



Healthcare Improvement Plan

October 2026

Introduction

The key purpose of POMH since it began in 2005 has been to support quality improvement (QI) in prescribing in UK mental health services, to help them achieve a safer and more effective use of the psychotropic medications currently available. POMH is managed within the College Centre for Quality Improvement (CCQI), in the Royal College of Psychiatrists (RCPsych). It was started with a tapering grant from the Health Foundation, and since 2008 has been funded solely through subscriptions from member healthcare organisations (principally NHS Trusts); it remains independent of the pharmaceutical industry.

To achieve its aims, each year POMH delivers 3 audit-based quality improvement programmes that focus on specific topics within mental health prescribing. Participating member organisations receive customised reports for each audit they take part in, where performance in relation to evidence-based standards is benchmarked anonymously against other participating Trusts and healthcare organisations.

Along with customised reports, additional provisions for POMH members include slide-sets for easier dissemination of findings to local teams, free places on our regular webinars introducing our QI programmes, and access to our online Members' Area, providing a catalogue of change intervention tools, reports and recent webinar recordings.

POMH also aims to improve patient safety through wider collaborations and use of the data collected from mental health services. National data on prescribing practice have informed treatment guidelines, the rationales for funded trials and have supported findings published in medical journals.

Reducing the burden of audit

Data collection for POMH QI programmes is bespoke, involving a standardised data collection tool, focussing on information in the case-notes related to performance against the evidence-based practice standards. Further, as the data collection is often conducted by clinicians, there is QI value in the data collection process itself, as it reminds them of relevant practice standards and makes them immediately aware of the performance against such standards in the treatment of the patients in their audit sample.

Audits may have a detrimental effect on service resources where data collection is excessive, results in duplication, lacks clear aims, evidence or rationale, or where processes and systems prove to be unhelpful or unreliable. The operation and methodology of POMH aims to reduce the burden of audit for our member organisations in the following ways:

- POMH is a subscription-based project. Membership and participation in each individual QI programme are optional, driven by Trusts' priorities and interest.
- POMH provides focused topics on mental health prescribing, relating to a particular illness and/or a particular medication or class of medication, seen as a national, clinical priority.
- POMH encourages and reviews member suggestions for QI programme topics along with the inclusion/exclusion of particular patient groups within the audit eligibility criteria.
- Members have the opportunity during POMH webinar presentations to provide feedback on the proposed practice standards and audit questions, to ensure they are appropriately focused, clearly written and that data collection is achievable/realistic.
- To avoid excessive data collection - and with the guidance of our advisory groups - the number of practice standards and audit questions are kept to the minimum required to meet the aims of the QI programme. (Typically, 3-6 practice standards are developed for each QI programme).
- POMH consults with other national audits based at RCPsych to reduce or avoid overlaps in data collection.
- The POMH team regularly consults with the Joint-heads and clinical leads of the project to provide prompt responses to any queries received. All materials and supporting guidance are carefully and clearly written to reduce error and misunderstanding.
- POMH provides a reliable, proven online system for data entry, closely monitored for any issues.

Improvement goals

POMH has developed QI programmes on over 20 topics since 2005, completing at least 1 initial audit and 1 re-audit for each topic, with several extending to multiple supplementary audits (see Appendix A). Rather than setting specific targets, we engage clinicians and clinical teams in a supportive, continuous quality improvement process, closing the gap between best practice standards and actual clinical practice.

The question of what good quality care 'looks like' is therefore determined by the agreed, evidence-based practice standards for each QI programme. Expectations for improvement and identified areas of patient care that require particular attention are guided by results and the benchmarking of members' performance against those standards.

Project challenges and goals common to all POMH QI programmes are outlined here, in broad terms:

- **To maintain long-term member commitment and participation levels in each audit** – The timeframe for progress is long and improvement generally modest. Improvement may be seen between the baseline audit and re-audit, but supplementary audits conducted in subsequent years can show incremental, sustained improvement in clinical services that have been consistently involved. Sustaining long-term commitment is critical in achieving improvements in prescribing practice.
- **Medicines optimization** – A central focus of POMH QI programmes is in supporting the safe and effective use of medicines. Each QI programme will be developed to address the specific concerns of the topic, but will typically seek to improve practice in areas such as:
 - Licensed indications and off-label prescribing
 - The quality of patient information and shared decision making (e.g. on off-label prescribing)
 - Treatment initiation and review
 - Adherence and response to treatment
 - The quality of physical health monitoring
 - The quality of side-effects monitoring
 - Medications prescribed in combination and/or high dose
- **To support the wider use of POMH data** – Through collaboration with other key stakeholders, POMH data may be useful in supporting wider, national initiatives concerned with patient safety, particularly where there's a paucity of data in areas of prescribing.
- **To be responsive to current patient safety concerns** – An agile, responsive project, enables multiple audit programmes to be developed each year, addressing areas of concern in mental health prescribing in a timely manner.

