

PHARMACY SPECIFIC DOCUMENTS

1 Department of Health (2000). *Pharmacy in the Future – Implementing the NHS Plan*. London: The Stationary Office.

2 Department of Health (2003). *A Vision for Pharmacy in the New NHS*. London: The Stationary Office.

3 Department of Health (2003). *Framework for a new community pharmacy contract*. London: The Stationary Office.

4 Office of Fair Trading (2003). *The control of entry regulations and retail pharmacy services in the UK. A report of the OFT Market Investigation*. London. Office of Fair Trading Publications.

5 Department of Health (2003). *Proposals to reform and modernise the NHS (Pharmaceutical Services) Regulations 1992*. London. The Stationary Office.

6 Department of Health (2002). *Implementing Pharmacy in the Future - funding for clinical governance in community pharmacy*. London; Chief Executive Bulletin, 2002; 129:

7. www.doh.gov.uk/cebuletin8august.htm

7 National Health Service Reform and Health Care Professions Act 2002.

8 Department of Health (2005). *Supporting People with Long term Conditions an NHS and Social Care Model to support local innovation and integration*. London: The Stationary Office.

A blueprint to support local NHS and social care organisations in improving local services for people with long term conditions. It draws on existing successes and innovations from the NHS and social care and international experience to help local health communities to develop more integrated and systematic approach..

9 Department of Health. *Choosing health through pharmacy - A programme for pharmaceutical public health 2005–2015*. London: The Stationary Office.

A resource for pharmacists, PCTs, NHS Trusts and public health organisations to help maximise the contribution of pharmacists, their staff and the premises in which they work to improve health and reduce inequalities. It provides examples of innovative practice.

10 Department of Health (2005). *Delivering quality in primary care: Primary Care Trust management of primary care practitioners' lists - community chemist contractors / bodies corporate*. London; The Stationary Office.

This advice is primarily for Primary Care Trusts on managing fitness to practise requirements in respect of either applicants to be admitted to pharmaceutical lists or existing chemists on these lists under the NHS (Pharmaceutical Services) Regulations 2005. This advice does not cover advice on control of entry. This guidance is now in its final version.

11 Department of Health (2006). *Health Bill information paper: Medicines and pharmacies - Making the best use of the pharmacy workforce*. London; The Stationary Office.

This paper provides information on the matters that may be included in the regulations made following changes to the Medicines Act 1968 and related NHS legislation in the Health Bill. The legal framework surrounding the sale and supply of medicines by pharmacists from pharmacies is complex and the intention of this paper is to give a fuller picture of the possible exercise of the new provisions within the Health Bill. Further discussion and consultation with key stakeholders will inform the development of the detailed provisions in these regulations. Department of Health

12 Department of Health (2002). *Pharmacy workforce in the New NHS: Making the best use of staff to deliver the NHS Pharmacy Programme*. London; The Stationary Office.

This paper sets out the Department of Health's views on the changes that are needed to make the best use of the pharmacy workforce to deliver the aims of 'Pharmacy in the Future.' It provides an opportunity for comment on the way forward, but does not represent settled policy and may, therefore, be subject to change. We are likely to be consulting separately on particular aspects in due course.

13 Department of Health (2005). *Medicines matters: A guide to current mechanisms for the prescribing, supply and administration of medicines*. London: The Stationary Office.

This NHS Modernisation Agency/Department of Health publication is a brief guide for staff working in NHS trusts, NHS foundation trusts, primary care trusts (PCTs) and other health and social care organisations, describing the current mechanisms available for the prescribing, supply and administration of medicines to support the development of new/enhanced roles or service redesign. It is a brief guide to good practice, highlighting appropriate mechanisms that can be used.

14 Department of Health (2003). *Supplementary prescribing by nurses and pharmacists with the NHS in England a guide for implementation*. London; The Stationary Office.

This guide sets out the steps required to implement supplementary prescribing in England. Medicines legislation permits the introduction of supplementary prescribing across the UK, but it is for the devolved administrations in Scotland, Wales and Northern Ireland to decide whether and how it is implemented for the NHS in their countries.

15 Department of Health (2005). *Guidance for the development of consultant pharmacist posts*. London; The Stationary Office.

This document provides guidance to help develop consultant pharmacists. It defines the role of the consultant and offers guidance on the process to be followed to ensure appointment of appropriate practitioners.

16 Audit Commission (2002). *A Spoonful of Sugar - Medicines Management in NHS Hospitals*. Wetherby; Audit Commission Publications.

Medicines management is central to the quality of healthcare, and underpins many of the specific objectives set out in The NHS Plan. However, a combination of factors means that hospitals do not always manage their medicines to best effect. This report has been written to help hospital trusts identify how well they manage medicines. It addresses the main strategic challenges and issues facing hospitals in improving the effectiveness of their medicines' management, and suggests ways in which potential barriers can be met and overcome.

GENERAL POLICY AFFECTING PHARMACY

1 Department of Health (2000). *The NHS Plan: A plan for investment, a plan for reform*. London; The Stationary Office.

2 Department of Health (2001). *Shifting the Balance of Power within the NHS: Securing Delivery*. London: The Stationary Office.

3 Department of Health (2002). *Shifting the Balance of Power within the NHS: The Next Steps*. London: The Stationary Office.

4 Department of Health (2000). *Delivering the NHS Plan: next steps on investment, next steps on reform*. London: The Stationary Office.

5 Department of Health Improvement (2000). *Expansion and Reform: the next three years*. London; The Stationary Office.

6 Department of Health (2002). Reforming NHS financial flows: introducing payment by results. Reforming NHS financial flows: introducing payment by results. London: The Stationary Office.

