

About POMH-UK Quality Improvement Programmes (QIPs) and how they work

Why focus on prescribing?

The vast majority of people who come under the care of mental health services will be offered medication as part of their treatment. Such treatments are often long-term.

Why POMH-UK QIPs are important

Evidence-based guidelines set standards for optimal prescribing, adherence to which should maximise therapeutic benefit and minimise harms. The POMH-UK Quality Improvement Programmes (QIPs) identify gaps between evidence and practice, and seek to help and support clinical services to close these gaps.

The Healthcare Quality Improvement Partnership (HQIP) has stated that *'clinicians, and their employing Trusts, should view a well designed and effective national audit programme as an essential tool for them to improve services and assess performance'*.

Participating in POMH-UK QIPs supports Trusts and independent specialist organisations to demonstrate they are meeting national requirements by:

- Helping them to achieve several of the **Care Quality Commission (CQC) core standards for mental health and learning disability Trusts**.
- Providing evidence relevant to local implementation of **NICE guidelines**.
- Informing **Quality Accounts** (Quality Accounts are a national requirement and require providers to report on their participation in national clinical audits).

Supporting local services

POMH-UK helps clinical services maintain and improve the quality of their prescribing practice and reduce risks associated with medicines management. It provides:

- Support to help measure current prescribing practice against national standards and agreed best practice.
- Confidential benchmarking of prescribing practice within participating organisations against others and the national picture.
- Change interventions designed to support the improvement of local practice.
- The opportunity for services to share good practice at our annual regional workshops.

How Quality Improvement Programmes (QIPs) work

Nominating a local POMH-UK lead

Participating organisations nominate a local lead, with whom the POMH-UK team can liaise. This person is usually a senior pharmacist, senior psychiatrist or someone working in clinical audit/governance, who co-ordinates the QIPs in which their organisation participates, disseminates the audit materials and change interventions to relevant personnel, and receives information about workshops and other POMH-UK activities.

Which QIP?

The decision regarding which QIPs to participate in is a local one and is dependent on a variety of local drivers, clinical priorities, local targets and staff capacity. The POMH-UK team will automatically send audit materials for every QIP to the nominated local POMH-UK lead in your organisation.

Sometimes clinicians with an interest in the topic of a particular QIP may then wish to lead on it; for example a CAMHS consultant may wish to take a lead on '*Prescribing antipsychotics in children and adolescents*', in which case the local POMH-UK lead will pass the audit materials onto them.

Data collection and data entry

Data are gathered and then submitted electronically by participating organisations. The local POMH-UK lead will receive the audit materials by email approximately one month before data collection. There will then follow a four-week period of data collection followed by another four-week period of online data submission. Although in practice the data collection and online data submission can overlap at a local level, these are shown separately on our programmes to facilitate planning.

Data analysis

The POMH-UK team analyse the data and produce benchmarking reports, customised for each participating service (usually twelve weeks after online data submission closes). These reports allow our customers to review their own practice and compare with the corresponding practice of other participating organisations. The benchmarked data are provided in an **anonymised format**, allowing participating organisations to identify their performance but not to identify other participants.

Benchmarking reports

Each participating organisation receives a personalised customised report containing an executive summary with highlights of national and local performance against standards, and an editable action planning template.

These are followed by the main report, which comprises three sections:

- Performance in relation to standards on a national level.
- Performance in relation to standards for each participating organisation in a format which allows comparison between organisations (on an anonymous basis).
- Performance across individual teams* within each organisation against that of the organisation as a whole and at national level.

*Individual teams are only represented by locally allocated team codes – POMH-UK will not know the identity of these teams.

Using 'quality improvement interventions'

In order to stimulate improvements in practice, POMH-UK develops a range of change interventions for each QIP after the baseline audit. Member organisations select as many as they wish to implement for any QIP in which they are participating. Some interventions are QIP specific whereas others are more general.

It should be noted that POMH-UK interventions are NOT clinical interventions or treatments.

Examples of our interventions are:

- Individualised educational slide sets which accompany each report and contain snapshots of data at national, organisational and team level for delivery by local champions.
- Practical support tools for clinicians to help promote good prescribing practice.
- Practical materials to facilitate discussion of side effects of antipsychotic medication between service users and clinical staff.
- Practical materials for service users containing information on looking after their physical health when taking antipsychotic medication.

Follow-up audits

Re-audits are conducted on the same standards and treatment targets as at baseline, so that participating organisations can see if there has been any improvements in performance. Many of our QIPs include supplementary audits, which allow participating organisations to benchmark their performance over a longer period. Quality improvement takes time, and for some organisations marked improvements are seen after participating in several iterations.

These supplementary audits also offer organisations the opportunity to participate in a QIP in which they have not participated previously.