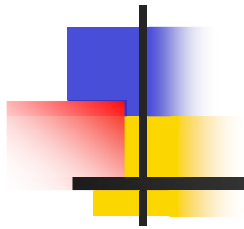


Medicines Management Health Check – What about Mental Health Trusts?



Dr David Branford
Chief Pharmacist
Derbyshire Mental Health
Services (NHS) Trust



Outline of Presentation

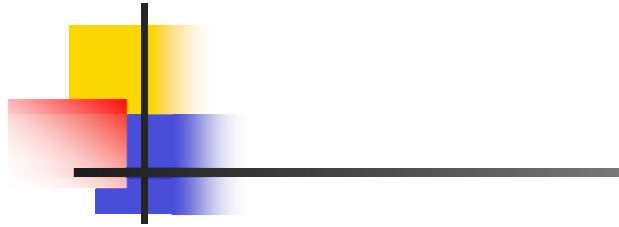
- What are Mental Health Trusts (MHT)?
- Surveys of MHT pharmacy services
- Solutions





What are Mental Health Trusts (MHTs)?

- Very large healthcare organisations
- Span large city or wide geographical area
- Currently around 70 but proposals to become 35-40 MHTs
- Most will serve populations of 1-2 million
- Relate to one medical speciality
- Focus on
 - People with severe and enduring mental health problems
 - Engagement over long periods of time



Derbyshire Mental
Health Services
NHS Trust





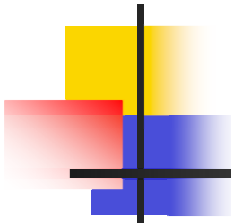
How are Mental Health Trusts different from Acute Trusts?

■ Acute Trusts

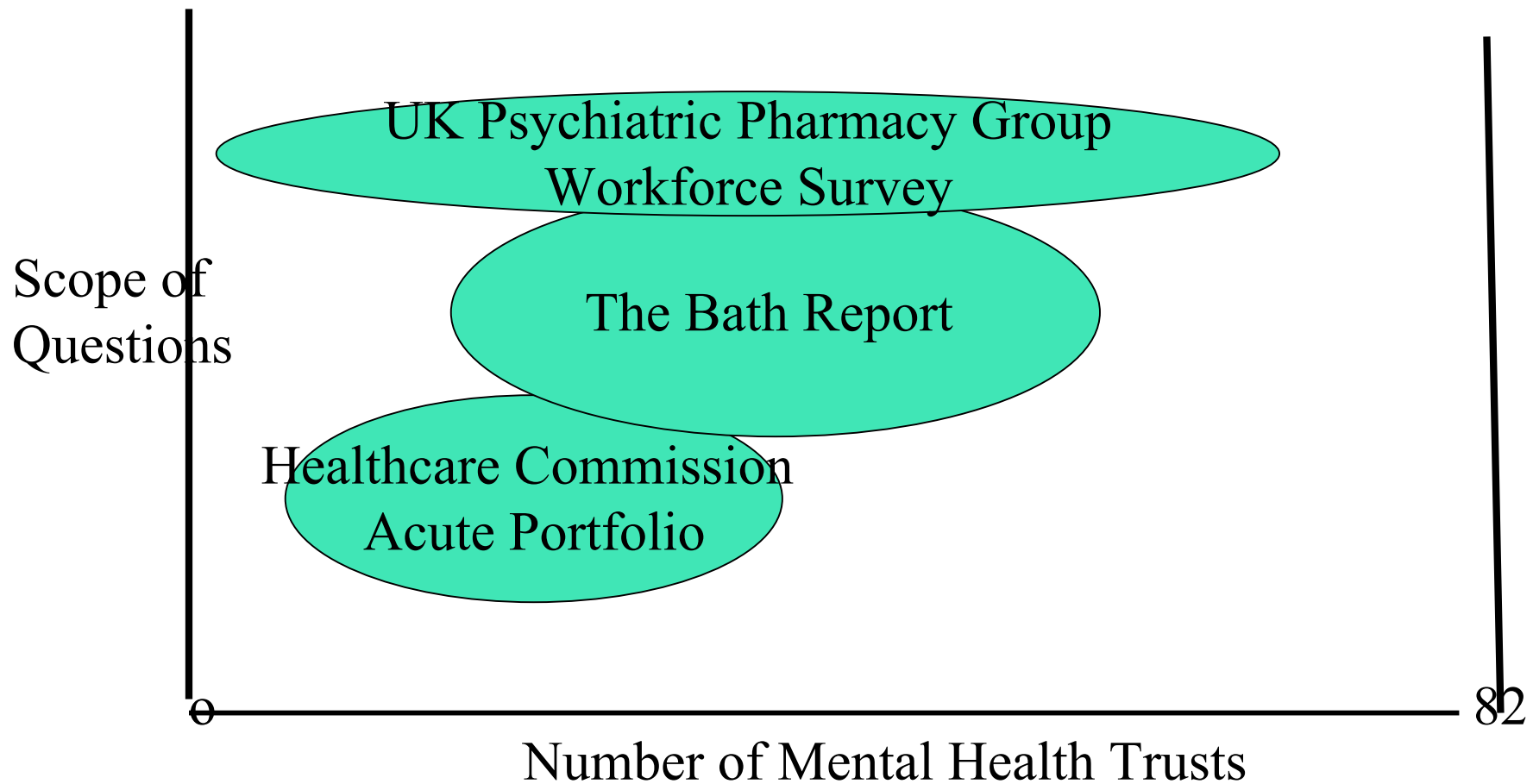
- Mix of patients
- Short stay
- Acute treatment
- Care rapidly passed back to GP
- One or two (usually very large) hospital sites
- Most of treatment happens on wards
- Own pharmacy service