7 Department of Health (2001). The Expert Patient: a new approach to chronic disease management for the 21st century. London: The Stationary Office.

8 Department of Health (2002). Tackling Health Inequalities: a cross-cutting review. Tackling Health Inequalities: a cross-cutting review HM Treasury and Department of Health. London: The Stationary Office.

9 Department of Health Tackling Health Inequalities: A Programme for Action. Tackling Health Inequalities: A Programme for Action Department of Health, July 2003. London: The Stationary Office.

10 Department of Health and Social care Act 2001. Health and Social care Act 2001 HMSO 2001 Chapter 15. London: The Stationary Office.

11 Department of Health (2001). Involving Patients and the Public in Healthcare. Involving Patients and the Public in Healthcare. London: The Stationary Office.

12 Community Care (Delayed Discharges etc) Act 2003. Community Care (Delayed Discharges etc) Act 2003 HMSO 2003 Chapter 5. London: The Stationary Office.

13 Department of Health (2002). Corporate Governance Framework Manual for Primary Care Trusts, Fourth Edition. London: The Stationary Office.

14 Statutory Instrument No. 2124. The Patients' Forums (Functions) Regulations 2003. London: The Stationary Office.

15 Department of Health (2003). Investing in General Practice - the new general medical services contract. NHS Confederation, London: The Stationary Office.

16 National Assembly for Wales (2001). Improving Health in Wales - A plan for the NHS with its partners.

**17 National Assembly for Wales (2002).
Adult mental health services - a national service framework for Wales**

18 National Assembly for Wales (2002). Remedies for Success: A strategy for pharmacy in Wales.

19 Department of Health (2002).The National Programme for IT in the NHS: key elements of the procurement approach. London: The Stationary Office.

20 Department of Health (2004). Caring in many ways - The NHS Modernisation Board's Annual Report 2004. London; The Stationary Office.

21 Department of Health (2004). Choosing Health: making healthier choices easier. London; The Stationary Office.

This White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. The Government will provide information and practical support to get people motivated and improve emotional wellbeing and access to services so that healthy choices are easier to make.

22 Department of Health (2005). Creating a patient-led NHS: Delivering the NHS Improvement Plan. London; The Stationary Office.

This document explains how the NHS Improvement Plan will be delivered. It describes the major changes underway and how some of the biggest changes will be carried forward for a patient-led health service.

23 Department of Health (2004). Improving Mental Health Law - Towards a new Mental Health Act – Summary. London; The Stationary Office.

The Government is changing the law on mental health. This document tells you more about the planned changes.

24 Department of Health (2005). New ways of working for psychiatrists: Enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts Final report 'but not the end of the story'. London; The Stationary Office.

This report on new ways of working (NWW) details the progress that has been made over nearly three years in reviewing and refocusing the roles of consultant psychiatrists. The aim of this document is to provide a framework for mental health services to help them develop new roles for psychiatrists, which both support the delivery of modern person-centred care and provide satisfying and sustainable roles.

25 Department of Health (2005). Offender mental health care pathway. London; The Stationary Office.

This care pathway document lays down valuable best practice templates to guide providers and commissioners on mental health services for those involved in the criminal justice system. It is based on the best evidence currently available, sourced from both literature and innovative clinical practice. The offender mental health care pathway is intended to guide the practice of people who directly deliver services, and support decision making for those who commission them

26 Department of Health (2004). Safer management of controlled drugs: The Government's response to the Fourth report of the Shipman Inquiry. London; The Stationary Office.

Sets out the Government's response to the Fourth report of the Shipman Inquiry, the Regulation of controlled drugs in the community.

27 Department of Health (2004). The Ten Essential Shared Capabilities – A Framework for the whole of the Mental Health Workforce. London; The Stationary Office.

The Ten Essential Shared Capabilities, developed in consultation with service users and carers together with practitioners, provide in one overarching statement, the essential capabilities required to achieve best practice for education and training of all staff who work in mental health services.

28 Department of Health (2005). Valuing people: The story so far... A New Strategy for Learning Disability for the 21st Century - Long report. London; The Stationary Office.

Valuing people: A strategy for learning disability for the 21st century came out in 2001. The report recommends priorities for action for the next 5 years.

29 Department of Health (2005). Improving mental health services by extending the role of nurses in prescribing and supplying medication: Good practice guide London; The Stationary Office.

Produced jointly in March 2005 by the National Prescribing Centre, the National Institute for Mental Health in England and the Department of Health. Mental health nurses already play a central role in the provision of medication and have considerable knowledge and experience in this area. Recent policy developments have allowed suitably trained mental health nurses to prescribe and supply medication in new ways in order to improve services for people with mental health problems. This good practice guide provides information about these opportunities, what potential benefits can come from their introduction and how organisations might go about doing so. Gateway reference 4797.

Good practice guide

30 The Sainsbury Centre for Mental Health (2006). The Future of Mental Health: A Vision for 2015. London; SCMH.

This paper sets out a radical but realistic agenda for the next 10 years. It says that by 2015 mental wellbeing should be promoted in all schools. Employers should be able to compete to become 'wellbeing workplaces'. Talking therapies should be available as a matter of routine when people need them along with advice on staying in work and maintaining an ordinary life. People with severe mental health conditions should have their own budgets for the services they want, including a range of alternatives to hospital admission, and an 'associate' to help them manage their lives. is published jointly by the Association of Directors of Social Services, the Local Government Association, the NHS Confederation and the Sainsbury Centre for Mental Health. It shows that the NHS, local government and the voluntary sector share a clear vision for the future and understand what is needed to get there.

