FACE2FACE

Senior Clinical Pharmacist (Non-Medical Prescriber): Community Mental Health Team

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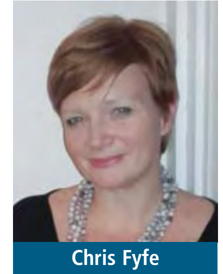

Chris Fyfe

Question:

What is your job title?

Answer:

I am a Senior Clinical Pharmacist (Non-Medical Prescriber) working into a newly designed Community Mental Health team.

The newly formed team was designed under a new and novel way of practice which Northumberland Tyne and Wear (NTW) NHS Foundation Trust is rolling out across its community services. It is called the Principal Community Pathways (PCP). The model, which was designed using 'Lean Thinking', aims to increase clinical time, upskill staff and optimise the use of a varied skill mix within a team, ultimately allowing for service users' care to be recovery focused.

What are your main responsibilities/duties?

When I began working in the team, my responsibilities were two-fold. The first was to review and see those service users referred into the medicines pathway - this pathway is open to those service users within the community team prescribed clozapine, depot medication, high dose antipsychotic therapy (HDAT), lithium or complex medication regimes. When seeing the service users I conduct medicines reconciliation and update all our electronic records with these details, review concordance, side effects and physical health monitoring, ensure that Shared Care agreements are in place where necessary and then convey this information to the GP service as appropriate.

My second role is to attend meetings within the team to review the role for pharmacy within this new setting and to contribute to the development of standardised ways of practice within this pathway and the physical health monitoring service.

Further to these two noted responsibilities, I also provide a day-to day-pharmacist presence by providing input to the team by way of answering queries about medications such as interactions or choices in treatment, obtaining and reviewing medication summaries from GPs and liaising with community pharmacies in the area regarding compliance devices or medication supplies e.g. anticipated shortages.

To whom do you report and where does the post fit in the management structure?

Within the pharmacy team I report to the Lead Clinical Pharmacist, Community Services but within the community team I discuss all referrals directly with the Consultant Psychiatrist.

How is the post funded?

Currently, the post is non-funded – the pharmacy department provides a 'proof of concept' clinical service model to the team via an allocation of time, which is one day of clinical allocation, one day of team meetings and then a day to review and do administrative work relating to the role.

The plan is to see if my input can demonstrate a clear need for a pharmacist/pharmacist non-medical prescriber (NMP) into this service and then to embed this type of post in future pathways throughout the organisation.

When was the post first established?

This was a proof of concept post, commencing formally in May 2015.

The community team is working under the new PCP model of working. The PCP community team was 'launched' in November 2014.

"The plan is to . . . demonstrate a clear need for a pharmacist/pharmacist non-medical prescriber (NMP) . . . in future pathways . . ."

Are you the first post holder?

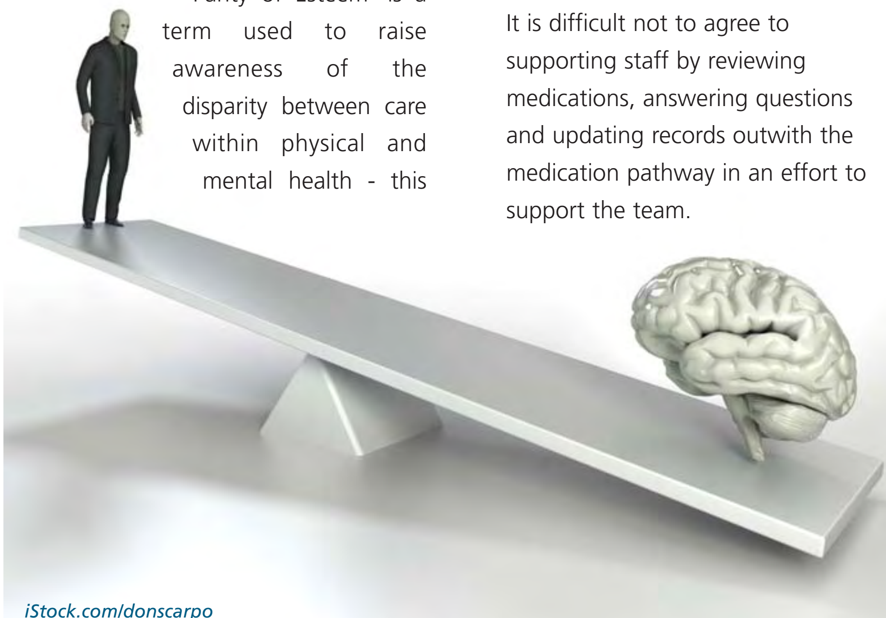
Yes, I was the first pharmacist to work in the PCPs as a NMP but a group of pharmacists within our service had 'paved the way' by setting up a service within a physical health monitoring team in 2014. The pharmacists within this team worked specifically looking at clozapine titrations and lithium titration, monitoring and prescribing. One pharmacist worked as a NMP.

What were the main drivers for the establishment of the post and how did it come about?

There are a number of national and local drivers for the establishment of this post.

There was a need to locally review the current community services to make the best use of the time of a Consultant Psychiatrist and all other staff by utilising the pharmacists with specialist training in medicines to review medications. This is seen to be reinforced nationally by National Institute for Health and Care Excellence (NICE) recommending in the document 'Medicines Optimisation NG5' that organisations look to have medicines reconciliations and reviews conducted by staff trained and competent to these roles. The guidance uses a pharmacist as an example of suitable staff.

