

Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**



**C·M·H·P**  
College of Mental Health Pharmacists

**NWW** New Ways of Working for Everyone

# **NEW WAYS OF WORKING FOR MENTAL HEALTH PHARMACISTS AND OTHER PHARMACY STAFF**

*Developing and sustaining a capable and flexible  
workforce*

OCTOBER 2007

**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**

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## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

Medicines management in mental healthcare is everyone's business. In recent years there has been an increasing focus within the NHS on the need to improve the way medicines are managed so as to maximise the benefits for service users and their carers. This New Ways of Working (NWW) for pharmacists and other pharmacy staff programme has clearly demonstrated that pharmacy staff are a group with a great potential to develop NWW and improve the outcomes for service users and carers by the better management of medicines.

For many pharmacy staff working in mental health services NWW is not new. From the 1960's onwards the role of the pharmacist working in hospitals changed from that of a dispensary based supply and support role to primarily a ward/team based clinical role. With this change came the development of the roles of pharmacy technician and pharmacy assistant.

However following the closure of long stay mental hospitals pharmacy services to mental health trusts (MHTs) have suffered from a number of mistaken assumptions. These include:

- MHTs do not need to develop their own specialist pharmacy expertise –that generic acute trust services will provide this
- That those pharmacy developments seen as beneficial to acute hospitals can be directly transferable to MHTs
- That movement to community based care would result in a reduced need for specialist secondary care mental health pharmacy services.

For many MHTs concerns about the need to improve the management of medicines has highlighted an urgent priority to reverse the impact of these mistaken assumptions and develop high quality specialist mental health secondary care pharmacy services.

### **THE NEW WAYS OF WORKING FOR PHARMACISTS AND OTHER PHARMACY STAFF PROGRAMME**

The NWW programme for Mental Health Pharmacists and other pharmacy staff has four main components: The Spread Programme, the Workforce Survey, the Service User and Carer medicines leaflet and finally this document - New Ways of Working for Mental Health Pharmacists and other Pharmacy Staff.

#### **1. The Spread Programme**

In 2001 the Changing Workforce Programme (CWP) for Mental Health invited the Newcastle, North Tyneside and Northumberland Mental Health Trust to develop and evaluate a pilot of NWW in mental health pharmacy.

Following the success of this pilot, between 2002 and 2005, all MHTs in England were invited to participate in a programme of small innovations (the Spread Programme). These demonstrated the potential of mental health pharmacy to spread new medicines

management practices to MHTs. Approximately half of the MHTs in England participated.

Four fundamental findings were:

- Schemes that result in better access to pharmacy staff for wards/community teams improved medicines management
- Any project that places a member of pharmacy staff member in the clinical/ward/community team is likely to improve relationships, improve medicines management and lead to better outcomes for service users
- Many MHTs depend on acute trusts for their pharmacy services. These are organised to provide for the acute trust and are not always appropriate for the MHT
- Leadership from the Chief Pharmacist was a critical factor for successful projects.

## **2. The Mental Health Pharmacy Workforce Survey**

The ability to introduce NWW is dependant on the capacity of the workforce to both participate in and bring about change. The aim of the workforce survey was to ascertain the size and capacity of the MHT pharmacy workforce.

The main conclusion of the Mental Health Secondary Care Workforce Survey was that for most MHTs the pharmacy workforce is too small to provide effective medicines related services to service users and NWW. Any substantial development of NWW will require investment by MHTs.

## **3. The Service User and Carer Medicines leaflet**

Throughout the NWW programme for pharmacists and other pharmacy staff there has been close involvement with service user and carers. This leaflet results from concerns from service users and carers that they are poorly informed about the medicines they receive and the potential benefits to them of accessing advice from sources including mental health pharmacists.

## **4. New Ways of Working for Mental Health Pharmacists and other Pharmacy Staff**

This document is the final product from the programme. It provides a vision for each staff group with examples of NWW. It also shows the diverse opportunities within secondary care mental health pharmacy services for pharmacists and other pharmacy staff to contribute to improving outcomes for service users and their carers. With the conclusion of the NWW programme previous drafts of this document have undergone wide consultation and various key messages relating to the staff groups that have emerged are summarised below.

## **THE VISION FOR MENTAL HEALTH PHARMACISTS AND OTHER PHARMACY STAFF**

### **Chief Pharmacists**

The vision is that every MHT has a Chief Pharmacist. That Chief Pharmacist is a member of the MHT senior management team providing the leadership for medicines management in the MHT - the entire way in which medicines are selected, procured, delivered, prescribed, administered and reviewed.

During the consultation associated with this document there was general consensus that Chief Pharmacists are well equipped professionally to undertake the primary managerial

and governance role in relation to medicines, however many are poorly resourced for the role. The Chief Pharmacist will not achieve this role in isolation; close working with senior medical, nursing and other staff is pivotal.

### **Chief Pharmacists - Recommendations**

- MHTs need to provide clear authority for the medicines governance role to their Chief Pharmacist.
- With the developing and pivotal role of the Chief Pharmacist there is a need for a development programme that encompasses the following:
  - Training and developing future MHT Chief Pharmacists
  - Supporting and mentoring those Chief Pharmacists through peer support and training
  - Learning sets that encourage close working and collaboration between the Medical Director, Chief Nurse and the Chief Pharmacist
  - With the development of Foundation Trusts enabling the focus of the Chief Pharmacist to become more business orientated.

### **Specialist Mental Health Clinical Pharmacists**

The vision is that every MHT employs sufficient specialist mental health clinical pharmacists for them to be fully integrated members of the multidisciplinary teams of ward/community teams with leadership for medicines governance for their ward/community team(s). They are responsible for the entire way in which medicines are selected, prescribed, administered and reviewed by their ward/community team.

This document provides a vision for the specialist mental health clinical pharmacist role that is diverse and challenging. Where MHTs have specialist MH clinical pharmacists undertaking these roles they are well received. However these specialist pharmacist roles have not been well funded or supported by some MHTs.

Many specialist MH clinical pharmacists work in isolation and there are few mentor/supervision systems in place. As the work of the specialist MH clinical pharmacist becomes more clinically demanding, involves increasing direct patient care and greater responsibility the need to be working in a supportive environment becomes imperative.

### **Specialist Mental Health Clinical Pharmacists- Recommendations**

MHTs need to develop mechanisms for attracting and training pharmacists to fill these specialist roles. Many of the mechanisms developed by acute trusts are not available to MHTs. These include:

- Exposure of pharmacy undergraduates to mental health pharmacy
- Participation in pre-registration pharmacist programmes
- Participation in post-registration training rotational programmes
- Pharmacists developmental programmes within MHTs
- Employ supernumerary training posts

To facilitate such initiatives local consortia of MHTs should cooperate with SHAs to develop programmes to enable a flow of well trained specialist MH clinical pharmacists.

- Once attracted to such posts specialist mental health clinical pharmacists are uniquely placed to develop further skills and competency by access to the postgraduate psychiatric pharmacy courses based at Aston University and by achieving membership

of the College of Mental Health Pharmacists (CMHP). MHTs need to ensure that specialist mental health clinical pharmacists either have or are enrolled on courses to achieve the skills and knowledge associated with these qualifications

- Although pharmacists felt well equipped to undertake some aspects of the role of specialist mental health clinical pharmacist for many there was a need for further career development and training
- Development of consultant pharmacist posts both as specialists and non-medical prescribers offer a major way forward for MHTs to attract and retain high quality pharmacists.

### **Mental Health Pharmacy Technicians**

The vision is that MHTs employ sufficient pharmacy technicians for them to be members of the multidisciplinary ward/community team with responsibility for the supply of medicines to their ward/team(s). The MHT extends their role to responsibility for the ordering and supply of medicines for service users on admission, leave or discharge and medicines information.

Pharmacy technician management roles including dispensary management, pharmacy management and assisting the governance role of the chief pharmacist will enable release of the time of pharmacists and other MHT professional staff involved with medicines.

For many MHTs the pharmacy technician workforce is currently too small to enhance their ward and team based roles this remaining an aspiration rather than a reality. Extending the roles of pharmacy technicians needs to be underpinned by additional appropriate training supported by the development of robust local policies.

### **Mental Health Pharmacy Technician – Recommendations**

MHTs need to develop mechanisms for increasing the size of the pharmacy technician workforce, both attracting and training pharmacy technicians to fill these specialist roles. For MHTs to develop such services they need to:

- Develop a career framework for mental health pharmacy technicians
- Develop and employ their own NVQ technician trainers or verifiers
- Participate in student pharmacy technician training rotational programmes or develop their own programmes
- Employ additional partly supernumerary training posts
- Provide access to further clinical training for MH pharmacy technicians

### **Pharmacy Assistants**

The vision is for pharmacy assistants to extend their roles by the dispensing of medicines under supervision, the management of the pharmacy store, the management and undertaking of the topping up of stock medicines on wards and generating medicines orders

However for many MHTs the management of pharmacy assistants is mostly determined by the acute trust responsible for the routine supplies of stock medicines. Discussions to change the workforce will need collaboration with the acute trust provider in these cases.

### **Pharmacy Assistants - Recommendations**

MHT pharmacy services with their own dispensaries need to develop a plan for the introduction of pharmacy assistants to the workforce. Those MHTs with no such in-house

dispensary services need to negotiate via the SLA arrangements for pharmacy assistants to provide services.

### **Clerical and support staff**

For many MHT pharmacy services the ability of staff to undertake new roles is hindered by the lack of clerical, secretarial and other support staff. Any pharmacy strategy developed by the MHT needs to build in the additional requirements for clerical and other support staff to facilitate the changes without eroding the time of the professional staff.

### **CONCLUSIONS**

For many MHT pharmacy services, in the period since the year 2000 the change has been remarkable. Many MHTs inherited completely inadequate and poorly staffed pharmacy arrangements. The NWW programme has been a vital part of the transition from pharmacy being a neglected area to highlighting the need for it to be a key clinical service. However for many MHTs the developmental road is only just beginning. The NWW programme has demonstrated the potential benefits from good pharmacy services and how the pharmacy staff offer MHTs opportunities to manage medicines better for service users and carers. Now it is up to MHTs to implement it!

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## **FOREWORD by Dr Hugh Griffiths, Deputy National Director for Mental Health**

I welcome the publication of this document which describes how pharmacists and other pharmacy staff can play a key role in improving medicines management within mental health services.

Medicines are key tools to treat many mental disorders and to assist with recovery. Yet there has arguably not been enough focus on how we make the most of or best manage them. Greater attention to the role of the pharmacist and other pharmacy staff is therefore an important contribution to improving service quality and safety.

This document identifies the key players in the mental health pharmacy service, the scope of their roles and potential to develop and enhance them. It not only highlights how these key staff can impact on medicines management but it also challenges some pre-existing views.

The New Ways of Working (NWW) programme has challenged professions to innovate and to develop new practices to improve services and to achieve a greater degree of job satisfaction. The NWW programme for pharmacists and other pharmacy staff proved to be highly successful and the enthusiasm of all involved is particularly encouraging.

Over recent years, mental health services have undergone unprecedented transformation with new services, new teams and new roles. In adapting to such changes, it is crucial that we continue to strive for continuous improvement in all aspects of care especially those such as medicines which can bring such major benefits when used properly but which carry significant risks when they are not. I hope, therefore, that this report is used effectively by all who have a role to play in the safe use of medicines by service users.

## **A SERVICE USER'S VIEW by Bill Davidson. Service User Involvement Lead, NIMHE National Workforce Programme, New Ways of Working.**

As a service user of mental health services in 1990's, I was supported and influenced by various members of the mental health workforce. The nurses, occupational therapists, psychiatrist, psychologist etc., even a unit cleaner, all had an input, to a greater or lesser degree on my care. But not once did I meet, speak to, or hear from a pharmacist. Except for the fact that medication played a part in my recovery, the pharmacist was a background figure, unrecognised and therefore unappreciated by me at the time. How my viewpoint has changed!

