

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

MENTAL HEALTH



DH Department
of Health



English Pharmacy Board

NHS

Primary Care Contracting

FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Mental Health have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Mental Health . For Commissioners, this should be read in

conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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INTRODUCTION

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Mental health* published by the Department of Health in 2003.

The National Service Framework for Mental Health – 5 Years On (DH 2004) states that 90% of people experiencing mental health problems have their initial consultation in primary care settings and some 30-40% of General Practice (GP) consultations to be driven by psychological issues or components. Many mental health problems are known to be related to primary psychiatric diagnoses and to non-psychiatric presentations, with, for example, the commonest presenting symptom of depression in the UK being physical symptoms. There are known to be strong associations of such problems with long-term medical conditions (both neurological and non-neurological) such as diabetes, ischaemic heart disease (IHD) and chronic obstructive pulmonary disease (COPD) as key co-morbidities and also people undergoing significant hospital interventions. The last decade has seen a significant increase in the recognition of mental health needs of adults and carers. The effectiveness of well-delivered, evidence-based treatment for mental health problems is well established. It is supported by Government initiatives over the last decade which aimed to improve the quality and number of practitioners able and willing to deliver evidence-based treatments to people experiencing mental health problems. The NSF for Mental Health 5 years on (2004) and New Ways of Working in Mental Health (2007) lay out the services required and a clear-tiered structure of service organisation and the workforce required to meet the needs of this population. General practitioners and pharmacists have an important role in recognising and responding to the physical and mental health needs of their patients and on providing timely treatment or referral for further care.

This guidance provides more detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance developed with the support of Primary Care Mental Health and Education (Primhe) and the RCGP Mental Health task group relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Mental Health.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Mental Health have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications of the proposed role.

Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners,

access to relevant peer support, clinical supervision opportunities and continuing professional development opportunities.

This framework does not preclude commissioners from developing specialist services using other practitioners, eg, nurses, primary care mental health workers or clinical psychologists. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice and individual competence. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competency-based approach to reflect the current work on modernising healthcare careers.

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF MENTAL HEALTH

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification and care of mental health problems in their service organisation / local community.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency
- Age range of patients
- Severity of symptoms
- Maximum caseload
- Mandatory staff training requirements, eg, confidentiality, under 16s, child protection training, access for vulnerable and risk groups, social and cultural differences

EXAMPLES FOR A PwSI SERVICE IN MENTAL HEALTH

Clinical Services

- Managing more complex therapy for people with mental health problems and those with significant co-morbidities, eg, specialist Lithium or Depot psychotropic medication clinics, medically unexplained symptoms, treatment resistant symptoms, long-term medical conditions, pre and peri-natal mental health, older people's mental health, eating disorders, prison health care and early intervention in psychosis services
- Providing services in special circumstances, eg,: medical input to multi-disciplinary primary care mental health teams, residential care, custodial or Mental Health Act (section 12) settings
- Providing specific psychological therapeutic interventions for example CBT, Human Givens, Systemic or Family therapy
- Improving concordance with agreed clinical management plans and adherence to agreed interventions and medical treatments
- Specialised pharmaceutical services to maintain independence and facilitate rehabilitation, including provision of a range of aids to support self administration
- Specialist pharmaceutical care and advice on medicines management for people with mental health problems, eg, face to face clinical medication reviews (level 3), domiciliary visits

Liaison

- Act as a contact point and provide a link / liaison role to local practices, pharmacies and primary care practitioners to enable robust information management and understanding
- Link to other specialist mental health teams and providers working within the community and secondary care depending on the local model of care, for example in relation to the management of transitions in care across services and / or according to age or in relation to co-ordination of physical health care of people with severe mental illness
- Act as a knowledge-broker working with general practitioners, pharmacists, primary care nurses and other health care staff so that current best practice and research is implemented within the primary care environment for the management of all patients with mental health problems

Leadership

- Act as a local Mental Health champion, either within their own practice, pharmacy or within the wider health community
- Provide Mental Health leadership across primary care in bringing together multi-professional groups across the primary, secondary and other care sectors
- Provide strategic leadership, direction, education and clinical support
- Support / lead local NSF and New Ways of Working implementation
- Support / lead local DH implementation, for example Improving Access to Psychological Therapies programme (IAPT), Stepped Care
- Develop participation in the monitoring and evaluation of NSF and DH policy outcomes