31 National Institute for Mental Health in England (2003). The Clinical Activities of Mental Health Lecturers in Higher Education Institutions. London; NIMHE National Workforce Programme.

32 The Sainsbury Centre for Mental Health (2006). Defining a Good Mental Health Service: A discussion Paper. Published Jan 2006. SCMH

33. Care Service Improvement Partnership (CSIP).Knowledge Management Strategy.
<http://kc.nimhe.org.uk/upload/CSIPKMStrategyExecutiveSummaryv004.pdf>

34. Department of Health (2005). *Everybody's Business*. Integrated mental health services for older adults: a service development guide. London; The Stationary Office.

The Guide is the next step in improving mental health and care services for older people. It builds on the service models outlined in the *National Service Framework for Older People* (May 2001) and supports the principles promoted in *Securing Better Mental Health for Older Adults* (June 2005), by describing the foundations and key elements of a comprehensive service for older adults with mental health needs. The Older People's Mental Health Mapping framework, launched in November 2005 to coincide with the publication of the Guide, will support local commissioning decisions by providing national benchmarking for local services.

NATIONAL SERVICE FRAMEWORKS (NSF)

Since the NSF for mental health, there have been 3 relevant NSFs including older adults, childrens and the 5 year review of the NSF for mental health.

Department of Health (2001). NSF for Older People. London; The Stationary Office.

It sets new national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.

- Standard One - Rooting out age discrimination
- Standard Two - Person-centred care.
- Standard Three - Intermediate care
- Standard Four - General hospital care
- Standard Five - Stroke
- Standard Six - Falls
- Standard Seven - Mental health in older people
- Standard Eight - The promotion of health and active life in older age
- Good practice examples in the older people's NSF standards

A key pointer here was this was the first NSF to include medicines management services. Most of pharmacy missed it apart from those working in primary care for GPs. A good resource see http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008020&chk=cC38JM

Department of Health (2005). Securing better mental health for older adult. London; The Stationary Office.

This document marks the start of a new initiative to combine forces across mental health and older people's services to ensure that older people with mental illness do not miss out on the improved services that younger adults or those without mental illness have seen. It provides a vision for how all mainstream health and social care services, with the support of specialist services, should work together to secure better mental health for older adults, and describes how the Department of Health is aiming to help deliver this

Department of Health (2004). NSF for Children, Young People and Maternity Services. London; The Stationary Office.

The Children's NSF is a 10-year programme intended to stimulate long-term and sustained improvement in children's health. Setting standards for health and social services for children, young people and pregnant women, the NSF aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood. At the heart of the Children's NSF is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift, resulting in services being designed and delivered around the needs of children and families. The Children's NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women.

The Children's NSF is composed of a number of documents: Document 2. Standards six to ten address children and young people and their parents who have particular needs and should be implemented in conjunction with the standards in the Core Document.

- Children and Young People who are Ill

- Children in hospital
- Disabled Children and Young People and those with Complex Health Needs
- The Mental Health and Psychological Well-being of Children and Young People
- Medicines for Children and Young People

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE)

Since September 2000, there has been 7 NICE clinical guidelines available and 5 HTAs relevant to mental health.

Department of Health (2003). Directions to Primary Care Trusts and NHS trusts in England concerning Arrangements for the Funding of Technology Appraisal Guidance from the National Institute for Clinical Excellence (NICE). London; The Stationary Office.

CLINICAL GUIDELINE

1 Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care
Issue date – December 2004

2 Core interventions in the treatment and management of schizophrenia in primary and secondary care
Issue date – December 2002 Review date – December 2006

3 Violence: the short-term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments. Issue date – February 2005

4 Depression: management of depression in primary and secondary care
Issue date – December 2004

5 Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders
Issue date – January 2004

6 Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care
Issue date – March 2005
CLINICAL GUIDELINE

7 Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care
Issue date – July 2004

HEALTH TECHNOLOGY APPRAISAL (HTA)

1 Olanzapine and valproate semisodium in the treatment of acute mania associated with bipolar I disorder*
Issue date – September 2003 Review date – August 2006

