Audit of appropriate consideration of anti-craving medication following alcohol detoxification in a north east addictions service

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Aims. NICE guidelines recommend that all patients who undergo a successful alcohol detoxification programme should be considered for treatment with acamprosate or oral naltrexone. This audit studied the proportion of patients considered for acamprosate or naltrexone treatment in a North-East Addictions Service.

Primary aim

To explore whether naltrexone/acamprosate had been considered for each patient completing alcohol detoxification.

Secondary aims

what proportion of those offered agreed to be prescribed acamprosate/naltrexone

whether these patients were being adequately followed up in terms of prescription

Background. There is a significant evidence base for both naltrexone and acamprosate in the maintenance of abstinence in patients with alcohol addiction. NICE recommends the consideration of both medications for patients following successful alcohol detoxification from alcohol. The addictions service at Plummer Court in Newcastle upon Tyne has a comprehensive pathway for alcohol detoxification patients, which involves multiple reviews by keyworkers and medics. The attendance at these appointments is often poor, and it is often unclear whether these patients have been offered anti-craving medication.
Method. A list of patients referred for inpatient or outpatient alcohol detoxification between June to August 2018 (n = 23) was curated. The progress notes were reviewed for any evidence that there had been clinical consideration of acamprosate/naltrexone. If evidence was found that the discussion had taken place, the notes were further scrutinised to assess if the client had accepted a prescription. The clinical documentation was further reviewed to see if follow-up for anti-craving medication was in place.
Result. There was evidence that anti-craving medication had been considered in 47% of patients during the treatment process

In all but one case, acamprosate was offered rather than naltrexone

In cases where medication was offered, it was accepted in all but one case

Anti-craving medication was universally well tolerated

There was considerable difficulty with assessing who was following up the prescription. On scrutiny of the notes, several GPs had contacted addictions services stating that they would not prescribe acamprosate because of local policy prohibiting its prescription from Primary Care (this policy is in fact no longer current)
Conclusion. Practice changed to offer patients monthly follow-up with addictions services for six months

Template letter sent out to GPs with discharge from addictions requesting acamprosate prescription, outlining current policy and offering support if GPs not comfortable

Audit presented to medical team. Treatment pathway amended to specify medical team's role in offering anti-craving medication at initial appointment

Re-audit in six months

Audit of high dose antipsychotic prescribing in the havering community recovery team

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Aims. The main aim of this audit was to determine the prevalence of HDAP in Havering Community Recovery Team (CRT). The secondary aim was to determine how well HDAP has been monitored and documented - specifically, whether discussions around the reasons for continuing and the risks and benefits have been discussed.
Background. There is a focus to reduce high dose antipsychotic prescribing (HDAP) due to the lack of evidence that it is efficacious and that smaller doses have an equivalent effect and are better tolerated. Similarly, the consensus by the Royal College of Psychiatrists is that any prescribing of high dose antipsychotics should be an 'explicit, time-limited individual trial' with a distinct treatment target. There should be a clear plan for regular clinical review including safety monitoring. The high-dose regimen should only be continued if the trial shows evidence of benefit that is not outweighed by tolerability or safety problems.' Following a CQC inspection in 2014 of NELFT which found that the trust was failing to comply with the relevant requirements of the Health and Social Care Act 2008 with regards to safe use of medicines, yearly audits of inpatient HDAP have been undertaken. Although improvements have been made in the inpatient setting, no such audits have been performed in the community setting and consequently there is no data in NELFT regarding community services compliance with the above regulations.
Method. All 349 patients in Havering CRT clinical records were screen by either using RIO or GP letters from recent CPA reviews. A data collection and analysis tool was created using Microsoft Excel. Data collection and analysis was carried out by the project lead and checked by a fellow project member.
Result. Of the 349 patients included for analysis:

16 (4.58%) of patients were prescribed a high-dose antipsychotic

Of the 16 prescribed high dose antipsychotics:

0 out of 16 had the high dose antipsychotic monitoring form available

12 (75%) had well documented evidence of review of HDAP.

4 (25%) had no documented evidence of review of HDAP.

Conclusion. There is a small group of patients receiving high dose antipsychotic therapy for which better monitoring is needed. This should include education of staff regarding HDAP, better documentation in their care plans and working with pharmacy to make HDAP monitoring forms available widely in the community.

ELPS helps!

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Aims. This study aimed to identify whether contact with the Ealing Liaison Psychiatry Service (ELPS) improved patients' mental health using the Clinical Global Impressions (CGI) scale, and to understand the utility of this tool.

