

STOMP STAMP Standards of Practice

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Introduction

Background

The STOMP STAMP Standards of Practice have been co-produced by representatives from all Royal Colleges, Professional and Social Care 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 informed optimisation of medication, holistic and person-centred decision making and the use of non-medication strategies where appropriate.

Scope

The standards are applicable across all healthcare settings and social care services. They ensure that STOMP STAMP is everyone's business with clear role clarification and a consistent approach to collaboration. They recognise the inconsistent service commissioning arrangements, with different availability for multi-disciplinary team (MDT) support. They focus 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 agreed format for consistency, including:

1. Standard Title
2. What professionals will do
3. What people should expect (what 'good' looks like)

Appendix. Resources – each standard has a list of identified and relevant resources to aid implementation.

The Expert Reference Group (ERG), consisting of professionals, people with lived experience and family carers, have agreed that the standards

need to be relevant to current practice, focused on holistic quality of life improvement and judicious prescribing of medication.

These standards are relevant to the whole workforce to make sure that medication and non-medication alternatives are equally considered and that they understand their role in ensuring the person gets the right medication, care and treatment.

The Approach to Co-Producing the STOMP STAMP Standards

These standards are designed to be achievable, owned by all health and social care professionals and, most importantly, capable of making a real difference in the lives of individuals and their families. The collaborative approach, adopted in developing the standards, is aligned with, and informed by, NHS values and their commitment to patients and the public as set out in The NHS Constitution.

“When we create content intended for all ages, the focus can sometimes lean too heavily toward adults. As a parent carer, I’ve been encouraged to see children, young people and families—alongside those with relevant clinical expertise—treated as equal partners in this vital work. The inclusive approach, taken in developing these standards, and the commitment to implementing them in practice is key to achieving these outcomes.” **Parent carer**

Throughout the development process, professionals across health and social care worked in co-production with people with lived experience. In particular:

- The group included specialists in the care of children and young people, ensuring their unique needs and perspectives were considered throughout the process.
- The format of the standards outlines how they will improve the quality of care for people with a learning disability, autistic people and those with both, as well as their families.

- The standards align with the priorities of the NHS 10-year plan (prevention, digital and neighbourhood delivery) and focus on three core aims:
 - Getting it right for the person and their family
 - The right support and medication at the right time
 - Well trained staff who work together and listen

“In many projects, we say ‘the patient is at the centre.’ All too often it feels like a reminder rather than a reality. In this work, the patient voice truly was the starting point — everything else worked back from that. We didn’t just aspire to joined-up working; we lived it while creating these standards.” **Expert Reference Group Clinician**

Terminology

When reading and applying the STOMP STAMP standards, health and social care professionals will take account of the following:

Who is meant by the term ‘you’ or ‘the person’

To avoid repetition when we say ‘you’ or ‘the person’ 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 care including family, paid support staff and independent advocates
- 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 is meant by the term ‘professionals’

When we refer to ‘professionals’, we mean all people working for health and social care services. This includes the full range of professionals within a multi-disciplinary team and across different settings of care.

Decision making and consent

For those aged 16 years and over

Health and social care professionals providing NHS commissioned services are legally and contractually required to work in line with the Mental Capacity Act (2005) for everyone aged 16 years and over.

Every effort must be made to support a person to be able to decide themselves whether or not to consent to treatment and care. This may mean making reasonable adjustments in assessing capacity for people with a learning disability.

If a person is found to lack the capacity to make a particular decision in a specific timeframe, any decision made on their behalf must be in their best interests and taken in line with the Mental Capacity Act.

Any best interest decisions must be fully documented in the clinical notes.

For those aged under 16 years

Health and social care professionals will also refer to NICE guideline NG204 “Babies, children and young people’s experience of healthcare”. This includes guidance about mental capacity, choice, and Gillick competence.

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Standard 1 – Reasonable Adjustments

What professionals will do

Professionals will identify, record, flag, share, meet, review and update reasonable adjustments to ensure equitable access to care and treatment. This is required as a **must** do under the Reasonable Adjustment Digital Flag (RADF) Information Standard. The deadline for full national compliance with the information standard is **30 September 2026**.

Reasonable adjustments include communication support, accessible information, environmental adaptations, sensory and physical considerations together with flexible appointment models.

