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New Ways of Working – Pharmacy and Medicines Management

David Branford [1]

[1] Derbyshire Mental Health Services NHS Trust

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Abstract

Medicines play a key role in the treatment of most mental illnesses. The management of those medicines is of great importance to most mental health service users and also impacts on the daily professional life of many of those involved in caring, be they psychiatrists, nurses, pharmacists or others.

The New Ways of Working (NWW) project began with a study of the potential to devolve many of the aspects of the dispensing of medicines within pharmacy departments from pharmacists to pharmacy technicians and then to pharmacy assistants. As this project evolved it became clear that perhaps the greatest impact of pharmacy staff and potential for NWW of medicines management was not just in the dispensary but within teams and wards. As further projects began to identify the potential for pharmacy staff to improve the way medicines are used across the whole spectrum of clinical care, it also became clear that medicines management and pharmacy had for many years been an area of neglect by Mental Health Trusts (MHTs) and for many to achieve safe and effective medicines use, would require significant investment. By the end of the programme a wide range of products associated with medicines management, involving pharmacy, service users, carers and others, had been developed (www.newwaysofworking.org.uk).

Introduction

Medicines play a key role in the treatment of most mental illnesses. A report on the management of medicines in NHS trusts providing mental health services (Healthcare Commission 2007) identified that over 90% of those attending mental health facilities received medicines.

However, despite the pivotal nature of medicines in mental health care there had been little focus on the many facets of medicines management. The Audit Commission (2001) used the term ‘medicines management’ to

> ‘encompass the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to produce informed and desired outcomes of patient care’. (Audit Commission 2001).

The same report raised many concerns about the management of medicines by acute trusts and about the lack of attention and investment given to both the management of medicines and to supporting pharmacy departments.

Medicines management is of great importance to most mental health service users and also impacts on the daily working life of psychiatrists, nurses, pharmacists, and others, involved in caring. However the NWW programme started with a small project looking at skill mix and role change within pharmacy.

Who are the Pharmacy Staff and What are their Roles?

Many of the readers of this article will come into contact with pharmacy staff both within primary and secondary care. In secondary care the mental health pharmacy workforce

comprises four main groups: pharmacists, pharmacy technicians, pharmacy assistants (also called assistant technical officers) and other ancillary and clerical staff.

The pharmacists working in mental health are a highly qualified group of staff. Their training spans a four-year university based masters degree followed by a one year pre-registration period to achieve registration with the Royal Pharmaceutical Society of Great Britain. Most hospital pharmacists then undertake a further 2-3 years of clinical training to qualify to practice as a clinical pharmacist. Further qualifications in mental health pharmacy are also available at postgraduate certificate, diploma and masters levels.

Pharmacy technicians undertake 2-3 years of work-based training. In the past this has resulted in qualifications from Apothecary Hall, City and Guilds Institute, BTEC (Business and Technological Education Council), and currently NVQ (National Vocational Qualification) level 3. There are current moves to make some of the training at degree level.

Pharmacy assistants or assistant technical officers receive in-house training and undertake NVQ qualification.

Pharmacists and pharmacy technicians are unlikely to be available to work as part of the clinical teams if the clerical and other support infrastructures are not in place.

In primary care, pharmacy staff are predominantly employed in community (retail) pharmacies as independent contractors or for large multiples such as Boots. They are contracted to the NHS to provide dispensing and in some case other enhanced services. The majority of their pharmacy related employment comes from the dispensing of medicines via prescriptions. In recent years, community pharmacists have been encouraged to develop additional, enhanced services. Most of the medicines for mental health and learning disabilities services users are dispensed in community pharmacies. Community pharmacists are a primary source of general medicines information and assistance to both service users and community nurses.

The Spread Programme

The Spread Programme was designed to spread the innovation and learning from projects related to medicines management and pharmacy. It occurred in three phases and involved about half the Mental Health Trusts (MHTs) in England.

Phase 1: Northumberland Locality of Newcastle, North Tyneside and Northumberland Mental Health Trust

Background to Phase 1

Before the 1960s, most psychiatric hospitals contained a pharmacy and employed one or more pharmacists. Traditionally, that pharmacist's role was to supply and manufacture medicines. The pharmacist was rarely involved in direct patient care. From the 1960s concern about medicine errors and the increasing complexity of medicines led to a gradual change in the role and training of pharmacists within secondary care as a whole. Medicines had become more potent and more complex to prescribe. It has become more difficult for prescribers to keep abreast of all the changes and requirements associated with medicines and prescribing had become more of a team activity requiring input from pharmacists.

Although it is now increasingly accepted within clinical practice that prescribing performance is enhanced and risks reduced by the inclusion of a clinical pharmacist within clinical teams, this change had occurred only to a limited extent within mental health care. This changed

pharmacist's role from a product-focused role to a user/patient-focused role had enormous implications for the number of pharmacists and other pharmacy staff required to provide such a service. However, despite this change occurring in most acute trusts, surveys of the pharmacy workforce identified that in many MHTs modernisation of the pharmacist's role had yet to occur.

