RACGP
Royal Australian College of General Practitioners

Healthy Profession.
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19 May 2023

Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney NSW 2000

Via email: ccs@safetyandquality.gov.au

Dear Australian Commission on Safety and Quality in Health Care,

Re: Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the Psychotropic medicines in cognitive disability or impairment clinical care standard.

General Practitioners (GPs) are most often a person's first point of contact in the health system. GPs provide patient-centred, comprehensive, longitudinal care for patients and work to ensure they receive the necessary support outside of the general practice.

GPs coordinate patient care, communicate with families and carers, and are well placed to prescribe and manage the use of psychotropic medications for people in aged care and those with disabilities. GPs also review the patient's medications, monitor for side effects and have the expertise to deprescribe where necessary.[1]

While this clinical care standard largely applies to those working in a hospital setting, our comments on the consultation questions are provided from a primary care perspective as outlined below.

Question 1: Does the quality statement adequately describe the quality of care that should be provided? How could the quality statement be improved?

The quality statements in this clinical care standard are generally descriptive of protocols on patient rights and obligations for the practitioner but do not include information on practical clinical guidance. It would be beneficial to have accompanying guidance for practical care in the settings indicated in the Standard.

The quality statements should not be too complex. There is a significant risk that GPs will opt out of prescribing and managing the use of psychotropic medications if the process is deemed to be too bureaucratically complex to navigate.

Question 2: Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities? How could the indicator(s) be improved?

It is unlikely that the proposed indicators will capture information required to support local clinical quality improvement activities. As an example, although there are tools available for recording the amount of medication used in residential aged care homes, they reflect the prevalence of use but not necessarily outcomes from usage.

The indicators could be improved by including more resources for carers. For example, guidance for carers on managing medication for people with disabilities and what to do when medications are rejected.

RACGP recommendations on specific indictors include:

- Indicator 2a – Alternative options for those who are not considered competent to consent needs to be included, otherwise, this indicator should only apply to those who are able to provide consent, and this should be stated in the indicator.
- Indicator 5a – visiting clinicians, such as GPs, need to be informed about behaviour support plans and this should be specifically mentioned in the indictor.

Question 3: The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included? If so, please provide further detail.

Quality Statement 2: Informed consent for psychotropic medicine quality statement:

It would be helpful to have guidance on how to assess a person's capacity and how to support the decision once the assessment has been made.

It would also be helpful to state what regulations and guidelines are available to assist healthcare providers determine a person's capacity for making decisions or who can make decisions on behalf of the person to seek consent for psychotropic medicines.

Quality Statement 3: Assessing a person with behaviours of concern

Quality Statement 3 focuses on referring a person who develops unexpected changes in behaviours for immediate assessment. The RACGP questions whether a comprehensive assessment should only be confined to unexpected behaviours of concern. For example, a GP is called to see a resident who consistently exhibits behavioural and psychological symptoms of dementia (BPSD), but on one occasion this involved harming another resident, should this also not be subject to investigation although not unexpected? Such investigation might encompass alternative strategies for behavioural management.

Quality Statement 4: Non-drug strategies quality statement:

Both non-drug interventions and drug interventions should be considered when assessing a patient. Having positive behaviour support plans and the lowest effective dose medications can often result in an optimal outcome for the patient.

Non-drug strategies are often used alongside appropriate drug therapies as part of the patients' wellness plan and vice versa. It is important to consider and re-establish non-drug interventions when the behaviour of a patient worsens, before increasing the dose of the medication.

Quality Statement 6: Appropriate reasons for prescribing psychotropic medicine quality statement:

In this statement, the list of included mental health conditions should be clearly stated. Dementia is often considered as a mental health condition2 and should be included as an appropriate reason for prescribing a pyschotropic medicine.

Quality Statement 7: Monitoring, review and deprescribing of psychotropic medicine:

The details in the behaviour support plans should be made available to pharmacists, who are most likely to be doing the medication review.

Quality Statement 8: Information sharing and communication at transfers of care:

The RACGP recommends an additional reference be included to support documentation in discharge summaries: *Luxford, K., Axam, A., Hasnip, F., Dobrohotoff, J., Strudwick, M., Reeve, R., ... & Viney, R. (2015). Improving clinician–carer communication for safer hospital care: a study of the 'TOP 5'strategy in patients with dementia. International Journal for Quality in Health Care, 27(3), 175-182.*

The findings from this study demonstrate that a good communication strategy for patient care is associated with improvements in clinician and carer experience.

Question 5: Do you agree with the suggestions relating to cultural safety and equity? If not, how could this resource be improved?

The suggestions relating to cultural safety and equity need to include further information about specific cultures (e.g. for Migrant and refugee, and CALD communities) with specific resources.

Question 6: Is the Consumer Guide useful? If not, how could this resource be improved?

The consumer guide is quite general and needs to include more specific information, in particular about providing guidance for carers. The following resource, developed by St Vincent's Hospital and the University of Melbourne, could be included in the consumer guide as it provides good guidance for carers: The Psychiatric Medication Information: A Guide for Patients & Carers.

Question 7: Is the Easy Read Consumer Guide resource useful? If not, how could this resource be improved?

The RACGP recommends the resource can be improved by including individual carer questions into the care plan.

Further comments

We provide the following general comments on the 'About this clinical care standard' section.

p 10 Line 14:

Information should be provided to substantiate how much psychotropic medication is used for the conditions listed and how much is used for other indications not on the list. Without this information, the RACGP recommends replacing 'used mainly to treat' with 'indicated for treatment of 'in the sentence on the use of psychotropic medicines.

'Psychotropic medicines are *indicated for treatment of* mental health conditions such as anxiety, depression, schizophrenia, bipolar disorder and sleep disorders'.

p11 Line 41: The distinction between use as treatment and use to influence behaviour

The RACGP recommends the inclusion of a guiding principle to assist with the assessment of whether a medication is considered a restrictive practice (chemical restraint). A person for whom the level of quality of life, participation in daily living activities and engagement in community activities have improved can be considered not to be experiencing restrictive practice while on the medication.

Thank you again for the opportunity to provide feedback on the psychotropic medicines in cognitive disability or impairment clinical care standard. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President

References:

1. Royal Australian College of General Practitioners. RACGP aged care clinical guide (Silver Book) - Part A: Short-term pharmacotherapy management of severe BPSD. East Melbourne: RACGP; 2020.

2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th edn. Washington DC: APA, 2013.