London Antipsychotics Audit and Reduction Exercise in Primary Care

Table of Contents

1. Introduction ........................................................................................................................................2

2. Audit protocol ....................................................................................................................................4

3. Appendices ........................................................................................................................................6

Appendix 1: Excerpt from NICE-SCIE Quick Reference Guide Dementia; Supporting People with Dementia and their Carers in Health and Social Care ......................................................... 6

4. Appendix 2: Dementia read codes, anti-dementia drugs & antipsychotics ................................. 6

5. Appendix 3: Data collection form ....................................................................................................6

6. Appendix 4: Submission form ...........................................................................................................6

7. Appendix 5: Antipsychotics prescription review chart ..................................................................6

8. Appendix 6: Pathway for patients already prescribed antipsychotics ...........................................6

9. Appendix 7: Guidelines for discontinuation/reduction of antipsychotics in dementia patients in the community .......................................................................................................................6

10. Appendix 8: Example of ABC chart ..............................................................................................7

11. Appendix 9: Example of letter to care home or carer .................................................................7

12. Appendix 10: Example of patient information leaflet ...............................................................7

13. References and further reading .....................................................................................................7

Written Jan 2012. Updated September 2013
1. Introduction

Reducing inappropriate antipsychotic prescribing to people with dementia to improve quality of life is a key priority of the NHS, as set out in the Operating Framework 2012/13.

Why is this a problem?
Antipsychotics are being prescribed to manage the behavioural and psychological symptoms associated with dementia (BPSD), however the clinical evidence shows limited effectiveness and this practice also threatens patient safety due to the increased risks of stroke, other cerebrovascular problems and death amongst older people. There are an estimated 1800 excess deaths and 1620 cerebrovascular accidents each year as a result of the prescription of antipsychotics to people with dementia¹. Based on this clinical evidence, the National Institute for Clinical Excellence (NICE) has made clear that antipsychotics should be only used as a last resort in severe cases or where there is the risk of harm to the patient or others. Also that when indicated, regular reviews should be carried out when they are prescribed with a view to reduce or discontinue prescriptions whenever possible.

Government priority
In late 2010 the Care Services Minister Paul Burstow called for a 66% reduction in prescribing of antipsychotics to people with dementia, in line with the target suggested in Professor Banerjee’s report. This target has been renewed in the Operating Framework 2012/13, which prioritises “initiatives to reduce inappropriate antipsychotic prescribing for people with dementia to improve quality of life with a view to achieving overall a two-thirds reduction in the use of antipsychotic medicines”².

What are we doing about this in London?
A clinically led project has been working pan-London since March 2011 to support London organisations to achieve this target. We are working on a number of initiatives across care settings to reduce antipsychotic prescribing and improve care, including developing this audit and reduction exercise and tool.

Why is it important for GPs to carry out this audit and reduction exercise?
We know that GPs often take on prescribing of antipsychotics which have been initiated during a secondary care admission. We appreciate these are challenging for GPs to manage, as there is often limited background information as to the indication for prescribing or monitoring arrangements. Our project is working to address this issue, through incentivising both London Acute Trusts and Mental Health Trusts to review antipsychotic prescriptions prior to discharge and communicate more fully with GPs; this will help with future new prescriptions. However, as there are already people with dementia on antipsychotics in primary care, GPs have a key role to play in achieving the reduction in current prescribing. Preliminary information from piloting the tool has established that often, people with dementia on antipsychotics are on low doses and/or do not fall within the indications recommended by NICE. In both of these cases it is usually straightforward for GPs to carry out discontinuation or reduction. It should be noted that 70% of patients have no worsening of symptoms when antipsychotics are discontinued³.

