Maximising the wellbeing of people with Learning Disabilities and Autistic people through Person-Centred Medicines Optimisation.

Midlands Regional STOMP and STAMP Framework

January 2024

Foreword

Every single day people with a learning disability or autistic people are over medicated with psychotropic medications which impact onto their quality of life. This overmedication, often compounded by a lack of review, is a significant issue that requires continued, sustained, and collective action. Not only does this impact on the quality of life for citizens, over medication is an infringement of human rights. Human Rights apply to us all. They are our core rights and freedoms and without distinction of any kind. This is why it is so critical that psychotropic medications are used only for their transformative benefits and in line with human rights.

The Clive Treacey Review and his story outlined the critical importance of getting medication right. The expert cardiologist outlined the potential compounding influences of psychotropic medications and other treatments that impacted onto Clive's life, being able to live his life with ambition and sadly the contribution to his premature death. Clive's family stated that when he was prescribed psychotropic medications it had a negative impact on him. Far from improving his clinical condition it impacted significantly and a recommendation to reduce the dosage of his medication was not implemented prior to his death in January 2017. The regular review of medication was a critical recommendation from Clive's Review.

This framework has been produced to enable healthcare professionals in collaboration with their citizens with Learning Disabilities and Autistic people, their families, and wider teams to get the best outcomes for health and well-being. A significant amount of work has been undertaken in systems to progress the ambitions in the STOMP/STAMP programme. However, the continued learning from the LeDeR Programme, our learning through the Clive Treacey review and wider learning through other stories including Oliver McGowan demonstrates our work is far from finished. All of these have shone a light on the need for ongoing collective action to make a significant

and sustainable change. Both Clive and Oliver's stories showed the importance of listening and using their experience to develop care that is right. Both Clive and Oliver knew that psychotropic medications had a negative impact on their well-being. Both Clive and Oliver were not listened too. I hope that this framework paves the way to further change and acts as a 'call to action' to ensure that citizens with a learning disability or autistic people; people like Clive and Oliver, can be heard and work with their healthcare professional to get human rights and evidenced based quality care.

I want to leave you with a final challenge. At the climax of JF Kennedy's Inaugural Speech in 1961 he said, 'Ask not what your country can do for you – ask what you can do for your country. My fellow citizens of the world: ask not what America will do for you, but what together we can do for the freedom of man [sic].' For us to make the change we want to see for people with a learning disability or autistic people it is not about someone else making the change happen, it is about what we can all do to make a difference. In advance, I want to thank you for making that difference.

Robert Ferris – Regional Programme Director, Learning Disabilities, Autistic people and SEND

As Regional Chief Pharmacist, providing person-centred care is the most important element of my professional practice and promoting medicines optimisation is a key aspect of my work across the Midlands.

It is 10 years since the Royal Pharmaceutical Society published "Medicines Optimisation: Helping people to make the most of medicines. Good practice guidance for healthcare professionals in England". The four guiding principles of medicines optimisation are as relevant now as they were when the guidance was originally published. Over this time, welcome progress has been made to help people get the best

possible outcome from their medicines. However, there is still more that could and should be done to ensure that the right people get the right choice of medicine for them, at the right time. This is particularly true for people with a learning disability or autistic people.

Data published by NHS Digital in 2022 indicates that people with Learning Disabilities and Autistic people continue to be prescribed significantly more medicines that affect the mind, emotions and behaviour compared to people without a learning disability or autistic people. The list includes antipsychotics, antidepressants, hypnotics, and drugs to treat epilepsy. And work undertaken by an advanced specialist pharmacist in London in 2022 provides evidence that around 25% of people in a mental health in-patient setting had been prescribed antipsychotics without a clear, documented mental health diagnosis.

Inappropriate and sub-optimal use of medicines contributed to the early and tragic deaths of people at Winterbourne View in 2011 and in the more recent cases of both Oliver McGowan in 2016 and Clive Treacey in 2017. There are others.

Furthermore, evidence from recent annual LeDeR reports suggests that people with underlying physical long-term health conditions, such as constipation, pneumonia, cancer, and epilepsy were not able to access medicines that might have benefitted them.

Therefore, I am delighted to endorse this new Regional STOMP and STAMP Framework for the Midlands Region. A Framework that encourages us all to maximise the health and wellbeing of people with learning disabilities and autistic people through the safe, effective, and appropriate use of medicines.

I hope that the Framework will empower individuals with learning disability or autistic people, alongside their families and carers so they are fully involved and informed in decisions regarding their care and medicines. The advent of integrated care systems and care partnerships, in my view, offers an excellent opportunity to collaborate across geographical, organisational, professional and care boundaries to embed the Framework's principles in a way that makes a real and meaningful difference for people of the Midlands.

Richard Seal MSc FRPharmS FFRPS, Regional Chief Pharmacist, NHS England - Midlands

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SECTION ONE

INTRODUCTION

What this framework offers

This framework is for healthcare professionals, and their wider teams and organisations across the Midlands who care for children, young people and adults with Learning Disabilities and Autistic people, to maximise their health, wellbeing through safe and effective use of medications. It also signposts to resources that empower and enable people with Learning Disabilities and Autistic people, their families, and carers to be involved in the decisions about the medicines they are prescribed.

It is designed to enable health and social care providers across integrated care systems to improve the health and wellbeing of children, young people and adults with Learning Disabilities and Autistic people, together with service users, their families and carers, through safer and more effective use of medications, and tackling overprescribing.

This framework represents an evolution towards **person-centred** **medicines optimisation** for better health and wellbeing for children, young people and adults with Learning Disabilities and Autistic people. This aligns with and enables improvement in existing national NHS programmes to **STOMP** (Stopping Over Medication of People with a learning disability or autistic people, with psychotropic medicines) and **STAMP** (Supporting Treatment and Appropriate Medication in Pediatrics). Medicines optimisation for children, young people and adults with Learning Disabilities and Autistic people, encompasses, yet is not limited to, tackling overmedication with psychotropic medications, and recognises that the principles apply beyond de-prescribing and specific categories of medications.

We aim to:

- Refresh and deliver on STOMP/STAMP principles within systems and pathways of integrated, equitable, high-quality, person-centred care, ensuring children, young people and adults with Learning Disabilities and Autistic people, get the right choice of medicines, at the right time, and are engaged in the process with families, carers, and their multi-disciplinary teams.
- Empower individuals with learning disability or autistic people, alongside their families and carers so they are fully involved and informed in decisions regarding their care and medications.

- Make it easier for healthcare professionals, their teams, and organisations to align their effort and activity with the goals of care they strive to deliver.

We hope to achieve this by:

- Collating existing evidence-based and best-practice resources in a way that is meaningful and accessible for health and care professionals.
- Demonstrating paths toward improved, coordinated care for children, young people and adults with Learning Disabilities and Autistic people, that can be flexibly implemented and tailored to local health system needs, respecting the challenging context all health and care providers operate in – a context of high complexity, competing priorities, and workforce challenges.
- Building upon existing quality systems and infrastructure, highlighting interdependencies and commonalities across programmes of work and priorities that can support improvements toward STOMP and STAMP

Our guiding values:

Clive's Way:

- **Be ambitious -** help people achieve their dreams.
- **Listen to people and their families -** respect their voices.
- **Keep people safe -** protect them from harm.
- **Support people's equal rights** to physical and mental health.
- **Empower and support** skilled staff.

Clive Treacey, lived within the Midlands and experienced health inequalities in the accessibility, safety, quality, outcome of his care. These contributed to his avoidable death. Specific issues that informed this framework were Clive's inequitable access to healthcare, reasonable adjustments, and regular review of his medications.

How this framework was produced

The design and content of this framework has been informed by a STOMP/ STAMP Midlands Regional Reference Group whose membership represents NHSE (Midlands), Integrated Care Board's (ICB's), NHS Providers, Independent Sector, Academics, Social Care, and experts with lived experience. This framework was also influenced by local Midlands regional advocacy organisations through engagement and collaboration.

Policy Context

This Framework serves the goals of the NHS Long Term Plan, specifically.

- Supporting design and delivery of new service models for the 21st century.
- Enabling people to have greater control over their own health and more personalised care when they need it.
- Improving population health through integrated care systems
- Taking action to prevent ill-health and tackle health inequalities.
- Continually improve care quality and outcomes
- Providing a strong start in life for children and young people with Learning disability and autistic people

NHSE commitment to Equality and tackling Health Inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values and enshrined in the NHS Constitution that 'everyone counts', that nobody is excluded, discriminated against, or left behind.

Throughout the development of this document, we have given due regard to the need to:

- Eliminate discrimination, to advance equality and create services that are committed, but not limited to, meeting the responsibilities under the, Equality Act 2010 including the duty to make reasonable adjustments using tools such as the Reasonable Adjustment Flag
- Reduce health inequalities for children, young people and adults with Learning Disabilities and Autistic people, in accordance with the NHS England Long Term Plan which placed tackling health inequalities at the heart of NHS goals with a vision of exceptional quality healthcare for all ensuring equitable access, excellent experience and optimal outcomes.
- Reduce ethnicity inequality We deserve better: Ethnic Minorities with a Learning Disability and Access to Healthcare - NHS – Race and Health Observatory (nhsrho.org)

Role of NHS England

This document – and the system partnership and collaboration that enabled it – aligns with the following NHS England regional core functions as set out in our Operating Framework. In particular:

- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed.
- Enable expert networks: Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities.
- Enabling improvement: Developing mechanisms for systematically collating and sharing good practice and lessons learnt.

Core Principles of this framework

The core principles underpinning this framework are in accordance with **NHS constitution**, **fundamental regulatory standards** for providers, statutory duties of Integrated Care Systems, and healthcare professionals' professional standards of care to:

- Involve people in their care and enabling person-centred care for all, including people with Learning Disabilities and Autistic people.
- Working together across organisational boundaries to improve the lives and address health inequalities of people with Learning Disabilities and Autistic people, committing to consistently delivering quality of care – in terms of safety, effectiveness, and people's experience.
- We re-affirm our commitment to realising the goals of the STOMP and STAMP pledges.

