

Royal pharmaceutical response to the Health Education and Improvement Wales (HEIW): Developing a strategic mental health workforce plan for health and social care

# Submitted on the 28th of March by Jonathan Lloyd Jones, Policy and Engagement lead at the Royal Pharmaceutical society in Wales

The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain. We lead and support the development of the pharmacy profession to improve the public’s health and wellbeing, including through advancements in science, research and education. We welcome the opportunity to contribute to the Health Education and Improvement Wales consultation aimed at developing a strategic mental health workforce plan for health and social care. We have consulted with our members, including mental health lead pharmacists from across Wales, and are pleased to provide the following submission.

# *Suggested actions: Workforce Supply and Shape*

1. *Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years.*
2. *Undertake scenario planning to inform the shape of the specialist mental health workforce including nursing, pharmacy, psychiatry, social work, psychological therapies and AHPs for the next 10 years.*
3. *Ensure that data quality improvement projects under the workforce strategy address the needs of the mental health workforce.*
4. *Review workforce planning tools and resources being developed under the workforce strategy implementation to ensure they are fit for mental health purposes.*
5. *Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles.*
6. *Commission a programme of work to identify and define impactful volunteering roles which will help to inform workforce planning, education and training.*
7. *Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.*

***Q1 Do you support the suggested actions, why?***

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| **We support these actions.**  **The workforce**  We fully support the development of a ‘Future Mental Health Workforce’ report, which will be jointly commissioned with partners during 2022/23 and will include services models and demand capacity modelling. We are aware of pharmacy teams providing excellent mental health support such as [Perinatal mental health pharmacists](https://www.rpharms.com/blog/details/Being-a-perinatal-mental-health-pharmacist), an a[dvanced primary care pharmacist specialising in mental health](https://www.rpharms.com/blog/details/Pharmacists-are-central-to-supporting-mental-health-care)  and in [cancer recovery](https://www.rpharms.com/blog/details/Prehabilitation-pharmacy-Preparing-patients-for-their-cancer-recovery). Clear service models should ensure that these key roles are considered and replicated across Wales. We recommend that minimum standards for pharmacy teams are established in every health board area to ensure equity of mental health pharmacy service provision across Wales.  We anticipate the review of the pharmacy mental health workforce by HEIW will be important in addressing and helping to resolve these workforce challenges.  **Mental Health pharmacy services**  There are significant inequalities in provision of mental health pharmacy services across Wales. Some Health Boards have relatively large and more established mental health pharmacy teams while others do not appear to have the same level of provision. We support the development and implementation of a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales to build on the good practice that has been developed in individual AHP professions.  However, more investment in mental health pharmacy teams is required across Wales to build capacity and provide an opportunity to address service gaps and improve the standards of prescribing and monitoring of psychotropic medication.  We want the people of Wales to benefit from a more established network of specialist mental health pharmacists working within community mental health teams (CMHTs) as well as other community teams such as perinatal teams.  An increase in mental health primary care pharmacist posts would help to facilitate a more integrated service between sectors, supporting the transfer of care between secondary and primary care services. These specialist pharmacists could also help support community pharmacy colleagues who identify patients who require additional support and referral to specialist services.  We would encourage Wales to adopt a similar approach to the strategy currently being rolled out by NHS England to transform community mental health provision with funding and education for specialist mental health pharmacists within community mental health teams. |

***Suggested actions:******An Engaged, Motivated and Healthy Workforce***

1. *Commission a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing.*
2. *Establish a national Professional Support Unit for the mental health workforce*
3. *Identify, train and support a network of mentors which will be hosted on ‘Gwella’ to provide consistent and agreed standards for mental health staff mentoring.*
4. *Use best practice and evidence to establish standards for supervision across the wider mental health team.*
5. *Building on the Social Care Wales* [*Team Manager Approach*](https://socialcare.wales/cms_assets/file-uploads/First-steps-in-management.pdf)*, implement an accredited team manager development programme across mental health services.*

