

New Roles in Mental Health The Pharmacy & Pharmacy Technicians Task & Finish Group



Final Report
March 2019

Developing people
for health and
healthcare

www.hee.nhs.uk

Introduction

The group met four times (twice face to face and twice by Skype) through the project and, through an iterative process initiated by a facilitated discussion led by Kirsty Baxter, developed and refined a number of proposals for defined projects using the star methodology .

Summary of HEE Star

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations.

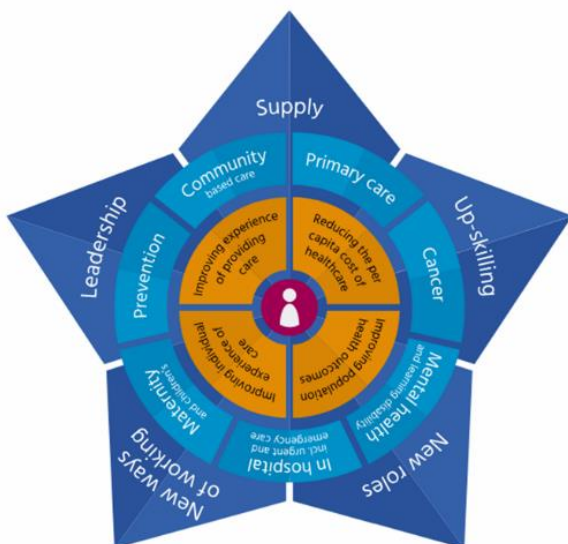
The HEE Star has two functions:

1. Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions.

2. Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions.

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The purpose of the task and finish group was to determine and priorities the list of projects under each of the named enablers of transformation, (the full list of projects can be found in appendix 3)



Overview of themes and project proposals

Supply

1a. MH pharmacy workforce data

There are gaps in our understanding of the mental health pharmacy workforce and a known large variation in its capacity. This is partly due to the different models of employment across the sector linked to different models of service delivery.

The NHS benchmarking network has been used to assess the current workforce and identify variations and gaps including skill mix, but this project has now ceased. ESR data previously has had limited usefulness due to issues with accuracy. This can be revisited due to possible improvements such as coding occupations and then combining the data with data from service delivery through SLAs.

Pharmacy & Pharmacy Technicians New Roles Task & Finish Group Final Report

A suitable denominator needs to be determined to give value and comparability to the data which accounts for both bedded and non-bedded activity from NHS Improvement model hospital like weighted activity unit, possibly caseloads or population building on the 2018 NHS Benchmarking MHT in pharmacy project. The possibility of adapting the workforce calculator for use in the MH sector could also be investigated.

A consideration to the impact on other professions and skill shortages is also noted.

Recommendation	Outcome	Lead
To collate and analyse available data on the mental health pharmacy workforce to describe how it is currently deployed including progress towards the aspiration that the clinical pharmacy workforce should be embedded into multi-disciplinary mental health teams to support the integration of physical and mental health services as set out in the NHS Long Term Plan	A better understanding of skill-mix, capacity and variations leading to recommendations to NHS trusts about best practice.	HEE workforce intelligence team to work with NHSI Pharmacy Mental Health and LD lead and Carter 2 cohort trusts By December 2019

1b. Define and expand breadth of experience and career opportunities in mental health for junior grades.

One of the current issues faced in the MH sector is a deficit of band 7 pharmacists and no clear pathway to develop people towards senior 8a posts. There is an apparent reluctance for junior professionals to commit to mental health and limited exposure to the specialty in the pre-registration and early years' experience.

This lack of exposure to or awareness of mental health as a career opportunity could be addressed with rotational posts between different sectors in pharmacy (Acute, MH, community, primary care).

A robust career pathway and educational support may help with job satisfaction and retention¹ for all the pharmacy workforce. New roles and exemplars must be tied into this pathway as well as the many different specialities of mental health. NHS careers to help expose the career pathway.

A stable workforce will improve the quality of care and patient safety.

Collaboration between the different sectors to form a national career framework including for pre-registration and band 6 pharmacists and pharmacy technicians.

Recommendation	Outcome	Lead
Increase the experience of pharmacy professionals working in mental health, particularly during initial education and training and in early years by <ul style="list-style-type: none"> • Increasing the number of undergraduate, pre- 	Improved exposure to mental healthcare across the wider pharmacy profession. Improved pipeline for the MH sector	Recruit an education focused clinical fellow to work with system leaders, trust chief pharmacists, HEE Pharmacy Deans and exemplar sites Funding

¹ The importance of access to education and training opportunities in enhancing recruitment and retention was identified by Lord Carter in the Review of NHS Operational productivity in Mental health services and Community health services (2018) and Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (2016)

Pharmacy & Pharmacy Technicians New Roles Task & Finish Group Final Report

registration and early years placements in mental health settings <ul style="list-style-type: none"> • Developing rotational preceptorship programmes offering experience in mental health pharmacy settings 		Approx. £66,500 p.a (see overall clinical fellow proposal below). To work with the Pharmacy Deans and CPPE to increase access to MH training materials for all the pharmacy workforce
---	--	--

Up-skilling and New Roles

2ai Scoping exemplars of extended roles and service delivery and assessing skills gaps

This builds on the NHSI work for the Carter report into mental and community health services and the focus on pharmacy and medicines optimisation. There are exemplars of extended and innovative clinical roles for pharmacists and pharmacy technicians from these sources;

- Published
- Anecdotal practice evidence,
- The Carter cohort trusts,

There is however a large variation in how MH trusts deliver services so the upskilling needed to deploy these innovations at scale may be highly variable.

