

What Next: Action Planning

Over two sessions during the day, attendees shared actions agreed on during workshops to form an overarching action plan. This was led by Cally Ward (Family Carer) who drew together a multitude of ideas to confirm effective and concrete actions moving forward from the meeting.

Workshop	Discussion Points	Actions	Individual/organisation
Understanding the use of psychotropic medication in primary care: Sharing outcomes from a six practice review	Attendees discussed the issues surrounding reviewing medication in primary care	<ol style="list-style-type: none"> 1. Include medication in Local Authority health contracts. Social care providers to work with local health services to implement and support a minimum annual medication review 2. LD Professional Senate to produce a message about medication reviews and professionals roles within it 3. Each CCG needs to understand their learning disability population who are taking psychotropic medication. Consider changing GP contracts to include this. Ask Anne Webster to share Clare Scarlett's information with CCGs and GPs 4. Ask NHSE for a GP learning disability STOMP champion 	<ol style="list-style-type: none"> 1. LGA, ADASS, NHSE, Simon Cartland and Sue Turner 2. Ashok Roy 3. Clare Scarlett, Dimensions and CBF 4.
Reducing over prescribing of psychotropic medicine in people with learning disabilities	Strategies to ensure that reduction of overprescribing is supportive and effective Strategies to engage the individual and their family in the reduction process	<ol style="list-style-type: none"> 1. Build a relationship between family carers and psychiatrists (don't make the psychiatrist defensive). Need pan-disciplinary meetings with humanity. Link with action from Empowering Families workshop to improve how professionals and families work together. 2. Families need expected outcomes and timeframe at the point of prescribing – evidence is needed for medication and evidence of benefit/side effects. Baseline is essential. Ask CQC to inspect on medication prescription standards and outcomes related to medication. CBF Family Carer resource to provide information on these topics to family carers 	<ol style="list-style-type: none"> 1. Link to Empowering Families action 2. Ashok Roy, CQC and CBF
Getting medication use right	Identified and discussed key points in the pathway of	<ol style="list-style-type: none"> 1. Make sure information about the Mental Capacity Act gets to families, care staff and prescribers so that it can be used as a tool to ensure prescribing is in the best interests of the individual. Camilla Parker to send 	<ol style="list-style-type: none"> 1. Camilla Parker, CBF, ARC

	medication prescribing and continuing medication use to address inappropriate medication	<p>information about the MCA, CBF to disseminate to families and ARC to disseminate to providers</p> <ol style="list-style-type: none"> 2. Checklist to be produced for prescribers of other options that should be tried (or at least considered) before medication is prescribed – ask STOMP programme to produce 3. Write to Peter Pratt (pharmacist at NHS England and NHS Improvement) about the potential for pharmacists to be routinely involved in care and medication reviews and about the role of the pharmacist as an advocate in prescribing decisions and decisions to stop or reduce medication 	<ol style="list-style-type: none"> 2. Dave Branford and partners 3. CBF and Peter Pratt
Empowering Families	Discuss barriers to involving families in decisions about medication and strategies to overcome these	<ol style="list-style-type: none"> 1. Explore potential initiatives around improving professional/family working through a number of means - i.e. CBF providing master class training to students on how to effectively work with families 2. Link with the GMC to consider review guidance on working with families and work with them to develop their online resources. Use footage from campaign families films 3. Early years involvement, ask GMC to consider embedding this in training 4. Ask CQC to check on evidence based medication practice 5. Review Open University piece of work on Carer Research and Knowledge Scoping Review by Professor Mary Larkin 	<ol style="list-style-type: none"> 1. Roger Banks, LD Professional Senate, Peter Pratt 2. Roger Banks, CBF, Mencap 3. Roger Banks 4. CQC 5. CBF
STOMP and your part in it	How individuals and organisations can act to support the STOMP programme	<ol style="list-style-type: none"> 1. Simon Cartland to ask Hampshire TCP and other local colleagues to follow STOMP agenda and progress PBS strategy 2. SeeAbility to join Hampshire PBS Network and roll out PBS awareness training 3. Work to get UWE students to sign up to the STOMP pledge. Explore getting STOMP on the UWE Health and Social Care curriculum 4. CBF Family Carer talks to students to include STOMP 	<ol style="list-style-type: none"> 1. Simon Cartland 2. SeeAbility 3. Jackie Clarke 4. CBF

		<ol style="list-style-type: none"> 5. Write to the Royal Pharmaceutical Society to explore the possibility of local pharmacists flagging up instances where a lot of psychotropic medication is prescribed/multiple psychotropic medications are prescribed/long term prescribing of psychotropic medication (Link with other actions concerning the Royal Pharmaceutical Society) 6. Cally Ward to share information about STOMP with family carer groups 7. Add 'roles' to the CBF Medication Resource (in development). For example, what a GP, psychiatrist and family carer should do 	<ol style="list-style-type: none"> 5. CBF, Peter Pratt, Dave Branford, Royal Pharmaceutical Society 6. Cally Ward 7. CBF
A holistic approach to achieving positive outcomes with children	Discuss how organisations can ensure that they work holistically and in a multi-disciplinary way	<ol style="list-style-type: none"> 1. PALMS to share good practice through research and other means 2. CBF to raise the need for focus on children within Transforming Care 3. PALMS to link with other services to share models of working 4. PALMS psychiatrists to link with the Royal College of Psychiatrists 	<ol style="list-style-type: none"> 1. PALMS 2. CBF 3. PALMS 4. PALMS, Ashok Roy
Responsibilities of different professions within the STOMP programme	Discuss how both professionals and family carers can work to fulfil the Learning Disability Professional Senate pledge on stopping overmedication	<ol style="list-style-type: none"> 1. LD Senate to seek funding and other support for an audit of medications being prescribed (including PRN medications) 2. LD Senate to seek funding and other support to explore the decision making culture within teams 3. Collate information on what all professional colleges have done to support STOMP – measure the one year impact of the STOMP programme 	<ol style="list-style-type: none"> 1. LD Senate and NHSE 2. LD Senate and HEE 3. Ashok Roy, CBF
Use of medication within a positive behaviour support framework	Considered how to address withdrawal effects, how to incorporate medication into a behaviour support plan and how to	<ol style="list-style-type: none"> 1. Sue Turner to update the health charter to include STOMP 2. Dimensions to provide a case study/short summary of their survey results 3. Dave Robinson and Community of Practice to draft question prompts to ask GP's about medication prescription 	<ol style="list-style-type: none"> 1. Sue Turner, VODG, CBF 2. Community of Practice and Dave Robinson 3. Community of Practice and Dave

	measure the success of an intervention	<ol style="list-style-type: none"> 4. Providers to look at their own training to ensure it adequately covers medication (not just how to give medication) 5. Disseminate information on the MCA and NICE Guidelines 	<p>Robinson</p> <ol style="list-style-type: none"> 4. Each provider in CB-NSG 5. Dimensions, LD Professional Senate, CBF, ARC
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