

Specialist Mental Health Clinical Pharmacist Input to Support Primary Care

Rebecca McLelland, Karen MacAskill

✉ rebecca.mclelland@nhs.net, karen.macaskill@nhs.net



BACKGROUND

Mental health issues are a common feature of primary care consultations and around a third of GP consultations have a mental health element.¹ The Scottish Government's 10 year Mental Health Strategy has ambitions to transform services so every GP practice has multi-disciplinary teams (MDTs) who can support and treat patients with mental health issues while ensuring good communication with community mental health teams (CMHT) and secondary care services.¹

Achieving Excellence in Pharmaceutical Care – A strategy for Scotland (2017) has a commitment to integrate pharmacists with advanced clinical skills in GP practices to improve pharmaceutical care and contribute to the MDT.² In the last two years there has been significant Government investment in the introduction of GP practice-based pharmacists (GPCP) with advanced clinical skills.

To aid the delivery of these national strategic plans we utilised funding from the Primary Care Transformation Fund and NHS Education for Scotland to deliver depression and anxiety pilot clinics and these have helped to develop a model to provide a mental health pharmacy service that will support primary care in North Highland.

AIMS AND OBJECTIVES

Optimise the pharmaceutical care delivered to patients with mental health conditions by ensuring safe, evidence-based and cost effective use of psychotropic medicines through:

- The provision of a specialist mental health clinical pharmacy service in primary care to patients with complex conditions
- Training general practice clinical pharmacists to deliver the generalist element of this service

IMPLEMENTATION AND APPROACH

Specialist mental health clinical pharmacist prescribers (SMHCPP) developed and piloted depression/anxiety clinics in two remote and rural GP practices in North Highland and subsequently a city centre GP practice. The latter was delivered as a teach and treat model with general practice clinical pharmacist (GPCP) training implemented. Set up involved additional training e.g. STORM, agreeing referral criteria and setting quantitative outcome measures e.g. reduction in rating scores. Patients and members of the healthcare team were invited to give feedback.

Depression and Anxiety Clinic Pilot (February 2017-18)

SMHCPP prescriber led clinics conducted in 2 rural GP practices. 75 (84.3%) of the 89 patients referred attended their first consultation. Around two thirds of patients (n=47, 62.7%) were referred with a diagnosis of mixed depression and anxiety. Mean patient age (SD) was 40.1 years (13.9), just under two thirds (n=49, 65.3%) being female. 324 consultations were held (median 3, IQR 2-5, range 1-14).

- On study completion PHQ-9 and GAD-7 scores were reduced by 50% in 34 patients (45.3%)
- Response rate to the patient questionnaire was 21.4%. Almost all patients responding to items in the CARE measure gave a rating of excellent or very good across all items. Only 2 patients preferring to consult a GP rather than a pharmacist, and almost three quarters were more interested in quality of care rather than who delivered the care
- Analysis of interviews with the members of the MDT and the pharmacists identified that the service had been well-integrated within primary care, leading to key perceived benefits for patients and the MDT. The only negative comments were around barriers to implementation which are to be expected when setting up a new service
- The full results of the pilot have been published in a short research report in the International Journal of Clinical Pharmacy³

Depression and Anxiety Teach and Treat (May – October 2019)

SMHCPP led clinic in city centre GP practice with a GPCP. 29 patients have been seen since the clinic started in an Inverness GP practice. Mean patient age (SD) was 57.6 years (11.97), 58.6% of patients seen were female. 42 appointments were booked out of the 62 twenty minute review slots offered. There were 4 patients DNA and 38 consultations undertaken.

Pharmacist interventions

- 13 patients (44.8%) advised to continue their current antidepressant dose, the next review period set and relevant psychoeducation given
- 2 patients (6.9%) were advised to increase their dose with benefit to their anxiety symptoms
- 3 patients (10.3%) were advised to reduce their antidepressant dose with a view to stopping or switching to an alternative antidepressant
- 8 patients (27.6%) were advised to stop their antidepressant and were given verbal and written information on how to do so
- 2 patients (6.9%) were no longer taking their antidepressant and did not want to re-start
- 1 patient was referred to active people, 1 patient referred to women's aid and 2 patients were referred onwards to the CMHT for guided self help, CBT or decider skills group
- No patients were referred back to the GP

