

Prescribing and monitoring high dose and combined antipsychotics in community mental health team

Dipanjani Banerjee^{1*}, Tracey Green² and Umama Khan³

¹East Sussex Healthcare NHS Trust; ²St Marys Hospital and ³St Marys Hospital

*Corresponding author.

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Aims. The aim was to establish the prevalence of prescription of combined and high dose antipsychotics in the community mental health team and to see if such patients were being offered regular monitoring as advised by NICE guidelines.

Background. The use of high dose antipsychotic treatment (HDAT) should be in line with the recommendations of the Royal College of Psychiatrists Consensus statement on high dose antipsychotic Treatment. Such treatment should be initiated only when standard treatments have failed. As high dose prescribing of antipsychotic medications can potentially harm than benefit causing serious side effects and sudden death. Close monitoring and documentation are required. Also, reviewing these patients at regular intervals is recommended.

Method. A retrospective audit of 50 case notes of patients currently on antipsychotics was done. Case notes were selected randomly from a pool of 300 plus patients under the care of Isle of Wight NHS Trust in the HoNos Cluster 11 and 12 care pathways. Data were gathered on patients' demographics, diagnosis, medication monitoring. Data were analysed and discussed with consultant psychiatrist and senior mental health pharmacist. Patients who were not on any antipsychotic medications were not included in the audit.

Result. 90% of the patients were on single antipsychotic (45 out of 50), 4.45% (2 out of 45) were above BNF recommended dose. 10% (5) patients were prescribed combined antipsychotics. 40% (2) of them were above BNF recommended maximum dose. A total of 8% (4 out of 50) patients were on above BNF recommended maximum dose. All the patients on high dose antipsychotics had a clear plan documented in the system. Documented monitoring of Full blood count was found in 75%, blood glucose in 50%, lipid in 75%, cardiac monitoring (Electrocardiogram or ECG) in 0%, physical health monitoring in 0%.

Conclusion. As far as we know, this is the first time an audit has been done on the patients under the Community Mental Health Team on high dose antipsychotic treatment. The data showed areas of good practice as the majority of the patients were on monotherapy, and all the patients on a high dose or combined antipsychotics had clear management plans outlined in their notes. However, the audit also highlighted areas that currently need improvements such as regular monitoring of the patients on high dose and combined antipsychotics. It should also be clearly documented, recorded, and reviewed at six-monthly intervals.

Co-morbid gambling disorder in a local drug and alcohol service: an audit to determine prevalence

John Barker^{1*}, Ruta Rele¹, Charlotte Cartwright² and Bethany Dinsdale-Young³

¹Sheffield Health and Social Care NHS Foundation Trust; ²The University of Sheffield and ³The University of Sheffield

*Corresponding author.

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Aims. National surveys show that over 56% of adults in England gamble annually, and of those surveyed, 0.5% were problem gamblers, equating to 300,000 problem gamblers at any point. The

prevalence of problem gambling in patients with a substance misuse disorder ranges from 20.5% to 55%.

The audit aims to improve the care of patients with comorbid substance misuse and gambling disorder by assessing the extent to which the service currently enquires about and records problem gambling in its patient cohort.

It is hypothesised that as no formal recording process is in place locally, this information will not be recorded systematically and in a way that is easily retrievable by the service.

The audit will allow the service to assess whether changes need to be made to the initial assessment pathways into treatment for substance-related disorders to adequately record this information so that further assessment and onward referral can take place.

Method. All active patients (n = 2824) within the service had both their electronic initial assessments and their entire electronic notes screened for terms such as 'betting' and 'gambling' and this was recorded using an Excel spreadsheet. Prevalence rates across the teams (opiates, non-opiates and alcohol) were then calculated.

Result. The results showed that 0% of patients had any entries in their initial screening noting any gambling activity. Further scrutiny of the records revealed that only 3.5% (n=99) had ever discussed gambling with a worker in any of the services.

Conclusion. The majority (n = 52) of patients who had discussed gambling only had one positive search result, suggesting this was not followed-up in a systematic fashion. Recommendations are to revise the common assessment pro-forma to include a validated brief screening tool (lie/bet), where one positive answer triggers a further assessment with an appropriate clinician for consideration of referral to the local NHS gambling service.

Improving patient waiting times and quality of care by arranging access to notes from a neighbouring trust

Georgios Basdanis* and Cormac Fenton

Mental Health Liaison Team, St Thomas' Hospital, South London and Maudsley NHS Foundation Trust

*Corresponding author.

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Aims. We aim to improve waiting times in the Emergency Department and improve the overall quality of care of out-of-area patients by arranging for the liaison team to have access to the electronic notes system of a neighbouring trust.

Method. St Thomas' Hospital is located in south London, right opposite the City of Westminster. As a result, approximately 20% of patients we see in mental health liaison are from that locality. Given that they belong to a different trust, we do not have access to their notes, which leads to a delay in trying to establish whether they are known to local mental health services. Often, staff are reluctant to divulge information. When information is shared, it is often late and/or incomplete. We approached the Chief Clinical Information Officer and Head of Information Governance from Central and North West London (CNWL) NHS Foundation Trust. We held weekly meetings which included both IT departments. Our IT had to install the electronic notes application (SystemOne) on our computers and open relevant firewall ports. The information is accessed through an NHS Smartcard, therefore CNWL had to authorise read-only Smartcard profiles for every member of the liaison team. A quick reference guide was created for all staff that would be using the new application. The system went live on 21 January 2021.

