Results. The data showed that 76.9% of discharges were completed within 24 hours, with weekend discharge completion at 4 and only 25% after 5 pm. Half of the discharge summaries were closed by nurses, 46% by doctors, and one by the ward clerk.

The median time taken to complete the discharge process was 25.83 hours, slightly exceeding the 24-hour target. Survey results indicated that 60% of staff were aware of the 24-hour timeline, but there were gaps in communication between staff members. Additionally, only 40% of staff had received formal EPMA discharge summary training, with nursing staff being the majority.

Eighty percent of survey respondents expressed challenges with the discharge summary process, particularly regarding communication with the pharmacy team and closing the discharge summary. Weekend discharge data revealed gaps in responsibilities when the ward clerk was unavailable to send letters.

Overall, the findings suggest a need for improved communication and training to enhance the efficiency and effectiveness of the discharge process, ensuring timely and accurate transmission of discharge reports to primary care physicians and other professionals.

Conclusion. More than half of the staff understood the discharge process however communication between staff in regard to the discharge process impacted on the timeliness of the summaries completed.

Dementia and Driving

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Aims. This audit focuses on assessing the compliance of health professionals with the UK law by informing the drivers with dementia about their legal requirement to report their condition to the DVLA and their insurance companies. The aim of this audit is to ensure public safety by adhering to the General Medical Council (GMC) guidance; "Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA", as well as the Driving with Dementia or Mild Cognitive Impairment Consensus Guidelines for Clinicians; endorsed by RCPsych and Alzheimer's Society. This will help ensure public safety and prevent potential accidents or incidents caused by impaired driving.

Methods. The audit reviewed retrospective data of 40 patients selected randomly (17 males, 23 females and mean age 78 years old), referred to the memory clinic at Watermill Resource Centre in Berrywood Hospital, Northampton. The inclusion criteria was patients referred between 1st January and 31st December 2022 that were diagnosed with dementia. We set a compliance target of 100%.

Results. The results showed that out of the 40 patients diagnosed with dementia, 23 had a recorded risk assessment. 11 patients were driving at the time of assessment. 7 patients were referred to occupational therapy for a driving assessment. The compliance in informing patients about reporting to the DVLA and their insurance companies was low. 8 out of 11 (73%) patients were informed about reporting to the DVLA, and 5 out of 11 (45%) were informed about contacting their insurance company. Additionally, only 4 out of 11 (36%) patients were informed about the consequences of not reporting to the DVLA and their insurer. There was also a lack of systematic documentation regarding driving risk assessment. There was no record of medics contacting the DVLA.

Conclusion. Overall, the audit revealed a need for improvement in compliance and documentation. It is recommended that health professionals strictly adhere to their responsibilities in risk assessment and informing drivers with dementia about their legal requirements regarding informing DVLA and insurance companies. Clear documentation should be made using a standard template available.

Audit of Psychotropic Polypharmacy Amongst Inpatients in East Suffolk

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Aims. The use of psychotropics and polypharmacy among patients with learning disability have been widely discussed. Mental illness increases morbidity and mortality and the addition of polypharmacy potentiates these risks.

It is important to determine the proportion of inpatients with psychotropic polypharmacy, highlight associated socio-demographic and clinical factors, and follow up plans for such patients at the point of discharge.

Methods. A retrospective collection of data was completed using electronic records of patients 18 years and above who were discharged from inpatient psychiatric wards located in East Suffolk between 1st July and 31st December 2021.

Data available in discharge medication letters, discharge summaries and inpatient clinical notes were also used in the study.

Results. Amongst 256 inpatient episodes included within the audit, polypharmacy was found in 52% cases.

Of which 80% of patients were above 65 yrs and 56.3% of them were male.

Out of the included episodes, 74% were on combination and 26% were on augmentation therapy.

About 40% had a single diagnosis of schizophrenia/schizophrenia-like delusional disorders, while around 25% had a mood disorder.

9% of episodes had a singular diagnosis of personality disorder and 8.4% of episodes had >1 psychiatric diagnosis.

Conclusion. Despite the increased side effect burden and risks in the presence of physical health co-morbidities, polypharmacy remained prevalent in this group of inpatients.

More than a quarter of patients were on sedative augmentation without any clear plan or recommendation for deprescribing after discharge.

