

reaudit the use and quality of the driving risk assessment during leave risk discussions within adult mental health inpatient wards at one site under the Tees, Esk and Wear Valleys NHS Foundation Trust. The authors hypothesise that compliance to local policies could be improved upon.

Methods. Standards were set based on local policies. The audit was conducted across all adult acute inpatient wards within the identified mental health hospital. All inpatients who went on a period of home leave during their admission and ultimately discharged during the period from 1 April 2021 to 30 April 2021 (initial audit) and 1 October 2021 to 31 October 2021 (reaudit) were assessed. The data were collected using an audit tool. An Excel spreadsheet was used to collate data: specifically driving status of the patient, whether a leave risk discussion which captured driving risk was carried out, and whether DVLA advice was captured on discharge letters.

Results. 48 patients (19 were drivers) during the initial audit and 27 patients (9 were drivers) during the reaudit met the inclusion criteria. For the initial audit, overall compliance for leave risk discussion (73%), specifically for driving risk assessment, did not meet target compliance. Only 5% of drivers were given written DVLA guidance on discharge letters. The reaudit showed a 100% compliance in the use and quality of leave risk discussion. 56% of patients had written confirmation of discussion on DVLA driving advice recorded on discharge summary.

Conclusion. There has been significant improvement in the use and quality of leave risk discussion, and documentation of DVLA driving advice on discharge summary during the reaudit.

The results were discussed at the Regional Audit meeting and the Inpatient Leadership Meeting. The following improvement plan was agreed and implemented:

1. Regular communication amongst Multi-Disciplinary Team (MDT) during Leave Risk Discussion. One healthcare professional assigned to inform patient of the advice and capture conversation on case notes.
2. Junior doctor induction to reiterate importance of capturing DVLA advice on discharge letters.
3. MDT to discuss driving risk and advice during discharge meetings. "Driving advice discussion" to be added to discharge meeting checklist.

Audit on COVID-19 Vaccine Uptake and Hesitancy Amongst Pregnant or Postnatal Patients Under the Care of a Perinatal Mental Health Community Team

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Aims. Women with perinatal mental illness are at increased risk for severe illness with COVID-19. Vaccination against COVID-19 is strongly recommended by JCVI (Joint Committee on Vaccination and Immunisation) and RCOG guidance. Mental health professionals should proactively inform their patients about COVID-19 vaccination and also address any concerns or misinformation, should they be raised. The aim of this audit was to evaluate the rate of uptake of the COVID-19 vaccine among patients under the West Kent community perinatal mental health team. In addition, we aimed to identify factors that deter patients from taking the COVID-19 vaccine. In patients who were hesitant to take the vaccine, we offered further information to aid their decision-making process.

Methods. We identified patients under the care of the West Kent perinatal mental health community team on 27/10/2021. We excluded patients who were discharged from the team in subsequent weeks during data collection. We collected patient demographics including highest level of education, ethnicity, religion and socio-economic status. Patients' COVID-19 vaccine status was obtained via GP records or through telephone contact.

If patients had not had their COVID-19 vaccine, they were contacted to enquire whether they were planning to take the vaccine, if not, to ascertain reasons for refusal and whether they wanted additional information about the vaccine. Those women who requested additional information were offered the RCOG information sheet and decision aid.

Results. Amongst 86 patients included in the audit, 59% (n = 51) had taken both dose of the COVID-19 vaccine and 12% (n = 10) had taken a single dose. 29% (n = 25) were unvaccinated.

68% (n = 17) of unvaccinated patients were pregnant and 32% (n = 8) were postnatal. All women who did not accept COVID-19 vaccine were contacted to offer further information. Following this contact, 39% (n = 9) decided to accept the vaccine, 52% (n = 12) refused the vaccine and 26% (n = 6) were uncertain but were willing to consider taking the vaccine in the future.

The reasons for hesitancy in accepting the vaccine included a lack of trust in the vaccine, concerns around its development over a short period of time, concerns around close associates experiencing illness or side effects after taking the vaccine and scepticism over efficacy of the vaccine. Few women did not wish to take the vaccine during their pregnancy, but were willing to consider it after the birth of their baby.

Conclusion. We identified potential areas to optimise uptake of COVID-19 vaccines by discussing the importance, safety, efficacy and providing up-to-date information regarding COVID-19 vaccine in the perinatal period.

Re-Audit of Benzodiazepine and Z-Drug Prescribing in Two Community Treatment Teams in the Cumbria, Northumberland, Tyne and Wear Trust

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Aims. This is a re-audit of Benzodiazepine and Z-hypnotic drugs prescriptions in two community treatment teams (CTTs) in the Cumbria Northumberland Tyne and Wear (CNTW) Trust, comparing with previous audits in 2009, 2017 and 2018 to check whether areas of good practice were maintained, and progress was made.

Methods. We reviewed caseloads of four CNTW consultants in the two CTTs which included 554 patient encounters with 60 encounters where benzodiazepines or z-drugs were prescribed. Nine missing data sets brought the total audit sample to 51. For these 51, prescribing information was gathered from RiO and assessed against standards derived from CNTW Trust Policy and BNF prescribing guidance. To be compliant, 90–100% of prescriptions needed to meet the standard.

Results. Overall, the rate of prescribing of benzodiazepines and Z-drugs increased from previous audit (7% in 2018, now 10.8%). Good areas of practice maintained were as follows (all 100%): all teams were compliant in prescribing within BNF limits, refrained from prescribing diazepam in 10 mg formulation, and no pregnant/post-partum women were prescribed these medications.