Result. We audited patient outcomes in December 2020 and February 2021 for initial comparison. In December 2020, the

median time from referral to discharge was 6 hours 35 minutes. 25% of patients were admitted and 17% discharged with HTT. In February 2021, the median time from referral to discharge was 3 hours 19 minutes. 16% of patients were admitted and 5% discharged with HTT.

Conclusion. It is likely that by reducing the time required for collateral information, overall waiting times in the emergency department will be reduced. Clinicians are likely to feel more confident in their discharge planning if they have access to all clinical notes and previous risk assessments, which might in turn reduce referrals to HTT or admission. There should be further attempts by neighbouring NHS trusts, especially in London, to ensure access to their electronic notes system in order to reduce waiting times and improve the quality of patient care. We have already been approached for more information by a trust in North London who are interested in establishing access to a neighbouring trust's notes.

Audit of baseline cardiometabolic monitoring for patients prescribed or advised dose increase of antipsychotic medication by the knowsley assessment team

Debakanta Behera^{1*}, Joanna Metcalfe² and Aaliya Adnan²

¹NWBH NHS Foundation Trust and ²NWBH NHS FT

*Corresponding author.

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Aims. To ascertain whether baseline monitoring of cardiometabolic health parameters was undertaken for patients prescribed dose increases of, antipsychotic medications in an outpatient setting. Whether results from baseline tests were taken into consideration when prescribing antipsychotic medications.

Background. People with Severe Mental Illness have a reduction in life expectancy of 15-20 years. Chief factors implicated in this rate are smoking, obesity, metabolic dysfunction from diabetes, hypertension and stroke. Antipsychotic medications themselves are associated with increased risk of adverse cardiometabolic effects. The CATIE Study of patients prescribed atypical antipsychotics found that men were 85%, and women 137% more likely to have metabolic syndrome than control. Relative risk for type 2 diabetes and CHD in patients with metabolic syndrome is 1.5-5 times that of the general population.

Method. The Team caseload was accessed between the 6/11/18-13/11/18. Chronologically the first 40 patients on the list who had been prescribed an antipsychotic or advised re a dose increase of antipsychotic chosen. Data were then retrospectively collected from informatics and progress notes, document uploads, initial assessments and the ICE bloods system to populate an excel spreadsheet which is currently in use within North West Boroughs.

Result. Of the 40 patients, 50% (20) attended for physical health review. All who did not attend initial appointment were offered a second appointment. 15% (6) did not attend 2 appointments. 35% (14) were not offered a physical health appointment. 1 patient had BP documented (from full physical review during previous episode within 12 m). 2 patients had BMI documented; Smoking, alcohol and drug use status was documented in 42.5%(17), 57.5%(23) and 67.5%(27) of patients, respectively. And 67.5% (27) of patients had an HbA1c result within past 12 months on ICE and 62.5% (25) had lipid profile. At least 10 of these bloods were not requested by our team. 7 patients were given a blood form but did not have bloods done. 57% (4 of 7) abnormal HbA1c's were acknowledged and 20% (1 of 5) lipid profiles.

Conclusion. This audit demonstrates that baseline cardiometabolic monitoring could be improved for patients under the Assessment Team who are prescribed antipsychotics. Only half of the audited patients had had a physical health review, despite being prescribed, or their GP being advised regarding an increase in dose of, antipsychotic medication. It is important to note that 15% of patients were offered but failed to attend an appointment for physical health review.

Hospital Anticipatory Care Planning for Inpatients of Organic Old Age Psychiatry Wards (NHS Lanarkshire)

Sarah Brennan* and Rajdeep Routh

NHS Lanarkshire

*Corresponding author.

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Aims. To improve practice of Hospital Anticipatory Care Planning for inpatients of Organic Old Age Psychiatry wards in NHS Lanarkshire.

Background. Hospital Anticipatory Care Plans (HACPs) are important components of care for inpatients with progressive and life-limiting conditions. HACPs provide guidance on treatment escalation and limitation for individual patients, in the event that they become acutely unwell. In the Old Age Psychiatry Department at NHS Lanarkshire, HACP standards are as follows:

HACP forms should be completed within 2 weeks of admission
HACP information leaflets should be provided to relatives/carers
HACPs should be discussed with relatives/carers

If a patient without an HACP becomes acutely unwell, an HACP should be made, and the responsible Consultant informed
HACP should be discussed within the multi-disciplinary team (MDT)

HACPs should be regularly reviewed

HACP and DNACPR forms should be kept at the front of the notes
Superseded HACPs should be marked as obsolete

Method. Inpatient notes were reviewed in October 2019 and compared against the above standards.

The findings were presented at the Clinical Governance Meeting and Old Age Psychiatry Teaching Group in December 2019.

An 'HACP Checklist' was also created to prompt good practice.
Inpatient notes were reviewed again in July 2020.

Data from both time periods were compared.

Result. There was an improvement in:

The proportion of patients who had an HACP - from 59% to 96%

The proportion of patients who had an HACP made within 2 weeks of admission - from 35% to 78%

Documentation of HACP discussions with relatives/carers - documented for 77% of patients (from 47%)

Timing of HACP discussions with relatives/carers - took place within 2 weeks for 52% of patients (from 29%)

Documentation of HACP discussion by MDT - documented for 73% of patients (from 29%)

HACP Information Leaflets were only distributed to one patient's relatives/carers across both time points

Medical emergencies for patients with no HACP were infrequent and so comparison could not be made

HACPs were reviewed less frequently in July 2020 than in October 2019

HACP forms and DNACPR forms were always filed appropriately
Superseded HACP forms were always appropriately marked as obsolete