

Development of an interface pharmacy technician service between secondary mental health and primary care

East London Foundation Trust (ELFT) received funding from Health Education England (HEE) to pilot a new interface pharmacy technician service, working across secondary mental health community services and primary care for 12 months from April 2021. The appointed interface pharmacy technician worked with Isle of Dogs Community Mental Health Team (CMHT) in Tower Hamlets throughout the year, two GP surgeries in Newham (Woodgrange Medical Centre & Star Lane Medical Centre) and at Mile End Home Treatment Team (HTT) at intervals throughout the pilot. This report provides a narrative review of the processes and impact of the project and challenges faced throughout the year grouped around the Key Performance Indicators (KPIs) used to measure progress.

This 12 month pilot has shown how a Pharmacy Technician can be integrated within a Community Mental Health Team and have an impact across secondary mental health community services. The biggest impact has been the invaluable interventions made in follow up telephone calls to service users that have had recent changes to medication of either initiation or dose changes. As a result of this project, many service users have their medicines optimised and been given the opportunity to discuss and review their medications, which was previously unavailable. From a medicines safety perspective dangerous interactions, intolerable side effects and medication errors have been identified and resolved and uptake of requisite physical health monitoring for psychotropics were increase. The role had perhaps the most impact within CMHTs, this was due to forming strong working relationships with other members of the MDT, familiarity with clinical systems and co-design with service users and the operational lead. The pharmacy team is delighted the impact from this project has resulted in a new permanent pharmacy technician post being created amongst Tower Hamlets CMHTs. The GP and HTT work streams still produced valuable interventions for service users but working for shorter, isolated periods of time did not allow for as much integration within teams.

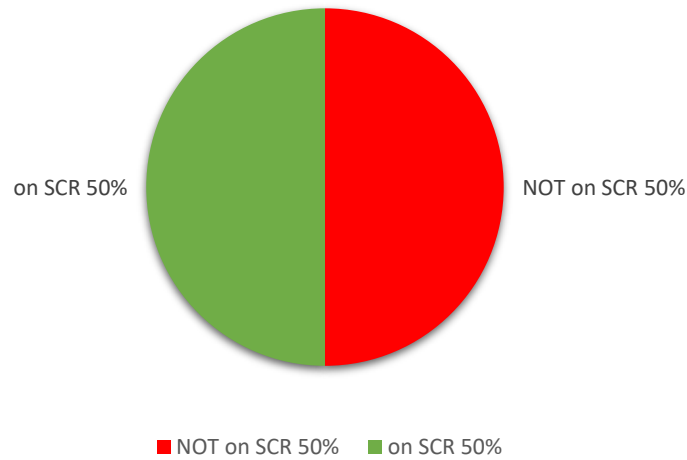
The role of the Pharmacy Technician in CMHTs has the potential to expand to incorporate different work streams to engage service users with the aim to inform, educate, monitor and discuss in the longer term and become a valuable member of the MDT working along side not only doctors but care coordinators and other mental health professionals to assist services users in obtaining the best outcomes with their medication.

KPI 1 = Service users prescribed depot antipsychotic medication by pilot CMHT have this medication listed on their summary care record