Since becoming involved with the New Ways of Working for Pharmacists and other Pharmacy Staff Group who have produced this report, I have been privileged to work with highly skilled, committed professionals and now recognize the benefits to service users and carers, and their fellow professionals, of pharmacists becoming effective members of multidisciplinary teams. Access to a mental health pharmacist would have had a positive impact on my recovery, addressing and balancing unfortunate medication side effects with life-style and behaviour, and avoiding my naive, uninformed withdrawal from medication and the accompanying frightful physical and emotional consequences.

If, in the process of healing on the long road to recovery the service user does most of the work, then the service user needs enabling in the most effective way. Enabled by a range of capable, perceptive, sensitive professionals and by appropriate medication. But more

importantly, "self-enabled" by being honestly included in their care, given clear and appropriate information, and proper involvement through a genuine partnership based on individual need. The pharmacist has an obvious part to play in this partnership and 'New Ways of Working' seeks to give them, together with the pharmacy assistants and pharmacy technicians a more active role in medicines management. In this area they are the right people who need to be in the right place, doing the right job at the right time because they have the right knowledge and skills.

To promote information and enable choice based on knowledge, a leaflet has been produced - "Medicines Management: Everybody's Business". A number of service users, carers and pharmacists from the NWW group have worked together to produce this informative guide and, in doing so, have illustrated how a positive outcome can be the product of a genuine partnership and effective teamwork. New Ways of Working endeavours to promote this approach throughout the workforce,

I commend this report in undertaking to raise the profile of pharmacists, recognising their expertise and professionalism, and acknowledging them as valued members of the healthcare team.

### **A CARER'S VIEW by Jen Kilyon, Carer Involvement Lead, New Ways of Working**

I have learned much about the role of pharmacists in mental health during my involvement in the compilation of this report and the NWW for pharmacists and other pharmacy staff group. I now know of the potential benefits to service users and their families if pharmacists and their team are used effectively in multidisciplinary teams. The "belief" of their organisations - the UK Psychiatric Pharmacy Group and the College of Mental Health Pharmacists that mental health pharmacists' aim is:

- 'the safety of patients, by making sure that people who need drugs get them and take them at the optimum dose, and those that don't need drugs, don't get them'

This demonstrates that where service users and carers can have direct access to a specialist MH pharmacist it is possible for their medication to be reviewed. Advice can be given for example about the interaction between different medications and where necessary support can be provided for reduction and withdrawal.

It is clear from the workforce survey that specialist pharmacists and support staff are not currently evenly distributed across mental health trusts or within teams. To address this issue and those raised in the Healthcare Commission Report 'Talking about Medicines', NWW means ensuring that all service users and their families can have access to a specialist pharmacist when they have concerns about medication.

NWW in MH Pharmacy endeavours to give pharmacists, assistants and technicians a much more active role in medicines management. This will naturally bring them into much greater contact with the end user. It is therefore crucial that there is more involvement of service users and carers in the training of pharmacy staff so that they can have a greater understanding of the impact of psychiatric drugs on people's lives.

## 1. INTRODUCTION

- 1.1 New Ways of Working (NWW) for mental health (MH) pharmacists and other pharmacy staff is about supporting and enabling those staff to deliver safe and effective medicines related services to people of all ages and disabilities with mental health problems (the term mental health problems is used throughout this document to cover mental illness, mental distress, mental disorder and mental health needs).
- 1.2 NWW is a central plank in planning and sustaining the workforce across not only mental health services for people of working age but also for child and adolescent mental health services as well as those for older people.
- 1.3 This document will describe NWW in MH pharmacy can impact on the delivery of medicine-related services to users of mental health services in 2 ways:
  1. Development of the roles of staff working within pharmacy to provide improved person-centred services to service users.
  2. Development of the roles of pharmacy staff so as to release time of other mental health care professionals to enable them deliver improved person centred services to service users.
- 1.4 Work on NWW of MH pharmacists is informed by a number of initiatives and reports. A major initiative (the Spread Programme) for pharmacists and other pharmacy staff began in Northumberland locality of Newcastle, North Tyneside and Northumberland Mental Health Trust. A major re-engineering of pharmaceutical services commenced there in 2002 as part of a 12 month project with the support of the Changing Workforce Programme. The main change centred on re-shaping services around the service user at ward level. This required modification of the roles of staff, creating new roles for existing and incoming staff, integrating clinical pharmacists and technicians into multidisciplinary clinical teams and re-engineering the dispensing functions both within the pharmacy and on the wards.
- 1.5 Between 2002 and 2005, a further 40 mental health trusts (MHTs) undertook small projects that delivered improved management of medicines and pharmacy services for service users with mental health problems and their carers. This programme, called the 'Pharmacy Spread Programme' was designed to provide additional opportunities to innovate NWW and share experience.
- 1.6 The findings of the Spread Programme reinforced the view that pharmacists and other MH pharmacy staff are a group with huge potential to undertake NWW.
- 1.7 The second major initiative of the National Institute for Mental Health in England (NIMHE) NWW mental health pharmacy subgroup was to commission and oversee the MH pharmacy workforce surveys. In December 2005, the NWW pharmacy programme in partnership with the United Kingdom Psychiatric Pharmacy Group (UKPPG), jointly funded researchers at the University of Bath to undertake a survey of all mental health trust (MHT) pharmacy services in England. The aim of the workforce surveys was to ascertain the pharmacy workforce available to provide services to MHTs in England and the what services are provided. The findings of the surveys have been widely

communicated but indicated that for many MHTs there continue to be difficulties with; the organisation of pharmacy services; the funding for adequate pharmacy posts and the recruitment of staff in MH pharmacy.

## 1.8 Medicines Management

In 2001 the Audit Commission (AC) adopted the term 'Medicines Management' (MM) in its report 'A Spoonful of Sugar-medicines management in NHS hospitals' 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.'

The AC definition of MM is used throughout this document.

- 1.9 In January 2007, the Healthcare Commission (HCC) published its report, 'Talking about Medicines -the management of medicines in trusts providing mental health services'. This document has set a challenging set of standards to achieve.
- 1.10 MM is not just about pharmacy staff. However in meeting the MM needs of service users and carers as envisaged by the Healthcare Commission mental health pharmacists and other pharmacy staff will be an integral part providing leadership, skills and expertise in MM.
- 1.11 This report scopes the potential for NWW in mental health pharmacy and provides examples of initiatives and practice. During the consultation phase a wide range of views were received providing both a vision for the future and the needs to achieve that vision.

## 2. 'NEW WAYS OF WORKING' IN MENTAL HEALTH

2.1 'New Ways of Working' (NWW) is now a term in common usage in mental health circles. It has come to mean different things to different people. It generally encompasses **three areas** of workforce change:

- Changing the practice of the current workforce
- Extending roles and scope of practice of existing professions
- Brand new assistant and practitioner roles to bring new people into the workforce

2.2 **Changing the practice of the current workforce:** When developing NWW with the current workforce the aim is to;

- match the knowledge and skills of practitioners to the needs of the individual service user (the more complex the needs, the more experienced and skilled the worker)
- think in terms of competence, not profession
- share knowledge, skills and competences across professional and practitioner boundaries
- adopt a team approach to NWW rather than an individual practice or practitioner focus, thus making better, more effective use of existing resources.

2.3 **Extending roles and scope of practice of existing professions,** including;

- non medical, independent and supplementary prescribing
- the proposed Responsible Clinician and Approved Mental Health Professional in the amended Mental Health Act
- advanced and Consultant practitioner roles

2.4 **Brand new assistant and practitioner roles to bring new people into the workforce,** including;

- Support, Time and Recovery (STR) Workers
- Graduate Primary Care Mental Health Workers

2.5 Experience and evidence from the implementation of new roles suggests the importance of;

- clarity of role and preparation of the current workforce
- value to the service user of the relationship with non professionally qualified or affiliated staff
- effective line management and supervision
- education and training tailored to the new role as it is implemented

2.6 All of the above point to the real need for a whole systems approach to workforce planning and development to include pharmacists as well as other pharmacy staff.

### **3. THE MENTAL HEALTH PHARMACY WORKFORCE**

- 3.1 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.

#### **3.2 Pharmacists**

- 3.2.1 Pharmacists are a highly qualified group of staff undertaking a four year university based masters degree followed by a one year registration period to achieve registration with the Royal Pharmaceutical Society of Great Britain. Most hospital pharmacists 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 and diploma levels.

The UK Psychiatric Pharmacy Group (UKPPG) has been innovative in developing both a series of postgraduate mental health qualifications and training events to help develop the pharmacist workforce. In the last ten years in excess of 500 pharmacists have undertaken these courses. Between 2-300 have achieved postgraduate qualifications in psychiatric pharmacy.

In 2000 the UKPPG established the College of Mental Health Pharmacists (CMHP). To achieve membership of the CMHP pharmacists need to demonstrate a high level of skills in the delivery of specialists mental health pharmacy services

- 3.2.2 Pharmacists have a key role to play in the management of medicines by MHTs and a significant potential to undertake and support prescribing roles following the introduction of legislation for both supplementary and independent pharmacist prescribing.

#### **3.3 Pharmacy technicians**

- 3.3.1 Pharmacy technicians undertake 2-3 years of work-based training. In the past this has resulted in the qualifications from Apothecary Hall, City and Guilds Institute , BTEC (Business and Technological Education Council) , and currently NVQ (National Vocational Qualification) level 3. In recent years foundation degree and diploma qualifications have developed for pharmacy technicians working within acute trusts and primary care trusts to facilitate the development of new ward based roles.

- 3.3.2 Pharmacy technicians undertake most of the dispensing and manufacturing duties in the pharmacy. In acute trusts, they have increasingly taken over the role of ordering stock and repeat medicines for wards. In recent years a new diploma qualification for the role of clinical pharmacy technician has developed which is particularly suitable for those technicians working on wards (also called medicines management technicians).

#### **3.4 Pharmacy assistants or assistant technical officers (ATOs)**

- 3.4.1 Pharmacy assistants or assistant technical officers receive in house training and undertake NVQ qualification. They can, following training undertake many of the

routine medicine related tasks in the pharmacy and increasingly on wards.

- 3.4.2 Pharmacy assistants are identified as a group who can develop new ways of working allowing the release of pharmacy technicians to undertake more complex tasks and release of ward nursing time taken for the routine ordering of medicines.

### **3.5 Clerical and other support staff**

- 3.5.1. Pharmacists and pharmacy technicians are unlikely to be available to work as part of the clinical teams if the support infrastructures are not in place. Administrative support for the Drugs and Therapeutics Committee, of medicines audits, and the administration of the supply and supervision of prescribing pads (FP10NC) are three examples where new work has added to the clerical burden of the pharmacy.

### **3.6 Nursing and other professional staff working in pharmacy**

- 3.6.1. There are examples of mental health pharmacies employing nurses and other professional staff to take forward aspects of the MM agenda. Examples are provided below.

The Worcester MHT pharmacy currently employs a nurse to coordinate the non medical prescribing for the trust which ensures pharmacy has clinical overview of prescribing activity, management of the CPD for prescribers and medicines education to both pre registration and post registration staff from all disciplines.

The Manchester Mental Health and Social Care Trust employs a Lead Nurse- Medication management. Working from within the nurse practice and development team she works closely with the Chief Pharmacist to strengthen the work on medication between Governance and the nursing workforce.

## 4. MENTAL HEALTH PHARMACY COMPONENTS

### 4.1 Leadership

There is no uniform one-size-fits-all model for MHT pharmacy services. However whatever the configuration of the service achieving high quality medicines management is a common aim. The Healthcare Commission identified that leadership is central to the delivery of ten focus areas for medicines management. These are:

1. Involving people in decisions and management of their medicines
2. Ensuring appropriate and effective use of medicines in people's care
3. Efficiently and effectively providing and administering medicines
4. Promoting multidisciplinary team working to provide seamless care
5. Coordinating care with other providers
6. Governing use of medicines
7. Choosing and prescribing medicines
8. Ensuring staff are competent to work with medicines
9. Accurately recording and reporting on use of medicines
10. Supplying and managing medicines in the Trust

To lead and contribute to this agenda the following core activities should be provided by MHT employed pharmacy staff.