Education

- Provide education and support to primary care organisations (including Commissioners and Managers), constituent practices and individual practitioners to raise the general standard and consistency of mental health care across primary care
- Develop and support a community-wide focus on the care of the whole person by person-centred and recovery-orientated approaches to mental health
- Promoting approaches that help the person to integrate bodily manifestations of a mental health problem with the underlying psychological constructs that caused the symptoms
- Facilitate and encourage the spread of good practice from within primary care across the whole continuum of mental health care
- Support GPs and pharmacists in managing problems using psychological principles, and recognising the indications for prescribing psychotropic drugs in patients with physical illness
- Promote information giving to patients and carers to develop self help, wellbeing and recovery approaches

Service Development

- Help develop models of provision based on locally agreed, whole system pathways (with appropriate training needs identified) to support staff in managing patients with complex physical and psychological co-morbidities
- Support Practice Based Commissioning (PBC) in mental health
- Ensure existing evidence-base in conjunction with patients and carers needs is taken into account in the design of services for adult and older people
- Support implementation of quality and outcome framework of the GMS contract

FOR PHARMACISTS

Community pharmacists provide a significant point of first contact with the patient and the type of services that pharmacists are able to provide is varied.

Pharmacists with a special interest in mental health may offer a comprehensive and wide ranging service in their locality. These include some activities which are within their core pharmacist role, while other activities may require advanced or PwSI skills.

For example:

- Patient / carer information and education
- Outreach care to deliver patient / carer information and education
- Assessment and response to adverse drug reactions
- Provision of medicine aids for patients and carers
- Support for adherence to treatment
- Information sharing and signposting with respect to self help, wellbeing and recovery resources and materials
- Provide health promotion services (for example dietetics / nutrition, dental hygiene, smoking cessation, vaccination services)
- Provision of training in safe use of medicines for voluntary sector and formal care staff
- Medicines management and medicine user reviews
- A thorough understanding of pharmacology, pharmacokinetic and pharmacodynamic drug interactions, adverse drug reactions, compliance issues and the impact of psychotropic medication on physical health is required
Pharmacists with a special interest must have the ability to weigh up risks and benefits of each drug to an individual
- Management of minor ailment schemes
- Where they are also qualified as supplementary or independent prescribers, monitoring of prescribing for relevant patients

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of national relevant advice issued by organisations such as:

- Royal College of General Practice <http://www.rcgp.org.uk>
- Royal College of Psychiatrists <http://www.rcpsych.ac.uk>
- Care Services Improvement Partnership <http://www.csip.org.uk>
- Primary Care Mental Health and Education <http://www.primhe.org>
- National Institute for Clinical Excellence <http://www.nice.org.uk>
- United Kingdom Psychiatric Pharmacy Group <http://www.ukppg.org.uk>
- Department of Health <http://www.dh.gov.uk>
- College of Mental Health Pharmacists <http://www.cmhp.org.uk>

In addition:

The service model should take account of nationally agreed guidance, in particular:

- National service frameworks

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Supervision and mentorship arrangements
- Location of the service, suitability, accessibility and support
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioners' requirements

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Mental Health include the following:

- Direct access to regular clinical support and supervision from mental health specialists
- Direct access to, and support from, local commissioning groups
- Appropriate support and tools to facilitate effective clinical audit, clinical effectiveness and performance monitoring to help inform commissioning plans in service design
- Support from Trusts for public / patient involvement in the service
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Appropriate and defined education, supervision and mentoring support and clinical network facilities
- Opportunities for regular debriefing sessions to maintain own mental health
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice and personal competence.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in, *Implementing care closer to home: convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care and for supervision arrangements
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff will be encouraged to participate in clinical governance programmes
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints. Audit of near misses / errors / complaints and letters of support
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, e.g. NCAS. Individual practitioners need to develop professional and personal reflective skills to identify and respond to developmental areas of their practice
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication and empathetic skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org.uk) together with a holistic understanding of primary care practices
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of skills for critical appraisal and reflective practice
- Engaging in active clinical work
- Meeting the criteria for revalidation

PHARMACISTS

A generic PhwSI competency framework was published within the National Framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Mental Health will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacist role. The competences for both roles can be drawn from the same overall list in Appendix 1.

