The Regulation and Quality Improvement Authority

Audit of Treatment Plans

Mental Health (Northern Ireland) Order 1986

1 November 2012 to 31 October 2013

informing and improving health and social care
www.rqia.org.uk

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care services in Northern Ireland.

RQIA was established in 2005 as a non-departmental public body under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive continuous improvements in the quality of services, through a programme of inspections and reviews.

The Mental Health and Learning Disability team undertakes a range of responsibilities for people with mental ill health and those with a learning disability under the Mental Health (Northern Ireland) Order 1986 as amended by the Health and Social Care Reform Act (Northern Ireland) 2009. This includes preventing ill treatment, remedying any deficiency in care or treatment or terminating improper detention in hospital or guardianship.

RQIA takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research, in any review of services provided. We highlight areas of good practice and make recommendations for improvements and report on our findings on our website at www.rqia.org.uk.

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Definitions

Consultant Psychiatrist	A medical practitioner appointed to consultant grade, who specialises in the diagnosis and treatment of mental disorders.
Part II Medical Practitioner	Consultant Psychiatrist appointed by RQIA for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 (MHO)
Part IV Medical Practitioner	Consultant Psychiatrist appointed by RQIA for the purposes of Part IV of the MHO
Psychotropic medicines	Approved drugs that are used to treat psychiatric conditions
Responsible Medical Officer	The Consultant Psychiatrist (usually a Part II doctor) in charge of the patient's assessment or treatment.
Voluntary Patient	A voluntary patient is a person who voluntarily remains in a mental health facility for treatment, care or observation and has the same rights as people receiving treatment for physical illness

1.0 Introduction to the Audit of Treatment Plans by RQIA

Treatment Plans are referred to in the Mental Health (Northern Ireland) Order 1986 Code of Practice as essential in order to observe the principles set out below and, to ensure that the different elements of patient care are coordinated, as part of an effective treatment programme for each patient.

Treatment Plans should be documented in each patient's clinical notes and incorporate details of the patient's care, supervision and all forms of therapy received by the patient. The medicines for both physical and psychiatric conditions prescribed for the patient are written on their medicine Kardex.

Treatment Plans are recorded on Forms 22 and 23 which require a Part II Medical Practitioner to document the psychotropic medicines that the patient is receiving at that particular time.

1.1 Principles of Treatment

The following principles apply to the treatment of all mentally disordered patients whether or not they are in hospital and also apply to voluntary patients and patients detained under the Mental Health (Northern Ireland) Order 1986 (The Order) including those admitted under Part III of the Order[1].

All treatment should be primarily for:

- the benefit of the patient
- the protection and safety of the patient and other people

It should respect the patient's dignity and rights, respect the patient's right to privacy and freedom of choice and respect the patient's right to information.

1.2 Requirement to Seek Consent

Under Article 64 of the Mental Health (Northern Ireland) Order 1986, the administration of psychotropic medicine three months or more after its first administration, during any continuing period of liability for detention, requires consent or a second opinion. Consent, given by a detained patient, must be validated by the Responsible Medical Officer (Part II Medical Practitioner) or a Part IV Medical Practitioner and a Form 22 completed (see Appendix 1).

If valid consent is not given or cannot be given, a second opinion must be obtained from either a Part II or Part IV Medical Practitioner and a Form 23 requires to be completed (see Appendix 2). A Part II Medical Practitioner from another hospital/department can give the second opinion.

[11] Mental Health (Northern Ireland) Order 1986 Code of Practice

Form 22 and 23 require the following information to be recorded.

- The patient's name
- The hospital where the patient is detained and
- The name of the Part II Medical Practitioner
- The details of the psychotropic medicines which have been prescribed
- The Medical Practitioners signature and date on which the form was signed.

It is a requirement of the legislation that forms are forwarded by the Medical Records staff of each hospital to the Mental Health and Learning Disability Directorate of RQIA (MHLD). These forms should be received by RQIA no later than **four** days following their completion.

1.3 Aims of the Audit

The previous 2011/12 Audit was carried out on a random sample of forty Treatment Plans. The findings indicated a number of areas requiring improvement. It was agreed that RQIA would undertake a further audit of the 2012/13 period.

The aims of the 2012/13 Audit were to:

a) Examine the treatment plans on all Form 22 and 23's received by the MHLD Directorate of RQIA against a set of prescribing standards largely based on British National Formulary (BNF) Guidance on Prescribing and Prescription Writing.
b) To make any relevant recommendations based on the findings.

1.4 The Scope of this Audit

The Audit team examined all treatment plans (Forms 22 and 23) received by MHLD Directorate over a period of 12 months, from 1 November 2012 to 31 October 2013. During this period 132 treatment plans were received.