STOMP Pledge (2016)

Pledge for healthcare providers NHS and independent sector

- We will actively explore alternatives to medication[1]
- We will ensure people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care
- We will ensure all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects
- We will ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication
- We will maintain accurate records about a person's health, wellbeing and behaviour
- We will ensure that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance
- We will work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over-medication

STAMP Pledge (2018)

STAMP

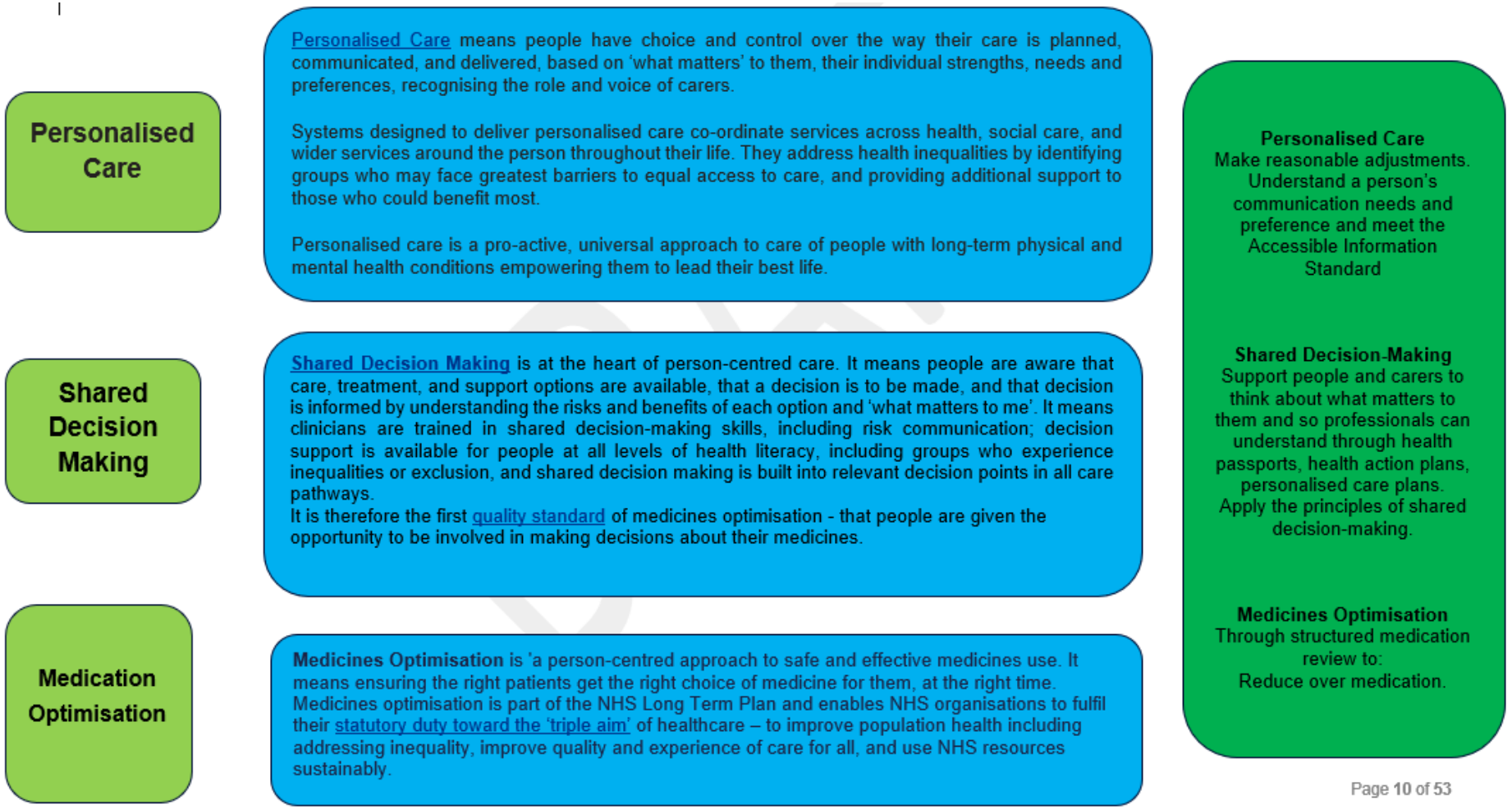
We pledge to make sure children and young people with a learning disability, autism or both are able to access appropriate medication (in line with NICE guidance), but are not prescribed inappropriate psychotropic medication. Regular and timely reviews should be undertaken so that the effectiveness of the medication is evident and balanced against potential side effects. This will mean that children and young people are only getting ***the right medication, at the right time, for the right reason.***

We, the undersigned, pledge to work together with children and young people with a learning disability, autism or both, and their parents, carers and families, to take measurable steps to ensure that children and young people only receive medication that effectively improves their lives.

We pledge to set out the actions that our individual organisations will take towards this shared aim and report regularly on the progress we have made, ensuring that we can be held to account.

Core Strategies

Our strategy for maximising wellbeing, health, and tackling health inequalities for children, young people and adults with Learning Disabilities and Autistic people, in the Midlands through person-centred care for safer and more effective use of medication, including tackling overmedication, is through **personalised care**, in particular **shared decision-making,** and **medicines optimisation**.



Medicines Optimisation

Medication reviews are an important tool and a priority area for quality person-centred medicines optimisation. They are defined as 'a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medications-related problems, and reducing waste.

The objectives of medicines optimisation, linked to NICE quality standards (where applicable) are to:

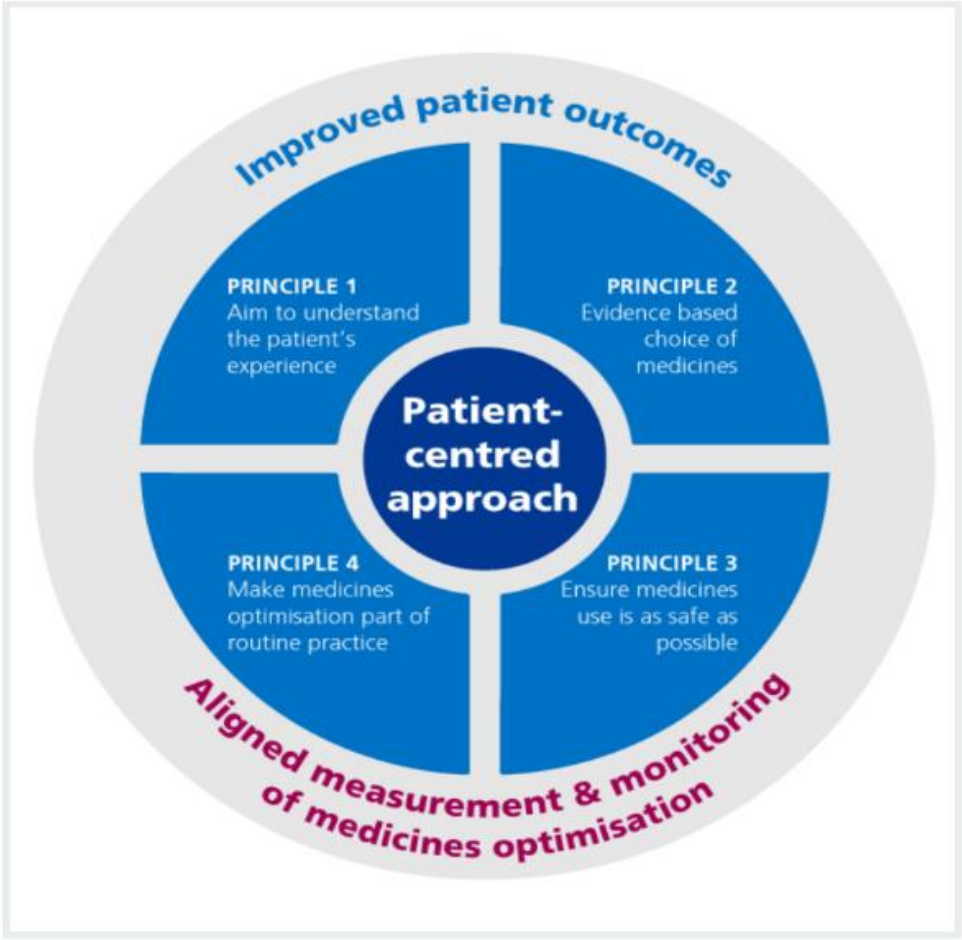
- Increase appropriate prescribing.
- Reduce inappropriate prescribing – in particular overprescribing and problematic polypharmacy.
    - Polypharmacy - the combination of multiple prescriptions - may be appropriate for a person with complex or multiple conditions if their medicines are optimised and prescribed according to best evidence. However, it can be problematic when the benefit of the individual medicines is not realised.
    - Overprescribing is the use of a medicine where there is a better non-medicine alternative, or where the use is inappropriate for that person's circumstances or is inconsistent with their wishes. This can lead to:
    - Problematic polypharmacy is where multiple medicines may be inappropriately prescribed, or where the intended benefit of individual medicines are not realised. This can impact a person's quality of life, increase risk adverse drug reactions and interactions and lead to avoidable harm, including unplanned hospital admissions and death.
- It is not possible to evaluate whether a prescription is appropriate or not unless the first principle of person-centred medicines optimisation is met. That means the person's perspective is understood and People who are prescribed medicines are given an explanation on how to identify and report medicines-related person safety incidents.
    - This is achieved by applying principles of shared decision making to interactions between people, carers, and professionals, and creating systems and processes that enable such interactions to become part of usual practice.
    - STOMP and STAMP are specific national medicines optimisation opportunities to prevent and tackle inappropriate prescribing and use of psychotropic medications in people with Learning Disabilities and/or Autistic people, particularly in context of managing behaviours that challenge others.
    - A significant proportion of people with Learning Disabilities and Autistic people display 'behaviours that challenge'. This is a descriptive term and not a diagnosis. It covers a wide range of presentations and can be related to communication difficulties, environmental stressors, physical health problems, psychiatric disorders or, in many cases, a combination of these.

- Any references to ‘challenging behaviour’ in this document are made referring to formal and recognised definitions, for the purpose of enabling carers and professionals to understand a person’s behaviour and its underlying causes. We recognise such terms can be, and have been, misused.
- It is important, therefore, to acknowledge that the terms ‘behaviour that challenges’ or ‘challenging behaviour’ are not precise enough to be a recorded indication for prescribing. Diagnoses should be recorded systematically and, more importantly, with the narrative and that underpin them. This will allow the prescriber to record target symptoms or syndromes, have professional time frames for evaluation and communicate that to all concerned. PHE data shows that the majority of people with learning disability (data for autistic people not yet available) areas still many times more likely than people without a learning disability to be prescribed psychotropic medications, including antipsychotics, and for the majority this is in absence of a documented diagnosis.

- Reduce avoidable harm from misuse of medicines and prescribing errors.
  - Through avoiding and addressing overmedication
  - People who are prescribed medicines are given an explanation on how to identify and report medicines-related person safety incidents.
  - Ensuring any monitoring requirements are in place.
  - Local health and social care providers monitor medicines-related person safety incidents to inform their learning in the use of medicines.
  - People who are inpatients in an acute setting have a reconciled list of their medicines within 24 hours of admission.
  - People discharged from a care setting have a reconciled list of their medicines in their GP record within 1 week of the GP practice receiving the information, and before a prescription or new supply of medicines is issued.

