

Information sharing and the way to record it in electronic health records and the Concept of implied consent.

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Re-Audit of Blood Monitoring of Lithium in Outpatients of Working Age Under Dudley Mental Health Services

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Aims. Lithium remains the first line mood stabilising therapy recommended by NICE for Bipolar Disorder and an important treatment option for augmentation of the treatment of Depression. Lithium has a strict monitoring requirement due to long term impact on Renal, Thyroid function and risk of toxicity due to a narrow therapeutic range. This Re-Audit aimed to assess improvement in Lithium Blood monitoring in working age adults in Dudley following an initial 2021 audit.

Methods. We used the standards set by NICE CG185- Bipolar Disorder Assessment and Management. We agreed a standard of 3 monthly monitoring of lithium levels due to the number of indications for 3 monthly monitoring to ensure safest practice. We also agreed to standards for 6 monthly monitoring of Urea and Electrolytes (U&Es) and Thyroid Function Tests (TFTs). An additional standard was agreed that at every outpatient review Lithium blood results should be reviewed and documented. A sample of 40 patients was gathered from the 8 outpatient sector teams. We used Rio notes system for demographic, diagnosis and clinical information and blood results systems EMIS and ICE for blood results over a period of November 2021- November 2022.

Results. There was a noted minor improvement to compliance with 3 monthly monitoring, overall increasing from 10% to 17.5%, but this result is still poor. The number of patients who had 4 or more Lithium blood tests over the 12 month period was more of a positive increase, to 32.5% from 17.5% in the previous audit cycle. There was also an improvement in the mean number of lithium blood tests per patient from 2.67 to 3.3. For U&Es 90% of patients were monitored 6 monthly while for TFTs 85% of patients were monitored 6 monthly. There was a slight reduction in documentation of blood results at clinic review, reducing to 62.5% from 67.5% in the initial audit.

Conclusion. While the progress is positive, the results are still far below where the trust would like to be. We considered whether frequency of outpatient review, poor awareness of 3 monthly monitoring standards and a lack of formal system to remind or ensure patients are monitored appropriately. It was agreed that measures to ensure compliance such as a lithium blood monitoring clinic may be useful to improve compliance with monitoring.

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Aetiological Investigation of Epilepsy in Adults With a Learning Disability – a Community Audit

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Aims. To demonstrate adherence to national standards for the aetiological investigation of epilepsy in Bromley Community Learning Disability Team (CLDT), Oxleas NHS Foundation Trust. The National Institute for Health and Care Excellence (NICE) and International League Against Epilepsy (ILAE) advise strenuous attempts to identify the aetiology of epilepsy as it often carries significant treatment implications. The ILAE divides aetiology into six categories selected because of their potential therapeutic consequences (structural; genetic; infectious; metabolic; immune; unknown).

Methods. Audit standards were derived from NICE and ILAE. The key standard was that 100% of patients should have sufficient aetiological investigation of their epilepsy, including a dysmorphism assessment, neuroimaging, and genomics, as appropriate. The population was defined as all patients open to the Epilepsy Service of Bromley CLDT in December 2021. Data were collected using a secure electronic database between December 2021 and January 2022.

Results. 76 patients (52 male, 24 female) were audited, mean age 38 years (range 18-79 years). Learning disability severity included borderline (n=3), mild (n=28), moderate (n=24), severe (n=17) and profound (n=4). Identified aetiologies included structural (42%; n=32), genetic (13%; n=10), and infectious (5%; n=4), with one patient having both genetic and infectious aetiology. Aetiology was unknown in the remaining 41% (n=31) of patients, of which 58% (n=18) had outstanding investigations. In 72% (n=13), there was no apparent reason for investigations to be outstanding. Genomics was the commonest outstanding investigation (70%, n=14), followed by neuroimaging (20%, n=4) and dysmorphism assessment (10%, n=2). In addition, 40% (n=12) of patients were newly eligible for whole genome sequencing – a recent development within 12 months and thus excluded from outstanding investigations.

Conclusion. This audit demonstrates adherence to national standards is below 100%. Where appropriate, patients with outstanding investigations should be approached. Dissemination of findings and an action plan are required before re-audit.

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Stopping Over-Medication of People With a Learning Disability, Autism or Both (STOMP) – a Community Audit

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Aims. The stopping over-medication of people with a learning disability, autism or both (STOMP) campaign was launched by NHS England in 2016 as part of the Transforming Care programme. It aims to reduce the inappropriate prescribing of psychotropic medication to manage challenging behaviour in the absence of a licenced indication. The current audit aimed to demonstrate adherence to national standards for STOMP within the community learning disability teams (CLDTs) of Oxleas NHS Foundation Trust. Additionally, a secondary aim was to