*Q2. Do you support the suggested actions, why?*

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| **We support these actions.**  **Vacancies**  Pharmacy teams are currently facing high levels of vacancies in key areas which is exacerbating workload pressures in all sectors and support is needed.  **Supporting the workforce**  The evidence from the [Royal Pharmaceutical Society 2021 Workforce Wellbeing survey](https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing) shows that the pressures on the pharmacy workforce continues to negatively impact on mental health and wellbeing, with high workloads and staff shortages clearly affecting the workforce. We are very concerned that 89% of survey respondents were at high risk of burnout as measured by the Oldenburg Burnout Inventory, a standardised tool for measuring burnout in healthcare professionals.  The scale and impact of workforce burnout in the NHS and social care has been recognised by the three Governments and RPS continues to advocate to address the mental and physical wellbeing of all pharmacy staff across England, Scotland, and Wales. Our policy priorities are:  1. Pharmacy working environments must have a culture of belonging that is inclusive, celebrates diversity and supports wellbeing  3. All pharmacists must be given access to, and be enabled to take, appropriate rest breaks, both for the welfare of pharmacists and for patient safety  4. Pharmacists must have dedicated protected learning time within working hours  5. Investment is needed in the pharmacy workforce to train more pharmacy staff and upskill existing staff to work at the top of their competence  6. Pharmacists and their staff must have continued access to national wellbeing and occupational health support  **Access to support in Wales**  During the COVID-19 pandemic the Welsh Government extended access to the mental health support service, ‘Health for Health Professionals Wales’¸ to a wide range of front-line NHS staff, including pharmacy professionals. It is important that this invaluable support remains in place. We support the proposal of a national Professional Support Unit for the mental health workforce and call for pharmacy teams to have routine access to this service.  **Protected learning time.**  Our 2021 workplace wellbeing survey showed that 40% of pharmacist respondents were not given any protected learning time by their place of work or study. 22% stated they were not given sufficient protected learning time to address their professional development and learning needs and only 17% stated they were given sufficient protected learning time.  We are aware that other healthcare professionals receive protected learning time, for example, full time salaried GPs employed under the model contract are entitled to a minimum of 208 hours (4 hours per week on an annualised basis) of protected time for professional development a year [[1]](#footnote-2). This level of protected learning time is vitally important in terms of skill development and patient safety. We believe that steps should now be taken to ensure there is equity across in training and learning across professions.  Pharmacists and their teams need the knowledge, skills and confidence to effectively manage the challenges of mental health and the ongoing consequences of the COVID-19 pandemic. Protected learning time is essential to be in place for all pharmacists so that they have the time to refresh their skills in light of the pandemic and further embed into the multidisciplinary health team.  There must a co-ordinated approach of psychological first aid training and mental health first aid training to all pharmacists and their staff. This should include the principles of providing support to people/carers, as well as advice on the management of high-risk situations e.g. self-harm and suicide prevention.  **Mentorship**  Mentors play a key role in personal and professional development; we have a dedicated [mentor platform for pharmacists](https://www.rpharms.com/development/mentoring) at the RPS and would be happy to share our learnings. |

***Suggested actions:******Attraction and Recruitment***

1. *Develop a targeted attraction campaign programme for the mental health workforce, supported by* [*Train Work Live*](https://www.wales.com/train-work-live) *and* [*We Care Wales*](https://wecare.wales/)*.*
2. *Use the* [*Careersville*](https://careersville.heiw.wales/) *platform to promote mental health careers across health and social care through a marketing campaign aimed at schools and colleges.*
3. *Implement recommendations relating to careers pathways for the mental health workforce, including opportunities relating to research, academic, leadership and improvement as described in the Centre for Mental Health’s* [*Future of the mental health workforce report*](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_Future_mental_health_workforce.pdf)
4. *Develop guides, tools and resources which help managers to facilitate improved work-life balance and increase staff retention across health and social care.*

*Q3. Do you support the suggested actions, why?*

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| **We fully support these actions.**  We recognise the value and will continue to support the [Train Work Live](https://www.wales.com/train-work-live), [We Care Wales](https://wecare.wales/) and [Careersville](https://careersville.heiw.wales/) platforms. |

