

Background. According to the department of health guidelines, there is legal requirement to provide copies all clinical correspondence to the patients. Therefore, after any clinic review, letters summarizing the consultation are sent out to GP and patients are copied in. However, these are not very meaningful for patients with special needs, as they struggle to comprehend information. Previous studies have shown that patients with learning disability would prefer letters in a simple language and would also like to participate in the decision making process. According to Accessible Information Standard, we have a legal obligation to deliver information to our service users in an easily understandable manner. We undertook a quality improvement pilot project of easy read templates to improve the understanding of patients and their carers/families.

Method. A standard easy read template was co-produced after collecting feedback from different service users and clinicians. Pictures were incorporated into the questionnaire to facilitate understanding. We collected reviews over a period of 2 months from Nov 2019- Dec 2019. This proforma did not replace the routine clinic letter send out to the GP and the patients. This easy read template began with the introduction of the doctor (with photograph) and it encompassed mental health, physical health, current medication (and the benefits and side effects if any) and changes of medication. It also included epilepsy and the risks (risks to self and to others), vulnerability, behaviours of concern and the day-to-day activities that a service user engages in and finally about the plan formulated at the end of the consultation. At the same time, there was a separate form (with self-explanatory pictures), which collected feedback about the above mentioned appointment outcome review form.

Result. Templates were handed out to 65 patients and carers, and 60 completed the form. All patients found the template useful and helpful, mainly because it was easily comprehensible, with pictures, and also "provided instant updates".

Conclusion. This easy read template improves patients' understanding and participation in the clinic review. This contributes to greater patient satisfaction. As Specialist Learning Disability services, we need to ensure that information is imparted to the patients and the carers in an easily understandable manner and this easy read template should be incorporated in the routine clinic practice.

Abstract : stomp in HPFT

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Aims. Analyse the pattern of psychotropic drug use and de-prescribing (in the context of STOMP) in people with Intellectual disability and Challenging behaviour in Hertfordshire community team(s) during 2016-17. STOMP stands for Stopping Over Medication in People with Learning Disability, Autism or both.

Background. Public Health England in 2015 estimated that on an average day in England, between 30,000 and 35,000 adults with a learning disability, autism or both were taking prescribed psychotropics without appropriate clinical indications. HPFT signed up to the STOMP pledge in 2017 to actively review psychotropic prescribing in line with NICE guidance alongside patients, carers and professional partnerships. This audit provides the outcomes of applying the STOMP Pledge to clinical practice.

Method. Data collection for the current audit occurred over Q1-5 in 2016-2017. All patients with Intellectual Disabilities on

psychotropic medication were reviewed in psychiatric clinics. Awareness was raised about STOMP in teams. A semi-structured tool was developed based on the Self assessment framework published by the ID faculty RCPsych and prospective data were collected after each outpatient visit.

Result. 347 patients were prescribed psychotropic medication and reviewed quarterly between 2016-2017. 96 patients were prescribed antipsychotics for challenging behaviour. Other prescribed medications included mood stabilisers, anticonvulsants, anti-depressants and benzodiazepines. Common antipsychotics used: Risperidone (63), Aripiprazole (14), Quetiapine (9), Olanzapine (4); Chlorpromazine (2). Four patients were maintained on two antipsychotics in varying combinations. The data collection tool noted that alternatives to medication were tried in 32 cases. Deprescribing occurred in 41 cases

Conclusion. This study represents an attempt to capture the impact of the STOMP principles in a clinical sample. Various alternatives to medications were pursued in the sample such as positive behaviour support, sensory integration, psychological therapies, social support. Younger adults (under 30 years) represented the largest proportion of cases where medication was increased. Adults over 30 years represented the largest proportion of cases where a STOMP reduction occurred. This may reflect the individual factors at play. Younger people with ID and /or Autism are more likely to experience changes in support and structure at transition, whilst older adults may have more physical comorbidities that may influence this decision.zcvv

Audit for prescription and administration of PRN buccal midazolam for people with learning disabilities and epilepsy in the Hertfordshire & Essex

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Aims. The current audit aims to identify the gaps in the practice of administering prn buccal midazolam, for management of epilepsy in people with intellectual disability and to review training needs, with a view to improve patient care.

Background. Convulsive status epilepticus is a medical emergency requiring admission to hospital and has a mortality as high as 20% (SUDEP -Sudden Unexpected Death in Epilepsy). It is imperative that the carers are fully aware of the risks associated with the epileptic attacks, are able to recognize the attacks and offer rescue medication to the patient in a timely and effective manner. National guidelines have been drafted jointly by ESNA (Epilepsy Specialist Nurses Association) and ILAE (International League Against Epilepsy) for prn administration of buccal midazolam. The use of rescue medication by trained carers can significantly improve the outcome and reducing the risk of hospital administration and chances of SUDEP. Buccal midazolam is widely used to manage prolonged seizures. Administration should be undertaken only by people who have received both epilepsy awareness and buccal midazolam training. **Method.** All patients with intellectual disability with epilepsy were studied and patients who were prescribed prn midazolam have been shortlisted for data analysis. A template was designed and data are being collected from the carers, community nurses and the prescribing clinicians. Data are categorized under headings of background information about epilepsy, recognizing complications during a seizure and the ability to administer

buccal midazolam. Further information about the type and the frequency of training courses (including the refresher courses) being offered to the carers for administration of buccal midazolam would also be documented. There is also data collection pertaining to the timely review of the care plan by the prescribing clinicians and the about the licenced or unlicensed used of midazolam. The quality of epilepsy awareness training is being explored in depth and also the competency of the county council nurses offering the training to the carers shall be analysed under different headings.

