

# Medicines Management: Everybody's Business

*A guide for service users, carers  
and health and social care practitioners*



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<b>For</b>	

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## Introduction

This leaflet, which is aimed at mental health service users, carers and health and social care practitioner (H&SCP) staff, has been developed with the help of service users and carers and describes good practice. It has two purposes:

- **firstly**, to empower service users and carers to ask relevant questions and have their views taken into account. This builds on the work carried out collaboratively on the New Ways of Working for Pharmacy programme
- **secondly**, to help H&SCPs improve their person-centred approach in the area of medicines management. Medicines management can be described as the process of managing the way in which medicines are chosen, bought, delivered, prescribed, administered and reviewed, including appropriate safe, agreed withdrawal, in order to make the most of the contribution medicines can make to improving care and treatment.

Although medicines are prescribed largely by doctors, some nurses and pharmacists are now able to prescribe following additional training.

Mental health services are usually delivered by multi-disciplinary teams including nurses, social workers, occupational therapists, psychologists, pharmacists and psychiatrists. All H&SCPs need to have a working knowledge of medicines and, in addition to having that knowledge, they must work with the support and advice of pharmacists. It is important for all staff to listen to service users and carers about the things that concern them, including medication.

**“Medicines management is everybody’s business.”**

## Background

Most of the concerns about mental health services expressed by service users and carers have been that there has been too little focus on their psychological and social needs and too much focus on symptoms and medication.

Nevertheless, service users and carers have been crying out for impartial advice in relation to medicines, in order to make an informed choice. Some service users may experience side effects of medication. Unpleasant symptoms may result from medication and not from the mental health problem itself. It is a common experience of service users and carers, however, to be told that effects of medication (eg experiencing blunted emotion) are actually symptoms of their illness.

Medicine has often been the first treatment offered to service users when they present with mental health problems either to their GP or to a psychiatrist. Nevertheless, their experience of using medication has often been negative, preventing them from engaging properly in ordinary life activities or making lifestyle changes. For example, individuals may feel lethargic and have a reduced desire to undertake physical activity which may be beneficial to them.

The recent Healthcare Commission report *Talking about medicines* highlighted a number of areas of concern and areas for improvement, such as overprescribing.

Medicines can be of significant value but they can also cause harm if not used appropriately. It is essential that their management is as effective as possible.

## **What service users and carers should expect: positive experience**

Before seeing a GP, psychiatrist or other practitioner, for the first time and subsequently, you may wish to identify a family member, carer or companion to accompany you.

You should expect H&SCPs to share openly with you any information that may affect, or help you understand, your situation.

H&SCPs or the mental health team should ensure full discussion of the problems and needs that you present them with. It is really helpful to prepare for the meeting by writing down your worries, concerns and questions, if you feel able to do so.

You should feel that you are an active partner in decisions about medicines and that changes will not be made without your knowledge, and that you will have the opportunity to discuss your condition and treatment with the appropriate H&SCP and members of the mental health team.

You should expect to be told how often medication will be reviewed, what tests you may have to undergo and when these might be carried out (see below). You should have access to this information in your personal care plan.

## **What health and social care practitioners should provide: positive practice**

If medicine is being considered, essential safety, lifestyle and baseline information needs to be given before it is prescribed. This should include:

- the effect of smoking, caffeine, alcohol and street drugs in combination with the medicine prescribed

- the effect of taking over-the-counter medicines, including herbal remedies, in combination with the medicine prescribed
- the need to undertake physical exercise while taking the medicine.

In addition, where appropriate, certain physical tests and assessments should be undertaken. These may include:

- liver function tests
- weight/body mass index/waist measurements
- for children and adolescents, recording and monitoring of height and weight on a centile chart
- blood tests (cholesterol, blood sugar, kidney function)
- thyroid function tests
- blood pressure
- blood count
- pulse rate
- electrocardiogram.

These tests should be arranged by the doctor or other prescriber (eg a practice nurse) or by the care co-ordinator. The frequency with which they will be carried out will depend on the medication that has been prescribed and the medical condition of the service user. For example, it may be every three months or once a year.

