

Core Guidance to support oral antipsychotic prescribing in adults in Croydon CCG (Primary Care) in collaboration with South London and Maudsley Mental Health Trust (SLaM)

This document outlines the key responsibilities for SLaM clinicians and local GPs to support safe transfer of prescribing of oral antipsychotics from SLaM services to GPs in Croydon CCG. Treatment with antipsychotics should be initiated, doses titrated and patients stabilised within secondary care. Prescribing for patients in primary care is suitable provided the patients do not have the exclusions listed on page 2.

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Footnote: This document does not cover the use of low dose antipsychotics for the management of behavioural and psychological symptoms of dementia (BPSD) – please refer to the Dementia Integrated Medication Pathway on the [intranet](#)

1. PRESCRIBING EXCLUSIONS for oral antipsychotics

GPs should NOT accept responsibility for prescribing if the patient has any these exclusions:

1	On atypical depot antipsychotic injection (risperidone, olanzapine, paliperidone or aripiprazole)
2	On clozapine or asenapine
3	On 2 or more antipsychotics
4	Medicine is unlicensed or used for an indication outside of the license: <ul style="list-style-type: none"> • Use of a licensed medicine for an unlicensed indication • Where dose exceeds the maximum licensed dose • Unlicensed medicine/indication not agreed by SLaM Drug and Therapeutics and Croydon Prescribing Committees
5	Not clinically stable for the last 3 months*
6	No recent psychiatric review (last 1-2 months)
7	Children (below 18 years of age)
8	Pregnancy (unless advice has been sought from the specialist (or obstetrician) to confirm choice and safety of therapy in pregnancy and this has been documented)
9	Medicine contravenes NICE guidelines CG178 / CG185 and subsequent NICE updates*
10	Medicine not approved for use in Croydon <ul style="list-style-type: none"> • Not recommended by the Croydon Prescribing Committee for primary care prescribing • Has not yet been considered by Croydon Prescribing Committee • Hospital only recommendation by Croydon Prescribing Committee or relevant SLaM Prescribing Committee

*Prescribing exclusions approved by CPC on 10th January 2014 with minor amendments

Footnote: This document does not cover the use of low dose antipsychotics for the management of behavioural and psychological symptoms of dementia (BPSD) – please refer to the Dementia Integrated Medication Pathway on the [intranet](#)

2. MINIMUM DATASET OF INFORMATION

Information will be provided to the GP based on a minimum dataset agreed between SLaM and Croydon CCG. **GPs should only accept responsibility for prescribing if there are no exclusions and on receipt of information contained within the minimum dataset** which may be presented using the “transfer of care information” template or in the form of a clinic letter.

a) Transfer of care information template

<p>Transfer of care information template for patients under SLAM services to General Practice COMMUNICATION BETWEEN SLAM and GP</p> <p>The following is an agreed minimum dataset of information that will be provided by the SLaM service to the GP specific to each individual patient. It is designed to be shared routinely throughout the course of treatment and upon discharge from SLaM when care transfers to the GP. Complete and share with the GP at least annually for CPA (Care Programme Approach) Patients.</p> <p>This communication is about: (tick relevant box)</p> <p>For GP information (patient and prescribing under SLaM, no action by GP) <input type="checkbox"/></p> <p>Transfer of prescribing (GP to prescribe antipsychotic medication, (whilst patient remains under SLaM MH team) <input type="checkbox"/></p> <p>Discharge of patient from SLaM MH team (transfer of care to GP, GP to prescribe antipsychotic medication) <input type="checkbox"/></p> <p>Attention to receiving GP – if you would like to discuss any aspects of the plan/information, please contact: named care coordinatoror consultant.....</p> <p>Date: _____ Completed by: (sign/print/position) _____</p>	
Requests to GP	
Please list here any requests for the receiving GP to complete:	
Demographic details	
Patient	
Name	
DOB	
Address	
Phone number	
NHS Number (if known)	
Psychiatric Diagnosis (ICD-10 code):	
Primary	
Secondary (if applicable)	

**Psychotropic medication prescribing and monitoring arrangements
(changes to be made in BOLD).**

Note: GP to be aware of exclusion criteria for transfer of prescribing or discharge of patient from SLaM services.

