

General principles in physical health monitoring for psychotropic medication

The following are key recommendations from the physical health monitoring task and finish group led by adult mental health clinical service directors (Southern Health NHS Foundation Trust) and CCG clinical leads (WHCCG, NHCCG, SEHCCG, F&GCCG, SCCCCG).

The guidance is a minimum recommendation only and clinical need should override decisions on monitoring.

1. Clinicians should use medications that are cost effective and require the least monitoring.
2. The general principle is that any monitoring required at initiation and during any required dose titration should be done by the clinician recommending and initiating the medication. This is usually going to be by secondary care. In situations when the patient is at a GP surgery and medication is being commenced with telephone advice from secondary care. Investigations on initiation would then rely on where the patient is - i.e. primary care.
3. Monitoring involves providing blood forms, advising patients where to get their blood test done depending on local phlebotomy arrangements, arranging ECGs (if required) and acting on results and informing the patient and their GP as appropriate.
4. An essential monitoring guide has been agreed and reflects recommendations in the British National Formulary (BNF March 17) and summaries of product characteristics (SPC).
5. If a medication is recommended in an out-patient clinic, that prescription will be written by that clinician seeing the patient (on an FP10 prescription) for a 2 week supply unless clinical risk dictates otherwise. The GP should be informed promptly of this (OPD letters to be transmitted within 10 days as of 01/04/17).
6. Ongoing prescriptions may be issued by primary care when the patient is appropriately stabilised on a dosage and the GP has been informed and has agreed to take over prescribing.
7. A consistent process should be followed with advice around medication (required ongoing monitoring and when appropriate to alter dosages) on discharge from secondary care including how to access services again.
8. ECGs are only required when clinically indicated (see guide) and the logistics of taking these and interpretation of the results are the responsibility of the clinician initiating the medication. GP surgeries are not commissioned to provide ECGs for secondary care services.
9. Where there are comorbid physical health issues, key specialists should be involved in the monitoring and information shared, as appropriate.
10. Clozapine is a secondary care medication. Primary care need to be aware that their patients are on it and potential interactions. See separate guidance.
11. Current shared care arrangements for Lithium will continue.
12. High Dose Antipsychotic prescriptions (HDAT) – please see separate guidance. Care of a patient prescribed HDAT (>100% of BNF recommended doses of one or a combination of antipsychotics) is to remain under secondary care unless specifically agreed and this should be appropriately highlighted on the patient's GP record.

The general principles and impact of shared working will be reviewed.