- Reduce the misuse and wastage of medicines.

These are achieved through application of the principles of medicines optimisation:



This framework has 5 components:

The framework offers recommendations to inform local service and system design. Most recommendations apply to both Primary Care and Secondary Care. When implementing the suggestions in this guide, systems should align their local policies and guidelines, including safeguarding, information governance and data protection, as these differ across services.

- **Supporting Person centred Medicines Optimisation for people with a Learning Disability or Autistic people, through Structured Medication Reviews in Primary Care**
- **Guidance to Support the Primary Care and Secondary Care Interface in supporting person centred Medicine's Optimisation for people with a Learning Disability or Autistic people through structured medication reviews.**
- **Supporting Person centred Medicines Optimisation for people with a Learning Disability or Autistic people, through Structured Medication Reviews in Secondary Care**
- **Training and Development**
- **Raising Awareness**

SECTION TWO

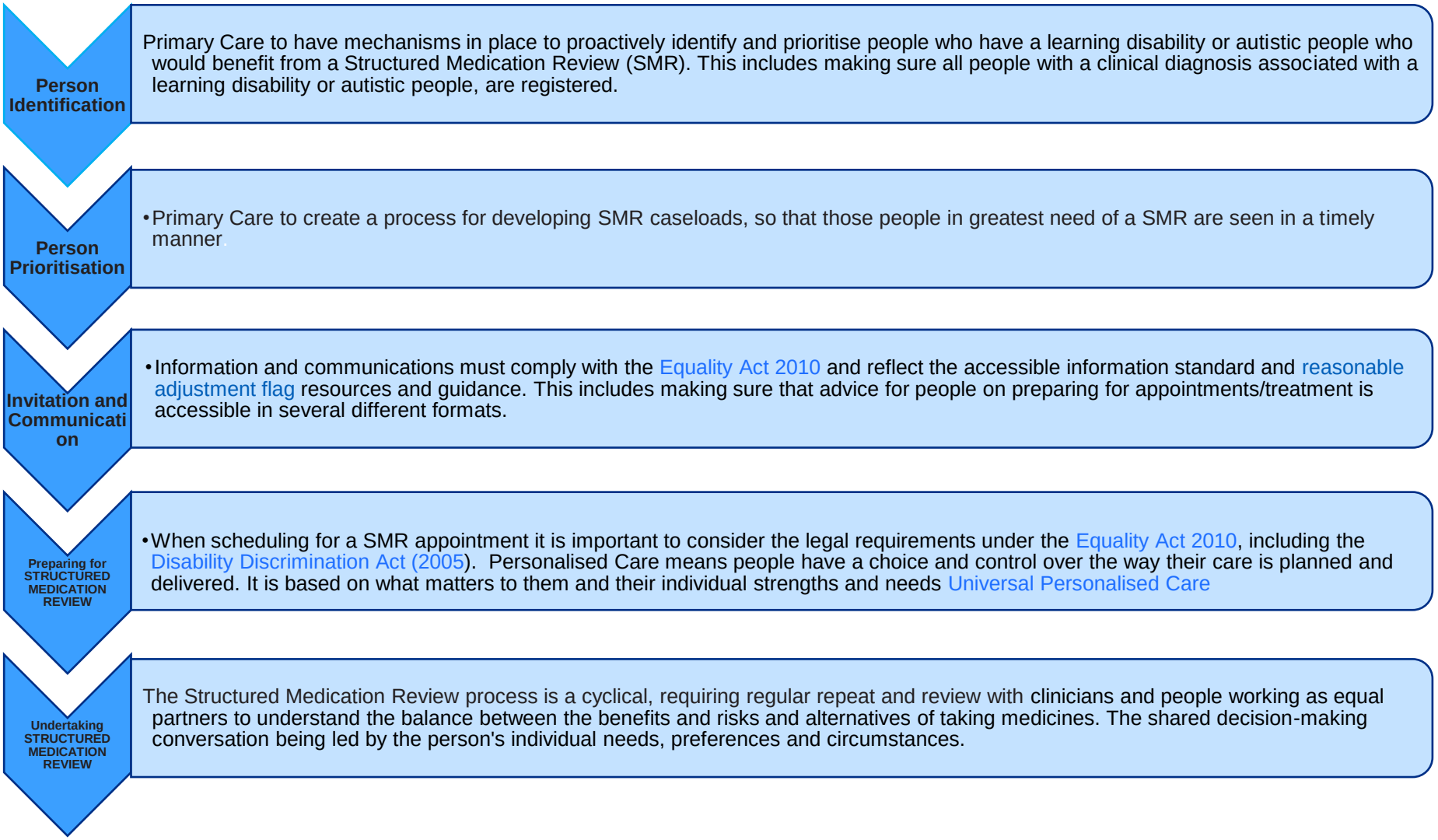
Supporting Person centred Medicines Optimisation for people with Learning Disability and Autistic people, through Structured Medication Reviews in Primary Care

- Structured Medication Reviews are an evidence-based, National Institute for Health and Care Excellence (NICE) approved clinical intervention that can help identify and help people at risk of overprescribing or problematic polypharmacy.
    - Implementing person-centred medicines optimisation using structured medication reviews in primary care meets NICE quality standards for medicines optimisation, shared decision making and adult experience of NHS services.
- The 2023/24 Network Contract Directed Enhanced Service (DES) Specification and associated guidance sets out how Primary Care Networks can fulfil requirements to implement the Structured Medication Review (STRUCTURED MEDICATION REVIEW) for person-centred medicines optimisation, including for people with Learning Disabilities and Autistic people.
- People with Learning Disabilities and Autistic people are more likely to have complex and problematic polypharmacy. Between 30,000 and 35,000 of this population taking prescribed psychotropic medication without clear appropriate clinical justification (PHE) making them eligible for STRUCTURED MEDICATION REVIEW under the (DES) Specification.

Components of Medicines Optimisation of people with Learning Disability or Autistic people, in Primary Care

Understand the persons perspective	Maximise the effective use of medicines	Strengthen safe use of medicines	Normalising medicines optimisation
Apply principles of shared decision making - find out what matters most to the person and enable an interaction that creates a shared understanding **all of the options** the person faces (including alternatives to medication, and making no change), what are the benefits, risks, likely consequences to the person of those options. Same principles can be applied when in best interest decision making processes for people who lack capacity for a specific decision. Remember Clive's way	Be informed by both an understanding of the person and best available evidence - are medicines working for the person, how appropriate are they for this person and this time? is their use is in line with national guidance?	Is there opportunity to prevent harm or reduce risks to wellbeing? Does the person have any risk factors for developing adverse drug reactions? Is any monitoring needed. .	Develop effective systems to identify people who could benefit from STRUCTURED MEDICATION REVIEW fulfil duty to meet reasonable adjustments and Accessible information standard Strengthen partnership working and the interface with secondary care build capability of MDT such as non-medical prescribers, pharmacy technicians

Key service requirements of Structured Medication Review in Primary Care



STEP 1: Person Identification

Primary Care services to put mechanisms in place to proactively identify people who have a learning disability or autistic people who would benefit from a Structured Medication Review. NICE QS120 Medicines Optimisation #6. Local healthcare providers identify people taking medicines who would benefit from a structured medication review.

Person Identification for Structured Medication Review

Proactive Identification	Reactive Identification
Ensure GP register of people with learning disability or autistic people, register is up to date. • Clinical coding - Diagnostic codes for clinical terms (READ, OR SNOMED) are used to facilitate identifying people attending primary care who may have learning disabilities (NHS Digital) • Learning Disability GP Register Improving identification of people with a learning disability: guidance for general practice (england.nhs.uk) **Annual Health check**- Using the principles of building on existing quality systems, this guidance identifies an Annual Health Check (AHC) as an opportunity to either: ➢ undertake a structured medication review or ➢ identify the person whom a structured medication review may be indicated.	**Identifying and responding to opportunities for medication review** Systems can identify people who require a Structured Medication Review reactively on clinical need via: ➢ Crisis or incidents ➢ Multi-Disciplinary Team meetings ➢ GP practice team referrals, ➢ Personal concerns - Self-referral / family carer referral/ paid carer referral ➢ Professional referrals ➢ Following abnormal investigation results e.g., blood test, ➢ Medicines reconciliation following discharge from an acute setting, respond to opportunities for people to undergo a medication review such as queries arising during medicines reconciliation discharge from acute care.

• GP IT Clinical Systems (Foundation solutions) • NHS BSA Polypharmacy Prescribing comparators. • CPRD (Clinical Practice Research Datalink) www.cprd.com ○ Including LD & Autistic people codebook for conditions and medications by name and indication. • Open Prescribing www.OpenPrescribing.net	
Actions to consider: • Primary Care Services and GP practices to review and update the LD registers to ensure that all people with a clinical diagnosis associated with a learning disability are on the register. • Primary Care Services and GP practices to identify people with conditions who may also have a learning disability, assess whether the person should be added to the learning disability register	**Resources:** **This link will take you to further resources within the FuturesNHS Collaboration Platform** • Improving identification of people with a learning disability: Guidance for general practice:

STEP 2: Person Prioritisation

Primary Care Services to create a process for developing Structured Medication Review caseloads, so that those people in greatest need of a Structured Medication Review are seen in a timely manner.

Person identified for Structured Medication Review

Person prioritised as eligible for STOMP Structured Medication Review

Have a diagnosis of learning disability or autistic people prescribed psychotropic medication

This may include people with learning disability or autistic people who are.

- On 10 or more medications or at other risk of problematic polypharmacy
- On high-risk medicines requiring special monitoring e.g., clozapine, lithium.
- Have multiple long-term conditions and/or multiple co-morbidities.
- Have high-risk conditions e.g., Epilepsy, COPD, Cardiovascular disease, diabetes.
- From communities and individuals at particular risk of worse health outcomes due to multiple health inequalities LDA and income deprivation, ethnic minorities disabilities,
- Prescribed antipsychotics or antidepressants without a Mental Health diagnosis.
- Prescribed antipsychotics and have not had a review in the last 12 months.
- Not attended annual health check in last 12 months

STEP 3: Communication and Invitation

- Primary Care Services and GP practices to have processes of identifying the most effective way of communicating with each person and consider ways of making information accessible and understandable.

- Primary Care Services and GP practices to follow the accessible information standard required by law effectively and adopting a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people, service users, carers and parents with a learning disability and autistic people.

