

19 February 2016

Update:

Use of psychotropic medication for people who live in the community (impending Call to Action)

This bulletin is about forthcoming recommendations on reviewing the prescribing of psychotropic medication for people with a learning disability, but have no diagnosed mental health condition.

What is happening?

A national "Call to Action" is anticipated to minimise the use of psychotropic medication for people who live in the community. This will require a detailed review of people who are known to have a learning disability but do not have a diagnosis of a mental health condition. The use of these medications is thus off-licence and likely to have been used to manage behaviours that challenge.

Why this is important?

The scale of action required is significant. Searches using primary care data for Newcastle and North Tyneside indicate that approximately 40% of people on the learning disability register will not have a mental health diagnosis but will be on one or more psychotropic medication. Learning disability psychiatry will be reviewing some 5-10% of these patients as they are on their caseload but the majority will have been discharged to primary care.

The medication sub-group of the Learning Disabilities Fast Track Transformation Board wishes to communicate that all stakeholders should prepare a plan to provide a safe and measured process to review patients' medications.

Patients, their carers, and GPs in particular, need to know urgently that although the call to action is imminent, **they do not need to make immediate or en bloc referrals to Learning Disability Services**. This is because local plans are being developed to manage what could be potentially a significant increase in referrals and activity.

What will the review be about?

The aims of the review will include: improved patient and carer understanding of their medication and involvement in any discussions about change; identification of benefits and harms arising from the medication; consideration of reduction of dose, and/or number of medication types, as well as consideration of alternative approaches (e.g. positive behavioural support).

To be safe, any medication alterations will need to be planned, with careful monitoring, and with specific and well documented agreement for each person on what is monitored and by whom, and what happens if the person's quality of life seems to be deteriorating. GPs will need support to assess the appropriateness of complex medication regimes, in making and monitoring any changes and documenting the rationale for continued medication use.

The medicines group cannot determine the local action plan. The group will provide written guidance over the next few months.

What should I do?

GPs	CCGs	*Patients, carers, their families	Local authorities, social carers
<p>Be aware that this Call to Action is likely to become news in the next month (possibly as early as 24 February).</p> <p>Patients with learning disabilities, carers or their families, or other patients, may ask you about what to do with their medicines: offer reassurance and explain there is a longer term plan to review patients in the community who take this type of medicine in line with national guidance.</p> <p>Whether patients continue to take them will depend on each patient and this will happen when their review is due, which might not be for a while.</p>	<p>Be aware that this Call to Action is likely to become news in the next month (possibly as early as 24 February).</p> <p>Make sure that GPs in your area are aware of this Call to Action and the content of this bulletin.</p> <p>Commissioners need to consider with their medicines leads what plans to put in place (if this is not happening already), with regards to reviewing existing prescribing patterns for people with learning disabilities on these medicines in the light of national guidance and the Call to Action.</p>	<p>You may have come across information or see news in on the television, newspaper or radio about some medicines you take or the medicines the person you care for takes.</p> <p>You should continue to take the medicine you have been given, unless your doctor says not to. He or she will talk to you about it when your medicines are reviewed. If you are worried about it, speak to your doctor.</p>	<p>Be aware of the forthcoming Call to Action.</p> <p>Offer reassurance to people with learning disabilities and their families and carers if they ask about it.</p> <p>Explain that they should continue with the medicines they have been given unless told otherwise by their doctor and if they have any concerns they should talk to their doctor.</p>

Sent on behalf of:

Dr Clare Scarlett, Chair of the fast track board medicines group and clinical lead for learning disability, NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and NHS North Tyneside CCG.

Who to contact if you have any questions or comments for the Medicines Group:

Trish Churchill, Project Support Officer: pchurchill@nhs.net

Who is in the Medicines Group?

The medicines group consists of psychiatrists and pharmacists from Northumberland, Tyne and Wear NHS Foundation Trust and Tees Esk and Wear Valleys NHS Foundation Trust, specialising in the care

of people with learning disability, NECS project management and medicines optimisation team, a Local Authority representative, and private care provider. The work of this group is shared with a service user group for challenge and support.

For more information about the Learning Disabilities Fast Track Programme and the Transformation Board which has representation from all 13 CCGs, go to <http://www.necsu.nhs.uk/necs-news/learning-disabilities-transformation-programme-update-2051>