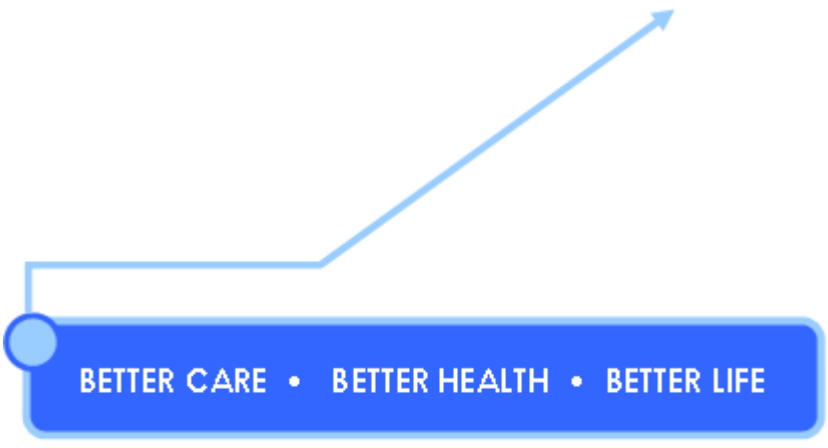
NHS
North West

Mental Health Clinical Pathways Group

Summary and Recommendations



Executive Summary

Background

The North West Mental Health Clinical Pathway Group has spent the past nine months reviewing the provision of physical health care for people with severe mental illness in the North West region.

The understanding of what the term severe mental illness means varies greatly. The Mental Health Clinical Pathway Group defines severe mental illness as:

"When an individual suffers periods of substantial disability in their capacity to manage themselves and their relationships with others; and is depleted in those resources needed to realise their intellectual and emotional potential, to the extent of being eligible for specialist mental health and social care services to enable their recovery and full participation in society".

Mental ill health has a significant impact on the region, as illustrated by the following statistics:

- The North West has the second highest number of incapacity benefit claimants in the region for mental illness.
- It is estimated that over one in five GP appointments are for mental health problems.
- In 2008-2009, 155,000 people sought help from specialist mental health services in the region. This is more than the number of people in the region with cancer or chronic obstructive pulmonary disease.
- Of these, over 60,000 are classified as having a severe mental illness .This is equal to nearly 1% of the population.

The Group identified this stream of work as a major priority for the region for the following reasons:

- People with severe mental illness have a reduced life expectancy of up to ten years compared to the rest of the population.
- There is an increased risk of physical health conditions such as cardiovascular disease and diabetes. These links with severe mental illness are not entirely due to medication or lifestyle factors. Independent links have been found between severe mental illness and some physical health conditions.
- Residents in the North West are more likely to smoke than the rest of the country, and people with severe mental illness already have increased rates of smoking.
- Service users in the region have reported discrimination when trying to access physical health services.

- People with severe mental illness are less likely to receive adequate monitoring of their physical health.

Aims

- To evaluate the evidence base for common physical health conditions, medication and health promotion in people with severe mental illness.
- To identify and showcase areas of best practice in the region. These services should provide high quality care that is innovative and productive and promotes prevention and early intervention.
- To make recommendations to ensure the best clinical, strategic and commissioning practice, so that the region provides the highest quality physical health care to people with severe mental illness.

Results

- There is clear evidence of startling inequalities with regards to physical health in people with severe mental illness. The Disability Rights Commission (now superseded by the Equality and Human Rights Commission) conducted an investigation 'Equal Treatment: Closing the Gap' which looked at the health inequalities experienced by people with mental illness and/or learning disabilities in England and Wales. The report on their findings and recommendations was published in October 2006 and showed some striking results.
    - Rates of ischaemic heart disease, stroke, hypertension, diabetes and epilepsy were all higher in those with schizophrenia or bipolar disorder compared to the remaining population.
    - Risk factors such as smoking and obesity were also found to be at a higher level in those people with mental illness than those without.
    - There were some inequalities found when it came to recording physical health measures in those with severe mental illness, and levels of disease control and treatment were not as good in this population.
    - The investigation found that as well as having higher rates of physical health problems, people with mental illness were also more likely to develop these health problems at an earlier age and to die sooner from them.

