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A Review of Innovative and Extended Roles within Mental Health Pharmacy

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Executive summary

Introducing new roles into mental health services, or expanding existing roles, forms a key part of Health Education England's (HEE) mental health programme and forms part of the 2019/2020 HEE mandate.

To support this work, HEE commissioned a New Roles in Mental Health Pharmacy and Pharmacy Technicians Task and Finish Group [1] to review considerations for the pharmacy workforce. The Task and Finish Group identified:

- That the pharmacy workforce needs development and training in managing mental health across all settings to support the introduction and expansion of new roles. Many pharmacists and pharmacy technicians have limited exposure to mental health services during their training.
- A lack of consistency and a variety of service models in the clinical pharmacy input to mental health teams.
- The need to define the clinical supervision arrangements for pharmacy professionals within, and beyond, the mental health sector.

Alongside the work undertaken by the Task and Finish Group, the NHS England (NHSE) Mental Health Implementation Plan 2019/20–2023/24 identifies key mental health priorities nationally. A national workforce profile is included in the plan and this identifies 260 additional pharmacists required for the Adult Severe Mental Illnesses (SMI) Community Care programme and 20 additional pharmacists for the Community Perinatal Mental Health programme by Year 5 (2023/24).

In order to support achievement of the above, there is a need to better understand the innovative and extended roles pharmacy professionals are currently undertaking, and what the skills gaps are when it comes to delivering these roles at scale, as per the ambitions outlined in the Mental Health Implementation Plan. This review specifically focuses on recommendation (2ai) made by the Task and Finish Group:

- To explore, collate and analyse available data on innovative and extended roles within mental health pharmacy.

The review was prepared through a literature search and discussions with a range of pharmacy professionals across England.

A variety of roles were identified, ranging from advanced specialist practitioner roles working at "the top of their licence" and pharmacy technicians running clozapine clinics, through to community pharmacy roles supporting physical healthcare monitoring.

Underpinning all of these roles is the need to address and improve key medicine related outcomes, including:

- improving physical health;
- increasing people's choice and involvement with medicines; and
- improving timely access to services and advice.

Examples of good practice identified as part of this review include:

- The East London NHS Foundation Trust pharmacy clinical model and Fleetwood PCN pharmacy pilot, both of which demonstrate how pharmacy services could be delivered in an integrated mental health community setting.
- Advanced specialist perinatal pharmacist, Berkshire Healthcare NHS Foundation Trust. This role is the first fully integrated post into a perinatal service and an excellent role model for the posts identified in the NHS Mental Health Implementation Plan 2019/2020–2023/24.
- Hampshire community pharmacies working closer with Sussex Partnership NHS Foundation Trust CAMHS services to achieve NICE compliance with physical healthcare monitoring requirements and improve the patient and carer experience.

For these and other new roles to be established, fully utilised and implemented moving forward a pipeline of staff which does not solely rely on existing mental health pharmacy resources is key. Exposure and training of mental health is required at pre-registration and foundation level to support a wider pool of applicants. It will also ensure core 'generalist' mental health knowledge for primary care and acute care pharmacists to manage less severe mental health illnesses or as comorbid conditions. The review identified key skills required of these roles and areas for improvement.

Key findings

1. A clear pipeline of suitably trained staff, pharmacists, pharmacy technicians and pharmacy assistants is required to support development of these new ways of working.
2. Integrated working between STP workforce leads/transformation leads and local mental health pharmacy system leads nationally is variable, thus impacting negatively on the sustainable establishment of extended roles for pharmacy professionals in mental health.
3. Approaches to sharing, spread and adoption of innovative practice across local systems, STPs and regions is variable.

Key recommendations

1. All pre-registration and foundation level training should include general mental health conditions, for example, anxiety and depression, to ensure all staff are competent and confident to manage appropriately, and not refer to secondary care or feel unable to treat the condition alongside other physical health long-term conditions.
2. Training programmes need to be expanded to include access to training specific to perinatal mental health, liaison psychiatry and the management of mental health conditions as part of the NHS111/urgent care services.
3. HEE should work to better define and support the pharmacy learner journey, from pre-registration, through to foundation, advanced and consultant level practice.
4. HEE should better support both pharmacy and workforce leads in organisations, systems, and regions to develop sustainable models of care that include pharmacy professionals. These need to be underpinned by robust education and training that supports a shift to more integrated, community-based models of care.
5. HEE should curate/provide a repository of established pharmacy clinical models and business cases to guide and support chief pharmacists and STP transformational teams. This should aim to highlight good areas of practice to the STPs and wider network.
6. A pharmacist should be a named member of both the perinatal and psychiatric liaison multidisciplinary teams in their respective quality standards documents.