1. Database created from DEPOT charts at the Isle of Dogs CMHT

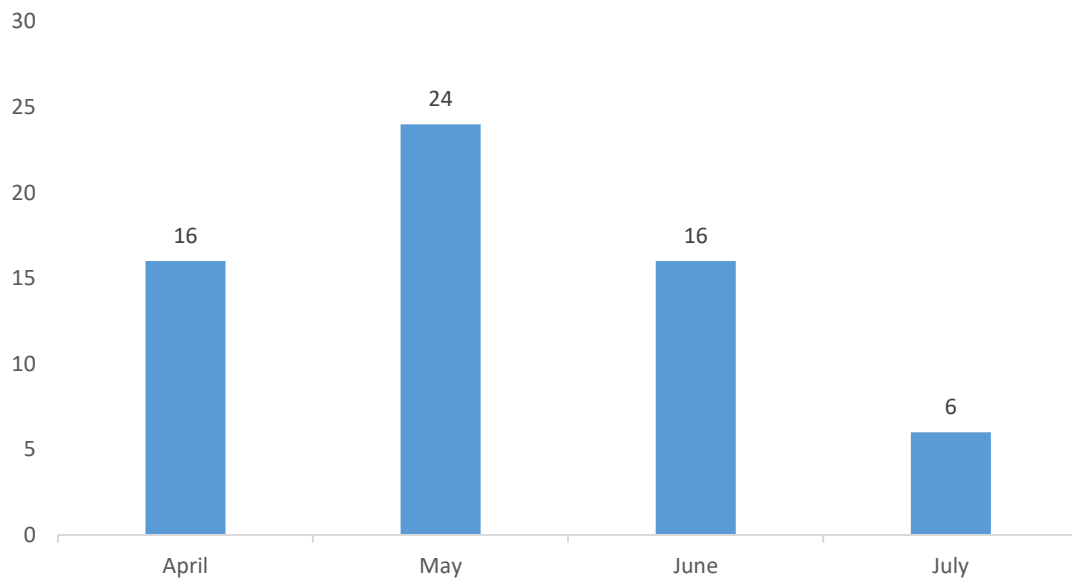
Name	RiO No.	NHS number	Depot	Strength	Frequency	ON SCR?	Other Antipsychotics prescribed	Date checked	Email req?	Email sent	Date rechecked	GP Surgery
			Zuclophenixol	300mg	Fortnightly	YES	NO	08.04.21	YES	22.04.21	26.04.21	Gough Walk Practice
			Risperdal Consta	37.5mg	Fortnightly	YES	NO	04.05.21	NO	N/A	N/A	Chrip Street Health Centre
			Risperdal Consta	37.5mg	Fortnightly	YES	Risperidone 3mg ON	08.04.21	YES	22.01.21	26.04.21	Chrip Street Health Centre
			Aripiprazole	400mg	Monthly	YES	NO	06.04.21	NO	N/A	N/A	Chrip Street Health Centre
			Risperdal Consta	37.5mg	Fortnightly	YES	NO	07.04.21	NO	N/A	N/A	The Mission Practice
			Aripiprazole	400mg	Monthly	YES	NO	06.04.21	NO	N/A	N/A	ISLAND HEALTH
			Risperdal Consta	25mg	Fortnightly	YES	NO	08.04.21	YES	29.01.21	10.05.21	Gill Street Health Centre
			Haloperidol	150mg	Monthly	YES	NO	08.04.21	YES	13.04.21	15.04.21	THE BARKANTINE PRACTICE
			Zuclophenixol	500mg	Weekly	YES	NO	07.04.21	YES	14.04.21	15.04.21	Chrip Street Health Centre
			Risperdal Consta	50mg	Fortnightly	YES	NO	06.04.21	NO	N/A	N/A	Chrip Street Health Centre
			Flupentixol	200mg	Fortnightly	YES	NO	07.04.21	NO	N/A	N/A	Chrip Street Health Centre
			Flupentixol	250mg	Fortnightly	YES	Risperidone 6mg ON	08.04.21	YES	22.04.21	26.04.21	ISLAND MEDICAL CENTRE

April (70 service users being treated with Antipsychotic DEPOT injection)

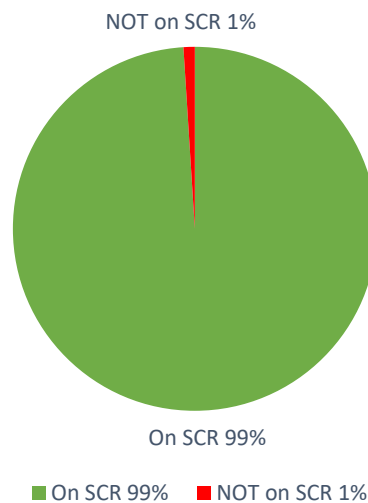


- At the start of the project (April 2021) there were 70 patients receiving long acting antipsychotic DEPOT injection.
 - 50% of service users had their Depot injection listed on the Summary Care Record (SCR)
2. GPs were emailed regarding service users identified with their DEPOT injection not listed on the summary care record using a uniformed template (see appendix 1).
 3. Each week SCR was checked and if DEPOT injections were still missing GPs were sent a repeat email.