- From our work across the region, we were able to identify many example of good practice which other services could draw upon.

- The North West has pockets of highly motivated people working to address the physical health needs of people with severe mental illness, however there still seems to be a prevalent attitude within mental health services that physical health care and promotion is not part of their responsibility.
- There is wide variability of services across the region. There is disparity between what a service user can access depending on what area they are in, however there are exciting new roles being developed in the region, such as those of Assistant Practitioner and Health Trainer that will help address this imbalance.
- There is sometimes a lack of organisational structure to promote the agenda of physical health within mental health organisations.
- Staff often do not feel that they have the time to communicate effectively with colleagues from outside their own organisations, leading to miscommunication about physical health care.

Recommendations

1. Mental Health Trusts should ensure that the promotion of high quality physical health care is embedded within their services at all levels. Mental health trusts should create a culture where physical health is as important as mental health and this should be reflected in the organisational structure, clinical care and environment. We recommend that each Trust has a physical health lead to take on this agenda.
2. All Mental Health Trusts should have a Physical Health Policy.
3. Mental Health Trusts must work in collaboration with Acute and Primary Care Trusts to provide high quality physical health services for people with serious mental illness.
4. All staff working in mental health should have adequate training in physical health, relevant to their level of training and responsibilities.
5. Inpatient environments should have facilities for service users to have sufficient physical activity and adequate areas and equipment for physical examinations and tests.
6. Staff working in general health settings should have an awareness of mental health problems, in order to reduce discrimination.
7. Information technology needs to develop so that it is possible to maintain accurate, up-to-date information on a patient's care. There needs to be a reduction in duplication and omission. Data that is collected needs to be used effectively to improve patient outcomes.
8. Primary Care commissioning should continue to include services that support full engagement of service users with health promotion initiatives.

9. People with severe mental illness should be offered an annual physical health review.
10. Careful consideration should be given to any antipsychotic prescribed, with the service user's medical history, choice and lifestyle all taken into account. Side effects should be monitored carefully throughout treatment.

Full Recommendations

Recommendation 1

Mental Health Trusts and the Independent Sector should ensure that the promotion of high quality physical health care is embedded within their services at all levels. Mental health trusts should create a culture where physical health is as important as mental health and this should be reflected in the organisational structure, clinical care and environment.

Rationale

- Mental health and physical health are integral to a person's wellbeing and should not be seen as separate entities. We know that poor physical health can have a negative impact on mental health. Staff often complain of a lack of support within organisations.

How should this work in practice?

- All Mental Health Trusts should have a senior member of staff with responsibility for physical health within the organisation. This person should have the ability to influence at a board and clinical level and could be a Director of Nursing, Medical Director or one of their deputies.
- This person should have organisational responsibility for ensuring that the Trust has an adequate policy that covers physical health (see recommendation 2).
- Physical health care should be integrated within all care pathways.

Examples of good practice

- The Director of Nursing at Mersey Care NHS Trust (part of the North Mersey Footprint) has board level responsibility for physical health. A Modern Matron supports this post.
- 5 Boroughs Partnership NHS Foundation Trust also have a Director of Nursing representing physical health at board level, with support from a Nurse Consultant.

How would this improve patient care?

- A top down culture will be created where physical health is seen as everybody's responsibility.

How can this be measured?

- Number of Trusts with an identified physical health lead.

Recommendation 2

All Mental Health Trusts should have a Physical Health and Wellbeing Policy.

Rationale

- All service users should have access to high quality care. A clear policy explains what services should be offered and should include clear responsibilities for any actions, the policy will have gone through formal governance procedures. Staff currently working to address the physical health needs of people with severe mental illness have reported inconsistencies in care being given within their organisations. Having a formal policy should help address this.

How should this work in practice?