Adjustments will reflect changing needs, including age, physical and mental health, behaviour, environment and setting of care provision.

- We will enquire about reasonable adjustments at each stage of a person's journey, update the Digital Flag and adapt our approach accordingly
- We will consult the RADF and other records, as appropriate, to identify and plan for the reasonable adjustments as part of all interactions and communication related to a person's care and treatment
- We will deliver necessary adjustments at every interaction that are "reasonable" as defined in the Equality Act (2010). This is to ensure everyone has equitable access to STOMP STAMP procedures as defined by these Standards of Practice
- We will provide accessible information created by people with relevant expertise that includes clinical or lived experience, to support informed and inclusive decision making related to care and treatment
- We will ensure that professionals are trained appropriately in their legal duties set out under the Equality Act. This sets out their responsibilities for the provision of reasonable adjustments, striving to embed this in their day-to-day work

What people should expect (what 'good' looks like)

- Your health, care and treatment are reasonably adjusted to include providing accessible information and adapting how, when and where appointments happen
- You are asked and supported to think about the reasonable adjustments you may need to ensure accessible care and treatment. This will be planned and provided throughout your care journey
- Each time you have a meeting to talk about your medication, your reasonable adjustment digital flag is viewed and, when necessary, reviewed, discussed and updated
- Every health and social care professional understands your reasonable adjustments and applies this in all their interactions with you, including communication, sensory and physical adjustments
- In every appointment, you have the time and support you need to think things through, ask questions, communicate what you think and then make informed decisions about your medication, care and treatment
- Reasonable adjustments are recorded and applied in how medication is prescribed for you, including print size of medication labels, packaging and adaptations if you have difficulties swallowing
- You are given information and support to allow you to effectively store, take and manage your medication in line with your reasonable adjustments

2**Standard 2 – Inclusion****What professionals will do**

Professionals will ensure people with a learning disability and autistic people are fully involved in decisions about their care and treatment working within the principles and legal requirements of the Equality Act (2010) and Mental Capacity Act (2005).

Professionals will enable full participation in interactions and decision making, including adaptations in communication, making reasonable adjustments and involving families, carers or other support givers based on each person's needs and preferences.

- We will ensure that the person, along with their family, carers or other support givers, is fully included in decision making about their care and treatment
- Where there is multi-disciplinary team (MDT) decision making, we will equally consider the person's views with that of the professionals
- We will provide information and support to access independent advocacy when required
- We will adapt care and treatment to reflect the person's age, history, culture, religion and beliefs, interests, lifestyle, gender identity and sexuality, health concerns, emotional responses and preferences
- We will adapt interactions, care and treatment to maximise inclusion with referral for specialist advice when available
- We will adapt care and treatment to reflect the person's age in partnership with families, carers and advocates, while respecting the growing independence and voices of children and young people

What people should expect (what 'good' looks like)

- Professionals take time to understand you. If relevant, this could include your age, history, culture, religion and beliefs, your interests, lifestyle, gender identity and sexuality, your health concerns,

emotional responses and your preferences. This helps them consider the whole of your life when planning your medication, care and treatment

- Professionals consider any health inequalities you may face and use evidence-based practice to provide the best care and treatment for you
- You are listened to and your views are equally considered in all decisions about your care and treatment
- You are given information and education about your care and treatment, including potential benefits and risks of medication and opportunities for provision of non-medication alternatives. This is to support your informed choice and decision making
- Professionals communicate in the ways that work for you, with respect and kindness
- You are given information about your rights to advocacy and how to access professionals who can advocate for you in your local area
- Additionally, for parent carers and family carers, you are given information and support in good time, so you can best support your relative in relation to their care and treatment

3**Standard 3 – Person-Centred Care****What professionals will do**

Professionals will adapt the person's medication, care and treatment to best meet their needs and take account of what makes them an individual including history, culture, beliefs, experiences, health, sensory needs, environmental concerns, lifestyle and support networks.

Professionals will prioritise what matters most to the person, adapting interactions and decision-making processes to individual needs.

Approaches used will be trauma-informed and developmentally appropriate. This is particularly important in mental health settings and when working with children and young people.

A person-centred approach, throughout care pathways, will ensure informed consent, shared decision making, inclusive reviews and will support appropriate care and treatment planning.