Number of email requests sent to GP surgery



July - month 4 (73 service users being treated with Antipsychotic DEPOT injection)



- In July (month 4) 99% of service users had their Depot injection listed on the Summary Care Record
- The remaining 1% refers to ONE service user that is not registered with a GP surgery.

As a result of encouraging depot medications to be added to the SCR, dangerous interactions between medications, dual prescribing of oral and depot antipsychotics and the incorrect antipsychotic depot being prescribed for a number of years were identified and remedied.

KPI 2 = Service users under the care of CMHTs receive a structured table top medication review to identify areas for medicines optimisation.

1. Isle of Dogs Operational Lead and Senior Clinical Practitioner were consulted on;
 - a. How to decide on which patients should be prioritised
 - b. Which GP surgery should be targeted
2. Admin team were contacted for a list of CMHT service users registered with targeted GP surgery.
3. A database was created from reporting services showing service users under the care of Isle of Dogs CMHT and selected GP surgery.
4. To date (month 11 of the project), reviews of all service users registered at four GP surgeries have been completed.

As of month 11 of the project a total of 318 service users received a structured table top medication review.

The criteria for contacting service users;

- Service users taking no mental health medications wouldn't need a consultation with the Pharmacy Interface Technician, unless a consultation is requested by consultant / speciality doctor with the intention to discuss possible future prescribing of mental health medications.

Is the service user under the Care Programme Approach (CPA)?

- Service users treated under the CPA have a designated care-coordinator who has regular contact with the service user and in theory would be able to bring any issues with medication back to the team. It was decided that these service users would only receive a call from the Interface Technician if requested by another Healthcare Professional.

Has the service user had a recent consultation / interaction with their consultant / specialty doctor?

- Service users that are having regular contact with the MDT would need careful consideration as to whether contact is required.
 - Postpone contact if there is an upcoming or recent consultation.

Is the service user listed on the reporting services database still under the Isle of Dogs CMHT?

- Although the service users name is on the reporting service users list, they may have been removed due to;
 - Discharge from the service.
 - Declined referral to the service.

Is the service user considered complex and outside the competence of the Interface Technician?

- Any service user deemed complex would be referred to the pharmacist. i.e if the service user
 - was on multiple mental health medications of the same class (e.g. two antipsychotics)
 - Treatment resistant service users

Does the service user require an interpreter?

- Due to the nature of how these calls are conducted with no appointment it may not be financially prudent to book an interpreter.
- For any service user who could not converse in English thought to benefit from a consultation a bi-lingual support worker would be approached to help facilitate communication.

This data collecting proved time consuming and there were many service users considered not to be contacted under this guidance. In contrast in many cases service users were contacted that had had little contact over the past 6 months to one year and I was able to pick up those that had been overlooked for a follow up medic appointment, so was able to let the admin team know to enable them to book an appointment. Also I was able to pick up side effects that were becoming problematic for the service user and discuss these case with the pharmacist and refer back to the consultant or speciality doctor if needed.

KPI 3 = Service users under the care of CMHTs that have been offered a structured medication consultation from pharmacy staff during the 12-month pilot.

KPI 4 = Service users prescribed a new psychotropic medication by pilot CMHT are contacted for medication counselling.

KPI 3 was in place from the beginning of the project, whilst KPI 4 was added in month seven of the project after a focus group session with service users identified a gap in provision of information around medications after they had been recently commenced.

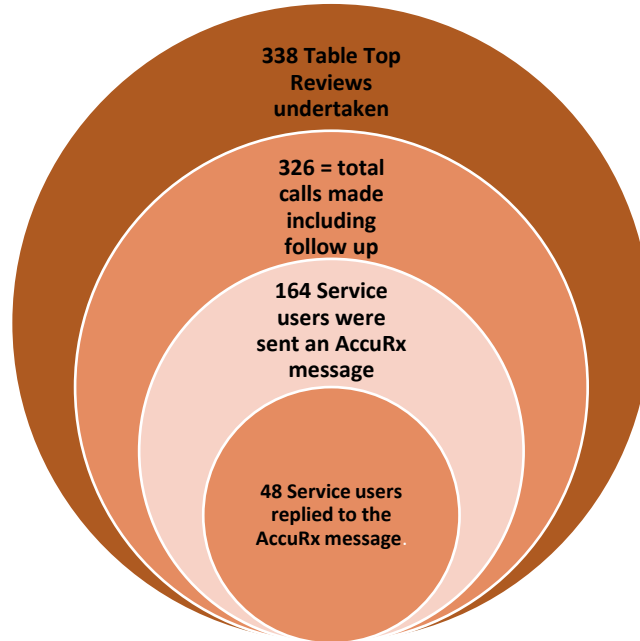
To date (28 February 2022) a total of 338 structured table top reviews were undertaken.

