

# Adapting the Early Intervention in Psychosis model in Dumfries and Galloway to workforce pressures using prescribing clinical pharmacy input

**Pathfinder site background:** NHS Dumfries & Galloway (D&G) early intervention in psychosis service (EIP) are implementing a bespoke EIP service to serve a mostly rural, dispersed population. They have a current caseload of 23 service users, and a team composed of a team lead/key worker, consultant psychologist, clinical pharmacist, key worker/mental health nurse, occupational therapist, peer support worker and an assistant psychologist. The service uses a shared care model, where service users remain open to Community Mental Health Teams (CMHT), and mental health teams provide access to locality psychiatrists.

**Case study background:** Whilst Psychiatry is a key discipline in EIP, providing diagnosis, and medical expertise, there is a current shortage of psychiatry staff across Scotland. EIP teams have needed to be flexible, for example in finding alternative sources of prescribing advice. D&G EIP has lacked the ability to be responsive to service user needs around medication and side effects, with negative side effects from antipsychotics being one of the main reasons why a service user might disengage from an EIP service. This case study will explore how NHS D&G responded to these workforce pressures by successfully trialling a prescribing clinical pharmacist in the team. This knowledge can assist Scottish NHS Boards developing EIP services to consider adaptations which integrate different disciplines and reduce the already substantial pressure on CMHT psychiatry.

## Role of psychiatry in EIP teams

**Psychiatrists in EIP teams** complete assessments of mental state, capacity and assess risk; apply the Mental Health Act and its related processes; diagnose (including ruling out organic causes of psychosis); provide in-patient care; prescribe and conduct physical health monitoring; and contribute general knowledge.

“Never underestimate how difficult it is to take medicine every day; we are all human, and clinicians need to have realistic discussions with service users. Depot preparations can help - let's have open discussions about them early and in a positive way. They can be seen as punitive, but they are more convenient and proven to keep patients well.”

Clinical pharmacist, NHS Dumfries and Galloway

## Adaptation – clinical pharmacy

“Service users can try an antipsychotic, have side effects, and want to change to another one... So psychiatrists have to be quite receptive around answering emails, but quite often they want to see people if they're changing antipsychotic medication (which is affected by the lack of psychiatry capacity).

We discussed the options and the one that we came to was that there was opportunity for a pharmacist to increase their hours and to give us that time.”

Team lead, NHS Dumfries and Galloway

The D&G EIP service employ a clinical pharmacist for 3.5 hours a week. This opportunity arose out of discussions between the board's associate medical director, HIS and the EIP service team, which identified issues relating to psychiatry capacity. The NHS D&G team involved clinical pharmacy in the service implementation planning, which created the connections that led to the clinical pharmacist contacting the service and joining the team.

The clinical pharmacist attends the service's weekly MDT meeting to discuss cases and is on hand to answer questions from colleagues. They also communicate with GPs and community pharmacists, and conduct telephone medication review appointments with service users. The clinical pharmacist does most of the team's prescribing, except in situations where the team would like to make significant changes to a service user's medication, which will require the input of a psychiatrist.

The clinical pharmacist also supports service users to manage their own medication needs, giving them an opportunity to discuss the various medications and their side effects. Clinical pharmacy also brings an awareness of polypharmacy and can help manage unexpected side effects. They also offer helpful suggestions, such as using alarms to assist with remembering to take medication.

## Clinical pharmacy: Key learning and impact

The D&G EIP team has acknowledged that one of their main challenges in delivering an EIP service is that the CMHT psychiatrists in the region will have a variety of approaches to diagnosis and prescribing. Clinical pharmacy has reduced most of the variability related to medication and allowed the team to focus their energies on delivering and improving other aspects of the service.

The team feel empowered to better understand the medication, side effects and physical health of service users thanks to the clinical pharmacist's knowledge and input. Their experience working with pharmacy input is so positive that, even if they were to have a team psychiatrist, they would still look to have a clinical pharmacist on the team. Additionally, clinical pharmacy offers a different perspective on how medicine suits an individual patient, and for managing complex situations such as polypharmacy.

### Benefits of clinical pharmacy input into an EIP service include:

- Conducting most prescribing without psychiatry input, except when making a major change to an existing medication plan;
- Responding quickly to service user desire for medication changes. Unhappiness with side effects is frequently cited when service users disengage;
- Promoting low-dosage prescribing in a safe manner;
- Conducting additional physical health monitoring, enhanced by the pharmacist's understanding of psychosis medication.

“[Thanks to clinical pharmacy input] we're matching people better with medications... (and) understand the reasons behind prescribing.”

Assistant psychologist,  
NHS Dumfries and  
Galloway