This re-engineering of mental health pharmaceutical services in Northumberland commenced in 2002 as part of a 12-month project supported by the Changing Workforce Programme. The main aim was to reshape pharmacy services around the patient at ward level. This required the modification of the roles of staff, creating new roles for existing and incoming staff, integrating clinical pharmacists and technicians into ward teams, and re-engineering the dispensing functions both within the pharmacy and on the wards.

The project was a huge success and for the first time for many years a small number of wards within that MHT began to benefit from the involvement of both a pharmacist to assist with prescribing and a pharmacy technician to assist with the supply of medicines. It must be pointed out though that this success was supported by a significant increase in funding for staff (increased from 3 to 9 and an annual investment of over £100,000).

During 2003, over a nine-month period, 14 further sites were engaged, on an individual basis, with the aim of supporting organisations to provide improved medicines management to mental health service users. This was followed in 2004 with a further 32 sites. However, a key difference was that providers were encouraged to develop alternative ways of working and to introduce small innovations that improved care and demonstrated NWW and very little funding was available for the projects.

The Spread Programme demonstrated a wide range of potential impacts on service user care and treatment that can be achieved by the various grades of pharmacy staff, as well as the potential impact of NWW. It identified the need for larger, well-funded projects to be undertaken to evaluate the full worth of those that show the greatest impact.

Three fundamental findings were:

- Schemes that resulted in better access to pharmacy staff for wards/community teams resulted in improved medicines management.

- Any project that placed a pharmacy staff member as a member of the clinical/ward/community team is likely to improve relationships, improve medicines management and lead to better outcomes for service user.

- Many MHTs depend on acute trusts for their pharmacy services. Such services are organised to provide for the acute trust and are not always appropriate for the MHT.

Further supplementary finding were:

- Pharmacists and pharmacy services should not work in isolation.

- The potential benefit of employing specialist pharmacists to work in review clinics was demonstrated.

- Implementing new pharmacy IT systems in mental health is complex due to the wide geographical areas covered and the wide range of providers.

- NWW is unlikely to work if the workforce is too small to bring about change.

Although many of these programmes and initiatives demonstrated the potential benefits of pharmacy NWW, for many MHTs the reality was that the pharmacy workforce appeared to be absent precipitating the mental health pharmacy workforce survey.

Workforce Survey

The nature and size of the pharmacy service available to any Mental Health Trust (MHT) and the service it provides depend on a variety of factors. Local factors include

- The outcome for the pharmacy service following the closure of the mental institutions or asylums.
- The extent to which specialist mental health pharmacy services were retained within the acute hospital environment.
- The development of clinical pharmacy in mental health within the locality.
- Leadership of a chief pharmacist for the MHT and the ability of that person to develop specialist mental health pharmacy services.

In 2005 the NWW programme enlisted the help of Bath University and the UK Psychiatric Pharmacy Group to undertake a pharmacy workforce survey. The findings were extremely depressing.

MHT pharmacy services vary hugely in size and activity and are different from other trusts in the extent to which medicines related activities are devolved to others. This inevitably impacts on the complexity of the MHT pharmacy services that may be further exacerbated by operating over many sites. This variance in the extent to which medicines related activities are devolved to others such as community pharmacists, general practitioners, and acute trusts also impacts on the priorities for their pharmacy service.

The main finding was that most MHTs are dependent on other providers for their pharmacy service. Only 17% had no service level agreement (SLA) with another trust to provide pharmacy services with 25% requiring three or more such agreements. The pattern of 'the MHT has no pharmacy of its own and receives all aspects of the pharmacy service from another Trust' was the most common for supply of pharmaceuticals (58%) while less so for clinical pharmacy services (19%). However, the impact of SLAs is far greater than this with only 17% of the participating MHTs managing all their own supply services and 27% managing all their own clinical pharmacy services without requiring an SLA.

The ability of MHT pharmacy services to manage the whole way in which medicines are used by a trust depends on the availability of a pharmacy workforce. The second main finding of the survey identified that the number of pharmacists employed by MHTs did not appear to have any rationale, with some very large MHTs employing only one or two per million population served and others employing 15-20 for a similar size of MHT. Although there was a trend towards those MHTs very dependent on SLAs employing fewer pharmacists in mental health, this was not always the case.

A review of staffing in mental health teams (The Sainsbury Centre for Mental Health 2007) also published a report suggesting the resources required for a 'good mental health service' for adults and although it is difficult to extrapolate from such proposals, on the basis of that report the numbers of mental health pharmacists required may be of the order of 3-4 times the currently available workforce.

Pharmacy technicians represent an even smaller workforce in Mental Health. The findings for pharmacy technicians mirror those for pharmacists.

The general conclusion of the workforce survey was that for most MHTs, the pharmacy workforce is too small to provide effective medicines-related services to service users and NWW. For some MHTs, the pharmacy workforce is too small to even provide a safe medicine management service to service users.

