

Bids are invited that fulfil some or all of the following criteria (In line with Briefing Note):

Enhanced Community Model:

- Identified locally as gaps in local infrastructure at the November 2017 TCP Board development session
- Aimed at supporting the safe discharge of people currently in hospital
- Aimed at reducing the need for future admission to hospital
- Development of the market of providers who can provide care and support to those with the most complex needs
- Continuation of 2017-18 funded projects

Priority areas including Children and Young People for example:

- Aimed at preventing future admission to hospital including crisis provision aimed at children and young people
- Development of the provider market that can successfully support children and young people
- Reducing the number of children and young people who are currently out of area
- Improving access to mainstream services through reasonable adjustments
- Establishment and embedding the use of dynamic support registers across health and local authority
- Improving the quality of Care, Education and Treatment Reviews, aiming to embed sustainable processes that link to Education, Health and Care Plans
- Improving the quality of Education, Health and Care Plans
- Early intervention
- Prevention of exclusions from school
- Transitions project, organisation required to lead; linking in use of the Quality of Life toolkit

c

Idea Title: **Pharmacist Support for Primary Care in delivering STOMP- 12 month post.**

Aimed at supporting the safe discharge of people currently in hospital

Aimed at reducing the need for future admission to hospital

Idea submitted by: **Donna Owens, Commissioning Delivery Manager- North Durham CCG and Durham Dales Easington and Seddfield CCG, Joan Sutherland**

Medicines Optimisation Lead North Durham CCG, Kate Huddart , Head of Medicines Optimisation DDES CCG, Claire Humphries- Medicines Information Pharmacist TEWV-

Supported by Dr Ian Davidson - Director of Quality and Safety North Durham CCG

Organisations Involved:	Organisation a DDES CCG	Organisation b North Durham CCG	Organisation c	Organisation d	Transformation Funding	Overall
12 month Band 7 0.5 FTE plus 12 month Band 5 post 1 FTE (both with 2k on cost)	14.5k	14.5k	0	0	29k	58k

Match Funding Requirement Achived (CCGs must at least match request from transformation funding)

Date received:

30/05/2018 Updated November 2018.

Membership of the Decision Making Panel: **South Region HUB**

Decision Step 1: Does the idea improve or maintain health or social care outcomes? (please choose from drop-down box)

If **Yes**, please provide evidence below to support your decision and **proceed** to **Decision Step 2**

If **No** - **Do not proceed**

STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging. Across DDES and ND CCGs progress has been made on collecting data about the trends and numbers of patients who are prescribed psychotropic medication for management of behaviour. This data has allowed initial discussions to take place with TEWV regarding a number of key points, including following up on patients who should be reviewed under secondary care, and how to improve communication and records across the interface. It has also allowed the breadth of prescribing solely under primary care to be recognised and a major factors highlighted throughout the audit work is the need for specialist knowledge to review patients who are no longer under secondary care review , with a view to reducing psychtopic medication prescribing , where appropriate. The relatively small number of patients who are not under secondary care , compared to all GP list sizes means that GPs will not have time to develop the specialist knowledge and expertise in this area. Additionally support will need to be given to patients, carers and family members to support them as well as the patients to reduce prescribing. It is also advantageous to deliver specialist training and expertise to support GPs, should it be the case that some of these patients may be have medication reduced only by GPs, should the situation arise that in some cases education and increasing knowledge and skills of the GP in this specialist area is thought to be appropriate . Primarily this proposal is a mixed model approach to review patients taking psychotropic medicines for management of behaviour. The proposal is for a band 7 independent prescriber specialising in LD to conduct medication reviews on patients, and with the additional input of a band 5 PBS specialist to support patients, carers and family members through the reduction of prescribing key medication in line with STOMP. The aim is also to upskill and support GPs in primary care, where appropriate, in this area and enable a greater interface between secondary care and primary care; there is also the added opportunity for influence beyond practices with awareness and education across community teams and service providers, particularly in relation to people whose needs are complex and at risk of diagnostic overshadowing. This model has been updated from the initial proposal for a band 7 pharmacist specialising in LD based on new evidence		
Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for. Children and young people are also prescribed them. Psychotropic medicines can cause problems if people take them for too long. Or take too high a dose. Or take them for the wrong reason. This can cause side effects like: •putting on weight •feeling tired or ‘drugged up’ •serious problems with physical health. The Challenging Behaviour Foundation (CBF) is working with NHS England (NHSE) as part of the Stop the Over Medication of People with a Learning Disability (STOMPwLD 2016) project. There is a long history of over medicating people who have a learning disability and/or autism. Following the Winterbourne View Scandal there was a renewed commitment to ensure that when medication is suggested and prescribed it is safe, appropriate, proportionate and in partnership with other interventions. Such an approach supports quality of care for learning disability patients , and should reductions in psychotropic medication be sucessful there may be reduced risk of a number of side effects, e.g. cardiovascular and diabetes risk factors reduced. This proposal will support people with long term conditions and particularly those people whose needs are complex and can be challenging to some care providers, where traditionally additional funding has been sought to increase staffing and behaviour management, or the person has been subject to an avoidable admission to a learning disability inpatient setting.		
Decision Step 3: Does it significantly improve people's outcomes and experience? (please choose from drop-down box) If Yes, please provide evidence below to support your decision and proceed to Decision Step 4 If No - Do not proceed		
In 2015 a ‘call to action’ was announced by Public Health England (PHE)¹ to highlight high national levels of prescribing of psychotropic medication in people with learning disabilities compared to the rest of the population. This highlighted that 30% of all adults with a learning disability or autism were prescribed one or more psychotropic medications in primary care, and 16.2% of adults with learning disabilities or autism received one or more that were not linked to a specified indication². Psychotropic medicines are medicines that are capable of affecting the mind, emotions and behaviour of a person, and include antipsychotics, antidepressants, anxiolytics, hypnotics, antiepileptics and mood stabilisers. While these are licensed and indicated in the treatment of certain conditions, they are also prescribed in people with learning difficulties and/or autism to manage challenging behaviour ^{3, 4}. However these medications can cause potentially significant side effects, and use for these indications is mainly unlicensed and has little evidence of effectiveness^{4, 5}. The National Institute for Health and Clinical Excellence (NICE) published guidelines on the management of challenging behaviour in people with learning disabilities to support this work in 2015 and a national campaign was also started by NHS England in 2016, named the STOMP campaign (STopping Over Medication in People with a learning disability, autism or both). The aim of these was to support the reduction of medication used for management of behaviour in these patients where possible.		

