

3 patients (14%) had 3 reviews in the 6 month period, whereas 10 (48%) had 2 reviews, 5 (24%) had 1 review and 3 (14%) had no reviews.

**Conclusion.** The Well-being Clinic intends to reduce harm to patients by reducing their antipsychotic dose. However, only 5% had a satisfactory dose reduction and 62% were reviewed at least once in 3 months.

Recommended actions include increasing the frequency of reviews to once in 6 weeks (in accordance with national guidelines) and implementing regular monitoring of electrocardiograms (ECGs), vital signs and blood markers to further improve practice.

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.

### Audit on Baseline Physical and Metabolic Investigations Before Prescribing Antipsychotics in Children and Adolescent With Psychosis and Schizophrenia

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**Aims.** INTRODUCTION: The term ‘psychosis’ is used in NICE guidelines to refer to the group of psychotic disorders that includes schizophrenia, schizoaffective disorder, schizophreniform disorder, and delusional disorder as identified by the International Classification of Diseases – 10th revision (ICD 10; World Health Organization, 1992). BACKGROUND: Children and young people with psychosis and schizophrenia have poorer physical health than the general population as get older. Life expectancy is reduced by 16 to 25 years (Brown et al., 2010; Parks et al 2006). AIMS & OBJECTIVES: To compare the west-midlands child psychiatrist practice with the standard NICE clinical guidelines on baseline physical and metabolic investigations before prescribing antipsychotics in children and adolescents. To compare if fulfilling criteria. Early detection and intervention in order to delay or possibly prevent the onset of psychosis and schizophrenia. To improve the services.

#### Methods.

- The sample was collected via ‘WEST MIDLANDS CAMHS CONSULTANT SURVEY’.
- Information collection through the questionnaire.
- Nine members of the west midlands CAMHS Consultant CLENT group participated in 2019.

#### Results.

- Indications to use antipsychotics, Record keeping and Assessment of nutritional status & level of physical activity: 100%.
- Pulse and B.P check: 88.9% yes, 11% not always.
- Weight and Height plotted on growth chart: 77.8% yes, 22% not always.
- Antipsychotics (must be initiated by suitably qualified health care professional with expertise in prescribing: 33% consultant, 55% doctor, 11.1% doctor or nurse.
- Assessment of movement disorders was done by 44.4% always, 11.1% never and 44.4% sometimes.

- Lipid Profile was checked by 44.4% always, 11.1% never and 44.4% sometimes.
- Fasting blood Glucose and Hb1ac check: 33.3% yes, 66.7% never and 33.3% sometimes.

**Conclusion.** Data collected suggest meeting the set standards for indications of antipsychotics, record keeping and physical activity checks but not in other domains.

#### Recommendations:

- To create a checklist Performa for physical / metabolic Health Checks for children and adolescent initiated on antipsychotic medications under the care of CAMHS.
- Clinicians to stay up to date with NICE guidelines.
- To regularly monitor physical health and blood test before prescribing antipsychotics.
- To re-audit after introducing Performa in our CAMHS centre, if effective to introduce it in other local CAMHS centres after negotiation with them.

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### Audit of On-Call Assessments (Acute and Urgent Care)

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**Aims.** BACKGROUND: Local algorithms are in place which outline the required process for arranging a Mental Health Act assessment. It requires one doctor from the patient’s allocated care team or Trust on-call consultant during the working hours and one doctor from the on-call team (registrar/Consultant- if no registrar) during out of hours. Concerns were raised that on-call doctors were not always asked to participate in assessments in accordance with Trust protocol. AIMS: To improve the on-call assessment process at Northstaffs Combined Healthcare NHS Trust (NSCHT). OBJECTIVES: To determine: Whether NSCHT doctors from the on-call rota participate in Mental Health Act assessments, as appropriate. Any patterns relating to day, time of day or location of assessment which correlate with on-call doctors not participating in assessments appropriately. Any areas where the required standards relating to on-call assessments are not being met. As well to take this opportunity to note down how long was admission following mental health act assessment and if any role of substance misuse.

**Methods.** All assessments undertaken during November and December 2020 were identified by the Mental Health Law Team. This resulted in a total for analysis of n=141 cases. Data collection was undertaken by Working Group members using a form devised by the Clinical Audit Department and entered online for analysis. Analysis was subsequently undertaken using SPSS and validated according to departmental protocol.