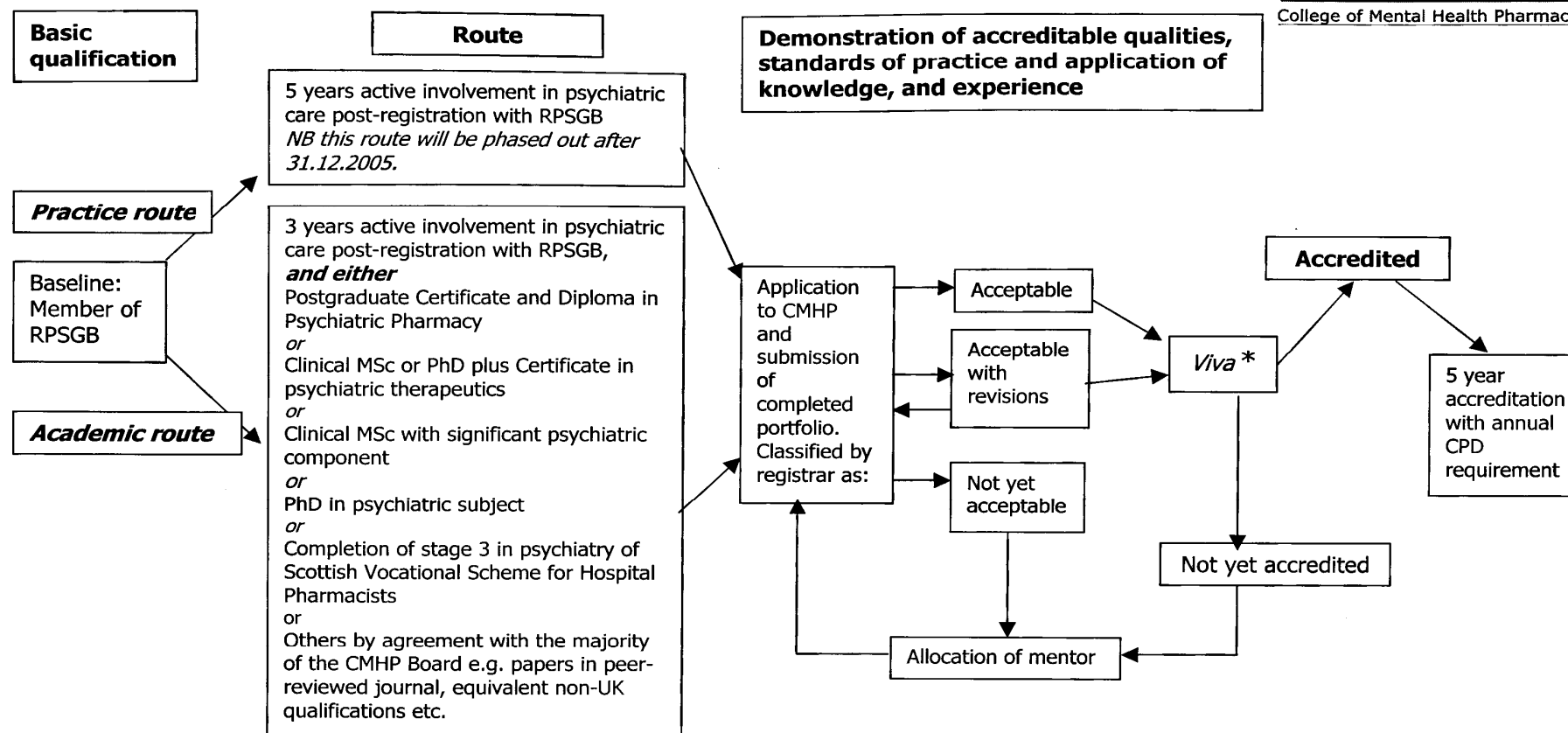
2 Newer (atypical) antipsychotic drugs for schizophrenia
Issue date – June 2002 Review date – May 2005

3 Methylphenidate for attention deficit hyperactivity disorder (ADHD)
Issue date – October 2000 Review date – August 2003

4 Zaleplon, zolpidem and zopiclone for the short-term management of insomnia
Issue date – March 2004 Review date – April 2007

5 Donepezil, rivastigmine and galantamine for Alzheimer's disease
Issue date – January 2001 Review date – December 2003

**COLLEGE OF MENTAL HEALTH PHARMACISTS
Accreditation process**



* Members of viva panel will be two Founders and one external (pharmacist) assessor. Later *viva*'s may be held with one founder and two accredited specialists

RPSGB = Royal Pharmaceutical Society of Great Britain
CMHP = College of Mental Health Pharmacists

Mav 2001



Care Services Improvement Partnership **CSIP**



National Institute for
Mental Health in England

NATIONAL WORKFORCE PROGRAMME

Dear Colleague,

Mental Health & Learning Disabilities Pharmacy Workforce Survey

In its report 'New Ways of Working for Psychiatrists (NWW) the Department of Health stated that the 'overall purpose of the *National Mental Health Workforce Strategy for England (2004)*, led by NIMHE was 'to ensure that services reflect the needs and preferences of the population they serve, are delivered by sufficient numbers of well-trained staff, who have the appropriate capabilities, are motivated, feel valued, and are well led and effectively managed'.

The New Ways of Working report gives examples of how changing the role of one practitioner can have implications for another practitioner or for the service as a whole. Section 6.4.4 of the NWW report sets out how pharmacy staff can be used to release doctor and nurse time and improve quality. Two ways of doing this are described as 1. Increased integration of the pharmacist into the multidisciplinary teams to provide greater access to expert knowledge to influence prescribing practice and reduce inappropriate prescribing and 2. Improved supply and delivery of medicines systems to free up nursing time to spend with service users.

This questionnaire has been commissioned to help understand the nature and capacity of the current mental health pharmacy workforce. Ultimately it is hoped it will be possible to raise the profiles of mental health pharmacists and medicines management, and to improve staffing levels and skill mix where necessary. However, before this can be done, we need to find out what the situation is now and we can only do this with your help.

Please provide that help by completing this questionnaire as accurately as possible. We appreciate that some information may be difficult to obtain or may not be available at all, in which case your responses (or lack of!) will indicate where this is the case. Also, some of the information requested may seem routine but we need this information so that we have as broad a picture as possible of mental health pharmacy.

This survey is very important to the future of pharmacy practice in mental health and the provisional results will be presented at a high profile, nationwide conference in February 2006. Any information you give will be held in the strictest confidence.

Please help us to help mental health pharmacy practice by completing this questionnaire and returning it in the FREEPOST envelope provided by **Monday 13th February 2006**.

Thank you,

Jane

Dr. Jane Sutton
Department of Pharmacy and Pharmacology
University of Bath

On behalf of the UK Psychiatric Pharmacy Group

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Part One An introduction to the questionnaire and who should complete it

1 Introduction

This questionnaire will be sent to all Mental Health Trusts in England.

The questionnaire should be completed by the Trust Chief/Lead Pharmacist with overall responsibility for Mental Health Services.