1. **Leadership.** The MHT Chief Pharmacist should provide leadership in the management of all medicine-related activities of a MHT. This leadership should be integrated into the trust management and clinical structures.
2. **Medicines Governance.** The MHT and its service users should be assured that medicines are purchased, prescribed, ordered, administered, dispensed and stored in a safe and cost effective manner. The safe, effective and appropriate use of medicines by all service users and MHT staff should be ensured by clinical pharmacists with additional training and experience in mental health medicines who are part of the MDT. These skilled practitioners should also advise on local treatment guidelines, embedding research into practice and assuring quality with regular medicines audits.
3. **Access.** An efficient and timely supply of medicines.

Implementing NWW for MH pharmacists and pharmacy staff requires the participation of many managers and professionals within the Trust. However if NWW is to be delivered it must be led. The responsibility to provide that leadership should rest with the Chief Pharmacist working together with the Chief Nurse, the Medical Director, Finance Director and other senior clinicians and managers.

- 4.2 Consultation and Agreement: In order to deliver NWW there needs to be an effective system of consultation and agreement across a wide range of medicines related areas. This key forum such as a Drugs and Therapeutics Committee (DTC) or equivalent should report directly to the Governance board of the Trust rather than through other committees.
- 4.3 Supporting Governance: NWW recognises a number of key infrastructures that support good medicines governance.

These include:

- Training (including service users and carers perspectives)
- Clinical audit
- Risk management (including service user and carers experiences of medicines )
- Guideline development and implementation
- Liaison with primary care

These strands should be supported by appropriate subcommittee work. The DTC or equivalent should be the power-house for the management of all medicines related areas. It requires significant administrative and technical support.

Many of these areas are poorly supported in MHTs with meagre medicines related infrastructures. Although these activities may be led by pharmacy staff , they need not necessarily be undertaken by pharmacy staff as involvement of other professions is to be encouraged. However pharmacy needs to assist with the development, coordination and support of these activities.

- 4.4 Managing Prescribing across the Trust: Prescribing is a complex activity involving significant risk to the service user, carers and the Trust. Successful prescribing leads to better outcomes for service users, carers and the Trust. A primary focus of NWW must be to enhance the likelihood of that better outcome.

Prescribing is likely to change in the following three key ways:

- Prescribers adhering to nationally and locally agreed protocols.
- Prescribing performance overseen and actively managed.
- Prescribing undertaken by non-medical staff such as nurses and pharmacists .

Regardless of whether pharmacists are to oversee, manage, supervise or be a part of the delivery of these changes there is the expectation that NWW will involve a significant pharmacy role.

## **4.5 Pharmacist Components**

- 4.5.1 The specialist knowledge and skills of the mental health pharmacists is in great demand. Most MHTs require both significantly greater access to specialist mental health pharmacists and wider availability in sections of the Trust not currently able to access their input. Currently most of this limited resource is focused on wards. Providing specialist knowledge and skill accessible to community based staff remains one of the largest challenges for MHT pharmacy services.

- 4.5.2 Specialist Knowledge and Skills about Mental Health Medicines available to service users and carers.

High on the list of priorities for all Trusts are the following information needs which NWW should address:

- That service users and carers will have access to the information they need about medicines which enhanced a fully informed choice of those medicines.
- That the information is presented in a valid and understandable format for all service users and carers that is applicable to all including those with learning disabilities (LD) and/or their carers.
- That carers will have access to the information they need to support service users in making informed choices about medicines.
- That services users and carers have a better understanding of the role of the pharmacist in the provision of that information (NWW Medicines Management Leaflet )
- That multidisciplinary teams will be better informed about medicines and better placed to support service users, monitor outcomes and identify side effects

## **4.6 Pharmacy Technician and Assistant Components**

4.6.1 Re-engineering the role of the pharmacy technicians and assistants has been a primary focus of many pharmacies in recent years and is key to enabling pharmacists to undertake more patient focused roles for which they are uniquely trained.

This role change has placed pharmacy technicians central to:

- Managing the supply of medicines to wards
- Minimising the medicine related risks associated with admission to hospital.
- Improving the flow of information at discharge from hospital.

Some aspects of this have been achieved by re-engineering the roles of pharmacy assistants thus reducing the involvement of pharmacy technicians in routine aspects of:

- The dispensing of medicines.
- The supply of medicines to wards.

## **4.7 Pharmacy Clerical and Admin Staff Components**

Pharmacists and pharmacy technicians will only be available to work as part of the clinical teams if the support infrastructures are in place. Administration of the enhanced role of the Drugs and Therapeutics Committee, of medicines audits, and the administration of the supply and supervision of prescribing pads (FP10NC) are three examples which have added to the clerical burden of the pharmacy.

## **5. LEARNING FROM THE SPREAD PROGRAMME AND THE HOSPITAL MEDICINES MANAGEMENT COLLABORATIVE**

### **5.1 The Spread Programme**

Between 2002 and 2005 all mental health trusts (MHTs) in England were invited to participate in a programme of small innovations (the Spread Programme) that demonstrated the potential of mental health pharmacy to spread new medicines management practices to MHTs. Approximately half of the MHTs in England participated.

Thirty eight different mental health sites submitted completed accounts of 40 projects. Utilising the critical incident technique 221 issues were identified by an expert panel. The exclusion of duplicated issues resulted in revision by the panel to 72 issues and then grouped together into 11 overarching key themes.

The themes were: environmental / equipment, finance, information technology, medicines, non-psychiatric pathologies, pharmacy human resources, pharmacy relationships/services, process, projects and research. risk management and interface working across the NHS.

### **5.2 Findings of the Spread Programme**

Four fundamental findings were:

- Schemes that result in better access to pharmacy staff for wards/community teams resulted in improved medicines management
- Any project that incorporates 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 users
- Many MHTs depend on acute trusts for their pharmacy services delivered via SLAs. Such services are organised to fit in with the activities of the acute trust pharmacy and are not always appropriate for the MHT. Attempts to change the medicines processes of the MHT in line with those of the acute trust or for MHTs to adopt radically different processes to the acute trust will create tensions with the acute trust provider and are unlikely to be sustainable
- Leadership from the Chief Pharmacist was a critical factor for successful projects.

Further supplementary finding were:

- The reuse of patients' own medicines (PODs) in mental health as a NWW is not financially self-supporting. However some aspects of the reuse of medicines, such as the review by pharmacy staff of a patient's medicines on admission, will have positive spin offs for service user care and improved pharmacy/ward working
- The potential benefit of employing specialist pharmacists to work in medicines review clinics was demonstrated
- In order to bring about NWW in medicines management many MHTs required the purchase of new medicines trolleys and other equipment

- 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. For most MHTs the pharmacy workforce is too small, under-resourced and recruitment problematic. This had a major impact on many projects
- Poor planning and inadequate management meant some projects within the programme were not completed. Many projects were overoptimistic in their aims and were unsustainable. However the value of the Spread Programme was that it allowed and tested innovation in mental health pharmacy and that opportunity had not occurred before
- Mental health trusts need assurance that medicines related risks are managed. Many of the Spread Programme projects identified that for most MHTs this is unlikely to be the case
- Pharmacy does not work in isolation. For many MHTs change within other parts of the NHS is likely to impact on the MHTs ability to bring about changes to medicines management

### **5.3 The Hospital Medicines Management Collaborative**

Seven mental health teams took part in the third wave of the Hospital Medicines Management Collaborative (HMMC) sponsored by the National Prescribing Centre (NPC). The overall goal of the programme was “to optimise medicines management systems and to provide safe, effective and informed patient care”, and its aims, which centred on: supporting multidisciplinary working and making best use of skills; reducing risk; optimising care in accordance with local and national guidance; improving communication; increasing efficiency and reducing waste; and identifying and addressing unmet pharmaceutical need.

- 5.4 Some of the improvements achieved by Mental Health teams included:
- The development (and incorporation to Trust induction procedures) of medicines management training modules for delivery to nurses and doctors.
  - The development of ‘personalised discharge packs’ for every patient.
  - The development of a medicines management professional advice and liaison service.
  - The development of a tool to increase the accurate recording of changes to medication regimens.
  - The development of supervised self-administration schemes.
  - The introduction of safer working practices to reduce the risk of medication errors and adverse events.

### **5.5 Conclusions**

The Spread Programme and the Hospital Medicines Management Collaborative offered mental health pharmacy a unique opportunity to develop innovative projects that demonstrated the potential to change and improve the management of medicines for mental health service users.

The intention of the Programme was to provide an opportunity to “seed” developments

and innovation in mental health pharmacy. Although the Spread Programme could be criticised as not providing sufficient resources to enable trusts to develop substantial projects, overall the programme was immensely successful, both in providing a “springboard” for trusts to develop new ways of delivering pharmacy services and “spreading” these ideas both within and across organisations.

For many mental health trust pharmacies this was a first opportunity to try something different. Considering the lack of investment in mental health pharmacy and the limited nature of the services provided to many MHTs the range of projects was impressive. The challenge is now set for organisations to learn from the Spread Programme and develop plans to ensure the integration of successful innovations into mainstream mental health pharmacy services.

The outcomes from the Spread Programme highlighted the importance of considering innovation in pharmacy and medicines management against the backdrop of the wider organisational changes that appear to be a constant feature of the modern National Health Service. Innovation will not succeed without the high level leadership that is required in order to maintain or adapt the innovation through these changes. Although many innovations are simple they will not succeed in this complex, wider environment, without the skilled leadership required in order to maintain or adapt the innovation through these changes. Leadership by the Chief Pharmacist was highlighted as a core element of "successful" projects within the Spread Programme

The Collaborative approach used by the NPC is another way of making improvements from an individual baseline, using tools and techniques developed throughout the programme, and then sharing the benefits of those improvements throughout the network and beyond so that others can achieve similar improvements. Every Mental Health team taking part in the HMMC Wave 3 achieved improvements from their baseline in the objectives they agreed.

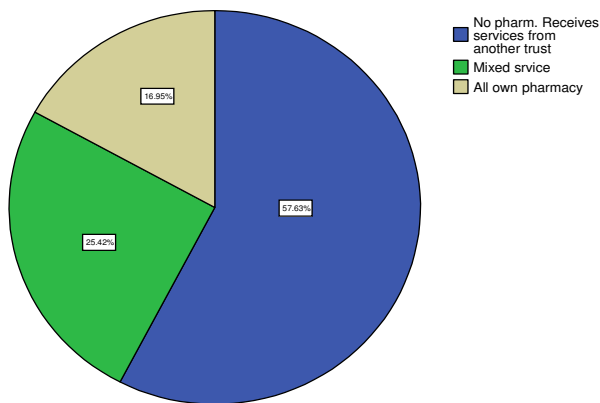
There were also many qualitative improvements achieved which were felt to be equally important to teams, including:

1. Raising the profile of medicines management issues within organisations and amongst service users and carers;
2. Improved communication between health professionals, support staff, and service users;
3. Increasing the multidisciplinary involvement in medicines management.

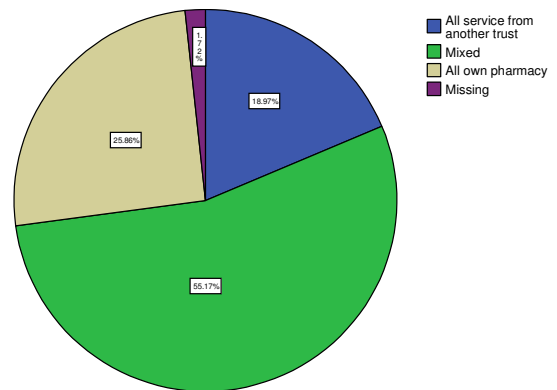
## **6. THE MENTAL HEALTH PHARMACY WORKFORCE SURVEY**

- 6.1 The ability to introduce NWW is dependant on the capacity of the workforce to both participate in and bring about change. The aim of the workforce survey was to ascertain the size and capacity of the MHT pharmacy workforce.
- 6.2 Part 1 (called the Bath report) was a very extensive study designed to enquire about a wide range of issues relating to the secondary care mental health pharmacy workforce and activity This review, undertaken by Bath University was completed by 43 MHTs providing usable data for 38 MHTs (48% of the 79 MHTs in England).
- 6.3 In the second part, (called the UKPPG report) core data about the pharmacy workforce and other dimensions of the MHT and it's pharmacy service was collected from a further 18 MHTs. In addition a further 3 of the Bath report returns held sufficient data to be included in this second part of the study. This meant that this second study had data from 59 respondents (72%) of the 79 MHTs. Non-responders were predominately from PCT providers of mental health services. Only 9 specialist MHTs failed to return a completed questionnaire.
- 6.4 **Findings – MHT Pharmacy Services.**
- 6.4.1 MHTs 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 which 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.
- 6.4.2 Pharmacy services to MHTs varied enormously and achieving a coherent picture of mental health pharmacy services that enabled any meaningful comparisons or benchmarking proved very difficult. In addition to the devolved nature of services some MHT pharmacies provided services to other providers such as PCTs.
- 6.4.3 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 a SLA.

