

STOMP STAMP Standards of Practice

Draft Standards for Consultation

October 2025



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Introduction

Background

The STOMP and STAMP programme aims to produce a set of professional standards to enable organisations across all sectors of care to develop consistent and collaborative service delivery. These draft standards are being co-produced by representatives from all Royal Colleges and Professional Organisations together with family carer representatives and people with lived experience of having a learning disability. The standards promote the development of consistent and improved services with a focus on quality medication reviews, holistic and person-centred decision making and the use of non-medication strategies where appropriate.

Scope

The standards should be applicable across all healthcare settings and social care services. They should ensure STOMP and STAMP is everyone's business with clear role clarification and a consistent approach to collaboration. IT includes the full range of healthcare professionals including specialist and more generalist practitioners. It incorporates social care teams and focuses on all psychotropic prescribing in people with a learning disability and autistic people. The standards are applicable to all age ranges with consideration for differences in approach required for children and young people.

The Standards

The standards will follow an acceptable and agreed format for consistency including:

1. Title
2. Statement
3. What the person and the family can expect
4. What professionals must deliver

The Expert Reference Group (ERG) have agreed that the standards need to be relevant to current practice, focused on holistic quality of life improvement and judicious prescribing of medication. The standards document must be engaging and targeted and clearly define what people and families can expect and what professionals must deliver.



Themes Values Principles

Principle themes

1. Inclusion
2. Person centred care
3. Reasonable adjustments
4. Holistic approach
5. Alternative Interventions
6. Collaboration and Consistency
7. Structured medication reviews/ medication optimisation
8. Workforce
9. Accountability and Responsibility

Values **NHSE team to complete**

- Chart or table that lists the values and expands on their meaning
- Examples include Dignity and Respect, Upholding Rights, Equality and Diversity, Empowerment etc.

Principles **NHSE team to complete**

- Chart or table that lists the principles underpinning the production and implementation for the standards
- Examples include Person and Family carer co-production, safety, organisational processes, quality

Introduction to section 3 – what good looks like for people and families

When reading and applying ‘what good looks like for the person and their family’ for all of the STOMP STAMP standards, health and social care professionals will take account of the following.

Who is meant by the term ‘you’

To avoid repetition, when we say ‘you’ we mean:

- an autistic person, a person with a learning disability or a person who has both. This includes children, young people and adults
- any other people who support or advocate for them in relation to their health and social care including family, advocates, support staff
- if the person is a child or young person, any people who have ‘parental responsibility’ for them (Children Act 1989)
- where the person is assessed as not having capacity (in line with the Mental Capacity Act 2005), the person or people acting on their behalf

Who we mean by health and social care professionals

When we refer to ‘health and social care professionals’, we mean **all** people working for health and social care services. This includes doctors, nurses, social workers, care staff, receptionists, ‘allied health professionals’ and others.

Allied health professionals are skilled health care staff who assess, diagnose and treat people. This includes therapists, paramedics and podiatrists.

These standards are relevant to the whole workforce to make sure that medication and non-medication interventions are equally considered, and that all of the workforce understand the role they play to ensure the person gets the right care and support.

Involving other people

How and when other people are involved is crucial in achieving the STOMP and STAMP aims. The following points will be considered:

Health and social care professionals will consider the following things when considering who needs to be involved:

- views of the person
- the age of the person (for example if they are a child)
- the person’s mental capacity

Involving parent carers and families

- Parent carers and families will always be listened to and respected.
- Parent carers and families will be included.
- If the person has requested for their parent carer or family not to be included, this will be considered in relation to their legal age and mental capacity to make that decision.
- The person will remain involved as well in whatever ways possible.

Involving paid staff

- If the person has paid staff providing care and support, they will be listened to and respected
- Paid staff will be included in line with the person's views and the law around capacity and consent.