- The policy should include, different procedures, including the following areas-
    - Requirements and responsibilities for monitoring physical health during an acute inpatient admission, particularly when new medications are commenced.
    - Minimum standards for inpatient areas- including exercise facilities and adequate clinical examination areas and equipment.
    - Minimum standards for clerking in procedure when admitting service users to inpatient areas (following the guidance given by NICE and the National Patient Safety Agency).
    - Ensuring that there are adequate arrangements for follow up of any outstanding physical health issues upon discharge.
    - Minimum standards for community based teams and outpatient departments- including adequate clinical examination areas and equipment.
    - Clear information on who takes responsibility for monitoring physical health following the commencement of long term medication in community settings. This should be agreed at a local level.
    - Standards for the recording of data (see recommendation 7 for details on how to record data).

    - Clarification of what information can be shared with other agencies within the NHS.
    - Minimum standards of training required for staff (see recommendation 5).
    - Links to pathways and NICE guidance for the treatment of common physical health conditions.
    - Promote self care, encourage staff to view themselves as role models.
    - Clarification of the care coordinators roles and responsibility
    - Resuscitation.
    - Procedures for transfer to Acute Hospital Trusts
- We recommend that in developing these Policies, Trusts should negotiate with their local Acute and Primary Care Trusts. This should cover arrangements for areas where specialist input and shared care may be needed, eg in long stay units where Primary Care services may be needed for routine health care or cardiology services to interpret ECG's. The CQC Investigation into West London Mental Health NHS Trust concluded that all people in services should have the same range of primary and secondary services as other people.
- All service specifications should include physical health care.

Examples of good practice

- 5 Boroughs NHS Foundation Trust (part of the North Cheshire Footprint) have a clear policy on physical health that is regularly audited.

How can this improve patient care?

- All service users should be guaranteed a minimum standard of care through a formalised policy.
- It should reduce variability of service throughout different localities.

How can this be measured?

- Number of Trusts that have an up to date policy that has gone through formal governance procedures.
- Quality of policy can be measured by checking compliance with the above recommendations.

Recommendation 3

Mental Health Trusts must work in collaboration with Acute and Primary Care Trusts to provide high quality physical health services for people with severe mental illness.

Rationale

- Primary care clinicians, such as GPs and Practice Nurses are the experts in providing routine physical health care, and should continue to do so. Mental health staff should offer support and guidance to their colleagues and to their service users to ensure that all their needs are met. In addition, not all service users with serious mental illness are under the care of secondary services, so it is important to provide GPs with the skills to manage stable service users. Finally, it is important that information is shared appropriately, in order to reduce duplication or omission of testing and ultimately improve patient care and experience.

How would this work in practice?

- All service users under the Care Programme Approach should have the date of their last QOF review and due date of their next one with their Primary Care Team in the "Physical Health" section of their CPA care plan. Care coordinators should liaise with primary care and service users to actively encourage them attend these appointments.
- Mental health services should take particular care when a patient is admitted to or discharged from to any mental health service (this should include community and inpatient services) to ensure that there is adequate communication of physical and mental health needs with the GP. This will prevent duplication or omission of vital care, and improve safety for services. This should happen within the next working day (this time scale can be reviewed following the introduction of the Summary Care Records). For more information on suggestions for IT to support this, please see recommendation 7.
- Service users in long stay units, such as forensic settings, should have access to a General Practitioner, to ensure adequate physical health care. The model used in prison settings is recommended.

Examples of good practice

- Warrington CMHT, part of 5 Boroughs Partnership NHS Trust (and the North Cheshire Footprint), have excellent communication with their local GPs. They regularly audit CPAs to ensure that QOF checks have been recorded. GPs are able to contact them if service users have not attended.

How would this improve patient care?

- Service users would be ensured high quality care throughout the NHS system, including advice on how to maintain their health and wellbeing.
- Safety will increase, as important tests should not be missed.
- There should be a reduction in duplication of tests.

How can this be measured?

- Trusts should regularly audit CPA forms to ensure dates of last QOF checks are recorded.
- General Practitioners can continue to monitor uptake of QOF checks.

Recommendation 4

All staff working in mental health should have adequate training in physical health, relevant to their level of training and responsibilities.

Rationale

- There is a need for all mental health staff to recognise that physical health is within their remit. In addition, there is a need to ensure that staff are working safely within their competency level and are aware of appropriate actions to take if problems are identified. We have identified areas where staff are undertaking investigations, such as ECGs and blood tests, however do not have the skills to interpret them or to signpost to appropriate services.