Pattern of organisation of pharmacy services (supply)



Pattern of organisation of pharmacy services (advice & clinical pharmacy)

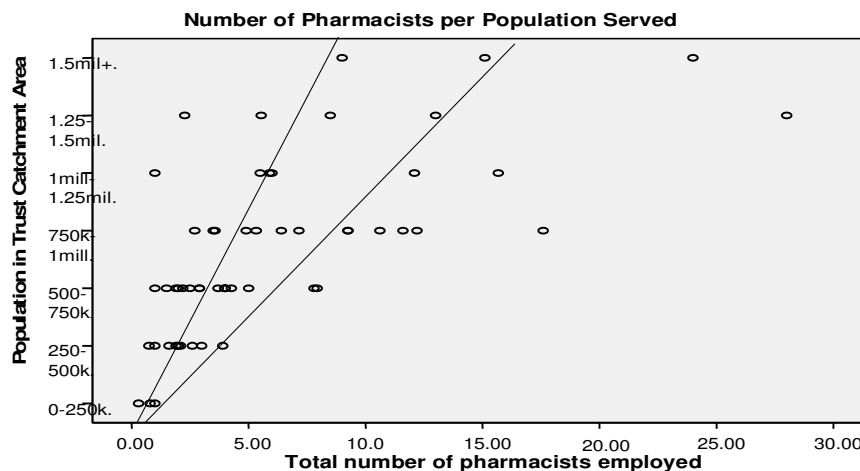


## 6.5 Findings - Mental Health Pharmacy Workforce

6.5.1 Pharmacists represent a small workforce in Mental Health with only 371 WTE employed by 59 MHTs in England. Grades 7 and 8a are the most common. Those employed from an external Trust via an SLA tended to be of a lower grade than those employed directly.

6.5.2 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. Five MHTs between them employed one hundred of the pharmacists. Although there was a trend towards those MHTs very dependent on SLA employing fewer pharmacists in mental health this was not always the case.

### Pharmacist Workforce available to Mental Health Trusts per Population Served



- 6.5.3 The Sainsbury Centre for Mental Health has published a report suggesting the resources required for a 'good mental health service' for adults. 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.
- 6.5.4. Pharmacists have a key role to play in the management of medicines by MHTs and a great potential to undertake prescribing roles following the introduction of legislation for both supplementary and independent pharmacist prescribing. It is very difficult so see how these roles can develop with such low numbers of mental health pharmacists.
- 6.5.5. Pharmacy technicians represent an even smaller workforce in Mental Health with only 270 WTE employed by 59 MHTs in England. The findings for pharmacy technicians mirror those for pharmacists.
- 6.5.6. In addition educational opportunities for MHT technicians have not developed as they have done for pharmacists and neither has their role. In contrast to the pharmacists very few were pursuing any specialist training and limited job opportunities for development and progression appear available. This lack of development opportunities for mental health pharmacy technicians is also apparent when studying the age structure of the current post-holders. The majority are over the age of 40 years with small numbers of younger technicians.
- 6.5.7. The role of the pharmacy technician has changed hugely in the last ten years. The pharmacy technician potentially offers the greatest opportunity for new ways of working both by achieving final accuracy checking qualifications and dispensary management roles (releasing the time of pharmacists) and by undertaking ward based roles (releasing the time of nurses and pharmacists ).
- 6.5.8. It is possible this data may not represent the full picture as in many Acute Trust pharmacies the work associated with MHTs may not be undertaken by specific staff however this very low number of pharmacy technicians must be a huge impediment to the provision of ward based services advocated by the Audit Commission in their report 'A Spoonful of Sugar'. These include the use of patient's own medicines (PODs) and enhanced medicines admission and discharge schemes. The Bath report suggested a very low uptake of these new roles and these low staff numbers would partly explain this.
- 6.5.9 Pharmacy assistants represent a very small workforce in Mental Health with only 115 WTE employed by 59 MHTs. However this data may not represent the full picture as in many acute trust pharmacies the work associated with MHTs may not be undertaken by specific staff. This small number of pharmacy assistants would suggest that NWW involving pharmacy assistants undertaking many of the routine tasks in pharmacies has not been widely adopted.
- 6.5.10 At the time of the commissioning of this report inability to recruit pharmacy staff presented a major impediment to progressing the medicines management requirements of MHTs. Almost half of the MHTs reported vacant posts with a failure to

attract candidates being the most commonly reported reason. MHTs are dependant on recruiting qualified pharmacists as very few are involved in pharmacist training. Although there is a very large increase in the number of undergraduates currently studying pharmacy it will be many years before they will arrive in sufficient numbers to impact on the ever increasing requirement both in primary and secondary care for qualified clinical pharmacists.

## **6.6. Conclusions**

The main conclusion of the mental health secondary care 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 provide a safe and effective services to service users and carers. The implementation of NWW provides an opportunity to change the workforce and the roles but in many cases it will also require a substantial investment by MHTs.

## **7 NEW WAYS OF WORKING FOR MENTAL HEALTH PHARMACISTS**

- 7.1 Mental health trusts (MHTs) vary greatly in the nature of their pharmacy services. The extent of this variation was demonstrated in the survey of MHT pharmacy services (see chapter 6.). The location of the pharmacy departments may be in house or located in an acute trust and the roles of the pharmacy staff vary across Trusts .
- 7.2 The nature and size of the pharmacy service available to any MHT and the service it provides will depend on a variety of factors.

These factors include:

1. The outcome for the pharmacy service following the closure of the mental institutions or asylums.
  2. The extent to which specialist mental health pharmacy services were retained within the acute hospital environment.
  3. The development of clinical pharmacy in mental health within the locality.
  4. Leadership of a Chief Pharmacist for the MHT and the ability of that person to develop specialist mental health pharmacy services.
  5. Any recognition that community based services will involve at least the same if not more specialist pharmacy services.
  6. The level of support for specialist pharmacy services by the MHT board and commissioners.
- 7.3 This document does not provide definitive statements on how far MH pharmacists should develop NWW but provides an overview to benchmark the current situation and scope for change. What is NWW for one MH pharmacy may appear to another to be a normal expectation of the role. During the development of this document a wide ranging consultation occurred and although opinions were mostly supportive of the primary thrust of this document they were also and at times contradictory.

### **7.4 Leadership and the Role of the Chief Pharmacist**

- 7.4.1 Pharmacy services in mental health are complex. They may cover large geographical areas with a broad range of services each requiring different solutions to achieve the successful management of medicines. Such complexity demands a high level of leadership in order to prevent services becoming fragmented.

When considered against the background of significant under-investment the challenges facing Chief Pharmacists are great. As well as the traditional leadership roles, Chief Pharmacists in mental health need the skills to:

1. Develop new roles where pharmacists become the "leaders" of medicines management within clinical teams.
2. Work with medical, nursing and other colleagues to create the right skill mix within teams to maximise the benefits from medicines.
3. Maintain the focus on medicines' safety within a trust culture of positive risk taking.
4. Ensure systems are in place to support the best use of medicines across organisational and professional boundaries.

5. Ensure that the medicines used by community service users are a core aspect of the MHT pharmacy service.

With the advent of Foundation Trusts (FTs) the role of the Chief Pharmacist will change further with the need to develop greater business management skills.

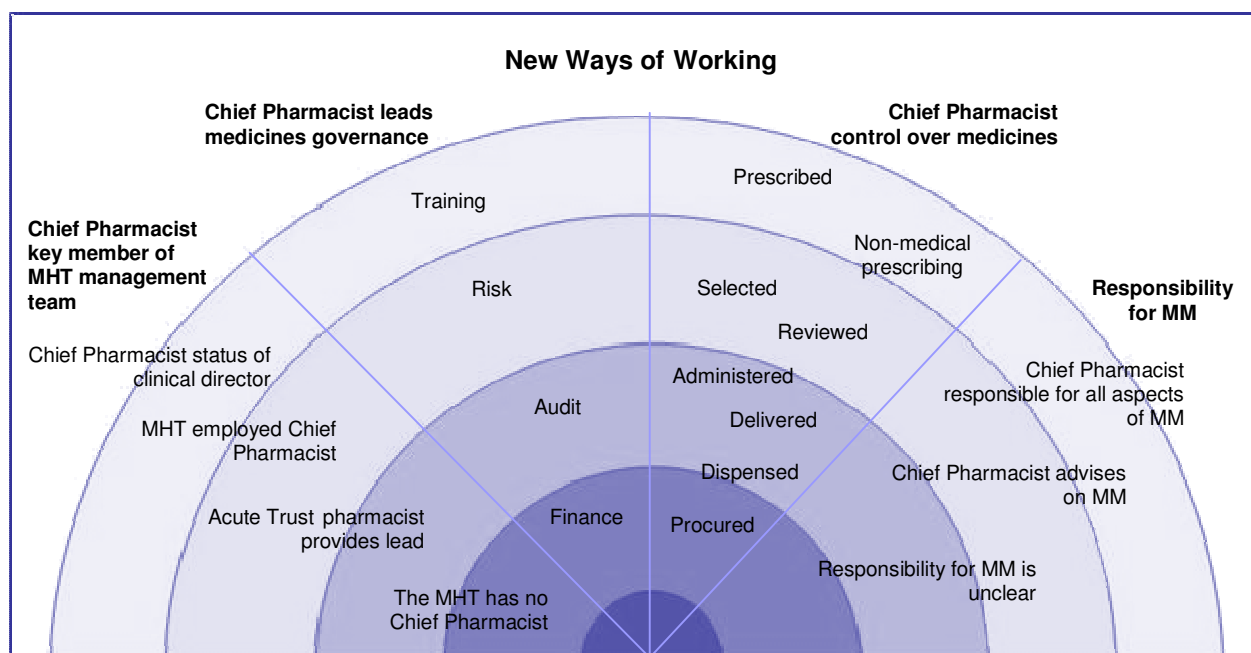
7.4.2 The Healthcare Commission report 'Talking about medicines' was clear about the role of the Chief Pharmacist and made the following recommendations:

1. Trusts should have a Chief Pharmacist who has the status of a clinical director or equivalent and is accountable through an executive board member.
2. The Chief Pharmacist should be actively involved in the development of clinical and operational policy and pharmacy staff should be made key stakeholders in trust initiatives with a medicines content.

7.4.3 Diagram 1 provides a schematic overview of the NWW Chief Pharmacist leadership role. These come within the broad headings of:

1. Membership of the MHT senior management team.
2. Leadership for medicines governance.
3. Control over the entire way in which medicines are selected, procured, delivered, prescribed, administered and reviewed.
4. The responsibility for medicines management in the MHT.

**Diagram 1 An overview of the roles of the MHT Chief Pharmacist that may constitute NWW**



#### 7.4.4 Further variations and leadership roles for Chief Pharmacists

In addition to the wide range of levels of responsibility possible above there are varying degrees of responsibility and authority for other aspects of medicines management. Some may regard these additional roles as either NWW or a significantly higher level of responsibility.

These may include:

1. Aspects of medicines governance (see later):
  - Oversees/directs the programme of medicines audits.
  - Oversees/directs the management and reporting of medicines incidents/ risks.
  - Oversees/directs the prescribing of medicines.
  - Oversees/directs the medicines training of staff.
  - Research and development.
  - Membership of the MHT Governance Board.
  
2. Aspects of general management:
  - Management of other clinical services or professional staff.
  - Clinical directorship.
  - Leads and coordinates the development of clinical and operational policy and a key stakeholders in MHT initiatives with a medicines content.
  - Is performance managed to deliver the MHT medicines management strategy and comply with the Healthcare Commission standards.
  - Performance manages the Trust's pharmacy service level agreement(s).
  
