

Quality Improvement project to establish a process to maximise patient safety in making psychotropic medication reductions related to STOMP (Stopping over-medication in people with learning disability, ASD or both) during COVID-19 pandemic for patients with Intellectual disability in Richmond Neurodevelopmental Service.



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INTRODUCTION

Since the COVID-19 pandemic, we have noticed that there have been additional challenges in commencing psychotropic medication reductions in stable, low risk patients with intellectual disability in accordance with STOMP¹ and NICE² guidelines. A recent study stated that "reduction of overprescribing of antipsychotic medication in people with [an] intellectual disability achieved after the launch of the STOMP campaign should not be lost during the pandemic"³. This is particularly important given the potential impact this can have on this patient group.

We felt that it was important to address the above challenges given that patients with an intellectual disability who are low risk were continued on psychotropic medication as care providers were reluctant to support changes in keeping with the above guidelines.

We elicited themes around the barriers to reducing psychotropic medication in this patient group by utilising focus groups. We then developed guidance to support psychotropic medication reductions in a safe manner whilst addressing the themes that were elicited.

METHOD

We conducted 2 sets of focus groups with 6 care providers in Richmond area, first one in February 2021 and the follow up one in May 2021. Each focus group was an interactive session conducted by the same two members of staff throughout. They were 45 minutes in length and involved a set group of questions with opportunity for each member of the focus group to give their views.

The main prompts were as follows:

- Willingness to make a medication reduction in a stable, low risk patient who is on psychotropic medications with scope to reduce medications. (Rank 0 – 10)
- Confidence in carrying out STOMP initiatives by care providers – (Rank 0 -10)
- Any concerns care providers had in carrying out STOMP/medication reductions during the COVID-19 pandemic
- Any experiences of STOMP (good or bad) care providers had in the past?
- How can we do better to maximise patient safety when reducing medications with patients on psychotropic medications?

The information was collated from the focus groups was analysed and summarised into five core themes.

RESULTS



COVID-19 RELATED ISSUES

With the COVID-19 pandemic, patients with intellectual disability were affected by their routines being disrupted with the closing down of leisure facilities and day centres. This affected the day-to-day structure of patients which led to a reluctance from care providers for reducing psychotropic medications. Furthermore, less family interaction also caused a concern for care providers in that it removed a vital part of the patients' support network.

STAFF RELATED ISSUES

From the feedback, there were notably less staff available during the pandemic due to increased sick absence. We also learned that some care providers were given instructions by their management, to operate on a minimum staffing level to reduce the risk of infection. It was also noted that some staff members were reluctant to attend A&E during the COVID-19 pandemic due to the potential risk to the patients and limited staff availability.

ENVIRONMENTAL FACTORS

As external activities were limited, more pressure was placed on limited communal spaces leading to less availability of dedicated spaces for de-escalation if patients exhibited behaviours that challenge. The care providers were also cautious of the fact that there is no increase in funding for patients who had medication reductions. This was reflected in the potential positive benefits of a medication reduction (increased engagement and communication which led to a high level of input from staff) and potential negative effects of medication reduction (possibility of increases in behaviours that challenge).