How should this work in practice?

- Mental health trusts need to identify what level each member of clinical staff should be working at with regards to physical health. At a basic level all staff should be aware of health promotion. It is essential that all staff that have a responsibility for monitoring physical health can understand the rationale for doing so, can do this safely and are able to understand what to do with the information they collect.
- There should be core skills training in basic interventions, such as monitoring blood pressure and pulses (manually and electronically), taking temperatures, monitoring blood glucose etc. In addition staff should be aware of when there should be concern about results and what safe action should be taken. This training should be offered regularly so that staff can stay up to date with new guidance.
- Training needs of staff should be assessed and adequate training targeted could be targeted at areas of need. It is essential that core standards are regularly audited.
- In addition, mental health staff should not be undertaking duties that are outside of their field of expertise. For example, clinicians with adequate skills (eg from cardiology services) in interpreting ECGs should check the ECGs of service users. The utilisation of telemedicine could improve the time it takes to get results back. This should lead to early detection in problems and ensure that mental health patients have the same access to high quality care as the rest of the population.

Examples of good practice

- Cumbria Partnership NHS Foundation Trust (part of the Cumbria Footprint) have redeveloped their physical health policy. In it they have mapped out the competencies that they expect staff to be working at safely, including new roles such as Assistant Practitioners and Advanced Practitioners.
- Pennine Care NHS Foundation Trust (part of the Greater Manchester Footprint) are currently undertaking a review of staff competency and attitudes regarding physical health care. This will be used to ensure that training is targeted appropriately and at the correct level.

How does this improve patient care?

- Patient safety will increase as staff will be working within their competencies.
- It will also help reduce the inequalities that mental health service users face.

How can this be measured?

- Staff should be regularly assessed to ensure they are acting safely.
- This training should be audited and the findings used to directly improve patient care.

Recommendation 5

Inpatient environments should have facilities for service users to have sufficient physical activity and adequate areas and equipment for physical examinations and tests.

Rationale

- We have heard examples of areas for exercise being used inappropriately (eg for storage) or not being used due to staff being unavailable. In addition, some wards do not have adequate clinical examination areas, leading to patient safety, privacy and dignity being compromised. Equipment is often not up to date or of a high enough quality.
- This recommendation also links in with recommendation 8.

How should this work in practice?

- All service users should have be supported and encouraged to be active for a minimum of 30 minutes, five times a week, regardless of weather, in

line with Change4Life recommendations. There should be an environment for this and adequate time should be made available so that staff can support and encourage service users to do this.

- Staff should be encouraged be positive role models and to make healthy choices alongside service users, such as using leave to take walks together. Promoting physical wellbeing in staff links in with the Staying Healthy Clinical Pathway Group's work.
- All inpatient units should have access to high quality Occupational Therapy to enable them to look at their daily structure and increase the amount of activity they have.
- All patient areas (eg inpatient wards, outpatient departments) should have notice boards showcasing local health services, such as family planning, smoking cessation and other health promotion initiatives.
- All inpatient units should have a dedicated clinical room that allows for full physical examination and any appropriate tests. All equipment should be maintained and calibrated regularly. All wards should have a large cuff available for taking blood pressures.

Examples of good practice

- Service users at Ashworth Hospital, part of Mersey Care NHS Trust have access to a range of facilities including exercise machines on wards and gyms. Each ward has a dedicated clinic room that is designed so that equipment is stored safely and cannot be removed.

How does this improve patient care?

- Service users will have access to facilities that will support them to get the recommended levels of activity to improve physical health and wellbeing.
- It will also help improve the patient experience by reducing boredom, which is also one of the leading causes of violence on inpatient wards.
- Service users will be assured that physical health examinations will be thorough and competent and that they are carried out in a dignified manner.

How can this be measured?

- The following areas should be looked at and used to inform and improve practice-
    - Audit of exercise facilities available and being used seven days a week in each area.
    - Audit of clinical environment and facilities.
    - Audit of nursing notes that indicate the amount of exercise a service user has had each day.
    - Patient satisfaction.

