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.

Clozapine: How Well Are We Monitoring Patients?

Dr Stephanie Johnson*, Dr Samantha Perera, Dr Mokhtar Isaac, Ms Sally-Anne Heasman and Ms Laura Payne

Sussex Partnership NHS Foundation Trust, Eastbourne, United Kingdom
*Corresponding author.

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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

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

Dr Gayathri Karanayil[1]* and Dr Sadir Altaan[2]

[1]Devon Partnership NHS Trust, Exeter, United Kingdom and [2]Cornwall Partnership NHS Foundation Trust, Bodmin, United Kingdom
*Corresponding author.

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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% fedback 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

dementia diagnosis, it was useful for obtaining most of the relevant information to enable diagnosis and initiating treatment in timely manner. We also found that approximately 437 miles of travelling was prevented because of the possibility of virtual meetings

Retrospective Analysis of a Single Centre Experience of the Pharmacological Management of Patients With Intellectual Disability & Challenging Behaviour Across Three Audit Cycles

Dr Nusra Khodabux[1]*, Dr Mohamed Hamid[1], Dr Rebecca Perry[1], Mrs Bernadette Cawley-Nash[1], Dr Ioanna Savvopoulou[2], Dr Rohit Gumber[1] and Dr Mary Barrett[1]

[1]Leicestershire Partnership NHS Trust, Leicester, United Kingdom and [2]Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom
*Corresponding author.

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Aims. To investigate adherence to NICE and STOMP guidelines for the pharmacological management of patients with intellectual disability (ID) and challenging behaviour (CB) in a large acute mental health trust over three audit cycles
Methods. The electronic records of a purposive sample of patients with ID and CB under the care of the ID Team at a large acute mental health trust were retrospectively reviewed over three audit cycles (conducted in 2013, 2014 and 2021).
Results. The sample sizes were 31 (2013), 17 (2014) and 35 (2021). Over the three cycles, most patients had moderate (35%, 47%, 49%) or severe ID (42%, 35%, 31%). Common co-diagnoses included autistic spectrum disorder (45%, 47%, 69%), mood disorders (23%,18%,17%) and epilepsy (16%, 24%,31%).

Target behaviours for intervention were aggression (42%, 27%, 49%), agitation (10%, 40%, 40%) and self-injurious behaviour (28%, 20% and 20%).

Medications used for CB were antipsychotics (61%, 24%, 62%), benzodiazepines (20%, 29%, 42%), antidepressants (13%, 35%, 42%) and mood stabilizers (6%, 12%, 9%)

The number of patients on multiple medications to manage CB declined over the years, with an increasing number receiving singular drug therapy (19%, 35%, 34%).

Over the three audited years, there were improvements in risk assessment (68%, 94%, 100%), descriptions of the nature of targeted behaviours (74%, 100%, 100%), metabolic monitoring (0%, 0%, 95%), documentation of successful and unsuccessful interventions (48%, 65%, 86%).

Adherence to certain standards however declined over time or remained difficult to achieve: complete evaluation of mental (87%, 94%, 60%) and physical health (61%, 88%, 60%), documentation of consent (19%, 76%, 46%), documentation of discussions regarding potential side effects (32%, 47%, 50%) and 6 weeks' review of medications' efficacy (52%, 65%, 50%). A positive behaviour support care plan was available in 75% of cases in 2021 and had not been audited in previous cycles.
Conclusion. This retrospective analysis highlights a reduction in the use of polypharmacy to manage CB in patients with ID over time. Adherence to standards remains patchy across the years with improvements in risk assessments and metabolic monitoring. Standards necessitating outpatient intervention such as review of medication efficacy, evaluation of mental and physical well-being were hard to achieve, in part explained by service changes and pressures related to the COVID-19 pandemic. Future improvements may require increased pharmacy-led reviews.

Pathways to Care at Early Intervention in Psychosis Liverpool: A Cross-Sectional Retrospective Audit Cycle

Dr Benjamin Koetsier*, Dr John Stevens and Dr Chloe Uffendell

Early Intervention in Psychosis Team, Liverpool, United Kingdom
*Corresponding author.

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Aims. Early Intervention in Psychosis (EIP) services provide an evidence-based approach to the identification and treatment of patients experiencing a first episode of psychosis (FEP). The NICE access and waiting time standard is that 60% of people experiencing FEP are treated with an approved care package within two weeks of referral. This is defined by allocation of an EIP care coordinator, though the offer of antipsychotics is also important. The aims of this audit were to (1) Collect data on EIP referral to treatment pathways and explore delays (2) Explore the origin of EIP referrals (3) Explore timings of referrals to review with a prescriber (4) Compare two audit periods to assess recommendation efficacy and provide future recommendations to reduce delays.
Methods. Two retrospective audits were carried out on patients accepted onto the FEP pathway at EIP Liverpool in May & June 2020 (34 patients) and December 2021 (11 patients).

Data were collected for each patient on time spent at stages of the referral pathway from initial referral to mental health services to first medical review with an EIP clinician. Further data included each patient's first point of contact with mental health services, the referral origin and first contact with a prescriber.

Data were collected using electronic health records. Duplicate referrals and extended inpatient admissions were excluded from prescriber analysis. Initial audit results from 2020 were compared with the re-audit in 2021, assessing for changes in pathway provision and compliance with the NICE standard.
Results. The results found that there was a 43.5% increase in wait time on the EIP referral pathway between the periods audited in 2020 and 2021, from an average of 9.8 to 22.5 days, related to the COVID-19 pandemic. The primary delays for both periods were referral assessment, care coordinator allocation and prescriber review.

The type of prescriber reviewing remained consistent, with reviews being conducted by a consultant for >50% of patients in both periods.
Conclusion. Between the two audited periods, the average pathway to care time increased to over the NICE standard despite implemented recommendations from the initial audit.

Stages of the referral pathway facing significant delays came from within the service, due to an increase in referrals, an increase in patients experiencing FEP by 50% and a change in the origin of referrals. A framework for improvement is recommended to improve pathways to care and outcomes for patients experiencing FEP within the EIP service.