Introduction

The NHSE Mental Health Implementation Plan 2019/20–2023/24 [2] identified key areas of mental health with associated programmes of service delivery. A national indicative workforce profile was included and identified the trajectory of 260 pharmacists required for the Adult Severe Mental Illnesses (SMI) Community Care programme and 20 pharmacists for the Community Perinatal Mental Health programme by Year 5 (2023/24).

New mental health pharmacist indicative workforce profile:

	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Specialist community perinatal pharmacists	0	3	9	20	20
Adult SMI community care pharmacists	20	50	90	180	260
Total (numbers rounded as published in the Implementation Plan)	20	60	100	200	280

A cumulative trajectory across the lifetime of the NHS Long Term Plan

Aligned to this, HEE commissioned the Task and Finish Group. A final report was published in March 2019 [1]. This piece of work builds on one of the recommendations (2ai) of the initial task and finish group report to explore, collate and analyse available data on innovative and extended roles within mental health pharmacy.

This paper also supports the overall pharmacy new roles implementation strategy, which was agreed by the Task and Finish Group and presented to the HEE Mental Health Programme Board in March 2019. It also supports HEE's mandate to develop a "21st century workforce", with the right skills, knowledge and behaviours to deliver exemplary care to patients, carers and public in all sectors and settings.

The scoping exercise focuses specifically on exploration, collation, and analysis of data on innovative and extended roles within mental health pharmacy. It involved working with mental health pharmacy system leaders and stakeholders across England. Initial scoping was completed prior to COVID-19; however, in some instances, contributors were unavailable for follow up with regard to any further queries.

It is intended that the outputs of this report will support the wider work ongoing to explore the workforce and skills gap across the wider pharmacy workforce, across all sectors and touch on educational needs for early years training.

A literature search was undertaken, along with numerous discussions with a variety of pharmacy professionals nationally, to better understand what innovative roles are being practised that support the vision articulated in the NHS Long Term Plan (Mental Health) [3]

Discussion

The Community Mental Health Framework for Adults and Older Adults (2019) [4] sets out a vision for a new place-based community mental health model. The aim is to modernise services to shift to a whole person, whole population health approach, with a renewed focus on people with a range of long-term severe mental illnesses or who are deemed too severe for IAPT but not severe enough for secondary care 'thresholds'.

A new community-based offer should include access to psychological therapies, improved physical healthcare, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.

These models will see a significant proportion of community mental health staff become integrated within primary care and social care, to provide better support to patients and the primary care workforce. People can expect to have good quality assessments, interventions for mental health problems and flexible availability of specialist care without the need for cumbersome referrals. This would promote better outcomes for the individual and provide better access to the following, relating particularly to medicines use:

- assessment, advice and consultation for mental health problems;
- evidence-based pharmacological treatments;
- physical healthcare;
- access to mental health information and online resources; and
- specific support groups.

The Royal College of Psychiatrists hosts the College Centre for Quality Improvement (CCQI) [5], which runs a range of national audits for mental health. The Care Quality Commission (CQC) publishes an annual community mental health survey [6], which includes questions on medicines use. Both indicate that significant issues still exist around optimising medicines use to ensure patients have evidence-based care, regular monitoring for response and side effects and involvement in the decision-making process. Key findings relating to medicines from the most recent audit are outlined below.

National Clinical Audit of Anxiety and Depression (NCAAD), 2018:

- Results suggest little or no conversation with patient regarding choices and preference and little consideration to the medicines already on and potential interactions.
- Recommendation that medication is reviewed after one week for degree of response and side effects experienced, especially in those <30 and those at risk of suicide.

National Clinical Audit of Psychosis (NCAP), 2018:

- Recommendation that further work is required to match patients 'not in remission' and not on clozapine or on an optimal dose of anti-psychotic.
- Only 65% recorded patient involvement in prescribing decisions with poor scores on provision of information concerning medicines.

National Clinical Audit of Psychosis for Early Intervention Psychosis, 2018/19:

- Only 54% of patients were documented as being offered clozapine after two unsuccessful trials of anti-psychotics, which is a NICE standard.