Recommendation 6

Staff working in general health settings should have an awareness of severe mental illness, in order to reduce discrimination.

Rationale

- Service users report discrimination due to their mental illness when they try and access care for their physical health. This may discourage them from seeking help or engaging with appropriate services.

How should this work in practice?

- All pre-registration training for health care staff should include adequate training in mental health awareness. This training could include real life experiences from service users in order to help tackle discrimination.
- Support can be given to clinicians in Acute and Primary Care services, so that they better understand the needs of service users, and can ensure that their clinical areas are accessible for them.
- All providers of health care in the region should join up with the Time to Change campaign, run by Mind and Rethink. Acute and primary care trusts should ensure that all staff have access to basic training in mental health. Providers of this can be agreed at a local level.
- All NHS Trusts should sign the Charter for Employers who are Positive About Mental Health, in order to help foster positive attitudes about mental health and tackle discrimination.

Examples of good practice

- A Manchester GP with specialist interest in mental health provides training to practice staff in the area, normalising severe mental illness and enabling staff to feel confident when seeing people with severe mental illness.
- Cheshire and Wirral Partnership NHS Foundation Trust (which overlaps both Cheshire based Footprints) employ three Health Facilitators to work in each of their commissioning PCT regions. They link in with providers of local services to ensure that they are accessible to people with severe mental illness. They are aware of up to date health promotion services and are able to share this information with commissioners.

How does this improve patient care?

- Service users should experience less discrimination and therefore find services more approachable.
- This should lead to improved engagement and potential earlier intervention and better outcomes for any physical health conditions that may arise.

How can this be measured?

- Reports of patient experience can be collected.
- Staff training can be audited.

Recommendation 7

Information technology needs to develop so that it is possible to maintain accurate, up-to-date information, on a patients care. There needs to be a reduction in duplication and omission. Data that is collected needs to be used effectively to improve patient outcomes.

Rationale

- At present record keeping can be disjointed and clinicians can have difficulty accessing accurate patient data. An example of this is GPs not receiving timely discharge summaries following an inpatient admission. This can lead to a risk to patient safety and duplication or omission of testing. In addition, data is being collected by various bodies, however it is unclear as to the rationale for this and how it is being used to improve service user care and experience.

How should this work in practice?

- All Trusts should have plans in place to implement multidisciplinary computer-based records for service user notes, if not already used. This should be done with a matter of urgency.
- Trusts should use digital dictation to ensure timely and effective communication of information, as it can reduce the time taken for letters to be sent to GPs by up to 25%.
- The National Minimum Data Set for mental health should be reviewed so that it captures data on when the last physical health check was done (eg in QOF). This ensures that effective care coordination is undertaken and will lead to improved patient outcomes.
- The Gold Standard is to have integrated records across primary and secondary care, whilst still maintaining confidentiality. An example of this can be found below.

- Systems for data collection should be developed so that accurate information about co morbidities is easily available. As a CPG we have been unable to identify how many service users that are on the Severe Mental Illness register are included on other parts on other registers within the QOF.

Examples of good practice

- The Salford Diabetes Care Record provides patients and professionals access to integrated health information. The information is accessible to staff in the acute trust, PCT and local eye hospital. Service users must first opt in to the service.
- Liverpool PCT and Mersey Care are currently piloting a similar scheme with access to primary care notes for Mental Health Trusts.

How would this improve patient care?

- Clinicians would have access to up to date information which would increase patient safety and reduce the risk of adverse events.
- Service users would find that delays in the flow of information are reduced and duplicated or omitted tests can be avoided.

How could this be measured?

- All Trusts should be audited to ensure that they have plans in place for the total phasing out of paper notes.
- The length of time for discharge summaries and outpatient letters to reach the GP should be audited.
- Audit of digital dictation availability and use in clinical areas.

Recommendation 8

Primary Care commissioning should continue to include services that support full engagement of service users with health promotion initiatives.

Rationale

- Mental health service users are a diverse group and need access to a range of initiatives that support their wellbeing, which may in turn have a positive impact on their mental health. Commissioners should not use a “one size fits all” approach. Service specifications should encompass social inclusion and recovery.