What are the aims of this exercise?
We have developed the tool to achieve three key aims:

1. To obtain a baseline of current levels of GP prescribing of antipsychotics to people with dementia across London.
2. To establish whether prescribing is appropriate and in line with NICE guidance
3. To identify patients where it is appropriate to reduce or discontinue antipsychotics and act on it

¹ The use of antipsychotic medication for people with dementia - Time for action; A report for the Minister of State for Care Services by Professor Sube Banerjee – November 2009
² The Operating Framework for the NHS in England 2012/13, p12

Written Jan 2012. Updated September 2013
The tool has been run successfully across London in 957 GP practices and initial analysis of the information showed that 11% of those with dementia previously prescribed antipsychotic medication had their medication stopped.
2. Audit protocol

- Copy and paste Appendix 3 into an excel spreadsheet and save as “NHSL Antipsychotic GP audit”

**Step One: Identify potential patients for the audit**

*In order to ensure this audit captures as many patients with dementia as possible, we recommend the following two systems to identify relevant patients:*

- **Search 1:** Identify all patients who have a diagnosis of dementia by using the relevant read codes in Appendix 2. If possible also search within the medical history field on the clinical system for the word ‘dementia’.

- **Search 2:** Identify all patients who have been prescribed anti-dementia drugs in last 6 months (see list in Appendix 2)

**Step Two: Identify dementia patients who have been prescribed antipsychotics**

- **Search 3:** Using the patient population in Search 1, identify those who have been prescribed antipsychotics in last 6 months by using the relevant read codes in Appendix 2
  *Note that Prochlorperazine is excluded as this drug is not routinely used for BPSD*
  *Also ensure brand and generic names are included in the search as well all listed strengths (see BNF section 4.2.1 for a comprehensive list).*

- Transfer this information to the excel spreadsheet. Before this information is shared remove patient identifiable data

- Using the population in Search 2, identify any patients who have been not been previously identified in search 3

- Transfer this information to the excel spreadsheet

**Step Three – Gather the audit information**

- Using the questions and prompts on the excel spreadsheet, systematically go through each patient’s records to gather the information required for the audit and document in the excel spreadsheet

- Do not continue audit for patients where the answer to question 4 is Yes as they should be excluded from the audit.

- When you have finished, record the total numbers as required on the Submission Form (Appendix 4)

**Step Four – Carry out post audit actions**

- Identify for further review, those patients where there is the possibility to reduce or stop antipsychotics

- Establish the exact symptoms being treated with antipsychotics and assess the severity/risk of harm to patient or others. In order to do this you may wish to follow this process which was found successful in the pilots
  - Contact the patient’s carer or named nurse in the care home regarding the symptoms

Written Jan 2012. Updated September 2013
Complete the Review chart (Appendix 5)

- Make a decision to discontinue, reduce dose or continue antipsychotics by following the pathway in Appendix 6 and recommendations in the Guidance for discontinuation/reduction of antipsychotics in dementia patients in the community (Appendix 7) or your local guideline/protocol. Make appropriate notes in the patient record

- Make the necessary arrangements or give advice for the patient’s behaviour to be monitored by the carer or care home staff and advice to contact you if the patient’s condition deteriorates. Also provide written information to the carer if they would like more information. In order to do this you may wish to adapt the documentation from the pilots to suit
  - Advise carers to monitor behaviour using the ABC Chart (Appendix 8)
  - Send a sample letter (Appendix 9) stating why the decision has been made and arrangements to be made for monitoring
  - Patient information leaflet (Appendix 10)

- Record the number of patients that had their antipsychotics stopped or reduced on the Submission form (Appendix 4)

- Make any other comments you feel may be useful to share about challenges or successes on the Submission Form

- Discuss the results as a practice and ensure that antipsychotics for use in dementia is reviewed at least every 3 months

**Step Five- Submit the results**

- Send a copy of the completed Submission Form to your Prescribing Advisor
3. Appendices

Appendix 1: Excerpt from NICE-SCIE Quick Reference Guide Dementia; Supporting People with Dementia and their Carers in Health and Social Care


4. Appendix 2: Dementia read codes, anti-dementia drugs & antipsychotics

5. Appendix 3: Data collection form

6. Appendix 4: Submission form

7. Appendix 5: Antipsychotics prescription review chart

8. Appendix 6: Pathway for patients already prescribed antipsychotics

9. Appendix 7: Guidelines for discontinuation/reduction of antipsychotics in dementia patients in the community
10. Appendix 8: Example of ABC chart

Appendix 8 ABC chart 100112.doc

11. Appendix 9: Example of letter to care home or carer

Appendix 9.example of letter to carer or carer.doc

12. Appendix 10: Example of patient information leaflet

Dementia - The Use of Antipsychotics.pdf

13. References and further reading

References.doc