

1. Does the closure of this publications present any particular problems for you and/or your organisation? If so, please give details.

Our members believe that a better version of this publication would cause issues with its closure. As it currently stands, they suggested it offered a limited picture without wider points of context

We believe the contextual issue applies to other available data sources as well.

This included a breakdown of who was being prescribed these medications and their conditions. Without this additional clarity, the reasons for changes in the data such as increased prescribing rates for types of medication were left unanswered. This means that, for example increases in prescribing for anxiety are difficult to establish, and this is a condition for which medication is perceived as the most appropriate treatment option and is unlikely to have non-social prescribing alternatives.

2. Is the availability of mental health medicines prescribing data from other sources useful to you?

We would suggest the above issue of contextualising findings exists across available data sources. We would therefore urge that future publications links prescribing to the conditions it is being prescribed for, with guidance to clinicians around this.

3. Does the data from other sources meet your information requirements in the interim period until a revised publication is launched?

We would suggest it does to the extent of the topline figures, but clearer signposting and a consideration of how to better contextualise the information provided would be welcome.

On context, what additional information that was provided in this publication needs to be retained through other sources. This includes figures for deprivation and age.

4. Please add any further comments:

As we have stated previously, the data is used but can be limited in terms of conflating certain drug types together in the overall breakdown.

A clearer picture on how is being prescribed this medication in future publications would enable us to respond to the issues being presented, for example where there is a disconnect between the reason and the likely effects of the prescription. Greater detail on the patient profile on aspects like ethnicity would also be helpful, to build on what's already there.

In the longer term, there should also be a clearer effort to link such data to actions to take to address issues which emerge, such as the most deprived communities being significantly likelier to be prescribed antipsychotic medication, and what that suggests about the patient population and their socioeconomic status.

Another aspect would be tracking the regular review of medication, work which we're aware is underway separately, and monitoring whether this is effective in reducing potentially unnecessary usage.