We propose a further call for evidence for examples of new roles and ways of working that can be defined, and the upskilling requirement understood.

This call for evidence will lead (or combine) a census of MH pharmacy services to assess the state of readiness, upskilling requirement and governance arrangements to oversee the upscaling of this and the further spread of best practice.

We would also like to estimate the levels of investment required to access additional training (e.g. additional clinical skills, prescribing etc) to support the scaling up.

Recommendation	Outcome	Lead
To explore, collate and analyse available data on innovative and extended roles within mental health pharmacy. Carry out a census of MH pharmacy services to explore the workforce and skills gap in delivering this at scale	Identification of opportunities to improve patient outcomes through innovative and extended practice. Identification of skills gaps.	Recruit a workforce transformation focused clinical fellow working with NHSI Pharmacy MH and LD lead, MH Chief Pharmacists, Pharmacy Deans networks Funding Approx. £66,500 see overall clinical fellow proposal below)
Seek the support of the New Roles in Mental Health Board to strengthen the capacity of HEE pharmacy schools to support the development of the mental health pharmacy workforce Carry out some focussed work cope numbers and training costs linked to project above	Local business cases and investment proposals	Clinical fellow in collaboration with HEE Pharmacy Deans.

2aii Establish a nationally coherent and aligned competency framework across all care settings

Evidence demonstrates the value of professional development frameworks to underpin advancing practice. There are a number of local and national frameworks for specific sectors and areas of MH pharmacy practice e.g. the college of Mental Health Pharmacy, the RPS, APTUK, PHE. There is a need for a single framework or reference point that maps required competencies for the pharmacy workforce across all sectors where they support people with mental health needs. This would include preventative care through to advanced practice for people with serious mental illness.

Recommendation	Outcome	Lead
Commission a project to collate all the existing professional development frameworks for the pharmacy workforce in MH.	A single point of reference to underpin safe, effective and consistent practice across all health care settings. Consistency and connectivity to other relevant frameworks e.g. HEE ACP	HEE to commission in partnership with NHSE/1. £10k

New roles

3. Clinical Supervision

There is a need to define the clinical supervision arrangements for pharmacy professionals within and beyond the MH sector. As roles develop and clinical autonomy increases a clear definition of supervision is required for specified groups; who may supervise and what is the objective of supervision.

Pharmacy teams outside mental health trusts could be supported through clinical networks when caring for people with mental health problems. The needs of generalists versus specialists and how the supervision requirements changes can be considered. A guide or framework should be developed taking into account a number of different factors such as scope of practice, risk assessments and relevant experience in other sectors (e.g. NHS 111, care homes, clinical pharmacists in general practice).

Recommendation	Outcome	Lead
To produce a guide to clinical supervision for pharmacy professionals in new and extended roles supporting people with mental health problems. This work will link to the overall guidelines for multi-professional supervision which are being developed as part of the new roles cross cutting themes	Improved patient safety. Clearer governance processes for the pharmacy workforce. Improved multi-professional and cross sector working	A multi-professional group with input from clinical, professional experts and the ALBs.

New ways of working

4a. Learning from the 7 Integrated Pharmacy and Medicines Optimisation sites STPs/ICSSs

There are seven pilot sites exploring Integrated Pharmacy and Medicines Optimisation. The learning from these sites to support improvements in how the MH pharmacy team work will be valuable. e.g. operating across organisations in partnerships /networks, developing the pharmacy leadership infrastructure and optimising the pharmacy input to cross sector integrated working.

This should support project 1b by facilitating a model of system wide clinical placements and pre-registration with an accompanying foundation pharmacist programme. This should allow pre-registration and junior pharmacists to experience bedded and non-bedded services. There is currently only a very limited number of formal rotations and clinical practice placements between sectors.

No specific project but link to project 1b

Leadership

5b. Clinical fellowships

There is a need for strong and on-going leadership, to produce and publish evidence, raise awareness of the sector and MH in and beyond pharmacy, and a career pathway for leaders for the future.

The creation of fellowships will give pharmacists the opportunity to be exposed to leadership and develop talent within the MH sector. The fellows can undertake projects and research to build the evidence and undertake transformational changes to improve care and patient experience.

We suggest the appointment of two pharmacy clinical fellows for a two-year period to lead the development of pharmacy and pharmacy technician input into mental health services and to provide links to local HEE offices

Overall proposal

- Clinical Fellow in Pharmacy Education development to lead on project 1b and link with two HEE regions.
- Clinical Fellow in Pharmacy workforce transformation to lead on project 2ai and link with two HEE regions.
- Assuming appointment at Agenda for Change (2018 rates) mid- point band 8B the total cost would be £133,000 per year (£66,670 per fellow).