Decision making and consent

In line with the Mental capacity Act 2005, health and social professionals will :

- assume a person has the capacity to make a decision themselves, unless it's proved otherwise
- wherever possible, help people to make their own decisions
- do not treat a person as lacking the capacity to make a decision just because they make an unwise decision
- if they make a decision for someone who does not have capacity, it must be in the person's best interests
- treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms

If the person is assessed as not having mental capacity:

- and has a care and welfare deputy, they will be included and enabled to make decisions for the person in line with the order from the Court of Protection
- and does not have a care and welfare deputy the professionals will work with other people who support that person to make sure the best decisions are made (best interest decision). This will include an independent advocate if needed

For children and young people, health and social care professionals will also refer to NICE “Health Care Experience Standards for Children and Young People”. This includes guidance about mental capacity, choice and Gillick competence [NG204](#)
[Visual summary: My healthcare experience checklist](#)

1**Standard 1 - Inclusion****1. Title**

Inclusion

2. Standards Statement

STOMP and STAMP delivery must be fully inclusive of the person, family and professional carers. It must consider health inequalities related to learning disability, autism as well as cultural anomalies and considerations.

3. What good looks like for the person and their family

- You are listened to when you ask for information or help
- You are given information in a way you can understand so you are able to make informed decisions. This includes information about new diagnoses and the benefits, side effects and alternatives to each medication
- You are given information, so you know **your rights**, including medication alternatives, side effects, informed choice and decision making.
- Your views are taken into account in all decisions about your care and support
- You are supported to understand the information by people who are skilled to explain and answer your questions
- You are given the time and support you need to consider the information and make decisions about your care and support, including medication and alternatives
- Health and social care professionals know the ways you communicate and use these to communicate with you with respect and kindness for example someone who is nonverbal may communicate by sign language, pictures or using art

- Your appointment is planned in a way that suits your needs, including the time and place of the appointment
- Before appointments, you are given information with enough time to prepare for the appointment
- Health and social care professionals will consider health inequalities and protected characteristics, to reduce the impact of these on your health and prevent early mortality ([NHS England » Learning from lives and deaths – People with a learning disability and autistic people \(LeDeR\)](#))

Additionally for parent carers and families

- Parent carers and families feel confident that their children, young people and adults are getting the right care and support, in good time, so that everyone can live a good life
- Parent carers and family carers are given information and support, so they know **their own rights**

4. Criteria – what professionals must deliver

- We will ensure that children, young people and adults with a learning disability or autism, along with their families, carers or other support providers, are fully included in decisions about their care.
- We will recognise and act on health inequalities affecting people with learning disabilities and autistic people of all ages, ensuring each individual has access to appropriate care and support.
- We will adapt care to reflect individual cultural, religious and social needs, and listen to what matters most to each person, including children and young people.
- We will provide information in formats that are clear, accessible and relevant to the needs of adults, children, young people, their families, and those who support them.
- We will work in partnership with families, carers and advocates, while respecting the growing independence and voices of children and young people
- We will challenge discrimination and bias in ourselves and in our services and reflect on practice to improve inclusivity across all age groups.
- We will have in place a complaints and feedback procedure, ensuring every concern is followed up in line with policy and that lessons learnt are implemented.

- We will ensure that individuals, carers, families, and support providers are fully included in all decision-making processes.
- We will ensure that people with a learning disability are on the Learning Disability Register and have access to Annual Health Checks.

2**Standard 2 - Person Centred Care****1. Title**

Person centred care

2. Standards Statement

The person must be actively involved in all decisions related to care, including medication and other forms of support. Care must be adapted and accessible to ensure the person is educated to make informed choices.

3. What good looks like for the person and the family

- Health and social care professionals will adapt the way they work to get it right for you
- Your healthcare will happen in a place where you can most easily get it
- You will receive timely care and support to prevent a crisis situation
- Health and social care professionals will take time to understand you - your history, your culture, your health concerns, your emotional responses
- Your care and support, including medication and alternatives, are right for you.
- If your behaviour changes, health and social care professionals will notice and consider if there are any changes in your physical and mental health that might be causing this. This will be done with you.
- There is a plan for how you will be supported when there is a change in your life, for example, changing where you live, or moving from children to adult services.
- You will be involved in all stages of designing, reviewing and implementing this plan and your views and needs will inform all decisions about the plan

