

Aims. Measure compliance with National Institute for Health and Care Excellence (NICE) recommendations in four Adult CMHT's Guide further service development.

We audited the case notes of 20 patients each currently under care of 9 General Adult Consultants across 6 CMHT's in East side of North Wales against NICE standards using an adapted version of the ADHD audit support tool.

My role in the Project & How does this represent my practice?

I was the audit and overall lead for this project

I formulated the audit tool and registered my project with Audit Registration Team.

I lead data collection and compilation of results.

Method. Overall, this is the first audit of Adult ADHD Services in East side of North Wales.

It established good compliance with NICE guidance for assessment and treatment.

NICE has expressed the need for full mental health and social assessment including full history and physical examination prior to the drug treatment.

Good compliance was observed in using & documenting Diagnostic Criteria (DSM-IV and/or ICD-10).

There were deficiencies in conducting or arranging recommended physical examination & side effect monitoring.

Drug treatment was the first line of treatment in the majority of cases.

Antipsychotics were used in some patients referred for ADHD assessment, despite the fact that NICE has ruled out the use of antipsychotic drugs in treatment of core symptoms of ADHD.

Result. Prevalence of Adult ADHD clinician case load in Wrexham and Flintshire Counties.

Diagnosis of Adult ADHD according to ICD 10 & DSM IV Guidelines.

Pre treatment screening of physical health for ADHD patients.

Side effects monitoring of patients on stimulant medications.

Conclusion. The finding highlights the need for more effort in educating clinicians about safety and effectiveness of antipsychotics in ADHD.

Comprehensive treatment programmes that address psychological, behavioural, educational and occupational needs should be established.

Development of local ADHD Clinics, support groups and in partnership with the voluntary sector should be encouraged.

It is important that mental health professionals receive appropriate training in assessment, management & monitoring of ADHD patients with co morbid substance use disorder and other mental illnesses.

BETSI Health Board to participate in national Prescribing Observatory for Mental Health (POMH-UK) Quality Improvement Programme (QIP) focusing on prescribing for ADHD in children, adolescents & adults.

Clozapine clinics in north Wales - service evaluation audit

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Aims.

1. Quality of clozapine clinic appointment
2. Effectiveness of clozapine clinic service

3. Compliance with BCUHB guidelines for physical health monitoring in clozapine clinics
4. We retrospectively audited 40 case notes 10 each from 4 different CMHT clozapine clinics

My role in the Project & How does this represent my practice?

1. I was the audit and overall lead for this project
2. I formulated the audit tool and registered my project with Audit Registration Team
3. I lead data collection and compilation of results

Background.

1. This audit followed up from a Coroner's investigation for a clozapine clinic patient
2. Clozapine is used for Treatment Resistant Schizophrenia but needs close monitoring due to potentially fatal side effects
3. NICE recommends annual monitoring of weight, blood pressure, waist measurement, blood glucose and plasma lipid levels

Method.

1. Has the patient been seen in the past year by clinician to monitor response to clozapine treatment?
2. Has the clozapine plasma level been measured during the last year of treatment?
3. Is brief MSE & Risk assessment documented during review?
4. Has Life style modification advice been provided?
5. Has annual physical health been completed?
6. Has Annual CTP/CPA been completed and documented?
7. Has the patient been allocated a named care coordinator?
8. Has clozapine side effects monitoring been documented?

Conclusion.

1. Clozapine is a superior medication for the treatment of refractory schizophrenia and is also be effective for other conditions
2. Clozapine is underused due to a variety of barriers related to the drug and its properties, the health care system & regulatory requirements
3. This service evaluation/quality improvement project provides the framework for clozapine clinics evaluation and recommends strategies for improvement

Service evaluation of primary care mental health support services in north Wales

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Aims. Bringing specialist psychiatrist into PCMHT

Undertaking initial assessments for people Referred by G.P's Working According to the principle of "Prescribing Interventions"

Decrease number of assessments carried out within secondary Care

Method. County of Wrexham is situated between the lower Dee Valley and the Welsh mountains. It is the largest town in North Wales (140,000)

Since 2013, the total new patient referrals to be seen by Wrexham county consultant psychiatrists has consistently risen

This issue has been dealt with in different ways across North Wales and indeed the whole of Wales

Following a review of services in Wrexham during 2017, it was identified that there was an opportunity to pilot a new model which would allocate a designated Consultant to the local Primary Care Mental Health Team (PCMHT)

The Consultant would work entirely within Part 1 of the Mental Health Measure and would offer specialist opinions to Tier 1 Services

Result. PCMHT team members are maintaining open cases for a significant amount of time rather than the 8–10 sessions that was originally predicted during the implementation of the Mental Health Measures

In order to sustain the service, the minimum number of direct clinical patient contact sessions to be offered by the psychiatrist was up to 4 a week.