Actions to Consider	**Resources**
• Primary Care Services and GP practices to consider how to invite people. An invite could be in letter form or by telephone. • The person's invitation to the Structured Medication Review (SMR) should inform them in a way they and their carers can understand: Invitation to include: ➢ what an SMR is ➢ how they could benefit from an SMR ➢ explain what the SMR will involve. ➢ Inform them what they should bring to the appointment i.e., Health Action Plan, medications, completed health questionnaire. ➢ who they can bring to the appointment. People can be supported by carers or family members, and where children are not deemed competent themselves to consent to a SMR that consent may be given by a parent, guardian, or other family member as appropriate. ➢ what they can do to help prepare and get the most out of the SMR; in particular having an up-to-date health passport, health action plan.	**This link will take you to further resources within the FuturesNHS Collaboration Platform** **Accessible information-shared Resources** **Reasonable-adjustment-flag/guide-to-using-the-reasonable-adjustment-flag-in-ncrs#creating-a-reasonable-adjustment-flag**

STEP 4: Preparing for a Structured Medication Review

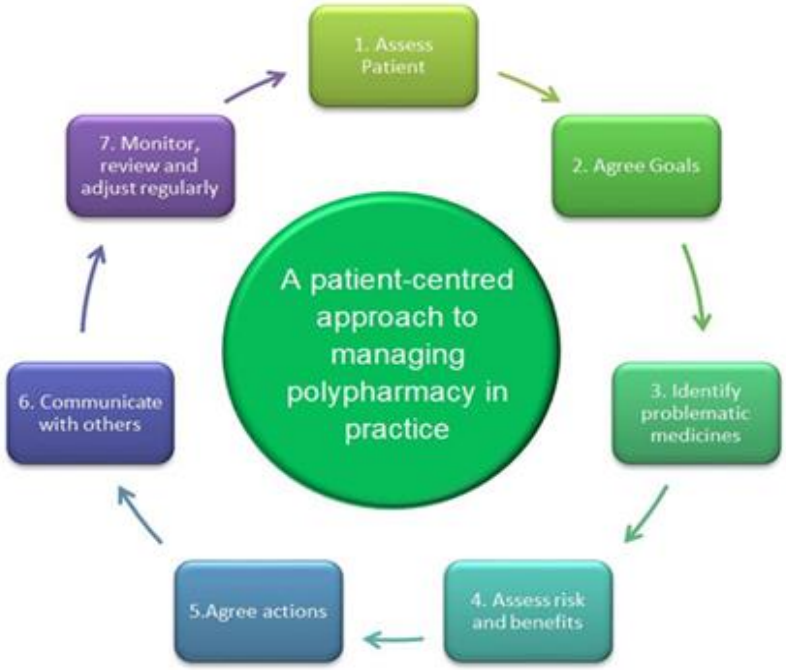
- When scheduling for an Structured Medication Review (SMR) appointment it is important to consider the legal requirements under the Equality Act 2010, including the Disability Discrimination Act (2005). Personalised care means people have choice and control over the way their care is planned and delivered. It is based on what matters to them and their individual strengths and needs Universal Personalised Care
    - Primary Care Services and GP practices have a duty to make reasonable adjustments using tools such as the Reasonable Adjustment Flag to ensure organisations are making communication and information accessible for people with a disability It must also be in the easiest and most appropriate form of communication for the person concerned.
    - This will support shared decision-making interaction during the SMR through communicating in **an appropriate way so i**nformation can be tailored to an individual's needs and abilities.
- Primary Care Services and GP practices have a duty to deliver on the NHS LTP commitment: to ensure that a "digital flag" is in place in the person's record to ensure staff know a person who has a learning disability or autistic people and what their reasonable adjustment needs are to support their experience of health or social care.
- PCN and GP practices health professionals need to familiarise themself with the person's background and any recent results before they attend. Obtain medical, social and drug history from available health records functional history from people and/or carer.

Actions to Consider	**Resources:**
Primary Care Services and GP practices to consider what reasonable adjustments are required. Reasonable adjustments may include: ➢ Allowing for flexibility in appointment length for SMR, depending on the complexity of individual cases. ➢ Consider home visits if GP surgery appointment may be impractical. ➢ Allowing for flexibility in appointment timing to avoid busy waiting rooms. ➢ Ensuring information is available in an accessible format suitable for everyone. Consider the health literacy.	**This link will take you to further resources within the FuturesNHS Collaboration Platform** **Side effects** Anticholinergic Effect Tool Reasonable Adjustment Flag - NHS Digital 'My medicines' NICE NG5 endorsed resource - pharmaceutical care plan

STEP 5: Undertaking a Structured Medication Review

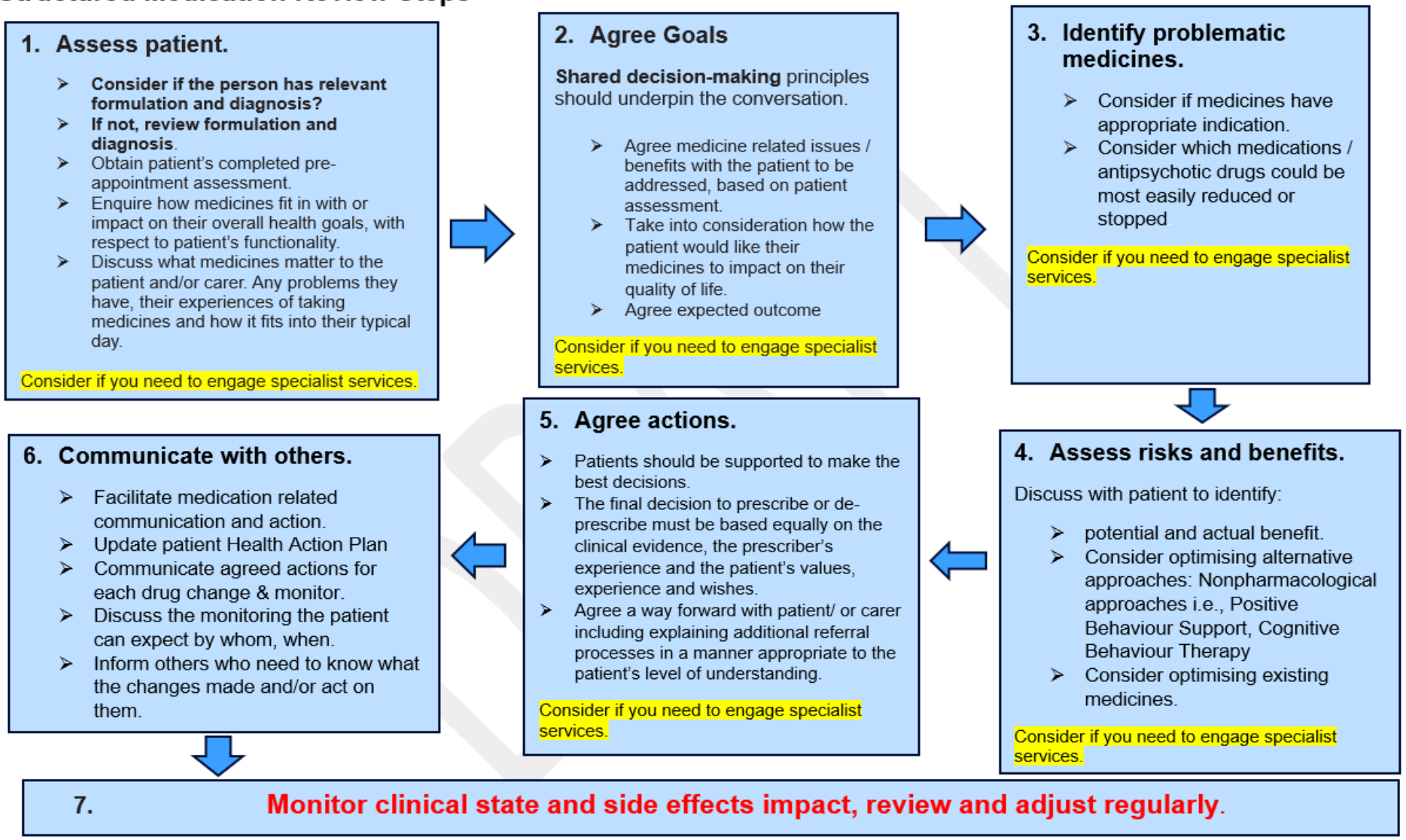
The Structured Medication Review (SMR) process is a cyclical, requiring regular repeat and review. The circle is centred around what matters to the person, as they play a vital part in making informed decisions about their medicines, as long as they are provided with the right information, tools and resources. It is recommended that the SMR follows the high-level principles and evidence-based practice outlined in the NHSE Structured Medication Reviews and Medicines Optimisation Guidance.

For assessment and communication: NHS England » Clinical guide for front line staff to support the management of people with a learning disability and autistic people – relevant to all clinical specialties, Assessing capacity in a person with a learning disability - GMC (gmc-uk.org)



Framework for a medication review to optimise medicines: formerly known as "polypharmacy and medication review (seven steps)" published in 2016 in the European Journal of Hospital Pharmacy

Structured Medication Review Steps



NOTE: A Structured Medication Review (SMR) is not considered complete until qualified consideration has been given to all the person's medication. Clinicians are encouraged to collaborate with colleagues across Primary Care Services and elsewhere, including acute care and specialist providers, and take a multidisciplinary approach to managing complex situations. Where prescribing is more complex, Primary care clinicians undertaking SMR should establish professional relationships and engage proactively with specialist pharmacists, consultants and other healthcare professionals working across the local healthcare system.

Resources - Examples
This link will take you to further resources within the FuturesNHS Collaboration Platform

Standards for psychotropic drug prescribing

All initiations of psychotropic drugs for people with learning disability or autistic people whether in primary or secondary care, should be by a prescriber who is competent in the care of people with learning disability or autistic people. All psychotropic prescribing should adhere to the four prescribing standards:

- The indication(s) and rationale for prescribing the psychotropic drug should be clearly stated, including whether the prescribing is off-label, polypharmacy, or high dose.
- Consent-to-treatment procedures (or best interests decision-making processes) should be followed and documented.
- There should be regular monitoring of treatment response and side-effects (preferably every 3 months or less, at a minimum every 6 months).
- Review and evaluation of the need for continuation or discontinuation of the psychotropic drug should be undertaken on a regular basis (preferably every 3 months or less, at a minimum every 6 months) or whenever there is a request from the person, carers, or other professionals.

Alternative therapies

Children, young people, and adults, with their family, doctor, pharmacist, and other organisations involved in their care to work together to consider removing medication, if they no longer feel it is beneficial. Alternatives to medication to be considered where appropriate such as, NHS talking therapies, Social prescribing and Positive Behaviour Support .

