



New Ways of Working for Everyone



**Improving Medicines Management by
Extending the Roles of Pharmacy Technicians
in Mental Health
- A Briefing Document**



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1. Executive Summary

- 1.1. This is the first document targeted at chief executives, executive directors responsible for medicines management and chief pharmacists, exploring the current and potential roles of pharmacy technicians in mental health services in England. It has been developed on behalf of the Department of Health by the Care Services Improvement Partnership (CSIP) and National Institute for Mental Health in England (NIMHE) to promote the benefits of developing the core and developmental roles of pharmacy technicians in mental health services.
- 1.2. To meet the national modernisation agenda as part of the National Service Framework for Mental Health, the delivery of pharmacy services in secondary care has changed significantly in recent years. The development of New Ways of Working (NWW) is helping changes to be made to the roles and responsibilities of mental health pharmacists, technicians and other pharmacy staff supporting new medicines management services.
- 1.3. There are currently significantly lower numbers of pharmacy technicians working in mental health than are needed to meet the demands of the national agenda on pharmacy services as outlined in 'Talking about Medicines' published by the Healthcare Commission in 2007. With suitable investment, pharmacy technicians can support mental health trusts deliver advances in medicines management in areas that will help improve patient care, reduce costs, correct and prevent errors and reduce legal challenges.
- 1.4. Some mental health trusts have already extended the roles of pharmacy technicians, whilst others struggle with barriers such as working within poorly drawn up service level agreements, insufficient staff numbers and difficulty recruiting, training and retaining staff.
- 1.5. Improved access to appropriately skilled pharmacy technicians will mean mental health trusts can confidently include pharmacy technicians in strategic planning for medicines management. To ensure there are enough pharmacy technicians, a recognised career pathway is needed, backed up by appropriate approved training.
- 1.6. Core and developmental roles and tasks for pharmacy technicians working in mental health have been described (diagram 2). A number of examples of how these roles are being implanted in practice are described throughout the document (boxes 2, 3, 6, 7, 8, 9 and 11).
- 1.7. The vision for the future is that every mental health inpatient unit and community team will have a pharmacy technician as part of their extended multidisciplinary team.

2. Introduction

- 2.1. Pharmacy technicians have historically performed the role of dispensers in hospital pharmacies, counting and labelling medicines that were then checked by a pharmacist before being given to the patient. This traditional model confined both pharmacists and technicians to the dispensary. Since the early 1970s, initially pharmacists and then later technicians, started slowly to move out of the dispensary and on to the wards. The pharmacist's role then started to develop quite rapidly despite a shortage of hospital pharmacists. One solution to this was to free up pharmacists' time, and by the 1990s pharmacy technicians were taking on roles within the dispensary previously performed by pharmacists e.g. final accuracy checking. However, the role of the technician outside of the dispensary has in many places been restricted to checking medicines stocks on the ward and reordering them.
- 2.2. 'The NHS Plan' and 'Pharmacy in the Future' in 2000, followed by 'A Spoonful of Sugar' in September 2001 pushed pharmacy services even further in the direction of direct support for the patient, recognizing extended roles for technicians on the wards e.g. managing patients own medicines and dispensing for discharge ('one stop' dispensing). With this, came a need to address the skill mix of a limited workforce and develop NWW.
- 2.3. With the changing role of the pharmacy technician, many of their traditional tasks are now being performed by pharmacy assistants (support workers). In many hospitals, the dispensary is almost totally managed by pharmacy technicians and the routine supplies to wards and patients undertaken by teams of pharmacy technicians and assistants.
- 2.4. It is clear that increasing numbers of pharmacy technicians will be needed in specialist mental health roles. This will need to be underpinned by clear career pathways and recognised training. Box 1 is an example of how this might happen in practice.

Box 1.

Chris spent two years studying for the NVQ Level Three in Pharmacy Services at a mental health trust in England. When qualified, she then spent two years rotating through different aspects of the pharmacy technician role and decided that a pharmacy technician post working closely with the ward teams looked challenging and rewarding. After undertaking a regional course in medicines management, Chris applied for, and was successful in getting, a pharmacy technician post in the Trust. She wanted to extend the role even further, and was particularly interested in setting up a Medicines Education session at the day hospital. She looked at opportunities for formal study and decided first to undertake the University of Bath Continuing Professional Development (CPD) course, and later the more advanced CPD course from Aston University to develop a specialist clinical knowledge base. She also completed a motivational interviewing course to improve her communication skills.

Chris is now a senior pharmacy technician, leading and developing new patient-focussed services such as medicines education sessions and in-depth counselling with regard to new and current medicines.

- 2.5. The work started by the Changing Workforce Programme for Mental Health in 2001, and the subsequent 'Spread' programme, enabled many mental health trusts in England to look at their own pharmacy services and identify the potential for positive change. Of the 39 projects listed in the Spread Programme report (Learning Lessons from the Mental Health Pharmacy Spread Programme, 2007 – www.newwaysofworking.org.uk) over 35% were projects involving pharmacy technicians.

2.6. Despite this, some mental health trusts are struggling with the development of NWW for pharmacy technicians, not only because of the usual barriers such as fear of change, but also because of barriers such as working within poorly drawn up service level agreements, insufficient staff numbers and difficulty recruiting, training and retaining staff.

3. The Pharmacy Technician Workforce

3.1. The entry requirements for student pharmacy technicians are usually 5 GCSEs including English, Maths and Science. This may not be necessary, however, where particular experience is considered enough, such as in the case of pharmacy assistants who have completed the NVQ Level Two in Pharmacy Services.

3.2. Student pharmacy technicians undertake a two year work based period of study supported by either day release at college or distance learning, leading to a technical certificate. Alongside this, is the completion of a competency portfolio of work based activities that is measured against nationally set standards. The current standard is NVQ Level Three in Pharmacy Services.

3.3. Newly qualified pharmacy technicians enter the NHS pay scale at band 4, and there are national profiles for technicians up to band 7. Technicians in senior management posts at band 8a or above can be evaluated at trust level against Professional Manager profiles.

3.4. It is anticipated that from 2011 it will be mandatory for pharmacy technicians working in the UK to be registered with the professional regulator for pharmacy professions, currently the Royal Pharmaceutical Society of Great Britain (RPSGB).

