

Audit of therapeutic drug monitoring of 'clozapine plasma levels'

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Aims. To re audit the monitoring of Plasma Clozapine levels in Rehabilitation setting in CNTW Trust as per Trust Guidelines PGN on "Safe prescribing of Clozapine".

Objectives:

To determine if

1. The reason for a clozapine plasma level request is recorded.
2. Results are recorded correctly.
3. Appropriate action is taken and recorded when results are significant.

Background. Clozapine plasma level monitoring is useful when assessing adherence, adjusting the dose, monitoring the effects of changes in smoking habit, investigating clozapine side effects and when toxicity is suspected.

An initial audit was carried out within the Trust in 2015 and the following recommendations were made:

Check and record clozapine plasma level

At baseline (a level should be taken once the patient has been on the target dose for at least a week)

Annually.

When clinically relevant to optimise therapy.

An entry must be made in the patient's progress notes recording the reason of requesting the test.

On receipt of results, the paper copy must be scanned & an entry made in progress notes.

The clinician should comment on the significance of the results and propose an action plan.

We re-audited compliance with the guidance in Rehabilitation (inpatients and community) by reviewing patient notes for a 2 year period of 2017–2018.

Method. The audit work involved a review of 31 case records of patients prescribed Clozapine whose last plasma level was taken between 2017–2018. Patient's details were identified from a randomly generated list by the Trust pharmacy.

Result. <50% compliance was seen with baseline, annual monitoring, reason for recording and proposed action plan by clinician.

>50% compliance was seen with scanned results and levels checked when clinically relevant.

No significant improvement from the previous audit except improvement in compliance with documentation of levels.

Conclusion. Dissemination of Clozapine Key cards within teams.

Assessing the delivery of smoking cessation interventions in adult inpatients

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Aims. To assess level of compliance with national and local guidance with regards to the recording of service users smoking status and offering of interventions.

Background. Across the general population, prevalence of smoking is decreasing but in those with severe mental illness, the prevalence hasn't significantly changed. LYPFT are working towards becoming a smoke-free trust. The Trust Guidance expects that Trusts should ask 100% of service users if they smoke (which should be recorded on their physical health CQUIN) and of those that do, should be offered nicotine replacement therapy and cessation advice. Public Health England is working towards all hospital trusts across the UK being Smoke-free.

Method. All service users on each of the 4 adult inpatient wards at the Becklin Centre, Leeds, were included in the audit. A total of 78 service users were included in the audit.

We reviewed the digital records for every service user, specifically looking at the physical health CQUIN. We recorded if smoking status had been documented and what interventions (if any) had been recorded as given. Possible interventions included offering brief advice and offering Nicotine replacement therapy. We then reviewed medication charts to see if any nicotine replacement therapy had been prescribed.

Result. The audit found that approximately half of all service users in our audit smoked cigarettes and that the vast majority of these had their smoking status documented in their digital medical records.

Three quarters of those that smoked were offered brief cessation advice and half of them were offered Nicotine Replacement Therapy. Only a third of service users that smoked had NRT prescribed on their medication chart. This represented 65% of those recorded as being offered NRT.

Conclusion. There are numerous possible reasons for the above outcomes. These include a lack of knowledge and confidence in delivering smoking cessation interventions, conversations having taken place but not recorded and confusion regarding the appropriate staff member to deliver the intervention. In addition, whilst only medical professionals typically prescribe NRT, the physical health CQUIN is recorded by nurses. Therefore, this may reflect a lack of communication between staff groups.

Our trust will become smoke free in the near future. To facilitate this, we hope to reduce the discrepancy between the number of service users who smoke and the number prescribed NRT.

Trends in referrals to liaison psychiatry teams from UK emergency departments for patients over 65

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Aims. The number of people over the age of 65 attending Emergency Departments (ED) in the United Kingdom (UK) is increasing. Those who attend with a mental health related problem may be referred to liaison psychiatry for assessment. Improving responsiveness and integration of liaison psychiatry in general hospital settings is a national priority. To do this psychiatry teams must be adequately resourced and organised. However, it is unknown how trends in the number of referrals of older people to liaison psychiatry teams by EDs are changing, making this difficult.

