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Developing the advanced practice role in older adult Psychiatry

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The beginning – an opportunity

- Known shortage of Older Adult Psychiatrists
- Prescribing of cognitive enhancers to be conducted in secondary care (NICE guidance updated June 2018)
- Unable to recruit nurse IP who had previously conducted this function
- Support sought from pharmacy team instead

The role – existing model

- Referral for assessment of memory (usually GP, liaison teams, social workers)
- CPN led assessment including history taking, cognitive examination and collateral history where possible.
- Referral for diagnostic testing (e.g. CT/MRI head, neuropsychiatry, PET/DaT scanning as indicated)
- Diagnostic review with Psychiatrist including treatment options
- Telephone review by CPN of medication tolerability
- Feedback to medic to issue further prescription

The role – existing model

- Recognised that this process took a huge amount of time.
- Prevented professionals from focusing on their primary specialist role
- Often caused delays for clients

The role – pharmacist IP (PIP)

- Initially followed an SP-esque model
  - Consultant Psychiatrist made treatment choice and first prescription
  - Handed over to PIP for follow-up and dose titration
- Development over time in terms of responsibility and decision making
- Clinical supervision
  - Crucial to success of the role and development of PIP skill

The challenges

- Geography – Northumberland is vast!
- Processes and procedures
  - Although each hub was part of the same team there were small differences that took a long time to grasp
- Expectations from other professionals
  - Varied widely; lesson learned – make sure all stakeholders have shared expectations from the outset when developing new roles!

The challenges

- Telephone review
  - Obvious limitations vs. face to face contact
  - Became a bit repetitive with a degree of ‘cabin fever’
- Backfill
  - No pharmacist cover available for my leave, so this impacted again on CPNs and medical staff.
- Risk management
  - I didn’t anticipate how I might have to handle things like non-concordance, carer stress and other social issues which arose

The successes

- Opportunity – Putting prescribing skills into practice
- Support
  - Enthusiasm from all team professionals for Pharmacist support in the pathway – a novelty!
  - Clinical supervision made me feel valued and allowed me the space to discuss my concerns without judgement
- Demonstrating success
  - Saved 32 hours of CPN time per week and approximately 7 hours of medic time per month
  - Seamless transfer of care between primary and secondary care
- Identification of future opportunities…

So what now?

Next steps

- Community Clinical Manager was really pleased with how the pilot had progressed, but had made some observations.
  - Due to the streamlining of processes/procedures, and clear establishment of the role felt suitable for a nurse IP to manage this in the future
  - Identified that the memory assessment pathway needed it's own leadership separate from care and treatment pathway
  - Looked to appoint nurse clinical lead to perform both roles
- **But what about the pharmacist role?!**

Next steps

- Felt that the skills and experience of an Advanced Pharmacist Practitioner was better placed supporting clients with more complex needs in the care and treatment pathway.
  - Part of this is traditional clinical pharmacist role – no clinical input previously provided in this setting.
  - Look at how the advanced practice role could support medics to focus on their specialist role and support nurses and AHPs provide the best care to their clients.

So far…

- From April 2019 spent time establishing where support could be offered – draft referral criteria developed
  1. Support with high risk medicines; Clozapine, lithium, depots, high dose antipsychotic therapy (HDAT), polypharmacy
  2. Assessment of problems with medicines adherence/concordance (particularly if factors other than cognition are involved)
  3. Clients with organic diagnosis and prescribed an antipsychotic (with the aim of reducing and deprescribing wherever possible).
  4. Prescribing/titration of cognitive enhancers
  5. Recent NTW hospital discharge and prescribed new medicines – for follow-up
  6. Clients with behaviour that challenges in 24 hour care for medicines review prior to nurse-led assessment
  7. Side effect screening for clients prescribed lithium, antipsychotics, and antidepressants.
  8. Medicines advice (for professionals or clients/carers) including concerns about side effects

The future?

- Expand the role within the county (currently only working across north and south central Northumberland)
  - More pharmacists providing this
  - More activities to support the service
- Succession/development planning
  - B7 development +/- prescribing course
  - Expanding competence of APP
- Inter-Trust working
  - MOCH teams – ensures parity of esteem for physical and mental health needs
- Evaluation / Research / Publication – hopefully demonstration of the value of the role
- Expand further across the Trust footprint… potentially beyond!

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