If your organisation does not have a Chief/Lead Pharmacist the questionnaire should be forwarded to the individual with overall responsibility for the Mental Health pharmacy services, to complete and return to me in the FREEPOST envelope provided.

2. Details of person completing questionnaire

Name

Title of post

Grade of post

3. Which pattern best describes your pharmacy service?

There are many patterns of organisation of pharmaceutical service. Please tick the box which indicates your pattern of service.

A. The Supply of Pharmaceuticals

Pattern 1 The Trust has no pharmacy of its own and receives the supply of pharmaceuticals and supply and clinical pharmacy services from another Trust.

Pattern 2 The Trust has a pharmacy or pharmacies of its own and receives a mixed service with some pharmaceutical supply services from another trust and some from its own pharmacy.

Please circle the appropriate code for the level of coverage for the Trust's own pharmaceutical supply service in terms of approximate percentage of wards or units covered:

1.....2.....3.....4.....5
0% 25% 50% 75% 100%

Pattern 3 The Trust obtains all its pharmaceutical supply services from its own pharmacy.

B. Pharmaceutical Advice and Clinical Pharmacy

Pattern 1 The Trust directly employs no pharmacists of its own and receives its pharmaceutical advice and clinical pharmacy services from another Trust.

Pattern 2 The Trust employs directly some pharmaceutical advice and clinical pharmacy services of its own and receives a mixed service with some from another Trust and some from its own pharmacists.

Please circle the appropriate code for the level of coverage for the Trust's directly employed pharmaceutical advice and clinical pharmacy service in terms of approximate percentage of wards or units covered:

1.....2.....3.....4.....5
 0% 25% 50% 75% 100%

Pattern 3 The Trust employs all its own clinical pharmacists and receives all its pharmaceutical advice from directly employed pharmacists.

Pattern 4 If your pharmacy does not fit into any of the other patterns please indicate in the space below your organisational pattern and where the person who completed the questionnaire is situated in the organisation.

Part Two Details of pharmacy department and the Trust

4. For Trusts NOT directly employing a Chief/Lead Pharmacist

If your organisation does **NOT** have a Chief/Lead Pharmacist please supply details of the organisation(s) providing pharmaceutical services and return the questionnaire to me uncompleted:

Name of Trust		
Name of Responsible Individual		
Details of member of staff with overall responsibility for medicines management in mental health	Job Title	
	Email address	
	Phone	
	Postal address	

5. For Trusts employing a Chief/Lead Pharmacist

Name of Trust		
Name of Chief Pharmacist		
Contact details	Phone	
	Email address	
	Postal address	

6. Where is your pharmacy based? (Please tick appropriate box)

1. In a general/teaching hospital

2. In a psychiatric hospital
3. In a learning disabilities hospital
4. In another situation (please describe below)

7. Details of the Trust providing Mental Health or Learning Disability services

Population in your catchment area	
Number of in-patient sites with beds	
Total number of beds	
Total budget for MH/LD services (£)	
Total MH/LD drug expenditure (£)	
Total manpower resources for MH/LD services (£)	

8. Does your Trust provide pharmaceutical services to the following specialties, either directly (D), externally (E) or mixed (M)? Please enter D, E or M in the boxes below.

	Provides clinical pharmacy services	Provides supply of medicines only
Learning disabilities		
CAMHS		
Adult Services		
Alcohol misuse		
Drug and substance misuse		
Eating disorders		
Mother & baby		
Deaf services		
Secure units		
Forensic adult		
Forensic CAMHS		
Older people		

9. Please complete a profile of the psychiatric wards/units of your Trust on the 1 January 2006.

Description of wards	Approximate number of beds/places
Acute Psychiatric	
Psychiatric Intensive Care Unit	
Chronic Long Stay Psychiatric/Rehabilitation	
Learning Disabilities	
CAMHS	
Acute Psychiatry of Older People	
Chronic Psychiatry of Older People	
Forensic	
Adult Day Hospital/ Unit/Centres (number of centres)	
Elderly Day Hospital/Unit/Centres (number of centres)	
NHS Community based Home or Hostel etc.	
Others 1(Please describe)	
Others 2 (Please describe)	

10. Please complete a profile of the community MH teams within your Trust on 1st January 2006. Does your Trust provide pharmaceutical services to the following specialties, either directly (D), externally (E) or mixed (M)?

Description of teams	Number of teams	Is pharmacist attached to team Yes/No	Please enter whether the service is direct (D) external (E) or mixed (M)
Assertive outreach			
Crisis intervention			
Home treatment			
Adult Community Mental Health Teams			
Older People Community Teams			
Learning Disability Community Teams			
Early Intervention Community Teams			
Forensic Community Teams			
Substance Misuse Community Teams			
CAMHS			
Others 1 (please describe)			

Part Three Staffing and Clinical Activity

This section asks for details of staffing and clinical activity to be broken down to individual service providers to your Mental Health Trust. Thus questions 11 - 22 ask for details of directly employed staffing and clinical activity provided by the Mental Health Trust pharmacy or pharmacies. Questions 23 onwards ask for details of staffing and clinical activity provided externally – this includes any SLAs with acute trusts and contracts with commercial providers.

If all of your pharmaceutical services are provided by external organisations please go straight to Question 23 and continue.

11. Directly employed staffing and clinical activity

Total staffing budget for directly employed mental health pharmacy staff	Number of items dispensed annually for mental health trust by the Trust's own pharmacy(s)*	Number of Patients on Clozapine	For how many Clozapine patients do pharmacy staff carry out therapeutic drug monitoring

* Includes all items issued - stock and non-stock issues, in and out-patient issues and leave medicines

12. Directly employed staffing details

Please insert the number of WTE staff for each grade at the current date. Where AFC grades have not yet been agreed please give Whitley Council grades.