Decision Step 4: Is there evidence to support delivery of the intended activityplease choose from drop-down box) If Yes , please provide evidence below to support your decision and proceed to Decision Step 5 If No - Further analysis required	
Members of the medicines optimisation teams in DDES and North Durham CCGs along with a pharmacist from TEWV have worked together to develop an audit tool and as a result extract relevant data on the number of people diagnosed with a learning disability who were prescribed psychotropic medication from GP clinical systems within North Durham and DDES CCG area. A total of 5253 patients were identified as having learning disabilities or autism (or both) in the two CCGs. Of these, 1920 patients (36.5%) were identified as taking a psychotropic medication, with a total of 3262 medications prescribed. This is higher than the national average of 30%. 759 patients (14.4% of the total) were prescribed at least one psychotropic medication specified in the primary care record for management of behaviour with 1129 medications prescribed. There were differences between the two CCGs, with DDES CCG having a greater percentage of patients with learning disabilities or autism prescribed a psychotropic medication with no linked indication or specified for management of behaviour. Based on this the original model of a pharmacist-led review service was proposed to enable the review of these patients and the reduction of their medication, however recent evidence suggests that only 20% of patients will successfully reduce their medication with a pharmacist medication review and support but 70% will reduce if there is increased positive behavioural support. The model currently proposed is for a 0.5 FTE nurse prescriber with an independent prescribing qualification and specialism in LD and PBS could review and reduce patients medications, with PBS support provided by a PBS specialist in order to improve the likelihood of a positive outcome.	
Decision Step 5: Is the proposal aligned with CCG/ Council Strategic or Local Objectives and can it be delivered within timescales? If Yes, proceed to the Prioritisation Matrix If No, please proceed to Decision Step 6	
A task and finish sub-group consisting of representatives of two specialist trusts, GP clinical lead, regional pharmacy optimisation team (North East Commissioning Support NECS) and social care providers were tasked with undertaking an initial scoping exercise , On the recommendation of the task and finish group the Regional Transformation Board cascaded a message to all CCGs, Local Authority representatives and specialist Trusts to promote the scoping exercise. The North East regional and Cumbria CCGs carried out the scoping exercise which established that a third of people on the GP practice Learning Disability register were on psychotropic medication but did not have a coded serious mental illness. This proposal seeks to address one of the key aspects in delivering an effective response to STOMP across County Durham.	
Decision Step 6: Would the proposal still be possible to deliver? If Yes , proceed to the Prioritisation Matrix If No - Do not proceed	
Yes	
Prioritisation Matrix: Conduct prioritisation exercise (please choose the outcome from the drop-down box) If <6 Low Priority - Do not proceed If 6-10 Medium Priority - Decision meeting required If >10 High Priority - Develop project outline	