Result. Data are currently being collected in Hertfordshire and Essex mental health services.

Conclusion. After the data analysis, the short comings shall be addressed and effective measures shall be put in place to improve the quality of training being provided to the carers and to standardise the practice for prn midazolam prescription.

PLAN standards and writing to patients: quality improvement by audit

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Aims. This quality improvement project aimed to assess the adherence of a hospital psychiatric liaison team's documentation of assessments to the Psychiatric Liaison Accreditation Network (PLAN) standards framework; to identify areas of improvement; to identify barriers to and improve adherence.

Method. Data were extracted from 27 randomly selected patient assessments from 01/07/2020 to 31/08/2020 and then 27 assessments from 01/10/2020 to 30/11/2020 for re-audit.

Quantitative data was collected by calculating the percentage of assessments which documented each specific aspect of PLAN standards.

Qualitative data including attitudes specifically towards writing to patients was gathered from 1:1 discussions with members of staff.

Interventions between rounds of audit:

Presentation of results of 1st data collection to team in November 2020 followed by discussion

Emailed instructions to create a template based on PLAN standards for assessments to staff

Lobbied for Cerner access at liaison team office to facilitate use of above

Result. Quantitative – overall improvements were seen in adherence to all aspects of documentation of assessments including collateral history (from 23% to 67%) past medical history (30% to 70%) and acknowledging the patient/carer perspective (46% to 74%). Some improvement was seen in offering written correspondence to patients (0% to 20%).

Qualitative – the majority of comments regarding writing to patients were positive, with no staff members opposing the standard (“it is best practice”, “should become a habit”). However, some barriers were identified including increased workload (“requires more editing”, “could take a lot more time”).

Conclusion. Team adherence to PLAN standards for documentation of assessments was improved through low intensity interventions. Overall adherence was high, however certain areas leave space for improvement. The audit facilitated conversations around

writing to patients on discharge, both in the form of formal gathering of qualitative data and informal discussions between staff. Attitudes towards writing these letters were positive and some improvement was seen between audits. Ongoing audit activity aims to further improve adherence and monitor improvements.

Prevalence of pulmonary disease in alcohol and poly substance abuse

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Aims. The aim of this study is to identify the prevalence of pulmonary disease or progression of symptoms which can lead to respiratory disease in substance misuse. Identify risk: prescribe a safer substitute treatment (Methadone vs Buprenorphine). Identify combination of different drugs, causing toxicity and damage to lungs.

Background. Smoking and illicit substance misuse is recognized as a cause of pulmonary disease

Method. The study was conducted in 2015 at outpatient addictions service (CAPS/CDC 69 Warwick Road London SW5 9HB). All 50-participants gave consent and data were collected including demographic details, history of substance abuse, route of administration, medical history, Peak Expiratory Flow rate (PEFR). A questionnaire was designed to assess the severity of shortness of breath (SOB), with or without exertion to ascertain the extent of the disease.

Conclusion. 14 males and 3 females achieved 31 to 48.9 % of predicted PEFR. 13 males and 7 females achieved 51.1 to 69.6% of predicted PEFR. 7 males and 2 females achieved 70.8 to 91.1% of predicted PEFR. 2 males and 2 females achieved 100 to 114.3% of predicted PEFR. From the questionnaire on SOB with or without exertion, 8 males and 2 females reported moderate to severe shortness of breath on minimum exertion. 33 males and 11 females reported variable degree of SOB. 4 males and 2 females did not report SOB on reasonable exertion. 23 males and 10 females reported variable degree of SOB at rest, 14 males and 3 females reported no SOB at rest. 34 participants were receiving OST with methadone, 16 were on Buprenorphine. 6 patient treatments were switched to Buprenorphine due to Exacerbated COPD. 47 patients reported using Tobacco from harmful to dependent use. 44 patients reported harmful to dependent use of crack cocaine. 34 patients fulfilled the criteria of harmful use of cannabinoids. 33 patients were diagnosed with harmful to dependent use of alcohol. 10 patients reported heavy use of solvents. 2 patients reported harmful use of Party drugs. Many patients reported a history of recurrent chest infections 3-6 times a year, Asthma, COPD, Emphysema, Pneumonia and 2 were treated for Tuberculosis. 1/3 patients have a diagnosis of hypertension and IHD, liver disease and portal hypertension

Quality improvement project: to improve adherence to DVLA (driving and vehicle liscensing agency) guidance in the tyrone & fermanagh hospital acute inpatients ward

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