The CQC, through its annual community mental health surveys [6], concluded that medicine scores have not improved over the last five years. The findings were:

- more patients want to be involved in decisions;
- patients want to be more involved in medicine choices;
- professionals give insufficient information about side effects; and
- shared decision making is not widely practised.

Pharmacists and pharmacy technicians working in the mental health settings have the right skills, knowledge, and behaviours to address the issues highlighted above.

Outlined overleaf is a range of pharmacy delivery models already functioning to address these issues. The roles described cover a range of pharmacy staff who have been grouped into three broad categories and aligned to the programmes of care set out in the Mental Health Implementation Plan.

Adult severe mental illnesses community care

1. East London NHS Foundation Trust – community mental health pharmacist

East London is part of the North East London STP, which is one of the 12 STP early implementer sites that are testing out new community models of integrated care. The role involves working with two pioneer primary care network sites (GPs + local authority + mental health). Its primary objective is to identify patients with enduring SMI and physical healthcare conditions within the primary care space who would benefit from medicines reviews and patient/carer support. The role is embedded as part of a multidisciplinary team and focuses on supporting people to live independently, and to support them to live longer, healthier lives as part of their local communities. These patients do not normally meet the threshold for secondary care.

Patients are identified in discussion with the core team (including social care) and using population data, for example, diabetes. The pharmacist then provides timely specialist advice to prescribing questions, supports mental health and physical healthcare assessments and, as a prescriber, can initiate treatment for, for example, depression, in a timely manner, whilst supporting a shared decision-making approach with the patient.

The pharmacy model is embedded within the CMHT and the pharmacy department is working closely with the trust's transformational team. The post was funded through a business case and directly linked it to the planning and delivery requirements of the Long Term Plan. Further work is being undertaken to map out how to maximise the pharmaceutical resources to support the vision and principles of the Long Term Plan, such as integrated, personalised, place-based and well-coordinated care.

2. Fleetwood Mental Health Primary Care Network Pharmacy Pilot – community mental health pharmacist

A split post between Lancashire and South Cumbria NHS Foundation Trust and Fleetwood PCN was created to support a specialist mental health pharmacist one day a week, to work with primary care community psychiatric and PCN staff. A summary of the pilot's successes included:

- patients avoided a six-month waiting list to see the consultant;
- timely specialist advice reduced waiting time for treatment;
- significant number of queries and interventions were undertaken to support GPs, for example, withdrawal or titration of anti-depressants or benzodiazepines; and
- physical healthcare monitoring clinic to review patients on anti-psychotics (50 out of 430 patients had outstanding monitoring requirements).

The post is employed by the trust, and the trust's chief pharmacist is looking to expand the model to other CCGs within the PCN.

3. South London and Maudsley NHS Foundation Trust – community mental health pharmacist

Pharmacy recruited two full-time pharmacist posts (band 7/8a) per borough to work with CMHTs. The project was agreed with the Trust Chief Operating Officer. These roles have agreed clear, defined medicines-related patient outcomes from ensuring accurate medicines

reconciliation of patients, physical healthcare monitoring, for example, lithium, patient consultations to higher level outcomes of reducing hospital admissions through optimal clozapine and depot injection uptake, and transfers to primary care.

A key learning from this project is that, because initially the pharmacy could not focus on the agreed higher-level outcomes as a result of the amount of routine/lower level medicines outcomes that were initially required to be undertaken in the CMHTs, for example, medicines reconciliation, expectation management of what is able to be done at the start is essential.

The next stage is to link with GP-based pharmacists, to upskill for management of key primary care mental health patient outcomes, for example, anti-depressant switches, manage side effects of anti-psychotics and benzodiazepine switches and withdrawals.

4. Berkshire Healthcare and Sussex Partnership NHS Foundation Trusts – lead early intervention in psychosis pharmacist

A full-time early intervention psychosis specialist prescribing pharmacist is employed directly by the service in each trust. The EIP pharmacist is an excellent example of an advanced specialist practising at the top of their licence and working as an integrated member of a team.

Responsibilities include:

- supporting assessments to help meet the access standards as part of the MDT;
- initiation of medication through meaningful shared decision making;
- review response, side effects and potential stopping of medication;
- identify side effects quickly to reduce time to initiate clozapine; and
- patient visits with consultants for the provision of expert advice in pharmacotherapy and timely access to medication reviews.