Any service user called and didn't answer the call were sent an AccuRx message inviting them to reply to the message with a preferred day and time to receive a call back.

A total of 164 Service users were sent an AccuRx message.

A total of 48 Service users replied to the AccuRx message.

Total number of telephone consultations including follow up call = 326



KPI 4 = Service users transferring from care of pilot HTT to GP are offered discharge medication counselling from pharmacy team

And

KPI 5 = Service users who do not collect discharge medication from Home Treatment Team are contacted for medications counselling.

One day a week was spent at Mile End Hospital with the Home Treatment Team (HTT), where a database was set up to log all medications in the TTA cupboard. Any that had been there for longer than 2 weeks were discarded. If the Home Treatment Team Discharge Summary (HTDS) was completed matching TTA's received a phone call as a reminder to collect medication whilst also offering discharge counselling. Due to HTDS not been completed the HTT project went through two change ideas which finalised with the HTT pharmacist listing service users with upcoming discharge and the medication they will be discharged with. This proved the prime way forward as the pharmacist attended MDT meetings and were ordering TTAs.

A total of 20 calls were made to offer discharge counselling and remind service users to collect TTAs

This project commenced at the end of month one, completing at the start of month four.

INTERVENTIONS

During the course of the project structured table top reviews found 62 service users currently prescribed psychotropic medication were missing physical health monitoring as per requirements, GP was contacted to arrange to complete this monitoring. Also six service users were due medical reviews, these hadn't been arranged; admin contacted to book.

Examples of notable interventions are listed below;

- Different depot antipsychotic medication listed on summary care record compared to secondary care notes (RiO records)
 - ✓ Wrong depot was being administered according to RiO records
 - ✓ Consultant contacted to confirm which depot was required
 - ✓ Medication reviewed and apology to service user
- Change of Medication - newly prescribed Aripiprazole with 7 days Clonazepam, when spoke with the service user and husband Clonazepam wasn't given by GP.
 - ✓ Called Service user after 2 weeks, newly prescribed Aripiprazole had been started 1 week ago, service user was feeling was still feeling very agitated. Discussed with pharmacist as Clonazepam was due to be given with first 7 days of Aripiprazole, advice to obtain supply from GP and take Clonazepam for 7 days. GP was sent an email with copy of change of medication form.
- Change of Medication – newly started on Olanzapine.
 - ✓ Service user very unhappy with side effects and only willing to continue medication until review which was the following week. RiO notes indicated an alternative medication if this one was unsuitable, service user was emailed a written information sheet.
- Change of medication – newly started Sertraline
 - ✓ Service user having trouble sleeping has been taking Sertraline at night, discussed with service user to start taking in the morning.
- Change of medication – newly started Quetiapine
 - ✓ Service user had only been taking half prescribed dose (1 tablet instead of 2), at the time she was unable to confirm what dose was on the pharmacy label, discussed the dose prescribed by CMHT doctor and she was happy to increase.
- Change of medication
 - ✓ Service user not started new medication as they have yet to be prescribed by GP, change of medication form re-emailed to GP.
- Structured table top medication review.
 - ✓ Service user feels a medication review is needed sooner than appointment date, arranged an earlier appointment based on need.
- Referral from care-coordinator – Complaining of side effects from Sodium Valproate
 - ✓ Service user is currently taken liquid form has allergies and reactions to colourings and E numbers. Researched and consulted with pharmacist for recommendation of form to be changed to Epilim Chronosphere MR Granules.
- Call transferred from crisis line – service user distressed and ran out of medications
 - ✓ Contacted GP to re-issue paroxetine 20mg (currently on acute instead of repeat)
 - ✓ Contacted consultant to bring next appointment forward.
- Change of medication
 - ✓ Service user had started fluoxetine 20mg and then increased to 40mg after 1 week and for around 2.5 weeks was experiencing 'harsh' side effects mainly stomach cramps / diarrhoea and nausea and other symptoms that the service user put down to other conditions but also could be due to the presence of serotonin syndrome.
 - ✓ Concerned about side effects not abating and the possibility of serotonin syndrome, had discussions with Pharmacist and Speciality Doctor and decided that fluoxetine should be stopped for a week and then restarted at the lower dose.
 - ✓ Follow up calls ascertained that the side effects have lessened / stopped and restart of fluoxetine happened smoothly.