3.5. Many of the pharmacy technicians working in mental health today are still engaged primarily in dispensary services. Ways need to be found to change working practices to free them up to become pharmacy technicians, which will go some way towards meeting the current needs of the medicines management agenda. Additional ways also need to be found to increase the size of the pharmacy technician workforce to enable further developments to take place. Changes are therefore about scope and size.

3.6. Accredited training, targeted specifically at mental health, needs to be developed to ensure pharmacy technicians have the right skills.

4. New Ways of Working (NWW)

4.1. NWW is about 'making the best use of the current workforce, providing job satisfaction and career development for staff, providing services that meet the needs of service users and carers and ensuring the efficient use of resources' (DH, NWW for Everyone: A best practice implementation guide, October 2007). NWW is led by the NIMHE National Workforce Programme (NWP) and it has been rolled out over a five year period across the whole spectrum of healthcare delivery. It has included many different professions including consultant psychiatrists, psychologists, occupational therapists, nurses and social workers as well as pharmacy.

4.2. NWW formally began for mental health pharmacy in 2001 when the Changing Workforce

Programme for Mental Health invited the Newcastle, North Tyneside and Northumberland Mental Health NHS Trust to develop and evaluate a programme of NWW in mental health pharmacy. This was followed by a second phase which provided funding for equipment and training to support NWW.

4.3. The subsequent 'Spread programme' engaged a number of service providers across England in testing, developing and implementing new, changed or extended ways of working in mental health pharmacy that deliver impacts on components of medicines management. The spread programme saw 39 different mental health trusts involved, many of which aimed to expand current roles into new areas in order to:

- Directly improve services to service users
- Release time of other mental healthcare professionals to indirectly improve services to service users.

4.4. There are some good examples nationally (see boxes 2 and 3) of ways in which this investment has led to long-term changes and benefits to medicines management involving pharmacy technicians (see Appendix 4 for contact details).

Box 2.

In West Sussex (Sussex Partnership NHS Trust) in 2003, during the second phase of the Changing Workforce Programme, the pharmacy service obtained £10,000 capital to invest in equipment or training to support NWW. In this phase, money could not be invested in staff. The £10,000 was used to purchase medicine trolleys with individual patient drawers for all the mental health admission wards to facilitate the planned move to introducing pharmacy technicians on all admission wards. This capital investment was crucial in supporting the successful business case for these pharmacy technicians. By the end of 2005, all admissions units in West Sussex were being supported by pharmacy technicians, initially delivering patient own medicines schemes but the roles have subsequently developed to include running joint medication education groups, undertaking reconciliation of medicines on admission and introducing 'one stop' dispensing for leave and discharge.

Box 3.

In Dewsbury (South West Yorkshire Mental Health NHS Trust) the pharmacy service was delivered by an Acute Trust. The Acute Trust had established pharmacy technicians in virtually every other therapeutic area, which meant mental health was getting a poorer service. Also, in terms of provision of a service to mental health, the pharmacist was often struggling to meet the demands of attendance at ward rounds and strategic meetings such as drug and therapeutics, as well as keeping up the daily provision of non-stock items and compiling pharmaceutical care plans.

The aim of the project was to establish a pharmacy technician for mental health services to allow the clinical role of the pharmacist to be enhanced. The funding for the project has been sustained and a new job description written.

4.5. In October 2007 the Spread Programme Report, 'New Ways of Working for Mental Health Pharmacists and Pharmacy Staff' was published. It showed that there has already been expansion of the pharmacy technician role. In addition to releasing pharmacist time to enable them to develop new clinical services (see box 4), this has also enabled the development of new medicines management services led by pharmacy technicians e.g. assessment of

patient's own medicines; medicines reconciliation on admission and patient counselling/consultation. This document acknowledged the need for further increase in pharmacy technician numbers and also identified a need for the expansion of the pharmacy assistant role to fill gaps left by pharmacy technicians taking on NWW. This further development of the pharmacy technician provides even more direct support for clinical pharmacists at ward level and in addition can also release valuable nursing time from medicines related tasks.

Box 4.

In an audit of pharmacy technician activity at Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust, it was found that in addition to the new services offered by pharmacy technicians (assessment of patients own medicines, counselling on medicines, medicines reconciliation on admission, discharge planning etc.) they are also enabling clinical pharmacists to spend an extra 60 to 90 minutes per week on clinical activities. A further saving of nursing and administration time of up to one hour per shift was also identified through feedback.

- 4.6. Trust's organizational vision and strategy for medicines management needs to incorporate these NWW (see Box 5).

Box 5.

In Sussex (Sussex Partnership NHS Trust) 'A Vision and Strategy For Medicines Management' has been approved as part of the Trust's business plan. Part of the vision is to have 'a co-ordinated medicines management team to help deliver the medicine management strategy'.

Two thirds of the localities in the Sussex Partnership NHS Trust now have pharmacy technicians supporting the admission wards. This has allowed new services to be developed, e.g. medication education groups, patient's own drug schemes and one stop dispensing. It has also allowed the clinical pharmacists greater freedom to target their skills on improved medication use and side effect minimisation. Another benefit is that it is also allowing two pharmacists to train as supplementary prescribers and another to invest time in supporting the other non-medical prescribers in the Trust.

The Vision also identifies the importance of developing medicines management support for the community teams in all specialities. Increasing emphasis is also being placed on improving the medicine management skills of other healthcare professionals and both the pharmacists and pharmacy technicians are increasingly involved in training other professions. To improve the skills of the medicines management team the strategy also identifies the need to appoint a nurse to the team, with a particular emphasis on supporting the training and competency assessments of those staff involved in the handling and administration of medicines. The Sussex Partnership NHS Trust has recognised that if the full benefits of medicines are to be realised and the risks minimised, then a medicines management team with a range of skills is needed.

5. Extending Roles

- 5.1 NWW for pharmacy and pharmacy staff, as part of the NIMHE NWP, began in early 2006 in order to explore what NWW meant for this group of staff. It is clear that there is no standard pharmacy technician role. Whilst some trusts have forged ahead with pharmacy technician and assistant development, many have not. With the national change in emphasis towards

community based care, pharmacy staff, including pharmacy technicians, will need to continue to adapt and evolve to facilitate equity of access for all service users to medicines management support. It makes sense, therefore, to consider not only the current situation, but also look to the future needs of a service that will continue to develop (see box 6).