The 2018/19 National Clinical Audit of Psychosis audit data, under the auspices of CCQI [5] audit data showed that roughly only half of early intervention patients were offered clozapine when two anti-psychotics have failed. It is a NICE standard that patients are offered timely access to clozapine. A recommendation from the audit is for a systematic review of the case list to identify patients suitable for clozapine. An EIP pharmacist would support this, along with two key EIP targets of a NICE package within two weeks of the first EIP, and reduce variation in the level of NICE concordant care being provided by the EIP teams.

5. Surrey and Borders Partnership NHS Foundation Trust – advanced specialist pharmacist, mental health

The trust is part of the Surrey Heartlands integrated care system (ICS), which is one of the early implementer sites. Through a process of iteration, the ICS pharmacy network has identified three key areas for pharmacist support through ‘expertise closer to primary care’:

a) advice, guidance and support to practice-based staff, for example, switching of anti-depressants, switching of anti-psychotics;
b) population health approach, for example, quality improvement work on lithium and valproate; and
c) physical healthcare monitoring for SMI patients.

As funding is currently one session per week, the current model is using existing experienced mental health pharmacists and providing training opportunities for rotational pharmacists. Employment is by the trust but provides outreach into primary care, linking with the community mental health team.

6. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – clozapine clinic pharmacy technician

The trust changed its model for administering clozapine to service users, to a pharmacy technician-led clinic. This helped to improve patient experience by supporting service users in need of clozapine to access their treatment more easily and in a way that better suits their service needs.

The new model combines blood monitoring with medicines supply and has halved the number of required visits and improved the levels of missed appointments. The new model has reduced the cost of an initiation from £3,000 to £300 and avoided costs of about £100,000 during the first two years of operation [7].

Other emerging roles that are being developed include:

7. Hertfordshire Partnership University NHS Foundation Trust – principal pharmacist, integrated care system, mental health [8]

Job summary is to develop new ways of working in the evolving integrated care system and support the pharmaceutical needs of servicer users in primary care with mental illness through:

- support and influence of PCN pharmacists and GP-based clinical pharmacists to ensure that the pharmaceutical needs of patients with mental illness are met through partnership working;
- establish a network of PCN pharmacists, GP-based clinical pharmacists and community pharmacists that facilitates integrated working to support patients with a mental illness; and
- support and undertake specialist medication reviews for patients with complex mental illness.

8. Cambridgeshire and Peterborough STP – system mental and physical health pharmacist [9]

The job description is to lead and coordinate, in conjunction with the advanced clinical pharmacist mental health, community and primary care mental health medicines optimisation services to patients and carers. The role will lead the development of a mental health pharmacy strategy and be integral to the transformation of safe and effective medicines functions and services linked to the role.

9. North East London NHS Foundation Trust (NELFT) – specialist mental health liaison pharmacist (SMHLP) to support primary care networks (PCNs) and acute hospital teams

This role involves a specialist MH liaison pharmacist providing integrated support to PCNs and acute hospitals through their existing pharmacy teams, by providing training, clinical supervision and support on medicines use in treating mental health conditions. The roles utilises the leadership, expertise, skills and clinical knowledge of the specialist MH liaison pharmacist to support mental health patients with their medicines in the PCNs and acute setting, and ensure

mental health patients live longer and healthier lives across the Barking, Dagenham, Havering and Redbridge (BHR) Borough.

Community perinatal mental health services

The LTP delivery requirement is to have at least 66,000 women with moderate to severe perinatal mental health difficulties with access to specialist community care from pre-conception to 24 months after birth.

1. Berkshire Healthcare NHS Foundation Trust – advanced specialist pharmacist, perinatal mental health

First fully integrated pharmacist within the perinatal team. Originally, funded 2.5 days per week as part of the 2017 Wave 1 funding arrangements. Subsequently, built a case to be a substantive post and extended to 3.5 days. The role supports women (and partner/carer) with information needed to make a timely, informed decision about treatment or non-treatment during the perinatal period. As a prescriber, timely access to medication is provided. Significant amount of advice and guidance is provided to other healthcare professionals across the health economy, especially GPs.

This role receives all the primary care perinatal medicine-related queries that are directed to the perinatal team. This allows the one perinatal consultant to manage more complex patients with the knowledge that the primary care queries are being addressed. Surveys undertaken show that patient knowledge around risks of taking or not taking medication rose from less than 20% to more than 80% after pharmacist involvement.