Method. We performed a national multi-centre retrospective service evaluation, analysing existing psychiatry referral data from EDs of people over 65. Sites were selected from a convenience sample of older peoples liaison psychiatry departments. Departments from all regions of the UK were invited to participate via the RCPsych liaison and older peoples faculty email distribution lists. From departments who returned data, we combined the date and described trends in the number and rate of referrals over a 7 year period.

Result. Referral data from up to 28 EDs across England and Scotland over a 7 year period were analysed (n = 18828 referrals). There is a general trend towards increasing numbers of older people referred to liaison psychiatry year on year. Rates rose year on year from 1.4 referrals per 1000 ED attenders (>65 years) in 2011 to 4.5 in 2019. There is inter and intra site variability in referral numbers per 1000 ED attendances between different departments, ranging from 0.1 - 24.3.

Conclusion. To plan an effective healthcare system we need to understand the population it serves, and have appropriate structures and processes within it. The overarching message of this study is clear; older peoples mental health emergencies presenting in ED are common and appear to be increasingly so. Without appropriate investment either in EDs or community mental health services, this is unlikely to improve.

The data also suggest very variable inter-departmental referral rates. It is not possible to establish why rates from one department to another are so different, or whether outcomes for the population they serve are better or worse. The data does however highlight the importance of asking further questions about why the departments are different, and what impact that has on the patients they serve.

The efficiency of the medical role within a Single Point of Access (SPA) Service in reducing the number of clinic appointments required

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Aims. The SPA service takes referrals from general practitioners (GPs), medical professionals, the London Ambulance service, the London Police, psychology and social services, and from patients themselves and their family members or support groups. Some of these referrals require input from secondary care, but others can be solved within primary care if given specialist advice, this minimizing the time spent by patients in the healthcare system and minimizing also the NHS costs.

Our aim was to evaluate the implementation of the Advice from Medics Service in a 1-year period.

Method. We examined a random sample of 200 referrals between 1st of April 2019 and 31st of March 2020 out of all referrals that were considered, after the triage, to be appropriate for an advice on treatment provided by the medics as an alternative to a clinic appointment in secondary care. We collected information from the electronic patient records regarding the dates of referrals, the senders of referrals, the type of referrals, the age and gender of patients and the reasons to be referred, and finally we analysed the outcome of the referrals and compared it with the action requested.

Result. Of the 200 referrals, 113 were for female patients and 87 for male patients. The age of patients was between 18 and 91 years old, with a median of 43 years old.

The person/authority making the referral was the GP in 179 cases, and others in 21 cases.

The referrers asked for review in 74 cases, urgent review in 2 cases, review and advice in 31 cases, only advice in 46 cases, and did not state the type of referral in 47 cases.

The primary pathology implied was affective in most of the cases (122), followed by psychotic (31) and neurotic (22), organic (8), of personality (5), hyperkinetic disorders (5), due to substance misuse (4), of psychological development (2) and learning disability (1).

The outcome of the referrals was as follows: 19 patients (9.5%) were seen by the Crisis Team, 11 (5.5%) were referred to other teams, 4 (2%) did not engage with SPA, and the rest of 166 (83%) referrals were solved with advice.

Conclusion. The outcome was extremely favourable as the majority of referrals requested medical review but most of them (83%) were solved with specialist advice to GPs or other professionals, highlighting that the implementation of the Advice from Medics Service has been an improvement to the SPA.

Implementing a physical healthcare clinic in a CAMHS neurodevelopmental population

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Aims. To establish a physical health clinic in a community CAMHS to monitor patients in the NDT who are on stimulant/antipsychotic medication

To re-audit to assess adherence to physical health monitoring in accordance with guidelines

Background. Studies have indicated that people with severe mental illness have higher rates of mortality and are prone to development of physical health problems compared to the general population. Monitoring physical health is therefore important as it allows early detection and intervention where appropriate.

Method. 17 out of 120 patients in the NDT were identified as taking either an antipsychotic (8 patients) or stimulant medication