- We will recognise and use a trauma-informed approach to care and treatment linking to relevant professional expertise, as required
- We will offer different medication forms, where available, and explain their risks and benefits to inform choice
- We will ask about, and take consideration of, the person's goals, concerns and preferences related to treatment
- Where there is disagreement related to treatment, we will give information about receiving a second opinion
- We will promote and facilitate the use of accessible health passports detailing the person's needs, preferences, care and treatment
- We will adapt care and treatment plans to reflect the person's needs, abilities, daily life, relationships and support, and to cater for changes across the person's life span

- We will identify and respond to the different ways the person may communicate pain, providing adjustments to allow safe expression and management of pain
- We will review changes in a person's behaviour with consideration of their physical health, mental health and emotional responses
- We will give the person information about how to use the NHS App in relation to medication. If the person cannot use the NHS App, we will help them to make appointments, get information and order medication in their preferred manner
- We will give information to family, carers, or other support givers so they can also use the NHS App for the person as needed

What people should expect (what 'good' looks like)

- You are asked about your needs and abilities so that professionals do not make assumptions about you
- You are supported to keep an up-to-date health passport detailing your health needs, reasonable adjustments and important information about you and your life
- Your care and treatment plan is right for you and delivered in a timely fashion to reduce the risk of becoming a crisis
- Professionals identify and respond to the different ways you may communicate pain ensuring this is considered in making care and treatment decisions
- If you need medication, professionals make sure you are on the right treatment to best meet your needs and preferences
- If your behaviour changes, professionals will check for causes linked to your physical health, mental health or in how you are able to manage your emotional responses (dysregulation)

- Professionals consider what might affect your mood, wellbeing or behaviour, such as sensory needs or the care environment. They put the right support and adaptations in place for your care and treatment
- There is an inclusive and person-centred plan for how you will be supported when there is a change in your life, including moving house, being discharged or moving between different services
- You are given information about how to use the NHS App in relation to medication. The people who support you are given information so they can also use the NHS App for you if needed. If you cannot, or prefer not to use the NHS App, professionals will help you to make appointments, get information and order medication in a different way

4**Standard 4 – Non-Medication Alternatives****What professionals will do**

Professionals will offer evidence-based non-medication interventions informed by psychological and environmental assessments with a functional assessment of behaviour, when indicated. This will be where appropriate and within constraints of local commissioning arrangements.

Professionals will consult relevant NICE guidance and other professional resources to consider non-medication approaches as first line, unless there is considerable risk to the person or those around them.

Interventions may include psychological and psychosocial therapies, behavioral approaches, healthy lifestyles and meaningful activities delivered by professionals or other social prescribers.

Professionals will work in partnership across community, inpatient and education-based settings to maximise the benefits of non-medication interventions.

- We will undertake psychological, environmental and behavioural assessments, when indicated, to inform holistic care and treatment planning
- We will refer to specialist advice, when indicated, if expertise and competence do not extend to psychological, environmental or behavioral assessment
- We will carry out a functional assessment of behaviour that challenges through data gathering, use of relevant screening tools and involving interviews with family and other carers, when appropriate
- We will introduce appropriate evidence-based non-medication interventions, within individual competence, when planning care and treatment

- We will provide non-medication alternatives that are based on the principles of best practice with a clear understanding of the potential benefits and risks
- We will provide non-medication alternatives that are person-centred and responsive to individual needs, preferences and lived experience
- We will clearly define and target behaviours of concern, detailing agreed monitoring procedures and outcome measures

What people should expect (what 'good' looks like)

- Professionals do not assume that you are prescribed medication or that you will need medication
- Professionals are aware of what alternatives to medication are available to you at a local level to prevent inappropriate or over prescribing
- Professionals will only recommend interventions and treatments that aim to improve your quality of life
- You are given information about non-medication care and treatment that is available to you. This will include how to access the service and how it can improve your quality of life
- You decide, with professionals, what the best options are for you around the use of non-medication care and treatment to best meet your health care needs
- You will receive training and support to understand how to manage the intervention and to monitor its effectiveness
- You are referred to the right professional, at the right time. This will include support for improved communication needs, physical and/or mental health needs and occupational therapies and activities

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Standard 5 – Reviewing Medication

What professionals will do

Professionals will conduct a holistic, person-centred review of medication at regular intervals defined by local policies and clinical guidance or as required by the person. Based on practitioner expertise and availability of MDT support, medication reviews will be delivered in distinctive styles as part of specialist review or annual health check.