Box 6

At the Pharmacy Department of the Leeds Partnership Foundation NHS Trust (LPFT), following a pilot review of medicines rounds on the adult acute inpatient wards, a funding bid has been developed for Ward Support Technicians who will perform the following activities:

- Medicines reconciliation. i.e. confirmation of medicines on admission via service user, carer, GP's or community pharmacists records.
- Utilising 'patients own drugs' (POD's), i.e. identification of medicines, assurance of suitability for use during the admission.
- Current medicines history, gleaned from service user or carer. To include prescribed medicines, medicines bought 'over the counter' in community pharmacies, supermarkets etc and the use of illicit substances.
- Ensuring all stock and non stock medicines are available on the ward.
- Facilitating dispensing for periods of leave.
- Facilitating dispensing for discharge, ensuring continuity of supply in primary care.
- Counselling service users prior to discharge about their medicines, ensuring they receive written (Patient information leaflets) and verbal advice, plus a 'LPFT telephone helpline card'.
- Assisting in the morning medicines rounds on a daily basis (Mon – Fri).
- Assisting in the delivery of a competence based education & training package re medicines management.
- Concordance assessments for service users.
- Phlebotomy.

5.2 These NWW can support a wider improvement in medicines use. Diagram 1 below highlights some of the potential benefits of extending the role of pharmacy technicians in mental health inpatient services.

Diagram 1

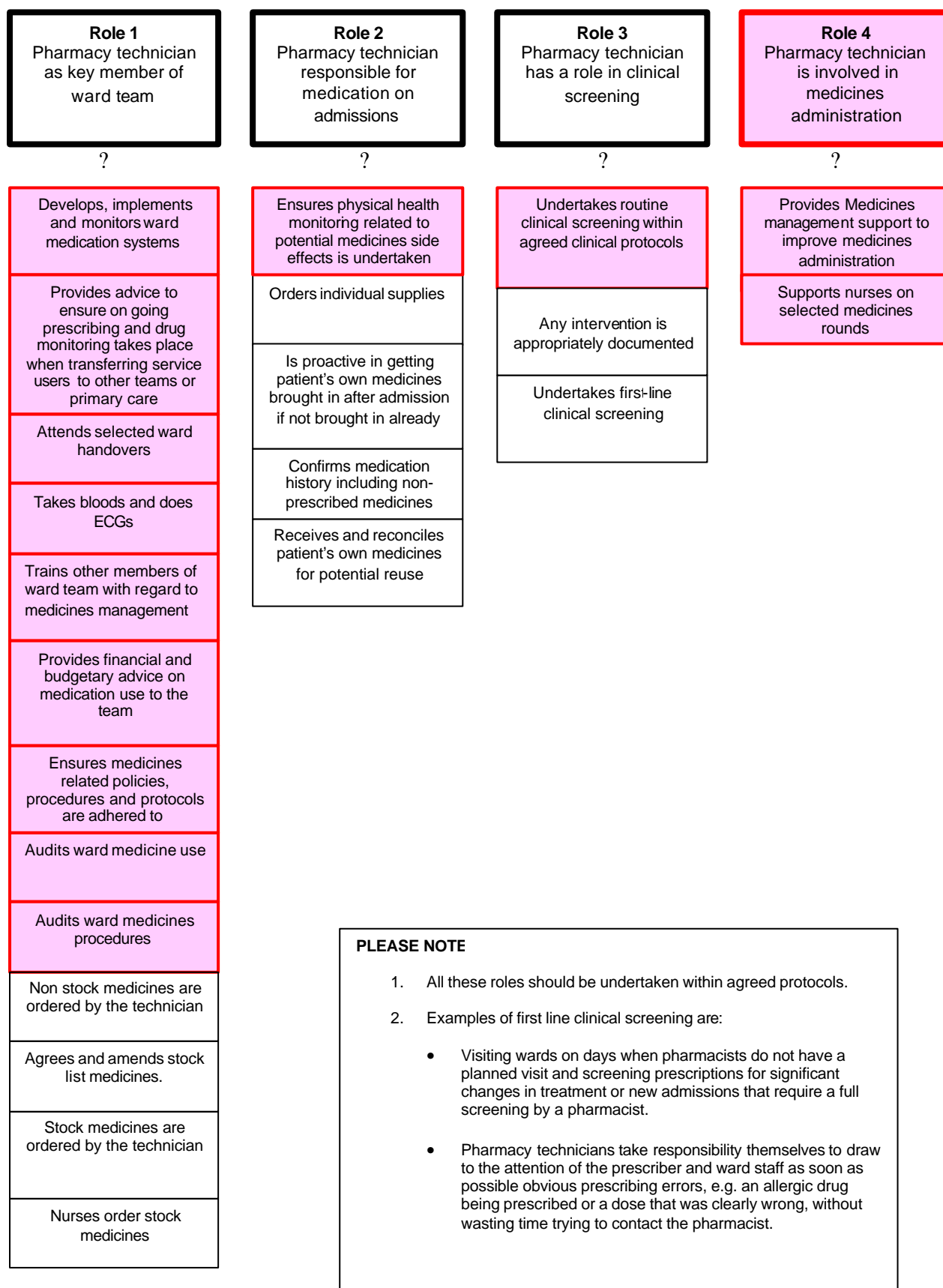
<p>The Inpatient Experience and the Potential Role of the Pharmacy Technician</p>		
<p>Patient admitted without his medication and repeat prescription slip from his GP</p>		
<p>Potentially risky practice</p>	<p>Good practice</p>	<p>What role could pharmacy technicians play in achieving this goal?</p>
<p>The admitting junior doctor hurriedly undertakes the patient's medication history from the patient. There is significant risk that a mistake or omission will occur when writing up the drug chart. There is no member of the pharmacy team either to screen the prescription. This has the potential to lead to legal action.</p> <p style="text-align: center;">?</p>	<p>On admission the patient brings in with them all his medication from home or alternative arrangements are in place for it to be brought in later by a carer, relative or friend. This minimises waste and reduces the risk of confusion after discharge. All new prescriptions are screened by the pharmacy team to ensure safe and effective prescribing.</p> <p style="text-align: center;">?</p>	<p>A pharmacy technician can liaise with the patient's carer/family to get all their medication brought onto the ward. These will then be checked by the pharmacy technician for suitability for reuse. Though pharmacists undertake the main clinical screen, a pharmacy technician may see the prescription first to do a preliminary clinical screen to alert the pharmacist of any new admissions or changes to treatment.</p> <p style="text-align: center;">?</p>
<p>New medication is prescribed late in the day and nurses fail to order it in time before the pharmacy closes. Either time is wasted obtaining the medication out of hours or doses are missed until the pharmacy opens again.</p> <p style="text-align: center;">?</p>	<p>Medication reconciliation takes place and the patient's medication is checked with the GP practice. A discussion takes place with the patient on how well they have been coping with their medication to identify any problems with concordance and what 'over the counter' medicines are also being used.</p> <p style="text-align: center;">?</p>	<p>Pharmacy technicians can take on the medication reconciliation role under the supervision of a pharmacist as recommended by the NPSA. They are also able to explore concordance problems that might identify the reason for previous treatment failures. Finally they have the expertise to discuss 'over the counter' medication that may be contributing to the patient's illness.</p> <p style="text-align: center;">?</p>
<p>Despite starting a new medication, no one counsels the patient on its actions, anticipated benefits and side effects to look out for. This could lead to reduced adherence to treatment and an extended stay on the ward.</p> <p style="text-align: center;">?</p>	<p>A discussion takes place with the patient about the options for treatment, including non-drug options. Information is provided in a written or other appropriate format on potential benefits and risks to assist choice. If a new non-stock medication is ordered this is promptly ordered before the pharmacy closes.</p> <p style="text-align: center;">?</p>	<p>The pharmacy technician can help in ensuring up to date patient information leaflets are readily available for patients. They can also speed up the ordering of medication.</p> <p style="text-align: center;">?</p>
<p>Using a standard slam top drug trolley with stock medicines for all patients, the risks of medication administration errors is increased.</p> <p style="text-align: center;">?</p>	<p>The medicines are 'labelled for discharge' and stored separately from other patients' medication to minimise the risks of medication errors.</p> <p style="text-align: center;">?</p>	<p>Pharmacy technicians based on admission wards can ensure medication 'labelled for discharge' is available and stored correctly in the appropriate patient's drawer or locker</p> <p style="text-align: center;">?</p>
<p>The patient has some questions they would like to ask about their medication but they find it difficult to ask</p>	<p>Medication is administered in the patient's own bedroom and time is set aside to discuss how he is coping.</p>	<p>Pharmacy technicians can be involved in drug administration rounds and are ideally placed to discuss medication related problems with patients.</p>