1.5 The Role of the Mental Health and Learning Disability Directorate in Monitoring the Administration of Medicine under Article 64 of the Mental Health (Northern Ireland) Order 1986

The Mental Health and Learning Disability administration team log and check forms for errors with respect to names, dates and signatures. Each Form 22 or 23 accompanied by the corresponding Form 10, Form 11 or Form 12 which details the mental state of the patient and reasons for the patient's detention, is reviewed by a member of the Medical Panel of RQIA, who decides whether or not the treatment plan is acceptable.

If, for some reason, the treatment plan is not acceptable, the Form 22 or 23 will be returned to the Part II Medical Practitioner by RQIA, via Medical Records staff, with reasons why it is deemed to be unacceptable.

The amended Form 22 or 23 will then be passed again to a Medical Panel member for final approval. If it is not approved, a discussion will take place between the Medical Panel member and the Part II Medical Practitioner and an agreed treatment plan will require to be formulated.

1.6 Audit Methodology

Two Medical Panel members of RQIA agreed a set of minimum standards for the prescribing of psychotropic medicines.

The treatment plans were reviewed by the Medical Panel members against the standards set out below.

1.7 Standards set by RQIA to Audit Treatment Plans

1) Legibility
2) Patient name (and DOB if under 18)
3) Hospital name
4) Consultants name
5) Medications
   a) acceptable medication
   b) dosage within BNF Guidelines
   c) polypharmacy – indications e.g. changeover, treatment resistance etc.
   d)Pro Re Nata Medication:
   (i) indications
   (ii) Minimum interval between dosages
   (iii) Maximum dosage in 24 hours

6) Signed and dated (within timescale)

1.8 Difficulties Noted in Reviewing Dates of Obtaining Consent

The prescribed timescale between the date of completion of Form 10 and the Form 22 was difficult to calculate as the Order states that the administration of a medicine, for more than three months after its first administration during any continuing period of liability for detention, requires consent (Form 22) **or** a second opinion (Form 23).

As the Form 22 does not detail when a particular medicine was first administered, it is difficult to calculate on which date consent becomes a requirement and it may be different for each medicine administered.

1.9 Findings of the Audit

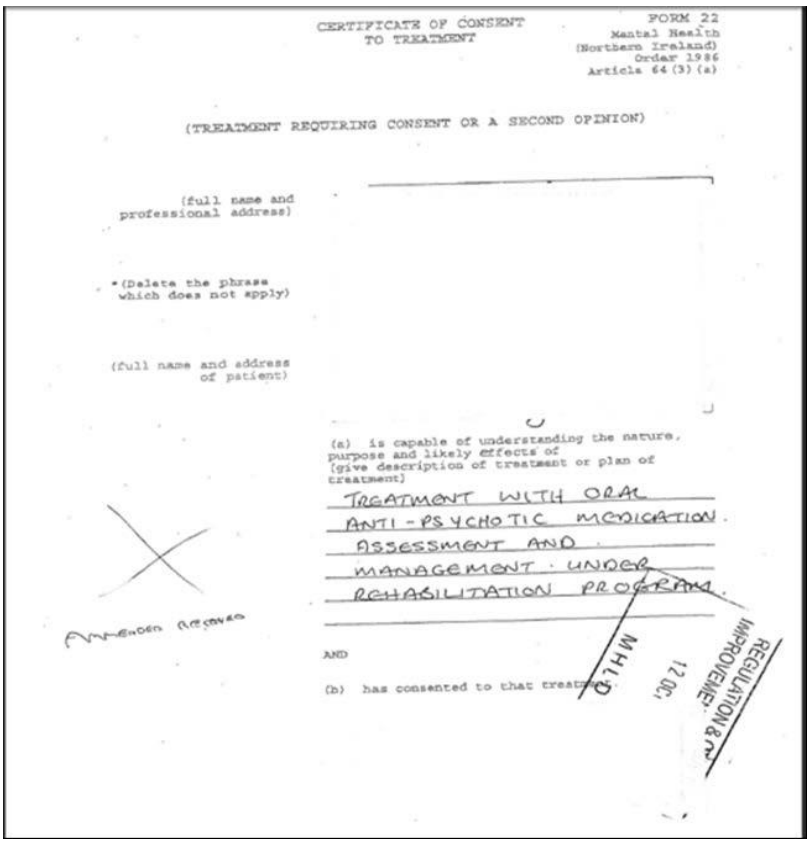
RQIA Standards

Totally unacceptable treatment plans – 3

These 3 forms were deemed unacceptable not because they did not meet the set standards, rather, they simply did not document a treatment plan which included details of the medication prescribed.

A (redacted) example of unacceptable treatment plan is outlined below.

Diagram 1



CERTIFICATE OF CONSENT TO TREATMENT

FORM 22
Mental Health (Northern Ireland) Order 1986
Article 64 (3) (a)

(TREATMENT REQUIRING CONSENT OR A SECOND OPINION)

(full name and professional address)

*(Delete the phrase which does not apply)

(full name and address of patient)

(a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment]

TREATMENT WITH ORAL ANTI-PSYCHOTIC MEDICATION. ASSESSMENT AND MANAGEMENT UNDER REHABILITATION PROGRAM.