Improvement methods

National

POMH will seek to collaborate and align with national stakeholders and networks where appropriate. In support of our QI programmes, links have been established with a number of organisations, which include:

- **National guideline groups / NICE / BNF** – POMH data and learning have informed consultations on draft guidelines, for example, on 'Aggressive behaviour in people receiving NHS or social care'.
- **MHRA (Medicines and Healthcare products Regulatory Agency)** – POMH data on prescribing has supported MHRA enquires in relation to patient safety, for example on the use of clozapine and on prescribing valproate in women of child-bearing age.
- **HSSIB (Health Services Investigation Board)** – POMH data and learning have informed efforts to address the underuse of lithium, supporting a forthcoming HSSIB report.
- **Primary research** – Audit data from POMH QI programmes may support, or suggest, areas for future research (e.g., POMH data was used for a grant application by the ATLANTIS study, examining valproate

as an augmentation agent for antipsychotic-resistant psychotic symptoms in patients with schizophrenia who are not prescribed clozapine).

- **RCPsych Psychopharmacology Committee** – the College's Psychopharmacology Committee receive updates on POMH QI programmes. Through this link, POMH data may support wider College initiatives, e.g., POMH data has informed the RCPsych Position Statement on clozapine.
- **British Association of Psychopharmacology (BAP)** – POMH has established links with the BAP and may submit posters on findings from our QI programmes.

Local

POMH produces the following key outputs for our member organisations, to provide feedback on their performance against the audit standards.

- **Trust reports** – Each participating Trust/healthcare organisation receives a customised audit report that allows its performance against the practice standards to be compared with the total national sample and each of the other, anonymised, participating organisations, and allows the clinical teams in that organisation to be compared with each other.

As well as local POMH leads, reports are provided to the CEOs of member organisations, as means of promoting and supporting engagement with the project and QI programmes.

- **Non-participating Trust reports** – for the benefit of members who choose not to participate in a particular audit but wish to review the national findings, a version of the report will be produced that does not include customized, individual Trust data.
- **Slide sets** – for each QI programme, customized slide-sets are produced to accompany the main Trust reports to support the easier, more succinct dissemination of key findings.
- **Supplementary reports** – where opportunities arise, additional, short reports will be produced to spotlight important findings or offer alternative presentations of complex data.

Improvement tools

Member QI initiatives are supported by the materials available in the online [POMH members area](#), which includes:

- **Trust reports and slides** – Our most powerful Quality Improvement tools are our reports and accompanying slide-sets. The data and findings published within these reports and slides, benchmarking Trusts' performance against agreed practice standards, underpin our members' QI activities. They include specific '**QI suggestions**' on areas of poor practice identified nationally. Developed with our advisory groups, these suggestions aim to be achievable, practical and widely applicable to members.
- **Practical QI tools/interventions** – POMH has developed several tools to support local QI, such as our 'Ready Reckoner' card, providing a simple means of calculating when prescribed antipsychotics have tipped over into high dose. Tools shared by members are also available here, such as TEWV's lithium database template, to support the monitoring of patients' lithium levels over time.
- **Sharing Best Practice report** – In collaboration with a working group of POMH members, a new type of questionnaire was developed to gain a better understanding of members' QI initiatives in response to POMH audits. The resulting report shares learning gained from over 123 submissions from 35 Trusts, covering 10 QI programmes. It includes detailed cases studies from members on the challenges faced and actions taken, analyses of the common barriers to QI and markers of success. To further facilitate the sharing of ideas, relevant member contact details are provided for each case study.
- **Webinar recordings and slides** – Recent webinar recordings on our QI programmes and accompanying slide-sets support member engagement, providing useful information for clinicians and data collectors.