- Follow up call
 - ✓ Service user frustrated that they were unable to order new regular meds via the NHS app
 - ✓ GP emailed with a copy of change of medication form and a request to change meds to regular.
- Follow up
 - ✓ Service user felt that new medication wasn't working and increasing suicidal ideation
 - ✓ Speciality doctor and admin emailed to bring next appointment forward
- Social worker referral
 - ✓ Service user not sleeping, stopped all mental health drugs themselves
 - ✓ Sleep hygiene advice given
 - ✓ Follow up – service user informed will start taking mirtazapine 45mg (social worker and consultant unaware)
 - ✓ Consulted with pharmacist about dose and the possibility better to re-titrate (advised it should be lower)
 - ✓ Informed consultant who emailed GP to supply lower dose to start
 - ✓ Informed service user of decision
- Structured table top medication review.
 - ✓ Service complaining of lack of efficacy and weight gain since starting Olanzapine for EUPD
 - ✓ Consultant and pharmacist contacted and medication discontinued

Work in GP surgeries

KPI = Service users receiving a psychotropic without corresponding indication registered at pilot GP surgeries receive a joint medication review from pharmacy technician and pharmacist

1 day per week in 2 GP surgeries / 4 reviews + 2 calls each visit

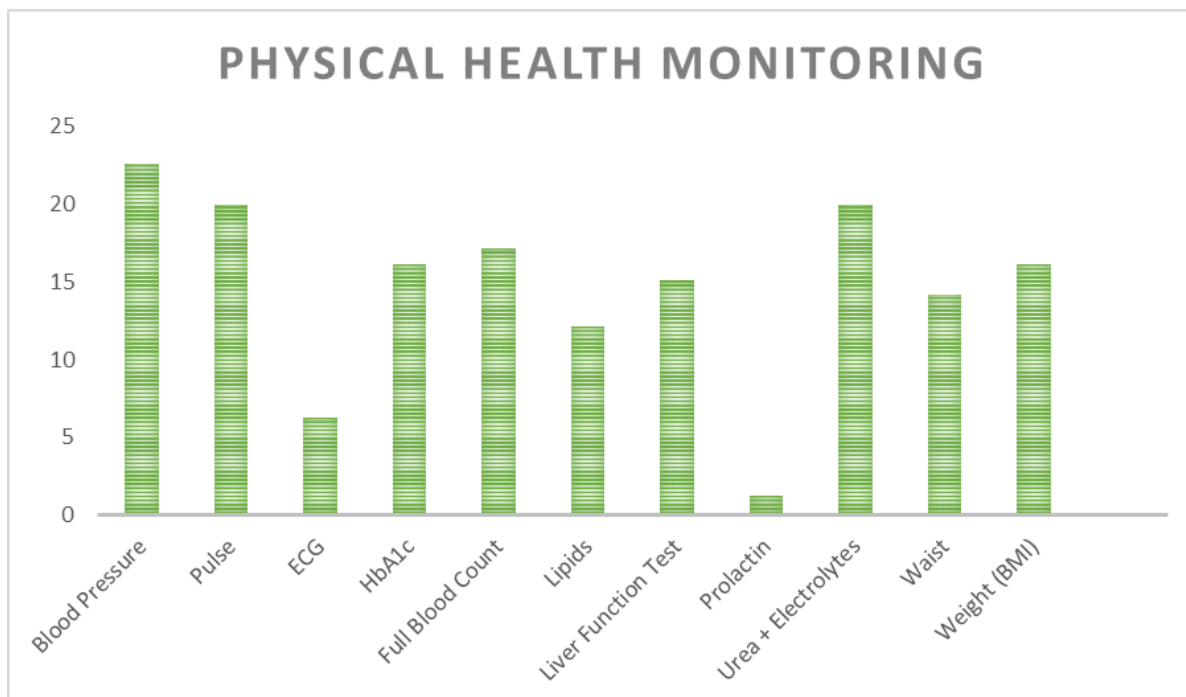
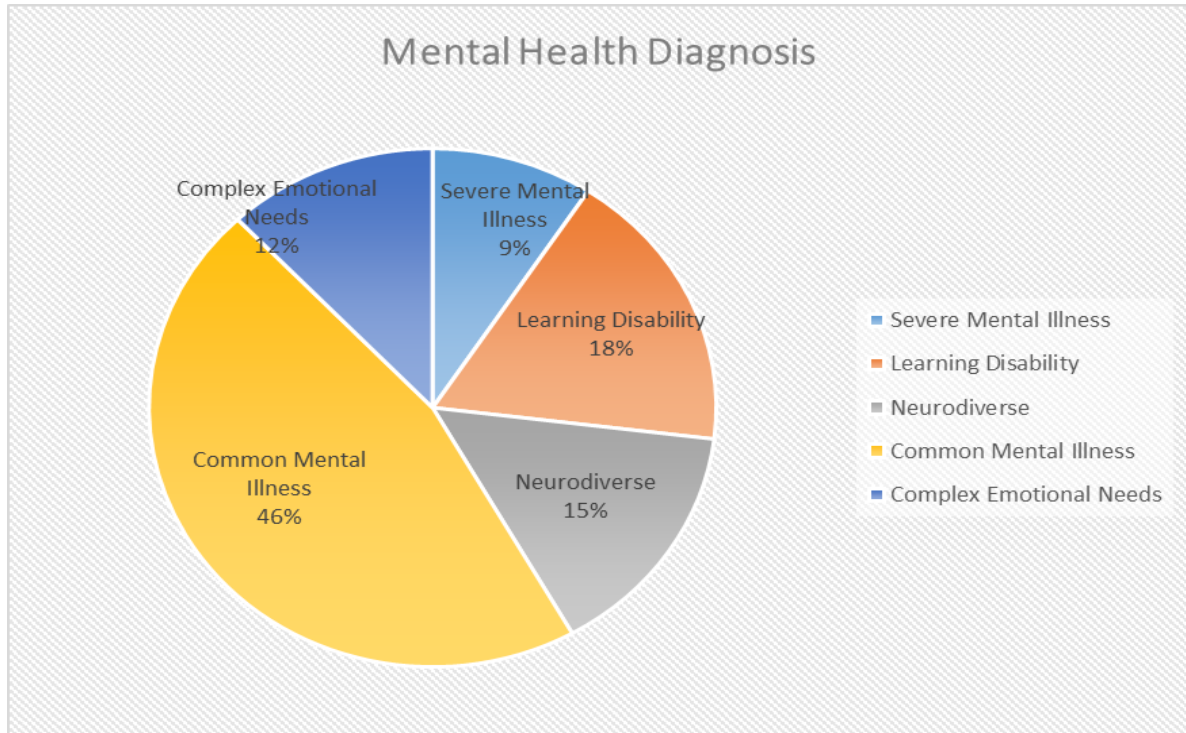
Woodgrange Medical Practice