■ Mental Health Trusts

- Single speciality
- Support service users over longer periods of time
- 100 + sites
- Most of treatment happens in community
- Pharmacy services usually devolved to others



What do we know about Mental Health Pharmacy Services?





What might be the Service Dimensions of a Mental Health Trust Serving a Population of 1-2 Million People?

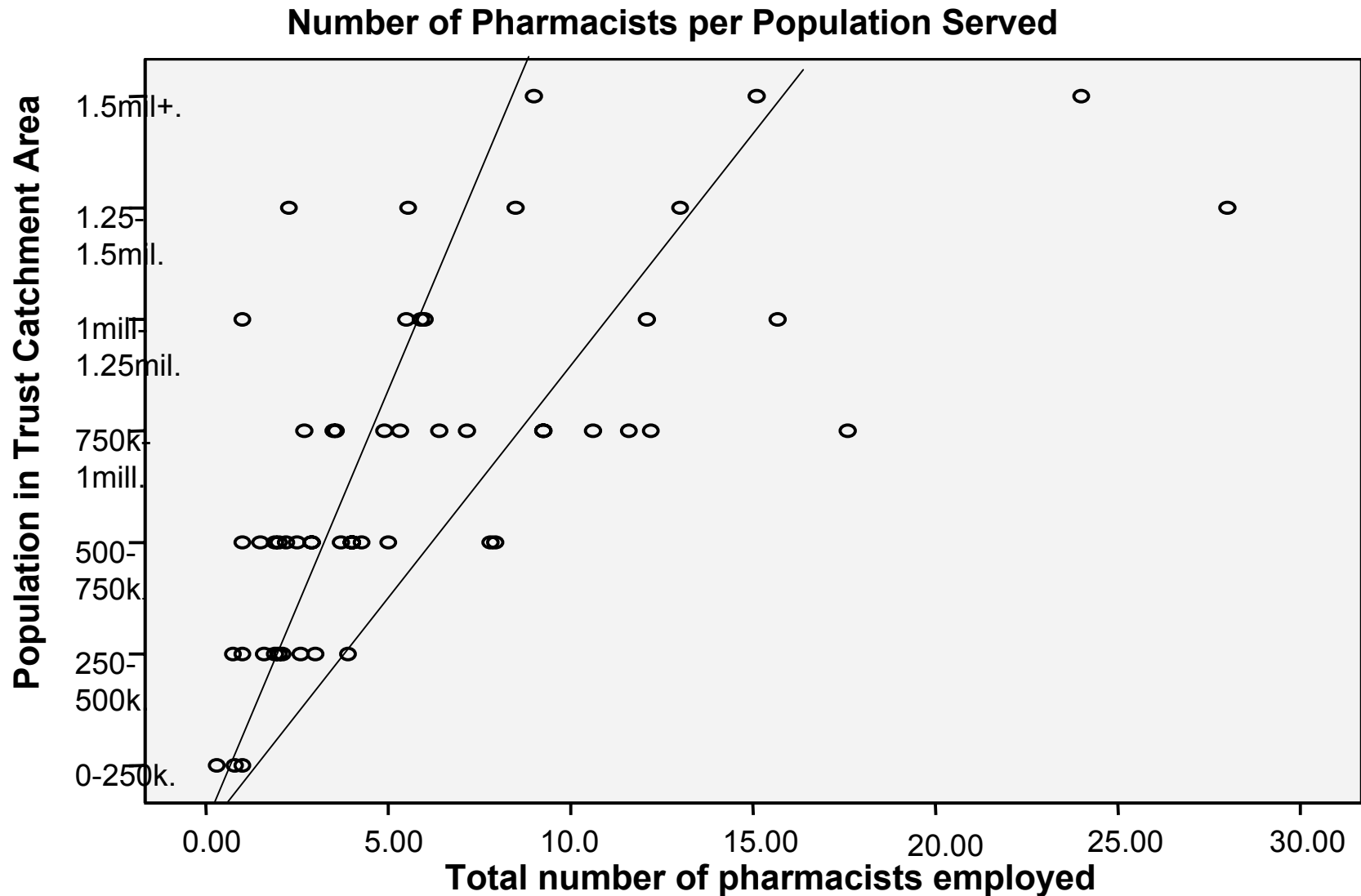
- 10-20 Acute wards
- 10-20 Longer stay wards
- 3-4 Forensic medium secure wards
- 50-100 Mental health community based teams
- Learning disabilities facilities
- Specialist units
- 100-200 Doctors
- 1000+ Nurses



What Pharmacy Workforce might you need to Service a Mental Health Trust serving a Population of 1-2 Million People?

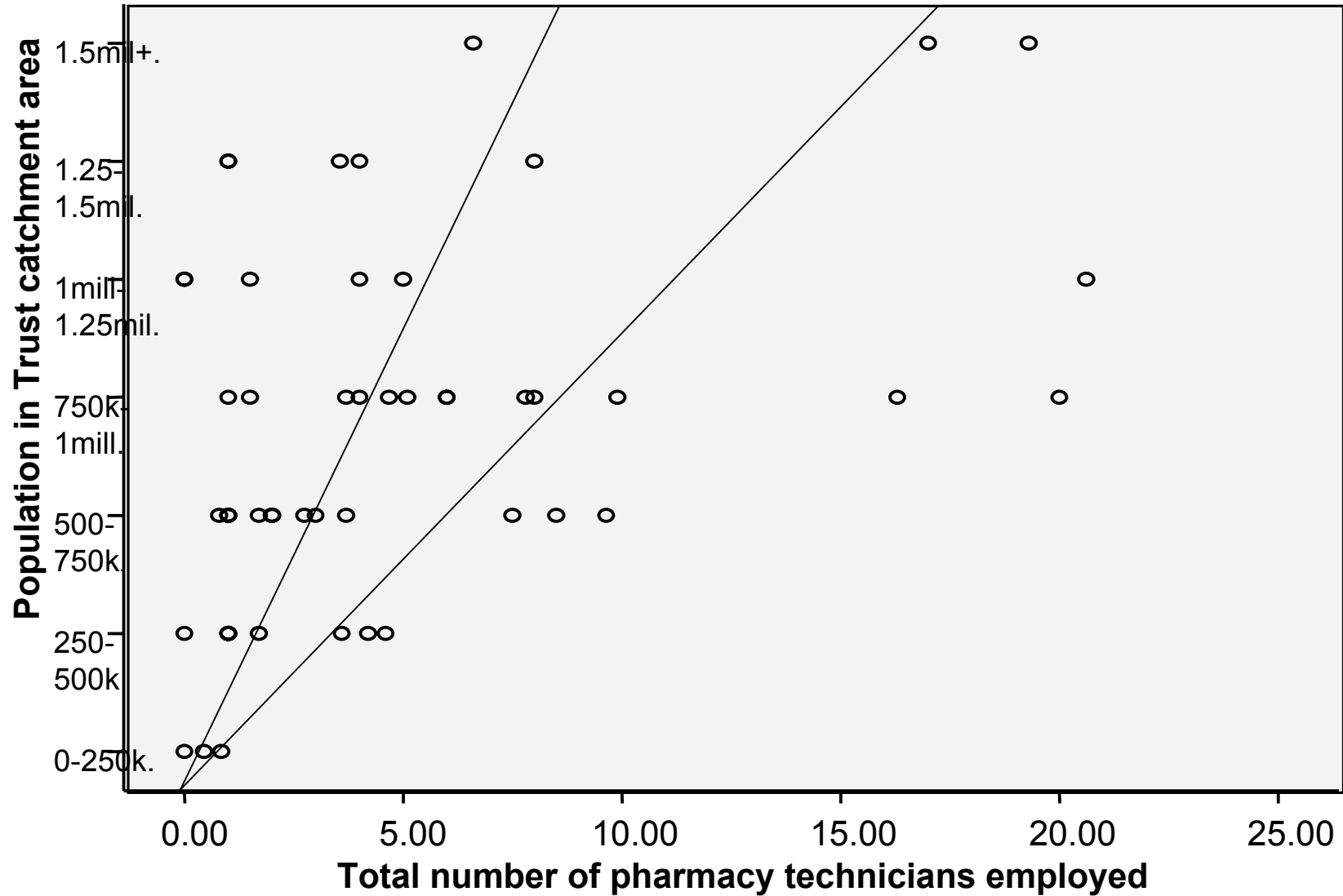
- Chief pharmacist (mental health expert)
- 15-20 Specialist mental health pharmacists?
- 20-30 Specialist mental health technicians?
- 20-30 ATOs and other support staff?

Pharmacist Workforce available to Mental Health Trusts per Population Served



Pharmacy Technician Workforce Available to Mental Health Trusts

Number of Technicians per Population Served





Key Findings 1.– Pharmacy Services

- The size of the pharmacy workforce available to provide services to Mental Health Trusts (MHTs) varies enormously
- There is no clear association between the size and complexity of a MHT and the number of pharmacists or technicians employed

