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2018

A multi-perspective evaluation of specialist mental health clinical pharmacist prescribers practising within general practices in NHS Highland

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BACKGROUND

Mental health issues are a common feature of primary care consultations and around a third of GP consultations have a mental health element.[1] The Scottish Government's 10 year Mental Health Strategy has ambitions to transform services so every GP practice has multi-disciplinary teams (MDTs) who can support and treat patients with mental health issues while ensuring good communication with community mental health teams (CMHT) and secondary care services.[1]

Despite these strategic plans, there is currently a lack of specialist mental health clinical pharmacist prescriber input to the care of patients with mental health issues within general practice in NHS Highland.[1,2] A 12 month pilot, funded by the Scottish Government's Primary Care Transformation Fund, has been conducted during which two specialist mental health clinical pharmacist prescribers consulted with patients with depression and anxiety by appointment at one of two GP Practices in NHS Highland.

SERVICE AIM & OBJECTIVES

To improve the pharmaceutical care delivered to patients with depression and/or anxiety in primary care by:

- providing evidence based psychopharmacological interventions
- evidence based prescribing in line with NHS Highland Formulary
- MDT working within primary care, and liaison with CMHTs and secondary care
- reducing GP workload relating to the treatment of mental health disorders

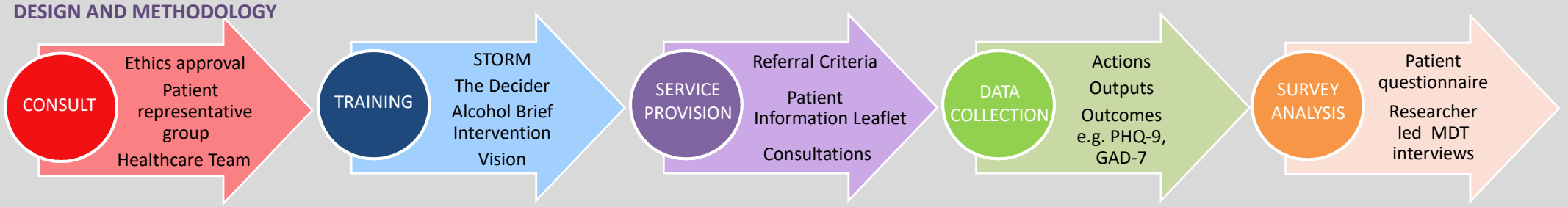
RESEARCH QUESTIONS

Multi-perspective evaluation of the pilot:

Phase 1 Quantitative - Level of uptake, pharmaceutical care issues identified, resultant actions and outcomes