What Good Looks Like:

Person Identification and Prioritisation

1. PCN and GP practices has process/ arrangements in place to support the accurate identification of people with a learning disability or autistic people.
2. GP practice has an up-to-date Learning Disability Register.
3. PCN/ GP practice has systems in place to identify people taking psychotropic medication for a structured medication review.
4. PCN/ GP practice has arrangements to offer structured medication reviews to people with learning disability and or autistic people who are likely to benefit.
5. PCN/GP practice has a criteria and process to support prioritisation of people for a Structured Medication Review.
6. PCN/GP practice has processes to invite people with learning disability or autistic people for annual health check.

Communication and Invitation

1. PCN/GP follows the accessible information standard required by law. Consistent and routine recording of people's, service users', carers and a person's information and communication needs.
2. PCN/ GP practice communicates invitation for Structured Medication Review to people, carers, and family in an accessible format that meets the needs of individual.
3. PCN/ GP practice communicates invitation for Structured Medication Review to people, carers, or family in an accessible format that explains:
   - what a Structured Medication Review is.
   - why the person could benefit from a Structured Medication Review.
   - what the Structured Medication Review will involve.
   - what they should bring to the appointment i.e., Health Action Plan or up to date person passport, their medications, or a list, completed health questionnaire.
   - who they can bring to the appointment. People can be supported by carers or family members, and where children are not deemed competent themselves to consent to a SMR that consent may be given by a parent, guardian, or other family member as appropriate.
   - what the person and their carer can do before the Structured Medication Review. They should be invited to prepare questions in advance, if they have any, to aid discussion during the review.
4. People are provided with sufficient time to reflect and prepare for the SMR, i.e., time between invite and appointment.

5. PCN/GP practice gathers relevant information to support completion of SMR in advance of appointment by
   - Requesting and offering support to people, carers, and families to complete side effect forms I.e., LUNSER Form, Glasgow
   - Requesting and offering people, family, or carers to complete pre-SMR form.

Preparing for STRUCTURED MEDICATION REVIEW

PC/ GP practice has processes to support the creation of reasonable adjustments flag on person's records. Reasonable Adjustment Flag considers a range of adjustments and requirements for people Reasonable Adjustment Flag - NHS Digital.

Reasonable adjustments may include:

- *Allowing for flexibility in appointment length for SMR, depending on the complexity of individual cases.*
- *Consider home visits if GP surgery appointment may be impractical.*
- *Allowing for flexibility in appointment timing to avoid busy waiting rooms.*
- *Ensuring information is available in an accessible format suitable for individuals.*

Undertaking Structured Medication Review

1. Health professional provides relevant information. 'Relevant' means it helps address the questions of the Shared Decision-Making process from the perspective of the person, listening and considering perspectives of family and carers.
2. ***Health professional considers:***
   - *What are the options?*
   - *What are the risks/benefits?*
   - *How will it affect people's life?*
   - *What are the alternatives?*
3. Health professional gives information that is proportionate to the decision being made while avoiding excessive detail.
4. When using pictures to help communication, these must be relevant, and the person can understand them easily.
5. Be aware of diagnostic overshadowing
6. Health professionals pay attention to healthcare passports.
7. Health professionals make clinical decisions around care and access to treatment on an individual basis.
8. Health professionals listen to people and carers.

SECTION THREE

Guidance to Support the Primary Care and Secondary Care Interface to deliver Person centred Medication Optimisation for people with Learning disability and autistic people through structured medication reviews.

STOMP and STAMP is everyone's business however, primary care plays an important role in the care and the coordination of care for people with a Learning Disabilities and Autistic people. To successfully manage these people, primary care providers need easy access to specialised knowledge from secondary care when required.

Good organisation of care across the interface between primary care and secondary care providers is crucial in ensuring that people receive high quality care and in making the best use of clinical time and NHS resources in both settings. A briefing document for clinicians and managers on why managing the primary/secondary care interface is important.

Models of interface working

This guidance makes suggestions of practice-based models of collaborative/integrated working that could be applied to support the interface of primary and secondary care for people with learning disability and autistic people, where specialist input is required. The suggested models of care were adapted by the *Modelling the Interface between Primary Care and Specialist Mental Health Services: **A Tool for Commissioning*** and key messages for NHS clinicians and managers.

This guidance describes models of working across the interface between primary care and specialist learning disability and autistic people services and makes considerations for the population groups for which the models may be applicable and outlines the benefits and limitations of each of the models.

The aim is to:

- Enable health and care professionals and their organisations to consider the models of care that work best for them in context of their local systems and in service of their local population of people with learning disability or autistic people.
- Consider alternative interface models that could complement those already in practice.

Primary Care and Secondary Care Interface Models of Care

1. Consultation Liaison Model

2. Referral Model

3. Shared Care Model

- The identified models of care aim to get care right for people with learning disability or autistic people. This focuses on accessibility, equity, person-centredness and quality of care to deliver best health outcomes and maximise wellbeing.
- This guidance sets out the following clinically led principles for effective primary care and secondary care interface working.
- Focusing on the person's journey and effective delivery of personalised care with systems designed to support this.
- Understanding roles and responsibilities, developing high trust relationships, and adhering to agreed principles.
- Having effective sharing of information
- Timely and accurate communication between clinicians in primary and secondary care is essential to ensure safe continuity of care. Supporting principles for effective professional behaviours and communications principles for working across the interface.
- Having effective review of quality of care from all sources including routine audit, and people's feedback and significant incidents, to improve pathways of care.
- Recognising that a poorly functioning interface poses a significant risk to people's safety.
- Mutual respect between clinicians working in different roles and in different areas of practice, whether community care, primary care, or secondary care
- Respecting the time and resources of others, not presuming to use those up without discussion and agreement.
- Clinicians must be supported to identify and address issues which occur at interfaces of care, and there must be mechanisms in place to enable resolution of issues. Adherence to an agreed governance process with a transparent and published structure.

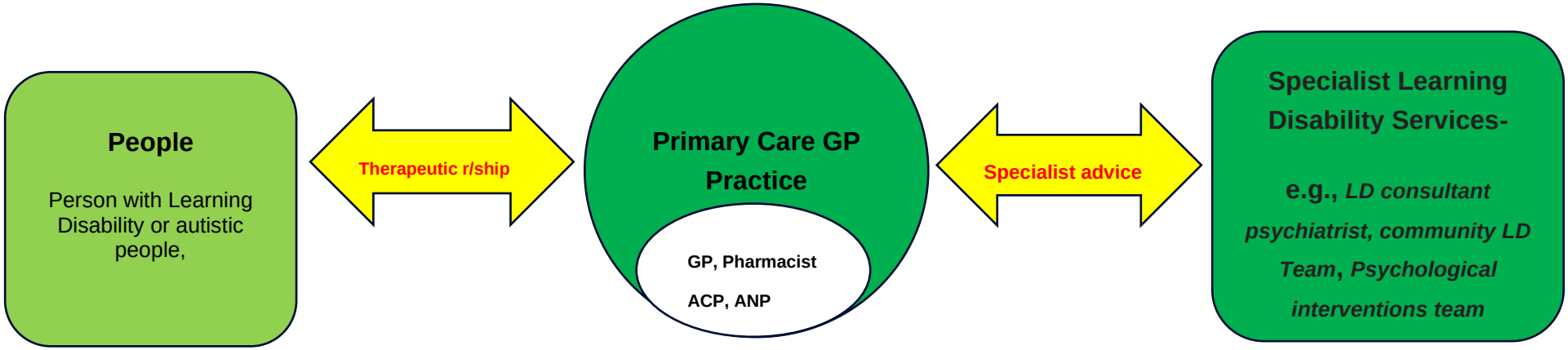
Consultation Liaison Model

- Consultation liaison is a collaborative arrangement whereby a primary care healthcare professional (such as a GP, Pharmacist or ANP) receives specialist advice in respect of people's care, under a formal agreement.
- The responsibility for care remains with the primary care practitioners and the primary therapeutic relationship is between primary care practitioner and the person.

- Consultation liaison is designed to promote management of the person in primary care and settings.
- Success of this model is dependent on primary care practitioners having access to the necessary specialist input within a timeframe that enables a prompt response for people.

Population groups for whom consultation liaison model might be appropriate.

- People with a learning disability or autistic people, who could benefit from a SMR where a Primary care practitioner feels competent in maintaining responsibility for care, with access to specialist advice.



The Consultation Liaison model can also be applied where secondary care professionals receive advice from primary care in respect of the person's care.

Benefits of Consultation Model

- The secondary care specialist in this model may also function to gatekeep access to specialist service, providing advice about when a referral may be appropriate, potentially reducing demand on specialist services by enabling management in primary care settings.
- Consultation model presents a potential for upskilling and building capacity of primary care as advice leads to learning.
- Consultation model promotes the development of collaborative working relationships between primary care and specialist services.

Recommendations

- Specialist services must articulate consultation processes and ensure that plans for communication of people's information and confidentiality are clearly articulated.
- Specialist providers should consider how they might facilitate straightforward and timely access for colleagues in primary care to specialist advice.
- Organisations to ensure/ agree clarity about roles, responsibilities, and accountabilities.
- There must be clear, agreed and lines of communication that are role-specific rather than person-specific between MDT in primary and secondary care to ensure safe continuity.
- Where information is to be shared between primary care and secondary care, ensure that appropriate memoranda of understanding and protocols are in place to allow timely and appropriate communication of clinical information.
- Organisations consider establishing formal mechanisms for review of interagency function that include feedback from people who have used local services.
- When consulting with secondary care GP should be clear in their 'ask'. Describe reason for consulting? Are you looking for advice or signposting?
- Include an up-to-date medication list along with investigations to date.
- Detail the person's expectations?
- When consulting with secondary care clearly communicate to the person who you are consulting with and for what and what to expect.
- Primary care to ensure timely and accurate communication that specify any complications, concerns, follow-up arrangements strengthen handover communications and therefore safety and quality of care.
- Ensure people are kept fully informed regarding their care and 'what is going to happen next' - This includes how they should raise concerns about clinical deterioration that should avoid directing them to other services

Referral Models

- The referral model involves transfer of the person's care from one practitioner to the other, in respect of a particular component of care or condition.
- People with a learning disability or autistic people, who are clinically complex are referred by a GP to a specialised learning disability or autistic people service appropriate to identified need.
- Referral may be made to a range of specialised services including community learning disability team, psychological services dependent on identified need, urgency, person preference, and availability of services.
- Responsibility for care is transferred, when the person is accepted by the receiving service, with clear role demarcation; the specialised service delivers care to meet needs set out in referral or identified on assessment.
- Once the person is sufficiently well for care to be managed in primary care, the specialised service discharges the person back to the care of the GP.

The figure illustrates referral from GP to specialist care, but the model also operates in reverse where specialist services refer to Primary care.

Population groups for whom referral might be appropriate.

People with learning disability or autistic people, for whom a structured medication review is indicated and require more clinical input than their GP can provide.