<p>the busy nurses and doctors.</p> <p style="text-align: center;">?</p>	<p>The patient feels comfortable about approaching staff to discuss his medication. More formal opportunities are provided to discuss medication issues.</p> <p style="text-align: center;">?</p>	<p>Pharmacy technicians are focused on medication use and are more readily available than pharmacists for informal discussions. Medication education groups are an ideal opportunity for patients to ask questions about their medication. These are already being run by technicians alongside a nurse or OT.</p> <p style="text-align: center;">?</p>
<p>Patient requests leave at short notice, which is granted. With the pharmacy closed a doctor has to be called to dispense some leave medication despite having no training in this potentially risky function. No one has checked how the patient coped at home as the two day supply that was dispensed to him was not checked on his return.</p> <p style="text-align: center;">?</p>	<p>When the patient requests leave, a decision is made quickly and leave medication is promptly available for him to take home by using his 'labelled for discharge' medication. Now at 'low risk', he takes original packs home with him and on his return to the ward, staff can check how many doses he took while on leave and ask him how he coped.</p> <p style="text-align: center;">?</p>	<p>Prompt leave medication can be made available by using a patient's 'labelled for discharge' medication already on the ward. Pharmacy technicians can ensure the use of this medication is safe by training and assessing nurses competent to dispense and by ensuring patients have been suitably risked assessed before supplying 'labelled for discharge' medication.</p> <p style="text-align: center;">?</p>
<p>The patient goes on extended leave but once home the patient becomes confused as they have not been taking their own medicines for nearly four weeks. This leads to an early return to the ward and the planned discharge for the following week is delayed.</p> <p style="text-align: center;">?</p>	<p>Self administration schemes are available, to allow patients already competent and at low risk to continue taking their own medication while on the ward, with some supervision. Alternatively, patients can be gradually reintroduced to medicines administration following illness or a previous loss of competency, initially under close supervision. Due to compliance problems prior to admission, the patient is gradually moved through the different stages of the self-administration scheme until he is deemed fully competent.</p> <p style="text-align: center;">?</p>	<p>To ensure staff administration schemes work, full support is needed from pharmacy to dispense variable quantities of medication. A pharmacy technician on the ward provides the ideal link.</p> <p style="text-align: center;">?</p>
<p>Discharge is agreed in the morning but the next delivery from pharmacy is at 4.30pm and the patient has to wait to go home.</p> <p style="text-align: center;">?</p>	<p>When a final decision is made to discharge the patient discharge medication is available promptly due to his medicines being 'labelled for discharge'.</p> <p>Any medication brought in by the patient has or is being reused and not wasted except those no longer needed.</p> <p style="text-align: center;">?</p>	<p>Pharmacy technicians can assist discharge by providing 'labelled for discharge' medication and ensuring the nurses have been trained to safely check them for use at the time of leave and discharge.</p> <p style="text-align: center;">?</p>
<p>The patient becomes ill within a week of discharge and is admitted to the local acute hospital. It is discovered that as well as</p>	<p>When a final decision is made to discharge the patient, he and those involved in his care have the right information and the risks of non-adherence have been minimised by</p>	<p>Pharmacy technicians can assist discharge by:</p> <ul style="list-style-type: none"> • Minimising the risks of other medication at home by liaising

