Prescribing within Specialist Mental Health Clinics

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Judith Graham
Advanced Nurse Consultant
Consultant Psychotherapist
Queen’s Nurse

Twitter: @Jude_Graham_
Objectives:

1. To briefly introduce the set up and advancement of nurse-led clinics.
2. To discuss the cultural and process challenges in mental health concerning diagnostic assessment and prescribing supervision.
3. To discuss the nurse’s role in terms of physical health assessment when prescribing and monitoring medication.
4. To consider specific specialist nurse-led prescribing clinics, including Lithium and Clozapine Clinics.
5. To discuss the enhanced pathways and future plans in term of prescribing within our nurse-led clinics for people with Psychosis, Bipolar Affective Disorder, and also Attention Deficit Hyperactivity Disorder.
6. Briefly discuss prescribing, recovery, and discharge pathways, with future focus upon further enhanced roles.
Transition from Medical to Medical and Nurse Led Clinics

- Investment from Board Level.
- Training: Independent Prescribing and specific assessments.
- Analysis of patient needs.
- Transition of all patients from a medical out-patients clinic.
- Cultural sensitivity and a slow pace of change was required.
- New Ways of Working
Process Issues

Cultural bias:

“When you get your Doctorate, you will be fine - people will forget you are a Nurse”

Patient Perception versus Patient Experience

Nurse/Doctor Relationships

Increased Policy expectation with decreased budget
Delineation of nursing roles

- Problems with collective identity.
- Accountability and levels of responsibility – concerning patient complexity rather than task.
- Diagnostic challenges.
- Supervision challenges, specifically with higher grade nurses.
- Promotion of the service and different roles (i.e. to referrers such as GPs), to increase service confidence.
- Policy and procedure change.
## Spectrum of Roles: example

### Band 6

**Typical role:** Clinic nurse, nurse practitioner, ward sister, or senior community nurse.

**Typical Training:** Will have completed the Independent Prescribing course. May have completed additional training in medicines management (i.e.: autonomous practitioner qualification, medication management module).

**Level of prescribing practice:** Independent or Supplementary Prescriber for a defined caseload. This caseload will be specific in focus (i.e.: a defined Care Cluster range, or focused intervention).

**Typical caseload:** Caseloads may vary in age, level of need, and complexity. Patient diagnosis will already have been decided/defined prior to being seen by this level of prescriber. This means that this prescriber is providing treatment within a specific range for a predefined condition. More complex prescribing should be referred to a senior prescriber (nursing or medical).

**Other roles:** This clinician would typically provide mentorship for student nurses and trainee prescribers.
Why is this important?

• For Patients.
• For other nurses.
• For supervisors.
• For medical staff.
• For referrers.
Physical Health Assessment

5YR Forward View for MH

By 2021 - A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection, and expanding access to evidence-based physical care assessment and intervention each year.

Prescribing Responsibility

• Specific physical health monitoring.
• General health promotion advice.
• Advice concerning self-management.
• Advice concerning alternative treatments (i.e. psychotherapeutic interventions)
Having a difficult conversation....

Supervision and training

• Supporting people to open up discussions.
• Documenting discussions.
• Conducting physical assessment.
• Who is responsible?
• Capacity and consent for treatment.
• Training for all prescribers.
Commitment to enhanced specialist - Nurse-Led Clinics

- In a medically dominated culture, confidence, joint working, and gradual progression is required.
- Sensitivity is required in terms of power-shifts.
- Awareness of medico-legal issues, and the link with local and national policy.
- Focus upon other areas where clinics may be useful (i.e. for specific diagnosis, specific treatments, and where there are particular waiting list challenges)
Specialist Mental Health Clinics

Initial key areas identified and developed:

• Lithium Clinic.
• Clozapine Clinic.
• Autism Assessment Clinic.
• ADHD Assessment and Treatment Clinic.
• Bipolar Affective Disorder Clinic.
Evaluation: it’s not just about numbers

- Patient Feedback.
- Difficulties ‘being accepted’ for training.
- Challenging traditional roles.
- Challenging expectations of nurses.
- The challenge of maintaining the core values of what it is to be a NURSE, whilst encompassing roles that were previously the domain of different disciplines. (i.e. Psychiatrist, Psychologist)
Recovery & Discharge

- The notions of Recovery and Wellness differ.
- Differing views can cause problems for patients progressing towards discharge.
- This can also cause capacity and demand issues for specialist mental health services.
Pilot: Antipsychotic Prescription

Exploration of issues

• GP’s discussed their formularies.
• Patients discussed their responsibility in terms of medication management.
• Mental health services agreed to change the way they approach discharge.
Pilot Results

- Team caseloads were analysed – by senior nurse prescribers and psychiatrists.
- 40% of patients were identified as meeting threshold for discharge.
- Individual patients were worked with to change prescription to a similar medication within GP formulary.
- 22% increase in discharge rates was achieved within 4 months.
- Medication management pathways are enhanced in primary care.
- Patients prescriptions were reduced on average by 12-15%.

Please be aware this is a small pilot, concerning one team in one organisation, it is understood results may not be generalisable, but further evaluations are planned to explore replicability.
Future plans

Non-medical Responsible Clinicians:–

• Use in in-patient service.
• Forensic community services.
• Personality Disorder Care Pathways.

24 hour – 7 day diagnostic and treatment access.
Conclusions:

- Nursing’s collective identity provides both support and challenges, when developing nurse-led services in specialist mental health care.
- Nursing roles are advancing rapidly, a challenge for senior nurses within NHS organisations is to ensure that roles are:- well-defined, supported by policy /procedure, and that nurses are educated and supervised to maintain their specialist competency level.
- Within our organisation, we introduced Advanced Nurses, Nurse Consultants, and Nurse Specialists, and have redefined care provision to enhance patient care, and meet targets introduced as a part of NHS austerity measures focused upon sustainability.
- This presentation summarises the achievements, challenges, and future direction of this diverse and increasingly specialised nursing workforce.
Thank you for listening, are there any Questions?

Twitter: @Jude_Graham_

Email: judith.graham@rdash.nhs.uk

LinkedIn: uk.linkedin.com/in/judithgraham1
References:


