Aims. Clinical guidance indicates that methadone doses of 60–120mg are therapeutic as opioid substitution therapy (OST). Audit was completed to understand why patients open to Newcastle Treatment and Recovery (Addictions) are being prescribed doses below 60mg and to identify areas for improvement.
Methods. 285 patients were identified via prescription software as currently prescribed <60mg methadone. A random sample of 50 cases was obtained for audit during signing of routine prescriptions. Case sample was adjusted to ensure even distribution between keyworkers. Review then completed of prescribing card and clinical entries in the last 6 months. Standards included reason for subtherapeutic dosing and evidence of instability with use of illicit opioids, or other substances (excluding alcohol or cannabis), alongside secondary outcomes.
Results. 54% of cases were found to currently be undergoing a change in their dose – mostly reducing though 2 increasing and 2 preparing to switch to buprenorphine. The remaining 46% were maintained on a consistent dose of methadone below 60mg. Of these 8 were advised to change their dose but this was declined. The remaining 15 had no additional advice recorded and remained on sub-therapeutic dose. Of 50 cases 8 were unstable with regards illicit opioid use, 21 were using other substances (1 gabapentin with the remaining using cocaine). For those using illicit opioids 63% were advised of an increase but declined whilst 25% were not advised of any change in their OST. Of those using other substances 48% had no change in OST considered whilst a further 10% continued with a reduction.
Conclusion. The audit found that a proportion of cases prescribed a sub-therapeutic dose were being maintained on this dose. Most concerning was the proportion of patients who were not advised to increase despite use of illicit opioids but also the proportion who were not following advice from their keyworker. Additional concerns highlighted uncertainty in practice around the role of OST in those who remain using other substances, in particular cocaine. Department of Health guidance recommends that doses in these cases should be optimised which would mean at least targeting therapeutic range. Recommendations made included to develop further training to ensure consistency of practice as well as requiring that all patients on sub-therapeutic doses of methadone should be booked for strategic care plan reviews at a minimum of 6 monthly.

Improving Completion Rates, Accuracy and Online Upload of DNA CPR, Adults With Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) Documentation in Two Old Age Psychiatry Wards in NHS Fife

Dr Kate Womersley[1]*, Dr Olivia Mansfield[2], Dr Emma Holland[1], Dr Adeeb Abuthahir[2] and Dr Nasser Shah[2]

[1]NHS Lothian, Edinburgh, United Kingdom and [2]NHS Fife, Edinburgh, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.646

Aims. To evidence accurate completion and online upload of DNACPR, Adults with Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) paperwork at the point of admission across two old age psychiatry wards at Queen Margaret's Hospital, NHS Fife.
Methods. We identified which of our 36 inpatients required DNA CPR, AWI and HACP forms, compared with those who actually had this documentation in place, correctly completed, in their paper notes. When documents were present, we confirmed whether they were also uploaded to Morse (NHS Fife's psychiatry electronic notes system).

Data were collected on August 25th 2023 for cycle 1. A Multidisciplinary team meeting was held in each ward to consider strategies for improving performance, and 11 weeks were allocated for intervention design and implementation, before data collection was repeated on November 10th 2023.
Results. The primary outcome was whether DNA CPR, AWI and HACP documentation were correctly in place across both wards. Completion rates of all forms improved between the two cycles, as did compliance with online upload (secondary outcome) and correct completion of all fields (secondary outcome).

Since our interventions (improving availability of forms, peer education regarding correct completion of forms, ward round prompts to review paperwork, streamlining workflow for scanning), there was a marked improvement in performance on both wards 1 and 4. For patients who were assessed to need an AWI form, form completion increased from 93.3% and 94.4% for each ward respectively, to 100% on both wards. Required fields on the form were completed in 71.4% and 76.5% for each ward respectively in August, increasing to 88.2% and 100% in November. DNA CPR forms were present for appropriate patients in 100% and 88.9% of cases on the two wards in August 2023, with 75% and 62.5% uploaded to Morse. This improved to 100% presence and 100% upload rates in November 2023. HACP forms were present in 100% and 83.3% of cases on the two wards in August, but were available online in 0% and 20% of cases respectively. This improved to 100% completion of HACP forms on both wards, with 100% and 91% respectively available online in November.
Conclusion. A combination of peer education, MDT learning, readily available forms, ward round review and awareness-raising across medical, nursing and administrative staff improved rates of accurate completion and online upload of DNA CPR, AWI and HACP paperwork.

Assessing Clinician Compliance With DVLA Guidelines for Psychiatric Inpatients

Dr Samuel Yale[1]* and Dr Anastasiia Redko[2]

[1]Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom and [2]The Rotherham NHS Foundation Trust, Rotherham, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.647

Aims. Mental health conditions have wide ranging impacts on individuals, including in their ability to safely drive. Attention, impulse control, judgement, and psychomotor reaction times are some of the ways in which mental health conditions and psychotropic medications impair ability to drive. To ensure safety of patients and other road users, the Driving and Vehicle Licencing Agency (DVLA) provides guidance to clinicians and patients regarding fitness to drive. The General Medical Council (GMC) also states that doctors have a duty to inform patients that their condition and/or medication can impact driving ability.

