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Gloucestershire Health and Care
NHS Foundation Trust

CLINICAL AUDIT REPORT

2025-26 Clinical Audit Programme

Physical Health Monitoring for Patients on Depot Antipsychotics in Gloucester Recovery Team

DATE OF REPORT: 13/02/2026

AUDIT LEAD: Dr Prakash Muthu

Physical Health Monitoring for Patients on Depot Antipsychotics in Gloucester Recovery Team

Clinical Audit Number:	25-033
Audit Programme Cycle:	2025-26

Clinical Audit Lead:	Dr Prakash Muthu
Clinical Audit Officer:	Sarah Townsend, Clinical Audit Officer
Others involved:	Dr T Lerescu, Dr Keshini Gooneratne, Dr Dominic Padfield

Directorate:	Community PH, MH & LD	☒	Countywide Services	☐
	Children and Young People Services	☐	MH & LD Urgent Care and Inpatients	☐
	PH Urgent Care and Inpatients	☐	Trustwide	☐

Data Period:	01/09/2024 to 31/08/2025
Date of Report:	13/02/2026
Date Report Signed off:	08/07/2026

Date Re-audit Due:	No future re-audit.		
Overall compliance:	**52%**	Previous compliance:	62%

SECTION 1: Introduction

Background/ rationale:

Previous audits looking at the physical health monitoring of patients on depot antipsychotics were undertaken in Gloucester Recovery Team in 2015 and 2018. Since the last audit, there have been further changes in the physical health monitoring for these patients, with monitoring now being offered to all patients on the caseload. Therefore, a re-audit is required to find out how this has impacted on physical health monitoring for patients on depot antipsychotics in Gloucester Recovery and whether this meets the standards recommended in the NICE Clinical Guideline 178 on the prevention and management of psychosis and schizophrenia in adults (NICE, 2014).

Aims/ Objectives:

The aim of the audit is to ascertain if current practice in monitoring physical health of patients on depot antipsychotics in the Gloucester Recovery Team meets the standards as set out in the NICE Clinical Guideline on Psychosis and schizophrenia in adults: prevention and management.

Methodology:

An online audit tool, based on one used in the previous audit in 2018, was used to collect the data for the audit. Data was collected by Dr Prakash Muthu, Dr T Lerescu, Dr Dominic Hadfield and Dr Keshini Gooneratne.

The final sample size for the audit consisted of 89 patients, 60 patients (67%) were male and 29 patients (33%) were female. The age of the patients ranged from 22 years to 79 years.

The table below shows the ethnicity of the patients.

Ethnicity	Number of patients	Percentage of audit sample
White British	61	69%
Black / Black British	9	10%
Any other white background	4	4%
Asian / Asian British	4	4%
Mixed race	1	1%
Not documented	10	11%
Grand Total	**89**	

The table below shows the diagnosis of the patients in the audit sample:

Diagnosis	Number of patients	Percentage of audit sample
F10-F19 Drug induced psychosis	1	1%
F20-F29 Schizophrenia type psychosis	77	87%
F30-F33 Affective psychosis	8	9%
Other	2	2%
Diagnosis not stated on audit form	1	1%
Grand Total	**89**	

The patients in the audit sample were on a range of depot antipsychotics, details are shown in the table below:

Name of depot received	Number of patients
Aripiprazole	15
Flupentixol	29
Fluphenazine	1
Haloperidol	7
Paliperidone	14
Risperdal Consta	1
Trevicta	4
Zuclopenthixol	17
Zuclopenthixol Decanoate	1
Grand Total	**89**

Some patients were prescribed other psychotropic medication, the table below shows the range of medication prescribed:

Psychotropic medication prescribed	Number of patients
Amisulpride	1
Aripiprazole prn, Fluoxetine	1
Aripiprazole, Sertraline	1
Aripiprazole, Sertraline, Procyclidine, Diazepam	1
Benzhexol	1
Citalopram	1
Clomipramine	1
Clozapine	1
Diazepam	4
Diazepam, Priadel MR, Sertraline, Melatonin MR	1
Diazepam, Risperidone, Promethazine	1
Diazepam, Zopiclone	1
Duloxetine, Mirtazapine, Promethazine, Lorazepam	1
Epilim	1
Epilim Chrono	1
Haloperidol, Zopiclone, Lorazepam	1
Lithium, Promethazine, Escitalopram	1

Psychotropic medication prescribed	Number of patients
Lorazepam	2
Mirtazapine	3
Mirtazapine, Circadin, Diazepam	1
Mirtazapine, Procyclidine, Clonazepam	1
Mirtazapine, Sodium Valproate, Diazepam, Trihexyphenidyl	1
Mirtazapine, Venlafaxine, Pregabalin	1
no	3
No permission to access JUYI	2
None	2
Olanzapine	1
Permission not given to access JUYI	1
Pregabalin, Lorazepam	1
Pregabalin, Zolpidem, Sertraline, Melatonin	1
Procyclidine	4
Procyclidine, Zopiclone	1
Quetiapine	2
Sertraline	1
Sertraline, Aripiprazole	1
Sertraline, Diazepam	1
Sertraline, Epilim chono, Tramadol , Pregabalin	1
Sertraline, Procyclidine, Methadone	1
Sertraline, Promethazine, Diazepam	1
Trihexyphenidyl	2
Trihexyphenidyl, Zopiclone	1
Venlafaxine	1
Venlafaxine, Quetiapine , Diazepam, Zopiclone	1
Venlafaxine, Procyclidine	1
Venlafaxine, Quetiapine, Zopiclone	1
Zopiclone	1
Grand Total	**89**

