audit. Of these figures, prescriptions initiated by the MHIRT psychiatrists, had dropped from 28.1% (23/82) to 8.3% (5/60).

For those prescribed quetiapine by the HMP Elmley psychiatrists, notes were audited against the RCPsych guidelines:

Licensed medication was considered first in 80.0%
 Risks and benefits were considered and documented in 80.0%
 The benefits and potential risks were explained to patient in 80.0%
 There was documentation of informed consent in 80.0%
 Quetiapine was started at a low dose and monitored in 100%
 No residents required withdrawal of medication due to ineffectiveness or adverse effects.
 Baseline physical health assessment was performed in 80.0%, though all had an ECG done.

Conclusion. Over the past year there has been an improvement in off-label antipsychotic prescribing practice within the MHIRT.

However, the number of off-label antipsychotic prescriptions still remains high throughout the prison. There should be

continued effort at minimizing off-label prescribing within the MHIRT, monitored by auditing. However, work needs to be done jointly with other prescribers, such as GP colleagues, in order to avoid unnecessary prescriptions and to monitor regularly the physical and mental health of those on off-label quetiapine.

An audit during COVID-19: monitoring of CMHT-patient contact and physical health assessments in a rural Welsh setting

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Aims. The enforcement of lockdowns and restrictions on non-essential contact have changed Community Mental Health Team (CMHT) practice. Therefore, this audit carried out its 4th cycle of physical health monitoring for patients on antipsychotics with severe mental illness (SMI) under the CMHT during the period of the COVID-19 pandemic in order to observe its impact on physical health monitoring. In addition, with the increased use of telepsychiatry substituting routine face-to-face appointments during the pandemic, this audit also reviews the effect of lockdown on maintenance of contact between CMHT and people with SMI.

Primary Objective: to compare the current clinical practice with the standards derived from NICE guidelines which include parameters like weight, body-mass index, blood pressure, ECG and blood tests, then compare with the previous three audit cycles, which collected identical data.

Secondary Objective: to monitor amount of contact between healthcare staff and people with SMI on antipsychotics during the three months of Welsh lockdown and compare current clinical practice with the clinical practice achieved in the identical period in 2019.

Method. Method for Primary Objective: Clinical practice on physical health checks were split into 10 standards derived from the NICE guidelines (NICEQS80, Quality Standard 6). Data collection surrounding physical health checks of patients on antipsychotics from 26th June 2019 to 26th June 2020 were collected and compared with the previous three audit cycles, which collected identical data.

Method for Secondary Objective: Retrospective data surrounding amount and type of contact between CMHT and people with SMI was collected from 26th March 2020 to 26th June 2020, a period of enforced lockdown in Wales, and compared with the identical period in 2019.

Result. The audit iterates trends over the last 4 cycles (2016/2017, 2017/2018, 2018/2019 and 2019/2020). The current audit cycle increased in 2/10 standards and decreased in 8/10 standards, compared with the average compliance in the 3 previous audit cycles. Out of the 10 derived standards, certain standards fared worse than others.

There was a 79% increase in the number of staff-patient contact during the lockdown period. The majority of the contact in 2019 was face-to-face (84.31%), however, as expected, in 2020 the majority of the contact was non face-to-face (61.75%). However, this was accompanied by an 85.79%

Conclusion. Despite being in a pandemic, patient contact was maintained. Physical health monitoring has decreased in the majority of standards, therefore greater attention is needed to address this. Recommendations are provided in the audit.