

Standard Operating Procedure for the prescribing and administration of long-acting antipsychotic injections by Primary Care

Objective

To ensure the safe prescribing and administration of long-acting antipsychotic injections (LAIs) for patients under shared care agreement with community mental health recovery services (CMHRS).

Scope

All practices within Surrey Heath and North East Hampshire and Farnham Places within Frimley ICB

Formulations

Drug	Dose Regime*
Aripiprazole	400 mg monthly
Paliperidone palmitate	25–150 mg once monthly
Paliperidone palmitate	175mg-525mg every 3 months
Paliperidone palmitate	700mg-1000mg every 6 months
Haloperidol decanoate	50–300 mg every 4 weeks
Flupentixol decanoate	50 mg every 4 weeks to 300 mg every 2 weeks
Zuclopenthixol decanoate	200–500 mg every 2 to 4 weeks (max 600mg per week)

*Doses taken from relevant summary of product characteristics. The doses shown may not represent the full range that can be used and they do not imply therapeutic equivalence

To note: shared care agreements have been developed for each of these formulations.

Procedure

For new patients

1. When a request is received from CMHRS for a patient's care to be transferred to the GP, the following steps should be undertaken:
 - a. Check that a full signed shared care guidance and agreement has been received by the practice from CMHRS. Shared care guidelines and agreements are available on the [Frimley ICB website](#) or the relevant monograph on the [Frimley Formulary](#)
 - b. Check that a copy of the My Recovery Care Plan, and the Crisis and Contingency plan, treatment plan (drug, frequency, dose, site, and date of last injection) and physical health monitoring requirements has also been received by the practice.

- c. If the GP agrees to transition of care under shared care with the CMHRS, sign the shared care agreement and return by email to CMHRS and save a copy in the patient's notes.
 - d. If already not in place, create a register of patients requiring administration of LAIs by the practice and add new patient to the register as soon as possible. The register should state the name of the LAI and frequency.
 - e. Add to the patient's notes and prescription list as soon as possible,
 - i. The full generic name of the LAI e.g zuclopenthixol decanoate
 - ii. The dose, route and interval expressed using the word 'every' (e.g every 3 weeks). Use of the phrase 'as directed' is not recommended.
 - iii. The next due date (e.g next due on dd/mm/yy)
2. Contact the patient as soon as possible to make an appointment for their next injection.

For all patients

1. Ensure that all patients requiring administration of LAIs by the practice are on a register stating the name of the LAI and frequency.
2. At each appointment when the LAI is administered, complete the **EMIS 'Long-acting antipsychotic injection administered in primary care' template**. Ensure the following has been completed.
 - a. Date of next appointment for LAI is made and confirmed with patient.
 - b. Confirm next of kin details.
 - c. LAI prescribed with dose, route, interval, and date of next injection.
 - d. Use the following codes to record administration of the LAI (these are needed for activity monitoring and payment verification under the LCS 'Antipsychotic Drug Administration in Primary Care')

Code Name	SNOMED Code
Injectable neuroleptic given	41311004 / 2474659017
Injectable neuroleptic managed by practice	367181000000106

Patients who do not attend (DNA) and escalation process

1. If the patient does not attend the planned appointment, the practice must call the patient as soon as possible and establish the reason and rebook the appointment if agreeable within 7 days.
2. Complete the DNA section of the EMIS template.
3. Administer the LAI within 7 days and complete EMIS template.
4. If the patient DNA's a second time and/or shows signs of relapse and refuses treatment, escalate to CMHRS.
 - a. Email
 - i. nehcmhrs@sabp.nhs.uk for NEHF
 - ii. surreyheathadmin@sabp.nhs.uk for Surrey Heath
 - b. Prescribing and administration by the practice should be paused until further notice by CMHRS
 - c. The LAI will be administered by CMHRS

- d. CMHRS will complete an assessment and recommend the outcome to the practice. Outcome will either be.
 - i. Continue with shared care by the practice
 - ii. The patient needs to be transferred back to CMHRS and the prescribing and administration of the LAI returns to CMHRS and the shared care agreement is terminated