In order to improve clinical practice, more frequent medication reviews should be recommended when there is high prevalence of psychotropic polypharmacy.

Audit of High Dose Antipsychotic Therapy (HDAT) Prescribing Among Inpatients in East Suffolk

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Aims. High doses of antipsychotic therapy (HDAT) are often prescribed in secondary mental health services and has been the subject of many audits and service improvements. This interest is largely due to the increased morbidity and mortality related to HDAT, and strong advocacy for clear rationales to guide this decision. There is a need for continuous review and monitoring to prevent unnecessary prescribing.

Our audit was used to determine the prevalence of HDAT in East Suffolk inpatient settings and assess whether review planning and monitoring of HDAT was practiced.

Standards for antipsychotic dosage were established using British National Formulary and Maudsley Prescribing Guidelines for Psychiatry.

Methods. Retrospective data was collected using electronic records of patients 18 years and above who were discharged from inpatient psychiatric wards located in East Suffolk between 1st July and 31st December 2021.

Data available included discharge medication letters, discharge summaries and inpatient clinical notes.

Results. A total of 256 patients were discharged from East Suffolk wards in the 6-month period between 1st July and 31st December 2021.

Majority of the patients (80%) were above 65 years of age with more than half of patients being male 114 (56.3%).

Ninety-seven (37.9%) patients had a diagnosis of schizophrenia or schizophrenia-like and delusional disorders, while approximately 25% of the audited population had a mood disorder.

9% had a singular diagnosis of personality disorder.

One hundred and sixty-six (64.6%) patients were on antipsychotic medications and two (1.2%) patients were discharged on HDAT.

Conclusion. High dose antipsychotic prescribing was not as prevalent as initially assumed. This audit noted only one of the two patients on HDAT did not have the appropriate monitoring form completed.

Good clinical practice recommends the need for the completion of a high dose antipsychotic therapy (HDAT) form for each patient, which would allow proper monitoring.

The Prescribing and Physical Health Monitoring of Antipsychotic Medication for Patients With Dementia in a Community Treatment Team (CTT)

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Aims. The aim of the audit was to assess compliance with prescribing standards for antipsychotics in patients with BPSD as outlined within NICE guidance and with trust policy, Physical Health Monitoring of Patients Prescribed Antipsychotics.

Background. The Bannerjee report published in 2009 highlighted the problem of inappropriate use of antipsychotic medication in the treatment of patients with behavioral & psychological symptoms of dementia (BPSD).

When antipsychotic use is considered appropriate, good practice is imperative to minimize risk and ensure optimal outcomes for patients. This audit looked to assess whether the use of antipsychotics in patients within CTT with a diagnosis of dementia adhered to best practice standards as outlined by the Bannerjee report and NICE guideline. The audit looked to assess adherence to physical health monitoring requirements as per trust policy for patients prescribed antipsychotics. Currently, there is limited guidance around monitoring of antipsychotics for use in BPSD as they are not licensed in the longer term.

Methods. A retrospective audit was undertaken for patients under the care of CTT between September 2020 and September 2021. 49 patients were prescribed an antipsychotic for BPSD.

Results. Within the sample, 84% of patients were prescribed an antipsychotic at 12 months, 94% at 6 months and 98% at 3 months.

Compliance with the Audit standards showed: 82% of the patients had capacity assessed and documented prior to initiation of an antipsychotic.

98% of patients and/or carers had adverse effects of antipsychotics reviewed.

The risks and benefits of antipsychotics are discussed with the patient and/or carer(s) prior to antipsychotic initiation (94%). In 92% of patients, non-pharmacological interventions are tried prior to initiation of an antipsychotic. Clinical indications (target symptoms) are clearly documented (100%).

Conclusion. Although good prescribing practice was demonstrated, there was an area of concern due to a lack of compliance with physical health monitoring requirements. Most patients were prescribed an antipsychotic for longer than the licensed treatment period.

Agreed Actions:
Discussion with all professionals to emphasise the necessity for effective communication and a documented care plan for antipsychotic monitoring and review.

Present and disseminate audit findings within locality groups and wider teams.

Audit of Annual Blood Tests for Patients on Antipsychotic Medications in the Recovery Team

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