A pharmacist is not yet included as a defined member of the perinatal service in the latest Standards for Community Perinatal Mental Health Services [10]. Personal communication [11] with the role holder supports an initial workforce plan of 0.5 WTE per 10,000 births.

Other examples of new roles outside adult mental health community and perinatal services

Children and younger people (CYP)

The Implementation Plan has delivery ambition of treating an extra 345,000 additional CYP aged 0–25 who will have access to support via NHS-funded mental health services.

1. Sussex Partnership NHS Foundation Trust/Hampshire and Isle of Wight LPC

A 2017 Health Foundation-funded project [12] for community pharmacies to carry out the physical monitoring in CYP who were on psychotropic medication to treat ADHD and related conditions. Current CAMHS clinics are struggling to meet the increased clinical demands whilst managing safety and quality of service delivery. Patients who are participating in the project are having regular physical monitoring and their measurements are recorded on a centile chart consistently.

Feedback from families shows that 100% of respondents saved time in visiting the pharmacy compared to the clinic, with no added cost to them, and 97% of respondents want the project to continue beyond the pilot.

Estimated that 40% of ADHD team's resources will be released to provide more input to those with greater needs, with less intensive support to stable patients.

2. NHS Tayside – advanced specialist CAMHS pharmacist [13]

Funding approved for 1.5 days per week for a pharmacist prescribing role to support medicines initiation and titration of children post their end-of-assessment diagnosis. There were significant delays in starting treatment post-assessment. Now moved to a pathway where newly diagnosed patients can start medication either at their diagnosis appointment, or given an appointment with the pharmacist for the following week.

By continuing to utilise the pharmacist independent prescriber to initiate and titrate medication, the specialist nurse is able to focus on initial assessments and review clinics. The service also benefits from having a pharmacist available to discuss clinical governance issues and high-risk medication.

3. Hertfordshire Partnership University NHS Foundation Trust – CAMHS independent prescribing pharmacist

A prescribing pharmacist is working within a CAMHS clinic to cover medical vacancies and embedded within the multidisciplinary team as per a core trainee doctor. They are responsible for managing a caseload that have an established diagnosis and treatment plan formulated by the consultant. Ongoing appointments, prescribing of medication as necessary with all associated monitoring, is undertaken.

The evaluation has been completed and has been submitted to the *European Journal of Hospital Pharmacy* for publication.

Mental health crisis care and liaison

The Psychiatric Liaison Accreditation Network (PLAN) quality standard [14] recommends that the liaison team has access to a mental health pharmacist and/or pharmacy technician to discuss medications. However, a pharmacist is not included in the recommended staffing structure.

The NCEPOD 'Treat as One' [15] document highlighted that at worse case, only 40% of mental health medicines were identified on admission, with 30% of discharges lacking mental health medications.

Examples below include a long-established liaison psychiatry post and emerging roles.

1. Guy's and St Thomas' NHS Foundation Trust – psychiatric liaison pharmacist

This is a large teaching trust with specialist services where complex interactions with psychotropic medication are more common, such as neuroscience, hepatology, renal, transplantation or cardiothoracic units. For more than 10 years, the trust has benefited from a specialist mental health pharmacist to implement and monitor psychopharmacology prescribing across the age range and specialties, for example, input into renal MDTs.

2. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – psychiatric liaison pharmacist

Evaluation of a pharmacist 2 days per week as part of the psychiatric liaison team at Sunderland Royal hospital. Medication changes were made on 63% of the 149 referrals received, with a third of these changes relating to de-prescribing advice [16].

3. South West London and St George's Mental Health NHS Trust – psychiatric liaison pharmacist

Two of the acute trusts in South West London (St George's University Hospitals NHS Foundation Trust and Kingston Hospital NHS Foundation Trust) have created full-time liaison posts.

4. North East and North Cumbria AHSN/Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – NHS 111 and urgent care pharmacist

Through the NHSE Urgent Care Programme, there has been a successful evaluation [17] of two mental health pharmacists working as part of a team of nine pharmacists trained to work in the urgent treatment centres and NHS 111 clinical assessment service (CAS). The specialist mental health pharmacists undertake mental health consultations and refer to psychiatric liaison or crisis teams, as well as direct medication queries.