Also on intranet via:

<http://nhscroydonintranet.croydonpct.nhs.uk/TeamsAndDepartments/primarycarecommissioning/prescribing/Pages/Documents.aspx>



Prescribing
exclusions Feb 2015

Current Medication	<i>Include start dates, specify if any unlicensed indications</i>
Side effect management Note: only transfer prescribing to GP if side effects are controlled	<i>Include side effects that have/are occurring; any medication prescribed to manage side effects; medication prescribed previously which have caused side effects; medication to be avoided</i>
Medication monitoring arrangements	<i>Include any monitoring e.g. physical health monitoring requirements; blood monitoring, drug plasma levels; mental health monitoring</i>
Suggestions or plans for titration related to tailoring for potential change in mental state	<i>Consider signs of early relapse and /or planned discontinuation</i>
Recommendations on length of time antipsychotic/mood stabilizer/antidepressant prescribing is required	
Patient nominated community pharmacist (if known)	
A succinct comprehensive CLINICAL history that includes:	
Support and interventions given to patient that is inclusive of	
Appropriate response to non-attendance	
Relapse signatures/early warning signs	
Early relapse interventions	
Crisis plan	
Risk and vulnerability history and management (includes forensic history)	
Additional information	
Interventions offered or tried	

Physical Health Information <i>(not all tests will be clinically indicated, specialist to complete where relevant - include results/dates and if tests not undertaken)</i>	
Physical Health diagnosis (e.g. diabetes, epilepsy) (with ICD code)	
Weight	
Waist circumference	
Pulse	
BP	
Smoking	<i>Indicate if stop smoking service has been discussed with patient and plans to stop smoking Note: be aware of the potential significant impact of reducing cigarette smoking on the metabolism of antipsychotics particularly olanzapine/clozapine and impact of restarting smoking</i>
Alcohol consumption	
Illicit drug use	
Non-prescription medication	
Assessment of any movement disorders	
Ongoing physical health management and treatment needs	<i>Include evidence of signposting to combined healthy eating and physical activity programme</i>
Results of investigations	<i>Give details where clinically indicated and dates if known)</i>
FBC	
U&Es	
LFT	
Lipid profile	
Fasting glucose	
HbA1c	
Prolactin	
Relevant medication levels (e.g. Lithium)	<i>Specify that lithium booklet given to patient</i>
HIV/Hep C Screen	
Additional bloods taken (specify)	<i>Include drug plasma levels if available and where appropriate</i>
Additional investigations undertaken (eg. ECG)	
Service User Goals and Attitude	
Current and long term plans including user defined goals	
Details of patient insight, agreement and attitude to transfer (if discharged from SLAM services)	
Confirm if the patient has a valid psychiatric advance directive* and if so include a copy	
Date of next appointment with specialist (if known/if appropriate)	
Patient given relevant SLAM contact details eg in case of relapse	

Additional Contact Information	
Next of kin/carer (name)	
Relationship	
Contact details (address; phone number; email)	
SLaM CONTACT DETAILS	
Name of Consultant & phone number	
Named Care Coordinator	
Name of Team/Service	
Phone number	
Email	
Who and how to contact for clinical and medication advice (add additional details)	GP advice line (Croydon): East – 07805 854 346 West - 07805 784 994 GP to leave message; not for emergency use; consultant psychiatrist will aim to respond to call within 48 hours
Who to contact in an emergency – In hours	
Who to contact in an emergency – Out of hours	
SLaM Psychiatric Medicines Information Support Service for Healthcare professionals	0203 2282317 (Medicines Information Line) Monday-Friday 9am-5pm
Additional GP Information to support this communication,	<i>including GP prescribing exclusions, licensed indications, recommended monitoring and side effects</i> <i>Refer to Croydon Intranet via:</i> http://nhscroydonintranet.croydonpct.nhs.uk/TeamsAndDepartments/primarycarecommissioning/prescribing/Pages/Documents.aspx (see A – antipsychotics)

b) Transfer of care information letter format

If the minimum dataset is presented in the form of a clinic letter, the information should be presented under the highlighted headings: (including dates/test results where relevant):

<p>Reason for the communication (as part of transfer document heading)</p> <ul style="list-style-type: none"> • For GP information only (where patient management and prescribing remains under SLaM and no action is required by the GP) • or transfer of prescribing of antipsychotic (whilst patient remains under the SLaM MH team) • or patient is discharged from the SLaM MH team and future management and prescribing will be undertaken by the GP
<p>Patient demographic details (including diagnosis)</p>
<p>Psychotropic medication prescribing and monitoring arrangements</p> <ul style="list-style-type: none"> • Current medication • Side effect management (only transfer prescribing where side effects are controlled) • Medication monitoring arrangements • Suggestions/plans for titration related to tailoring for potential change in mental state eg: signs of early relapse and/or discontinuation • Recommendations on duration of therapy (antipsychotic/mood stabiliser/antidepressant) • Patient nominated community pharmacist if known
<p>Clinical History</p> <p>Support and interventions given to patient</p> <ul style="list-style-type: none"> • Response to non-attendance • Relapse – early warning signs/interventions • Crisis plan • Risk and vulnerability history and management (includes forensic history) • Interventions offered/tried
<p>Physical Health Information</p> <p>include details where relevant including if specific parameters not performed/undertaken</p> <ul style="list-style-type: none"> • Physical health diagnosis • Weight and waist circumference • Pulse/BP • Smoking status and advice offered regarding stop smoking/restarting smoking and impact on current medication - Note: be aware of the potential significant impact of reducing cigarette smoking on the metabolism of antipsychotics particularly olanzapine/clozapine • Alcohol consumption/illicit drug use/non-prescription medicines • Nutritional status – evidence of signposting to physical activity/diet advice <p>Results of investigations</p> <p>include if test taken, where relevant, with date and result (note: not all tests will be clinically necessary and will be individualised for each patient)</p> <ul style="list-style-type: none"> • FBC • U&Es • LFTs • Lipid profile • Fasting glucose • HbA1c • Prolactin • Relevant medication levels eg lithium and specify if lithium booklet given • Additional investigations eg ECG • HIV/Hep C screen • Additional bloods taken – specify