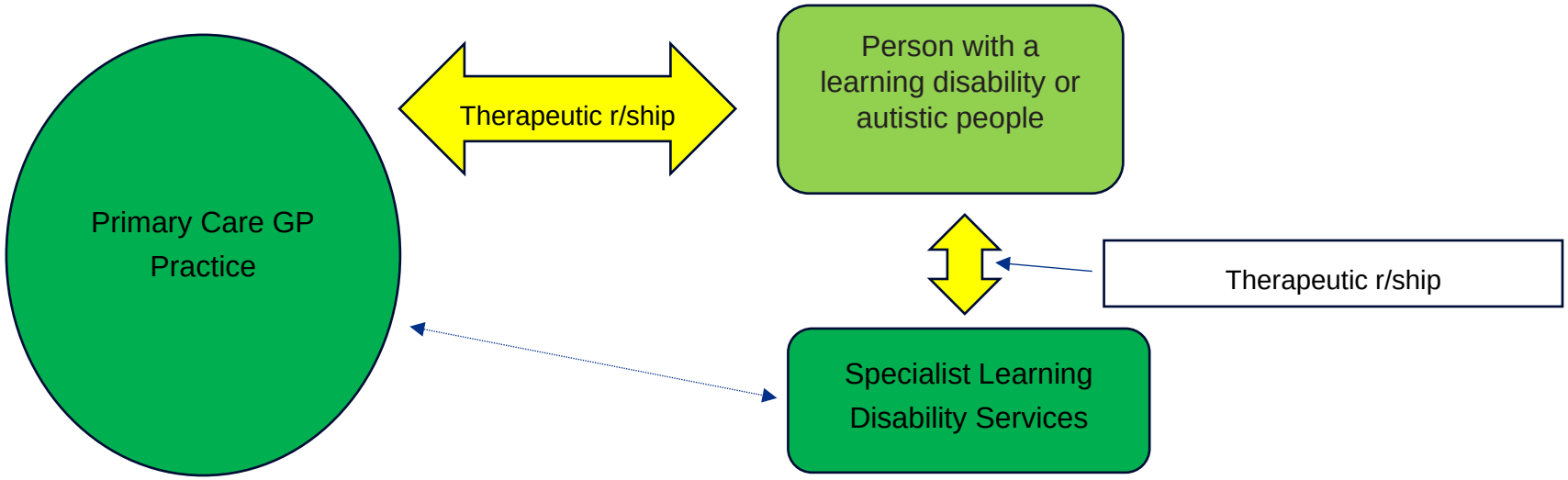
Recommendations

- Specialist services must articulate referral and entry and discharge criteria and referral processes.
- Organisations to ensure/ agree clarity about roles, responsibilities, and accountabilities.
- Where clinical pathways are involved, and care of people will be transferred professionals should ensure that plans for communication of person information and confidentiality are clearly articulated.
- Where information is to be shared between primary care and secondary care, ensure that appropriate memoranda of understanding and protocols are in place to allow timely and appropriate communication of clinical information.
- Organisations consider establishing formal mechanisms for review of interagency function that include feedback from people who have used local services.
- When referring to secondary care GP should be clear in their 'ask'. Describe reason for referring the person? Are you looking for advice, diagnosis, treatment?
- Include an up-to-date medication list along with investigations to date.
- Detail the person's expectations.
- Consider a process of 'Waiting Well' for people referred to secondary care.
- When referring to secondary care clearly communicate to the person who you are referring them to, for what and what to expect.
- Communicate with referred people to ensure they know what to do in the event of deterioration in their condition. Consider the use of Easy Read leaflets.
- This process should start at the point of referral with the Primary Care clinician empowered with up-to-date knowledge around what the person should expect.

Shared Care Model

Shared care models involve formal sharing of responsibility for care with primary care and specialist providers being accountable for different aspects of care.

- In shared care models, the person has ongoing clinical relationships (related to learning disability) with both a designated GP and learning disability specialist provider (consultant Learning Disability psychiatrist/ community learning disability service, psychologist, or another specialist practitioner e.g. psychotherapist).
- The practitioners involved or their employing organisations enter formal arrangements which specify the responsibilities of each party and communication arrangements.



Population groups for whom shared care might be appropriate.

People diagnosed with learning disability or autistic people, and mental health who are psychiatrically and socially stable, and have capacity to engage with multiple services, but need to continue contact with the Learning Disability specialist services (for example for management of medications or legal reasons).

Matters to Consider	Resources:
➢ Shared care that is safe and effective will arise when there is shared understanding and visibility of outcomes to which stakeholders are held to accountable and open discussion of risk sharing which requires inter-disciplinary trust and effective professional relationships and networks. ➢ Requires clear lines of responsibility, accountability, communication, and shared discussion of outcomes of interest and understanding	Shared outcomes toolkit for integrated care systems - GOV.UK (www.gov.uk) interface between primary and secondary care interface-between-primary-secondary-care.pdf (england.nhs.uk)

Overall Principles

- The person's experience is fundamental to quality of care and a key outcome in and of itself.
- All treatment decisions should be made in partnership with people.
- Information must be managed in accordance with legislation and in such a way that the person's rights to privacy and confidentiality are upheld.
- People should always be informed, before information is provided about who will have access to what information, and when.
- Care should be provided wherever possible in community-based primary care services close to the person's home.
- Care should always be provided in the least restrictive environment.
- Commissioning should promote, as far as possible, continuity of care and minimise the number of professionals and services with which a person must engage.
- Commissioning arrangements should minimise the number of transitions between services and providers made by people.
- Commissioned services should work in person centred ways.
- Practitioners bring complementary skills, knowledge, and expertise to the care of people.
- Practitioners must have access to supervision and support commensurate with the treatments they are delivering, and the people groups they are seeing.
- Commissioning should minimise the burden on people related to travel between services and provision of information.
- Commissioning should ensure a complementary mix of services appropriate to population needs including interim supports which people may access whilst awaiting access.
- Commission for co-operation – services should specify how they work internally to promote teamwork and with other services.
- Whichever model is employed, optimising outcomes is dependent on timely communication of accurate information and a collaborative ethos

SECTION FOUR

Supporting Person centred Medicines Optimisation for people with Learning Disability and Autistic people, through Medication Reviews or Structured Medication Reviews in Secondary Care.

This guidance to support implementation of STOMP and STAMP in secondary care was developed in concordance with the requirements set out in Quality Network for Learning Disability Services (QNLD) Standards for Inpatient Learning Disability Services QNLD Standards for Inpatient LD Services which sets out the requirement for people to have their medication reviewed and the indication(s) and rationale for prescribing psychotropic medication is clearly stated and documented.

It also aligns with the NHSE LD Improvement Standards for NHS Trusts which requires trusts to have processes to regularly review the medications prescribed to people with Learning Disabilities and Autistic people. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England's programme stopping over medication programme (STOMP)

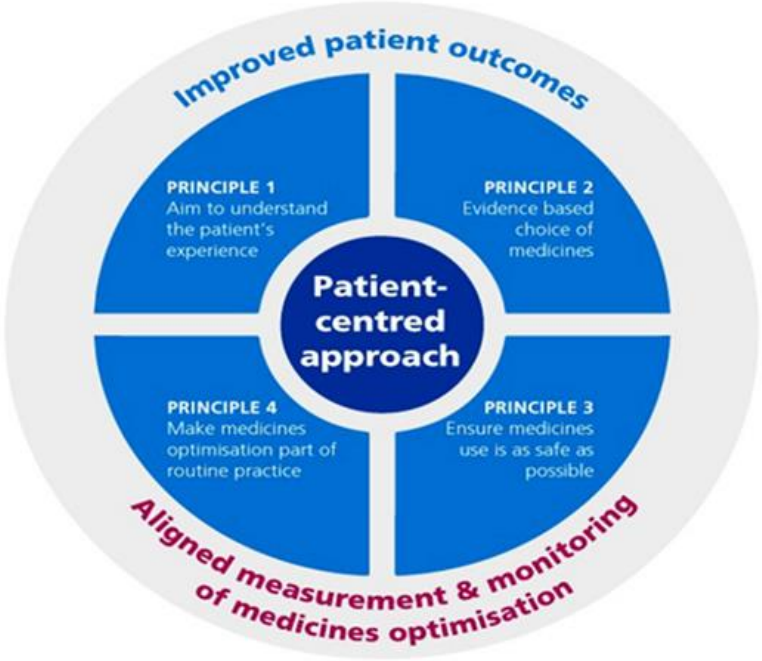
Performing medication reviews in secondary care is part of providing good care and can help reduce admission/ readmissions for people with Learning Disability and or autistic people into hospital.

According to the Learning disability: behaviour that challenges | Quality standards Review of medication | NICE people with a learning disability and behaviour that challenges should have a multidisciplinary review of their antipsychotic medication 12 weeks after starting treatment and then at least every 6 months. Medication should be stopped after 6 weeks if shown to not be beneficial.

Person centred Medicines Optimisation through Structured Medication Reviews

- Structured Medication Reviews are a National Institute for Health and Care Excellence (NICE) approved clinical intervention that help people who have complex or problematic polypharmacy.
- Medicines optimisation is about ensuring that the right person get the right choice of medicine, at the right time Helping-patients-make-the-most-of-their-medicines