3. Extended clinical/management roles:
  - Accountable Officer for controlled drugs.
  - The leadership of non-medical prescribing in the MHT.
  - Manages services that involve allied aspects of treatment eg electroconvulsive therapy (ECT).
  - Manages laboratory services to the MHT, thus ensuring that service users have access to necessary testing.
  - Manages substance misuse services.

Since the appointment of a Chief Pharmacist, Mersey Care has developed the pharmacy medicines management services. In the last 3 years the workforce has grown from 4 pharmacists, 9 technicians and 4 pharmacy assistants (ATOs) to 14 pharmacists, 18 technicians and 11 ATOs. There has been numerous developments including; varied educational medicines training programmes for multidisciplinary staff, re-engineering of dispensary services, pharmacists embedded as a full member of early intervention teams, redevelopment, expansion and a very successful UKMI audit of medicines information services, development of a separate team/dispensary for the management of clozapine and reorganisation of SLAs to bring more clinical and technical services in-house.

When the Lancashire Care Trust was formed, the Chief Executive was instrumental in appointing a Chief Pharmacist for the organisation from day one. The specific brief was to unravel the existing supply services and prepare proposals for the establishment of a pharmacy service within the Trust. The Chief Pharmacist is managed by an Executive Director and operates at the level of Associate Director within the organisation. This ensures that issues around Medicine Management are incorporated into all discussions around NWW and service transformation. The MHT is now in the position of having twelve clinical pharmacists who provide clinical input to the various services including inpatients, assertive outreach, crisis and home treatment and early intervention services.

#### **7.4.5 Commentary, Feedback and a Future Vision of the role of the Chief Pharmacist**

During the development of this document a wide ranging consultation of the proposals and vision took place. The views expressed are summarised below:

- There was general agreement that the level of scope of responsibility of the MHT Chief Pharmacist was as indicated.
- There was concern that maintaining the roles as the strategic head for medicines for the MHT, the lead for medicines governance and the clinical expert for mental health medicines created too great a challenge for one person. Alternative options suggested were:
  - The Chief Pharmacist as the strategic and clinical head with another pharmacist delegated to lead on medicines governance
  - The Chief Pharmacist as the strategic and medicines governance lead and another pharmacist delegated to lead on clinical issues
  - The Chief Pharmacist as the strategic head, leading a team of sub-speciality directorate consultant or lead clinical pharmacists
- With the development of Foundation Trusts the focus of the Chief Pharmacist needs to become much more business orientated
- With the developing and pivotal role of the Chief Pharmacist there is a need for a development programme that encompasses the following:
  - Training and developing future MHT Chief Pharmacists
  - Supporting and mentoring those Chief Pharmacists through peer support and training
  - Learning sets that encourage close working and collaboration between the Medical Director, Chief Nurse and the Chief Pharmacist.

## **7.5 Medicines Governance**

7.5.1 The role of the MHT Chief Pharmacist is to assure the trust of good medicines governance. For many MHTs the committee that supports this role of medicines governance is the Drugs and Therapeutics (DTC) or equivalent Committee.

7.5.2 With NWW the Chief Pharmacist supported by the MHT DTC should have a steadily increasing influence over the medicine related decisions of the Trust. The essential elements of the role are:

1. High level commitment within the organisation to the role and authority of the Chief Pharmacist and the DTC.
2. Active participation by senior clinicians including the Medical Director and Chief Nurse (Director of Nursing) in medicines related decisions.
3. Direct reporting to the governance committee of the trust.

The MHT should have structures in place to performance manage the MHT medicines management strategy, ensure implementation of the medicines aspects of the National Institute for Health and Clinical Excellence (NICE) health technology appraisal guidance and oversee financial control of medicines. This needs to integrate a key role in other medicine related governance structures of the trust such as medicines audit, medicines training, medicines risk management and prescribing performance.

When the terms of reference of the Derbyshire Mental Health Services Trust Drugs and Therapeutics Committee (DTC) were reviewed a strategic decision was made for the committee to oversee prescribing performance, medicines audits, medicines errors and risk, and medicines training. Rather

than develop 4 subcommittees the DTC has designed a rolling programmes to focus on one of these areas every month.

Lancashire Care Trust has developed a pharmacy intervention database that links into the Trust recording of incidents using Datix software. This has resulted in enhanced reporting of medicines incidents.

Mersey Care Trust has developed a medicines administration training package for service users and support staff.

Derbyshire Mental Health Services Trust invites all junior doctors in training to undertake a medicines audit from a priority list overseen by the Drugs and Therapeutics Committee. This audit programme is managed by the Trust's audit coordinator working closely with the deputy chief pharmacist. This has resulted in a comprehensive programme of medicines audits involving those most in need of training.

Hampshire Partnership Trust has developed essential training packages on medicines management (MM) for all nurses and medical staff. In addition all staff have MM induction training.

Derbyshire Mental Health Services Trust has developed an induction programme for all new medical staff joining the Trust. This involves a one month programme incorporating 2 e learning programmes – one called how to write a prescription and another on rapid tranquillisation.

Following consultation with service users, Central and North West London NHS Foundation produced a series of 32 patient medicines information leaflets that have been translated into the eleven most commonly spoken languages within the Trust. These leaflets are used as part of standardised patient education sessions.

## **7.5.5 Commentary, Feedback and a Future Vision for the Governance of Medicines**

During the development of this document a wide ranging consultation of the proposals and vision took place. The views expressed on the medicines governance role of the Chief Pharmacist are summarised below:

- Chief Pharmacists felt well equipped to undertake such a role but this role was not recognised by the organisations
- Chief pharmacists were poorly resourced to undertake the role
- MHTs need to provide clear authority for the medicines governance role to the Chief Pharmacist

## **7.6 Clinical Pharmacy and the Role of the Specialist Mental Health Clinical Pharmacist**

7.6.1 Before the 1960's, most psychiatric hospitals contained a pharmacy. That pharmacy primarily employed a pharmacist, whose role was to supply and manufacture medicines. That pharmacist was rarely involved in direct patient care.

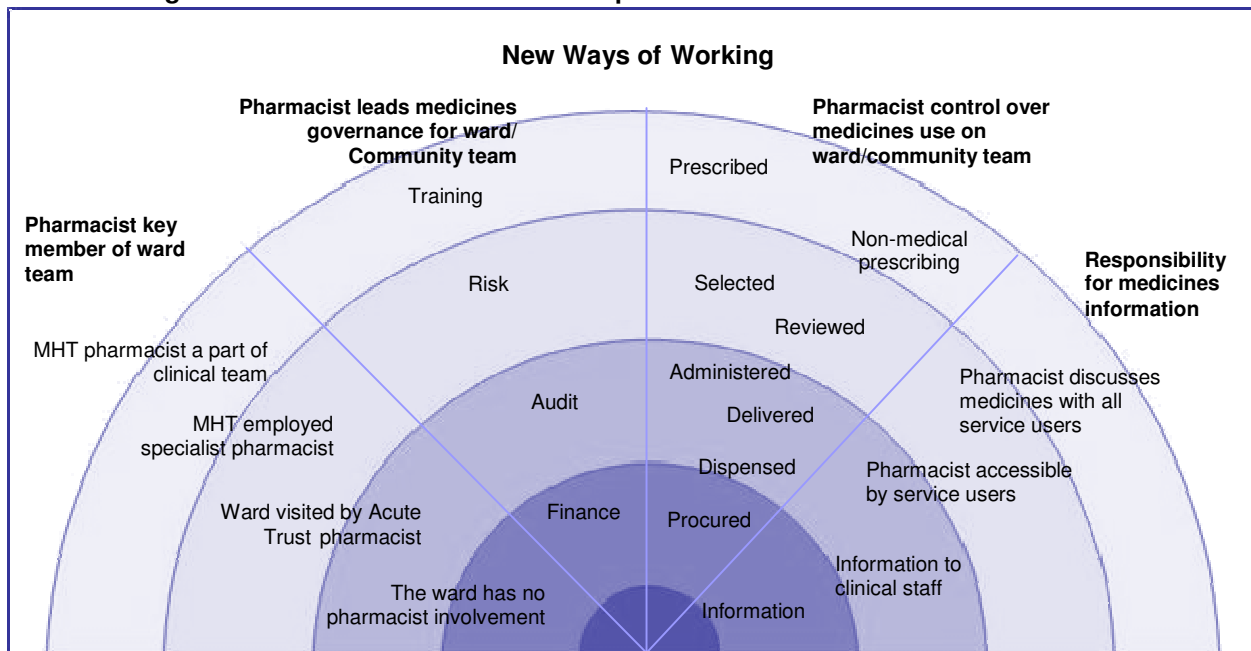
7.6.2 From the 1960s concern about medicine errors and the increasing complexity of medicines led to a gradual change in the role and training of pharmacists within secondary care as a whole. Medicines have become more potent and more complex to prescribe. It has become more difficult for prescribers to keep abreast of all the changes and prescribing has become more of a team activity requiring input from pharmacists.

7.6.3 It is becoming increasingly accepted within mental health and clinical practice that prescribing performance is enhanced and risks reduced by the inclusion of a specialist

mental health clinical pharmacist playing a key role in all aspects of the choice and management of medicines. This change from a product-focused role to a user/patient-focused role has enormous implications for the number of pharmacists required to provide such a service. However despite this change occurring in most acute trusts the NIMHE pharmacy workforce survey identified that in many MHTs the change in role to pharmacists being entirely clinically focused within a ward/team based role and being regarded as providing one of the key clinical services has yet to occur.

- 7.6.4 In addition to these ward/team-based roles, specialist mental health clinical pharmacists play a key role within trusts to monitor the use of medicines - thus ensuring that the service user receives clinically effective, cost effective, safe and economic medicines with the minimum of side effects and adverse problems, thus achieving good outcome from medicine use.
- 7.6.5 Much of mental health policy in recent times has been to move the focus of mental health care and treatment from hospitals into the community. The National Service Framework (NSF) for Mental Health set guidelines and targets for the development of crisis, home treatment and assertive outreach services to enhance an array of other community mental health teams. However few teams have appointed specialist mental health clinical pharmacists as members of the team.
- 7.6.6 Access to mental health medicines information services varies from trust to trust. They range from no specific information services provided, to wards and clinical staff being able to telephone the pharmacy department for information about mental health medicines, to wards and teams also having access to material about medicines maintained by the pharmacy, to forums about medicines for service users and carers, through to medicines web sites and medicines help-lines.
- 7.6.7 A major issue affecting the use of medicines in MHT is failure to take prescribed medicines. For most community based MHT services concordance is a central medicines issue that requires major rethinking. To date pharmacy initiatives that impact significantly on medicines concordance in MHTs are limited.
- 7.6.8 Diagram 2 represents an overview of the role of the specialist mental health clinical pharmacist. Development of NWW can vary within the headings of:
1. Membership of the ward/community multidisciplinary team.
  2. Leadership for medicines governance for the ward/community team.
  3. Control over the medicine use at the ward/community team.
  4. The responsibility for medicines information at the ward/community team.

**Diagram 2 Overview of the role of the Specialist Mental Health Clinical Pharmacist**



### 7.6.9 Further variations and new roles

In addition to the wide range of levels of responsibility listed above are both varying degrees of specialisation and responsibility and authority for aspects of medicines management which some may regard as NWW.

These include:

- Specialisation within specific areas of mental health practice- eg. acute, long-stay, forensic, child and adolescent (CAMHS), psychiatric intensive care units (PICUs)

Leeds Mental Health Teaching Trust provides a Regional Personality Disorder Management Network. A prescribing pharmacist is attached to the team. The role of the pharmacist is to rationalise the medication prescribed by multiple prescribers and ensure physical health checks are carried out and devise treatment plans for service users willing to reduce their medication

North Birmingham Trust is providing dedicated pharmacist time to 2 assertive outreach teams of approximately 10hours per week for each team

In Swindon (Avon and Wiltshire MHT) a specialist pharmacist is a member of the Crisis and Home Treatment and in-patient teams ensuring continuity and good medicines governance throughout a service user's acute illness. She plays a key role in ensuring effective and safe medicines use. The pharmacist is not involved in any traditional pharmacy activities such as dispensing ensuring that there is 100% commitment to the needs of the team, carers and service users.

