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IN ASSOCIATION WITH LLOYDSPHARMACY

WORK IN PROGRESS

POLICY AND PRACTICE

An innovative partnership to improve pharmaceutical supply and management services

The challenge

Coventry and Warwickshire Partnership Trust sought to standardise their pharmaceutical supply, moving from three channels of supply to just one. The overall aim was to improve efficiency and achieve a much clearer picture of the effectiveness of the service. Operating across a large geographical area, the Trust is responsible for servicing a wide range of residential units as well as community mental health teams caring for those living within the community.

The solution

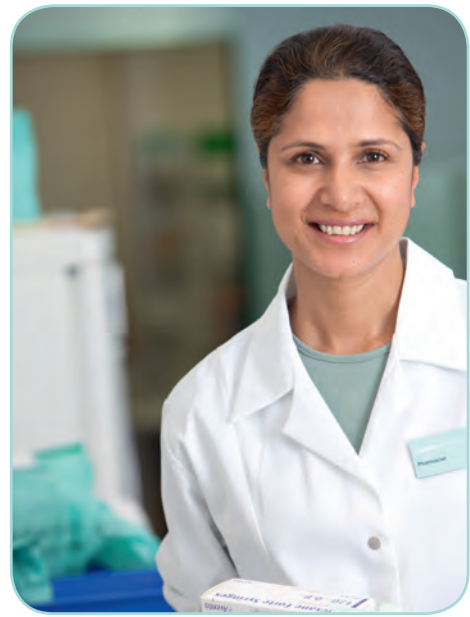
Lloydspharmacy Healthcare Services worked in partnership with the Chief Pharmacist at the Trust to audit the existing process and develop a solution that would deliver an efficient and cost-effective service.
A service level agreement was drawn up to create a supply chain that is now more process driven and measurable. Two dedicated pharmacy 'hubs' have been established to operate the service, one based at Walsgrave Hospital in The Caludon Centre psychiatric care unit and another smaller unit in St Michael's Hospital to serve South Warwickshire.

Service features include:

- A dedicated clinical team to deliver the service from both hubs.
- A guide for Trust staff on ordering procedures.
- Support from local Lloydspharmacy branches, including extended opening hours during the evenings, weekends.

The results

- The Trust has been able to free up time for its staff to focus on clinical care and redeploy funds to increase the team, thanks to the efficiency and cost savings delivered by the new service.
- Operating from a Lloydspharmacy within the hospital has cemented a strong working relationship with the Trust's staff.
- The pharmacy network brings greater accessibility and freedom of choice for patients.
- The management processes and reporting provides greater visibility of the pharmaceutical supply chain, allowing for continuous evaluation and improvement.
- With a dedicated team and clear service level agreement in place, prescriptions are dispensed accurately and quickly.



The client perspective

"We valued the opportunity to work in partnership with Lloydspharmacy Healthcare Services to develop an innovative and efficient service and we have certainly reaped the benefits. We can rely on the Lloydspharmacy staff to deliver a high quality and efficient service, enabling our teams to focus on delivering the highest standard of patient care."

David Tait, Chief Pharmacist at Coventry and Warwickshire Partnership Trust

For more details please
Call 024 7643 2075
Email healthcare.services@lloydspharmacy.co.uk
Click www.lloydspharmacyservices.co.uk

Lloydspharmacy
Healthcare for **life**

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Emma Dent

FOREWORD

SERVICE IMPROVEMENT

A positive difference

One in four of the UK population will be affected in some way by mental health issues, at an estimated cost of more than £100bn a year to the economy.

The overall experience for mental health service users is best described as "variable" and "disjointed". Patient outcomes for those requiring treatment, support and care can and should be improved.

The government's strategy No Health Without Mental Health is designed to put mental health treatment on the same footing as physical illness or injury and to end the stigma attached to depression and other conditions.

'This is a huge opportunity to stimulate fresh thinking and new initiatives to achieve the QIPP objectives'

The intention is to incorporate "prevention" and "recovery" support alongside specific healthcare measures, and many organisations will play a role in making this new landscape a reality for the service user.

This presents a major challenge for those involved with overseeing mental health care policy and delivering daily services, but it is also a huge opportunity to stimulate fresh thinking and new initiatives to achieve the quality, innovation, productivity and prevention objectives.

There are many contributors to the provision of mental healthcare services and a number of touch points for service users, including: hospital specialists; GPs; crisis resolution health teams, community mental health teams; non-statutory organisations and carers; and partners such as the community pharmacy network, which includes organisations such as Lloydspharmacy.

The most frequented touch point in the patient pathway is the community pharmacy. We believe this network provides the NHS with the ideal solution, in drawing together the different elements of care.