5c. Establish channels for recognition and reward

The visibility of the developments in, and benefits to patients of, innovative pharmacy practice in mental health needs to increase across pharmacy, the wider MH MDT and NHS.

Greater support to MH pharmacy teams should be available for them to gain recognition and professional reward for service improvement and development.

We suggest the creation of a HEE Pharmacy Workforce Development award which would invite entries focussed on, for example

Pharmacy & Pharmacy Technicians New Roles Task & Finish Group Final Report

- Service improvement
- Service innovation
- Skill mix
- Advanced practice

The proposed clinical fellows could support this by working with health innovation or clinical leadership networks

Appendix 1: Group Membership

Trevor Beswick (Chair)	Pharmacy Dean & Regional Head of Pharmacy, HEE South
Peter Pratt	NHS England & NHS Improvement Pharmacist Head of MH & LD Medicines Strategy GPhC 2023122
Ann Jacklin	Medicines & Pharmacy Professional Advisor Mental Health & Community Services Sectors Operational Productivity Directorate NHS Improvement
Sarah Billington	CQC
Karen Shuker	College of Mental Health Pharmacy
Michele Sie	Chief Pharmacist, Pharmacy Dept. South West London and St George's Mental Health NHS Trust Morrison, Springfield University Hospital
Timothy Donaldson	Chief Pharmacist, Northumberland, Tyne and Wear NHS Foundation Trust
Kate Organ	Deputy Chief Pharmacist, Surrey and Borders Partnership NHS Foundation Trust
Sue Thomson	Acute Chief Pharmacist, Clinical Director of Pharmacy and Medicines Optimisation, Honorary Senior Lecturer, Keele School of Pharmacy and CWD Clinical Governance lead
Sarah Green	Chief Pharmacy Technician working in mental health
Kate Livesey	Policy & Programmes Manager, Community pharmacy input
Phil Hough	HEE PAF member and MH Assurance Committee chair – representing service users
Anita Solanki	North School of Pharmacy and Medicines Optimisation HEE
Dr Rachel Elvins	Lead Consultant - Salford CAMHS, Manchester Uni NHS Foundation Trust
Chris Wood	Transformation Collaborative, HEE Midlands & East
Gemma Hagen	Programme Lead HEE Pharmacy Integration Fund

Pharmacy & Pharmacy Technicians New Roles Task & Finish Group Final Report

Appendix 2: Case studies outlining how the input of pharmacists can promote efficiencies in mental health (and community) settings



Carter Report Case
Studies.pptx



summary of
pharmacist & PT wo

Appendix 3: Summary of projects

Pharmacy MH Task and Finish Group Proposed Projects

Supply	Up-skilling	New roles	New ways of working	Leadership
<ul style="list-style-type: none"> • Establish oversight of Pharmacy and Pharmacy Technician deployment and its' variation across Mental Health settings (ref: NHS Benchmarking Network Report) • Explore the range of 'Return to Practice' activity through CPPE programmes • Scope the undergraduate placement opportunities offered by Pharmacy Schools • Scope the undergraduate and Pharmacy Technician exposure to mental health placements • Establish best practice across pre-registration Pharmacy programmes (cross reference to 7 system leadership projects) • Define the breadth of career opportunities and pathways in mental health (inc. pharmacy prescribing) 	<ul style="list-style-type: none"> • Establish a nationally coherent competency framework across all mental health settings and career levels (eg: including general, community and A&E) • Adopt recommendations of NHSE imminent report regarding extended roles • Create a portfolio of professional development opportunities for Pharmacy Technicians • Explore development of Level 4 apprenticeship standards for Pharmacy Technicians • Scope exemplar roles of Pharmacists and Pharmacy Technicians in extended patient facing roles • Define the upskilling requirement (aligned to ACP framework) to meet extended patient facing roles. E.g. patient safety, placement experience and impact (NHSE report recommendations). 	<ul style="list-style-type: none"> • Establish the role profile of Pharmacists in Mental Health and produce a communication plan which addresses state of readiness, upskilling requirement and governance. • Scope clinical supervision best practice models across multi disciplinary teams and make recommendations 	<ul style="list-style-type: none"> • Determine the learning from the 7 system leadership sites with regards to the opportunities of operating within local partnerships /networks • Explore the potential role and contribution of MH Pharmacists to the CYP agenda in schools – identify development requirements and make recommendations (Green Paper, Dept for Health) • Map the Pharmacy interface with third sector provision and local authority services and make future recommendations 	<ul style="list-style-type: none"> • Create clinical fellowships to deliver workforce transformation initiatives • Identify and create opportunities for cross sector integrated exchanges • Establish channels for recognition and reward of Pharmacy in Mental Health akin to HSJ, RPS & 'Academy of Fab Stuff' • Produce a communications and engagement plan to reflect the delivery requirement of agreed improvement projects