Patients on a list populated by an EMIS search – 'Patients on anti-psychotic medication not on the SMI QOF register' were reviewed by the pharmacy team.

In a total of 7 weeks 28 patients were reviewed. 21 patients were currently open to a secondary care mental health team.

The pharmacy team recorded:

- Current mental health team (if applicable)
 - With last review + next review
- Anti-psychotic medications
- Other mental health medications
- Are these medications age appropriate?
- Mental health diagnosis
- Physical health medications
- History of sleep problems
- Physical health monitoring up to date



3 patients were referred to the Learning Disability Pharmacist

5 patients were tasked to the Community Mental Health Pharmacist

1 patient was currently an inpatient within mental health services

1 patient reportedly did not speak English

1 patient was in regular contact with the Newham Community Mental Health Pharmacist

8 patients received an attempted call with a follow up AccuRx message

Examples of interventions

42 year old male history of anxiety and depression with mild learning difficulties

- ✓ happy with his current prescription and feels the benefits when concordant. Takes as prescribed but has times when he forget to take meds and then feels his depression worsen. Agreed he may benefit from a compliance aid.
- ✓ Nominated pharmacy contacted to ascertain if they are able to accommodate completing a compliance aid.
- ✓ Woodgrange repeat prescription team contacted to change his current prescription to compliance aid.