There are already examples of pharmacy contractors, including Lloydspharmacy, successfully integrating their expertise in efficient dispensing and patient engagement within secondary care settings. This joined-up approach allows the focusing of professionals' time at the most appropriate point in the care pathway to make a positive difference to the delivery of mental healthcare services.

In a recent meeting of key health All Party Parliamentary Groups facilitated by Lloydspharmacy, delegates identified the immediate barriers to realising this truly integrated world as: IT interface, care pathway design and alignment of contract and incentives.

The health reforms provide a prime opportunity to fully consider how clinical integration and patient focused care can be achieved.

We mustn't miss this opportunity to improve outcomes for the many patients dealing with mental health issues. ●

Caroline Smith is director of healthcare services at Lloydspharmacy.

REFORM

The new strategy is welcomed, but positive developments so far are hard to see, says Emma Dent

POLICY IN THE MELTING POT

Mental health policy is at something of an impasse. The government's February launch of its No Health Without Mental Health strategy was largely welcomed, but there has been little progress since.

Twelve years ago, the national service framework for mental health set clear targets for redesigning services. The sector now lacks anything so coherent. Despite the move away from the culture of targets, this lack of direction causes concern.

"The strategy we have now is fine as far as it goes. Its message is all very positive. But the lack of progress is disappointing," says Sophie Corlett, director of external relations at the mental health charity Mind.

Ms Corlett's opinions are echoed across mental health policy. At the time of writing, there was no timetable in place for an implementation plan, or any indication of when one would be forthcoming.

The sector lacks a "tsar" or equivalent, or a successor to the National Centre for Mental Health, meaning it lacks a leader or a national policy centre, say policy sources. The number of senior civil servants working in mental health at the DH has been cut to a "skinny skeleton", as Ms Corlett puts it.

Meanwhile, promises that mental health will gain its own series of local networks, as has been successfully achieved in cancer and stroke care, are yet to be outlined in detail.

There is a ministerial group on the mental health strategy, chaired by the care services minister Paul Burstow, with a number of workstreams, but it has a large number of members, all with valid vested interests to pursue, and progress seems to be slow. Outside of government, the Future Vision Coalition of 11 mental health organisations, meets to discuss and hopefully influence policy over the next 10 years, but is clearly not in the business of actually setting it.

"There is a fair degree of concern about how things are going nationally," says the NHS Confederation's Mental Health Network director Steve Shrubb. "No Health Without Mental Health was produced after a fair amount of co-production effort by my own organisation and others, but its timing was unfortunate, coming as it did just before the [NHS] reforms.

Local whim?

"But now clinical commissioning groups are emerging and are not going to have a framework to refer to. There is no context, no sense of what should be prioritised. Are these decisions really going to be left up to the whim of local commissioners?" he asks.

Mental health and learning disability charity Mental Health Foundation head of policy Simon Lawton-Smith points out the ongoing lack of evidence based decision making in mental health commissioning, despite the huge spend on mental disorder – around 11 per cent annually of the NHS budget.

"There is some concern about the transparency of mental health commissioning. Too much is currently assumed, thanks to lack of evidence. A lot is going to be left to the intelligence of commissioners," agrees Ms Corlett. "There will have to be a super human effort to achieve true integration of services and there is also concern that some services will be cherry picked. You have to ask, what is going to be in it for commissioners to invest in mental health and wellbeing?"

"The more devolved and localised commissioning becomes the greater the risk is that some areas will fall behind. There is already variation," says Centre for Mental Health deputy chief executive Andy Bell. "And on a national level, will the national commissioning board have the mental health expertise it needs? Is there going to be a quality system for collecting the data of outcome measures?"

It is hoped the Joint Commissioning Panel for Mental Health set up by the Royal College of GPs and the Royal College of Psychiatrists will be able to fill in gaps across the system. It is currently working on commissioning guides for dementia, transitions from child and adolescent services to adult care, learning disability services, liaison psychiatry and primary care mental healthcare. However, these will not be compulsory.

FOTOLIA

Meanwhile, although work on payment by results in mental health is continuing – there are around 20 healthcare resource group clusters in development for the sector – its present lack in the system means the sector's finances are still dominated by block contracts. These rather outmoded forms of finance are hard to use to provide evidence of value for money and are therefore vulnerable to cuts.

In a health question and answer session at the Liberal Democrats conference in September, health minister Paul Burstow was applauded for admitting that mental health policy lacks clarity and pledging it will have it by the end of the coalition government's present term in office, says Victoria Bleazard, head of policy and campaigns at the charity Rethink Mental Illness.

"We could not ask for a more supportive minister but that is not reflected in what is happening on the ground," says Ms Bleazard. "There is a complete lack of clarity about what cuts are happening and where. The government wants us all to be armchair auditors; these accounts should be transparent, but it is impossible for services to plan accordingly when there is no openness."

And there is concern that while cuts to mental health services are themselves difficult enough to track – though there are indications that specialist community based service teams such as assertive outreach and crisis intervention are increasingly being merged – local authority budget cuts, which although undefined, are clearly happening, are already having a massive impact on the lives of people with mental illness.

'There is a complete lack of clarity about what cuts are happening and where'

Disappearing budgets

"As an example, budgets for support services such as tailored housing for people leaving the criminal justice or inpatient units are disappearing. If people do not get support in having somewhere to live, or finding a job, how are they supposed to recover?" says Ms Bleazard.

Policy commentators agree that the task local authorities are facing is incredibly difficult. But the decisions cash strapped councils are taking, and ongoing changes to the benefits system, are having a far greater impact on the lives of people with mental health problems than any policy changes to commissioning structures, says Mr Lawton-Smith.

"What will really affect the lives of people with mental health issues is the ability of commissioners to commission the kind of services they really need, such as debt counselling and employment support. And if there is one thing that should be planned ahead for it would be early intervention services, working with children and families."

Potential threats

"There are a lot of potential threats," says Mr Bell. "We know public spending is tight and cuts have to be made. But are these decisions being made in a panic or strategically?

"Are they being made in consultation with service users and their families, in isolation or in partnership? Is the mental health service that emerges one that is concerned with helping people on their journey to recovery?

"There are consequences to such decisions; research we carried out with the LSE and the Institute of Psychiatry (*Mental health promotion and mental illness prevention: the economic case*) found every pound spent on early intervention saves the NHS £9 and society in general is saved another £9. We can quantify the economic benefits of doing the right thing."

Mental health trusts are facing a double whammy, says Mr Shrubb. Services are having to manage both cuts to their own services and the consequences of local authorities cutting support services and withdrawing from services previously integrated with mental health.

"It is getting very tough out there. What is amazing is how trusts are carrying the can but still delivering services," he says. ●

THE POWER OF PARTNERSHIP

Inpatient Job Retention and Employment Pilot Project – a successful partnership between Surrey and Borders Partnership NHS Foundation Trust and Richmond Fellowship (RF) West Surrey Employment Service

A RICHMOND FELLOWSHIP CASE STUDY

KEY LEARNING FROM THE PILOT PROJECT

- Job Retention support is highly effective when appropriately offered and delivered to people at point of inpatient admission
- Evidenced demand for employment and social inclusion support amongst inpatients who may previously have been considered too ill to engage with Services
- Need driven Public and Third Sector collaboration is achievable and it yields positive outcomes.

A NEED IDENTIFIED AND ACTED ON

Patient Liaison Officer for Surrey and Borders Partnership NHS Foundation Trust (SaBP NHS Trust), Patty Lopez, identified a need amongst inpatients of St Peter's Hospital, Chertsey, for employment support. This was most apparent on the acute ward where people were admitted for assessment, but where little or no liaison with a patient's employer was being provided. This created job retention problems for individuals which exacerbated their mental health problems.

Patty contacted RF's IPS Employment Advisor for the borough, Darren Ayers, who in conjunction with his line and Service management, agreed to resource a six month pilot of employment support delivery on the four wards of the Abraham Cowley Unit (ACU) at the hospital.

Together, Patty and Darren designed and implemented the programme, which included:

- promotion of the project to ward staff and patients
- early intervention referral routes
- contact arrangements
- permitting access to the wards
- scheduling on ward meetings, follow-up, clinical interface, and reporting procedures

KEY OUTCOMES

- Twelve referrals received in six months – six for Job Retention support, six for Employment/Community Links Advice
- All Job Retention referrals resulted in Clients retaining their employment, and one referral even gained additional part time paid employment as a Sports Assistant in a school
- Of the six EA/CLA referrals, only one did not sustain engagement. Two gained voluntary employment outcomes during the pilot, and the others received on going core contract support at the end of the pilot
- Patty Lopez was nominated Employee of the Year by the CEO of SaBP NHS Trust for her involvement in and development of ACU Patient Social Inclusion Initiatives
- Improved awareness throughout SaBP NHS Trust of the effectiveness of RF's Employment, Retain and Community Links Services
- Improved clinical appreciation of the power of social inclusion to positively affect mental health recovery and wellbeing.
- Employment support needs checked within 24 hours of ward admission and vocational needs incorporated into ward groups, reviews, and assessments.
- Joint RF and NHS report proposing permanent improvements to ward practice around vocation and social inclusion was submitted to NHS Trust Management.

For more information about the project and RF's wide range of Services please contact: **Mike Munson, Service Manager RF West Surrey Employment Service,** mike.munson@richmondfellowship.org.uk

RICHMOND FELLOWSHIP
MAKING RECOVERY REALITY

EMPLOYING STRONG SUPPORT

Having a job promotes mental health recovery. How can employers help? Emma Dent reports

Hard as it can be to believe after a tough day in the office, work is good for your mental health, improving self confidence and self esteem.

Yet a 2011 Care Quality Commission survey of users of community mental health services found only 15 per cent were in paid jobs. Almost half (43 per cent) wanted help to find or keep work and 60 per cent said they would choose to go back to work immediately. A further 10 per cent said they would like the option in the future – but 35 per cent had been offered no employment support by NHS services.

The problems are made harder by the fact that a disclosure of mental health problems can lead to someone being sacked or forced out of their job. In 2011, one in five respondents to a poll by mental health charity Mind said this had happened to them. Research by the disability employment charity Shaw Trust has found 40 per cent of employers view workers with mental health issues as a "significant risk" and 23 per cent feel they are less reliable.

And although official sickness records say otherwise Mind says employers have said mental health is believed to be the biggest single cause of time off.

"Often managers have picked up that someone has a problem but feel uncomfortable about tackling it, that it is none of their business," says Keith Gorman, programme manager at Liverpool based charity Health@Work. "They are also concerned about doing the wrong thing in case it reflects badly on them. The longer someone has been off work, the less likely they are to return but employers also often feel they should not get in contact with employees while they are off sick, which in turn leads to employees feeling abandoned."

At the heart of the issue is a lack of understanding about mental ill health and what it involves, from GPs who assume that keeping a job will hinder rather than aid recovery to employers who fear a worker will no longer be capable.

"Stigma is the single biggest issue," says Emma Mamo, the policy and campaign manager at Mind.

Work retention schemes can stop people becoming long term unemployed; Ms Mamo says there has been some success with the access to work programme, where both employer and employee are given active support to stay in work, with approaches such as flexible working. However, she adds that a number of people with mental health problems have serious concerns about changes to the benefits system, through the work capability assessment programme. Many feel they may be rushed back into work before they are ready; or have to account for the fluctuating nature of their illness.

'Often managers feel uncomfortable about tackling it, that it is none of their business'

Centre for Mental Health director of programmes Jan Hutchinson explains that when people have been out of the workforce for a while the usual way of applying for jobs is inappropriate.

"Disclosure [of mental health problems] is about knowing what to say and when to say it. Discrimination is far more of an issue than, say, having to arrange time off for treatment," she says.

Traditionally, helping people with mental health problems into work by statutory services has taken the form of sheltered employment in schemes such as plant nurseries or print shops.

"That's fine for people who do not have ambitions to be in the mainstream workplace. But it does not help to get people back to work."

Individual placement and support, where case workers find work appropriate to an individual, guide them and the employer through the application process and are available for further support, has been shown to be the most successful model, but is not commonly available. The Centre is working with nine centres of excellence, each consisting of a mental health trust, commissioning bodies and employment service providers, to create as exemplars.

Ms Hutchinson says: "Working is a vital part of recovery, albeit one that is often overlooked. It leads to a more interesting life.

"A client told me how pleased she had been to be included in the work secret Santa. You don't get that when you are a mental health patient." ●

Typical approaches to finding a job may not be appropriate for someone out of work for a long time

ALAMY

GPs regularly encounter patients in need of mental healthcare but admit to gaps in their knowledge, says Emma Dent

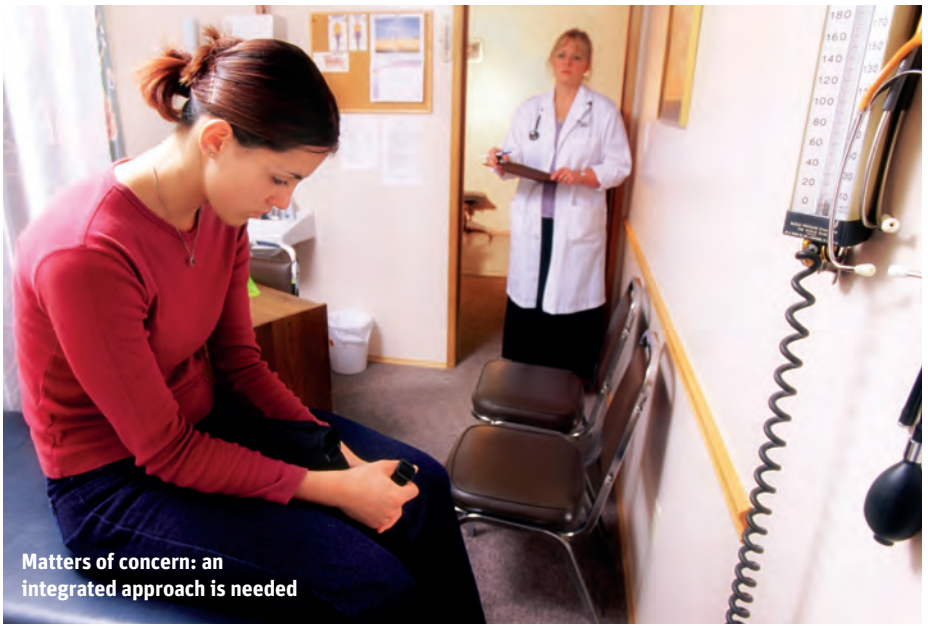
ACCESS TO UNDERSTANDING

There are some startling facts around mental healthcare in a primary care setting. Of the one in four people who experience mental health distress, 90 per cent of those who seek treatment will be treated only at a primary care level, principally by their GP. Unsurprisingly, GPs report that a third of their consultations are concerned with mental health problems, and this does not take into account "hidden" problems, where patients do not disclose or do not recognise mental health issues, instead reporting unexplained pain or other symptoms, which in turn often lead to unnecessary referrals.

Yet there are considerable concerns that in having to deal with such huge levels of need, GPs fail to give mental health patients due care and concern. The stereotypical encounter where prescriptions for antidepressants are handed out after a 10-minute consultation is still too often a reality, because of time restrictions and limited knowledge of the alternatives.

Although some are passionate about the subject and treating mental health, many GPs have limited understanding and some are not interested in improving their knowledge of either. Overall care is considered to be, at best, variable.

"There is huge variability in how it is practised, and there is no real structure to it," says Dr David Smart, a GP and primary care lead at the education and training organisation Changing Minds.



Matters of concern: an integrated approach is needed

ALAMY

Holistic approach

Dr Smart and Dr Ian Walton, a GP and chair of the primary care mental health and wellbeing charity Primhe, would like to see primary care based mental health services take a holistic approach to care – recognising that a patient's state of mind can have a massive impact on their physical health and vice versa – and do more work in early intervention, such as with new mothers, families and children excluded from school.

"There is no sense of seeing the person as a whole. We need an integrated approach," says Dr Smart, while Dr Walton adds: "Mental health services continue to be dominated by the medical model and is based around risk. And those services cannot be destabilised because we need them."

Meanwhile, Dr Walton believes developing payment by results for mental health could be a "disaster" if it incentivises inpatient care – although tariffs are being developed for milder conditions. But Dr Smart says he is baffled by National Institute for Health and Clinical Excellence recommendations to scrap quality and outcome indicators for depression in the 2012-13 quality and outcomes framework, when he believes depression should be treated as a common long term condition, with GPs incentivised to treat it as such.

'Care should be available across professional boundaries with a pooled budget'

"There are just not the necessary funding streams in primary care mental health," he says. "It is not systematic and this needs to be challenged."

There is huge concern that with GPs set to be at the heart of commissioning through clinical commissioning groups mental health will be neglected. A joint commissioning panel, made up of 13 organisations including the Royal College of Psychiatrists, the Royal College of GPs, the NHS Confederation and charities including Mind and Rethink Mental Illness, aims to tackle the fact that, according to Rethink research, GPs admitted to limited knowledge of secondary care pathways. Only a third felt able to commission mental health.

"When we have meetings of GPs with a special interest in mental health there are maybe 20 people there. We need to have hundreds, spread across the country," says Dr Smart.

Training is another issue. Around 40 per cent of trainee GPs do some psychiatric training, but usually in an inpatient setting that bears little resemblance to what will be commonly seen in a GP surgery.

"Mental health is about feeling and intuition, but the training is process driven," says Dr Walton.

Royal College of GPs chair Clare Gerada accepts the point about the lack of specialist training in the field. The college is looking at expanding GP training from three to five years.

"GPs want to be able to understand and diagnose our patients and we have known for years what should happen; that care should be available across professional boundaries with a pooled budget," says Dr Gerada. "But what we are currently looking at under the new [proposed] model [of running the NHS] is competition for patients while CCGs look to reduce specialist spend so as to keep in budget. I don't know if they are able to face these challenges." ●