COMMUNICATION RELATED ISSUES

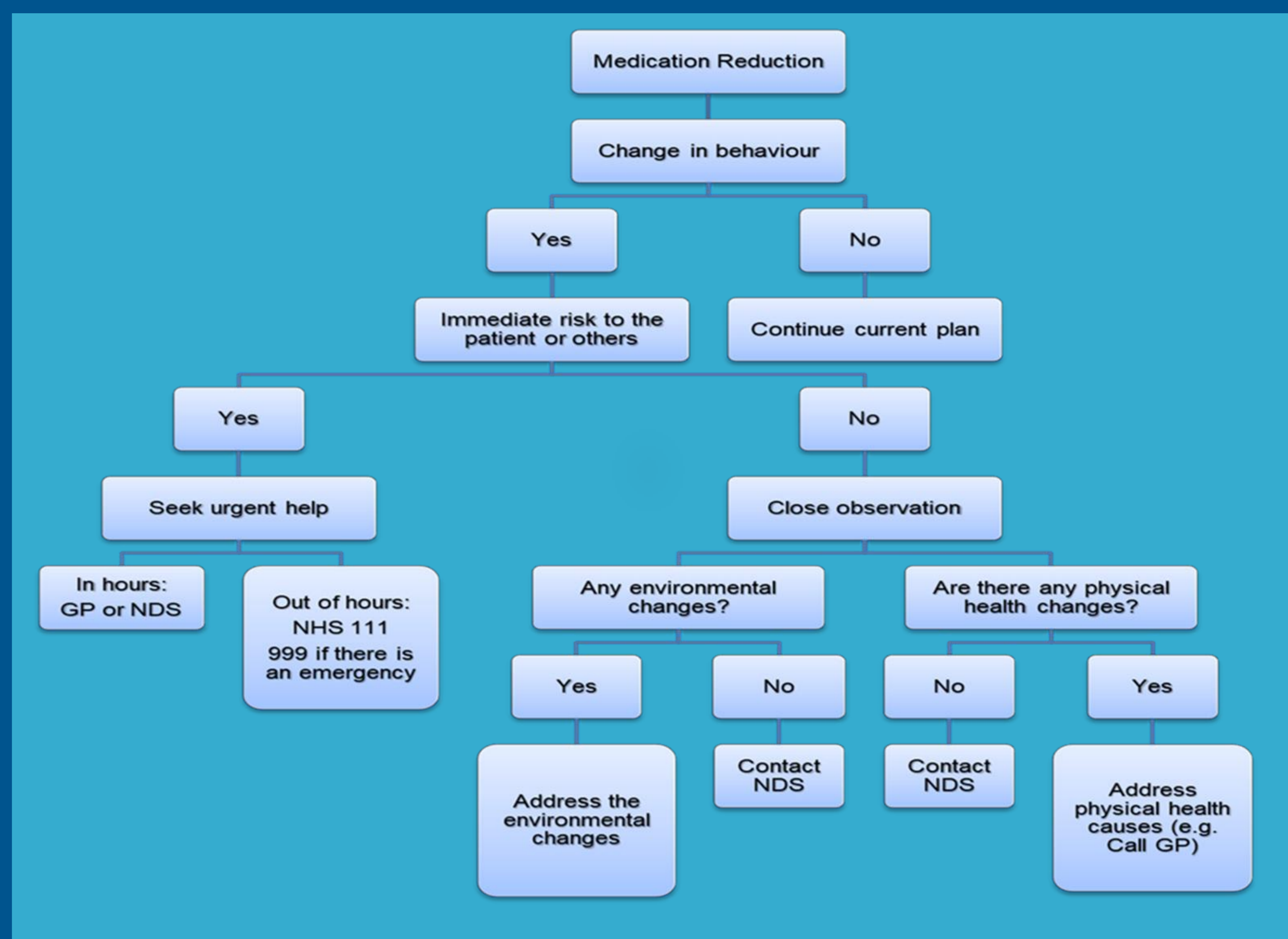
Some care providers stated that their views were not considered when making decisions regarding medication reductions for some patients in the past. They relayed some bad experiences where they felt that there was no collaborative decision making which led to poor outcomes for patients. Care providers raised that in some instances there was a lack of clear guidance on what to expect when medication reductions were made and how to act if there an escalation in risk. They made some interesting comments in this area, such as "Why fix something when it is not broken?" or "STOMP felt like being STOMPed on".

GP/OUT OF HOURS/POSITIVE BEHAVIOUR SUPPORT (PBS)

There were concerns raised by the care providers regarding the lack of face-to-face appointments with GPs in case a review was needed after medication reductions. Care providers had some communication difficulties with A&E and acute services when patients needed emergency care during this time. We were also made aware that in-house PBS team input has been highly variable with a lack of face-to-face observations of patients or in person demonstration and skill development for the care providers.

CONCLUSIONS

This quality improvement project has helped us to find the difficulties in carrying out STOMP initiatives in reducing medications in people with intellectual disabilities by focusing on the key aspects that has affected this during COVID-19 pandemic. The feedback from the care providers has been of paramount importance in steering this project to get the desired outcome of improving the care for people with intellectual disability. It has helped us to generate solutions including a flow chart (see below) and more detailed written guidance to alleviate the difficulties faced by care providers.



REFERENCES

- 1.NHS England's STOMP initiative document available at www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf
- 2.NICE. [NG11] 2015 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' www.nice.org.uk/guidance/ng11
- 3.Rauf B, Sheikh H, Majid H, Roy A, Pathania R. COVID-19-related prescribing challenge in intellectual disability. BJPsych Open. 2021 Mar 19;7(2):e66. doi: 10.1192/bjo.2021.26. PMID: 33736746; PMCID: PMC8058854.