CB-NSG 8th October 2020

The 'New Normal'

STOMP/STAMP		
Feedback	Next Steps	**Actions**
- Good practice examples available in Cumbria where LD nurses have acted as 'de-prescribers' - There is a need for a fundamental culture shift away from medication towards PBS - The medication review process needs to be improved: it should be more frequent, and more personalised/have a better understanding of the individual and their needs	- The current NHS guidelines for medication don't contain any specific LD+/Autism content. We should try to influence this development	
	- Sharing powerful, personal stories more widely to drive change	A: Discuss with a CBNSG family carer about exploring whether other families would be keen to share and ask them to lead collection. Also ask for examples of good practice (link to action below)
- Over-medication has been an issue for a long time and progress has been too slow - The STOMP research and thus impetus to act currently sits with the Royal College of Psychiatry. Is this the best place? - Acknowledged there's a related but separate issue of	- We need a holistic, proactive model that doesn't rely on medication as a solution. Behaviours can't be medicated away. A popular model in MH is the 'Power-threat model'. This should be explored to see if it could transfer to LD	A: Contact J.Tudway to ask for more information on the model this and ask to lead the investigation into its transferability.

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<tr><td>prescribing some medications because of the side-effects that change behaviour</td><td></td><td></td></tr>
<tr><td rowspan="2">- PBS and STOMP too often deployed as reactive strategies and early intervention is needed to replace this
- Change is needed around the entry level/criteria for early intervention
- Noted that the bulk of prescribing is done by GP’s and they need to be included in the dialogue.</td><td>- T. Joyce: Call on professionals to actually follow their medication guidelines</td><td>A: Ask the SG for advice as this requires more thought:
how do we find out about what ‘checks’ exist? Where would be best place to lodge this pressure?</td></tr>
<tr><td>- T. Joyce: Creation of a ‘Challenge Check-list’ for our families, built off the information in CBF’s medication resource. Develop a means to help families escalate in the events</td><td>A: CBF to draft Challenging Checklist for CBNSG members to review and feedback.</td></tr>
<tr><td>- Group discussed the alternatives to medication
- The importance of all-stakeholders approach. Carers and support staff need to be empowered to use alternatives to medication e.g. PBS
- Services need to be sufficiently resourced to train-up support workers in the use alternatives to medication
-Families should be at the forefront of training
- The conversation around drugs could be simplified- health professionals need to be asking ‘did the right person get the right drugs at the right time’?</td><td>- Promote the focus on practical alternatives to medication, and making sure support staff have the resources, skills and confidence to carry them out.</td><td>A: CBF and SG to audit CBNSG members to generate a list of all the workshops the group offers and see whether any of these be adapted and promoted towards support staff</td></tr>
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<tr><td rowspan="3">- Greater accountability is needed to prevent medication being abused as a ‘quick-fix’
- Mechanism needed to enable GPs to be confident to reduce/stop medication (any challenges often attributed to reduced dose)
- Medication belongs within a wider system of good care
- Prescribers need to review and withdraw if not useful (could have mandatory medication review programmes)</td><td>- Reach out to families whose relatives are at risk of inappropriate medication, to proactively provide them with the support tools they need to identify and challenge the medication process</td><td>A: Incorporate proactive dissemination strategies into the distribution of the Challenge check-list.

A: The CBF to share widely STOMP/STAMP resource pack</td></tr>
<tr><td>- C. Burke to collate and disseminate examples of best practice case studies</td><td>Potential to link to collection of family carer’s stories as above</td></tr>
<tr><td>- Create a resource of legal case studies</td><td>A: Potential to use the Legal strategy day to discuss adding this resource to the remit of the Legal Panel</td></tr>
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