To evaluate compliance with DVLA and GMC guidelines, an audit was conducted to assess: 1) whether patients' driving status was established; 2) whether patients were advised to inform the DVLA; and, 3) whether they were advised to inform their insurance company. This was subsequently re-audited after introducing recommendations to improve compliance.

Methods. Each audit cycle reviewed the 30 most recent discharges from an adult general psychiatry inpatient unit before and after intervention. Online notes, multi-disciplinary team (MDT) minutes and discharge summaries were reviewed to assess whether the above criteria were met. Following the initial audit cycle, results were presented at Trust-wide teaching, and driving status was added to an MDT template as a prompt to discuss this with patients. A second cycle was completed four months afterwards.

Results. Results of the first cycle (pre-intervention) showed driving status was established in 73% (n = 22) of patients. Of the drivers, 90% (n = 9) were advised to tell the DVLA, whilst only 9% (n = 1) were advised to tell their insurance company. Post-intervention, 67% (n = 20) of patients had driving status established, whilst 100% (n = 11) of drivers were subsequently advised to inform the DVLA, and 64% (n = 7) advised to tell their insurance company.

Conclusion. Clinicians have a legal and ethical duty to discuss driving status with patients. Failure to do so could have significant consequences on both individual and wider public safety. This audit showed that in clinical practice, key legal requirements were not being fulfilled. Whilst staff education and changes to MDT templates increased the number of drivers being advised to tell the DVLA and insurers, it had little impact on establishing driving status. Therefore, further changes were made to the discharge letter template to remind staff to assess patients' driving status, and to enable community team follow-up. A third cycle of the audit is currently ongoing to evaluate this change.

Community Clozapine Initiation Practice

Dr Kabir Yisa*, Dr Adel Ghaly, Dr Louise Cumming and Dr Taiwo Adenusi

Lancashire and South Cumbria NHS Trust, Preston, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.648

Aims. To establish the proportion of CMHT Preston service users with schizophrenia who met the NICE standard (CG 178) of being offered clozapine after inadequate response to treatment with at least two antipsychotic drugs.

Methods. Inclusions – Service users on the CMHT Preston caseload with schizophrenia who attended outpatient clinic between January and June 2023.

Exclusions – Organic psychosis and non-schizophrenic/unspecified psychosis.

Sample size – 50.

Sampling – First 50 service users with established diagnosis of schizophrenia.

Data collection – Retrospective case-note audit from electronic patient records.

Data analysis – Quantitative.

Results. 45 service users (90%) met the clozapine eligibility criteria of not responding adequately to or tolerating at least 2 other antipsychotic medications while 5 service users (10%), did not meet the criteria. The proportion of eligible service users who were offered clozapine, and therefore met the standard, was approximately 64%, representing 29 out of the 45 eligible service users. Approximately 36%, representing 16 eligible service users, were not offered clozapine. In one isolated case, a service user who had only 1 previous antipsychotic trial and therefore did not meet the eligibility criteria, was offered clozapine. No reason was given in 13 out of the 16 service users who were not offered clozapine despite meeting the eligibility criteria. In the remaining 3 service users in this group, 2 were not offered clozapine because of cardiac problems and 1 was not offered because of significant history of poor compliance with antipsychotic medications. Furthermore, 25 eligible service users (86%) of those who were offered clozapine went on to initiate it with only 4 service users (14%) in this group not going ahead to initiate clozapine. In all 4 service users who did not initiate clozapine after being offered, the reason given was that the service users declined it.

Conclusion. The findings from this audit indicate that a considerable proportion (64%) of CMHT Preston service users with schizophrenia are being offered clozapine in line with the NICE standard, and 86% of those offered went on to initiate clozapine. However, there is room for improvement in terms of offering and ultimately initiating clozapine in a timely manner as evident from the findings which highlighted an average of three antipsychotic trials before eligible service users were offered clozapine. The existing established local clozapine community initiation pathway can potentially be optimised to improve clozapine access and ultimately enhance clinical outcomes for this subset of service users.

Monitoring the Conformance of Patients Undergoing Electroconvulsive Therapy (ECT) Treatment to Electroconvulsive Therapy Accreditation Services (ECTAS) Standards at Worcestershire Specialist Mental Health Services

Dr Nancy Youssef*

Herefordshire and Worcestershire Health and Care NHS Trust, Worcester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.649

Aims. To confirm that 100% of patients treated by Electroconvulsive Therapy (ECT) have weekly assessment of mental state via Montgomery–Åsberg Depression Scale (MADRS).

To confirm that 100% of patients treated with Electroconvulsive Therapy (ECT) have regular assessment of their cognition before treatment and every 4 treatment sessions via the Montreal Cognitive Assessment Scale (MOCA).

Methods. This Audit included all service users attended ECT suite regularly at Worcestershire Specialist Mental health services over a period of 12 months between April 2022 and April 2023.

Twenty patients were included in this audit for whom data was collected from both electronic and paper records to analyse the percentage of compliance with the Electroconvulsive Therapy Accreditation service (ECTAS) standards with regards to the recommended weekly assessment of mental state via MADRS and the recommended regular assessment of cognition before treatment and every 4 treatment sessions via the MOCA Scale.