How should this work in practice?

- All services should promote healthy lifestyles, with a focus on becoming more active. Gardening groups and walking groups are just some of the services recommended and can often be provided by third sector organisations.
- Commissioners should ensure that services can demonstrate practices that help reach groups that are often excluded from mainstream services, such as those from Black and Minority Ethnic Groups and Lesbian, Gay, Bisexual and Transgender Communities.
- We believe that service users could be trained to become health trainers, providing them with meaningful roles. This links in with the work of the Mental Health Improvement Programmes. Peer lead health trainers have proved effective in other areas.
- Services need to be aware of the potential effects of illness on service users' families, particularly any children involved, and need to be able to provide support or signpost to other services if required. The Social Care Institute of Excellence have produced a guide looking at issues in this area: 'Think child, think parent, think family: A guide to parental mental health and child welfare'.
- We recommend that the Strategic Health Authority commission a piece of work mapping out all available health promotion services for people with mental illness in the region. This should be in a format that can be regularly updated and easy for service users to access.

Examples of good practice

- MIND has numerous cafes across the region, in areas such as Rochdale and Stockport. Service users run these cafes and learn about healthy eating and skills in cooking. Many service users have gone on to find full time employment after working in these cafes.
- Knowsley PCT has set up an innovative 12 week programme entitled "Look after Myself Programme" (LAMP). The course is open to anybody with severe mental illness and provides information on a range of subjects such as healthy eating, smoking and oral health. Service users are then signposted to appropriate services.
- The Early Intervention Team at Lancashire Care NHS Foundation Trust (part of the Lancashire Footprint) work with service users to engage them in a wide range of activities, with hope, recovery and health being their motto. In addition they engage with the local research community, conducting innovative research in health promotion.

How does this improve patient care?

- Physical and mental wellbeing will be increased.
- Social inclusion and recovery will be promoted.

How can this be measured?

- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) can be used to evaluate the impact of physical health promotion services.
- User satisfaction of services should be monitored.

Recommendation 9

People with severe mental illness should be offered an annual physical health review.

Rationale

- It is known that this population die an average of 10 years earlier than the general population and are at an increased risk of physical health conditions such as cardiovascular disease and diabetes. This increased risk cannot be attributed entirely to the effects of antipsychotic medication. There is also the issue of increased prevalence of risk factors such as smoking and obesity in this population, also leading to a greater risk of physical health conditions. The evidence base for this area is outlined in detail in the appendix report 'The Case for Change'. In the report we also review the guidance on physical health screening from various bodies including NICE and the Royal College of Psychiatrists and have used this to inform our recommendation. Earlier detection of physical health problems such as cardiovascular disease will lead to opportunities for earlier intervention and prevention of more serious sequelae. This will ultimately improve patient outcomes and should be more cost effective.

How should this work in practice?

- The Clinical Pathway Group recommends that people with severe mental illness should have an annual review of their physical health. In line with guidance from NICE and the Royal College of Psychiatrists, this check should be carried out in primary care. Secondary care should ensure that this is taking place and should liaise with and support service users and primary care if there are any issues with engagement. Prescribers in secondary care services also have a duty to be aware of any potential side effects or issues related to medication and are able to manage these or refer appropriately.
- One of the main reasons for a physical health check in this population is to review risk factors for cardiovascular disease. The evidence base for this and other physical health conditions such as diabetes is looked at in detail in Section 3 of 'The Case for Change' report. The content of the physical health review will vary depending on the clinician's assessment of the

service user's previous history, individual risk factors and medications. Based on current guidance the following should be considered although not all may be necessary:

  - Review of past medical history and family history, with particular reference to cardiovascular disease and diabetes
  - Smoking status
  - Weight, height, body mass index and waist circumference
  - Blood pressure and heart rate
  - Blood glucose
  - Lipids including cholesterol, HDL cholesterol, LDL cholesterol and triglycerides
  - A baseline ECG would be useful.
  - Information on alcohol use, any substance abuse, diet and activity
- Clinicians should also ensure that any guidelines specific to the monitoring of particular medications should be followed.
- The clinician should consider whether any other examination or tests are required taking into account the patient's individual history and risk factors as well as any medications they are taking.
- Screening tests such as cervical screening should also be reviewed as there may be issues with poor engagement.
- Mental Health Trusts should have effective ways of following up service users who have not engaged with primary care checks.

