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Introduction- The front-line nature of mental health crisis services and the complex and acute presentations of their clients, require rapid decisions in response to medication requests. Prescribing is conducted by a combination of non-medical prescribers, advanced practitioners and medical professionals, with individual variation in prescribing habits and trends. This leads to an impact on the prescribing budget with spiraling costs evident.

Method- We undertook an audit of the prescriptions issued for emergency medications over 6 months. We incorporated audit standards, from NICE guidelines for prescribing of psychotropic medications and local trust prescribing advice. We audited data to examine whether cost of medication had been considered, in the context of the efficacy and safety of medications.

Results- Of 138 prescriptions issued, 72 (52%) were prescribed by advanced practitioners, 7 by non-medical prescribers (5%) and the remainder by doctors (43%). 213 items were prescribed costing £2828 during this period. We demonstrated, by introducing smarter prescribing methods, a reduction in the number of prescription items by 27.7% (59 items), resulting in a financial efficiency of 94.6% (£2677). We recommended implementing an acute care formulary acting as a guide to smarter prescribing.

Conclusions- The guide includes recommending generic versions of medications instead of trade brands, asking primary care to initiate medications, reducing quantities of drugs prescribed, increased accountability for prescribing decisions and stopping use of expensive psychotropics, where cheaper alternatives with similar efficacy and side effect profile are available. To assess impact, we would reaudit in 6 months, before consideration towards adopting the policy trustwide.