- You are given information in ways that are accessible to you. For example, in a different language, in plain English or with pictures.
- You are given the time you need to understand what is being explained and to think about what it means for you
- You are given the information and support you need to confidently speak up about issues around your care including around medication (STOMP and STAMP).
- You are given information about what to do to make sure you always have the right supply of medication including if you move home or run out of supplies
- You are given information about how to use the NHS App in relation to medication. The people who support you are given information and advice so they can also use the NHS App for you if needed (see <https://digital.nhs.uk/services/nhs-app/nhs-app-features/manage-health-services-for-someone-else-in-the-nhs-app>)

4. Criteria - what professionals must deliver

- We will make your health appointments accessible to your needs and, where possible, offer a choice of venue.
- We will give you time to ask questions and check your understanding, arranging longer appointments if needed to support informed decisions.
- We will adapt our communication to your age, culture, language and learning needs, and arrange a professional interpreter if English is not your first language.
- We will use a trauma-informed approach, recognising that past experiences may affect how you engage with care and working sensitively to avoid distress.
- We will involve you in decisions, keeping your views and preferences central, and, with your consent, include your family or carer.
- We will give you clear information about your medicines, including benefits, risks and common side effects, in a format you can understand.
- We will offer a choice of medicine formulations where available and explain when clinical reasons mean a particular option is needed.
- We will record shared decisions clearly so all professionals involved in your care understand and follow them.

- We will respect your right to change your mind and ensure your decisions are valued, even if they differ from professional recommendations.
- We will support you to use digital tools such as the NHS App, if you wish, to help manage your care and medicines.

3**Standard 3 - Reasonable Adjustments****1. Title**

Reasonable Adjustments

2. Standards Statement

All STOMP and STAMP services must discuss, highlight, record, implement and share reasonable adjustments required for good care. These must underpin all interaction with the person and their families, ensuring equity of access and care.

3. What good looks like for the person and the family

- You are asked about the reasonable adjustments you need with enough time for people to make those adjustments for you, for example before you attend your medication appointment.
- Each time you have a meeting to talk about your medication, your reasonable adjustments are reviewed, discussed and updated
- Every health and social care professional will understand your reasonable adjustments and will apply this in all their interactions with you.
- You have time in all appointments to say all that you need to say about what you are happy about, what is worrying you and any questions you might have
- Medication is prescribed in a way that suits you best and reflects your wider health needs, disabilities and sensory needs (for example, liquid or tablet, colour and print size of medication labels, packaging, blister pack, adaptations if you have difficulties swallowing,)
- You will be given information about how to effectively store, take and manage your medication and you will be asked if you need more support to do this (for example reminder prompts)

4. Criteria - what professionals must deliver

- We will deliver adjustments that are 'reasonable', that is, we will change or make modifications to remove or reduce behaviours that individuals particularly with Learning Disabilities, might face when accessing our healthcare services. Our aim is to ensure that they get equitable access, not simply equal treatment since under the Health Equality Act (2010) public services including the NHS are legally required to make reasonable adjustments for disabled people (including people with physical or sensory disabilities, learning disabilities, autism and mental health conditions among others.)
- We will deliver services using the *communication method or methods* an individual would prefer us to use and strive to implement them throughout the whole patient journey
- We will deliver information in accessible formats suitable to the needs and preferences of the individual, for example clinical information offered in multimedia formats including but not limited to easy read, braille, talking mats, video, audio recording, large print, practical demonstration etc.
- We will deliver specialist communication aids to support conversations surrounding information provided e.g. sign language or Augmentative and Alternative Communication.
- We will deliver bespoke physical assistance by a capable, named support person(s) appropriate to the needs of the individual who can give them 1 to 1 support
- We will consider the accessibility needs of the team around the service user (for example attending family / guardians / carers) and provide material to support and help their understanding e.g. carer information leaflets
- We will deliver medication-related accessible information coproduced with experts by experience e.g. easy read format patient information leaflets, digital links to NHS sites
- We will deliver patient and carer accessible information that has been created and approved by stakeholders with relevant expertise in the fields of language processing and health (speech and language therapists, and medical / nursing / allied health professionals with specialist knowledge)