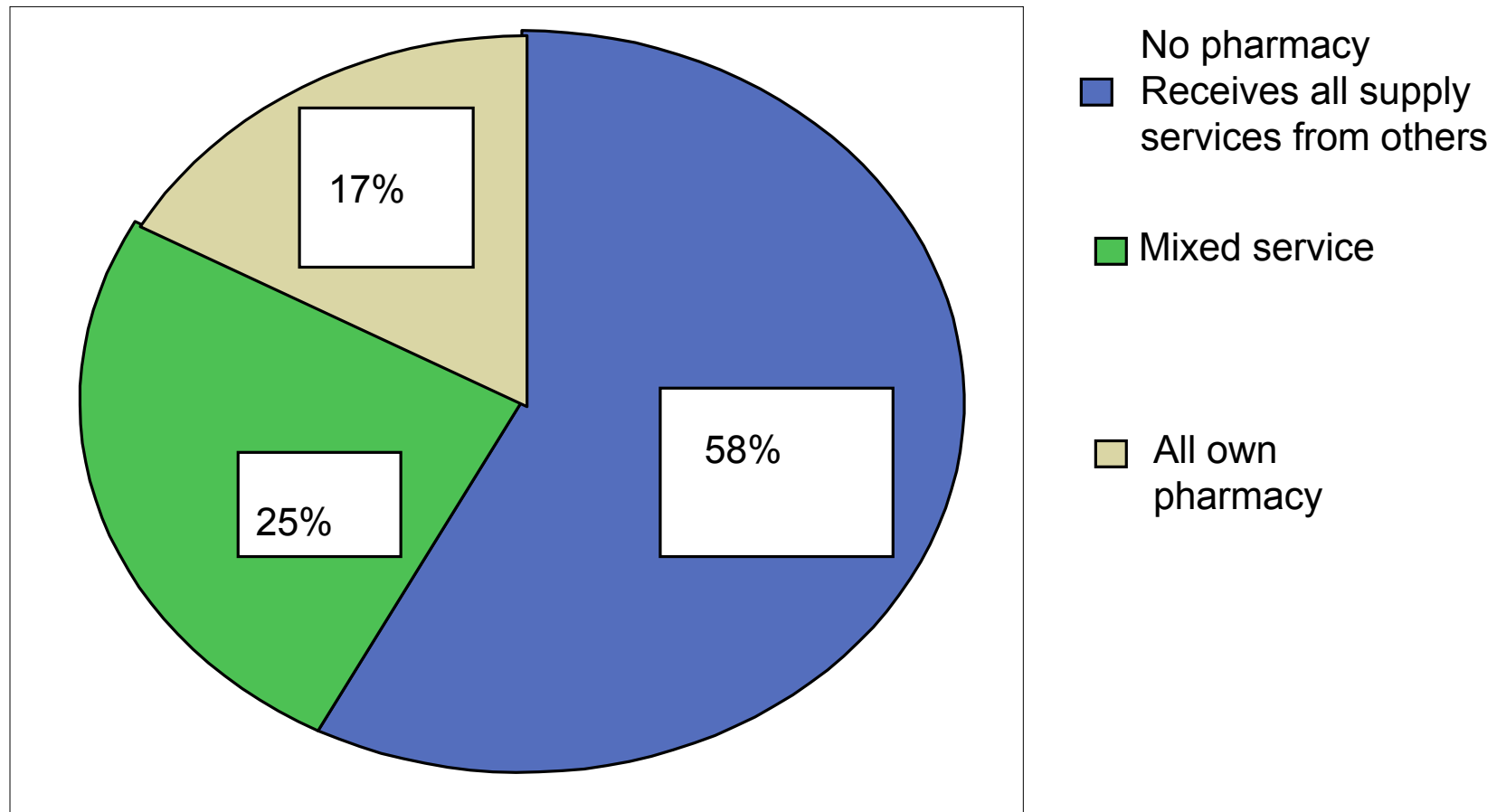


Devolution of MM to Acute Trusts and Service Level Agreements (SLAs)

- Most MHTs are dependent on others for pharmacy services. However some are completely dependent on others and have little or no direct control over medicines management
- Trend towards those MHT dependent on Service Level Agreements with other trusts employing fewer pharmacists and technicians

