ROYAL PHARMACEUTICAL SOCIETY
Scotland

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Royal Pharmaceutical Society Response

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in Scotland, England and Wales. We represent individual pharmacists in all sectors of the profession and in all parts of the country. Across the UK, the RPS represents over 36,000 pharmacists, which is around 70% of the profession. In Scotland, the RPS represents around 3000 pharmacists.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This response comes from the Scottish Pharmacy Board (SPB) which is an elected body of pharmacists representing all sectors of pharmacy practice in Scotland

We are delighted to have the opportunity to respond to this consultation on a mental health Strategy for Scotland 2011-2015.
We have addressed our response specifically to the way the pharmacy profession can support the fourteen outcomes for the new strategy.
We believe that pharmacy has an important part to play in achieving these outcomes and key to this is including pharmacy representation in both the planning and implementation of the strategy. Pharmacists are the experts in medicines and medicines are an important aspect of mental health treatment The Scottish Government has a valuable resource available to it with pharmacists from all sectors of the profession able to contribute at different stages along the patient journey. We believe the strategy should highlight the potential role for pharmacy in improving pharmaceutical care in mental health. In addition, any national initiatives arising from this policy should embed this role in order that that all sectors of the pharmacy profession is engaged in delivering the patient outcomes required.

Best regards,

[redacted]

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CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments
We are commenting on the 14 outcomes from a patient care and pharmacy perspective as these are more relevant to the contribution pharmacy can provide than the specific consultation questions.

The Scottish Government is currently undertaking a review of pharmaceutical care of patients in the community. This presents an ideal opportunity to ensure mental health is considered specifically as an area where pharmacists can use their expertise in medicines and accessibility in the community to improve patient care, patient safety and patient journeys. This response includes many suggestions which would improve patient care within the current infrastructure, with minimal requirement for extra resources but they are dependent on pharmacy being included in the planning and implementation of the mental health strategy from its inception. In particular we ask that:

- Pharmacists are further integrated into the healthcare teams, particularly in community to take advantage of their accessibility and regular contact with patients and their families and carers.
- Direct referral systems are established between pharmacists,GPs and other members of the psychiatric team.
- The importance of pharmaceutical care in mental health is recognised and pharmacists are embedded into integrated care pathways.

RPS would be happy to support any strategy where the role of pharmacists was acknowledged and embedded to maximise patient care.

Key Outcomes
1. We will encourage people and communities to have good mental health which can help them prevent mental ill health.
Public health is a key component of the community pharmacy contract which provides services such as smoking cessation as well as information posters and leaflets. This resource should be utilised much more as part of a national campaign to reduce stigma and raise awareness of the need for good mental health within the Scottish population, as well as for signposting to locally available services.
The link between long term conditions and depression is established and

pharmacists in all sectors have a part to play in ensuring pharmaceutical care is optimised to improve patient adherence and understanding of their medicines. They can encourage self management of long term conditions which should improve the mental health and well-being of this group of patients overall.
Community pharmacists are in the heart of communities across Scotland and see patients, carers and families of mental health patients on a regular basis .They therefore have a role in preventative action e.g. recognising possible undiagnosed depression or deterioration in well-being .RPS would like to see this preventative role for community pharmacists recognised and embedded in the strategy with more robust referral systems between pharmacists and psychiatric teams.

2. Action will be taken in childhood and the early years of people's lives to prevent mental health.
As above pharmacists are in an ideal position to spot warning signs e.g. abuse of laxatives with anorexic patients or other initial concerns and more robust links with CAMHS are required to intervene successfully and provide preventative care. Pharmacists working within community pharmacies and primary care can support safe and effective use of medicines within this group. Many medicines are unlicensed and RPS suggests that shared care arrangements between pharmacists, CAMHS and GPs should be in place to support safe and effective care. Close monitoring of the requirements for the continued use of medication is required with an integrated team approach between the generalist and specialist services.
The information needs and support of the child's family and carers is also paramount and should be central to planning.