<p>taking the drugs provided on discharge he also continued taking some of the medicines left at home that had been discontinued.</p>	<p>ensuring:</p> <ul style="list-style-type: none"> • Discharge information on medicines stopped, started and adjusted while an inpatient is sent to the patient's GP and community pharmacist to arrive before a request is made for more medication. • The patient and/or carer know what their medicines are and how the medicines are meant to be taken. • The patient and/or carer know whom they can contact should they need any help with the medication • On going home, there are no old medicines there to confuse him and he is confident on how to use his medicines. <p>When followed up by the community team he is doing well and coping with his medicines.</p>	<p>with carers and relatives to ensure that as many medicines are brought in from home.</p> <ul style="list-style-type: none"> • Reviewing for reuse the medication brought in by the patient or their carer and any unwanted medicines destroyed. • Ensuring copies of the discharge medication information is sent to the patient's community pharmacy, with the patient's consent. • By providing patients on discharge with a telephone number the pharmacy team can be contacted on to discuss any medication problems.
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5.3 Diagram 2 below shows a number of pharmacy technician roles. Most roles are already undertaken to a greater or lesser extent. Within each role, a number of tasks have been defined as core. These tasks are well recognized for pharmacy technicians and should be being delivered already. The diagram also shows some aspirational tasks within roles that are either already being undertaken by a small number of pharmacy technicians or envisaged as future roles that appropriately trained pharmacy technicians will be able to undertake. Boxes 7 and 8 (on page 14) describe some examples of aspirational tasks that are already being performed by pharmacy technicians.

Diagram 2 - Core and Aspirational Roles and Tasks of Pharmacy Technicians



Role 5 Pharmacy technician has a key role in discharge planning	Role 6 Pharmacy technician as a key member of the community team	Role 7 Pharmacy technician as key member of community clozapine team	Role 8 Pharmacy technician responsible for ward/service user medicines information	Role 9 Pharmacy technician has key role in medication safety and audit
?	?	?	?	?
Provides medication discharge information to community based practitioners/primary care	Develops, implements and monitors team medication systems	Undertakes physical health checks and provides lifestyle advice	Discusses medicines with most service users (and carers if appropriate)	Analyses audit data and produces audit reports
Contributes to CPA meetings	Takes bloods and does ECGs	Takes bloods	Assists in running medicine education groups for service users and carers	Participates in medication related audits and
Counsels on leave/discharge medicines	Assists pharmacist in drawing up advanced directives	Hands out clozapine and counsels community service users in community bases	Works as part of the mental health pharmacy medicines information team	Completes own medication error reports
Assists in self administration schemes	Assists in auditing PGD use/medicines	Monitors blood tests of community based clozapine service users	Assists in answering medicine helpline queries	Reports medication errors to pharmacist or ward staff
Provides a dispensing for discharge service ('One stop' dispensing)	Provides advice to ensure on going prescribing and drug monitoring takes place when transferring service users to other	Dispenses clozapine	Maintains medicines related information sources on the ward	
Provides solutions to physical barriers to concordance	Undertakes medication reviews and provides lifestyle advice			
Screens patients and carers for barriers to concordance	Liaises with community pharmacists and GP practices			
Co-ordinates the supply of leave medication	Counsels selected service users /carers either by phone or accompanied visits			
	Trains the community MHT on medicines management issues			
	Provides financial and budgetary advice on medication use to the team			
	Ensures medicines related policies, procedures and protocols are adhered			
	Advises on handling PODs in community teams			
	Visits community bases to check medication stocks and storage			

Please note shaded boxes are aspirational tasks and unshaded ones are core .

Box 7

Berkshire Healthcare NHS Foundation Trust has been successfully running clozapine clinics across the County since 2002. The team in the west of the County is made up of a senior pharmacy technician and a registered mental nurse. This team takes blood, monitors blood pressure and blood glucose levels, organises tests for blood plasma levels and urine, electrolytes and liver function every six months. They also undertake informal psychiatric assessments, check weight, advise on diet and lifestyle and if required electrocardiograms. A main feature of the job is to liaise with the consultant psychiatrists and the multi disciplinary team with regard to service user health and dose changes.

Box 8

One of the pharmacy technicians for mental health at Sussex Partnership NHS Trust runs a weekly medication-education group for inpatients, jointly run with a senior nurse from the unit. She plans to develop this further for families and carers in the community. She also attends the medication administration round on two wards, once a week, enabling regular access by service users to specialist medication information and promoting pharmacy as part of the multidisciplinary team.

6. The Safety Agenda

- 6.1. The publication of the first National Institute for Clinical Excellence (NICE) patient safety guidance (jointly with the National Patient Safety Agency) in December 2007 highlighted the increasing emphasis trusts are expected to place on the safe use of medicines. This document specifically mentioned the role that pharmacy technicians can play in establishing safe practice regarding medicines, particularly in the area of medicines reconciliation on admission.
- 6.2. Many of the performance indicators that trusts are measured on involve patient safety, and the development (by the NWW pharmacy group) of a Mental Health Medicines Management Self Assessment Toolkit includes a section that specifically looks at safety that will help trusts identify areas where compliance with standards is poor. Pharmacy technicians can be involved in implementing many of the medicines management standards highlighted in the Toolkit, and many of the roles and tasks described earlier, map across well to the eight medicines management domains. The Toolkit can be found on the NWW website: www.newwaysofworking.org.uk.

7. Barriers to Developing New Ways of Working for Pharmacy Technicians in Mental Health

7.1 Method of Service Delivery

- 7.1.1 Although there are a number of mental health trusts in England that provide their own clinical and supply pharmacy service, for the majority, the supply services, and often the clinical services, are provided via a Service Level Agreement (SLA) with at least one local Acute Trust and often several. This can mean that it is more difficult to develop staff and services where they are not specified in the SLA.

- 7.1.2 Where there is an appropriate and well-written SLA, development of NWW can take place and can lead to enhanced pharmacy and medicines management services even where direct line management of that service is held elsewhere (see Box 9). Model SLAs can be found on the NWW website: www.newwaysofworking.org.uk.