At the Fromside forensic unit in Bristol (Avon and Wiltshire MHT) the appointment of a specialist pharmacist has resulted in improvement in medicines management, better information to empower

service users and improved risk management of the side effects of medicines.

The pharmacy service to the forensic directorate of Birmingham and Solihull MHT is led by a specialist mental health pharmacist operating at directorate level and each of the 14 teams including women and CAMHS forensic teams has input from a dedicated specialist mental health clinical pharmacist who assumes responsibility for overseeing all aspects of medicines management for the team.

- Specialisation within medicine areas. eg. clozapine clinics, dementia clinics

Sheffield Care Trust hold joint Psychiatrist and Pharmacist out patient clinics with a number of consultants.

Manchester Mental health and Social Care Trust are using a pharmacist to prescribe titration regimes for inpatients and outpatients, when a new medicine is to be used. The pharmacist also meets with the service user to discuss side effects and methods of reducing them

The Bristol Specialist Drug Service (Avon and Wiltshire MHT) appointed a pharmacist to manage the supervised consumption clinic for opiates following concerns over governance and risk management. After re-engineering the service the pharmacist is incorporated within the team and is studying to be an independent prescriber.

- Additional NWW:
  - Oversight of laboratory results.

Leeds Mental Health Trust introduced a pharmacy therapeutic drug monitoring service (TDM). This was implemented due to a lack of therapeutic drug monitoring for inpatients caused by nursing staff shortages. The pharmacy leads the service, making the referrals, pharmacy technicians taking the bloods and pharmacists interpreting the results.

- Orders and interprets laboratory tests.
- Makes and implements some prescribing decisions.
- Provides regular patient consultation and an opportunity to draw up advanced medicines statements.
- Oversees medicines care plans.
- Prepares material for and participates in the care programme approach (CPA).
- Regular involvement in the assessment of level of medicines concordance and in the development of strategies to improve it.
  - Educational forums that provide information about medicines to service users and carers.

Medication Education sessions are run by pharmacists in Norfolk and Waveney Mental Health Partnership NHS Trust once or twice weekly on acute wards, and as short programmes on forensic wards, old age wards and in the community. They were established in 1985. Each session lasts 45-60 minutes, and the rolling programme covers how drugs work, how and why you get side effects, long-term treatment and tolerance, dependence and addiction. Customised sessions are run for OCD, early intervention, substance misuse, young mothers, carers and other service user groups

- 1 to 1 discussions with service users and carers to provide medicines information to enable choice.
- Ensuring availability of medicines information in the ward/team base/clinic.
- Ensuring availability of information about medicines if prescribed off-licence.

- Management of consent to treatment issues associated with the Mental Health Act 1983.
- Non-medical prescribing.

Many mental health Trusts provide Telephone Help Line services for service users and carers to discuss their medication with a pharmacist

Norfolk and Norwich University Hospital and Norwich PCT pharmacists have a designated Practice based pharmacist leading an antiepileptic drug clinic in three GP surgeries. This has led to rationalisation of medication for many patients and an opportunity to discuss their treatment and side effects of the medication

A pharmacist at Lancaster Care Trust has been running a medicines clinic for nearly 6 months now. The pharmacist sees patients from just one consultant at present as it is a pilot. The consultant refers people who are starting/switching medication or who are having problems with side effects. These are people who would have to wait several months to see the consultant again.

### **7.6.10 Commentary, Feedback and a Future Vision for the role of the Specialist Mental Health Clinical Pharmacist**

During the development of this document a wide ranging consultation of the proposals and vision took place. The views expressed concerning the role of the specialist mental health clinical pharmacist are summarised below:

- The document accurately reflected the main roles of the specialist mental health clinical pharmacist which is very diverse and challenging.
- Where Trusts have specialist MH clinical pharmacists undertaking such roles they are well received. However these specialist pharmacist roles have not been well funded or supported by some MHTs
- MHTs need to develop mechanisms for attracting and training pharmacists to fill these specialist roles. Many of the mechanisms developed by acute trusts are not available to MHTs. These include:
  - Exposure of pharmacy undergraduates to mental health pharmacy
  - Participation in pre-registration pharmacist programmes
  - Participation in post-registration training rotational programmes
  - Pharmacists developmental programmes within MHTs
  - Supernumerary training posts

To facilitate such initiatives local consortia of MHTs should cooperate with SHAs to develop programmes to enable a flow of well trained specialist MH pharmacists. Once attracted to such posts specialist mental health pharmacists are uniquely placed to develop further skills and competency by access to the postgraduate psychiatric pharmacy courses based at Aston University and by achieving membership of the College of Mental Health Pharmacists (CMHP). MHTs need to ensure that specialist mental health clinical pharmacists either have or are enrolled on courses to achieve the skills and knowledge associated with these qualifications

- Many of the more advanced roles mirror those of the consultant pharmacist but very few MHTs have developed such posts. Development of consultant pharmacist posts both as specialists and non-medical prescribers offer a major way forward for MHTs to attract and retain high quality pharmacists
- Although pharmacists felt well equipped to undertake some aspects of the roles for many there was a need for further career development and training

- Many specialist MH pharmacists work in a very isolated way and there are few mentor/supervision systems in place. As the work of the specialist MH pharmacist becomes more clinically demanding, involves greater direct patient care and greater responsibility the need to be working in the supportive environment of the multidisciplinary team becomes greater.

## 8. NEW WAYS OF WORKING FOR MENTAL HEALTH PHARMACY TECHNICIANS

- 8.1 With the changing role of the pharmacist, many of the traditional roles of the hospital pharmacist have become the roles of the pharmacy technician and pharmacy support worker ( also called pharmacy assistant or ATO ). In many hospitals, the dispensary is almost totally managed by pharmacy technicians and the routine supplies to wards and patients managed by teams of technicians and ATOs.
- 8.2 Mental Health Pharmacy technicians were a prime focus of a changing workforce programme sponsored by the NWW programmes of the National Institute for Mental Health England (NIMHE). Projects that support both reengineering of technician roles within pharmacy and within other aspects of medicines management were a primary focus for the Spread Programme. These programmes have not only demonstrated how NWW can release pharmacists to be more accessible for direct patient care but also how other pharmacy staff can release the time of nurses and other healthcare staff.
- 8.3 In the last 20 years there has been a change in the packaging of medicines. Medicines previously presented in bottles are increasingly presented in the form of patient packs that are unsuited to the traditional ward drug trolley. In addition to requiring systems to replace the drug trolley developing 'patient own medicines' (PODs) schemes were seen as an important innovation in reducing costs and improving cost effectiveness. Such schemes were recommended as the system of choice for acute trust wards by the Audit Commission in their 2002 report '*a Spoonful of Sugar*' particularly for those service users receiving many expensive medicines and requiring only a short hospital stay.

In many acute trusts a new system for managing service user's medicines on wards has been advocated. Called 'one stop dispensing' it involves the following components:

1. Upon admission to a hospital ward wherever possible the service user brings their own medicines into hospital
2. The suitability for continued use of the service user's medicines (PODs) is assessed by pharmacy technicians or in some cases by specially trained nurses
3. A drug history is taken by the ward based pharmacist or specially trained technician to review the need for the medicines. This may also involve liaison with the service user's general practitioner and community pharmacist
4. Nurses either administer medicines from the service user's own supplies, or use personalised stock medicines or service users self administer their own medicines
5. Medicines are stored in individual lockers at the side of the bed to facilitate self-administration or the individual lockers are all in one trolley overseen by a nurse
6. The individual supplies are used to assess the knowledge and skills of the service user to manage their own medicines
7. Preparation for discharge is achieved by pharmacy staff always ensuring that the service user's locker contains sufficient medicines and are well informed about their contents
8. Rapid discharge is achieved by the service user taking their own medicines with them upon leaving the hospital.

In most acute trusts NWW of the role of the technician has been developed to enable specially trained technicians (also called medicines management technicians) to undertake this role.

- 8.4 In acute trusts POD schemes are seen as reducing medicines costs as they avoid multiple dispensing and reduce medicine wastage. In addition they provide an opportunity for a full medicine review and removal of unwanted medicines. Most studies in acute hospital have demonstrated that these savings are in excess of the additional pharmacy costs.
- 8.5 Such a system however is most of benefit where the stay on the ward is very short and changes to medicines minimal (eg elective surgery). The benefits of the full scheme have yet to be proven for mental health wards. One of the Spread Programme projects identified that the potential saving may only meet half the costs of the additional manpower required. In addition there has yet to be a satisfactory study of self administration on mental health wards. Many MHT Chief Pharmacists feel that self administration in acute MH wards may present too high a risk. Other MHTs have tried to introduce the full system on elderly acute mental health wards and found aspects of the service too pharmacy labour intensive.

Northampton Healthcare Trust (Kettering) have introduced a Medicines Management technician to an elderly ward to instigate reuse of patients own drugs brought into the hospital.

Hampshire Partnership Trust have introduced full 'one stop dispensing' on one older persons admission ward. The technicians ensure that the medicines are ready for discharge by liaising with the GP and community pharmacies about the need for compliance aids thus assuring seamless discharge.

- 8.6 It may be that for MHTs, a new form of technician led service needs to be developed specific to MH, rather than trying to copy systems developed specifically for acute trusts. This could include the following:

- Effective medicines review on admission (including assessment of adherence to treatment and review of PODs)
- Ordering of individual supplies
- Ensuring appropriate medicines related testing has occurred
- Providing personalised medicines information to service users and carers
- Managing the medicines for self administration
- Ordering weekend leave medicines
- Managing discharge medicines and the transfer of information to primary care

Sussex Partnership Trust has developed 'one stop dispensing' incorporating rigorous risk assessment procedures to assess if patients will have full or partial inclusion status into the programme. The pharmacy department has also introduced 'OSCE' style scenarios specifically designed to test their competence in new skills needed to take forward the medicines management agenda

Derbyshire Mental Health Services NHS Trust developed the 'Near Patient Discharge Project' which reviewed, assessed and redesigned two areas in the patient discharge system:

- information supplied on discharge – to ensure that all parties including service users receive appropriate information about medicines, and
- counselling and concordance – to increase the likelihood of service users taking the medicines