89% of CAS staff interviewed viewed the addition of pharmacy as an extremely positive/positive addition to the CAS.

An opportunity exists for pharmacy staff to develop more exposure and experience in these clinical areas, with the provision of training roles through their base locations and included into formalised training programmes.

Learning disabilities

NHSE STOMP campaign highlights that 30,000–35,000 adults with LD or autism are taking psychotropic medication for a health condition that they do not have, or that the medicine is not licensed for. Children and young people are also affected. Examples below highlight the benefit of specialist pharmacists working in this area.

1. South West London and St George's Mental Health NHS Trust – advanced specialist pharmacist, learning disabilities

Funding to support two pharmacists working with five CCGs to carry out specialist medicines reviews with learning disability patients in care homes and align prescribing to local formularies. Of the 367 patients reviewed, there were 968 interventions (including 252 medicines stopped and 60 interventions rated as high risk) with an estimated medicines savings of £50k and estimated cost avoidance of £95k.

2. Surrey and Borders Partnership NHS Foundation Trust – advanced specialist pharmacist, learning disabilities

0.6 WTE pharmacist funded through the STOMP initiative to work with LD care homes to reduce the use anti-psychotics in patients under the care of the GP.

Conclusions and recommendations

The NHS Confederation/Centre for Mental Health report of 2017 [18] on the future of the mental health workforce included a section on pharmacy:

"Pharmacy is sometimes regarded as a peripheral service in mental health and many perceive pharmacy as simply a 'supplier'. Overall, during the consultation, pharmacy was felt to be an untapped resource and that both pharmacists and pharmacy technicians had much to offer. Especially for the huge challenge mental health services have supporting people with medication."

The examples of developed and emerging roles described in this review demonstrate how this untapped resource can be utilised and support patients with their medication. They range from the highly advanced pharmacists seen within the specialist services of early intervention, perinatal and CAMHS services, mental health pharmacists, pharmacy technicians, community mental health teams and primary care networks, to the involvement of the community pharmacist.

The early intervention psychosis, CAMHS and perinatal posts are role models for the future and show how advanced clinical practitioner pharmacists can be utilised to their full potential. These roles should be a blueprint for other services to follow.

East London and Lancashire are good examples of new transformational pharmacy models of care within the CMHTs. These models have a focus to provide timely, specialist pharmaceutical interventions within an integrated setting.

Also, the utilisation of existing community pharmacy services is highly recommended and to be encouraged as an untapped resource to support better patient outcomes. The example cited is applicable to other clinical areas that need physical healthcare monitoring and/or repeat prescription monitoring.

The NHS Mental Health Implementation Plan 2019/20–2023/24 provides an ambitious transformation of mental health services in England. Although funding for specialist pharmacists has been linked to adult community care and community perinatal mental health programmes, there are many examples of good practice noted that can support the other care delivery programmes with achieving their key outcomes and delivery ambitions. It is recommended that chief pharmacists clearly understand the requirements of the Mental Health Implementation Plan when considering or formulating new initiatives, and look to whole person, whole population health approaches.

With less than 50% of CMHTs having face-to-face links with pharmacy, and research articles [19] [20] showing significant basic medicine reconciliations and other medicine safety issues within primary care, these additional new posts are hugely supported and needed.

Given the relatively small number planned of 280 extra specialist MH pharmacists, it will be important that those undertaking the above-mentioned roles are able to maintain their focus on people with severe mental illnesses. Therefore, it is essential that other pharmacy staff gain confidence and competence to support less severe mental illnesses. The current wide variation in quality and knowledge of mental health within primary care network pharmacy staff will need to be addressed to support these patients and improve outcomes.

For these new roles to be implemented, it is imperative that pharmacy is involved in the formation of new models of care; however, observations from the 12 STP EIS workforce plans show a mixed picture of pharmacy involvement. As of December 2019, only six of the 12 sites mentioned pharmacy or medicines involvement in their workforce plans. These early implementer sites are resourced to test new models of care and recommended that these early adopter models are followed closely.

Potential barriers to implementation of these new cross-sector, community/integrated posts could be that:

- potential applicants will be coming from existing pool of mental health staff (mental health pharmacists represent only 3% of the pharmacists working in North Central London), so a pipeline of staff is key to support the development of these new roles;
- mental health pharmacy services are generally small; the training burden to support upskilling of existing own staff and of wider network will be a significant workload. Work is required to ensure there is an efficiency and consistency to training to avoid duplication and promote best practice; and
- as staff migrate from inpatient to community settings, other pharmacy personnel will need to be upskilled to support this transition. This will need to increase in numbers, and upskilling of pharmacy technicians and clinical SATOs will be required to do further medicines optimisation activities.