33 year old female history of anxiety + depression, borderline personality disorder and OCD

- ✓ NOT taking any regular medication at the moment and she feels 'fine' not taking anything.
- ✓ Quetiapine is be taken to aid sleep, she takes this on a when required basis but hasn't needed it for a while.
- ✓ Requested prescribed clomipramine be removed from the repeat medication list.

Several patients referred to pharmacist for review after technician built database. Examples of interventions include reducing and stopping antipsychotic medication in elderly patients, support for deprescribing antidepressants, and restart of a medication regimen for a patient who had stopped taking medications and were experiencing a return of symptoms.

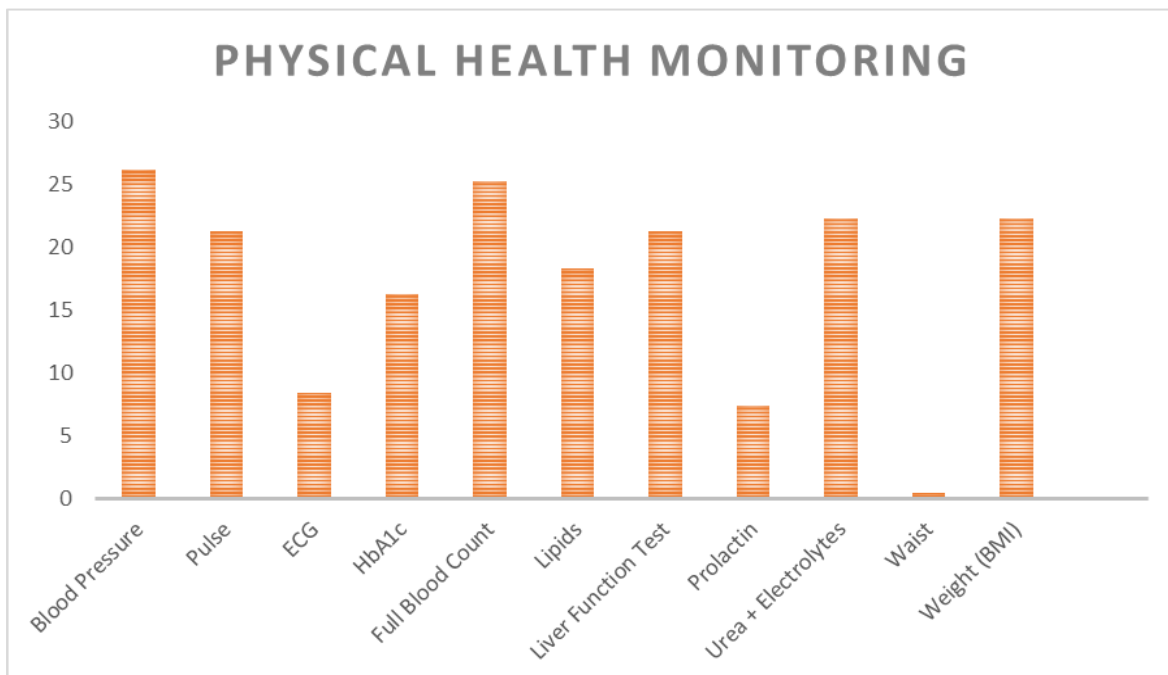
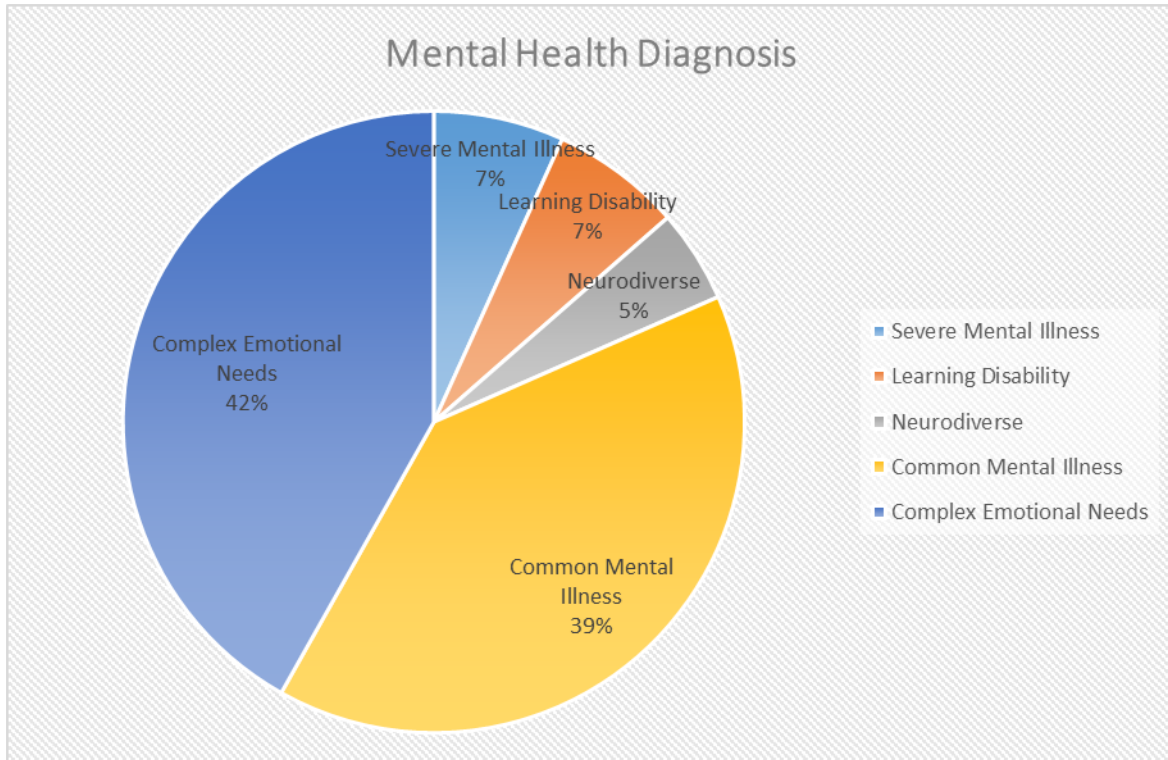
Star Lane Medical Centre