This document must be read in conjunction with other mental health-related issued PwSI guidance (see Appendix 3) - PwSI in Substance Misuse, PwSI in CAMHS, PwSI in Older People.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

The competences for a PwSI in Mental Health are summarised below:

- Leadership and co-ordinated care
- Generic therapeutic competences for delivering psychological interventions
- Clinical management of mental health problems
- Provide and monitor drug therapy for clinical management of specific mental health conditions
- Management of clozapine in the community
- Physical health monitoring
- Understanding the special needs of care relevant to special circumstances and special groups:
 - Elderly care and mental health
 - Maternal and post-natal care
 - Providing care within custodial setting
 - Management of delivery of mental health care
 - Mental Health Act (Section 12) approval

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks relevant to the learning need
- Attendance at recognised meetings / lectures / tutorials or appropriate evidence of online / distance learning on relevant topics
- As a trainee or other post under the supervision of a specialist or consultant in an appropriate secondary care service
- As a GP Specialist Trainee (GPST) undertaking a six-month specialist attachment
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- As part of accredited training as a non-medical prescriber
- Attachment to a mental health provider unit or under the supervision of a specialist practitioner who may not be a consultant psychiatrist (some will be nurse consultants, OTs, therapists, psychologists, specialist mental health pharmacists and other PwSIs)
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competency-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module could therefore be useful in supporting the training and accreditation process for PwSIs in meeting their desired competences.

PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements and the learning needs of the individual practitioner. Pharmacists with a special interest in mental health are expected to demonstrate a range of evidence in line with the generic PhwSI competence framework and, in addition, a structured reference from an

objective, relevant and independent clinician to confirm their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Mental Health will need to draw on support from both mental health primary care and specialist services and specialist pharmacy colleagues to develop this range of evidence, including periods of supervised practice. Mental Health Trust Chief Pharmacists and their clinical teams will be expected to play a key role in the development of PhwSIs.

For all PwSIs, the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of knowledge gained via attendance at accredited courses / conferences or from online / distance learning courses

Further information regarding the above assessment tools can be found in Appendix 2.

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in mental health.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD), reflective practice and, for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local mental health specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care mental health organisation will provide further opportunities for PwSIs to develop their knowledge and skills through attendance at educational events and update meetings.

For example:

- United Kingdom Psychiatric Pharmacy Group (UKPPG)
- The College of Mental Health Pharmacists (CMHP)
- Primary Care Mental Health and Education (Primhe)

PwSI IN MENTAL HEALTH PORTFOLIO

The portfolio should provide a track record of providing high quality mental health care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in mental health care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Changes in the care pathway
- Prescribing / medicines management

6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home - Convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Mental Health have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

LEADERSHIP AND CO-ORDINATED CARE

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To identify the need, and lead on the development for shared care and other mental health services across the locality	The knowledge of principles of values-based practice	Provide a clear and inspirational vision which pulls everyone together	Working in equal partnership with colleagues and patients
	Models of interface working /service design and the evidence base	Assess risk	Preparedness to challenge the status quo
	Models of change management and service redesign	Work beyond any individual or organisational perspective, boundaries or thinking	Believing in the work and importance of inter – organisational working
		Motivate others	
		Provide a clear sense of direction	Honest, impartial and transparent
		Work with a range of different professionals in primary and specialist care	Appreciates the need to be respected by colleagues
To act as a clinical champion within mental health	Structure and process in mental health services	Employ strong and effective with influencing skills	Enthusiasm, confidence and belief in improving mental health care
	Diversity and the different cultural issues of other organisations and individuals	Employ excellent communication skills with colleagues, patients and carers, and an ability to create effective partnerships	Empathy and understanding of other colleagues and their working styles and perspectives
	Financial and business case development	Demonstrate robust management skills set boundaries	Holds respect of colleagues and demonstrates a passion for mental health care
	Negotiation and conflict management	Admit to “not knowing”	

GENERIC THERAPEUTIC COMPETENCES FOR DELIVERING PSYCHOLOGICAL INTERVENTIONS

Below are the required generic competences which are common to all effective psychological therapies. Further description of detailed competences required for specific interventions such as CBT or specific conditions such as anxiety and depression are available in Appendix 3 or from the specific psychological therapy regulatory body.

