

Audit on 'Prescription-Only Caseload' of a Community Mental Health Team(CMHT)

Dr Maneesha Kallukkadan Paul, Core Psychiatry Trainee 3

Introduction

This audit evaluated the 'prescription-only caseload' within an adult CMHT. This caseload consists of 40 patients who remain under secondary care despite clinical stability on long-term antipsychotic therapy. These patients receive three-monthly telephone reviews and FP10 prescriptions issued by CMHT clinicians, placing substantial demand on clinical time and administrative resources. Shared-care guidelines indicate that stable patients should transition to GP prescribing after at least three months of stability, provided side effects and adherence are satisfactory. Concerns were raised that existing practice may not align with these standards and that safety elements—including annual physical health checks and documentation of off-label use—might not be consistently completed. This audit sought to evaluate current practice and identify areas for improvement.

Methods

A structured audit tool was developed, and electronic clinical records were reviewed. Data collected included demographic information, duration on the caseload, length of stability on current antipsychotic medication, date of last medical review, dates of blood tests and ECGs, and compliance with off-label prescribing requirements. One patient discharged during the audit period was excluded, giving a final sample size of 39.

Conclusions

The audit demonstrates clear opportunities to transition suitable patients back to primary care through strengthened shared-care collaboration. Key safety issues—delayed medical reviews, overdue ECGs, and inadequate off-label documentation—require targeted intervention. Continued monitoring and a re-audit in six months are recommended to assess improvement.

Results

The sample included 20 female and 19 male patients, with the majority aged 40–60. Time on the caseload ranged from several months to more than six years. Most patients had been stable on the same antipsychotic and dose, for more than 12 months, and 15 had stability exceeding three years(chart 1).



Chart 1: Patient stability on antipsychotic medications

All patients had undergone blood tests within the previous year, and three-monthly phone calls were consistently documented.

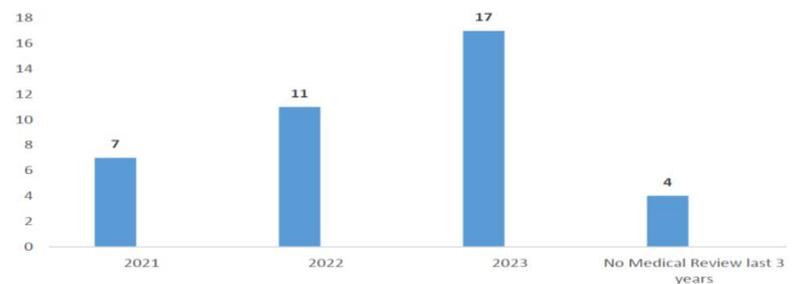


Chart 2: Medical reviews

There was also some safety issues identified. Regarding medical reviews, 4 of them hasn't had a medical review at least in the last 3 years(chart 2) As per the trust antipsychotic monitoring, it's been recommended to have an annual ECG. 8 of the total patients hasn't had an ECG done for the past 3 years. Off-label prescribing was identified in eight patients, but documentation and patient discussion were incomplete in seven cases.