		1	2	3	4	5	6	7	8a	8b	8c	8d	9
1	Pharmacists												
2	Technicians MTO												
3	Assistants and other												

Are any of these posts currently unoccupied? Yes No

If Yes which posts

Are the vacancies due to?

(a) A failure to attract candidates

(b) Recruitment blocked at Trust level?

(c) Other (please state reason)

13. Please enter the number of pharmacy staff directly employed in each age category

	Age					
	<20	20-29	30-39	40-49	50-59	60+
WTE Pharmacists						
WTE Technicians						
WTE Assistants						

14. Please enter the number of pharmacy staff either with each qualification or working towards a qualification. If a member of staff has more than one qualification please make an entry for each qualification.

Qualification	Pharmacists		Technicians		Assistants	
	Has	Working Towards	Has	Working Towards	Has	Working Towards
No post registration qualification						
Technicians Final Accuracy Check						
Technicians Medicines Management						
BTEC Diploma for clinical technicians						
Assistants Obtained NVQ 1 or 2						
Psychiatric Pharmacy (PGC) Cert.						
Psychiatric Pharmacy (PGC) Dip.						
Psychiatric Pharmacy (PGC) Masters						
Clinical Pharmacy (PGC) Cert.						
Clinical Pharmacy (PGC) Dip.						
Clinical Pharmacy (PGC) Masters						
PhD						
Qualified Supplementary Prescriber						
Management qualification e.g. MBA						

15. In the light of the information given above, do you feel that overall within your workforce the staff have sufficient qualifications to provide the service that you would wish?

Yes

No

16. Do you feel that you have in your workforce the sufficient knowledge and skills to provide the service you would wish?

Yes

No

17. If the answer to Q.16 was 'NO', what services are you NOT able to provide due to a lack of suitably qualified and skilled staff? (N.B. See questions 19-22 for services ACTUALLY provided)

Pharmacy Service	Services not provided due to a lack of capacity	Services not provided due to a lack of knowledge and skills	How many staff at each level do you think you require to provide a full service
Admission Service involving confirming pre-admission medicines			
Admission service involving re-using patients' own medicines			
Pharmacy Assistant ward top-up			
Pharmacy Technician ward visit			
Ward Pharmacist visit (i.e. basic routine prescription monitoring and supply with no involvement in MDT)			
Regular patient medication education groups			
Consultant ward rounds or other MDT meetings			
Taking medication histories			
Writing discharge prescriptions			
Discharge dispensary			
Counselling patients before discharge			
Compliance aids			
Supplementary prescribing			
Intervention monitoring			
Telephone helpline			
One stop dispensing			
Guideline development			
PGD development			
Other 1 (please specify) e.g. medication monitoring clinics (lithium etc)			
Other 2 (please specify)			

18. Clinical activities delivered via directly employed staff

A. In-patient Services

19. Coverage of Services

Please enter the following code for the level of coverage for each service in terms of approximate percentage of wards or units covered:

1.....2.....3.....4.....5
 0% 25% 50% 75% 100%

Pharmacy Service	Acute wards	Long stay wards/rehab units
Admission Service involving confirming pre-admission medicines		
Admission service involving re-using patients' own medicines		
Pharmacy Assistant ward top-up		
Pharmacy Technician ward visit		
Ward Pharmacist visit (i.e. basic routine prescription monitoring and supply with no involvement in MDT)		
Regular patient medication education groups		
Consultant ward rounds or other MDT meetings		
Taking medication histories		
Writing discharge prescriptions		
Discharge dispensary		
Counselling patients before discharge		
Compliance aids		
Supplementary prescribing		
Intervention monitoring		
Telephone helpline		
One stop dispensing		
Guideline development		
PGD development		
Other 1 (please specify) e.g. medication monitoring clinics (lithium etc)		
Other 2 (please specify)		

20. Frequency of Services

Please enter the following codes for the level of coverage for each service in terms of wards or units covered:

1.....2.....3.....4.....5

Ad hoc Daily Twice Weekly Weekly Monthly

Pharmacy Service	Acute wards	Long stay wards/rehab units
Admission Service involving confirming pre-admission medicines		
Admission service involving re-using patients' own medicines		
Pharmacy Assistant ward top-up		
Pharmacy Technician ward visit		
Ward Pharmacist visit (i.e. basic routine prescription monitoring and supply with no involvement in MDT)		
Regular patient medication education groups		
Consultant ward rounds or other MDT meetings		
Taking medication histories		
Writing discharge prescriptions		
Discharge dispensary		
Counselling patients before discharge		
Compliance aids		
Supplementary prescribing		
Intervention monitoring		
Telephone helpline		
One stop dispensing		
Guideline development		
PGD development		
Other 1 (please specify) e.g. medication monitoring clinics (lithium etc)		
Other 2 (please specify)		

21. Other services provided by Trust employed pharmacists

Please enter the following codes for the level of coverage for each service in terms of wards or units covered:

1.....2.....3
 No service Ad hoc Regular commitment to a dedicated service

	Frequency
Medication management clinical audit	
Monitoring of clinical pharmacy interventions	
Reporting of and learning from errors	
Research activity	
Dedicated medicine information service	
Education services to other health care professionals	
Regular publications in professional journals/local meetings	

B. Services to Community Teams and Sub-specialties
22. Coverage of Services

In the tables below, please enter the following codes to indicate how often each of the services is provided.