- We will deliver environmental adjustments *when reasonable* and possible dependent upon the individual's sensory sensitivities and their relational needs e.g. lighting, seating arrangements in waiting areas.
- We will deliver continuity of care as much as we are able by service constraints, to help build rapport and a sense of trust within clinical relationships between patient and clinical professional, as we recognize that staff changes can further increase feelings of stress and frustration in an already anxious patient.
- We will deliver services with flexibility in mind for the good of the individual around the timing and duration of their appointments when clinically indicated.
- We will ensure that Professionals and their teams are trained appropriately in using the Reasonable Adjustments Digital Flag and strive to embed this in their day to-day work.
- We will deliver dynamic and person-centred care to enhance communication, support an individual's cognitive, psychological, physical, and sensory needs, and engage with social and support networks, as required. *Dynamic* care will reflect and cater for the changes across a person's lifespan; we will ensure that reasonable adjustments are updated when needed
- We will enquire proactively and routinely about reasonable adjustments at each stage of a person's journey and encourage a culture where needs are reassessed and adapted throughout

4**Standard 4 - Holistic Approach****1. Title**

Holistic Approach

2. Standards Statement

STOMP and STAMP is a focus on physical, mental and emotional well-being through the correct prescribing, review and removal of medication. It is not an anti-medication process, rather it supports the appropriate use of medication to improve a person's quality of life. The work must consider the interplay between mental, physical and behavioural well-being. This will require a range of professional roles to ensure a quality driven service for all people with a learning disability who may require medication.

3. What good looks like for the person and the family

- Health and social care professionals will recognise that you may communicate your pain in different ways or need different adjustments when you are in pain.
- When planning your care and support, health and social care professionals will consider things that might affect your mood or behaviour, including the environment where you are staying or accessing health and social care.
- When talking to you, health and social care professionals will ask about your physical, mental, and emotional health, and your lifestyle and quality of life. This will help them consider the whole of your life when planning your care and support.
- Health and social care professionals will make sure you are on the right medication to best meet your needs. They will consider your health needs, what other medication you take, how it might impact your wellbeing and possible side effects.

- You will be given information, so you know where to go to ask for help before you are in crisis.
- You are given information about support to help you live your best life. For example, about sleep, managing behaviors that people see as challenging, keeping physically and mentally healthy.

4. Criteria - what professionals must deliver

- We will ensure inclusion & collaboration with the person and those who support them to understand the person's point of view and what positives and negatives the medication currently has on their life. Where required, reasonable adjustments will be made and input from other professionals, such as speech and language therapists, will be sought to support this process.
- We will endeavour to get to know the person and what is important and meaningful in their daily life i.e. activities they enjoy, routines and roles
- We will be person centered, (listen to understand). Considering what barriers have arisen in the person's life that have had a negative impact on them due to the medication? For example, side effects, understanding of why they are prescribed it and or the relevance of the time of day it is taken (drowsiness). This is particularly relevant with children and young people as their life view may be very different to the clinician.
- We will take into account a person may have sensory needs that need to be carefully considered and incorporated into treatment planning
- We will work in a holistic way. A move away from the medical model of care and ensure that we consider psychosocial needs. We will seriously consider the person's point of. We will adopt an evidence- based approach, informed by the biopsychosocial model to deliver holistic and person centered care and treatment.
- view. We will not make generalized assumptions on the impact the medication has on a person's life, in particular when it is causing concerns. What to a professional may see as a small issue, may be huge to the person. For example, medication side effects cause excessive dribbling, and this causes the person embarrassment, as a result they may no longer want to continue with a specific sport, interest or general social life. We will take a risk-benefit approach with a focus on what is important to the person and their overall quality of life.
- We will support people to feel empowered and heard in planning and review of their treatment plans. plans - What does the person themselves

want to happen as a result of taking, reducing or stopping the medication?