Box 9

The Technician Specialist (Mental Health) employed by Kettering General Hospital on behalf of Northamptonshire Healthcare NHS Trust as part of an Service Level Agreement:

- Co-ordinates the supply of non-stock medication for two wards for older adults.
- Begins the pharmaceutical care plans for new admissions to pass onto the pharmacist by taking a record of medication on admission and requesting a medication history from the GP.
- Runs a 'One-stop' Clozapine Clinic one day a week with a clinic nurse.
- Manages the Clozapine Service and issues supplies to patients.
- Manages the supply of risperidone long acting injection to community service users.

- 7.1.3 It is important that SLAs ensure that staff funded to deliver mental health services are not redirected at times of staff shortages to deliver competing acute trust services.

7.2 Staff Numbers

- 7.2.1 The Mental Health Pharmacy workforce survey published in 2006 indicated that there were approximately 270 pharmacy technicians working in mental health in a variety of roles.

- 7.2.2 If development is to take place, there will need to be a significant increase in the numbers of pharmacists, technicians and assistants working in mental health, and this expansion will need not only monetary investment, but also additional training resources at each stage. Better value for money can be obtained if appropriate staff are employed to release more expensive grades to undertake these new roles.

- 7.2.3 To make a positive impact on future recruitment some mental health trusts are encouraging the rotation of student pharmacy technicians, employed by acute trusts, through mental health to challenge the myths surrounding mental illness. This can be managed by the mental health trust funding one of the student pharmacy technician posts at a local acute trust and then hosting all the student pharmacy technicians for a set period during their training (see box 10). Mental health trusts can also directly employ student pharmacy technicians if there is sufficient training support in place. Actions such as these need to be implemented to assist with future recruitment. Many pharmacy technicians once they have experienced mental health services are keen to develop a career in this specialized area.

Box 10

'I went on the mental health rotation in May 2006 when I was in my second year as a student pharmacy technician. Before I went on the rotation I had little understanding of mental health and how it can affect people. There is a stigma attached to people with mental health problems due to lack of knowledge. People do not realise how common it is and how it can affect anybody at any time.

I really enjoyed my mental health rotation: I enjoyed the visits to the wards and interacting with the patients. It confirmed the fact that the patients were just 'normal' people. I also got to spend the day with an occupational therapist and the Assertive Outreach team; this gave me the opportunity to see the roles of other healthcare professional and what their jobs entailed.

Whilst on the rotation, I developed an understanding of how the mental health team works and how pharmacy fits into the system. I have also gained knowledge about what some of my colleagues do within the mental health team as I spent several days shadowing the mental health technician and pharmacist. A better understanding of what happens within the rest of the mental health team is useful when dispensing for NHT [Northamptonshire Healthcare NHS Trust].

My mental health rotation has made me more open minded and knowledgeable about mental health and its affects. I thoroughly enjoyed the rotation.'

Student Pharmacy Technician, Kettering, 2007.

7.3 Career Development

7.3.1 In a few mental health trusts, there is a well established career pathway for pharmacy technicians. Many mental health trusts are now employing pharmacy technicians from band 4 to band 7 and some at band 8. It has been shown that there is an enormous amount of potential for role extension in mental health pharmacy services, and so a pharmacy technician working in mental health will have plenty of opportunity for career progression.

7.3.2 The following diagram 3 shows a model for the pharmacy technician career pathway in mental health. The four stages relate to the Skills for Health Career Framework as follows:

Stage One – Skills for Health Level Two

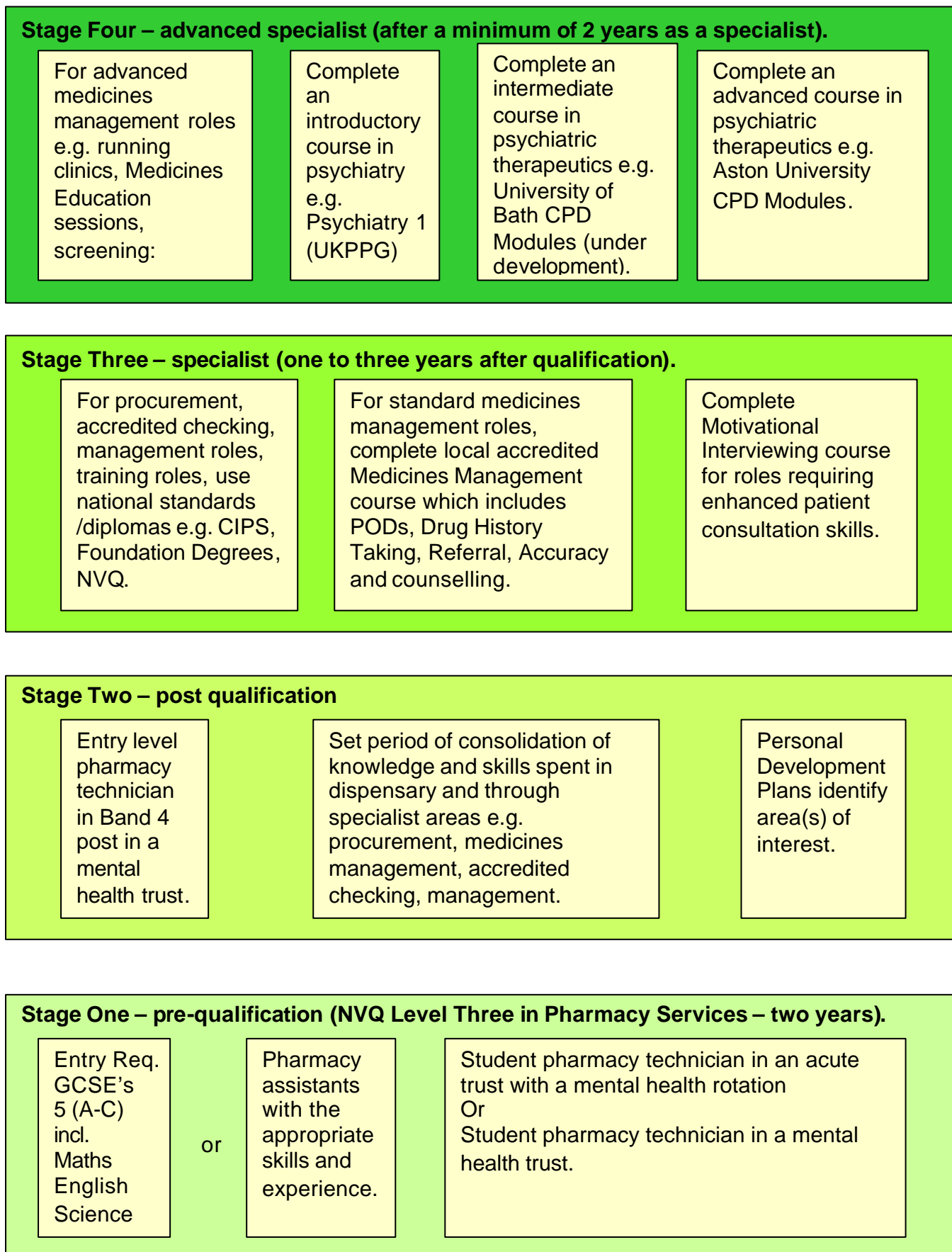
Stage Two – Skills for Health Level Three

