Racial groups were specified using the Office of National Statistics' 5-category classification system (White, Black, Asian, Mixed and Other).

Result. There is a consistent under-representation of Asian males in psychological referrals in relation to their general prison population. Whilst this group makes up 17% of the population of the prison, only 10% of prisoners referred to psychological services identified as Asian.

Those identifying as Mixed are over-represented in trauma referrals and psychological therapy referrals. The prison's mixed population is 7%, whereas 16% of those being referred for these two reasons were from the same racial category.

The proportion of patients who identified as Black, White or Other and were referred for psychology input were found to be representitive of the wider prison population, suggesting no clear over or under-representation.

Conclusion. Trends seen in the community in regards to Asian males being under-represented in psychological services are also evident in one of the UK's most diverse prison populations.

Public health campaigning to reduce stigma and promote help seeking in BAME communities is of vital importance to provide the needed support for those silently dealing with psychological problems.

The two largest racial groups in the prison, White and Black individuals, where found to be proportionally represented in their respective referrals to psychological services.

One key finding was in regards to Mixed race individuals, who comprise 7% of the total prison population but 16% of psychology referrals. As this racial group is one of the fastest-growing in addition to be over-represented in referrals, it is vital to understand how provisions can be put in place to appropriately address the needs of this group.

Audit on structure of assessment for remote consultation during COVID-19 pandemic

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Aims. According to the Royal College of Psychiatry, GMC guidelines and NHS England, it is necessary to consider remote consultation to enable service delivery to those requiring shielding or facing additional health risk, and to avoid transition of infection.

To audit whether the standards of Mobile and Remote access work are met.

To audit whether the standards of Consent to Examination and Treatment are met.

To also evaluate whether the remote consultation due to the COVID-19 pandemic is being explicitly documented or not.

To suggest to the policy makers the need to establish some standards of practice concerning remote consultation and consent in the COVID-19 pandemic

Method. Inclusion criteria – sample of service users who had remote consultation in April, May, and mid-June 2020 by doctors of MHSOP community mental health team at Bassetlaw Hospital.

Data collection: Retrospective.

Data source(s) used: Patient/Client medical/care records

Anticipated benefits of this audit: Due to the nature of current COVID-19 pandemic situation, it is essential to minimise contacts with vulnerable groups to prevent transmission of infection. It is anticipated that the number of remote consultations will grow in the forthcoming months.

This audit creates an opportunity to develop a new policy and improve the quality of remote consultations documentation.

Result. Documentation for remote consultation was done in 81% of case notes whereas documentation of consent obtained was present in 57% of patients' electronic notes.

90% of entries had documentation of 'addressed concerns'. Around 50-70% of patients' documents showed good record keeping on domains of 'ability to maintain effective communication', 'mental state examination', 'risk assessment' and 'ability to understand medication plus side effects'.

About 40% of documentation met standards for good record keeping on 'management plan', 'concerns raised', 'chance given to ask about management plan'.

Conclusion. Most of the standards of good consultations are being met despite the change in the type of Consultation due to COVID-19. However, there are identified areas for improvement which could be focused on. For example, documentation can be clearer when consent is gained for remote consultation. It should not be presumed that, as patients are booked in a certain type of clinic, they have been properly consented beforehand.

Key Success: Almost in all domains 40% have met the standards

Key Concerns: There are areas where a lot of evidence is partially documented.

The above results can be explained as a consequence of a sudden change in the normal working pattern in a community-based setting, having minimal protocols and procedures on standards of working in the situation of COVID19 remote consultation.

Following this audit, we aim to increase the amount of information recorded during remote consultation.

The plan is to develop a template that would cover the requirements for a remote consultation recommended by national guidelines

The proposal of a letter template following a remote consultation will be disseminated to the MHSOP CMHT teams for any suggestions/approval.

Walking on sunshine! Vitamin D in psychiatric inpatients

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Aims. We aimed to determine whether vitamin D is being tested on admission for psychiatric inpatients at a local inpatient hospital, to identify the level of vitamin D for this group and to establish whether vitamin D treatment provided is according to NICE guidance.

Emerging evidence suggests that psychiatric patients are more vulnerable to vitamin D deficiency, due to reduced sun exposure, social isolation, long inpatient stays and poor diet. Low vitamin D levels may also increase susceptibility to SARS CoV-2 infection and COVID-19 severity.

Method. Standards were determined by local policies, RCPsych recommendations and NICE guidance. Data were collected retrospectively from electronic patient records and entered manually to a spreadsheet for analysis.

Result. 67% of patients had vitamin D tested on admission to hospital. Of the patients that had their vitamin D level tested, 39% patients had their result recorded. 48% either had a low vitamin D level or required replacement. 6 of 12 patients with a documented low vitamin D level had the correct vitamin D treatment, according to NICE guidance.

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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

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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

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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.

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