Much of the learning from the NWW programme highlighted to the Healthcare Commission the extent to which medicines management and pharmacy had been neglected in mental health care and contributed to their 2007 report 'Talking about Medicines'.

Further NWW Projects

In response, the Department of Health sponsored continuation of further work on medicines management under the umbrella of the NWW programme. This included four initiatives:

- Improving Medicines Management by extending the Role of the Pharmacy Technician in Mental Health.
- Guidance on Mental Health Pharmacy, Service Level Agreements and Contracts, with examples of SLAs and a Self Assessment Framework.
- A medicines management toolkit to help MHTs to assess their performance in medicines management.
- A medicines management learning set.

Throughout the whole project there was very enthusiastic involvement by both service users and carer organisation representatives. Although initially completely unaware of pharmacy, and the contribution that can be made by better use of medicines, the representatives became firm supporters of the initiatives. In addition, they developed a document of their own 'Medicines Management: Everybody's Business. A guide for service users, carers and health and social care practitioners' (www.newwaysofworking.org.uk).

Conclusions

Pharmacists and pharmacy staff in general are an important resource that is available to support nurses and other professionals in their roles within the umbrella of medicines management.

Good mental health services usually result when there are effective teams able to incorporate a wide range of professional skills for the benefit of the service user. The participation of pharmacy staff as members of multidisciplinary teams should occur at various levels of the organisation:

- The chief pharmacist as a member of the senior management team ensuring that systems are in place to support the best use of medicines across organisational and professional boundaries.
- The specialist mental health clinical pharmacist as a member of the ward/community multidisciplinary team with leadership for medicines management within the ward/community team, control over the medicine use at the ward/community team and responsibility for medicines information at the ward/community team.

- The pharmacy technician role as a member of the ward/community team with responsibility for the supply of medicines to wards, responsibility for the ordering and supply of medicines for service user leave or discharge, responsibility for the ordering and supply of medicines for service user leave on admission and responsibility for routine medicines information to ward service users.

- The pharmacy assistant role as an MDT team member to be undertaken includes the topping up of stock medicines on wards and teams and the generation of routine medicines orders.

References

Audit Commission. 'A Spoonful of Sugar, Medicines Management in NHS Hospitals. December 2001 (www.audit-commission.gov.uk).

Taylor, D.A., Sutton, J. Report on the Mental Health & Learning Disabilities Pharmacy Workforce Survey May 2006. University of Bath (www.newwaysofworking.org.uk).

Branford, D., Parton G., Taylor, D., & Sutton J. Summary & Key Findings of the Report on the Mental Health & Learning Disabilities Secondary Care Pharmacy Workforce Survey. National Institute for Mental Health for England (www.newwaysofworking.org.uk).

Healthcare Commission. 2007. Let's Talk About Medicines. A report on the Management of Medicines in Trusts Providing Mental Health Services.
http://www.healthcarecommission.org.uk.

Boardman, J., & Parsonage, M. 2007. Delivering the Government's Mental Health Policies-Services, Staffing & Costs. The Sainsbury Centre for Mental Health .

Branford, D., Parton, G., Taylor, D., & Sutton, J. 2006. The UKPPG & CMHP Report on the Mental Health & Learning Disabilities Secondary Care Pharmacy Workforce survey (phase 2) NWW/ National Institute for Mental Health for England (www.newwaysofworking.org.uk).

Branford, D & Henson, P. 2008. Mental Health Medicines Management Self Assessment Toolkit (www.newwaysofworking.org.uk)

Department of Health & New Ways of Working in Mental Health. 2007. Medicines Management: Everybody's Business. A Guide for Service Users, Carers & Health & Social Care Practitioners. (www.newwaysofworking.org.uk).

Guidance on Mental Health Pharmacy Service Level Agreements & Contracts, with Examples of SLAs & a Self Assessment Framework. National Institute for Mental Health in England. 2008a, 2008b. (www.newwaysofworking.org.uk).

National Institute for Mental Health (England)/New Ways of Working for Mental Health Pharmacy (NWWMHP) sub-group of the National Steering Group for New Ways of Working in Mental Health. 2007. New Ways of Working for Mental Health Pharmacists & other Pharmacy Staff. (www.newwaysofworking.org.uk).

Improving Medicines Management by Extending the Roles of Pharmacy Technicians in Mental Health. National Institute for Mental Health in England. 2008a, 2008b. A Briefing Document. (www.newwaysofworking.org.uk)

Pratt, P., & Branford, D. 2007. Learning Lessons from the Spread Programme – Analysis of Key Themes.
NWW/ National Institute for Mental Health For (www.newwaysofworking.org.uk).

Pratt, P., & Branford, D. 2007. 'Learning Lessons from the Spread Programme – Analysis of Key Themes'. NWW/National Institute for Mental Health for England
(www.newwaysofworking.org.uk)