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

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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 treatment6 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 service16 and to deliver similar prescribing outcomes as doctors.17 Medical professionals who have worked with NMPs have found that this support permits them to concentrate on clinical issues that require medical expertise.18 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.20

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.

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