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To demonstrate knowledge and understanding of mental health needs	Mental health problems	Work with difference (cultural competence)	Holistic and empathetic
To demonstrate understanding of Models of therapy	Models of therapy, and the ability to understand and employ the model in practice	Undertake a generic assessment	
	The concept and principles of the therapeutic alliance	Engage the client and develop therapeutic alliance Capacity to grasp the client's perspective and 'world view' Capacity to recognise and to address threats / barriers to the therapeutic alliance	Understand the client's perspective
To appropriately manage the emotional content of sessions, and manage closure	Therapist factors associated with the alliance	Demonstrate a capacity for reflective practice	Self reflective and non-judgemental
		Make use of supervision	
		Deal with emotional content of session(s)	
		Operate within professional and ethical guidelines	
		Manage endings appropriately	

CLINICAL MANAGEMENT OF MENTAL HEALTH PROBLEMS

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To provide clinical care for people with mental health needs	The clinical presentation, assessment, diagnosis, clinical course and management of the major mental health disorders, eg, depression, anxiety disorders, psychosis, bipolar disorder, eating disorders and dementia	Utilise and deploy person centred approaches	Non judgemental
		Utilise recovery-based principles and approaches	
		Deploy informed and appropriate ethnocentric approaches	
		Assess risk of suicide, self neglect and self-harm / harm to others	
	Pharmacotherapy in mental health disorders including the use of antidepressant, antipsychotic, anti-manic and prophylactic agents and anxiolytic medication	Provide pharmacological and non pharmacological interventions as appropriate	
		Use motivational skills to improve concordance	
The social determinants of poor mental health at both an individual and population-based level.	Understand the wider context for a person presenting with a mental disorder	Collaborative attitude to working with other health professionals	
The contribution made by informal care-givers	Work collaboratively with informal carers (families and key others)	Empathetic to the needs of people with mental health problems and their families	

**PROVIDE AND MONITOR DRUG THERAPY FOR CLINICAL
MANAGEMENT OF SPECIFIC MENTAL HEALTH CONDITIONS**

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To manage and co-ordinate drug therapy for people with mental illness in collaboration with other health care professionals	Applied pharmacology, therapeutics, pharmacodynamics and pharmacokinetics in relation to medicines for people with mental health problems	Either initiate, prescribe, supply, monitor response, withdraw and advise on all aspects of pharmacological treatment Seek advice from specialist services, eg, medicines information to support evidence-based practice	A multi-professional problem-solving approach appreciating the importance of regular review, continuity of care and fine tuning of treatments
	Drug treatment for common co-morbidities with mental health conditions	Monitor, review and adjust drug treatments effectively including for complex medication regimens	
	Adverse reactions to drug treatments	Manage and report adverse drug reactions	
To manage a drug treatment approach within a wider treatment model of care (care programme approach)	How a drug treatment plan fits within a wider treatment plan, eg, psychosocial interventions; family work; support for housing and occupation	Co-ordinate with other community agencies to deliver holistic packages of care	Holistic
		Empathise and work with families to support individuals	
To work to improve concordance with the treatment plan	The NPC competency framework for shared decision-making with patients ¹	Use advanced motivational skills to encourage compliance	Influencing and non-judgemental
		Conduct patient consultations in line with the NPC competency framework	
To actively follow up patients who do not return at appropriate times for repeat prescriptions	The barriers to concordance in people with mental health problems, eg, cognitive impairment, lack of insight, adverse effects, stigma	Personalise treatment goals based upon national therapeutic targets whilst recognising the individual patient's circumstances	Multi-professional approach to effective team-working

¹ Room for Review: A guide to medication review: NPC and Medicines Partnership
http://www.npc.co.uk/med_partnership/medication-review/room-for-review.html

MANAGEMENT OF CLOZAPINE IN THE COMMUNITY

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To provide a community pharmacy-based clozapine dispensing service	Use of clozapine in treatment-resistant psychosis	Keep records accurately	Appropriate approach to benefits and risks of treatments
		Employ excellent communication skills	
		Provide phlebotomy services	
To manage common adverse events of clozapine treatment, eg, constipation, weight gain, and hypersalivation	The adverse haematological effects of clozapine and the steps taken to ensure patient safety Effects on changing smoking habit	Work within locally agreed protocols for checking blood results and dispensing clozapine, including advice on missed doses	
To observe and refer if serious adverse effects are evident, eg, cardiomyopathy, hyperglycaemia, or myocarditis	The adverse effects of clozapine and their management	Assess adverse effects and refer if appropriate	Awareness of limits of competence and when to refer

Important note:

All pharmacists involved in the dispensing of clozapine need to be registered with the appropriate monitoring service for the particular brand being prescribed. This is in accordance with strict protocols designed to minimise the clinical risks associated with this drug. As of June 2008 protocols for some clozapine monitoring services allow (under special circumstances) community pharmacists and dispensing doctors to provide a community-based clozapine dispensing service under shared care arrangements. Such special circumstances may also include a community pharmacy which serves a private mental health hospital, or dispensing GP practices where there is consultant support for the proposal, and a limited stock may be held. In all circumstances these arrangements may only be implemented with the approval of relevant consultant psychiatrists, and in line with the protocols for shared care within clozapine monitoring services.