***Suggested actions:*****Seamless Workforce Models**

1. Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health.
2. Building on the work developed by [Health Education England](https://www.hee.nhs.uk/sites/default/files/documents/New%20Roles%20in%20Mental%20Health%20Project%20Resources.pdf) (HEE) design an All Wales resource for implementation of new, expanded and extended roles into mental health multi-disciplinary teams.
3. Initiate a project working with arts organisations to capture the experience of people with lived experience to inform the development of seamless care.
4. Increase the capacity of community and primary care teams to support mental health services

*Q4. Do you support the suggested actions, why?*

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| **We support these actions.**  Seamless support for physical and mental health  We believe that the pharmacy workforce could be supported to provide a greater role in existing service provision. The network of more than 700 community pharmacies helps to buck the trend of the inverse care law. It ensures that the people of Wales have access to healthcare and advice within their localities wherever they live.  Community pharmacy staff will also typically reflect the social and ethnic backgrounds of the community they serve. This means they are ideally placed and accessible to individuals who otherwise are less likely to access other NHS services.  Community pharmacy teams have a high level of interaction with their patients and regularly identify early signs of mental health decline. This can be through simply identifying small changes in a person’s behaviour or appearance or through opportune discussions when people are seeking other services or purchasing medicines. Other forms of support include:   1. Signposting patients to support   As trusted healthcare professionals, pharmacists provide a reliable and confidential source of health and medicines information. The pharmacy team can also ensure that individuals are signposted to trusted resources and groups for further information about their mental health. Pharmacists can advise on reducing risk by providing information on positive lifestyle choices, supporting positive behavioural change, information on self-care and providing services such as smoking cessation programmes.   1. Direct referral pathways   Assessing the nature and severity of any symptoms of mental health problems is a critical step for the pharmacist before deciding on appropriate action. If the symptoms presented are mild the appropriate action may be to simply provide advice on positive behavioural change, lifestyle choices and self-care.  Referral to local wellbeing services, mental health specialist teams or social prescribing pathways are important actions that pharmacists can take. However, at present, pharmacists’ role in signposting and referral is typically informal and relies upon individual pharmacists, their knowledge of local services and personal relationships with local GPs and mental health teams. Putting formal referral protocols in place in the community could help to streamline service pathways and expedite support for the patient.   1. Communication of diagnosis and prescribed medicines   Safe and Effective Use of Medicines Communication between healthcare professionals in different settings is crucial to reduce the risk of errors and ensure continuity of care. It is vital that all professionals inputting into the patient's care are aware of the diagnosis and suggested care pathway to provide the best care and advice for patients.  Pharmacists should have full read and write access to up-to-date patient health records to improve patient care and patient safety. Information is key to delivering more effective pharmaceutical care to patients, improving medicines adherence and reducing the medicine related errors which contribute to unplanned admissions to hospital.  It is also well documented that transfers of care (e.g. from hospital to the person’s own home) can lead to unintended medication discrepancies. The Community Pharmacy Discharge Medicines Review Service is well established in Wales and is proven to be effective in reducing medication discrepancies and errors at discharge. This model should be embedded in mental health service models and further utilised for people with a mental health condition who are taking medicaiton for that condition and other health conditions.  **Ensuring safe and effective use of medicines**    Medicines are a central component in the care of many mental health patients. When prescribed and used appropriately they can help reduce the symptoms that patients experience, as well as helping them better cope with those symptoms.  There are many examples across Wales of mental health pharmacists utilising their independent prescribing skills, working autonomously in clinics, providing specialist support for patients, which is helping to address gaps in medical staffing. The role of pharmacist independent prescribers in mental health service provision should be encouraged and further developed.  Many of the medicines used to treat mental health problems are associated with health risks. As the experts in medicines and their use, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and the risks of un-planned admissions to hospital. The use of pharmacist skills in this way ensures resources can be used more efficiently to deliver the standard and level of care that people with mental health conditions deserve.  Providing leadership in and assuring the best use of medicines in mental health are the core roles of the specialist mental health pharmacist. Every mental health team should have access to a specialist mental health pharmacist as a member of their multidisciplinary team, whether based in community teams, mental health hospital wards or acute hospitals.  It is also important to remember that many people with mental health conditions may be taking medicines both for their mental health conditions and often for other long-term conditions. Pharmacists, can take a holistic approach to all the medicines a person may be taking, including:     * Optimising the use of medicines. * Supporting patients to understand their medicines. * Ensuring that the patient is fully involved in decisions about their care.   **Shared care plans**  We understand there is a distinct lack of shared care arrangements between primary and secondary care. This can create delays in obtaining medications and medication advice in primary care settings which can be a problem when a patient’s condition needs to be stabilised. Greater support for GPs, underpinned by shared care protocols, could increase efficiencies in services, particularly for the prescribing of psychotropic medicines and could reduce pressures on specialist mental health services that result from GP referrals or requests for information and advice.  **Pharmacist independent prescribers**  Access for patients and other health professionals to the skills of pharmacist independent prescribers will continue to be an important element of service design for mental health services in Wales. There are many examples across Wales of mental health independent prescribing pharmacists working autonomously in clinics including substance misuse services and complex depression, anxiety and trauma services. This provides both medicines expertise for the team and individual patients but also helps to address gaps in medical staffing. As prescribers and as part of multidisciplinary approaches to care, pharmacists can review, start, stop and adjust medication as appropriate for the individual. This has significant value in increasing patient access to an expert in medicines as well as supporting the capacity of GPs and other primary care practitioners. While many pharmacist independent prescribers work in specialist teams addressing severe mental illness, primary care and community pharmacist prescribers also have significant potential in improving access to care by reviewing the medication of individuals who are taking antipsychotic medication and medications prescribed for depression. |

