

East London

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Yes No

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Assessment Checklist for Treatment Resistant Schizophrenia Clozar

treatment

City and Hackney: Increase in assessment of Treatment Resistant Schizophrenia and consideration of Clozapine, leading to an expected increase in Clozapine prescribing

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Overall Project Lead – Dr Susham Gupta, QI Coach – Jamie Stafford, QI Lead – Jen Taylor-Watt, QI Sponsor – Dr David Bridle

Introduction

- In 2014 the National Audit of Schizophrenia identified that ELFT was a comparatively low prescriber of Clozapine, so the AOS team decided to launch a QI project to tackle this issue.
- The team identified key drivers, as shown in the driver diagram in figure 2 below, and concluded that a particularly important lacksquareissue to resolve was the lack of a clear process for identifying when people have Treatment Resistant Schizophrenia; and so when they may be suitable for Clozapine.
- To address this, they developed, through multiple PDSAs, the "Assessment Checklist for Treatment Resistant Schizophrenia", as shown in figure 1.
- Use of this new process has enabled AOS to increase identification of TRS in this caseload to over 75%, which has also \bullet resulted in small increases in number of people on Clozapine and reduction in polypharmacy.
- City and Hackney is now scaling-up the learning and approach to this work to two inpatient wards (Conolly and Ruth Seifert) and South CMHT.

	AOS Project		RIO CODE to be inserted here
Improving access to clozapine for treatment resistant schizophrenia in specialist teams	103	Outcomes	Run Chart showing % of caseload of patients with a diagnosis of schizophrenia or schizoaffective disorder who have been diagnosed 90 T with TRS
AIM PRIMARY DRIVERS SECONDARY DRIVERS	Total team caseload	14	80 - 70 - 60 -



anti-psychotics' then to check with form and fill out if been on two meds at full dose for long

- enough.
- AG to be notified of any completed forms

Predictions:

- 1. This will be a workable system for South CMHT doctors and will help to identify patients with TRS who may be suitable for clozapine
- Using the catchphrase "Psychotic on anti-psychotics" will help doctors to remember to do the TRS when appropriate

Data collection plan:

- All to notify Giuliano if they complete forms, including if TRS is identified. Giuliano to complete Excel sheet. This will capture the following metrics: Outcome 1. % of patients diagnosed with F20/25/29 seen face to face, who are assessed for TRS and clozapine suitability (forms completed) Process 2. % of patients with completed forms who fulfil form criteria
- All to keep personal notes of observations on how things go during testing phase (e.g. if you miss a "psychotic on antipsychotics" but it occurs to you later and any insights on what might have helped, any issues in using form, etc - essentially any learning we could pick up in the next cycle or later in the project) Figure 5

who have been reviewed for Staff understanding of context potential TRS suitability (Excel exercise) Review HTT titration policy Change Idea Key Hospital bed availability Rapid ward assessment: ECG, etc. Completed testing Titration Inpatient drs waiting list? Capacity for outpatient Testingnow titration Easy access to baseline monitoring in Figure 6 Testnext community (HTT, Cloz Clinic, etc)

Next steps

Over the next month we aim to fully set up all project measures for each scale-up site and take forward further PDSAs. Particularly we are keen to start working on the Information for Service Users driver; firstly by developing our understanding of what service users who now use Clozapine feel is important to know and understand when considering Clozapine and how we can best support them.

PROGRAMME