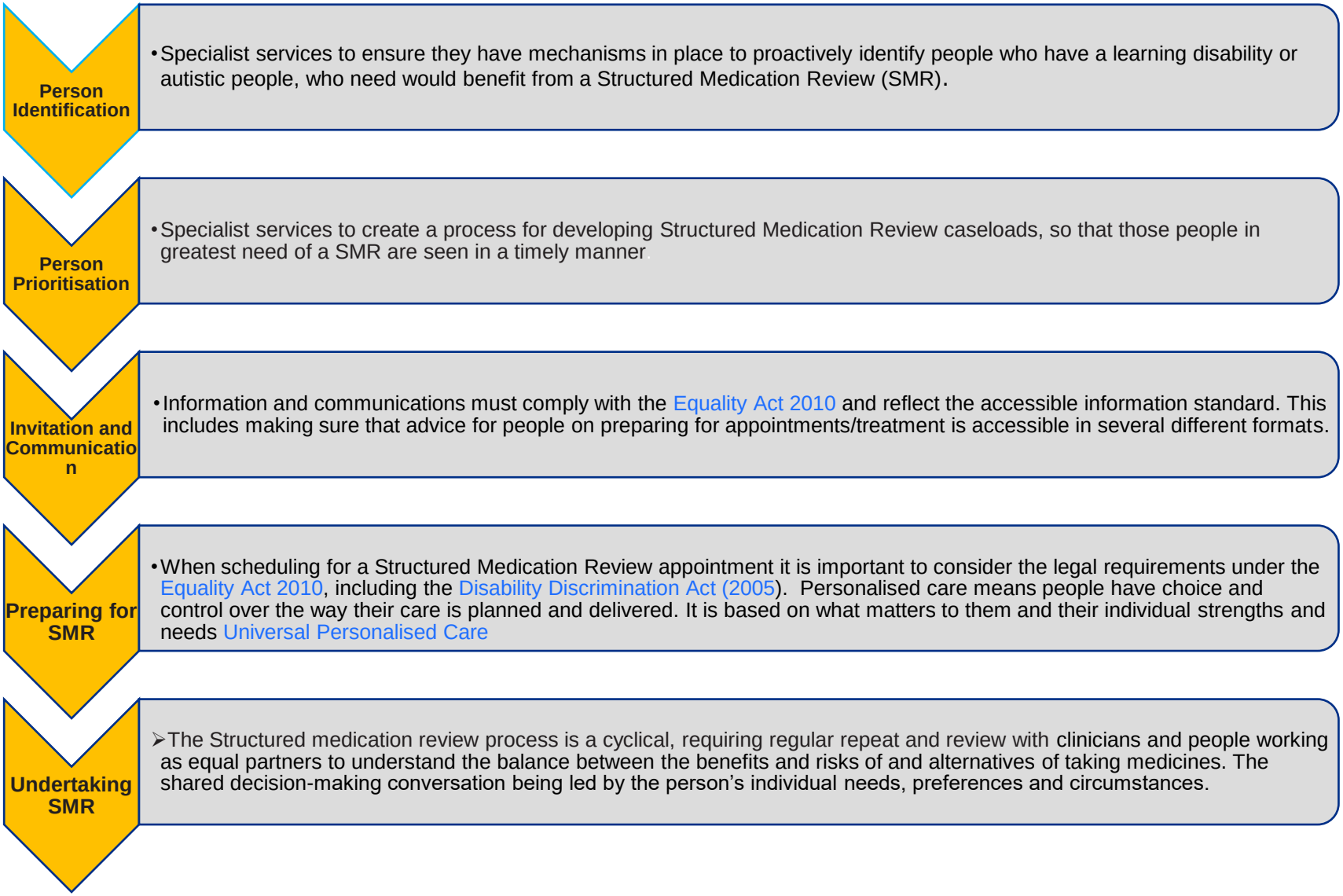
The Key components of Medicines Optimisation- NHS England » Medicines optimisation



The key components of structured medication reviews: NHS England » Structured medication reviews and medicines optimisation

Understand the persons perspective	Maximise the effective use of medicines	Strengthen safe use of medicines	Normalising medicines optimisation
Apply principles of shared decision making - find out what matters most to the person and enable an interaction that creates a shared understanding **all of the options** the person faces (including alternatives to medication, and making no change), what are the benefits, risks, likely consequences to the person of those options. Same principles can be applied when in best interest decision making processes for people who lack capacity for a specific decision. Remember Clive's way	Be informed by both an understanding of the person and best available evidence - are medicines working for the person, how appropriate are they for this person and this time? is their use is in line with national guidance?	Is there opportunity to prevent harm or reduce risks to wellbeing? Does the person have any risk factors for developing adverse drug reactions? Is any monitoring needed.	Develop effective systems to identify people who could benefit from STRUCTURED MEDICATION REVIEW. fulfil duty to meet reasonable adjustments and Accessible information standard. Strengthen partnership working and the interface with secondary care. build capability of MDT such as non-medical prescribers, pharmacy technicians

Stages for Implementation



STEP 1: Person Identification

Secondary specialist providers should put mechanisms in place to proactively identify people within their caseloads who have learning disability or autistic people who require a Medication Review.

Person Identification for medication review

Proactive Identification	Reactive Triggers
• Routine outpatient follow-up or medication review. • Routine inpatient medication review.	Systems can identify people who require a medication review reactively on clinical need via: **In the community** ➢ Pre-admission C(E)TR ➢ DSR referral ➢ Professional referral ➢ Paid carer of family carer referral ➢ Self-referral **Inpatient** ➢ Multi-disciplinary meetings ➢ C(E)TR ➢ During a C(E)TR Oversight Panel Review meeting. ➢ Crisis or incidents reviews

STEP 2: Person Prioritisation for Structured Medication Review

Specialist services to create a process for identifying and prioritise people within their caseloads who are eligible for medication reviews and are clinically settled enough to benefit from a Structured Medication Review.

Criteria may include people with a learning disability or autistic people who are:

- On 10 or more medications
- On problematic polypharmacy
- On high-risk medicines - those requiring special monitoring e.g., clozapine, lithium.
- Have multiple long-term conditions and/or multiple co-morbidities.
- Have high-risk conditions e.g., Epilepsy, COPD, Cardiovascular disease, diabetes.
- From communities and individuals at particular risk of health inequalities, and/or COVID-19 (e.g., BAME, those with learning disabilities).
- Prescribed antipsychotics or antidepressants without a Mental Health diagnosis or antiseizure medication without a diagnosis of epilepsy
- Prescribed more than one antipsychotic or on high doses of antipsychotic and have not had a review in the last 12 months.

Actions to Consider	**Resources:** **This link will take you to further resources within the FutruesNHS Collaboration Platform**
Outcome Measures: • Evidence that service providers have arrangements to offer structured medication reviews to people with learning disability and or autistic people who are likely to benefit. • Evidence that service providers have a prioritisation process to identify people to be prioritised for a Structured Medication Review	

STEP 3: Communication and Invitation

- Specialist services to have processes of identifying the most effective way of communicating with each person and consider ways of making information accessible and understandable.

- Specialist services should follow the accessible information standard required by law effectively and adopting a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people, service users, carers and parents with a learning disability and autistic people.

Actions to Consider	**Resources**
Specialist services to consider how to invite people. An invite could be in letter form or by telephone. The person's invitation to the Medication review (MR) or Structured Medication Review (SMR) should inform the person: ➢ what a medication review/ Structured medication review is ➢ why they need to have a MR or SMR. ➢ explain what the MR or SMR will involve. ➢ Inform them what they should bring to the appointment i.e. Health Action Plan, medications, completed health questionnaire. ➢ who they can bring to the appointment. People can be supported by carers or family members, and where children are not deemed competent themselves to consent to a MR or SMR that consent may be given by a parent, guardian, or other family member as appropriate. ➢ what they need to do in preparation for the MR or SMR.	**This link will take you to further resources within the FuturesNHS Collaboration Platform** **Accessible information-shared Resources**

STEP 4: Preparing for a Structured Medication Review

- When scheduling for a medication review or a Structured Medication Review (SMR) appointment it is important to consider the legal requirements under the Equality Act 2010, including the Disability Discrimination Act (2005). Personalised care means people have choice and control over the way their care is planned and delivered. It is based on what matters to them and their individual strengths and needs Universal Personalised Care

- Specialist services have a duty to make reasonable adjustments using tools such as the Reasonable Adjustment Flag to ensure they are making services accessible for people with a disability.

- Specialist services have a duty to deliver on the NHS LTP commitment: to ensure that a "digital flag" is in place in the person's record to ensure staff know the person has a learning disability or who are autistic people and what their reasonable adjustment needs are to support their experience of health or social care.

- Specialist services professionals should familiarise themself with the person's background and any recent results before they attend. Obtain medical, social and drug history from available health records functional history from people and/or carer.

Actions to Consider	**Resources**
Services should consider what reasonable adjustments are required. Reasonable adjustments may include: ➢ Allowing for flexibility in appointment length for SMR's, depending on the complexity of individual cases. ➢ Consider home visits if GP surgery appointment may be impractical. ➢ Allowing for flexibility in appointment timing to avoid busy waiting rooms. ➢ Ensuring information is available in an accessible format suitable for individuals. ➢ Consider the health literacy	**This link will take you to further resources within the FuturesNHS Collaboration Platform**

STEP 5: Undertaking Structured Medication Review

It is recommended that the medication review or Structured Medication Review (SMR) follows the high-level principles and evidence-based practice outlined in the NHS Structured medication reviews and medicines optimisation guidance Report template - NHSI

Assess people.

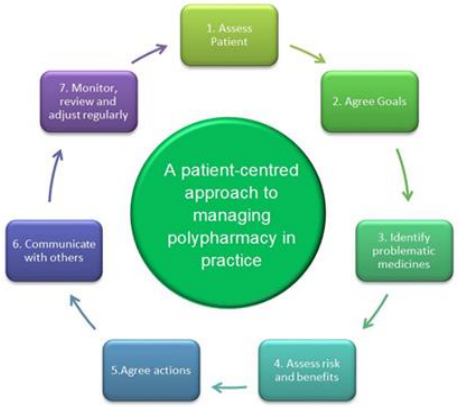
Clear identification of the affective, psychotic, and behavioural symptoms or clusters of symptoms that are the target of treatment with medication. If the identified target symptoms are not improving satisfactorily within 3 months, then that drug should be tapered or stopped, and other options considered.

Clinicians should be aware that although off-label prescribing is not inappropriate, unlawful, or unethical, it can be if not done properly. When prescribing off-label, they should follow guidelines that are published by regulatory bodies like the General Medical Council

Communicate with others.