During the review period, total number of clinics offered were 51 and a total of 139 patients were offered appointments

Consultants in secondary care covering the same area received exactly 100 less referrals in the first 6 months of the pilot

Main source of referrals to the Tier 1 Consultant came from G.P.'s and the local PCMHT itself

Conclusion. Pilot demonstrated that bringing specialist consultant psychiatrist dedicated to the PCMHT improved the care offered to patients referred by G.P.'s

Scope of PCMHT needs to extend in order to absorb mild to moderate mental illness and thus avoid patients going into secondary care

This model should be supported, and further resources should be inputted into PCMHT

We should move from a categorical diagnostic referral system to a needs-based intervention where only the most complex cases requiring lengthy interventions shall progress to secondary care

Risk should not be classed as criteria to move patients into secondary care and PCMHT should be able to absorb moderately risky cases

Is pregnancy status being assessed within women's secure services?

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Aims. To establish rates of pregnancy testing on admission of women within a blended secure service.

Background. Women with psychiatric illness are known to be at increased risk of pregnancy, often due to engagement in risky sexual behaviours such as having a higher numbers of sexual partners and engaging in sexual activity whilst under the influence of drugs or alcohol. Awareness of pregnancy at the point of admission to psychiatric hospital would inform ongoing care plans to manage the pregnancy in the safest, least restrictive environment and inform future prescribing decisions, to minimise the risk of teratogenicity associated with some psychotropic medications. Ardenleigh in Birmingham is a blended female secure unit. No pregnancy screening guidelines for this population currently exist. This audit sought to establish current rates of pregnancy testing at the point of admission with a view to developing future guidelines.

Method. A retrospective case note audit of electronic records of all patients admitted to Ardenleigh blended women's service as

of 1st September 2019 (n = 26). The expected standard for pregnancy testing within one month of admission was set as 100%.

Result. Key results include:

The majority of patients (67%) were aged under 35 years (range 20–56). The most common ethnicities were Caucasian (42%) and African-Caribbean (38%). Almost half (46%) had a primary diagnosis of paranoid schizophrenia.

Two women were known to be pregnant at the point of admission. Only 54% of women with an unknown pregnancy status were screened for pregnancy within one month of admission. Rates of screening were particularly poor in women aged under 25 years (43%) and between 36 and 45 (0%).

Women not screened for pregnancy were typically admitted from other hospital settings, including AWA services (27%) or other medium secure units (55%). 2 women admitted from prison were not tested (29%)

Of those tested, the majority were checked using urine hCG (92%).

None of the women tested were found to be pregnant.

Conclusion. Overall pregnancy testing on admission to the unit was poor, with only 54% of service users screened. Less than 100% compliance could result in serious consequences for both the woman and unborn baby if a pregnancy is not discovered. Updating the admission checklist for Ardenleigh to include pregnancy testing may prove beneficial. It is recommended that a re-audit is completed 6 months following checklist introduction.

Urine drug screening in women's forensic mental health services: is current practice meeting guidelines?

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Aims. To investigate adherence to Trust guidelines for urine drug screening amongst female forensic psychiatric inpatients.

Background. The use of illicit substances is an important risk factor which needs to be considered in the management and treatment of forensic psychiatric patients. Research has demonstrated that a high proportion of women admitted within secure services in the UK have a history of substance use. Substance misuse amongst this population can lead to an increased risk of violence, re-offending and mental health relapse; which can pose a significant threat to the safety of other patients, staff and the public. It is therefore important that regular drug screening is carried out to minimise such risks. Ardenleigh is a blended female secure unit in Birmingham. The service has established specific substance use guidelines, outlining the need for each patient to have a personalised drug screen care plan in place. Here we present the findings of an audit completed in 2019.

Method. A six month retrospective electronic case note audit for female inpatients admitted to Ardenleigh as of 1st September 2019 (n = 27). We compared drug screen care plans and frequency of urine drug screens over 6 months with the recommendations of the current service-specific Trust guidelines. Care plans should include: information regarding random drug screening; frequency of random drug screening; triggers for increased risk of substance misuse; and consequences for a positive test result to be contained within inpatient care plans.

Result. Patient aged between 20 and 56 years old (median age 31). Fewer than half of inpatients (41%) had a documented random