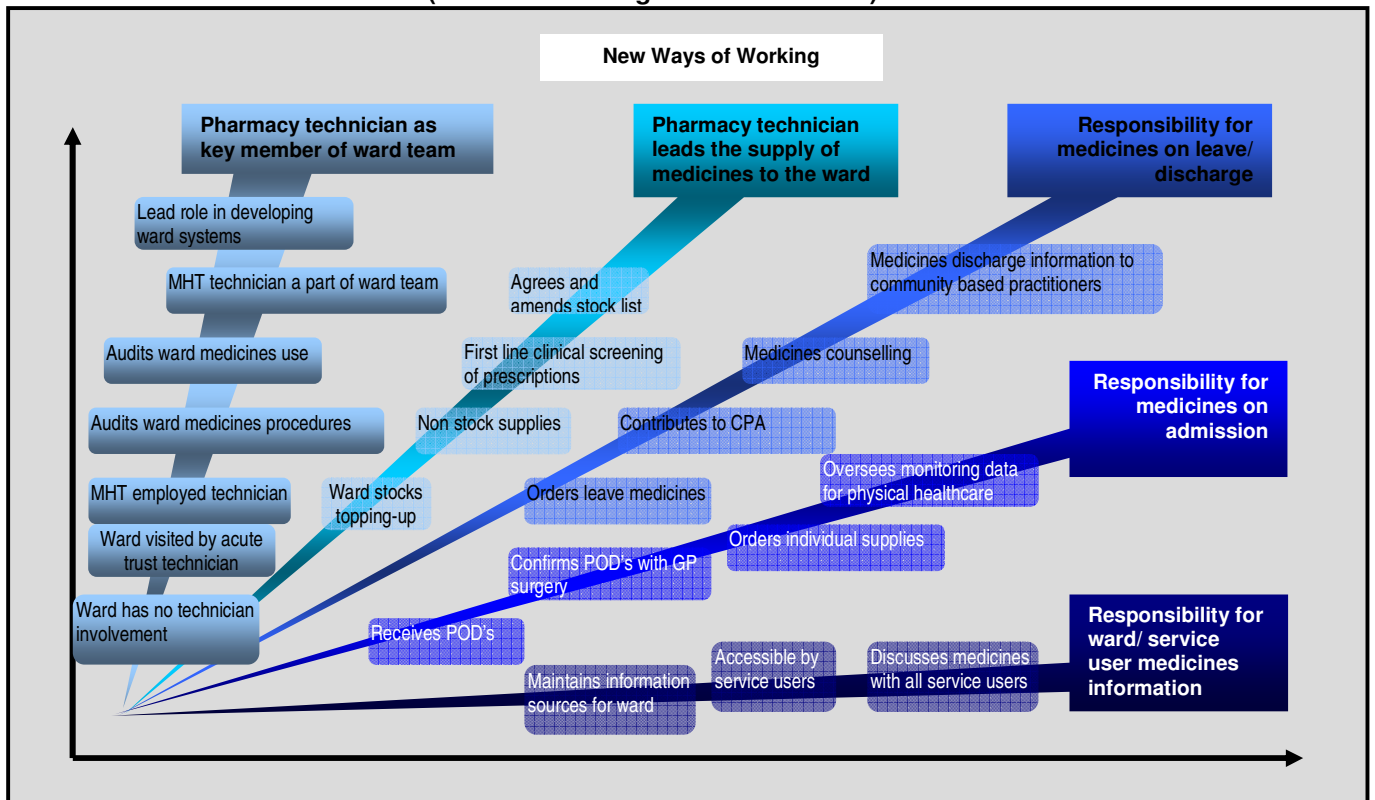
appropriately once discharged. The success of this initiative has led to a change in how the pharmacy service to the acute wards is provided, a greater integration of the pharmacy staff into the ward team and has had very positive feedback from service users and staff.

8.7 The changing face of medicines packaging also provides opportunities for automation of the dispensing process. This again was recommended for acute trust pharmacies by the Audit Commission in their 2002 report *'a Spoonful of Sugar'*. Many acute hospital pharmacies are currently being redesigned to enable robots to undertake aspects of the routine supply and dispensing of medicines. However there are concerns that the current systems advocated for acute trust pharmacies do not lend well to MHTs with their requirement for the dispensing of small quantities of medicines for frequent trial leaves before eventual discharge.

Norwich and Waveney MHT have installed a robot specifically developed for short leave dispensing. It packs tablets and capsules into individual sachets. To date the pharmacy uses the sachets for 300 clozapine out-patients, 3 long-stay wards, 3 forensic wards, community outreach teams and intensive support teams. As well as improved quality and hygiene, significant time has been saved.

## 8.8 Pharmacy technician roles to be undertaken on wards

**Diagram 3 An overview of the Role of the Ward Pharmacy Technician (Medicines Management Technician)**



8.8.1 Diagram 3 represents an overview of the pharmacy technician role and development of NWW that can vary within the headings of:

1. Membership of the ward team.
2. Responsibility for the supply of medicines to wards.
3. Responsibility for the ordering and supply of medicines for service user leave or

discharge.

4. Responsibility for the ordering and supply of medicines for service user leave on admission.
5. The responsibility for medicines information to ward service users.

#### 8.8.2. Further Variations and NWW

1. All patients at various stages of self medication managed by pharmacy technicians.
2. Assists with the monitoring of medicines related physical healthcare
3. Aspects of clinical screening of prescriptions by pharmacy technician.
4. Involvement in the training of others in medicines administration.
5. Phlebotomy or ECG roles.

Leeds Mental Health Trust has instigated a pharmacy led therapeutic monitoring service where pharmacists initiate blood tests and technicians are trained as phlebotomists.

6. Clozapine blood monitoring and supervision.
7. Clinical trial supervision.
8. Direct medicines administration to service users.

The specialist mental health pharmacy technician at Worthing Hospital has changed role since undertaking the SEMED advanced medicines management course. She administers medicines to service users once a week during a morning round on each ward to enable the assessment of medicines concordance and the accurate completion of the medicine chart. In addition she undertakes routine screening of medicine charts identifying those requiring additional screening

9. Documenting service users medicines history on referral to the service
10. Aiding pharmacist medicines education sessions to service users and carers
11. Supervising consumption of opiates for maintenance therapy

The technicians at Worcester Mental Health Trust have developed a system that focuses on the re-prescribing of medicines for long term service users. This involves liaison with GPs and community pharmacists to ensure that the service user receives the medicines required. They have produced a leaflet to explain the service. This has resulted in significant saving both of medicines and staff time

At Hill View Lodge in Bath (Avon and Wiltshire MHT) the Spread Programme funded a 2 years project for a medicines management technician. Significant savings in medicines expenditure were realised due to reduced wastage and improved stock management. In addition qualitative improvements included reduced medicines errors, decreasing non-administration of prescribed medicines and more timely availability of medication for service users on leave or moving from the ward. A survey of nursing staff after 18 months of the new service was overwhelmingly positive.

### 8.9 MHT Pharmacy Technician – Dispensary Services

8.9.1 NWW of acute trust dispensaries has resulted in most dispensing related activities and much of the management of dispensaries being undertaken by pharmacy technicians and assistants so as to release pharmacists for clinical roles.

A key step in this change has been the development of accredited checking technician roles. The final stage in the completion of the dispensing of a medicine is the final accuracy check. This involves the checker ensuring that the dispensed medicines accord with the prescription. Pharmacy technicians can undertake additional practice based training to achieve accredited accuracy checking status and undertake that final

accuracy check without the intervention of a pharmacist provided the prescription has been previously clinically screened by a pharmacist .

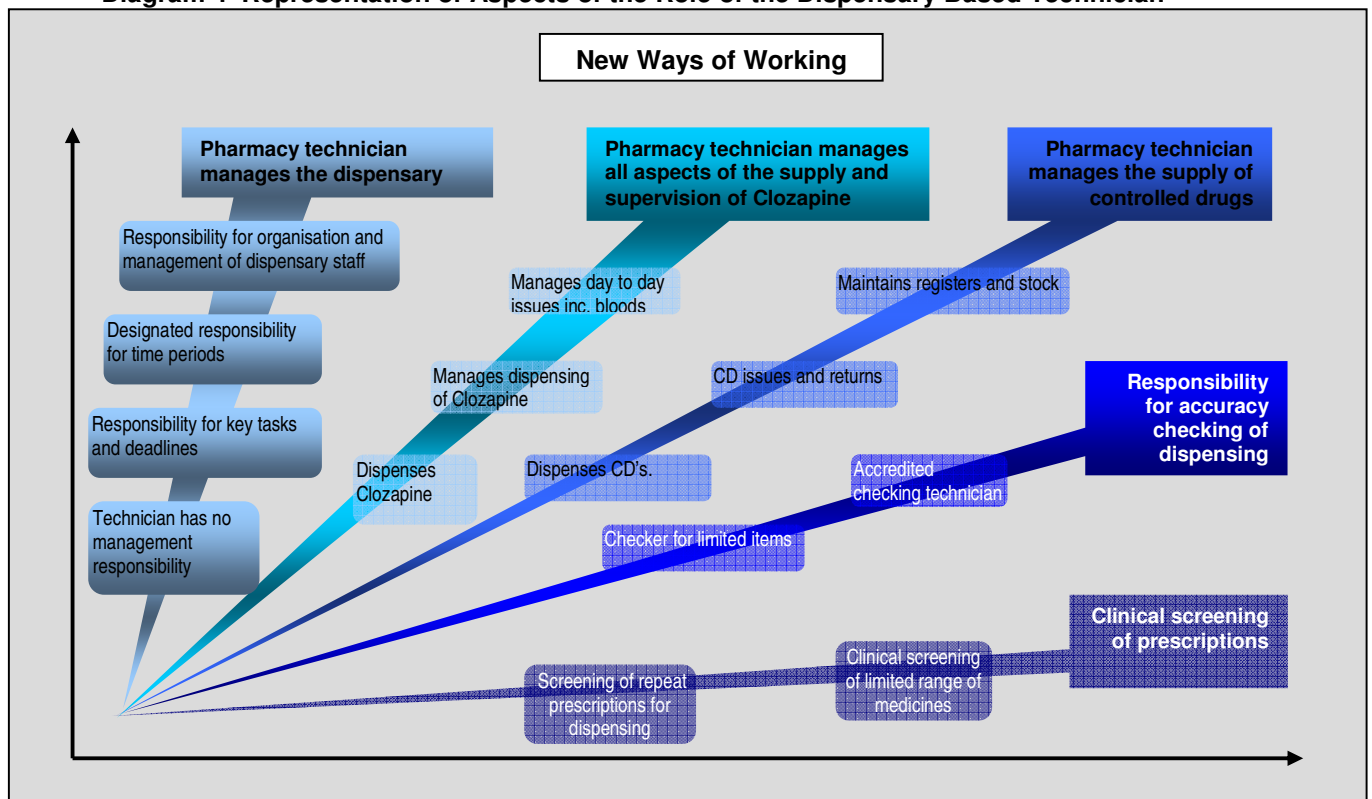
8.9.2 Most MHTs are partially or completely dependent on acute trusts for the provision of dispensing services. In addition, for some MHTs, the dispensing of medicines occurs in small satellite dispensaries where small staffing numbers limits the ability to introduce significant NWW. The combined report of the MH pharmacy workforce surveys suggested that for some MHTs developing their own dispensary capacity should be considered. Such large dispensaries provide significant opportunity to develop new roles.

8.9.3 Key to the needs of MHTs though is the Healthcare Commission recommendation that trusts should ensure that dispensing systems can support the timely provision of medicines and can provide small quantities of medicines for home leave or for service users whose care plan involves picking up medicines regularly.

8.9.4 The range of NWW pharmacy technician roles to be undertaken in dispensary services:

1. Manages the dispensary.
2. Manages all aspects of the supply and supervision of Clozapine.
3. Manages the supply of controlled drugs.
4. Responsibility for checking of dispensing.
5. Responsibility for clinical screening of prescriptions.

**Diagram 4 Representation of Aspects of the Role of the Dispensary Based Technician**



Sheffield Care Trust Pharmacy department reorganised their dispensary functions and introduced technician checking. The impact was

- Time spent by pharmacists in the dispensary on non-clinical activities decreased by up to 350 hours per quarter.
- The number of hours pharmacists attended MDTs increased up to 130 hours per quarter.
- Time spent by pharmacists on medication reviews increased by up to 100 hours per quarter.
- Pharmacists had direct contact with 3 or 4 more patients per quarter.
- Drug information queries dealt with by pharmacists increased by 75 per quarter.
- Pharmacists spent an average of 18 – 28 more hours per quarter at clinical case conferences.
- Pharmacists spent 18 more hours per quarter training other people
- Pharmacists' self-education and reading time was increased by up to 130 hours per quarter.
- Time spent by pharmacists on phone calls relating to clinical matters increased by up to 12 hours per quarter.

At Derbyshire Mental Health Services NHS Trust the management of clozapine supplies and coordination of the necessary blood monitoring is managed by a senior technician with little or no pharmacist involvement

## 8.10 Pharmacy Technician Management Roles

8.10.1 There is a wide range of opportunities for pharmacy technicians to extend their role into aspects of pharmacy management. These roles can range from management of staff, management of recruitment and personnel needs, management of finance, management of training and management of computer technology through to the day to day management of pharmacy.

