## Multiprofessional Caseload Review in the Community Mental Health Team: Improving Patient Safety and Supporting Safe Discharges to Primary Care

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**Aims.** To create greater capacity within the general adult psychiatry outpatient clinic to facilitate urgent medical review for patients when needed, and to reduce delays for those receiving ongoing routine care within existing resources by improving joint working processes within the multidisciplinary team. To support safe discharges to primary care and promote ongoing recovery by improving access to community resources and the voluntary sector.
**Methods.** Caseload review for all patients under the outpatient clinics within South Leicestershire community mental health team began in August 2022. A template was developed in consultation with clinical colleagues and approved by the Trust clinical governance process. This includes salient clinical variables such stability, risk and medication. A consultant psychiatrist and senior nurse spend 2-4 hours weekly reviewing each patient's electronic record chronologically from those waiting the longest for an appointment. Using the template, one of the following for the patient's next appointment is determined, based on patient need:

- Nurse discharge clinic
- Outpatient discharge clinic
- Outpatient clinic for ongoing treatment
- Transfer to another service (eg ADHD)

A pilot nurse discharge clinic was carried out offering face to face reviews for patients identified as clinically stable for discharge over 4 weeks, with regular senior nursing supervision and medical input as required.
**Results.** Between August 2022 to January 2023, 700 out of a total of 1717 caseload reviews have been completed. 39% of these are identified as suitable to be reviewed for discharge.

In the pilot nurse discharge clinic, 137 patients were offered appointments: 82 were discharged, 16 did not attend, and 39 subsequently needed an outpatient appointment. There have been no serious incidents, complaints or re-referrals.

The waiting time for an urgent outpatient appointment has reduced from six weeks to one week and for routine outpatient care from six months to four weeks.

No work related absence for staff, and qualitative feedback from the multidisciplinary team has been positive.
**Conclusion.** Reduction in high outpatient caseloads is achievable through robust multiprofessional caseload review, and patients can be safely discharged from the care of consultant psychiatrists by multidisciplinary team working. This creates greater capacity, flexibility and flow for those who need ongoing outpatient care to receive this is a timely manner, improving the safety and quality of patient care. This has also fostered a greater sense of cohesion for staff within the team.



## Monitoring of Physical Health in Patients Prescribed Antipsychotic Medication Within a Medium-Secure Forensic Inpatient Setting: Assessing Compliance With Guidelines and Improving Procedures

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**Aims.** Antipsychotic use is associated with haematological, metabolic and cardiovascular abnormalities. If not monitored and acted upon, these contribute to the increased burden of physical health problems in those with severe mental illness. Appropriate monitoring (including blood tests and ECGs) is required in accordance with NICE guidelines. The aim of our project was to assess our adherence (within a medium-secure forensic inpatient setting) to guidelines, and to improve procedures and processes within the unit. The majority of our patients are taking antipsychotic medication, but prior to our project there was no system in place to determine who was due which monitoring tests and when. Our suspicion was that patients' physical health was not being adequately monitored especially given the unit's lack of input from general practitioners.
**Methods.** Our initial audit of patient notes took place in October 2022, assessing whether each of our 35 patients had had appropriate ECG and blood monitoring. After gathering these initial data we then systematically offered patients their monitoring. We set up processes to ensure this would be completed in a timely and organised fashion in the future, via creating a spreadsheet available on the shared drive and a chart within the doctor's office, adding instructions to the departmental junior doctor handbook, and liaising with colleagues.
**Results.** Of 35 patients, 34 (97%) were prescribed antipsychotics, 18 (51%) of these at 'high dose'. Of those 34, blood tests for 22 (65%) patients were out of date or not completed as per NICE guidelines. ECGs for 21 (62%) patients were either missing or out of date. Following our gathering of the initial data and systematic completion of patient monitoring, at the time of re-audit in January 2023 monitoring was either completed or offered (with patient refusal) for 34 (100%) of patients.
**Conclusion.** We identified that monitoring of physical health in those prescribed antipsychotics within our unit was sub-par, with the majority of patients not up to date with bloods or ECGs as per NICE guidelines when initial data were collected in October 2022. Following our project, at the time of re-audit in January 2023 monitoring was either completed or offered to 100% of patients. We have implemented systems to ensure this continues in the future, beyond junior doctor changeovers. This has potential application to other longer-stay psychiatric wards such as general adult rehabilitation wards and other forensic units.



## Psychiatric Inpatient Admissions–- Improving Handover Standards

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**Aims.** Within NHS Ayrshire and Arran for psychiatric inpatient admissions, the admitting clinician is to directly handover clinical details and relevant aspects of mental state, risk and management plan to the inpatient duty doctor. Over 2022, there was concerns this process was not being followed, resulting in prescription errors,