1.....2.....3.....4.....5
 No service Ad hoc Daily Weekly Monthly

Frequency of pharmacy activities	Assertive outreach	Crisis Intervention	Home treatment	Adult Community MH	Learning disabilities
Supply of medicines					
Medication review					
Attendance at MDT meetings					
Medication education sessions					
Intervention monitoring					
Individual patient counselling					
Supplementary prescribing					
Domiciliary visiting					
Technician medication cupboards check					
Telephone helpline					
Others 1(<i>please state</i>)					
Other 2 (<i>please state</i>)					

Frequency of pharmacy activities (continued)	Forensic	Older People	Liaison psychiatry	CAMHS	Substance misuse	Early intervention
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Supply of medicines						
Medication review						
Attendance at MDT meetings						
Medication education sessions						
Intervention monitoring						
Individual patient counselling						
Supplementary prescribing						
Domiciliary visiting						
Technician medication cupboards check						
Telephone helpline						
Others 1 (<i>please state</i>) e.g. medication monitoring clinics (lithium etc)						
Other 2 (<i>please state</i>)						

23. Services contracted to external organisations

Please enter details of each external organisation that provides pharmaceutical services to the Mental Health Trust. All information given will be held in the strictest confidence.

Name of each organisation providing pharmaceutical service	Value (£)	Approx proportion (%) of total mental health trust pharmacy service provided by each external organisation	No. of items dispensed annually for mental health trust	No. of patients on Clozapine supplied by external pharmacy service	Is there a signed contract such as an SLA (service level agreement) Yes/No

N.B. Please include all items issued – stock, non-stock, in and out-patient issues and leave medicines

24. Combined external organisation staffing details. Please include only staff providing services to Mental Health and Learning Disabilities NOT the total engaged in the whole organisation

Please insert the number of WTE staff for each grade at the current date, if you have access to these. If you do not have access to this information please leave this section blank. Where AFC grades have not yet been agreed please give Whitley Council grades.

		1	2	3	4	5	6	7	8a	8b	8c	8d	9
1	Pharmacists												
2	Technicians MTO												
3	Assistants and other												

Are any of these posts currently unoccupied? Yes No

If Yes which posts

Are the vacancies due to?

(a) A failure to attract candidates

(b) Recruitment blocked at Trust level?

(c) Other (please state reason)

25. Are you satisfied that the providing organisation(s) uses adequately qualified staff to provide your service?

Yes No Don't know

26. If you are dissatisfied with the service you receive, has this been taken up with the providing organisation(s)?

Yes No Don't know

27. If so, are steps being taken to correct the situation?

Yes No Don't know

A. In-patient Services
28. Coverage of Services

Please enter the following code for the level of coverage for each service in terms of wards or units covered:

1.....2.....3.....4.....5
 0% 25% 50% 75% 100%

Pharmacy Service	Acute wards	Long stay wards/rehab units
Admission Service involving confirming pre-admission medicines		
Admission service involving re-using patients' own medicines		
Pharmacy assistant ward top-up		
Pharmacy Technician ward visit		
Ward Pharmacist visit (i.e. basic routine prescription monitoring and supply with no involvement in MDT)		
Regular patient medication education groups		
Consultant ward rounds or other MDT meetings		
Taking medication histories		
Writing discharge prescriptions		
Discharge dispensary		
Counselling patients before discharge		
Compliance aids		
Supplementary prescribing		
Intervention monitoring		
Telephone helpline		
One stop dispensing		
Guideline development		
PGD development		
Other 1 (please specify) e.g. medication monitoring clinics (lithium etc)		
Other 2 (please specify)		

29. Frequency of Services

Please enter the following code for the level of coverage for each service in terms of wards or units covered:

1.....2.....3.....4.....5

Ad hoc Daily Twice Weekly Weekly Monthly

Pharmacy Service	Acute wards	Long stay wards/rehab units
Admission Service involving confirming pre-admission medicines		
Admission service involving re-using patients' own medicines		
Pharmacy assistant ward top-up		
Pharmacy Technician ward visit		
Ward Pharmacist visit (i.e. basic routine prescription monitoring and supply with no involvement in MDT)		
Regular patient medication education groups		
Consultant ward rounds or other MDT meetings		
Taking medication histories		
Writing discharge prescriptions		
Discharge dispensary		
Counselling patients before discharge		
Compliance aids		
Supplementary prescribing		
Intervention monitoring		
Telephone helpline		
One stop dispensing		
Guideline development		
PGD development		
Other 1 (please specify) e.g. medication monitoring clinics (lithium etc)		
Other 2 (please specify)		

B. Other services provided by externally employed pharmacists (combined)

Please enter the following codes for the level of coverage for each service in terms of wards or units covered:

1.....2.....3.....4.....5

No service Ad hoc Daily Weekly Monthly

	Provided (Yes/No)	Frequency
Medication management clinical audit		
Monitoring of clinical pharmacy interventions		
Reporting of and learning from errors		
Research activity		
Dedicated medicine information service		
Education service to other health care professionals		
Regular publications in professional journals/local meetings		

C. Combined services to Community Teams and sub-specialties

30. Coverage of Services

In the tables below, please enter the following codes to indicate how often each of the services is provided.