The pharmacy services manager for Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust manages all non-clinical aspects of the pharmacy service across two counties, which includes; working with other leads in the Trust around policy development on issues such as Risk, Health and Safety and service developments (such as Medicines Management Technicians), developing, costing and agreeing service level agreements (SLAs), assessing impact of national reports on services/service developments and feedback to Chief Pharmacist, authorising invoices and department lead on Agenda for Change,

## 8.11 Commentary, Feedback and a Future Vision for Mental Health Technicians

During the development of this document a wide ranging consultation of the proposals and vision took place. The views expressed about technician roles are summarised below:

- For many MHTs the pharmacy technician workforce is too small to enhance the roles in this way
- There seemed general support by pharmacists for the development of supply, dispensary and management roles but far less support for the development of ward/team based clinical roles. It is clear that at the interface between the pharmacist role and pharmacy technician role there appears the potential for disagreement. However the development of new roles based on competency achieved through attendance at more advanced technician courses (mostly for acute trusts pharmacy technicians) provides an opportunity to free up ward based pharmacists from many of the routine tasks and fulfil their roles as specialist mental health clinical pharmacists
- For many MHTs the technician ward/team based roles of this document remain an aspiration rather than a reality. For MHTs to develop such services they need to:
  - Provide access to further clinical training for pharmacy technicians
  - Develop and employ their own NVQ technician trainers or verifiers
  - Participate in pharmacy technician training programmes developed by acute trusts or develop their own such programmes

- Participate in student pharmacy technician training rotational programmes or develop their own programmes
- Employ additional partly supernumerary training posts

Extending the roles of pharmacy technicians needs to be underpinned by additional appropriate training supported by the development of robust local policies.

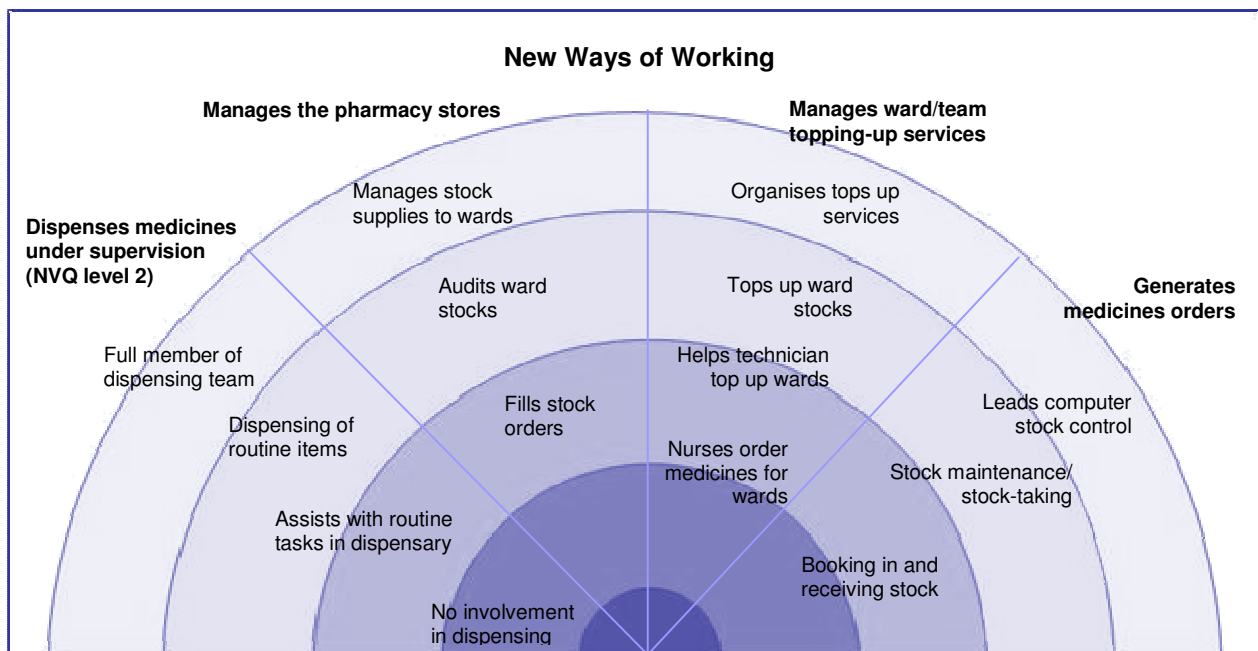
## 9. NEW WAYS OF WORKING FOR MENTAL HEALTH PHARMACY ASSISTANTS

9.1 Pharmacy assistants or support staff receive in house training to undertake their role. Following training they can undertake many of the routine medicine related tasks in the pharmacy and increasingly on wards.

Pharmacy assistants are identified as a group who can help develop NWW allowing the release of pharmacy technicians to undertake more complex tasks. This can also release ward nursing time taken for the routine ordering of medicines. NVQ level 2 courses for pharmacy assistants have only recently been introduced.

### 9.2 MHT pharmacy assistants – ward/team and dispensary services

Diagram 5 Representation of aspects of NWW of the role of the pharmacy assistant



9.2.1 The range of NWW pharmacy assistant roles to be undertaken includes:

1. Pharmacy assistant dispenses medicines under supervision
2. Pharmacy assistant manages the pharmacy store
3. Pharmacy assistant manages the topping up of stock medicines on wards
4. Pharmacy assistant generates medicines orders

Pharmacy assistants manage stock medication on the Forensic wards at Fromeside clinic in Bristol (Avon and Wiltshire MHT) under the supervision of a qualified Medicines Management Technician.

At Oxleas Trust pharmacy assistants undertake the resupply of ward stock medicines (topping up). The Technician and assistant visit the wards in pairs. The technician orders those medicines that are not usually stocked by the ward but are required for individual service users while the assistant orders the stock medicines

In addition the assistants dispense routine repeat medicines under the supervision of a technician with enhanced training as a checker. This enables all routine redispensing of routine items for which there

has been no change to treatment to be completed without any requirement for pharmacist involvement

### **9.3 Further variations and new role:**

1. Coordinating supplies to wards
2. Managing the pharmacy shop
3. Phlebotomy at clinics

At Leeds mental Health Trust all the routine collection of performance data is collected and collated by the pharmacy assistants

At Oxleas Trust Pharmacy Assistants receive all routine orders for medicines and enter them onto the pharmacy computer system. They also sort all returned medicines identifying (using a standard operating procedure) those items suitable for reuse. This has resulted in savings of 10 times the pharmacy assistant's salary by minimising waste

### **9.4 Commentary, Feedback and a Future Vision for the Pharmacy assistant**

During the development of this document a wide ranging consultation of the proposals and vision took place. The views expressed about the role of the pharmacy assistant are summarised below:

- For many MHTs the management of pharmacy assistants is completely determined by the acute trust responsible for the routine supplies of stock medicines
- For those MHT pharmacy services with their own dispensaries there appeared to have been very little consideration of the potential role of the ATO or take up of the role
- The NVQ qualifications appear to be very bureaucratic and very labour intensive

## 10. CONCLUSIONS

- 11.1 Medicines management is not just about pharmacy. Nurses, doctors, service users, carers and many others all have key roles. However the pharmacy staff are the key players. The challenge is not just to develop high quality pharmacy services but to orientate the whole MHT to better management of medicines.
- 11.2 NWW for pharmacists and other pharmacy staff is also not just about pharmacy departments doing things differently it is also about their potential to enable doctors, nurses, service users and carers to address medicines related issues better.
- 11.3 Pharmacy services to MHTs are very diverse. They vary hugely in terms of available staff available, role expectation and the extent to which they are dependent on other trusts and organisations for services. This impacts on the extent to which they have been able to adopt NWW.
- 11.4 MHT pharmacy services have been modelled on and are frequently dominated by acute trust pharmacy services. Many acute trust pharmacy services and national organisations have assumed that the model for MHT pharmacy services is the same as for acute trusts but reduced need for input. Both the Department of Health medicines management self – assessment framework (2003) and the Audit Commission publication ‘Spoonful of Sugar’ (2002) assumed that the criteria set to assess medicines management in mental health is the same as that for acute trusts. Unfortunately although aspects of acute trust NWW and innovation can result in great benefit to MHT service users (eg medicines review on admission by pharmacy staff) other may not (eg some robotic dispensing systems). Many of the Spread Programme projects discovered that such innovations required tailoring to meet the needs of MHT service users.
- 11.5 In December 2006 the Healthcare Commission published ‘Talking about Medicines- The management of medicines in Trusts providing mental health services’. This was the first review of medicines management that focused solely on MHTs. For many MHTs, meeting the standards advocated in ‘Talking about medicines’ will require significant investment. This document not only provides an opportunity for Trusts to review their pharmacy provision but it also provides an opportunity to assess how developing the role of the pharmacy staff can impact on the roles of others.
- 11.6 For many MHT pharmacy services. in the period since the year 2000 the change has been remarkable. Many MHTs inherited completely inadequate and poorly staffed pharmacy arrangements. The NWW programme has been a vital part of the transition from pharmacy being a neglected area to highlighting the need for it to be a key clinical service. However for many MHTs the developmental road is only just beginning. The NWW programme has demonstrated the potential benefits from good pharmacy services and how the pharmacy staff offer MHTs opportunities to manage medicines better for service users and carers. Now it is up to MHTs to implement it !

**Appendix 1. Membership of the New Ways of Working for Mental Health Pharmacy [NWMHP] sub-group of the National Steering Group for New Ways of Working in Mental Health**

Roslyn Hope	Joint Chair - Director of NIMHE National Workforce Programme NIMHE / CSIP
David Branford	Joint Chair - Chief Pharmacist, Derbyshire Mental Health Services NHS Trust
Celia Feetam	Associate Chair / President of the College of Mental Health Pharmacists (CMHP)
Graham Parton	Associate Chair / Chairman of the UK Psychiatric Pharmacy Group (UKPPG)
Peter Pratt	Chief Pharmacist – Sheffield Care Trusts and Doncaster & South Humberside NHS Trust
Elaine Weston	Chief Pharmacist – Leeds Mental Health Foundation Trust
Jen Kilyon	Carer Involvement Lead, National Workforce Programme (NWP) Service User Involvement Lead, , National Workforce Programme (NWP)
Bill Davidson	
Geraldine Strathdee	Specialist Clinical Adviser, Healthcare Commission
Jane Shears	Social Work Lead, , National Workforce Programme (NWP)
Catherine Clarke	Carer Representative
Gul Root	Principal Pharmaceutical Officer – Department of Health (DoH)
Claire Potter	Policy Lead - Non-medical Pharmacist Prescribing Chief Pharmacist, Central and North West London NHS Foundation Trust
Russell Hill	Senior Clinical Pharmacist, Kent and Medway NHS and Social Care Partnership Trust
Ian Maidment	
Cath Boury	Community Pharmacist - Hull (PC)
Dorothy Fielding	Psychology representative
Neil Harris	Consultant Nurse / Lecturer University of Manchester
Graham Cockshutt	Service User Support & Employment representative
Robert Clayton	Head of Practice - Royal Pharmaceutical Society of Great Britain
Stephen Humphries	NWW Associate Director, NWP
Anne Spence	Policy Lead, Pharmacy Team, Department of Health Pharmacy Services Manager, Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust
Beverly Faulkner	Programme Lead New Ways of Working, National Workforce Programme (NWP)
Barry Foley	

**Appendix 2. Products of the NWW for Mental Health Pharmacy [NWWMHP] subgroup of the National Steering Group for New Ways of Working in Mental Health**

All available on [www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)

- Project Evaluation Report, Changing Workforce Programme, Mental Health – Pharmacy Pilot September 2004. NHS Modernisation Agency.
- National Pharmacy Spread Programme Interim Report, CSIP/NIMHE, February 2006.
- Individual Project Evaluation for 43 Spread Programme Sites, CSIP/NIMHE, February 2006.
- Learning from the Spread Programme (2007) – P Pratt and D Branford .
- Report on the Mental Health and Learning Disabilities Pharmacy Workforce Survey, May 2006 (the Bath Report), Taylor, D. and Sutton, J., University of Bath.
- The UK PPG and CMHP Report of the Mental Health and Learning Disabilities Secondary Care. Pharmacy Workforce Survey, September 2006, Branford, D., Parton, G. Sutton, J. and Taylor D
- The UKPPG and CMHP Summary and Key Finds of the report of the Mental health and Learning Disabilities Secondary Care Pharmacy Workforce Survey, October 2006, Branford, D., Parton, G., Taylor, D. and Sutton, J.

Service user and carer leaflet ‘Medicines management – everybody’s business’.

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3. Department of Health (April 2006). Improving patients' access to medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England.
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<http://www.healthcarecommission.org.uk>
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12. Department of Health (2003) Medicines Management in NHS Hospitals – a self assessment framework