Pennine Care NHS Foundation Trust, Oldham, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.417

Aims. To investigate compliance with British Society of Haematology (BSH) guidelines and NICE clinical summarieson diagnosis and treatment of folate and cobalamin deficiencies in CAMHS Transition service, Oldham.
Methods. The standards used were based on BSH guidelines and Nice clinical summaries, with targets for all 100%:

1. Haemoglobin concentration and mean corpuscular volume (MCV) checked at the same time as assay for serum cobalamin and folate.
2. Cobalamin and folate assays should be assessed concurrently due to the close relationship in metabolism.
3. Treatment of established cobalamin deficiency should follow the schedules in the BNF.
4. All patients with anaemia, neuropathy or glossitis, and suspected of having pernicious anaemia, should be tested for anti-IFAB regardless of cobalamin levels.
5. Patients found to have a low serum cobalamin level in the absence of anaemia and who do not have food malabsorption or other causes of deficiency, should be tested for IFAB to clarify whether they have an early/latent presentation of pernicious anaemia.
6. Treatment of folate disorders should follow the schedule in the BNF.
7. We reviewed all open cases to Transition service in Oldham. Their NHS number was checked through the pathology laboratory portal. In addition, notes on Paris electronic system and digital letters were checked to see if results were acknowledged. The initial audit period run from February 2021 to April 2021.The results were shared with the Multidisciplinary Team and an algorithm was created and shared in an attempt to improve the practice. The re-audit run from May 2022 to July 2022. A total of 80 patients were included in the audit and 25 patients in the re-audit. We entered and analysed our data using Microsoft excel.

Results. Compliance levels for the standards for the audit were as following: standard number 1, 2 and 5 were 100%, number 3 and 6 were 0%, and number 4 was not applicable.

Compliance levels for all the standards were 100% for the re-audit.
Conclusion. The results of the initial audit indicate that not all standards were met. However, results of the re-audit indicate all standards were met. It appears implemented changes may have affected the outcome of results. However, as the sample of patient was small might need to repeat this audit cycle in the future to see if the results remain the same.

The physical health protocols are relevant to psychiatric practice and the algorithm can be disseminated for further use.

An Audit to Assess the First Patient Follow-Up After Initiation of SSRIs in Primary Care

Ms Rachael Elliott[1]* and Dr Kelly Fleet[2]

[1]University of Liverpool, Liverpool, United Kingdom and [2]NHS North West, Wirral, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.418

Aims. NICE guidelines recommend that patients started on antidepressants aged 18–25 years are reviewed 1 week after initiating treatment to check response. All other patients should be reviewed within 2 weeks. The audit aimed to evaluate if these guidelines are being met in Primary Care now that most mental health appointments have changed from face to face to telephone consultations post COVID-19.
Methods. Notes of 60 patients that had been started on an SSRI across the period of January 2022 – December 2022 at a North West based Primary Care practice were analysed. Time from initial consultation to medication review with a general practitioner (GP) and/or contact with a Mental Health Practitioner (MHP) within the practice were recorded. Consultation notes from MHPs were analysed for reference to tolerability of medication to assess if the patient's new treatment was discussed as part of support appointments.
Results. Median time for initial follow-up of patients aged 18–25 years was 3 weeks demonstrating 8% compliance with NICE guidelines. Median time for initial follow-up for those >25 was 4 weeks, demonstrating 19% compliance with NICE guidelines. Of those that did not receive a follow-up with a GP within the suggested time frame, 20% met with a MHP for support with their condition and had side effects of new medication referenced in the notes. Within 4 weeks, 58% of patients had an appointment with a MHP where medication was mentioned. Median follow-up for anxiety disorders was 4.5 weeks compared to disorders of depression at 4 weeks. Patients new to the SSRI were followed up at a median of 3 weeks compared to 4 weeks for those that had completed a course previously.
Conclusion. Current follow-up of patients at the practice is not compliant with NICE guidelines. A practice meeting will be held to identify improvements to the patient follow-up process and look at the barriers patients face when arranging follow-up appointments. More than half of audited patients met with a MHP for support within 4 weeks of SSRI initiation. This highlights an opportunity to assess patients that are already meeting with practice staff when GPs have been unable to review them within the time frame. A pro-forma will be developed for MHP to utilise to specifically ask about medication. A repeat audit of both GP and MHP appointments will be completed in 6 months.

Audit of Prescribing Practices & Medication Monitoring on Learning Disability Female Low Secure Unit

Dr Rosie England* and Dr Ambreen Rashid

Coventry and Warwickshire Partnership NHS Trust, Birmingham, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.419

Aims. To ensure psychotropic medication is being prescribed and monitored as per Trust and national guidelines.
Methods. The audit included all patients admitted to the low secure female forensic unit at the time of data collection, giving a total of seven patients. Data were collected from medication charts, psychiatric report and clinical notes. The data collection tool looked at Mental Health Act (MHA) status, diagnoses, current psychotropic and physical health medication, documented indications, consent to treatment forms, completed capacity assessment forms, last medication review and recent physical health monitoring. For