- We will work collaboratively with the person to set meaningful and achievable goals for treatment
- We will ask thoughtful open questions. We must consider how will their life improve if changes were made? We will use an approach that is tailored to the person's communication needs, ensuring that they are able to meaningfully engage in decisions about their care and treatment
- We must consider signposting people to advocacy services for those who struggle to have their voice heard.
- We will have dignity and respect for the person's choices regarding their medication and treatment plan, including those times when opinions differ.
- We will offer sufficient time to ensure that appointments are uninterrupted and not rushed through, giving the person opportunity to fully communicate their views and be heard.
- We will seek to understand and adapt to people's communication needs for example provide easy read guides. Where appropriate we will request advice from specialists such as Speech and Language Therapists.
- We will consider adaptations required to facilitate the person to feel able to speak up. Paying particular attention to those who are neurodiverse, have a learning disability or mental health concern. Examples of this could be asking the person where they want the appointment to happen? Where will it be held? Will they need to wait for a long period in a noisy busy waiting room? Will it be with an unfamiliar person they do not know, or do not know well, do they require support staff/ family in the appointment? Will the appointment room have strange smells or overwhelming items? What will the lighting be like, will it overstimulate? Would variety of fidgets help them to speak up/out?
- We will consider treatment in the context of the person's overall life, taking into account their culture, spirituality, life events, relationships, social and physical environment, roles and responsibilities that are important to them.

5

Standard 5 - Medication Alternatives

1. Title

Medication Alternatives

2. Standards Statement

It is a fundamental part of STOMP and STAMP to consider other interventions to support behaviours of concern. The standards will need to be delivered in line with relevant guidance such as National Institute for Health and Care Excellence (NICE) NG11. This has a focus on bio-psychosocial and psychological interventions as first line treatments in advance of prescribing considerations. Alternative interventions should also be considered as part of supporting measures when deprescribing psychotropic medications and to consider enhanced communications.

3. What good looks like for the person and the family

- Health and social care professionals will not assume that you are on medication or that you need medication
- Health and social care professionals will always be aware of what alternatives to medication are available to you at a local level to prevent inappropriate or over prescribing of medication and will offer you alternatives to medication based on your needs.
- You will be given information about the alternatives available to you, how to access them and how they will improve your quality of life.
- You will decide with health and social care professionals what the best options are for you around alternatives to medication, and your health care needs. Everyone involved will understand how to support the intervention and to monitor its effectiveness. This could require specialised training and support.

- You will be referred to the right professionals at the right time including for language and communication needs, physical health needs, mental health and occupational health.
- Support will be offered to your family and carers including classes in Makaton, picture exchange communications and other communication tools.

4. Criteria - what professionals must deliver

- A suitably skilled and qualified professional and/or multidisciplinary team will provide comprehensive and collaborative assessments with individuals of their bio-psychosocial needs to formulate holistic informed treatment plans.
- We will undertake assessments with the skills and competencies in our specialist area and in working with people with learning disabilities, and/or autism.
- We will have an awareness of appropriate evidence-based treatments. This includes an understanding of pharmacological treatment, psychological approaches, behavioural approaches, psychosocial therapies, including arts-based therapies and family therapy healthy lifestyles and social prescribing. We will share all options available with the person and their families so that they can make an informed choice.
- We will understand the scope of our practice and when a presenting concern is outside of our expertise, we will seek a second opinion and/or refer to others.
- We will provide Interventions that are person and relationship centered, informed by evidence; the principles of best practice; and based on a clear understanding of the potential benefits and risks.
- We will provide interventions that are responsive to the individual needs, preferences and lived experience.
- We will deliver person and relationship centered care and treatment. This may include psychoeducation, adaptive and accessible communication, meeting sensory needs, physical promotion, mental health and wellbeing,

healthy lifestyles, positive behavioral support, engagement in meaningful occupations/ activities, empowerment, and reciprocal relationships.

6**Standard 6 - Collaboration and Consistency****1. Title**

Collaboration and Consistency

2. Standards Statement

STOMP and STAMP is more effective with a collaborative approach across professions and sectors of care, including primary care, secondary care and social care teams. Full collaboration with the person and their family is imperative to delivery. A multi-disciplinary approach will ensure a more holistic approach to care, utilising all skills within the service. STOMP and STAMP needs clarity of accountability and responsibility with the requirement for quality evaluation and information sharing across key transitions in care.