Service User Goals and Attitude

- Current and long terms plans
- Details of patient insight, agreement and attitude to transfer of prescribing and also transfer of care (if discharged from SLaM MH services)
- Confirm if patient has a valid psychiatric advance directive and include a copy
- Date of next appointment with specialist (if known/appropriate)
- Patient given relevant SLaM contact details (eg. in case of relapse)
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Additional contact information

- Next of kin/carer, relationship, contact details

SLaM contact details

- consultant & phone number
- care coordinator & phone number
- which team/service, phone number
- email addresses
- medication advice – who to contact and how
- emergency contact during and out of hours
- SLaM Psychiatric Medicines Information Advice Line for Healthcare Professionals Mon-Fri 9am-5pm 0203 2282317
- GP advice line (Croydon East 07805 854346/ Croydon West 07805 784994)
GP to leave message; not for emergency use, consultant psychiatrist will aim to respond to call within 48 hours
- Additional GP Information to support the GP to prescribe oral antipsychotic via link to intranet <http://nhscroydonintranet.croydonpct.nhs.uk/TeamsAndDepartments/primarycarecommissioning/prescribing/Pages/Documents.aspx>

Minimum dataset approved by CPC on 10th January 2014

Following the pilot, the reason for communication was added into the minimum dataset of information and expanded to encompass CQUIN requirements

3. PRESCRIBING RESPONSIBILITIES

MH Specialist/Secondary Care	Primary Care/GP
Initiate/titrate and stabilise patient on oral antipsychotic	Confirm letter/transfer of care information template received and contains the minimum dataset prior to prescribing oral antipsychotic
Ensure patient does not have any exclusions prior to requesting GP to prescribe antipsychotic	Confirm patient does not have any exclusions prior to prescribing antipsychotic, otherwise discuss with specialist
Use standard letter format or transfer of care information template to ask GP to take over prescribing of oral antipsychotic – ensuring minimum information included	Confirm all necessary information included in transfer of information prior to prescribing oral antipsychotic, otherwise discuss with specialist
Ensure contact details given to GP for any further discussion around patient management and prescribing of antipsychotic	GP to contact the specialist/Croydon Pharmacy Team if not willing to take over prescribing of oral antipsychotic
Ensure baseline monitoring tests (where clinically appropriate) completed and communicated to GP in standard letter or transfer of care information template	Tracked monitoring: <ul style="list-style-type: none"> • Scan letter onto patient medical record and ensure patient is on the practice MH register • Maintenance monitoring requirements as advised by specialist • Annual physical health monitoring requirements as per QOF MH indicators (including smoking) •
Discussion with patient regarding smoking advice and effect on antipsychotics	See tracked monitoring above
Oversee withdrawal/discontinuation of therapy	Contact specialist if concerns around patient's mental health state; relapse; medication side effects/poor treatment response/non-adherence/patient or representative not collecting prescriptions/out of range results from clinical monitoring
Write to GP following every appointment using standard letter format or transfer of care information template	GP to contact and discuss with specialist if information in MH correspondence is incomplete and to consider reporting as an Amber Alert if issues are still unresolved

NICE Refs:

- Psychosis and schizophrenia in adults, NICE Clinical Guideline 178, March 2014 (replaces NICE CG 82) <http://www.nice.org.uk/guidance/cg178/resources/guidance-psychosis-and-schizophrenia-in-adults-treatment-and-management-pdf>
- Bipolar Disorder, NICE Clinical Guideline 185, September 2014 <http://www.nice.org.uk/guidance/cg185/resources/guidance-bipolar-disorder-the-assessment-and-management-of-bipolar-disorder-in-adults-children-and-young-people-in-primary-and-secondary-care-pdf>