Background. CGI is a frequently used outcome measure in psychiatry and also forms part of the RCPsych Framework for Outcome Measures in Liaison Psychiatry (FROM-LP) across the NHS's LP Services. However, there is minimal literature discussing the meaning of the quantitative results of the questionnaire. What would be a cut-off point associated with the provision of good care? It is not possible to draw conclusions about the quality of service and care based on the proportion of the patients who report an improvement on CGI in the absence of a gold standard.
Method. Patients and their ELPS clinicians filled out a CGI questionnaire, rating the patient's mental health condition after contact with the clinician. The 1-7 rated CGI scale indicated the following: 1-3 signified varying degrees of improvement, 4 signified no change and 5-7 signified varying degrees of feeling worse. This study looked at all 205 patients with completed CGI questionnaires who had more than one face-to-face contact with a clinician in 2018 and 2019.

Patient and clinician ratings were compared for concordance and patient notes were reviewed to identify potential reasons for patients with low CGI scores.

Randomised sampling of patients who scored 1 'Very much improved', 2 'Much improved' and 3 'Minimally improved' was conducted to identify differences in number of face-to-face contacts between the groups.
Result. 59% of patients reported an improvement, 40% felt that there was no change and 1% (3 patients) indicated feeling worse. Of the latter, 2 patients had been admitted to a mental health unit.

91% of cases showed concordance between patient and clinician ratings.

Randomised sampling identified 9 patients scoring '1', 22 patients scoring '2' and 16 patients scoring '3'. The vast majority of patients had only two contacts with ELPS (77%).
Conclusion. ELPS intervention improves patients' self-reported wellbeing in 59% of patients according to CGI.

There was no correlation between number of face-to-face contacts and the degree to which patients felt better. However, in the absence of a nationally-recognised gold standard, it is not possible to draw conclusions about whether care provided by ELPS is good compared to other services. Data from other centres are required to elucidate what constitutes a gold standard to aspire towards.

Improving "reasonable adjustments" for people with autism in the York Early Intervention in Psychosis Service

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Aims. Studies show the prevalence of Autism Spectrum Conditions in EIP populations is 3.6-3.7% compared to approximately 1-1.5% in the general population. The Equality Act 2010 and the Autism Act 2009 make it a requirement for services to make 'Reasonable Adjustments' for people with Autism. The aim of this study was to improve how our service makes Reasonable Adjustments for people with autism.
Method. There were 15 patients in our service with a confirmed diagnosis of Autism. Pre and Post a discussion about reasonable adjustments, we invited them to rate, on a 5 point Likert scale, how well they felt the service was making Reasonable Adjustments for their Autism and whether discussing it had been helpful. We offered face to face or telephone discussions with someone with autism expertise to discuss reasonable adjustments. We allowed at least a month after the discussion before repeating the Likert scale.
Result. The pre-discussion rating, of whether the team was making reasonable adjustments for Autism, showed agreement (mean 4.2/5). This improved to 4.6/5 after a month post discussion about reasonable adjustments. Patients agreed to strongly agreed (4.6/5) that the discussion had been helpful. Reasonable adjustments identified were quite individual but responses followed the following main themes; (1) No adjustments were needed or wanted as some patients saw special arrangements for them as stigmatising and wanted to be treated like everyone else; (2) Adjustments around personal space in appointments eg sitting face to face, not sitting too close, explaining reason before moving closer; (3) Simplification/clarification of written information – eg some identified simpler language use and use of pictures; (4) Environment e.g. quieter, dimmed lights, clarity of signage in reception.
Conclusion. Autistic patients in our service already rated the team highly at making reasonable adjustments pre and post intervention and found it helpful to have a specific discussion. Reasonable adjustments were highly individualised but some themes emerged around personal space, written communication and clinic environment which staff could consider exploring routinely. Some patients did not want reasonable adjustments as they felt it could be stigmatising. Discussing reasonable adjustments is likely to benefit all patients, not just those with confirmed autism, we would suggest this should be built into routine practice.

Medical prescription and nursing administration of medication in learning disabilities in-patient settings

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Aims. The aim of this re-audit was to review whether inpatient-prescription cards are completed correctly by doctors and administered by nurses, and to compare the results with the previous audit.
Background. We carried out a re-audit of Medical Prescription and Nursing Administration of Medication in Learning Disabilities In-patient Settings. Black Country Partnership NHS Foundation Trust is committed to managing medicines safely, efficiently and effectively as a key part of delivering high quality patient centred care. In BCPFT medications are recorded by doctors on paper prescription cards and administered by registered nurses.
Method. This audit compared results against the standards for prescribing medication in BCPFT Medicines Policy.Prescription charts were retrospectively reviewed against 22 standards for all LD inpatients as outlined in the LD trust policy across all 3 of the Learning Disabilities in-patient units during May 2019 as long as they were still inpatients during this month. 27 prescription cards were reviewed in total.
Result. 100% of prescription cards had patients full names , address , ward name, were fully legible , written in black ink, route of administration, approved abbreviation for route, date of prescription, signature of prescriber , prescription labelled as 1of 1 /2, frequency of prn meds and indication . Whereas only 96% had generic drug names, clearly documented doses and time of administration along with acceptable abbreviation and appropriate code for omission. 85% drugs had a stop date once drug was stopped and 85% had allergies recorded in red and had a line drawn through once drug was omitted.