Reducing inappropriate prescribing of antipsychotic medication
West Yorkshire Commissioning Packs are tools to help commissioners improve the quality of services and minimise unwarranted variation in service delivery. Each Pack provides a tailored set of guidance, templates, tools and information to assist commissioners in commissioning services from existing providers or for use in new procurements.

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Description: Commissioning Packs are tools to help commissioners improve the quality of services and minimise unwarranted variation in service delivery. Each Pack provides a tailored set of guidance, templates, tools and information to assist commissioners in commissioning services from existing providers or for use in new procurements.
# Dementia Commissioning Pack

## Handbook

### Commissioning Framework & Assessment Tool

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Introduction

This section of the Dementia Commissioning Pack outlines how health and local authority commissioners can help to reduce inappropriate prescribing of antipsychotic medication for people with dementia and provide therapeutic alternatives. This applies across the other three sections of the Pack – in diagnosis and early interventions, in general hospitals, and in people’s own homes and care homes.

Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy highlighted the reduction of antipsychotic medication as one of the four national priority objectives.

It draws on work undertaken as part of The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia launched in June 2011 by the Dementia Action Alliance, supported by the Department of Health.
Background

Thousands of people across England who are living with dementia are taking antipsychotic medication that they do not need and that could possibly harm them. Evidence tells us that although there are clinical situations where a time-limited prescription of antipsychotic drugs may be appropriate, antipsychotic drugs are often overprescribed and continued when alternative therapies are more beneficial. There is an unambiguous case for a substantial reduction in their use alongside the wider adoption of alternative interventions which we know can help to maximise the quality of life for people with dementia and their carers.

Professor Sube Banerjee’s Report to the Minister of Health Time for Action concluded that around 180,000 people with dementia are treated with antipsychotic medication across the country per year. Of these, up to 36,000 may derive some benefit from the treatment. In terms of negative effects that are directly attributable to the use of antipsychotic medication, use at this level equates to an additional 1,800 deaths, and an additional 1,620 cerebrovascular adverse events, around half of which may be severe, per year. The proportion of these prescriptions which would be unnecessary if appropriate support were available is unclear and will vary by setting, but may well be of the order of two-thirds overall.
What should commissioners do?

Health and local authority commissioners should:

1. sign up to the Call to Action and work with partners to review 180,000 patients

2. ensure that their local contracts with providers include reference to reducing the inappropriate prescribing of antipsychotic medication for people with dementia, and providing therapeutic alternatives

3. use CQUIN (Commissioning Quality and Innovation) schemes to reduce inappropriate prescribing of antipsychotics for people with dementia

4. publish data on progress to reduce antipsychotic prescribing as required by the NHS Operating Framework.
Commissioner commitment in the Call to Action

The Dementia Action Alliance has produced a Call to Action to work together to improve the quality of life of people with dementia by reducing the inappropriate use of antipsychotic medication. It sets out a number of commitments for people involved in the care of people with dementia, including commissioners and these are described in the documents below, together with guidance from the Alzheimer’s Society on the treatment and care of behavioural and psychological symptoms of dementia:


Contract inserts

These statements of requirement are applicable to contracts with mental health providers, general and community hospital providers, community health and social care providers and with care home providers.

Dementia-specific service elements

The Provider shall:

✔ ensure that it follows the NICE/SCIE guidance on Supporting people with dementia and their carers in health and social care (CG42), specifically section 1.7, Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia http://egap.evidence.nhs.uk/CG42/section_1

✔ ensure that patients who are prescribed antipsychotic medication have been fully assessed and are subject of regular medication reviews

✔ ensure carers are fully involved in the decisions about medication

✔ ensure there are therapeutic alternatives for people with behaviours that challenge.
Using CQUIN schemes

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of providers’ income to the achievement of local quality improvement goals.

They are helpful in working with community health, mental health and acute hospital providers. In addition they can be used with care homes that use the standard NHS contract.

Examples of CQUIN schemes about antipsychotic prescribing are available at the following websites:


http://westmidlands.nhs.uk/LinkClick.aspx?fileticket=IpYhXdz7cXA%3D&tabid=1268
Publishing data

The 2011/12 Operating Framework for the NHS says there is already a requirement for PCTs to publish locally how they are delivering services in line with Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy.

Local authority commissioners will want to use opportunities to publicise work on reducing antipsychotic prescribing, especially on availability of alternative therapeutic interventions.

National data from the audit of antipsychotic prescribing will be published by the Health and Social Care Centre in 2011 and 2012.

This provides an opportunity for commissioners to provide details of their local progress on:

a) clinically reviewing all patients with dementia who are currently prescribed antipsychotics – the Call to Action’s goal is to do this by 31 March 2012

b) changes implemented as a result of prescribing audits – for example changes in the number of patients on antipsychotic medication.
More information

For more information go to:

Quality outcomes for people with dementia

The use of antipsychotic medication for people with dementia: Time for action

Call to Action
www.institute.nhs.uk/qipp/calls_to_action/dementia_and_antipsychotic_drugs or you can email C2ADementia@institute.nhs.uk

The Dementia Portal
http://dementia.dh.gov.uk/