Structured Medication Review is an **in-depth, clinical consultation** undertaken by an appropriately trained practitioner following a defined structure. It includes:

- Comprehensive preparation and gathering of all relevant information
- A personalised consultation exploring capacity, preferences, and quality of life goals
- Systematic assessment using evidence-based tools and frameworks
- Explicit documentation, action plans and deprescribing decisions where appropriate
- Multidisciplinary input where psychotropics or complex needs are involved

It is more detailed, proactive, and standardised when compared to a medication review

Medication review is an **assessment** of a person's medicines to ensure they remain appropriate, effective and safe. It focuses on:

- Checking indication, effectiveness and side-effects
- Identifying medicines no longer required
- Supporting adherence and discussing any concerns

It can vary in depth depending on practitioner expertise and available information and may be completed opportunistically or routinely as part of good medication optimisation practice.

Applying principles of shared decision making

- We will discuss and document a person's capacity to decide about medication
- We will ensure that the purpose of using the medication and any off-licence use is clearly explained
- We will provide related information and support required for the person to make informed choice as part of reviewing medication
- We will agree a medication plan with defined roles, monitoring requirements and outcome measures and share this with the person and other relevant professionals

Assessing and maximising the benefits of medication

- We will identify and document the purpose of each medication (indication / target symptoms)
- We will identify medications that are no longer indicated and agree a plan to review and deprescribe them
- We will use approved scales, where possible, to monitor and record the desired effects (benefits) of the prescribed medication
- We will provide information and guidance to support the person to obtain, use, store and dispose of their medication safely

Assessing and mitigating risks and harms of medication

- We will identify and document any risks with medication, including deprescribing, highlighting relevant contingency measures with all relevant stakeholders
- We will work with the person, their family, carers and other support givers to be thoroughly prepared for medication changes, including signposting to relevant training and resources
- We will identify high risk medication and agree a plan to monitor in line with relevant guidance and local protocols
- We will carry out any physical health monitoring that is recommended to safely use the medicine
- We will use approved scales, where possible, to monitor the non-desired (harmful) effects of the prescribed medication

What people should expect (what 'good' looks like)

- You have regular medication reviews that will consider your holistic needs
- You are told how often you will need to have a medication review depending on your medication, health and preferences. If you would like them more frequently, you can ask
- You are informed that Structured Medication Reviews may take longer to allow questions about your quality of life, mental health, physical health and treatment preferences
- Before the medication review, you are given information about the purpose of the review, what to do to prepare for the review, who can support you, what to bring with you and what will happen at the review
- If any of your medication is prescribed by a different professional, the person carrying out your medication review makes sure they understand why the medication is prescribed, how it should be monitored and how it may be reduced if appropriate
- After each medication review, your medication records will be updated and you are given information about the changes that have been agreed. This includes the purpose of any medications, monitoring of improvements and side effects, non-medication care and treatments, agreed actions and, where necessary, reduction plans
- You are 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 are given information about what to do to make sure you always have the right supply of medication including if you move home, build up too much or run out of medication supplies

6**Standard 6 – Collaboration and Consistency****What professionals will do**

Professionals across health and social care will work in unison to develop, deliver and regularly review consistent, clear, coordinated care and treatment plans. These will define roles, responsibilities, and communication pathways.

Professionals will collaborate with each other to involve the relevant skills of the wider multi-disciplinary team (MDT), if available, based on the needs of the person.

Professionals will ensure clear information sharing between all involved practitioners, setting guidance for medication reviewing processes and schedules. This will include deprescribing plans and escalation processes, if required, in line with local prescribing protocols.

Social care professionals will contribute to care and treatment planning and delivery. This will include helping people to understand care and treatment information and to express their views. They will actively participate in the monitoring of interventions, treatment and non-medication alternatives, sharing observations to inform future shared decision making.