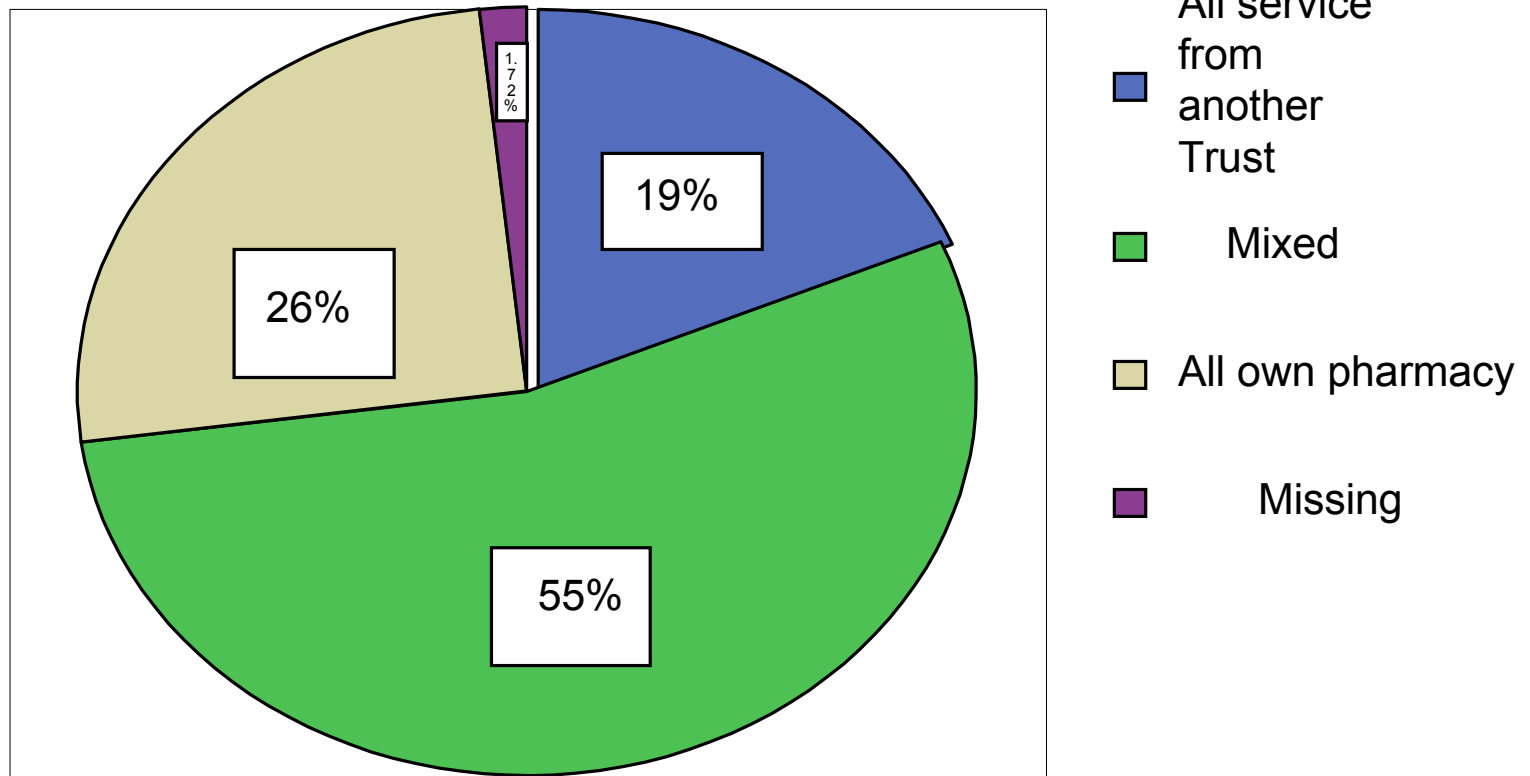
Patterns of Pharmacy Services to Mental Health Trusts- Supply

Pattern of organisation of pharmacy services (supply)



Patterns of Pharmacy Services to Mental Health Trusts-Clinical

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



The Number of Service Level Agreements for Pharmacy Services of Mental Health Trusts

Number of Service Level agreements for Pharmacy Services	Number of Mental health Trusts
0 or none indicated	10 (17%)
1	20 (34%)
2	15 (25%)
3	6 (10%)
4	4 (7%)
5	3 (5%)
6	1 (2%)
Total	59 (100%)



Catch 22 Revisited

- Mental Health Trusts (MHTs) will not invest in pharmacy services based in Acute Trusts because they see them as unlikely to deliver services appropriate to Mental Health Patients
- Acute Trusts will not deliver quality services to MHTs because they are not paid to do so and often lack the expertise



How do we Explain the Variation?