Stage Three – Skills for Health Level Three to Four

Stage Four – Skills for Health Level Four

www.skillsforhealth.org.uk

Diagram 3. Model Career Pathway for Mental Health Pharmacy technicians



8. Training

8.1. Stage One

8.1.1 Any mental health trust wishing to support student pharmacy technicians through an NVQ Level Three in Pharmacy Services will need to invest time and resource in developing a department that has at least two staff that can assess NVQ students internally, with a robust training policy to ensure monitoring of students as they progress towards qualification. Distance learning courses are also available, where assessment is part of the course, but these also need careful monitoring and so there is still a need for appropriately skilled staff who have within their job a dedicated training role.

8.2. Stage Two

8.2.1 Following qualification, a period of one year should be spent consolidating the knowledge and skills acquired during training. During this year, time should be spent in the various specialist areas of pharmacy, such as procurement, 'near patient' services, training or management so that consideration can be given to these areas as future careers. Personal Development Plans should be agreed at the end of this year that should take account of individuals' areas of preference, and allow for personal and department progression. At this point, managers will need to be aware of the training requirements of individual pharmacy technicians, and the training available to them.

8.2.2 Post qualification training and development has been available for pharmacy technicians for a number of years but has mostly been developed around the needs of general acute services.

8.2.3 Drivers for change, such as 'The NHS Plan', 'A Spoonful of Sugar' and 'Talking About Medicines' pushed forward the development of the 'near-patient' pharmacy experience. This increased the involvement of pharmacists with the multi-disciplinary teams, and advocated the use of patients' own medicines and one stop dispensing.

8.2.4 For pharmacy technicians' roles to be extended, appropriate training, local or regional, needs to be available to help pharmacy technicians and their managers' feel comfortable about these NWW.

8.3. Stage Three

8.3.1 Where specialist training is required for accredited checking, procurement, training or management roles, there are courses available nationally to support this. There is no specific mental health requirement and therefore courses accredited by the Chartered Institute of Purchasing and Supply (CIPS), NVQ Assessor and 'Train the Trainer' courses and Foundation Degrees will meet the required standards.

8.3.2 For basic level 'near patient' roles, training requirements will be similar to those for Pharmacy technicians in acute trusts. This level of training would be required to perform some of the core tasks of roles 1,2,3,6 and 7 of the 'Core and Aspirational Roles' described in diagram 2.

8.3.3 Generally, the core competences required to work in these new 'medicines management' roles for acute trust pharmacy technicians are:

- Assessment of patients' own medicines
- Medicines reconciliation on admission
- Counselling
- Referral
- Accuracy
- Higher level of clinical knowledge

8.3.4 These competences map across very well into mental health, but the courses that are run are often inaccessible to mental health technicians due to the requirements within the courses for a particular working model. Mental health pharmacy technicians often work on their own, and even those working in larger specialist teams may work differently from the acute model in that it is rare for pharmacy technicians and pharmacists to spend much time together on the ward. This makes any direct observation aspect of course assessment problematic. Some courses also cover areas not directly relevant, such as in-depth physical health clinical knowledge, and little, if any, specific mental health components. For these reasons some mental health trusts have developed in-house training packages (see box 11) that reflect not only the regionally adopted core standards, but also include competencies that may differ from acute needs.

Box 11.

The Pharmacy Department of the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust developed an in-house accredited training scheme that included patients' own medicines, transcribing, referral, medicines reconciliation and annotation. It was later expanded to include the use of rating scales and motivational interviewing because of the need for enhanced communication skills. This addressed the different needs of mental health service users and the additional skills that technicians would need when working at this level.

8.3.5 Motivational Interviewing, which has its history in addictions, has become a useful tool for healthcare professionals when trying to elicit behavioural change. It is a collaborative partnership between the service-user and the healthcare professional, where responsibility for change is left to the service-user so that change arises from within rather than being imposed. It is a skilful clinical method requiring specific training, and its use in the area of medication concordance is becoming widespread within mental health.

8.4. Stage Four

8.4.1 Where the gap between acute and mental health training then widens is in the area of increased clinical knowledge. Although many regional courses include modules on clinical areas, if mental health is included at all, it is often, understandably, a very small part of the overall course. Pharmacy technicians working solely in mental health need a much more focussed approach to mental health training, incorporating for example, depression, bipolar disorder, schizophrenia and dementia. A limited number of single study days for pharmacy technicians run by the United Kingdom Psychiatric Pharmacy Group (UKPPG) have gone some way to addressing this gap. However, with

increasing numbers of pharmacy technicians now working at ward level where they engage with other healthcare professionals and service users at a much more intensive level, a need for more in-depth and accredited training has been identified, not only by the pharmacy technicians themselves but by service managers and chief pharmacists.

8.4.2 Where patient contact is more frequent and demanding, with planned and unplanned consultations, pharmacy technicians working in mental health will require a more in depth knowledge of those conditions and medicines more frequently found in their particular mental health specialty, i.e. Adult Acute Services, Older Adult Services, Child and Adolescent Services. Increased time spent with service users may lead to more formal initiatives to support medicines management such as Medicines Education sessions where a better understanding of clinical diagnoses and psychotropic medicines will be essential.