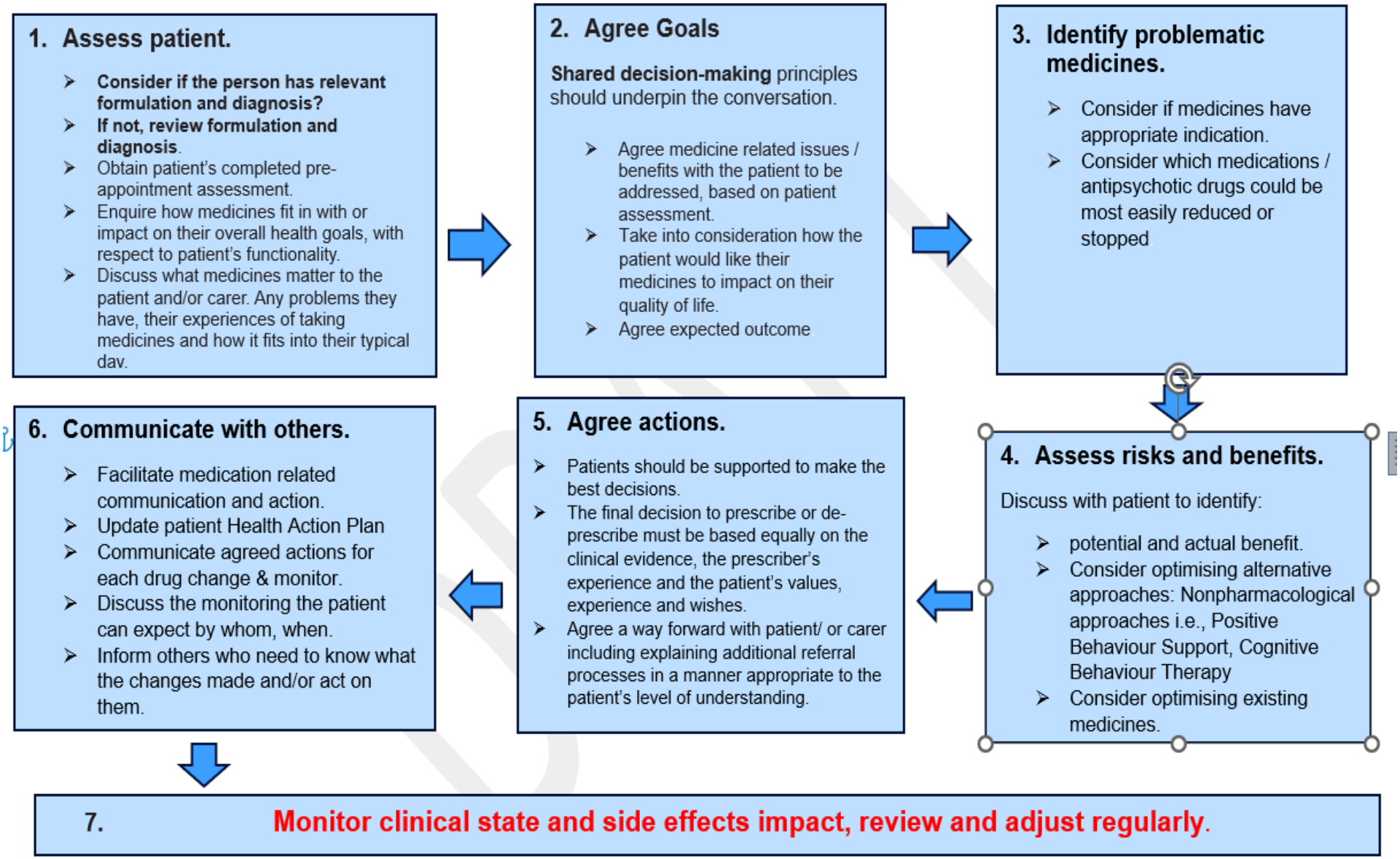
The prescribing clinician should explain the proposed treatment to people, their families, and carers. This may involve providing information in an easy-to-read format, making reasonable adjustments, and involving independent advocates. There should be a record of the person's consent and capacity, any best interests' decisions, timeframes for reviews and the tapering off or stopping of drugs that are ineffective.

The Structured medication review process is a cyclical, requiring regular repeat and review. The circle is centred around what matters to the person, as they play a vital part in making informed decisions about their medicines, if they are provided with the right information, tools, and resources.



Framework for a medication review to optimise medicines: formerly known as "polypharmacy and medication review (seven steps)" published in 2016 in the European Journal of Hospital Pharmacy

Structured Medication Review Steps



What Good Looks Like

People Identification and Prioritisation

- Secondary specialist care services have processes/ arrangements in place to support the accurate identification of people with a learning disability or autistic people, open to services and require regular reviews.
- Secondary specialist care services have up-to-date records of caseload.
- Secondary specialist care services have systems in place to identify people taking psychotropic medication for a structured medication review.
- Secondary specialist care services have arrangements to offer structured medication reviews to people with learning disability and or autistic people who are likely to benefit.
- Secondary specialist care services have a criteria and process to support prioritisation of people for a Structured Medication Review.
- Secondary specialist care services have processes to invite people with learning disability or autistic people, for scheduled review appointments.

Communication and Invitation

- Secondary specialist care services follow the accessible information standard required by law. Consistent and routine recording of people, service users', carers and parents' information and communication needs.
- Secondary specialist care services communicate invitation for a Structured Medication Review to people, carers, and family in an accessible format that meets the needs of individual.
- Secondary specialist care services communicate invitation for a Structured Medication Review to people, carers, or family in an accessible format that explains:
  - what a Medication review/ Structured Medication Review is.
  - why the person could benefit from a Structured Medication Review.
  - what the Structured Medication Review will involve.
  - what they should bring to the appointment i.e., Health Action Plan or up to date person's health passport, their medications, or a list, completed health questionnaire.
  - who they can bring to the appointment. People can be supported by carers or family members, and where children are not deemed competent themselves to consent to a SMR that consent may be given by a parent, guardian, or other family member as appropriate.
  - what the person and their carer can do before the MR/SMR. They should be invited to prepare questions in advance, if they have any, to aid discussion during the review.

- Secondary specialist care services provide people with sufficient time to reflect and prepare for the SMR VIEW, i.e., time between invite and appointment.
- Secondary specialist care services gather relevant information to support completion of SMR in advance of appointment by
  - Requesting and offering support to people, carers, and families to complete side effect forms I.e., LUNSER Form, Glasgow
  - Requesting and offering people, family, or carers to complete pre-SMR form.

Preparing for Structured Medication Review

- Secondary specialist care providers have processes to support the creation of reasonable adjustments flag on people's records. Reasonable Adjustment Flag considers a range of adjustments and requirements for people Reasonable Adjustment Flag - NHS Digital.
- Reasonable adjustments may include:
  - *Allowing for flexibility in appointment length for SMR's, depending on the complexity of individual cases.*
  - *Consider home visits if GP surgery appointment may be impractical.*
  - *Allowing for flexibility in appointment timing to avoid busy waiting rooms.*
  - *Ensuring information is available in an accessible format suitable for individuals.*

Undertaking Structured Medication Review

- Health professional provides relevant information. 'Relevant' means it helps address the questions of the Shared Decision-Making process from the perspective of the person, listening and considering perspectives of family and carers.
- ***Health professional considers:***
  - *What are the options?*
  - *What are the risks/benefits?*
  - *How will it affect person's life?*
  - *What are the alternatives?*
- Secondary specialist care professional give information that is proportionate to the decision being made while avoiding excessive detail.
- Secondary specialist care providers use pictures to help communication that are relevant, and the person can understand.
- Secondary specialist care provider professionals pay attention to healthcare passports.
- Secondary specialist care provider professionals make clinical decisions around care and access to treatment on an individual basis.
- Secondary specialist care provider professionals listen to people and carers.

Resources - Examples
This link will take you to further resources within the FuturesNHS Collaboration Platform

NOTE: A Structured Medication Review (SMR) is not considered complete until qualified consideration has been given to all the person's medication. Clinicians are encouraged to collaborate with colleagues across the Specialist services, and elsewhere, including Primary Care Services, and take a multidisciplinary approach to managing complex situations. Where prescribing is more complex, clinicians undertaking medication reviews or SMR's should establish professional relationships and engage proactively with specialist pharmacists, consultants and other healthcare professionals working across the local healthcare system.

SECTION FIVE

Training and Development

NICE states that organisations must determine locally the most appropriate healthcare professional to conduct medication review. They must have the following skills:

- **Therapeutic knowledge of the processes for managing medicines**
- **Therapeutic knowledge on medicines uses.**
- **Effective communication skills**.

In accordance with STRUCTURED MEDICATION REVIEW Guidance organisations must ensure that only appropriately trained clinicians working within their sphere of competence undertake Structured Medication Reviews.

These professionals will need to have.

- a prescribing qualification
- advanced assessment and history taking skills or be enrolled in a current training pathway to develop these and should be able to take a holistic view of the person's medication.

- Although clinical pharmacists primarily are expected to conduct SMR's, suitably qualified advanced nurse practitioners (ANPs) who meet the above criteria, as well as GPs, can also do so.

- Specifically, pharmacists must have completed – or at least be enrolled on – the Primary Care Pharmacy Educational Pathway (PCPEP) or a similar training programme that includes independent prescribing. It is expected/required that any ANPs who undertake SMR's are experienced in working in a generalist setting and able to take a holistic view of a people's medication.

Resources:

1. ***Oliver McGowan Mandatory Training on Learning Disability & Autistic people***

   - The Oliver McGowan Mandatory Training on Learning Disability and Autistic people is the government's preferred and recommended training for health and social care staff.
   - Oliver's training is delivered in 2 Tiers. Staff need to complete either **Tier 1** or **Tier 2**. Both tiers consist of 2 parts. Everyone will need the elearning regardless of where they work and the Tier of training they require. The second part of the training is either a live 1 hour online interactive session for those needing **Tier 1**, or, a 1-day face to face training for people who require **Tier 2**.
   - **Click** The Oliver McGowan Mandatory Training on Learning Disability and Autistic people | Health Education England (hee.nhs.uk) **to access the free training.**

2. **Modules specifically to address STOMP Reviews:** MindEd Hub

3. ***National eLFH STOMP Modules*** **"Stopping over medication of people with a learning disability and autistic people."**

   - Accessed through the e-learning for Health platform, NHSE elfh Hub (e-lfh.org.uk)
   - Site can be joined and used for free.
   - Consists of six modules, each expected to take around 30 minutes.
   - Also contains an Easy Read version of each module.

Course modules:

Inappropriate medication prescribing.
- ➢ Introduction to inappropriate prescribing and STOMP.

Psychotropic medication 1, 2, 3.
- ➢ Overview of psychotropics and how their use can be tested.
- ➢ Use and side-effects of psychotropics for those with learning disabilities and autistic people.

How to change inappropriate medication 1, 2.
- ➢ Interactive case studies around the use of medication in a mental health environment

4. ***Inappropriate Prescribing* - Giving medicine to people when it is not needed.**
Stopping Over Medication of People with a Learning Disability and Autistic People training package commissioned by NHSE through MindEd. [MindEd Hub]

5. ***The Challenging Behaviour Foundation***
NHSE commissioned the Challenging Behaviour Foundation who provide support with professional development and training for professionals.

If you are seeking to develop your understanding of challenging behaviour and/or learning disability, you can consult our list of academic courses which may be of interest or view our booklist.

Challenging Behaviour Foundation also provide useful information and tools for commissioners to develop effective local services for children with learning disabilities and behaviour that challenges.

6. ***Accredited Course*:** Advanced Practice Courses MSc Advanced Clinical Practice | Edge Hill University

Raising Awareness

There are links to resources for GPs, psychiatrists, psychologists, pharmacists, nurses and social care providers on the professional resources page.

FuturesNHS Collaboration Platform
GP prescribing
CQC work on detained patients
Pharmacy advice
Nursing advice
Social care resources
Top tips for advocates

NHS England » Stopping over medication of people with a learning disability, autistic people or both (STOMP)

Supporting people and families with training tool - https://medication.challengingbehaviour.org.uk/

Supporting people/families with accessible medicines information for LDA - Medicine Information - Learning Disabilities Medication Guideline - University of Birmingham

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