

Background:

- Under the Mental Health (Care and Treatment) (Scotland) Act 2003, patients on compulsory treatment for more than two months require treatment forms; T2B for consented treatment T3B for treatment approved by a Designated Medical Practitioner.
- Inpatient settings have safeguards like HEPMA checks, and MDT oversight. These are absent in community care, where CMHTs request medication changes via GPs and do not dispense most medications directly.

Aims:

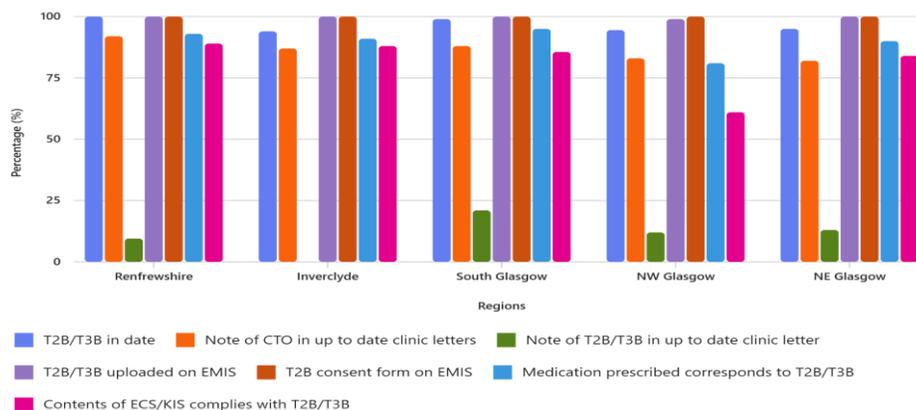
- To assess whether information recorded on treatment forms accurately corresponds to medications prescribed to patients by CMHTs or GPs.

Methods:

- This reviewed all patients on treatment forms under NHSGGC Adult CMHTs (Renfrewshire, Inverclyde, South Glasgow, North East Glasgow, and North West Glasgow HSCPs) with Caldicott approval.
- A checklist assessed whether forms were in date, uploaded to EMIS, included consent (for T2B), referenced in clinic letters, and matched ECS (Emergency Care Summary) records.
- Medical records provided lists of patients on Compulsory Treatment Orders (CTO) and treatment forms.
- Data access occurred between June and October 2025, though timing varied between teams—a noted limitation.
- Separate audits for each site were conducted by core trainees and reviewed by Dr Mai Elawaf who combined a report.

Results:

- A total of 558 patients were included (491 General Adult, 36 Forensic, 8 Learning Disability, 23 Older Adults).
- T3B forms were more common than T2B, reflecting treatment as a key reason for CCTO.
- 99.8% of treatment forms and consent forms for T2B were uploaded to EMIS.
- 85% of clinic letters mentioned treatment orders, and 14% referenced treatment forms.
- Medication alignment was 90%, with discrepancies due to additional psychotropic medications prescribed.
- ECS/KIS correspondence was (80%), with missing or incorrect entries posing risks; especially for Clozapine, which was absent in two cases.



Actions

- Results were fed back to relevant teams.
- A section was added to 'Clinic outcome letter to GPs' templates with a heading related to treatment forms.

Recommendations:

- Re-circulation of guidance on best practices for completing treatment forms.
- Consider implementing an alert within EMIS for patients with treatment forms.
- Re-audit in 12 months' time.

Acknowledgement:

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