3. What good looks like for the person and the family

- Health and social care professionals will communicate with each other and you to make sure they provide the best services for you, and you do not have to keep telling different professionals the same things.
- Health and social care professionals will have a clear plan on how they will work together to provide your care and support and include you in this.
- You and health and social care professionals will have the most up to date information about your health and needs to make well-informed decisions together
- You will be given information about how to access professionals who can advocate for you in your local area, for example a Keyworker, learning disability nurse or independent advocate

Additionally

- If you are a family carer, child or young person, health and social care professionals will also work with professionals in education services.

4. Criteria - what professionals must deliver

- We will deliver a clear and consistent care plan, with compassion and understanding with accessible and tailored information for individuals and their families, carers or advocates. This will include:
- who to contact if there are unexpected changes in the person's health, behaviour or condition (including when key contacts are unavailable)
- when reviews will happen, including who is responsible for reviewing the person's condition and medication at agreed intervals.
- how repeat prescriptions will be managed, including during medication shortages and who to contact if there are queries
- We will deliver a coordinated response for people with complex needs, with a named key worker to oversee care where multiple services are involved, and clarity on roles and responsibilities, with shared care protocols in place so all professionals involved know who is accountable for prescribing, monitoring and implementing changes.
- We will deliver consistent and timely communication, especially during transitions of care and life stages, making sure that everyone involved is informed, up to date and working together from the same plan.
- We will deliver consistency in practice, underpinned by shared protocols agreed at ICB level, including with care providers, joint training and regular audit to reduce variation and improve outcomes.
- We will ensure there are clear escalation processes in place for the coordination of medicine shortages from community pharmacies to ICB level

7**Standard 7 - Structured Medication Review (SMR)****1. Title**

Structured Medication Review (OR medicine optimisation?)

2. Standards Statement

STOMP and STAMP requires a focus on delivering quality structured medication reviews by practitioners who are full informed of the needs of people with a learning disability and autistic people. The medication review process will cover medication education, initiation, review and potential for deprescribing. It will be holistic in nature, focusing on physical, mental and behavioural well-being, ensuring the standards for person centred, shared decision making and informed choice are delivered. The SMR process will depend on practitioner expertise and will aim to improve quality of life rather than a sole focus on reduced prescribing.

3. What good looks like for the person and the family

- You will have regular medication reviews.
- The health professional will tell you how often you will need to have a medication review depending on your medication, health, and needs. If you would like them more frequently, you can ask.
- All your medication reviews will take account of your physical, mental, behavioural and emotional health, not just your medication (including weight, any test results and how often you go to the toilet)
- Some of your medication reviews will be holistic and take more time. This means you will be asked more questions about your quality of life, mental health, and physical health. For children this would include asking about school.
- Before the medication review you will be given information about the purpose of the review, what to do to prepare for the review, what to bring with you and what will happen at the review.
- You will be asked if you need or want support in the review. This might be from a parent carer, family member, paid staff or friend

- You will be included in all decisions made at the medication review. This will include decisions about your medication
- You will be given information about what to do between medication reviews. This could include how to monitor the effects of medication and how to access other help and support.
- You will be given information about what to do to get support quickly if things get harder. For example, a child or young person who is autistic or has a learning disability and is at risk of hospital admission, would be given information about DSR and Keyworking <https://www.england.nhs.uk/learning-disabilities/care/children-young-people/keyworkers/>

4. Criteria - what professionals must deliver

- We will appoint an appropriately trained person to carry out a holistic and inclusive medication review with the patient on an annual basis. The aim of this review will be to improve quality of life by optimising medication treatment.
- During this review we will check that the indications for all prescribed medicines are clearly understood and that the medicines are effective. We will also check for any side effects and we will highlight where medication may no longer be needed.
- Where psychotropics have been initiated we will apply a multidisciplinary approach to medication review, ensuring that we have gathered information from all the relevant stakeholders about the purpose, benefits and risks of medicines before making decisions about them. Where necessary, we will seek expert opinion before making changes to psychiatric medicines.
- **We will apply principles of Shared decision making**
- We will communicate and provide information about medicines in an appropriate way for the patient
- We will ensure that the purpose of using the medicine and any off-licence use is clearly explained
- We will discuss and document a person's capacity to decide about medicines
- We will agree shared goals for the medication review
- **We will assess the benefits of medication**
- We will identify and document the purpose of each medication (indication / target symptoms)

