

Workshop: STOMP and your part in it

Workshop facilitator: Dr David Branford - Pharmacist adviser to STOMP programme, NHS England

The **aim** of this workshop was to help attendees develop a STOMP action plan.

The **objectives** were to:

- Introduce the STOMP campaign
- Provide examples of how others have participated in the STOMP programme
- Develop an action plan for individuals and organisations

Background

Concerns about overmedication of people with a learning disability, autism or both were first identified as a part of the enquiry into the events at Winterbourne View near Bristol. Following this enquiry a programme was established by Dr Keith Ridge the Chief Pharmaceutical Officer for NHS England to identify the extent of the problem of overmedication and the potential for improvement.

This research undertaken by Public Health England and others in 2015 identified that at any time, between 30,000 and 35,000 people with a learning disability are prescribed an antipsychotic, an antidepressant or both by their GP without having the conditions for which the drugs were designed to treat and have been shown to be effective (this is 1 in every 6 people known to their GP as having a learning disability). In addition to these drugs concerns were also raised about the overmedication with other psychotropic drugs such as mood stabilisers, benzodiazepine, sedatives and stimulants. This is clearly a human rights issue that can have a big impact on people's quality of life as well as a health inequality.

Out of this research came the launch of the NHS England STOMP campaign – Stopping the overmedication of people with a learning disability, autism or both. The goals of STOMP are; to improve the quality of life of children, young people and adults with a learning disability, autism or both, who are prescribed psychotropic drugs; make sure people only receive these drugs for the right reasons and in the right amount; improve understanding of these drugs and when they should, or should not be used; improve understanding of non-drug treatments and support which may help and make sure that people work with their doctor, multi-disciplinary team and the people who support them in making any changes to treatment.

Workshop Discussion

The group initially discussed the lack of understanding of STOMP among professionals generally, and that care staff who were dispensing medication on a day to day basis have very little knowledge about what the medication does. Concerns were raised about nursing staff only receiving very limited training about medication and the possibility for the Royal College of Nursing to consider making this a more substantial part of training.

However, it was also raised that the culture in some healthcare environments meant that nurses could be ignored when they voiced concerns, so any changes would need to address this issue as well. One suggestion from the group was for the role of an

independent party to make sure these concerns were heard, although it was unclear what form this would take.

The group suggested that a greater involvement from pharmacists could be valuable to raise alerts concerning medication (e.g. high dosages, polypharmacy etc.) when filling out prescriptions and to be proactively involved in decisions about medication. It was highlighted that their depth of knowledge about the function of medication, side effects and interactions etc. should be present when these decisions about medication are made.

Family carers have a role in consenting to medication and should be consulted with. Their role often also includes keeping records relating to medication, raising any concerns and communicating with professionals. It is empowering for family carers to have good information.

The group also suggested that commissioners should have a responsibility to ensure that people are not overmedicated or sedated and that social workers need to follow hospital discharge plans closely. Some group members felt that the health model and automatically referring people with a learning disability to health professionals is a flawed system.

The issue was raised that specialist units and services for challenging behaviour were too close to a 'warehousing model'. Other problems mentioned with this were DoLS issues, staff ratios and a deficit approach (focusing on what people cannot do).

GPs are currently the gateway to CAMHS and the CDLT, but this should be based within social services, with advocacy and behaviour support.

Actions

Action	Who?	When?
1. Ask Hampshire TCP and other local colleagues to follow STOMP agenda and progress PBS strategy	Simon Cartland	ASAP
2. Join Hampshire PBS Network and roll out PBS awareness training in SeeAbility	Lois Tozer & SeeAbility	March 2018
3. Work to get UWE students to sign up to the STOMP pledge. Explore getting STOMP on the UWE Health and Social Care curriculum	Jackie Clarke	June 2018
CBF Family Carer talks to students to include STOMP	Holly Young and Family Carer volunteers	Ongoing
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)	CBF, Peter Pratt, Dave Branford, Royal Pharmaceutical Society	October 2018
Sharing information about STOMP with family carer groups	Cally Ward	ASAP

Add 'roles' to the CBF Medication Resource (in development). For example, what a GP, psychiatrist and family carer should do.	Holly Young	August 2017
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Further information/guidance/ background reading

Social care providers can sign up to the STOMP (Stopping the Over-Medication of People with a Learning Disability, Autism or Both) campaign and access a range of resources at <https://www.vodg.org.uk/campaigns/stompcampaign/>

Further information about STOMP can also be found at <https://www.england.nhs.uk/learning-disabilities/STOMP>

The Royal College of Psychiatrists has produced practice guidelines on *Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge*

https://www.rcpsych.ac.uk/pdf/FR_ID_09_for_website.pdf

Easy read information for patients, families and carers is available at <https://www.england.nhs.uk/wp-content/uploads/2015/07/ld-med-advice-easy-read.pdf>

Easy read information about a wide range of medications, including their uses and side effects, is available at [http://www.easyhealth.org.uk/categories/medicines-\(leaflets\)](http://www.easyhealth.org.uk/categories/medicines-(leaflets))