Following the results, if medicines are recommended, full information concerning the choice of medication needs to be discussed (eg options available; dosage; relative side effects of each; what is likely to be the best for the person; how does the practitioner know this). Further information is available from the websites listed at the end of this leaflet.

H&SCPs need to take account of service users' experience of their response to medication and use it as feedback in determining service users' requirements. Where appropriate, the observations of parents and carers should also be taken into account.

Generally, good practice suggests starting at the lowest dose of a medicine that is effective and discussing any planned increase or decrease with the service user and carer.

The dose should be personalised to that individual, taking into account their previous history of using medicines and their physical health; a date for review should be agreed.

Contact numbers should be provided and knowledgeable staff be available to discuss concerns in case side effects are experienced.



On the review date the following should be discussed:

- Are the medicines making a positive difference? Is the service user feeling better?
- What side effects are being experienced?
- What are the options for addressing these?
- What healthy living options, such as diet, physical activity, alcohol reduction and smoking cessation, might be appropriate?
- Is the service user having problems remembering to take the medication? If so, ask the pharmacist what 'concordance' support can be arranged, such as the use of monitored dosage systems in the form of blister packs, medication reminder charts or tablet boxes showing days of the week and times of day.

Next steps should be agreed, including:

- adjustment of dosage
- consideration of alternatives (including different medication or withdrawal of medication)
- if another medicine is used, 'stopping/switching' guidelines such as those as set out in the Maudsley Prescribing Guidelines should be followed
- the repeat dates for physical tests.

A written record of prescribing decisions will assist in communication between all parties.



If the service user is likely to be taking medication in the medium term and/or if crisis intervention may be required, the following should be considered:

- preparation of an 'Advance Decision'<sup>1</sup> (sometimes called an Advanced Directive) to specify what medication should be prescribed or avoided in crisis
- identification of a person to act on behalf of the service user in the event of the implementation of the Advance Decision.

If the service user is unhappy about their medicines, a second opinion should be offered. A pharmacist may be the professional of choice at this point.

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1 Mental Capacity Act 2005 Code of Practice:  
[www.dca.gov.uk/menincap/legis.htm#codeofpractice](http://www.dca.gov.uk/menincap/legis.htm#codeofpractice)



## Service users: taking medication

It is common for people to feel unsure about taking medicines or to weigh up the pros and cons of taking them.

You can receive answers to any questions you may have, as well as helpful advice to help you take your medicine from a pharmacist or mental health team.

Although the effects of taking or withdrawing from medication are unique to each individual, you may find it helpful to speak to other service users, and to carers who have supported withdrawal successfully, about their experiences.

It is advisable to ask for information on the potential impact of withdrawal, how to manage the symptoms and what other suitable options might be available.

## Health and social care practitioners: prescribing medication

If trust and good relationships are established at the outset this will enable the service user and their carer(s) to be open about any problems associated with taking medicines and will allow them to adopt a positive attitude.

Service users may want to discuss withdrawal from medication. This may be a real option but it needs to be planned collaboratively and should take place flexibly over an agreed time period based on individual needs. Review of the withdrawal should be planned with the service user and carer(s).

## **Children and young people: positive practice for H&SCPs**

Some children and young people may be helped by appropriate medication; medicines could form part of a comprehensive package that includes interventions for psychological, behavioural and family issues.

Children and young people will require support from their parents/carers in making decisions about medication; age and development are key to the decision-making process.

The views of the young person should be listened to, and age-appropriate information given to help them participate in the treatment options. Where children are considered to be too young to consent to treatment, parents should do this on their behalf.

The age at which children are able to be involved in decisions about their treatment varies. This needs to be taken into account when treatment decisions are made. Attempts should be made to involve children in their treatment decisions as soon as they are able to or want to participate, as involvement in treatment decisions helps to ensure that they take their medicines as intended.

## **Helpful questions**

### **The medicine**

- Why is this medicine being prescribed to me?
- How do I know that this is a safe dosage for me?
- What are the benefits of this medicine?

### **Safety**

- How safe is this medicine for me?
- How does the practitioner know that I will benefit from the chosen medicine?

- Why do some people suffer no ill effects from the medication while others seem to get worse?
- Is there any way to know in advance whether a medicine is suitable?