- We will identify medicines that are no longer required or not working and agree a plan to review and deprescribe this
- We will use approved scales to monitor and record benefits of medication
- **We will assess and mitigate risks and harms of medication**
- We will explain and document any expected risks with medicines
- We will identify high risk medicines and agree a plan to monitor them
- We will consider how the medicines may influence other conditions (e.g. epilepsy or diabetes) and agree how to monitor that
- We will carry out any physical health monitoring that is recommended to safely use the medicine
- We will use approved scales to measure and document any side effects and we will help you to manage these if they occur
- We will support you to use your medicines and to take them correctly
- **We will agree a shared holistic plan for follow up**
- We will communicate the plan for follow up in an appropriate way for the patient.
- We will communicate the plan for follow up or review with other relevant professionals
- We will accurately record the plan in the patient's Health Passport / Action Plan
- We will accurately update the patient's clinical electronic record
- We will provide additional support during key transition points (e.g. from CAMHS to adult services) to ensure continuity and safety.
- We will design and deliver research, informed by patients, to improve outcomes for patients through SMR and medicines optimisation
- We ensure children and young people, and their carers, receive reviews that are age-appropriate and reflect their developmental needs.

8**Standard 8 - Workforce Development****1. Title**

Workforce Development

2. Standards Statement

STOMP and STAMP delivery requires specific expertise and experience. To maintain a consistent approach, professionals will need to maintain a focus of service delivery within competence. Long seen as a specialist area of practice, it is important to consider wider skills development across all sectors of care.

3. What good looks like for the person and the family

- You will experience care, compassion and understanding from health and social care professionals.
- You will receive good quality care to meet your needs from staff who are well trained and know what good quality looks like
- Health and social professionals are skilled at listening to you and communicate with you in ways that you understand
- Health and social care professionals will explain to you their role and what work they will do with you
- Health and social care professionals will consider your quality of life, your personal experiences, views and needs in any planning and delivery of your care and treatment
- You will receive unbiased care and support by health and social care professionals who understand about health inequalities and bias
- Health and social care professional working with you will be trained and understand their role in prescribing, deprescribing, medication alternatives and STOMP and STAMP ([Mind Ed modules](#))
- Health and social care professionals working with you will be trained in working with autistic people and people with a learning disability and the

reasonable [adjustment digital flag](https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice). They will use this training in their work with you. <https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice>

Additionally

- Health and social care professionals will know what they need to do differently if you are a child or young person and adjust what they do so you and your parent carer are provided with their right care, treatment and support.

4. Criteria - what professionals must deliver

- We will cultivate a culture of respect, continuous learning, and psychological safety, where all voices are valued and where feedback drives improvement, ensuring inclusivity is embedded within services through recruitment of individuals with lived experience, and patient and public involvement and engagement (PPIE)
- We will complete STOMP/STAMP training relevant to our roles and professional scope and will promote awareness of STOMP - STAMP to all workforce groups, including family and carers.
- We will ensure essential workforce needs are identified, including appointment of a named STOMP/STAMP lead and identification of Learning Disability and Autism Champions to support ongoing improvement and advocacy.
- We will implement a competency framework with embedded, dynamic assessment, assigning responsibilities in line with individual professional disciplines, ensuring clarity of roles and maximising strengths of each team member.
- We will adopt a tiered training matrix to reflect the competency framework that promotes reflective practice supported by structured supervision and mentorship to enable ongoing learning, self-awareness, and professional development.
- We will strive to develop and promote clear career pathways for specialists in this field, aligned with the principles of advanced practice, to support progression, retention, and excellence in care delivery.

- We will uphold and embed standards of practice, setting clear boundaries around scope of practice, documentation, and accountability. We will foster a culture of accountability, candour, and transparency, recognising these as essential foundations of safe, effective, and compassionate care.
- We will development, implement, and routinely review policies that underpin safe and inclusive practice, ensuring they remain relevant, evidence based and include regular audit and trend analysis to evaluate workforce competence, service delivery.