*Suggested actions: Building a Digitally Ready Workforce*

1. *Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.*
2. *Create a network of digital champion roles to influence and lead digital workforce transformation (to be discussed with Digital Health Care Wales and other partners).*

*Q5. Do you support the suggested actions , why?*

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| We support these actions.  We recognise the importance of digital technology in supporting innovation in mental health models of care just as it is in other services. It is important that a multi-professional approach is taken when developing digital options for accessing care such as the NHS Wales Health App. Education and training in digital skills is just as important for the mental health workforce as it is in other services.  **Access to digital information**  To improve mental health treatment and minimise risks of admission to hospital it is important to enable closer collaboration and communication between hospitals and primary care. Pharmacists across all sectors can optimise medicines and support people to a greater extent if they have full read and write access to appropriate and interoperable IT systems.  **An Interoperable IT solution**  There remains in general a current division between primary care services and more specialised services for those with more severe mental health conditions. This is exacerbated by the absence of a universal, interoperable IT system, that connects health professionals together, ensuring appropriate access to real-time patient information, including medication information.  We are aware that there are issues for individuals when they are transferred from one care setting to another i.e. when discharged from hospital. We understand that there is no universal approach for reconciling the medicines of people with mental health conditions across Wales when they transfer between settings.  Essentially, it is critical that accurate medication information is transferred with the patient and that communication systems are in place to allow pharmacists and other members of the MDT to address medication changes to minimise the risk of errors wherever patients may reside in Wales. We anticipate that these important issues will be addressed as part of the Digital Medicines Transformation Portfolio work. |

***Suggested actions:*****Excellent Education and Learning**

1. *Work with partners to develop proposals to redesign education and training programmes for psychiatry.*
2. *Review quality frameworks for commissioned education and training programmes relating to mental health.*
3. *Consider how pre-qualifying training for social workers can be adapted to encourage greater specialism and take up in mental health, alongside how the new post qualifying framework can be developed to include opportunities for newly qualified and experienced social Workers in mental health specialisms.*
4. *Commission professional bodies to assess interprofessional education and training opportunities for the specialist mental health workforce.*
5. *Commission evidence-based, multi-professional education and training frameworks in priority and specialist areas.*
6. *Establish a national investment fund for post-qualifying education for the mental health workforce.*
7. *Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce.*
8. *Building on Social Care Wales* [*Qualification Framework*](https://socialcare.wales/qualification-framework)*, develop a mental health support worker education framework.*