1.....2.....3.....4.....5

No service Ad hoc Daily Weekly Monthly

Frequency of pharmacy activities	Assertive outreach	Crisis Intervention	Home treatment	Adult Community MH	Learning disabilities
Supply of medicines					
Medication review					
Attendance at MDT meetings					
Medication education sessions					
Intervention monitoring					
Individual patient counselling					
Supplementary prescribing					
Domiciliary visiting					
Technician medication cupboards check					
Telephone helpline					
Others 1 (please state)					
Other 2 (please state)					

Frequency of pharmacy activities (continued)	Forensic	Older People	Liaison psychiatry	CAMHS	Substance misuse	Early intervention
Supply of medicines						
Medication review						
Attendance at MDT meetings						
Medication education sessions						
Intervention monitoring						
Individual patient counselling						
Supplementary prescribing						
Domiciliary visiting						
Technician medication cupboards check						
Telephone helpline						
Others 1 (please state)						
Other 2 (please state)						

Finally

31. Do you have targets or performance indicators? Yes No

32. If you have targets or performance indicators please describe them briefly below

33. If you have targets or performance indicators are you meeting them? Yes No

34. If not, how short of your targets/performance indicators do you think you are?

35. So that we can obtain as much information as possible about your situation please would you list below the factors that most impact on your ability to provide a pharmacy service to the Trust with a brief explanation of why this is the case.

Thank you very much for taking the time to complete this questionnaire.

Please return it to me in the FREEPOST envelope provided.

Appendix Four (pages 27 to 29)

Resp.	Population in catchment area	Number of in-patient sites with beds	Total number of beds	Total budget for MH/LD services	Total MH/LD drug expenditure (Per annum)	Total manpower resources for MH/LD services	Items dispensed	Pharmacists (WTE including SLA staff)	Technicians (WTE including SLA staff)	Assistants (WTE including SLA staff)	Total Staff
1	90,000	1	30	unknown	unknown	45,000	unknown	1	0.0	0	1.00
29	150,000	2	72	9,260,837	238,000	7,500,000	unknown	0.3	0.45	0.05	0.08
26	250,000	2	97	16,000,000	790,744	13,500,000	713,000	0.90 Staff under SLA not known	0.84	0	1.74
18	300,000	2	95	not available	not available	not available	26,000	2	1	0	3.00
17	315,000	19	200	unknown	unknown	Unknown	61,000	3	3.6	0	6.60
22	320,000	Not given	Not given	Not given	Not given	Not given	Not given	1.6	0	0	1.60
20	320,000	2	136	38,000,000	960,000	168,000	45,000	1	1	1	3.00
16	350,000	1	200	87,000,000	1,000,000	Unknown	70,000	9	6.6	0	15.60
36	499,000	14	270	unknown	-	-	50,628	2.10	1.00	0	3.10
5	500,000	6	262	584,000	500,000	Unknown	-	2	.8	1	3.80
2	500,000	7	303	unknown	1,800,000	Unknown	82,000	1	1	1	3.00
4	500,000	3	350	unknown	1,900,000	Unknown	-	4	2	1	7.00
12	500,000	16	280	69,400,000	2,000,000	45,000,000	-	4	1	0	5.00
31	502,000	10	210	54,000,000	unknown	unknown	Not available	1.90	1.00	0	2.90
37	570,000	21	337	70,000,000	1,535,000	58,232,000	53,000	2.90	2.00	1.00	5.90

33(P)	625,000	6	330	92,000,000	-	-	68,000	7.93	10.62	3.85	22.40
13	650,000	3	220	59,000,000	1,800,000	360,000	0	5	1.4	0.5	6.90
34(P)	700,000	7	450	unknown	-	-	120,000	7.80	8.50	7.40	23.30
25	715,000	6	330	90,000,000	1,190,000	Under discussion	78,000	2.50	3.00	0.40	5.90
3	750,000	12	439	93,000,000	2,700,000	Unknown	150,500	12.2	9.9	0	22.10
30	750,000	9	500	100,000,000	2,700,000	Unknown	134,000	8.25	4.68	3.53	12.46
9	750,000	12	676	3,305,627	2,533,095	772,532	98,000	10.55	6.8	0.6	17.95
32(P)	760,000	44	410	88,000,000	-	-	-	4.90	6.00	0	10.90
8	800,000	8	464	111,174,000	2,200,169	81,125,000	48,086	7.16	8	1.7	16.86
28	800,00	25	605	109,000,000	2,800,000	unknown	Not available	3.50	2.00	2.00	7.50
23	850,000	12	850	152,064,000	4,200,000	unknown	-	16.6	16.3	13.4	46.30
27	880,000	4	496	99,000,000	2,592,918	76,000,000	33,600 under 1 SLA others not available	7.40	5.10	0.60	13.10
6	900,000	9	300	79,208,050	2,080,000	51,283,808	120,000	5.33	5	3.4	13.73
24	911,611	31	441	100,431,390	1,954,716	69,040,562	24,398 under 1 SLA others not known	3.57	1.50	3.00	8.07
7	956,560	4	350	83,000,000	2,216,884	65,000,000	115,050	9.25	20	11.25	40.50

14	1,100,000	4	500	108,000,000	2,800,000	77,200,000	0	1	0	0	1.00
10	1,200,000	5	542	86,595,000	2,894,900	66,914,000	98,500	6	Not clear under SLA	Not clear under SLA	At least 6
15	1,200,000	30	866	165,000,000	6,500,000	134,000,000	321,000	15.68	20.62	4.85	51.15
35(P)	1,300,000	31	570	130,000,000	-	-	Not available	5.55	1.00	-	6.55
19	1,300,000	unknown	unknown	74,364,000	1,429,000	57,247,000	10,260	0.5	1.00	0.4	1.90
11	1,600,000	21	833	150,000,000	5,012,000	unknown	135,000	8.5	4.00	1.00	1.00
21	Not known	Not known	Not known	Not known	Not known	Not known	Not known	?4	Not known	Not known	?4

NB Participant 21 was covering for maternity leave and therefore was not in possession of this information

Participant 37 provided two sets of data for two different SLAs so was regarded as 37 and 38 on the database.