A wealth of information on POMH QI programmes, member QI interventions and the wider impact of our data in furthering evidence-based practice is also provided in the [POMH 15-year anniversary report](#), available on the public pages of our website.

Webinars

Members are supported and engaged through a series of webinars that introduce and provide updates on our QI programmes. Some of the common features to our webinars are:

- All webinars introducing a new QI programme will include a clinical background presentation from a leading expert, outlining current practice and known safety issues, helping to emphasise the importance of the topic, addressed by the audit.
- Members have the opportunity to review and provide feedback on the proposed practice standards and audit questions, to ensure they are appropriately focused, clear and able to capture the intended data.
- To increase availability of the webinars to members, live POMH webinars are recorded and later made available within the online POMH Members' Area.
- POMH webinars are free to attend and open to all contacts within member organisations.

Patient and public involvement

The practice standards that underpin each POMH QI programme are largely derived from NICE guidance and recommendations, which have extensive patient and public input.

Patients can make a particularly important contribution in the development of change interventions to improve prescribing practice within their service, advising on what measures are found to be the most helpful and effective. We encourage POMH members to include patients within their local POMH team, and that someone from the local team attend patient group meetings to talk about what is being done in the Trust, enabling patients to be involved.

Information is provided to patients on the publicly accessible pages of our website: [POMH resources page](#). Our online resources intended for patients includes links to organisations relevant to mental health prescribing, such as the BNF, NICE, and the MHRA 'Yellow card' scheme.

In support of the inclusion of patients' views in their care, our online resources also include a link to the RCPsych CPD eLearning module: '[How patient centred are you? Share decision making in psychiatric practice](#)'

Communications

POMH will further its aims through regular communication with members and other key stakeholders in a variety of ways.

- **Direct mailouts** – Emails to local POMH leads and supporting contacts provide essential information on project reports, audit materials, timelines and audit stages.
- **POMH website** – The Latest News page is regularly updated with items on published reports, papers and upcoming webinars.
- **Online POMH members area** – Provides a repository of all POMH reports, slides, QI tools, and current webinar recordings.
- **Psychopharmacology Committee newsletter** – Periodic updates will be provided through the newsletter on POMH findings and publications to the College's psychiatrist members.

- **Peer reviewed papers** – Findings from POMH data suitable for publication are regularly submitted to journals. A list of papers can be found under 'Publications list' on the [POMH resources page](#).
- **Conferences** – The joint-heads of POMH have opportunities to present key findings at the RCPsych annual International Congress. Other advisory group members may also present national findings at conferences, with approval.

Evaluation

POMH participates in an annual peer review process, where the performance of all projects within the CCQI are reviewed against shared standards.

POMH data are also subject to the rigour of the peer review process when submitted for publication.

Appendix A

POMH's Quality Improvement programmes, as of **October 2026**.

<i>Report date*</i>	<i>Topic number**</i>	<i>QI programme title</i>
Mar-06	1a	Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
Jun-06	2a	Screening for metabolic side effects of antipsychotic drugs
Mar-07	1b	Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
May-07	3a	Prescribing high dose and combined antipsychotics on forensic wards
Mar-08	5a	Prescribing high dose and combination antipsychotics on adult mental health acute and intensive care wards (time series)
Jun-07	2b	Screening for metabolic side effects of antipsychotic drugs
Oct-07	4a	Prescribing anti-dementia drugs
Mar-08	1c	Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
Jun-08	3b	Prescribing high dose and combined antipsychotics on forensic wards
May-09	5b	Prescribing high dose and combination antipsychotics on adult mental health acute and intensive care wards (time series)
Aug-08	2c	Screening for metabolic side effects of antipsychotic drugs
Oct-08	6a	Assessment of side effects of depot antipsychotic medication
Jan-09	7a	Monitoring of patients prescribed lithium
Apr-09	1d	Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
Jun-09	8a	Medicines reconciliation
Jul-09	2d	Screening for metabolic side effects of antipsychotic drugs
May-10	5c	Prescribing high dose and combination antipsychotics on adult mental health acute and intensive care wards (time series)
Sep-09	9a	Antipsychotic prescribing in people with a learning disability under the care of adult mental health services
Mar-10	6b	Assessment of side effects of depot antipsychotic medication
Apr-10	1e	Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
Sep-10	7b	Monitoring of patients prescribed lithium
Sep-10	10a	Prescribing antipsychotics for children and adolescents
Nov-10	8b	Medicines reconciliation
May-11	9b	Antipsychotic prescribing in people with a learning disability under the care of adult mental health services
Jul-11	11a	Prescribing antipsychotics in people with dementia
Sep-11	6c	Assessment of side effects of depot antipsychotic medication
Jan-12	7c	Monitoring of patients prescribed lithium
Mar-12	10b	Prescribing antipsychotics for children and adolescents
May-12	1f & 3c	Prescribing high dose and combined antipsychotics: acute/PICU, rehabilitation/complex needs, and for forensic psychiatric services
Sep-12	12a	Prescribing for people with personality disorder
Sep-12	2f	Screening for metabolic side effects of antipsychotic drugs
Jan-13	11b	Prescribing antipsychotics in people with dementia
Sep-13	13a	Prescribing for ADHD in children, adolescents and adults
Oct-13	7d	Monitoring of patients prescribed lithium
Apr-14	4b	Prescribing anti-dementia drugs
Jul-14	10c	Prescribing antipsychotics for children and adolescents
Sep-14	14a	Prescribing for substance misuse: Alcohol detoxification
Jan-15	12b	Prescribing for people with personality disorder
Jul-15	9c	Antipsychotic prescribing in people with a learning disability under the care of adult mental health services