Examples of good practice

- The Manchester Choosing Health service, which is commissioned jointly by the local Mental Health Trust and Primary Care Trust assist GPs in ensuring that their QOF registers are up to date, so that all service users who are entitled to an annual check receive one. If GPs are unable to access service users, they may refer them to the service, which will provide outreach and visit them at home.
- Lancashire Care NHS Foundation Trust (part of the Lancashire Footprint) employ staff to work with GPs in East Lancashire PCT. They help ensure QOF registers are accurate and offer training to staff to help engage service users in health checks.

How does this improve patient care?

- Regular screening leads to early identification of physical health problems, allowing for treatment to be started

How can this be measured?

- As recommended above, Trusts should regularly audit CPA forms to ensure dates of last QOF checks are recorded.
- Uptake of QOF checks can be monitored.

- The content of physical health reviews can be audited.

Recommendation 10

Careful consideration should be given to any antipsychotic prescribed, with the service user's medical history, choice and lifestyle all taken into account. Side effects should be monitored carefully throughout treatment.

Rationale

- All antipsychotics have a range of side effects that can affect the service user's long term physical health, ranging from movement disorders to weight gain and metabolic adverse effects. These are discussed throughout the appendix document 'The Case for Change'. Some side effects are directly influenced by the individual antipsychotic used, for example the link between diabetes and olanzapine and clozapine. Prescribing of antipsychotics has greatly increased in the last two decades. The national expenditure on antipsychotic medication has increased 16 fold since 1993, with a national expenditure in 2008 of £276,878,600. When it comes to choosing a first line antipsychotic, NICE advocates a supportive approach to help service users make an informed choice, taking into account the person's medical history. Adherence with medication has been shown to be improved when service users and carers are involved in the decision making process.

How should this work in practice?

- If antipsychotic use is required then the choice of medication used should be centred around the service user with careful consideration given to their medical history, lifestyle and preferences.
- Services and clinicians should enable people to be able to make informed choices with regards to medication by providing sufficient information in an understandable form.
- Side effects should be monitored and recorded regularly to identify any problems.
- Polypharmacy (the co-prescribing of two or more antipsychotics) should be avoided wherever possible. There is increased risk to health when two or more antipsychotics are prescribed and this approach is not recommended by NICE except for short periods.
- The decision to withdraw antipsychotics should be taken carefully as there is a high risk of relapse if medication is stopped in the first two years. If medication is withdrawn it should be done very gradually with regular monitoring for signs of relapse for at least two years.
- Clinicians should be aware of the availability of generic antipsychotics; however this should not replace the spirit of choice laid out in NICE. Currently the only atypical antipsychotic available is risperidone. However,

any productivity benefits of using this may be outweighed by the potential increase in movement to using risperidone long acting injection. Olanzapine is the next generic expected around September 2010 which should lead to increased productivity.

- Mental health services should consider joining the quality improvement programme run by The Prescribing Observatory for Mental Health (POMH-UK). This is a national audit based programme aiming to help services improve prescribing practice, including aspects of physical health monitoring.

Examples of good practice

- Lancashire Care NHS Foundation Trust (part of the Lancashire footprint) has developed a range of comparative leaflets which provide information in a user friendly way to assist service users in making an informed choice regarding medication.

How does this improve patient care?

- If the service user has sufficient information to make an informed choice regarding medication and is actively involved in this process then adherence is likely to be improved, which should lead to improved mental health.
- Safe prescribing and avoidance of polypharmacy will lessen the risk of adverse effects.
- Regular monitoring of side effects should identify potential problems earlier rather than later, with more opportunity to address any negative effects on physical health or adherence issues.

How can this be measured?

- The Prescribing Observatory for Mental Health programme provides the opportunity for services to benchmark their practice across the country and allows for targeted improvement.