These developments will need to be planned, managed and rolled out in a sustainable way with MH chief pharmacists working in collaboration with the wider pharmacy community.

Recommendations

1. All pre-registration and foundation level training should include general mental health conditions, for example, anxiety and depression, to ensure all staff are confident and competent to manage appropriately, and not refer to secondary care or feel unable to treat the condition alongside other physical health long-term conditions.
2. Training programmes need to be expanded to include access to training specific to perinatal mental health, liaison psychiatry and the management of mental health conditions as part of the NHS 111/urgent care services.
3. HEE should work to better define and support the pharmacy learner journey, from pre-registration, through to foundation, advanced and consultant level practice.
4. HEE should better support both pharmacy and workforce leads in organisations, systems, and regions to develop sustainable models of care that include pharmacy professionals. These need to be underpinned by robust education and training that supports a shift to more integrated, community-based models of care.
5. HEE should curate/provide a repository of established pharmacy clinical models and business cases to guide and support chief pharmacists and STP transformational teams. This should aim to highlight good areas of practice to the STPs and wider network.
6. A pharmacist should be a named member of both the perinatal and psychiatric liaison multidisciplinary teams in their respective quality standards documents.

Education and training requirements

To be able to meet the commitments of the LTP and to move away from the notion that all mental health is specialist, current and future pharmacy roles need to be confident and competent with mental health illnesses.

The advanced clinical practitioner career pathway needs to be underpinned through appropriate foundation level and pre-registration pharmacist training. All pre-registration programmes should gain some level of mental health experience as standard. All this is dependent on a larger pipeline of appropriately trained pharmacy staff, as part of early years training (both pharmacist and pharmacy technician).

From the analysis of these roles, requirements/qualities for success of an advanced practitioner post include:

- integration into the team, rather just visiting;
- confidence around autonomous working (both operationally and professionally);
- risk management and clinical decision-making skills;
- mental health and physical health assessment skills;
- highly developed consultation and communication skills;
- ability to prescribe to ensure timely access to medication;
- patient outcomes identified as key factors to determine the success of the role;
- leadership skills at professional and service level; and
- research capabilities.

There are three mental health consultant pharmacists in England, and all are based in London. More posts are required to be created outside the capital. This would provide a logical progression from an advanced clinical practitioner level and with the remit to work at an STP or ICS level, rather than a PCN level.

As these specialist posts should work closely with severe/complex patients, it is important that non-mental health specialist pharmacy staff have robust training programmes to deal with the needs of patients with less severe mental illnesses, or who are managing patients with other co-morbid conditions.

Rotational training of mental health staff through the PCN and acute hospitals can also offer opportunities to provide support to these patients and upskilling of other healthcare staff.

The upskilling of pharmacy technicians and senior assistant technical officers (SATOs) is required to release pharmacists from inpatient activity and for pharmacy technicians to provide community-based services, for example, clozapine clinics or medicine administration activities.

Areas/gaps that should be further explored and developed, such that the new specialist community roles are appropriate for new ways of working include:

- shared decision-making skills to support meaningful conversations with patients and carers;
- address the minimal perinatal training currently included at either undergraduate level or foundation level;
- develop the skills and tools to undertake meaningful co-production; and
- biopsychosocial, as well as biomedical training.

Glossary

ADHD – attention deficit hyperactive disorder
AHSN – Academic Health Science Networks
CAMHS – children and adolescent mental health services
CCG – clinical commissioning group
CMHT – community mental health teams
CQC – Care Quality Commission
EIS – NHS England Early Implementer Sites for the MH Implementation Plan
IAPT – improving access to psychological therapies (primarily for adults with depression and anxiety disorders)
ICS – integrated care system
LPC – local pharmaceutical committee
LTP – Long Term Plan
MTD – multidisciplinary team
NCEPOD – National Confidential Enquiry into Patient Outcome and Death
PCN – primary care network
PLAN – Psychiatric Liaison Accreditation Network
SATO – senior assistant technical officer
STOMP – Stopping over medication of people with a learning disability, autism or both
STP – sustainability and transformation partnerships

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