8.4.3 There have been courses and study workshops available for pharmacists working in mental health for many years, and with the recent changes in skill mix within mental health pharmacy, a need for clinical training for pharmacy technicians has been identified.

8.4.4 The UKPPG delivers a two-day Introduction to Psychiatry called Psychiatry 1. From 2008 this course will be available to pharmacy technicians working in mental health patient environments and from February 2008, Aston University has made available to pharmacy technicians working in mental health, a modular CPD course in psychiatric therapeutics. University of Bath has also expressed a desire to develop an intermediate distance learning package for pharmacy technicians that would bridge the gap between regional or local training and the Aston University pharmacy technician modules.

8.4.5 Specialist mental health training, using the resources named above, will help with the development of the aspirational tasks described on pages 12 and 13, such as those in roles 2, 4,5,7,8 and 9.

8.4.6 Once a set of training standards for mental health pharmacy technicians has been adopted, there is still the question of how this will be promoted and delivered, and how competences will be assessed. It is crucial that local or regional schemes be developed and delivered to the agreed standards. All trusts will then be able to access courses that ensure mental health pharmacy technicians, wherever and however they work, will be trained to an accepted standard across England. There has also been interest from other higher educational institutes to be involved with the delivering of training that will meet the agreed standards.

8.4.7 In addition, a generic competency assessment framework is currently being developed for pharmacy technicians called the Technician Level Framework, based on the General Level Framework (GLF) for pharmacists. The GLF was developed by the Competency Development and Evaluation Group (CoDEG) and has been adopted by 100 acute trusts to assess the competency of basic grade pharmacists. CoDEG is a 'collaborative network of specialist and academic pharmacists, developers, researchers and practitioners. Its aim is to undertake research and evaluation in order to help develop and support pharmacy practitioners and ensure their fitness to practice at all levels'.

8.4.8 A senior mental health pharmacy technician is fully involved in the development of the Technician Level Framework for pharmacy technicians to ensure its suitability for mental health pharmacy technicians as well as those working in acute hospitals.

8.4.9 The competences to be assessed will map across very well to the skills that are required for pharmacy technicians working in mental health. The competences included in the framework are:

- Delivery of patient care – this will include patient assessment, patient consent, drug-patient interactions, patient consultation, medicine reconciliation on admission and identification of prescribing problems.
- Problem Solving – including the gathering, giving and analysing of information, the identification of common side effects and common interactions, decision making and ensuring a logical approach.
- Personal – including prioritisation, personal time management, effective communication, teamwork and professionalism.
- Management and Organisational – including clinical governance issues, risk management, service provision, training and management.

8.4.10 This framework will be a useful governance tool. The pilot for this framework is to take place in 2008. Details and information on the progress of the pilot can be found on the CoDEG website www.codeg.org.

8.4.11 Although training opportunities have lagged behind service and staff developments, it is anticipated that very soon pharmacy technicians working in mental health, and their managers, will have available to them a set of standards for training and practice in NWW. These core and specialist skills are broad enough and flexible enough to support the ongoing development of roles for pharmacy technicians as services grow and change, giving managers the confidence to develop services into new areas with a suitably skilled workforce.

9. Conclusion.

9.1 The way in which mental health services are delivered will continue to change, with increasing emphasis on community based care and patient choice. The pharmacy technician role, and associated training, will need to develop to meet any new requirements. Many of the aspirational roles seen in diagram 2 will become core as the challenges of meeting the medicines management priorities of growing mental health community services are addressed. As the clinical, financial and safety benefits of employing well trained and skilled pharmacy technicians is appreciated, it should become standard practice within ten years for all inpatient units and community based mental health teams to have them as part of their extended multidisciplinary team. Many of these pharmacy technicians will have experienced mental health services on student pharmacy technician rotations that inspired them to work in this rewarding and challenging

environment in the first place.

9.2 For this vision to become a reality in all mental health trusts, a high degree of importance must be given to the medicines management agenda and the role of the pharmacy technician in any medicines management strategic plan.

9.3 The Executive Director, responsible for medicines management, along with the Chief Pharmacist, will have the key roles in ensuring this vision for pharmacy technicians is achieved by:

9.3.1 Promoting the medicines management agenda and the role pharmacy technicians can play within all specialities and teams.

9.3.2 Securing resources to develop the roles of pharmacy technicians, in multidisciplinary teams.

9.3.3 Ensuring there is a reliable supply of suitably trained pharmacy technicians by:

- Developing a career pathway for mental health technicians that provides them with the skills and knowledge they need to become pharmacy technicians.
- Investing in the training of student and newly qualified pharmacy technicians.
- Working closely with acute trust chief pharmacists and academic institutions.
- Developing the role of pharmacy assistants and the use of robotics and IT to free up pharmacy technicians to undertake these roles.

Appendix 1

Membership of the New Ways of Working for Mental Health Pharmacy Technician sub-group of the National Steering Group for New Ways of Working in Mental Health

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Valerie Dixon	Senior Pharmacy Technician, Norfolk and Waveney Mental Health NHS Foundation Trust
Jeanette Dudley	Pharmacy Technical Services Manager, Birmingham and Solihull Mental Health NHS Foundation Trust.
Victoria Ellis	Technician Specialist- Mental Health, Kettering General Hospital NHS Trust.
Beverly Faulkner	Pharmacy Services Manager, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust.
Barry Foley	Programme Lead New Ways of Working, National Workforce Programme.
Ray Lyon	Chief Pharmacist, Sussex Partnership NHS Foundation Trust
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Appendix 2

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Appendix 3

Glossary

ACT	Accredited Checking Technician
CIPS Clozapine	Chartered Institute of Purchasing and Supply Antipsychotic requiring regular blood tests to minimise the risk of adverse reactions.
CPA	Care Programme Approach – a multi agency care plan involving health and social care elements.
CPD	Continuing Professional Development
ECG	Electrocardiogram – a test that measures the electrical activity of the heart.
LFTs	Liver functions tests
MHT	Mental Health Team
PGD	Patient Group Direction – documents that make it legal for medicines to given to a group of patients.
POD	Patient's Own Drugs
U/Es	Urea and Electrolytes

Appendix 4

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