Nov-15	13b	Prescribing for ADHD in children, adolescents and adults
Apr-16	15a	Prescribing valproate for bipolar disorder
Jun-16	14b	Prescribing for substance misuse: Alcohol detoxification
Nov-16	11c	Prescribing antipsychotics in people with dementia
Feb-17	7e	Monitoring of patients prescribed lithium
Jul-17	16a	Rapid Tranquilisation in the context of pharmacological management of acutely disturbed behaviour
Sep-17	1g & 3d	Prescribing high dose and combined antipsychotics on adult psychiatric wards
Jan-18	17a	The use of depot/LAI antipsychotic medication for relapse prevention
Apr-18	15b	Prescribing valproate for bipolar disorder
Sep-18	16b	Rapid Tranquilisation in the context of pharmacological management of acutely disturbed behaviour
Jan-19	18a	Use of clozapine
Jun-19	6d	Assessment of side effects of depot antipsychotic medication
Jul-19	7f	Monitoring of patients prescribed lithium
Nov-19	19a	Prescribing for depression in adult mental health services
Mar-20	17b	The use of depot/LAI antipsychotic medication for relapse prevention
Aug-20	9d	Antipsychotic prescribing in people with a learning disability under the care of adult mental health services
Mar-20	20a	Improving the quality of valproate prescribing in adult mental health services
Aug-21	18b	Use of clozapine
Nov-21	14c	Prescribing for substance misuse: Alcohol detoxification
May-22	19b	Prescribing for depression in adult mental health services
Dec-22	1h & 3e	Prescribing of antipsychotic medication in adult mental health services, including high dose, combined and PRN
Feb-23	21a	The use of melatonin
May-23	20b	Improving the quality of valproate prescribing in adult mental health services
Sep-23	7g	Monitoring of patients prescribed lithium
Jan-24	22a	Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services
May-24	23a	Sharing best practice: Trust initiatives to improve prescribing practice prompted by participation in POMH Quality Improvement Programmes
Sep-24	16c	Rapid Tranquilisation in the context of pharmacological management of acutely disturbed behaviour
Dec-24	21b	The use of melatonin
Apr-25	24a	Opioid medications in inpatient mental health services
Sep-25	18c	Use of clozapine
Dec-25	20c	Improving the quality of valproate prescribing in adult mental health services
Apr-26	22b	Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services
Sep-26	17c	Use of antipsychotic medication for relapse prevention in patients with a diagnosis of schizophrenia
Jan-27	11d	Prescribing antipsychotic medication in people with dementia
Apr-27	25a	Use of propranolol
Sep-27	24b	Opioid medications in inpatient mental health services
Jan-28	26a	The use of antidepressants in child and adolescent mental health services
Apr-28	18d	Use of clozapine

**Future report dates subject to change*

***The lettered suffix to each programme number indicates the iteration of that topic (e.g. '16c' is the 3rd iteration of the 16th POMH QI programme).*