'Parity of Esteem' is a term used to raise awareness of the disparity between care within physical and mental health - this was highlighted in the Health and Social Care Act of 2012, which drew the attention of the Secretary of State to the inequalities that exist. This, in turn, lead on to the Royal College of Psychiatry being called upon to produce guidance on how to achieve this parity. The working group wrote the report 'Whole-person care: from rhetoric to reality (achieving parity between mental and physical health)', which draws attention to how to achieve this equality in all aspects of care and provides some advice on establishing physical health services. This, combined with a Commissioning for Equality and Innovation (CQUIN) target that addresses physical health within various sectors of mental health, have further focussed on the need to address physical health within a mental health setting and, essentially, looks to focus attention on physical health associated with psychotropic medications. These issues have been some of the strong drivers for looking at establishing new roles for members of the pharmacy team within community services.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There needs to be parity between mental and physical health

What have been the main difficulties in establishing/developing the post to its current level?

There were a number of issues I found difficult:

- Maintaining boundaries for referrals. It is difficult not to agree to supporting staff by reviewing medications, answering questions and updating records outwith the medication pathway in an effort to support the team.
- Caseload management was something I was not experienced in managing. Regular correspondence with GPs and negotiating a clinical diary of appointments all took some time to get used to.
- Adjusting to being a prescriber. The switch in responsibility from supporting prescribers to prescribing medication was difficult. I found that, in making a prescribing decision, I would be checking myself and rechecking references and the BNF several times before putting pen to paper; I appreciate, though, that this changes with confidence.
- Clinical supervision appropriate to my needs. Finding someone who could listen and with whom I could relate my concerns is an important issue.

What have been the main achievements/successes of the post?

To date I have reviewed 47 patients; this is equally divided into categories of service users prescribed lithium, clozapine, HDAT, depot injections and complex medication regimes.

30% of the staff within the Community team responded to an anonymous survey, which I circulated in January 2016, reviewing my consultations with their clients who came from a mixture of disciplines - Community Psychiatrist, Community Psychiatric Nurse, Psychologist and Occupational Therapist. 100% reported that the service users and staff were satisfied with the appointment and interventions provided by myself as a pharmacist. The following comment was noted, which serves as a positive achievement for me:

"I have found this service very useful. I have been able to liaise quickly with the pharmacist enabling prompt treatment planning. Consultations were very person centred and supportive of individual needs and experiences. Information was given in a manner that was clear and understandable. I felt I also developed a greater understanding. Overall I believe

this provided an improved patient experience, improving safe practice, enabling patients to make informed decisions and reduce anxieties."

What are the main challenges/ priorities for future development within the post which you currently face?

Funding is a critical challenge to the continuation of this service – the service evaluation I am completing for the time I have been in post will look at the value added to the team and ascertain how my role as pharmacist and NMP adds value to the team. This will inform future business cases.

Now that we (as pharmacists) are aware of how the new model works, the challenge will be looking at setting an agenda as to areas to focus the time and energy of the pharmacist/NMP.

It will be important to take into account any issue that may affect the sustainability of providing this service, such as the training program for new NMPs.

What are the key competencies required to do the post and what options are available for training?

In order to do the role, the key competencies are a working knowledge of mental health and its management. I do not believe you need to be an expert to do this but to understand the medicines and practises in mental health and issues around the Mental Health Act are vital to being able to discuss a service users treatment with the individual.

My experience as a hospital pharmacist and my post graduate qualifications and clinical skills training are invaluable.* I would go so far as to say essential; a large part of my role was ordering and interpreting clinical investigations such as lithium levels and the associated physical investigations and being confident to refer to the medical staff and specialists to review any anomalies is a requirement.

An understanding of community pharmacy and primary care is valuable when ensuring that there are shared care agreements in place where needed.

Further to the qualifications and skills mentioned, I have benefited from the Centre for Pharmacy Postgraduate Education (CPPE) consultation skills training; good communication skills are essential to the role. Being able to empathise and appreciate what people are experiencing when you meet them in a consultation is important. It is also a valuable tool to achieve a shared goal when working in a team.

**I have completed the Aston Postgraduate Diploma in Psychiatric Pharmacy, the Practice Certificate in Independent Prescribing for pharmacists and am registered with the General Pharmaceutical Council (GPhC) as an independent prescriber.*

How does the post fit with general career development opportunities within the profession?

Community-focused pharmacy and the interface between primary and secondary care are massive areas, for pharmacists, for development. I believe this role is at the interface of primary and secondary care engagement. It is a role that suits a pharmacist with some postgraduate experience in difference sectors and who wishes to incorporate community, primary care and secondary care experience into their role.

The role has also provided me with an excellent opportunity to work into the role of NMP.

How do you think the post might be developed in the future?

The pharmacist could look to be more involved in medicines optimisation clinics at GP practices by working in conjunction with the GPs and practice pharmacists to rationalise prescribed psychotropic treatments, ensure shared care agreements are in place and actioned and implementing agreed treatment plans.

I believe the expertise of a pharmacist within this team could be outsourced to the GP practices serviced by the PCP to look at similar issues I address when patients are referred into the medicines pathway and those people discharged from services where medicines need review or discontinuation.

What messages would you give to others who might be establishing/ developing a similar post?

Gain as much experience within each clinical area you work, develop confidence in that area and try to spend as much time discussing with patients/ service users their medications.

Learn to look at how your knowledge and skills can best serve the patient and the organisation.

Establish clearly defined referral criteria for the area that you plan to work into, if possible and feasible for your service, select only one clinical area to work into at a time as an NMP (such as lithium or clozapine) and develop your expertise in that area before broadening out.

Finally, the support of others is invaluable. A dedicated mentor (who is themselves an experienced clinician) and clinical supervision with a fellow pharmacist NMP was found to be valuable.

Declaration of interests

- Chris Fyfe has nothing to disclose.