*Q6. Do you support the suggested actions , why?*

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| We support these actions.  Interprofessional education and training  We recognise the importance of interprofessional education and training and would welcome the opportunity to work with other professional bodies. In 2020 we developed the [Multidisciplinary Teams (MDT) guidance to support in General Practice](https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/gp-surgeries/multidisciplinary-teams)[[2]](#endnote-2) in partnership with the [Royal College of General Practitioners Wales](https://www.rcgp.org.uk/rcgp-near-you/rcgp-nations/rcgp-wales.aspx). We welcome the opportunity to expand this work to support the development of effective MDT working across the mental health network. |

***Suggested actions:*****Leadership and Succession**

1. *Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services.*
2. *Ringfence places for mental health clinicians as part of the wider national multi-professional clinical leadership programme.*
3. *Establish a mental health leaders’ network on Gwella, to improve access to the compassionate and collective tools and resources for all staff.*

***Q7. Do you support the suggested actions , why?***

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| **We support these actions**.  Supporting and promoting leadership roles is important for the future success of mental health services. We appreicate the value in distributed leadership models and support clinical leadership training that invests in the broad team.  **Training**  As part of this transformation, plans are being taken forward by Health Education England (HEE) to ensure the skills of specialist mental health pharmacists can be fully incorporated within the community mental health MDT. This includes resourcing the training of 50 community-based specialist mental health pharmacists which commences in spring 2022. The pathway also includes elements of research, leadership and education to ensure sharing of knowledge in optimising medicines for mental health.  It is important that Wales takes similar steps to the transformation of mental health care in England so citizens in Wales can benefit from effective and modern mental health services provided in the community, as close to people’s homes as possible and with the support of specialist mental health professionals, including specialist mental health pharmacists. |

***Q8. Do you think there are any gaps in the suggested actions?***

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| The actions are comprehensive. We have no further recommendations others than those suggested above. |

***Q9. What advice do you have on how we should implement these actions?***

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| We all know that the COVID-19 pandemic and its effects has placed a considerable strain on the population’s mental health and wellbeing. There are of course a number of challenges facing the Welsh Government, the NHS and partners as we emerge from the pandemic. However, supporting and caring for the population’s mental health and tackling health inequality must be high priority areas. This consultation is therefore particularly important and timely.  The actions are comprehensive and focus on a wide range of areas. We recognise however that these recommendations will be challenging to implement. We therefore recommend that clear timelines and targets are laid out to ensure clarity and to ensure appropriate evaluation of progress. |

*Do you have any examples of different ways of working, best practice or case studies that would help inform these actions and the costings? (Please provide a brief overview which may include hyperlinks, and your contact details. Alternatively you may wish to email us the information via the HEIW mental health email: HEIW.MentalHealth@wales.nhs.uk (*[*mailto:HEIW.MentalHealth@wales.nhs.uk*](mailto:HEIW.MentalHealth@wales.nhs.uk)*))*

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| We have a number of blogs providing a overview some pharmacy roles in the mental health workforce:   * [Perinatal mental health pharmacists](https://www.rpharms.com/blog/details/Being-a-perinatal-mental-health-pharmacist) * A[dvanced primary care pharmacist specialising in mental health](https://www.rpharms.com/blog/details/Pharmacists-are-central-to-supporting-mental-health-care) * [Cancer recovery](https://www.rpharms.com/blog/details/Prehabilitation-pharmacy-Preparing-patients-for-their-cancer-recovery) Pharmacy Role |

1. https://www.bma.org.uk/media/1316/salaried-gp-handbook-v2-10-dec-2019.pdf [↑](#footnote-ref-2)
2. https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/gp-surgeries/multidisciplinary-teams [↑](#endnote-ref-2)