9**Standard 9 - Accountability and Responsibility****1. Title**

Accountability and Responsibility

2. Standards Statement

STOMP and STAMP requires multi-agency collaboration which needs a consistent and clearly defined role clarification across all professions and sectors of care. This requires the assignment of accountability and responsibility across professionals to ensure a consistent approach to care. Transition between services at key moments in a person's care will need to be safeguarded to ensure a clarity of purpose. Information sharing will need to clarify accountability beyond legal and professional obligations, and to define a chronology to the care. There needs to be a focus on transparency and improvement.

3. What good looks like for the person and the family

- You will be given information about what to expect from care and services and what good quality looks like
- You will be given information about how to give feedback, raise concerns or a complaint if you feel the quality of care and service is not good enough
- You will be asked your views, you are listened to and something is done in response in good time. (<https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>)
- You will have information about who is responsible for each element of your care and support, and you know how to contact them. When you contact them, they respond to you in a fair amount of time depending on your request and the situation.
- When you are in crisis or struggling and ask for help, you will be guided to the right place and person without delay. Health and social care professionals will take responsibility for doing this.

- It is your right to be included in decisions, to ask questions and to challenge any parts of your care and support. Health and social care professionals will respect this right, listen and take your views into account.

4. Criteria - what professionals must deliver

It has been suggested that this standard should be incorporated within the other 8 standards rather than a standalone standard. This is to be discussed and agreed within the consultation process. The suggestions for this standards are captured below.

1. A clear roadmap ahead with easy to understand patient information (appropriate for individual and carer) knowing:
 - a) How to self-advocate or to support someone to have a conversation about their medication. [Opportunity here to link to earlier resources – VoiceAbility, VODG, et al.]
 - b) Roles and responsibilities of different people involved in care and support including who to contact for help or when there are unexpected changes in the person's condition
 - c) When and who the regular (every X years) condition and medication reviews will be with
 - d) How to get repeat prescriptions (including who is going to sort out behind the scenes if there are medication shortages)
 2. A clear transition of care plan when the person moves
 - a) Where they live, or live with
 - b) Changes in assessed social care needs.
 - c) Changes in the support provider.
 - d) At key life stages such as:
 - I. From children to adult services
 - II. ii. Moving in or out of hospital, especially after long-stays in assessment and treatment.
 - III. iii. When they get pregnant
- National Clinical Director for Children and Young People's Mental Health (CAMHS) to:
 - a) Produce national shared care templates for ICB to use and adapt for young people <18 years of age

- National Clinical Director for Adult Mental Health to
 - a) Produce national shared care template for ICB to use and adapt for adults >18 years of age
- Integrated Care Boards (ICB)
 - a) Adopt and adapt the national shared care shared care guidelines so primary care and secondary care in their area agree exactly who is responsible for:
 - I. Prescribing regular medication
 - II. Agree what monitoring is required for the most common psychotropic medications and who is going to do that monitoring
 - III. Who will do the regular condition and medication reviews
 - IV. Creating an escalation pathway to secondary care when there are complex clinical questions that prescriber need answering and have a timeline for answering these queries that must be adhered to (e.g. two working days)
- Prescriber (as agreed at the ICB level)
 - a) Prescribe regularly
 - b) Monitor as per guideline
 - c) Escalate to secondary care complex questions or when a second opinion is required because shared decision making with the person cannot agree
 - d) Arrange for transition of care when the patient moves or at significant life stages
- Secondary care psychiatry
 - a) Undertake regular review as agreed in ICB shared care guideline
 - b) Provide a rapid expert advice service via Advice and Guidance or telephone helpline for queries from prescribers
- Local authority and health commissioners to mandate adherence of providers to good STOMP and STAMP practice, as set out in this document, through the commissioning and renewal of contracts.
- CQC – CQC to include compliance with STOMP/STAMP in inspections and to include discussion with service users whether they are getting

regular reviews of their medicines, whether they know who to contact if there were changes in their mental or physical health, and whether they feel the services are responsive to their needs

- There may be something to reflect here. And there are social care services also regulated by Ofsted, so ideally something that also brings them in.