PATIENT FEEDBACK

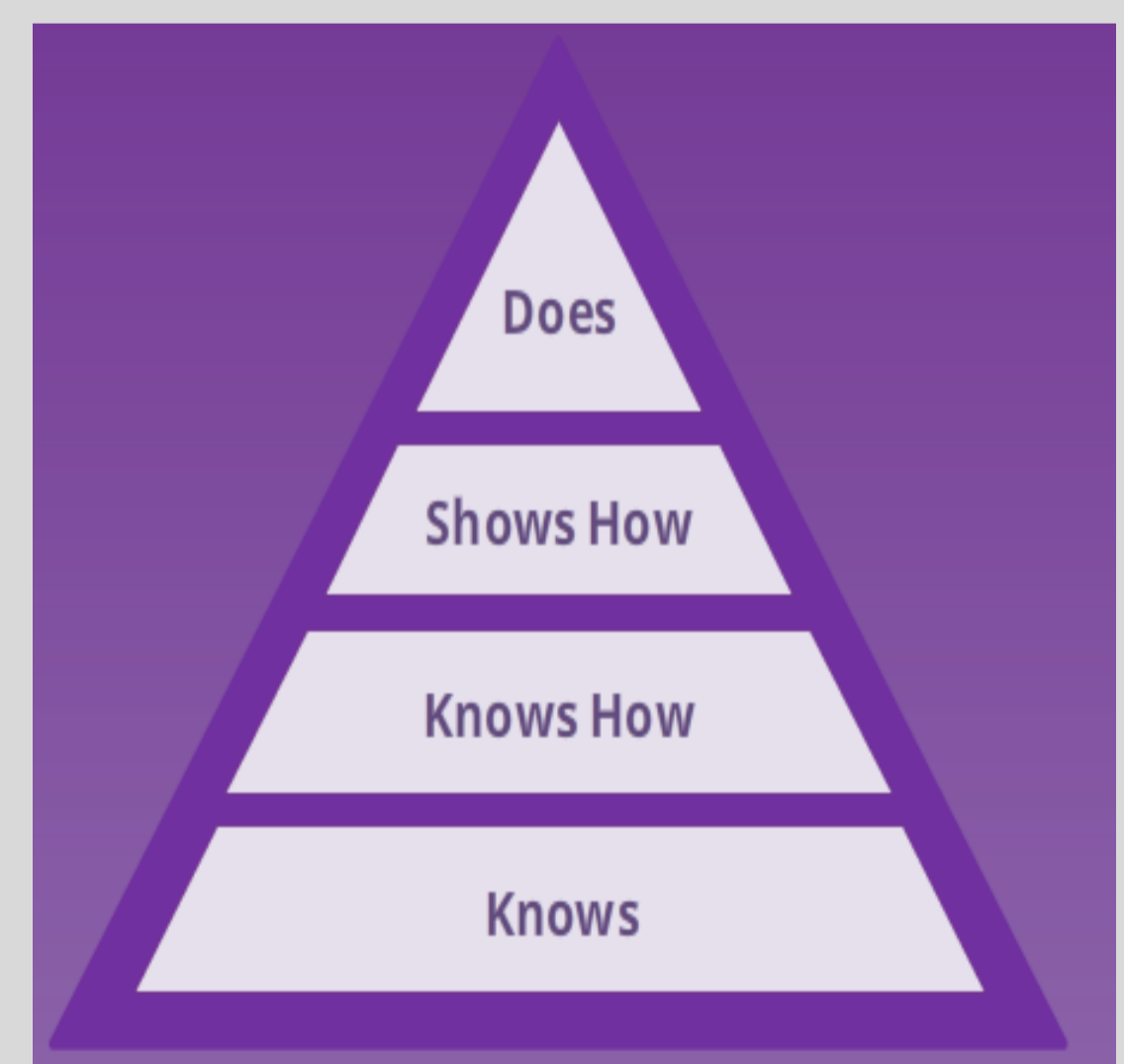
I immediately felt comfortable with the pharmacist. She explained in detail her role and I felt able to open up to her quite quickly. I didn't feel at any time under pressure to end our discussions.

The pharmacist put me at ease very quickly and I very much felt part of the discussion we had in how to proceed with my treatment.... A very valuable and necessary service run alongside General Practice.

At first I was wary of seeing the pharmacist. I had doubts of her knowledge but after 15 minutes my mind was put at ease as she clearly understood the problems I was facing. During all my consultations [name] fully explained what drugs she was prescribing and why I would recommend that a trained pharmacist be put into medical centres as I am truly grateful for her help and time given to me.

Just one comment: [name] was brilliant!

I feel it is much needed but more people should be aware of its availability. The continuity it was providing me was crucial to my recovery/progress. Simply having that one continual person treating me made a huge difference.



KEY LESSONS AND FUTURE DEVELOPMENTS

The successful pilot results have helped the mental health pharmacy team secure ongoing funding from the pharmacotherapy work stream of the new GP contract. This funding will allow sustainable provision across North Highland of:

1. Continued support and education to the primary care pharmacy teams, allowing them to become more autonomous in dealing with and managing patients with common mental health conditions, from the appropriateness of acute prescription requests right through to polypharmacy medication reviews of multi-morbidity and complex patients
2. Provision of a specialist mental health clinical pharmacy advisory/information liaison service for all primary care clinicians
3. The provision of specialist mental health pharmacist clinics

REFERENCES

1. Scottish Government. 2017. Mental Health Strategy 2017-27 - a 10 year vision. Available from: <http://www.gov.scot/Publications/2017/03/1750/0> [Accessed March 2017]
2. Scottish Government. 2013. Achieving Excellence in Pharmaceutical Care. Available from: <http://www.gov.scot/publications/2017/08/4589> [Accessed August 2017].
3. Buist, E., McLelland, R., Rushworth, G.F. et al. Int J Clin Pharm (2019). Available from: <https://doi.org/10.1007/s11096-019-00897-1> [Accessed September 2019]