## **Taking the medicine**

- How long will I be on this medicine?
- How does this medicine work?
- How long will it take to work?
- How should I take it?
- When should I take it?
- What should I do if I forget to take it?

## **Side effects**

- What are the physical and psychological side effects of my medication and are these long-term?
- Will it make me drowsy/make me put on weight/affect my sex life?
- Can I drive while I am taking it?
- Is there a limit to the amount of alcohol I can drink while I am taking it?
- What impact will smoking have on me while I am taking it?
- Are there any foods I should avoid?
- Will the medicine have any effect on the contraceptive pill?
- What if I want to start a family or discover I am pregnant?
- How will the medicine affect my ability to breastfeed?

- Will it affect any other medication I am taking, such as an over-the-counter one?
- What are the chances of my becoming dependent on it?
- How often should I expect to be monitored?
- What blood tests might I require?
- What effect will there be if I am taking more than one form of medicine – for example the medicine you are prescribing me and an over-the-counter one, for example for a cold?

### **Information**

- Does the medicine have more than one name?
- Is there any clear written information I can take away?
- Where can I get more information about this medicine?
- Who else could I talk to about this?

### **Stopping taking the medicine**

- When will I be able to come off the medicine?
- What will happen if I stop taking it suddenly?

### **Alternatives to medication**

- What alternative medicine options are there if I prefer not to take this medicine?
- What alternatives are there to medicines?

## Service users: reporting unwanted side effects

If you experience any adverse reaction to the medicines you are taking, you should first of all speak to a member of the mental health team, such as a nurse or community pharmacist, about your concerns. They will be able to support you in any changes to your medication.

Following their advice, if you think a medicine or herbal remedy has caused an unwanted side effect, you can report it to the Medicines and Healthcare products Regulatory Agency (MHRA) using a Yellow Card. It is especially useful for the MHRA to know about:

- a suspected side effect that is not mentioned in the patient information leaflet that came with the medicine, and/or
- a suspected side effect that has caused problems bad enough to interfere with everyday activities.

Yellow Cards are available online at [www.mhra.gov.uk](http://www.mhra.gov.uk), or from pharmacies, GP surgeries or the Yellow Card hotline (0808 100 3352) during business hours.

## H&SCPs, service users and carers: helpful and informative sources of information

The Care Services Improvement Partnership is developing a web-based tool that will help to provide information for people who use medicines for their mental health. This tool will bring together a variety of data that can be accessed on the basis of a particular medicine or the condition for which it has been prescribed. It will be available shortly.

### Websites

British National Formulary: [www.bnf.org.uk](http://www.bnf.org.uk)

Coming off Psychiatric Medication: [www.comingoff.com](http://www.comingoff.com)

Healthcare Commission: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

Hearing Voices Network: [www.hearing-voices.org](http://www.hearing-voices.org)

Medicines.org.uk: [www.medicines.org.uk](http://www.medicines.org.uk)

Medicines and Healthcare products Regulatory Agency: [www.mhra.gov.uk](http://www.mhra.gov.uk)

MIND:

[www.mind.org.uk/Information/Booklets/Making+sense/Making+sense+of+coming+off+psychiatric+drugs.htm](http://www.mind.org.uk/Information/Booklets/Making+sense/Making+sense+of+coming+off+psychiatric+drugs.htm)

New Ways of Working: [www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)

Prescribing Observatory for Mental Health:

<http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/prescribingobservatory.aspx>

Sainsbury Centre for Mental Health: [www.scmh.org.uk](http://www.scmh.org.uk)

YoungMinds: [www.youngminds.org.uk](http://www.youngminds.org.uk)

## **Journals**

Ethical Human Psychology and Psychiatry:

[www.ingentaconnect.com/content/springer/ehpp](http://www.ingentaconnect.com/content/springer/ehpp)

Journal of Psychiatric and Mental Health Nursing:

[www.blackwellpublishing.com/jpm](http://www.blackwellpublishing.com/jpm)

Mental Health Review Journal:

[www.pavpub.com/pavpub/journals/MHR/index.asp](http://www.pavpub.com/pavpub/journals/MHR/index.asp)



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