3. To help people understand their mental health. If they are not well they should be able to get help.

As detailed above there is a public health role already established in community pharmacy and this could be expanded with specific campaigns to increase understanding of mental health and the routes to access the help required. The potential to reach people across Scotland utilising the community pharmacy service is huge. There are successful examples such as partnership working with the MacMillan service to raise awareness of issues with key messages and contact details printed on dispensing bags and counter bags.

Again we strongly recommend direct referral systems to allow patients to access help when their pharmacist recognises deterioration in their wellbeing.

4. On first contact mental health services will work well.
Pharmacy should be included as part of the multidisciplinary mental health team to ensure that patient information is shared where appropriate and all

health professionals are well informed on the relevant aspects of patient care.

As part of their professional role pharmacists offer advice on new medications e.g. the lag time for anti-depressants to work. This role has been formalised as part of the pharmacy contract in England through the New Medicines Service. Recognising and standardising this role with nationally agreed consistent messages through the Mental Health Strategy will support this ambition.

Transfer of care between settings can be a difficult time and mental health patients are particularly vulnerable to any break down in communications between the healthcare team. Pharmacists have a contribution to make and should be included in the integrated care team. Access to the appropriate part of the patient's healthcare record is essential for patient safety and continuity of care. With increased non medical prescribing and frequent secondary and primary care involvement there could be many people inputting to the patient record. For patient safety reasons we would advocate one healthcare record which can be accessed **appropriately** by all those involved in a patient's care, acknowledging the need for confidentiality at all times .Pharmacists need to be able to access prescribing information especially in the out of hours periods to support the mental health services.

5. Suitable Care and Treatment will be available. This is based on a person's needs.

Pharmacists in all sectors have a role in supporting the use of evidence based prescribing, particularly in specialist units at the point of diagnosis, but also in primary care and community. Pharmacists should always be part of the clinical team when decisions are taken on choosing appropriate treatment. The model of physicians diagnosing and pharmacists prescribing for every patient, making the maximum use of specialist mental health pharmacists would be ideal. The Chronic Medication Service is currently being rolled out in community pharmacy and within this there will be better structured review and referral-supported by national clinical frameworks and care planning.

6. Care and treatment is focused on the individual's needs

Scottish government policy encourages self management and person centred care. All pharmacists have a role to encourage and support this. Community pharmacists in particular are well placed to facilitate this by ensuring patients understand their medicines and have support if problems arise.

Medication is an essential element of mental health treatment with many commonly used medicines regarded as high risk. The strategy should acknowledge this and work with the pharmacy profession to support patients understanding of their treatment to maximise patient safety and adherence to medication. Pharmacists working in primary care and community can support any planned withdrawal from medication once the person is stable and well.

In conjunction with the Scottish Patient Safety Programme, the recently launched Chronic Medication Service tool for Lithium is an example of

this. Patients will register with one pharmacy for this service, allowing for monitoring, follow up and integrated care.
There is much more that could be achieved. It is important that the strategy feeds into the both the community pharmacy and GMS contract and creates drivers for change.
RPS would be happy to support initiatives where the role of pharmacists could be increased but the principles must be embedded in the strategy itself, acknowledging the roles of all health professionals.

7. The role of the family and carer is understood and this will be supported by professionals.
The health and wellbeing of carers is crucial to patient care. Community pharmacists and their staff see families and carers on a regular basis. They are well placed to input into the healthcare team and also to signpost and/or refer onwards as appropriate where concerns arise.
RPS would like to see carers details noted in the pharmacy records where appropriate. This should be common practice when pharmacists are providing weekly medicines.

8. The amount and types of services should be correct to meet people's needs.
Sharing of information and good communication between secondary and primary care services is key to ensuring that needs are met.
We request that community and primary care pharmacists as well as specialist mental health pharmacists are included in the strategy planning with links to other team members to facilitate this.

