



# North & South Essex Local Medical Committees

## Local Enhanced Service *PROVISION OF DEPOT ANTIPSYCHOTIC MEDICATION*

### Introduction

Practices are increasingly required to give regular antipsychotic medication to their patients. At present this is done in an often haphazard and ad hoc manner, without proper back up from the relevant support services.

### Background

Patients with chronic psychiatric conditions, such as schizophrenia and bipolar affective disorder may require depot antipsychotic medication to allow them to function in society.

Care in the Community has meant that many of these patients, formerly living in residential health authority care, have been discharged into the community, usually without any discussion as to how their care would be managed in the primary care setting. These patients have had to register with a local GP. Often the GP lists will already be full, and the expertise to care for these patients not immediately available in the local surgery. Medical records of these people are usually incomplete if they have lived in the care of the health authority for many years. With luck a proper discharge letter will accompany the person, but often this is inadequate.

In the past, depot antipsychotic medication was given in the person's home by a trained community psychiatric nurse, who combined this role with monitoring of the patient's condition.

There is therefore a gap in the care these people receive. Practice nurses may be able to fit these patients into their busy schedule in order to give them their injections, but they are clearly unable to provide the trained psychiatric backup these patients require.

### Aims

This enhanced service is provided to address the unmet needs of these patients, in terms of,

1. Provision of depot injections
2. Proper supervision of their care.

### Service Outline

Provision of depot antipsychotic injections in general practice has become a necessity. In order to properly manage the transfer of this service from the secondary sector to primary care, several points have to be addressed:

- a. Medication is not commenced without a care plan signed off by both the responsible psychiatrist and the GP practice.

- b. The patient continues to receive regular support from a community psychiatric care worker.
- c. The intervals for review by the psychiatric team are set out in the care plan.
- d. The conditions for referral back to the team are clear, with a guarantee that there will be no delay in the patient being reassessed.
- e. The staff who will administer the medication are in full agreement with the plan, and sign it.
- f. In an emergency, these patients may be referred back without having to go through the usual time-consuming assessment procedures.
- g. If the care plan is not adhered to, or appears to be inadequate, immediate referral back to the psychiatric team will not be questioned, and the management of the patient will be immediately assumed by the responsible consultant.

### **Accreditation**

Ideally both the nurses giving the medication, and the GP's responsible for their care will have further psychiatric training. However, this is completely impracticable in the present climate. It is more important that staff are aware of the monitoring requirement of the medication, particularly possible long term side effects. They must also be aware of how to get help quickly should the clinical situation demand it. Practices will be accredited by the responsible consultant on an individual basis.

### **Costs**

In 2004/5 each practice contracted to provide this service will receive an annual retainer of £1032.25 plus an annual payment per patient of £361.29.