SECTION 2: Results

Scoring System (RAG rating):

Inadequate 0-79%	Requires Improvement 80-89%	Good 90-100%

No.	Standard	Compliance 2024	Compliance 2023	⇧⇩
1	All patients should have a formal annual health check within the last year	48% (43/89)	65%	⇩
2	Smoking Status should be recorded for each patient	47% (41/88)	62%	⇩
3	If patient is a smoker, interventions for smoking cessation should be offered or a rationale for not offering recorded	100% (24/24)	97%	⇧
4	BMI should be recorded for each patient	45% (40/88)	61%	⇩
5	If BMI is recorded and BMI > 25, interventions for weight gain/obesity should be offered or rationale given if not offered	76% (22/29)	70%	⇧
6	Blood Pressure should be recorded for each patient	47% (41/87)	63%	⇩
7	If BP is recorded and Systolic BP reading is above 140 and/or Diastolic reading is above 90, interventions for hypertension should be offered or rationale given for why not offered	81% (13/16)	83%	⇩
8	Glucose should be recorded for each patient	41% (34/82)	47%	⇩
9	If Glucose is recorded and levels are recorded as more than or equal to any of the following (HbA1C 42mmol/mol, FPG 5.5 mmol/l or RPG 11.1 mmol/l), interventions for diabetes/high risk of diabetes should be offered	88% (15/17)	91%	⇩
10	Lipids should be recorded for each patient	43% (38/89)	46%	⇩
11	If Lipids are recorded and levels are recorded as any of the following (Total cholesterol more than or equal to 9, non-HDL cholesterol more than or equal to 7.5 or TG more than 20 mmol/l), interventions for dyslipidaemia should be offered or rationale given for why not offered	90% (18/20)	N/A	N/A

SECTION 3: Discussion of Results

Overall compliance for this audit is 52% which is a 10% decrease since the previous audit in 2023.

The question we asked was whether “patient had their physical health check” as opposed to “patient had been offered physical health check”. It is likely that the figures would be greatly higher if we had checked for patients who had been offered physical health checks.

Individual audit criteria:

- There were decline in compliance in all the individual criteria except Interventions for smoking cessation which was 100% score up from 97% at last audit.
- The margin of decline varied from 17% (whether patients had physical health check) to 2% (BP recorded)

A lower percentage of patients had received a formal annual health check within the last year (48% compared to 65% in the previous audit).

Factors responsible for decline in compliance rates are not very clear. However, having investigated the results and discussing these with staff working in physical health clinic, we were able to pick few possible causes for the reduced compliance rates. Firstly, the recent sample is slightly different to the previous sample. Also, the sample size dropped. Likely explanation for this is several patients on depot antipsychotics were discharged from service just prior to this audit. These were stable patients who were generally compliant with care and treatment. This may have skewed the results. Secondly, possible staffing issues were raised as there were lack of staffing due to sickness and staff having to cover other areas.

SECTION 4: Recommendations

- Due to the ongoing work elsewhere within the Trust to improve the offer and uptake of annual physical health checks, it has been agreed that this audit will not be repeated and will be removed from future Clinical Audit Programmes. This decision was made by Prakash Muthu, Zoe Stoneley, Teodor Lerescu and Leonie Williams with support from the Clinical Audit Team.

SECTION 5: References

NICE (2014) *Clinical guideline CG178 Psychosis and schizophrenia in adults: prevention and management*

SECTION 6: Clinical Audit Quality Impact Assessment

Clinical Audit Title:	Physical Health Monitoring for patients on Depot Antipsychotics in Gloucester Recovery Team
Audit Lead:	Dr Prakash Muthu

	Description of risk:	Outline of mitigations:	Impact Rating: *(Low, Moderate, High)*
Patient Safety Risk Outline any aspects of the audit that relates to or would impact patient safety where the outcome is less than expected.	Risk of premature mortality, due to cardiovascular diseases.	Early detection and secondary prevention with appropriate disease-modifying treatment and lifestyle modification.	Low
Clinical Effectiveness Risk Outline any aspects of the audit that would impact of the effectiveness of the interventions, assessment or pathway.	None identified	N/A	N/A
Patient Experience Risk Outline any aspect that would impact the patient experience of the intervention, assessment or pathway.	None identified	N/A	N/A

SECTION 7: Action Plan

Clinical Audit Title:	Physical Health Monitoring for patients on Depot Antipsychotics in Gloucester Recovery Team
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No.	Recommendations	Actions required	Action due date	Person responsible (name and job title)	Comments/ action status	Action Assurance Responsibility (Operational/Clinical)*
1	N/A	N/A	N/A	N/A	N/A	N/A