Clinician Compliance With DVLA Guidelines in a Female Acute Inpatient Unit: Evaluating Documentation and Advice on Driving Status

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Aims: The aim of this study was to assess clinician compliance with DVLA guidelines regarding driving status and advice for patients in an acute female inpatient unit. Specifically, the study sought to identify the documentation of driving status in patient records, the provision of DVLA-compliant advice, and the effectiveness of implemented recommendations.
Methods: This retrospective study reviewed electronic records of 20 patients admitted to an acute inpatient female ward. Data collection focused on whether driving status was documented and if DVLA-compliant advice was provided. Following the initial data collection, interventions were introduced, including visual prompts and modifications to the discharge summary template. The records of an additional 20 patients, admitted after these interventions, were subsequently reviewed. Data analysis was conducted using Microsoft Excel.
Results: Before implementing the recommendations, 20% of patients had their driving status recorded, and 15% received relevant advice. None of the discharge summaries included information about driving status. After the recommendations, the proportion of patients with recorded driving status increased to 25%, with 20% receiving relevant advice. Additionally, 25% of discharge summaries included driving-related information. The most significant improvement was observed in the inclusion of driving status in discharge summaries, attributed to the modified template. However, overall documentation and provision of advice remained suboptimal, indicating the need for further improvements.
Conclusion: The introduction of visual prompts and discharge summary template modifications led to modest improvements in the documentation and provision of DVLA-compliant driving advice. The findings suggest that additional interventions, such as enhanced data collection at initial patient reviews and clerking, could further improve compliance. Future efforts should focus on integrating these practices into routine clinical workflows to ensure comprehensive documentation and patient safety.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Audit on Blood Tests Performed by Crisis Resolution and Home Treatment Team North East Kent (NEKCRHTT): Clinical Indications, Current Practice and Recommendations.

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Aims: This audit project aims to assess whether the Crisis Resolution and Home Treatment Team North East Kent (NEKCRHTT) is following the trust protocols for requesting blood tests, or according to clinical indication.
Methods: For the first cycle, data collection was done from 1 August to 31 October 2023 from all clients under NEKCRHTT who had undergone blood tests and were under psychotropics. Information regarding documentation of clinical indication and which investigations were requested was collated and checked for compliance with trust policy. For the re-audit cycle, data collection was done from 1 July to 31 September 2024 and results were compared for improvements in adherence to the trust policy.
Results: First cycle results showed that the trust policy was not followed in 33.3% cases, in which mostly TFT, folate and B12 levels were requested without clear documentation of clinical indication. Results were presented with following recommendations: To have the trust policy poster easily accessible in clinical areas; prescribers to be aware of the policy and follow guidelines when appropriate; if there is clinical indication that deviates from policy, for this to be clearly documented on client's notes. The re-audit cycle results showed an improvement in adherence to the trust policy: only 13.3% cases did not follow the policy. Documentation of rationale for requesting blood tests has also improved. When deviating from policy, it is still mostly by requesting TFT, B12 and folate, although the frequency has reduced.
Conclusion: The use of blood tests in a mental health crisis can serve many purposes, such as identifying potential damage secondary to overdose, aid in the differential diagnosis when considering organic causes for current presentation, ascertain renal/liver function before prescribing a new medication, among others. Having blood tests done according to the clinical indication and following a clear protocol assures accuracy in the management of the results. The implementation of change has resulted in improvement in adherence to the trust policy and the documentation of rationale for requesting investigations. This will hopefully assure accuracy in the management of the results, as well as avoid confusion of incidental findings.

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Silent Slips: Overprescription of Benzodiazepines in Outpatient Psychiatry

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Aims: 1. To evaluate the prescribing patterns and duration of benzodiazepine use among psychiatric outpatients and their adherence to established guidelines.

2. To assess the prevalence of benzodiazepine dependence and the level of patient awareness regarding its associated risks.

3. To identify discrepancies between current prescribing practices and evidence-based guidelines, particularly in the treatment of Schizophrenia, Bipolar Affective Disorder, and Generalised Anxiety Disorder.
Methods: A retrospective review of online prescription records was conducted for 35 randomly selected patients from the outpatient department of the Punjab Institute of Mental Health, Lahore, during November 2024. The review adhered to the guidelines published by the Ministry of National Health Services, Regulations &