9. All groups should be able to access services equally.
A national strategy to agree principles and deliver services locally should ensure that there is equal access for all. Signposting can be important for patients and families to have information on which services are available. Community pharmacies can help with this as the majority of the population is within 20 minutes of a community pharmacy. Many pharmacies now have more than one consulting room and there are many examples of other health professionals running clinics using this resource to provide local access. Maximum use of these facilities should be made to help improve patient access, especially in remote and rural areas.
In addition pharmacists also see hard to access groups and there is opportunity to bring them into mainstream services. Models exist of multi-lingual pharmacists providing services for ethnic minorities with diabetes from pharmacies or community centres. Similar models could be developed for mental health.

10. Mental health services will work well with other services
A holistic approach to patients general health needs should be taken and again communication between different healthcare teams and access to patient records is essential to improve the patient journey and minimise duplication.
Patients rightly assume that all health professionals involved in their care are communicating with one another and this should be a key element of the strategy. Substance misuse clients have regular contact with

community pharmacy and many people with drug misuse problems also have dual diagnosis including depression and schizophrenia. Better shared care is required for those receiving supervised methadone who also have mental health problems and this could be incorporated into local enhanced services.
Mental health can be a complex care area, with cross over to social care issues, therefore integration with social care is essential. There are already excellent examples of enhanced local services which integrate with social care. These include a project to reduce the use of antipsychotics in people with dementia in care homes, lead by a specialist mental health pharmacist and the recently launched national Naloxone programme to reduce accidental drug deaths.

Any new initiatives should acknowledge the outcomes of the Christie report 2011 and seek to implement this integrated approach from the beginning.
To deal with the capacity issues within specialists service the RPS commends the model of specialists supporting generalists to improve learning and practice.

11. Health and Social care staff should have the skills to do all their duties.
Promoting Excellence, the companion piece to the Standards of Care for Dementia in Scotland provides a framework to follow that would help to deliver this action point.
Having an explicit commitment within the strategy that would lead to the appropriate changes within undergraduate and post graduate education for health and social care professionals would help to achieve this.

There is a role for pharmacists to assist with training of other health professionals and carers in understanding the pharmaceutical care needs of their patients.
There would be a role for NES if training and education of pharmacists was required to implement a national strategy.

12. We will check local and national results. This will show how the mental health services are working.
Any measurements need to focus on clinical outcomes and targets must encourage best practice. As part of a cycle of continuing improvement in prescribing, primary care pharmacists are involved in clinical audit and care. This approach should be encouraged in the wider health care team to measure improvements and outcomes.
Feedback mechanisms from the patient groups and healthcare professionals delivering services need to be included in the assessment process and a flexible approach to facilitate changes is required. Account should be taken of local diversity such as deprivation factors.

13. We shall support the improvement of health and social care services.
See above with reference to training of care home staff and carers in the

community.
To support improvement in this area of patient care RPS is about to publish a report on improving pharmaceutical care in care homes which includes several recommendations to develop the clinical pharmacy service, making best use of the pharmacist's expertise in medicines . It includes recommendations to reduce inappropriate use of psychoactive medications, particularly anti-psychotics in people with dementia.
As intimated previously a strategic approach to improvement and best use of available skill mix requires pharmacy to be embedded in the new mental health strategy with explicit actions on a national basis. RPS would support implementation of any such approach.

14. We shall ensure that people are supported and protected by the law.
There are issues around consent, especially when patients are incapacitated where current practice is not streamlined to ensure best patient care. In addition, training is required to ensure all healthcare professionals are familiar with the incapacity act. Pharmacists must be fully integrated into the health care team to minimise delays in patient treatment especially when medication changes are made and when patients move across settings. Mental health patients are especially vulnerable to delays in treatment and continuity of care should be a cornerstone of the strategy.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better

outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Comments

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Question 10: What approaches do we need to encourage people to seek help when they need to?

Comments

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

Question 23: How do we disseminate learning about what is important to make services accessible?

Comments

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments