

How pharmacist prescribers can help meet the mental health consequences of COVID-19

Orla Macdonald,¹ Katharine Smith,² Michael Marven,¹ Nick Broughton,¹ John Geddes,^{1,2} Andrea Cipriani ^{1,2}

The British Medical Association recently published their report on the impact of COVID-19 on mental health in England, highlighting the urgent need for investment in mental health services and further recruitment of mental health staff.¹ Like many others, they have predicted a substantial increase in demand on mental health services in the coming months. Their recommendations include a call for detailed workforce planning at local, national and system levels. This coincides with the publication of the 'NHS People Plan' which also emphasised the need to maximise staff potential.² The message from both is clear, it is time for Trusts to revise and improve how they use their multidisciplinary workforce, including non-medical prescribers (NMPs).

Pharmacists have been able to register as independent prescribers since 2006³ and as such, can work autonomously to prescribe any medicine for any medical condition within their areas of competency.⁴ There has been a slow uptake of pharmacists into this role⁵ and while a recent General Pharmaceutical Council survey found only a small increase between the number of active prescribers from 2013 (1.094) to 2019 (1.590), almost a quarter of prescribers included mental health within their prescribing practice.⁶ More recently, we have started to see increasing reports of the value of pharmacist independent prescribers in mental health services.^{7,8}

Pharmacists bring a unique perspective to patient consultation. Their expertise in pharmacology and medicine use means they are ideally placed to help patients optimise their medicines treatment⁴ and to ensure that patients are involved in decisions about their medicines, taking into account individual views and preferences. This approach is consistent with the guidance on medicines optimisation from the National Institute for Health and Care

Excellence⁹ and the Royal Pharmaceutical Society,¹⁰ and the Department of Health's drive to involve patients actively in clinical decisions.¹¹ An increased focus on precision psychiatry in urging clinicians to tailor medicines to patients according to evidence about individualised risks and benefits.^{12,13} However, it takes time to discuss medicine choices and to explore individual beliefs about medicines. This is especially relevant in Psychiatry, where a large group of medicines (eg, antipsychotics) may have a wide range of potential side effects. Prescribing pharmacists could provide leadership and support in tailoring medicines for patients, as part of the wider multidisciplinary team.¹⁰

The recent news that Priadel, the most commonly used brand of lithium in the UK, is planned to be discontinued¹⁴ is another example where a new and unexpected burden on psychiatric services could be eased by sharing the workload with prescribing pharmacists. The Medicines and Healthcare Products Regulatory Agency recommends that patients should have an individualised medication review in order to switch from one brand of lithium to another.¹⁴ This is work that can be done by prescribing pharmacists who have an in-depth knowledge of the pharmacokinetics of lithium formulations.

Importantly, this is a role that can be delivered using telepsychiatry and enhanced by the use of digital tools. Patients can meet pharmacists from the comfort of their own home using video conferencing. Pharmacists can upload and share medicines information on the screen while discussing the benefits, risks and individual medication needs with each client. Increasingly organisations are using technology whereby prescriptions can be prepared electronically and sent securely to patients or their medicines providers.¹⁵

We know from systematic reviews that NMPs in general are considered to provide a responsive, efficient and convenient service⁵ and to deliver similar prescribing outcomes as doctors.¹⁶ Medical professionals who have worked with NMPs have found that this support permits them to concentrate on clinical issues

that require medical expertise.⁵ A patient survey carried out in 2013 indicated that independent non-medical prescribing was valued highly by patients and that generally there were few perceived differences in the care received from respondents' NMP and their usual doctor.¹⁷ The literature also suggests that an NMP's role is more likely to flourish when linked to a strategic vision of NMPs within an National Health Service (NHS) Trust, along with a well-defined area of practice.¹⁸

Mental health trusts are being asked to prepare for a surge in referrals and as part of this planning, they will need to ensure that they get the most out of their highly skilled workforce. There are active pharmacist prescribers in many trusts, however, this role is not yet commonplace.¹⁹ Health Education England has already identified that this is an important area of transformation for pharmacy and has called on mental health pharmacy teams to develop and share innovative ways of working.¹⁹ The 'NHS People Plan' outlines a commitment to train 50 community-based specialist mental health pharmacists within the next 2 years, along with a plan to extend the pharmacy foundation training to create a sustainable supply of prescribing pharmacists in future years.²

We suggest that Mental Health Trusts should urgently develop prescribing roles for specialist mental health pharmacists, which are integrated within mental health teams. In these roles, prescribing pharmacists can actively support their multidisciplinary colleagues in case discussion meetings. Furthermore, they should host regular medication review clinics, where patients can be referred to discuss their medicine options and, as advancements in precision therapeutics continue, have their treatment individually tailored to their needs. This is the way forward for a modern and patient-oriented NHS in the UK.

Twitter Andrea Cipriani @And_Cipriani

Contributors OM drafted the article and all other coauthors critically revised it. All authors approve the final version of the editorial.

Funding This study was supported by National Institute for Health Research (BRC-1215-20005).

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided

¹Oxford Health NHS Foundation Trust, Oxford, UK

²Department of Psychiatry, University of Oxford, Oxford, UK

Correspondence to Professor Andrea Cipriani, Warneford Hospital, Department of Psychiatry, University of Oxford, Oxford OX1 2JD, UK; andrea.cipriani@psych.ox.ac.uk

that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Macdonald O, Smith K, Marven M, *et al.* *Evid Based Ment Health* 2020;**23**:131–132.

Received 28 September 2020
Accepted 20 October 2020

Evid Based Ment Health 2020;**23**:131–132.
doi:10.1136/ebmental-2020-300210

ORCID iD

Andrea Cipriani <http://orcid.org/0000-0001-5179-8321>

REFERENCES

- 1 British Medical Association. The impact of Covid-19 on mental health in England. supporting services to go beyond parity of Esteem, 2020. Available: <https://www.bma.org.uk/media/2776/emb07072020-bma-mental-health-paper.pdf>
- 2 NHS England, NHS Improvement and Health Education England. We are the NHS: people plan 2020/21, 2020. Available: www.england.nhs.uk/ourpeople
- 3 Baqir W, Miller D, Richardson G. A brief history of pharmacist prescribing in the UK. *European Journal of Hospital Pharmacy* 2012;**19**:487–8.
- 4 Royal Pharmaceutical Society. Policy for pharmacist independent prescribers. Available: www.rpharms.com [Accessed 15 Sep 2020].
- 5 Graham-Clarke E, Rushton A, Noblet T, *et al.* Facilitators and barriers to non-medical prescribing - A systematic review and thematic synthesis. *PLoS One* 2018;**13**:e0196471.
- 6 General Pharmaceutical Council. Prescribers survey report, 2016. Available: www.pharmacyregulation.org [Accessed 15 Sep 2020].
- 7 Patel Z. The impact of non-medical prescribing on an acute psychiatric inpatient ward. *Journal of Psychopharmacology* 2019;**33**:3–7.
- 8 O'Brien C. O3 Developing a pharmacist prescribing role within child and adolescent mental health services (CAMHS). *Archives of Disease in Childhood* 2019;**104**:e2.
- 9 National Institute for Health and Care Excellence. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, 2015. Available: www.nice.org.uk/guidance/ng5 [Accessed 15 Sep 2020].
- 10 Royal Pharmaceutical Society. Medicines optimisation: helping patients to make the most out of medicines, 2013. Available: www.rpharms.com [Accessed 15 Sep 2020].
- 11 Department of Health. Equity and excellence: liberating the NHS, 2010. Available: www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- 12 Kernot C, Tomlinson A, Chevance A, *et al.* One step closer to personalised prescribing of antidepressants: using real-world data together with patients and clinicians' preferences. *Evid Based Ment Health* 2019;**22**:91–2.
- 13 Cipriani A, Tomlinson A. Providing the most appropriate care to our individual patients. *Evid Based Ment Health* 2019;**22**:1–2.
- 14 Medicines and healthcare products regulatory agency, 2020. Available: www.cas.mhra.gov.uk
- 15 NHS digital electronic prescription service. Available: <https://digital.nhs.uk/services/electronic-prescription-service> [Accessed 25 Sep 2020].
- 16 Weeks G, George J, Maclure K, *et al.* Non-Medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care. *Cochrane Database Syst Rev* 2016;**11**:CD011227.
- 17 Tinelli M, Blenkinsopp A, Latter S, *et al.* Survey of patients' experiences and perceptions of care provided by nurse and pharmacist independent prescribers in primary care. *Health Expect* 2015;**18**:1241–55.
- 18 Courtenay M, Carey N, Stenner K. Non medical prescribing leads views on their role and the implementation of non medical prescribing from a multi-organisational perspective. *BMC Health Serv Res* 2011;**11**:142.
- 19 Health Education England. New roles in mental health. The pharmacy and pharmacy technician task and finish group, 2019. Available: <https://www.hee.nhs.uk/sites/default/files/documents/Pharmacy%20Report%20March%202019.pdf>