AND

(b) has consented to that treatment.

MHLD 12 08 IMPROVEMENT & REGULATION

1.10 Lack of Legibility

There were 5 treatment plans were deemed unacceptable due to illegibility.

Illegibility occurred when the treatment plan was written in lowercase, RQIA recommend that Medical Practitioners use block capitals on all parts of the forms.

1.11 Concerns about Review of Prescribed Medications

Unacceptable	**5**
Exceeded BNF Dosage	**13**
No indications for Polypharmacy	**4**

The five unacceptable medications could not be found in the British National Formulary (BNF).

The 13 exceeded BNF dosages were in excess of the maximum recommended national BNF Guidelines.

With regard to the 4 cases of polypharmacy, no clinical indications were documented for prescribing more than more one medication from the same family of drugs.

It should be noted that there is some leeway given to the use of anti-psychotics and anti-depressants, which in complex cases, can be used in a higher dose. This is very much a clinical judgement and RQIA Medical Panel members may discuss the medication with the prescribing RMO if it is felt that an excessive dose is being used or an inappropriate combination of drugs is being used.

Different maximum dosages are recommended for children and older people. As age is not included on the Form 22 or Form 23 it was not possible to judge whether the dosage exceeds the maximum recommended for a particular age group.

1.12 PRN Prescribing

Medicines may be prescribed on a Pro Re Nata (PRN) basis. Pro Re Nata means 'as the circumstance arises'. It refers to prescribed medicines that are not scheduled but available for administration 'as needed'.
When prescribing PRN medication it is good practice to state the following:

a) Minimum interval between doses of the medicine.
b) Maximum dosage of the medicine to be given in a 24 hour period.
c) Indication for each PRN medicine.
d) The total daily dose of that particular medicine, including scheduled doses of the medicine, should not exceed the maximum dosage recommended in BNF.

No indications	**30**
No minimum interval between doses	**14**
No minimum dosage in 24 hours	**6**

The prescribing of one PRN medicine is preferable: if two PRN medicines are prescribed they should usually be from a different class of medicine and each should have a different indication, so that it is clear which medicine is to be given in what circumstances. Similarly, if three PRN medicines are prescribed, the indications and order of administration should be clearly stated on the Treatment Plan.

It is clear from these findings that the majority of unacceptable treatment plans are due to PRN prescribing not meeting the standards.

2.0 Summary of Audit Findings on Standard of Treatment Plans

Number of treatment plans received – 132
(Forms 22 and 23)

Not approved – 36 = 27%

Failure to meet standards – 80

3.0 Other Issues to be considered following the Audit

a) Capacity to give valid consent.

It is essential for Part II Medical Practitioners completing Form 22s to

- ensure that the patient can give their valid consent (i.e. that they are capable of understanding the nature, purpose and likely effects of the prescribed medicines) and to
- Make a clinical record in the patient's notes of the process of obtaining consent.

The Medical Panel members were unable to judge from the information contained on the Form 22 and Form 10 whether or not the patient has capacity to consent.

It was noted in a small number of cases of patients with learning disability that the accompanying Form 10 stated that the patient had severe impairment of intelligence. In these cases the Medical Panel consider it good practice that the Part II Medical Practitioner comment on this apparent anomaly.

b) Noted increase in errors noted where treatment plan is not written by Consultant.

Although not one of the standards, it was clear from an examination of the writing on some of the treatment plans that the actual psychotropic medicines may have been written by someone other than the Consultant in a significant number of cases.

This matter should be reviewed by the Clinical Directors.

c) Legibility and clarity of handwritten forms

Although the legibility of the list of medicines on the Forms scored 96%, the Medical Panel had difficulty deciphering a significant number of the forms. The handwriting required close scrutiny and some of the forms were untidy with names or words frequently crossed out and re-written above or in the margin.

As treatment plans are legal documents, the Medical Panel recommend that they should be written clearly in capital letters and preferably completed by the Consultant.

4.0 Recommendations

1. RQIA will share the findings of this audit with the Medical Director and Clinical Directors in each Trust. RQIA recommends that the issue of errors, legibility, obtaining consent, PRN prescribing, BNF dosage and indicators for polypharmacy are reviewed by Clinical Directors in consultation with psychiatric staff.
2. Clinical Directors should review the process of completing Treatment Plans to ensure that Treatment Plans are completed solely by the Consultant
3. RQIA will also share the findings with the HSC Board/PHA so that areas requiring improvement can also be raised with the five trusts.
4. RQIA will write to the trusts requesting that the date of birth of patients under 18 is included when submitting a Treatment Plan.
5. RQIA will continue to audit treatment plans in 2014 against the standards set out in this audit.
6. A further report will be produced in November 2014

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10 January 2014