

## WHSSC Specialised Services consultation



### Stakeholder Response Proforma

<b>Policy Title</b>	Service Specification for In-patient Child and Adolescent Mental Health Services (CAMHS): General Adolescent Unit (GAU) and Extra Care Area (ECA)
<b>Policy Reference Number</b>	CP150
<b>Deadline for comments</b>	Please complete and return your completed form by e-mail to <a href="mailto:CTT_WHSSC_Consultation@wales.nhs.uk">CTT_WHSSC_Consultation@wales.nhs.uk</a> by 17:00 on Friday 21 July 2023

<b>Respondent's Name(s)</b>	Dr Geraldine McCaffrey MRPharmS Katie Evans. MCMHP Dr Beryl Navti MCMHP
<b>Respondent's Job Title(s)</b>	Chair, Welsh Pharmacy Board, Royal Pharmaceutical Society Specialist Mental Health Pharmacist C&VUHB/ Consultations Lead CMHP Clinical Lead CAMHS Pharmacist NEFLT
<b>Replying on behalf of organisation?</b>	Yes
<b>Name of Respondent's organisation</b>	Royal Pharmaceutical Society  College Mental Health Pharmacy

**Declaration: Before completing this proforma you must declare any financial or other interests in relation to any specialised services directly relevant to this commissioning policy. [Please refer to the WHSSC '[Standards of Behaviour](#)' policy]**

Interests to be declared:  
Nil - N/A



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Comment Number	Page Number	Line Number	Section	Comment [Insert each comment in a new row]
1.	15	37-38	2.6 Facilities	<p>No reference to safe storage of medication and facilities required. i.e. <a href="https://du.nhs.wales/files/notices/psn055-the-safe-storage-of-medicines-cupboards-replaces-psn030-april-2016-pdf/">https://du.nhs.wales/files/notices/psn055-the-safe-storage-of-medicines-cupboards-replaces-psn030-april-2016-pdf/</a></p> <p>No reference to the storage of medicines in temperature controlled environment; Patient safety notice 15, <i>The storage of medicines: Refrigerators</i> should be referred to, found <a href="#">here</a>.</p> <p>The 'All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal' should also be referred to, found <a href="#">here</a>.</p>
2.		19-30	2.10 Staffing and general comment.	<p>Pharmacy must be included as part of the core team of professionals, and this should include a Specialist Mental Health Pharmacist within this. Availability to pharmacy and access to specialist pharmacist knowledge is required within the field of CAMHS (e.g., a minimum of 8a Postgraduate educated in Psychiatric Therapeutics or equivalent. This is to ensure parity with the majority of equivalent NHS Adult Services. Also, prudent to consider their expertise in medication and knowledge/ understanding of implications to this specialism e.g (but not limited to):</p> <ul style="list-style-type: none"> <li>• Consideration and advice on the use of psychotropic medication on the development of the brain</li> </ul>

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				<ul style="list-style-type: none"> <li>• Children/adolescents tend to metabolise drugs faster and hence can influence the dose-response relationship.</li> <li>• Most medication is unlicensed in under 18yrs of age and often medication is used outside normal therapeutic licenses. Such needs to be discussed with the MDT, patients, families /carers which pharmacists are ideally suited to do.</li> <li>• Updates and creation of policy regarding the safe use of medication. E.g., Rapid tranquilisation, High dose antipsychotic monitoring.</li> <li>• Ensuring appropriate physical health monitoring with use of psychotropics which are appropriate to the age of the individual and hence development/ updating of local protocols and policy.</li> <li>• Advising for individual specific needs on the safe and effective use medicines e.g. rapid tranquilisation in the context of comorbidities.</li> <li>• Lack of availability of child/ adolescent formulations. Pharmacists are ideally placed to advise on the cost-effective use of 'specials' and/or manipulation of existing formulations to enable safe effective administration.</li> <li>• Advise on controlled drug management (frequently used in ADHD) within inpatient settings, mitigating risks of diversion, safe and effective administration in the community i.e. discharge planning - communication and supply in primary care and administration in schools considering storage and legislation</li> <li>• Supply and provision of tailored verbal and written information appropriate to age and use on medication to patients and family.</li> </ul>
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3.	14	32-37	Admissions	<ul style="list-style-type: none"> <li>• Consideration of how information is obtained from and relayed to patients and their families with cultural or language barriers including use of interpreters where necessary.</li> <li>• Information gathering on admission should include a medicine reconciliation</li> <li>• Information sharing consent to be obtained at point of admission from children and young people and their families</li> </ul>
4.	18	31-37	Staff and training	<ul style="list-style-type: none"> <li>• Clinical staff should have training on medicines management and administration.</li> <li>• Expertise specific to clinical areas should include rapid tranquillisation and post-incident monitoring of patients.</li> </ul>
5.	20-21	37-44	Therapeutic interventions and clinical progress	<ul style="list-style-type: none"> <li>• Young people prescribed medication should have a weekly medication review to appropriateness, side effects, and ongoing need.</li> <li>• Children and young people should have access to spiritual and/or faith specific support.</li> </ul>
6.				
7.				

Insert extra rows as needed

#### Instructions for submitting comments

- Include page, line and section number of the text each comment is referring to.
- If you wish to make a comment on the whole document please insert 'general' in the page number and section column.
- Submit this template as a Word document (not a PDF).

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- Combine all comments from your organisation into one response. We cannot accept more than one response from each organisation.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.
- We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

**Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box**

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