Patients on a list populated by an EMIS search 'Patients on anti-psychotic medication not on the SMI QOF register' were reviewed.

In a total of 12 weeks 48 patients were reviewed. 36 patients were open to a community mental health team.

The pharmacy team recorded:

- Current mental health team (if applicable)
 - With last review + next review
- Anti-psychotic medications¹²
- Other mental health medications
- Are these medications age appropriate?
- Mental health diagnosis
- Physical health medications
- History of overdose
- History of sleep problems
- Physical health monitoring up to date



6 patients were tasked to the Community Mental Health Pharmacist

3 patient reportedly did not speak English

2 patient was in regular contact with the Newham Community Mental Health Pharmacist

15 patients received an attempted call with a follow up AccuRx message

Outcomes

53 year old male with a history of depression

- ✓ mental health deteriorated after the death of his mother and found difficult in coming to terms with this.
- ✓ recently had an increase in sertraline to max dose, he asked if there was no change in the next couple of weeks would there be another dose increase, I explained that this was the max dose of sertraline and if he wasn't feeling any benefit then he should consult with his GP / MH team to a possible change in medication. Patient had no further questions or queries stating that his partner took charge to ensure he takes them as in the past when he forgets his mental health deteriorates. As his partner wasn't at home they were offered a call the following week to speak to patient's partner. Offer declined.

38 year female with a history of mixed anxiety and depressive disorder

- ✓ Had been trying to contact the surgery recently but has been unsuccessful. With the run to Christmas patient has had a deterioration in mood as mum passed away 2 years ago and finds Christmas a particularly difficult time. Currently taking Escitalopram 20mg and Quetiapine non-concordant although took it the previous night to aid sleep. She wanted to contact the surgery to request an increase of Escitalopram.
- ✓ Asked the community mental health pharmacist to follow up with the patient to offer advice who discussed with patient provided psychoeducation in regards to mechanisms of quetiapine as mood stabiliser