- We will collaborate to formulate and deliver a clear and consistent care and treatment plan including role accountability, outcome measures, and review schedules
- We will share and update relevant care and treatment plans with all practitioners involved in the person's care
- We will provide information on who to contact if there are unexpected changes in the person's health, behaviour or care needs
- We will work within local medication optimisation guidance and shared care protocols, where available
- We will seek a second opinion and/or refer to others when a presenting concern is outside of our expertise

- We will take particular care during critical times including transitions such as children to adult services, hospital discharge and changes in home, relationship or care provision

What people should expect (what 'good' looks like)

- Professionals communicate with each other, and you, to make sure they provide good quality, consistent care and reduce the need for you to keep telling different professionals the same things
- Professionals have a clear plan, shared with you, about their individual roles and how they will work together to provide your care and treatment
- Professionals have the most up to date information about your health and care needs to make well-informed decisions with you
- If you need support from staff in your daily life, they will be given the skills and information to help you follow any plans about your care and treatment and to seek advice and additional support as needed
- Additionally, if you are a family carer, child or young person, professionals will also work with colleagues in education services



Standard 7 – Workforce

What professionals will do

STOMP STAMP delivery requires a skilled, confident and supported workforce with the appropriate knowledge, values and competencies to deliver safe, person-centred care and treatment.

Professionals will contribute to an organisational culture of respect, learning, inclusivity and psychological safety, using supervision and reflective practice.

Professionals will uphold clear boundaries around sector specific scope, documentation and accountability, considering the development of local processes to share specialist expertise with non-specialist colleagues.

Professionals will provide STOMP STAMP information and awareness raising for the person along with their family, carers, or other support givers and to organisational colleagues.

- We will complete role-relevant learning disability, autism and STOMP STAMP related training, following specific competency frameworks relevant to our role and level of expertise
- We will work to develop and promote clear career pathways for experts in STOMP STAMP, aligned with the principles of advanced practice and excellence in care delivery
- We will embed learning from STOMP STAMP training in our service delivery specific to our sector of practice and level of expertise and competence
- We will assign responsibilities in line with individual professional disciplines, ensuring clarity of roles and maximising the strengths of each team member
- We will foster a culture of accountability, candour, and transparency, recognising these as essential foundations of safe, effective, and compassionate care

- We will evaluate and develop our services in response to all voices, including the person, their family, carers and other support givers
- We will develop, implement and routinely review policies that underpin safe and inclusive STOMP STAMP practice

What people should expect (what 'good' looks like)

- You receive good quality care, compassion and understanding to meet your needs from professionals who are well trained and know what good quality looks like when prescribing medication
- Professionals are skilled at listening to you and communicate with you in ways that you understand
- Professionals explain to you their role and what work they will do with you to develop the most appropriate care and treatment plan
- You receive unbiased care and support by professionals who understand about your health needs and the impact of health inequalities
- Professionals working with you are trained to understand their role in making sure these standards of practice are delivered. This includes prescribing, deprescribing and the use of non-medication alternatives aimed at improving your quality of life
- Professionals will be trained in working with autistic people and people with a learning disability to implement agreed reasonable adjustment to your care and treatment
- Additionally, professionals who work with children and young people are trained to understand and adapt to your specific care and treatment needs and required approaches

8**Standard 8 – Accountability and Responsibility****What professionals will do**

Professionals will ensure people, their families, carers or other support givers are given information about who is responsible for all aspects of their care and treatment. This includes how to contact them and what standards of care to expect.

Professionals will inform people, their families, carers or other support givers about processes to comment on and raise concerns or complaints about their service.

Professionals and the organisations they work for will respond to concerns and complaints in a timely manner in line with organisational policy

Integrated Care Boards will provide commissioned pathways (for example local enhanced services) to ensure medicines optimisation of psychotropic medicines for individuals with learning disability or autism are available where needed.

Specialist teams and primary care providers will collaborate within an agreed local framework to ensure the safe initiation, stabilisation and continuous monitoring of medicines.

Governance and regulation of STOMP STAMP standards will be considered within Royal College guidelines and through inspection authorities, including the Care Quality Commission (CQC).

What people should expect (what ‘good’ looks like)

- You are given information about what to expect from care and services and what good quality looks like
- You are given clear information about how to give feedback or make a complaint if you feel the quality of care is not sufficient. Your views will be asked for, listened to, and acted on promptly. If you raise a concern or make a complaint, the service will work with you to find a solution in good time
- You are told who is responsible for the agreed actions in relation to your care and treatment, when the actions should be completed and

what to do if they do not happen

- You are given information about who is responsible for each element of your medication, care, treatment and support with relevant contact details for additional help
- When you are in crisis or struggling and ask for help, professionals will guide you to the right place and service without delay