Phase 2 Qualitative - Views and experiences of patients and the healthcare team

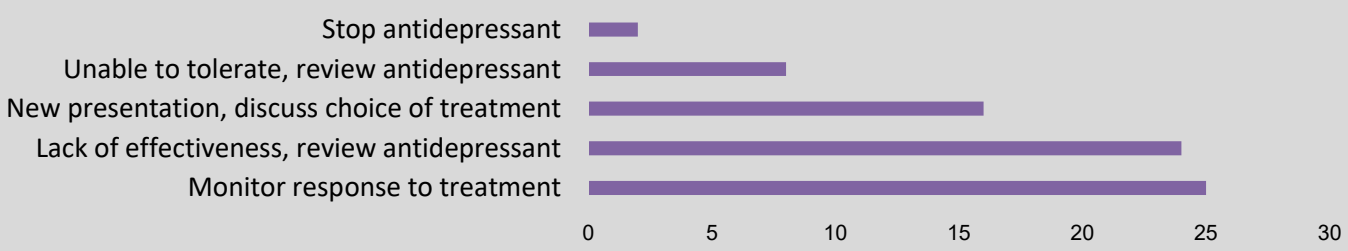
DESIGN AND METHODOLOGY



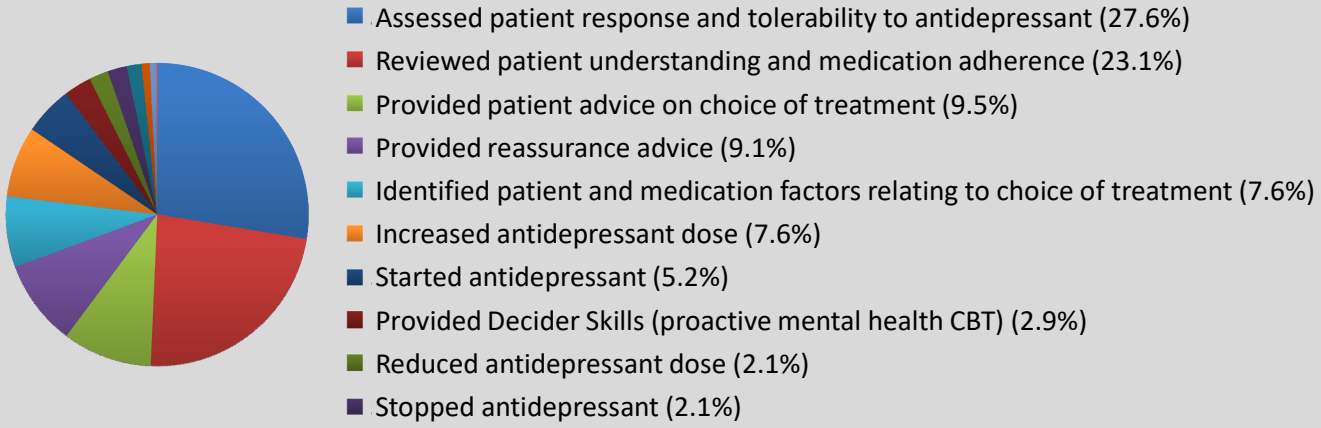
QUANTITATIVE RESULTS

75 (84.3%) of the 89 patients referred attended their first consultation. Around two thirds of patients (n=47, 62.7%) were referred with a diagnosis of mixed depression and anxiety. Mean patient age (SD) was 40.1 years (13.9), just under two thirds (n=49, 65.3%) being female. 324 consultations were held (median 3, IQR 2-5, range 1-14).

Reasons for patient referral to pharmacists (n=75)



Pharmacist actions during consultations (n=1018)



Patient status on study completion (n=75)	n (%)
PHQ9 and/or GAD7 scores reduced by 50%	34 (45.3)
PHQ9 and/or GAD7 scores not reduced by 50%	5 (6.7)
Lost to follow up	16 (21.3)
Appointment times not convenient so could not attend	3 (4.0)
Referred to GP for onward referral to CMHT	3 (4.0)
Referred to GP as physical health issue more dominant	3 (4.0)
Psychotropic treatment not needed	3 (4.0)
Appointments cancelled	2 (2.7)
Psychology/ cognitive behavioural therapy to be commenced	2 (2.7)
Follow-up by psychiatrist/ community psychiatric nurse	2 (2.7)
Could not complete PHQ9 and/or GAD7	2 (2.7)

QUALITATIVE INTERVIEWS WITH PATIENTS

15 of the 70 patients mailed the questionnaire responded (response rate 21.4%). Almost all patient responding to items in the CARE measure[3] gave a rating of excellent or very good across all items. All responses were positive when rating aspects of the pharmacist consultations and attitudinal statements with only 2 patients preferring to consult a GP rather than a pharmacist, and almost three quarters were more interested in quality of care rather than who delivered the care.

I immediately felt comfortable with the pharmacist. She explained in detail her role and I felt able to open up to her quite quickly. I didn't feel at any time under pressure to end our discussions.

Just one comment: [name] *was brilliant!*

The pharmacist put me at ease very quickly and I very much felt part of the discussion we had in how to proceed with my treatment. My last appointment with the pharmacist was to discuss how well my medication was working and how she fully explained that if there were any changes to how I felt to return to my GP to discuss this from my perspective. A very valuable and necessary service run alongside General Practice.

At first I was wary of seeing the pharmacist. I had doubts of her knowledge but after 15 minutes my mind was put at ease as she clearly understood the problems I was facing. During all my consultations [name] fully explained what drugs she was prescribing and why ..... I would recommend that a trained pharmacist be put into medical centres as I am truly grateful for her help and time given to me.

I feel it is much needed but more people should be aware of its availability. The continuity it was providing me was crucial to my recovery/progress. Simply having that one continual person treating me made a huge difference.

QUALITATIVE INTERVIEWS WITH STAFF

In the analysis[4] of staff interviews (n=8) three key themes were identified:

Integration

- openness and willingness to change
- perception of benefits
- positive acceptance of the service

Enablers

- enhancement of service provision
- key stakeholder engagement

Barriers

- space at GP practice
- potential reluctance of staff
- access to systems and supports

DISCUSSION AND CONCLUSION

Even when considering the evaluation limitations, it is clear that this pilot study has been successful. All four service objectives were met either fully or partially. Responses to the patient survey were overwhelmingly positive. Written comments from patients were highly appreciative of the pharmacists and the impact of the service on their mental health. Analysis of interviews with the members of the MDT and the pharmacists identified that the service had been well-integrated within primary care, leading to key perceived benefits for patients and the MDT. The only negative comments were around barriers to implementation which are to be expected when setting up a new service. In conclusion, the evaluation has identified that the pilot was successful from a number of key perspectives. These results should be considered in planning further mental health services within NHS Highland and beyond.

REFERENCES

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