

An audit and re-audit of the “consider medication” clinic in Gwent CAMHS. Closing the loop and improving the service.

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Background

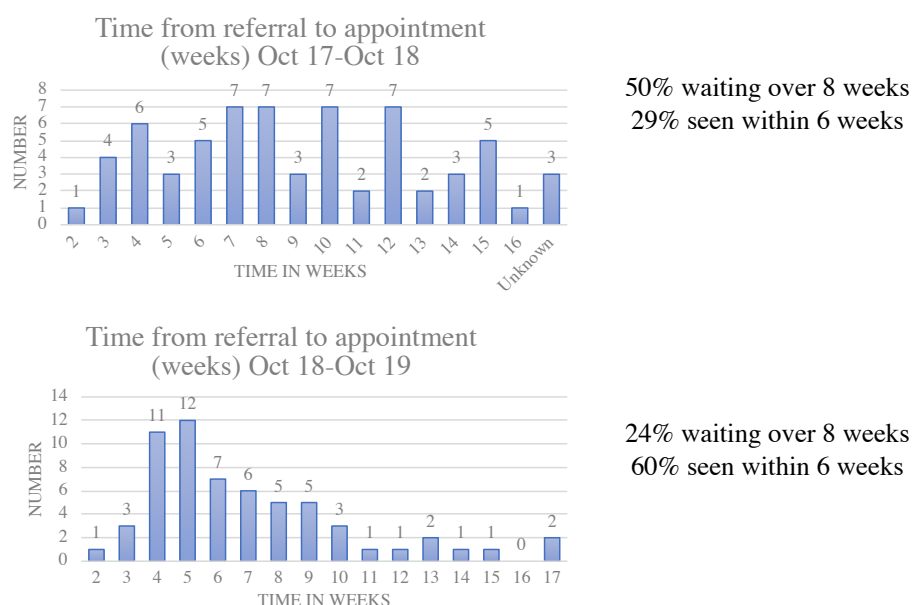
The “consider medication” clinic was introduced in October 2017. It was planned as a pan-Gwent clinic, delivered by consultants on a monthly rolling rota, for consideration and initiation of stimulant medication and/or melatonin in children and adolescents with a confirmed diagnosis of ADHD or ASD.

Method

An initial audit of the clinic after one year of operation (Oct 2017-18) was undertaken by Dr Burden. Dr Davies-Kabir then undertook a re-audit of the clinic after a second year of operation (Oct 2018-19). Demographic data, referral details and waiting times were obtained from a central database of all young people referred. Clinical records and letters were reviewed to obtain data on assessment, diagnosis, medication prescribed and baseline assessment and monitoring. The audit examined adherence to NICE guidelines and departmental policy in the initiation of stimulant medication and/or melatonin.

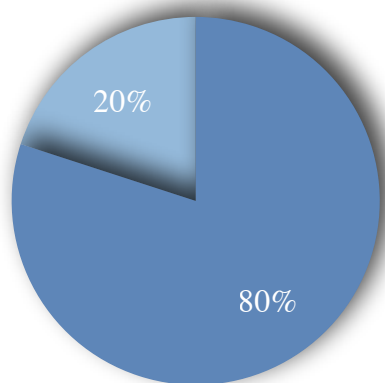
Result/Outcome

Patients waiting over 6 weeks for an initial appointment fell from 60% to 29% despite the same number of referrals with similar demographic data.

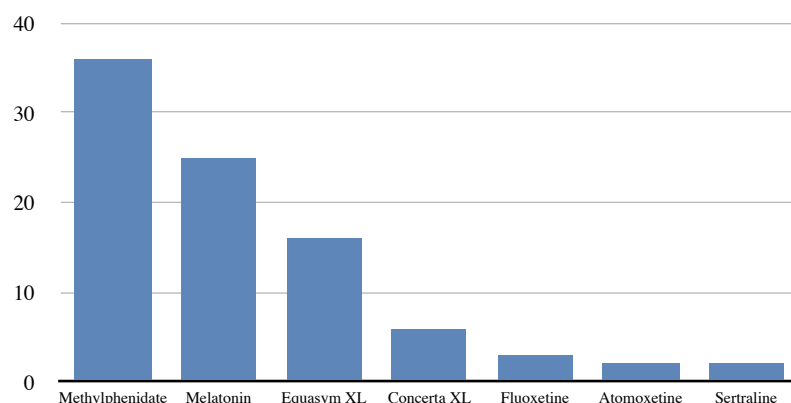


Diagnosis and medication prescribed showed a high number of complex cases with comorbidities including affective disorder, PTSD and attachment disorder. 20% of patients also received a referral to other agencies for interventions.

- Management plan achievable by doctor during "consider medication" appointment
- Patient needed further referral for treatment or services



Medication prescribed in the “Consider medication” clinic Oct 2017-Oct 2019



Adherence to NICE guidelines improved in every index from 2017/18 to 2018/19.

Adherence to NICE guidelines for initiation of stimulant medication in ADHD

Standard	% of total	
	2017-18	2018-19
Appropriate ND assessment and diagnosis before prescribing	100	100
Any phone review completed	33	30
Co-morbid mental health and neurodevelopmental difficulties considered	83	96
Personal history of cardiac disease taken	56.4	87
Family history of cardiac disease taken	56.4	78
Height checked	69.2	91
Weight checked	69.2	91
Pulse checked	69.2	91
BP checked	69.2	91

Telephone dose titration reviews remained low with 33% and 30% of cases having any recorded telephone review following their first appointment.

Conclusion

The high amounts of comorbidity and different medications prescribed during the clinic, as well as the need to refer for further interventions, showed that the work done in this clinic was far more complex than its intended purpose of simply initiating medication for neurodevelopmental disorders. From November 2019 the “consider medication” clinic has been stopped and instead young people are screened and allocated to a generic or a medic Choice appointment for full assessment, diagnosis and management plan of all presenting problems. It was encouraging to see the improvements in waiting times and adherence to NICE guidelines from 2017/18 to 2018/19 and lessons learnt from this have been applied in the new medic Choice appointments. Discussion around the low number of telephone reviews has prompted a revision to departmental policy on dose titration when starting stimulant medication for ADHD.