**Results.** MHAA was done 35% inpatient, 30% Section 136 Suite, 14% community, 12% UHNM, 3% access, 2% police custody and 4% in other areas/ out of areas. Outcome were that 45% detained under section 2 MHA, 35% on section 3 MHA, 2% admitted

informally and 18% neither detained nor admitted. 26% of the time substance misuse (acute / chronic) formed part of assessment.

#### Conclusion.

- Overall results showed that at least one NSCHT doctor was involved in 91% of assessments undertaken, with roughly two thirds of doctors being Consultants and one third Registrars.
- Focusing on assessments undertaken in the Section 136 suite, at least one NSCHT doctor was involved in 92% of assessments undertaken, with roughly half of doctors being Consultants and half Registrars.
- Focusing on out of hours assessments, at least one NSCHT doctor was involved in 89% of assessments undertaken, with roughly two thirds of doctors being Consultants and one third Registrars.

#### Recommendations:

- To amend the Section 136 form to add the role of the doctor in the assessment.
- Results to be presented and discussed at the Mental Health Law Governance Group-completed.
- Results to be presented to the Acute and Urgent Care Directorate-completed.
- Executive Summary to be presented to the Clinical Effectiveness Group-completed.

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### Clozapine: How Well Are We Monitoring Patients?

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**Aims.** Aims and auditable outcomes: We aim to ensure 100% patients on clozapine have annual physical health checks. By ensuring all patients prescribed clozapine therapy receive an annual physical health check and medic review, we aim to improve patient safety and prevent serious harm from occurring in cases that could be avoided.

**Methods.** All patients aged over 18 years prescribed Clozapine, who were under the assessment and treatment service in Eastbourne, were identified using Carenotes, our electronic patient records system.

**Results.** 78% of patients on clozapine had been reviewed by a doctor in the past 12 months. 32% of patients had attended a physical health review within the past 12 months. One patient had not had a medical review for several years.

**Conclusion.** Our audit has shown that there are no clear guidelines on the long term monitoring of clozapine in regards to physical health reviews and psychiatric assessment. Using best practice it appears annual review should be the minimal standard, however further evaluation of this is recommended at trust level.

In response to these results and the current guidance, we would like to implement the following:

- Create a database for all patients on Clozapine under the care of Eastbourne ATS.
- Create a spreadsheet looked after by one member of admin staff to be updated regularly

- The physical health lead nurse to be informed of physical health checks due by admin

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### Is There a Role for Digital Psychiatry in Older Adults Mental Health Services in the Post Pandemic World?

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#### Aims.

1. To evaluate the clinical practice and documentation of remote patient consultations in memory assessment service during COVID-19 pandemic
2. To gather the views of clinicians and patients on the benefits and challenges of remote patient consultations
3. To understand the role of digital psychiatry in our services after the pandemic

**Methods.** An audit tool and feedback questionnaires for patients and clinicians were completed through discussions and consensus with multidisciplinary team. RCPsych guidance for cognitive assessments was also considered.

A random sample of 20 patients was identified who had virtual consultations. Rio clinical records were used for data collection using audit tool.

Patients and clinicians were sent questionnaires

**Results.** Evaluation of clinical practice

The audit demonstrated that all the relevant documentation was completed in vast majority of cases and the clinical practice was not significantly affected by the consultations being carried out virtually. Mental state examination was identified as one aspect which got partially completed in 4 out of 20 assessments during the remote consultations

Patient survey

Patient survey showed that the purpose of the consultation was mostly served by remote appointments. Almost 90% feedback that the communication was clear and they were able to engage freely and effectively with the clinicians. 55% reported preference for face to face meetings in future. 28% preferred remote consultations citing not having to travel as the main reason for their choice. Another benefit identified was relatives who don't live locally could also attend the virtual meetings to support the patients and to offer useful information

Clinicians' survey

From clinicians' perspective, the main advantages were reduced travel time, improved time efficiency, and reduced risk of infection. The main disadvantages were inability to get the full clinical picture compared to face-to-face appointments, technological challenges, and lack of personal touch. 43% reported that the job satisfaction has improved from hybrid working

**Conclusion.** There are certainly benefits and advantages for remote consultations from the perspective of both patients and clinicians. While majority of clinicians prefer a combination of remote working and face-to-face consultations, more than half of patients expressed preference for face-to-face appointments. This audit demonstrates that, although remote consultation is not the gold standard method in assessing cognitive functions and