- The perceived need for mental health pharmacy staff to manage the medicines for service users resident in
 - Trust wards
 - The community but under the care of the MHT community team



1. The Perceived Need for Mental Health Trust Pharmacy Staff – Acute wards

■ Questions

- Does an adult mental health acute ward with 20 beds need as much pharmacist input as an acute medical ward with 20 beds?
 - *More input?* *Same input?* *Less input?*
- Does an adult mental health acute ward with 20 beds need as much medicines management technicians input as an acute medical ward with 20 beds?
 - *Less input?* *Same input?* *More input?*
- Is an experienced mental health specialist pharmacist attending an adult mental health acute ward with 20 beds likely to generate as many significant interventions as an experienced medical ward pharmacist servicing an acute medical ward with 20 beds?
 - *More interventions? Same interventions?* *Less interventions?*

■ Answers

- There are no studies to clarify any of these questions but the perception of Acute Trusts pharmacists is that this is an area of slow movement generating few interventions and requiring a low level of pharmacy input



Mental Health Acute Pharmacy Activity

- Most pharmacy services offer basic ward visiting service (20% offer no ward service at all)
- Only one third achieved this on a daily basis
- Some attendance at clinical review meetings occurred in 60 % of MHTs
- Very few new services advocated by the Audit Commission report 2002 taken up
- Minimal uptake of pharmacist prescribing



Key Finding 2. Pharmacy Capacity

- 'For most Mental Health Trusts (MHTs) the pharmacy workforce is too small to provide effective medicines related services to service users and achieve new ways of working
- For some MHTs the pharmacy workforce is too small to provide a safe service to service users'
- Current workforce of 450 pharmacists and 350 technicians needs to treble



Mental Health Trust Community Services

- Mental Health interventions currently focus on managing and treating people with severe and enduring mental health problems in the community and avoiding if possible admission to hospital
- Proliferation of mental health teams



2. The Perceived Need for Mental Health Trust Pharmacy Staff -Community services

■ Questions

- Does an adult mental health team with a caseload of 500 service users need as much pharmacist input as an acute medical ward with 20 beds?
 - *More input? Same input? Less input?*
- Is the clinical pharmacy input to an adult mental health team with a caseload of 500 service users best met by :
 - *The local community pharmacists? The Mental health pharmacist?*
- Is an experienced mental health specialist pharmacist attending an adult mental health team with a caseload of 500 service users likely to generate as many significant interventions as an experienced medical ward pharmacist servicing an acute medical ward with 20 beds?
 - *More interventions? Same interventions? Less interventions?*

■ Answers

- There are no studies to clarify any of these questions but the perception is that as the community pharmacist dispenses the medicines this is their responsibility requiring a low level of pharmacy input from the MHT



Mental Health Trust Pharmacy Community Team Activity

- Only 6 Mental Health Trusts reported a dedicated pharmacy service to MHT community teams
- Most Pharmacy services provided via an acute Trust SLA reported no involvement with community teams
- Only 3 MHT reported a pharmacist being a member of the crisis intervention and home treatment teams



Governance

- The role of the mental health trust chief pharmacist
 - Responsible for all aspects of the management of medicines
- The role of the mental health trust drugs and therapeutics committee
 - Overseeing all aspects of medicines use
- The role of the mental health trust pharmacists in:
 - Oversight of medicines audits, medicines risks, medicines training, medicines research, medicines procedures



Mental Health Trust Pharmacy Medicines Governance Activity

- Area of greatest change since 1996
- Most MHTs have appointed chief or lead pharmacist
- However for many MHTs the infrastructures are not in place to support good medicines governance



Solutions for Mental Health Trusts (MHTs)

- Mental Health Trusts need to take control of their own medicines management agenda
- SLAs with other (usually Acute Trusts) providers need a clear framework that deliver a satisfactory level and MHT orientated service to the service user
- Many MHTs are of a size for it to be cost effective to consider developing their own in-house complete pharmacy service.
- In order to be fully effective the pharmacy staff need to be a part of the MH community teams. Occasional or ad hoc input rather peripheral in nature does not make one a part of the team



Solutions for the Mental Health Trust Pharmacy Workforce

- MHT chief pharmacists need a development programme to help them achieve their Medicines Management agenda
- Pharmacy personnel need to be qualified and competent to work in MHTs
- Most MHTs need to develop a pharmacy strategy with a clear developmental programme that assures increased staffing and service provision over a 3-5 year period
- Local solutions are urgently required to increase the number of pharmacy technicians and develop their role