In these circumstances, consideration may be given to accreditation as a GP or Pharmacist with a special interest in mental health, and accreditors may refer to the competence shown above.

Contact Details

Clozaril Patient Monitoring Service
Novartis Pharmaceuticals
Frimley Business Park , Frimley
Camberley, Surrey GU16 7SR
General Enquiries: 0845 769 8269
Urgent Blood Results: 0845 769 8357
Out of Hours Emergency: 01276 692504
CPMS Fax: 0845 769 8379 or 0845 769 8541
Email: cpmscentral.phgbfr@Novartis.com

PHYSICAL HEALTH MONITORING

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To improve the whole health of people requiring monitoring of their mental illness	The physical health risk associated with serious mental illness and with the use of psychotropic medicines	Conduct an appropriate clinical examination and perform tests as appropriate, eg, BP, phlebotomy	Holistic
		Initiate, prescribe, supply or monitor response on related aspects of drug treatment	
Provide information, educational support and advice about employment, driving, exercise, weight control, smoking and family planning			
Facilitate / develop links to other services where appropriate			
	Use advanced motivational skills to encourage lifestyle changes to improve physical health		
	National guidelines (NICE, etc) and recommendations for people taking antipsychotics and mood stabilisers	Work within locally agreed protocols, QoF frameworks	Collaborative attitude to working with other health professionals

UNDERSTANDING THE SPECIAL NEEDS OF CARE RELEVANT TO SPECIAL CIRCUMSTANCES AND SPECIAL GROUPS

ELDERLY CARE AND MENTAL HEALTH

PwSIs should refer to Appendix 1 (*Mental Health Needs*) in the document *Guidance and Competences for the Provision of Services Using Practitioners with Special Interests – Older People*.

Objectives	Knowledge	Skills	Attitudes
To provide appropriate care for the older person with mental health needs	Can demonstrate understanding of...	Is able to...	
	The potential interactions of physical illness associated with ageing with high rates of depression and dementia in this age group to produce complex co-morbidities	Recognise and adapt therapeutic targets and treatment regimens to the individual patient, taking account of co-morbidities	Holistic approach to care
	The high risk of suicide in the elderly	Initiate, prescribe, supply or monitor response on related aspects of drug treatment	Awareness of own limitations and when to refer on
	The principles of risk and suicide assessment		
	The specific social and medical needs of elderly patients in the community with mental health problems	Advise about the mental health care needs of older people in residential care and those who have caregivers outside of residential care	Educational influence on local service provision
The pharmacodynamics and pharmacokinetic changes associated with ageing and the handling of medication	Perform regular medication reviews, stop treatment appropriately and check for iatrogenic illness before prescribing a new agent	To work collaboratively with other specialists, eg, psychiatrists and agencies	

MATERNAL AND POST-NATAL CARE

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To provide care for women with mental health needs during pre-natal, peri-natal and post-natal period	The range of mental health problems associated with pregnancy and the peri-natal period with high rates of depression in this age group	Recognise and adapt therapeutic targets and treatment regimens to the individual patient taking account of co-morbidities	Holistic approach to care with awareness of own limitations and when to refer on
	Suicide and its impact as the second leading cause of maternal death in the UK		
	Principles of risk and suicide assessment	Undertake detailed risk assessment	Multi-professional problem-solving approach appreciating the importance of regular review, continuity of care and fine tuning of pharmacological and non-pharmacological review
	The national guidance in this area	Manage the specific social and medical needs of pre-natal, peri-natal and post-natal patients in the community with mental health problems	
	Prescribing options and risks in pregnancy and breast-feeding	Seek advice from specialist services, eg, medicines information, assess risks / benefits, support evidence-based practice	
	Appropriate training for primary care practitioners in the detection, assessment and initial management of peri-natal mental health problems and disorders	Champion the importance of the "education perspective" within local service design and provision	

PROVIDING CARE WITHIN A CUSTODIAL SETTING

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
To provide appropriate care for people with mental health needs within the custodial setting	The potential interactions of physical and mental illness associated with this type of environmental setting, eg, high rates of depression producing complex co-morbidities	Adapt therapeutic targets and treatment regimens to the individual patient taking account of co-morbidities and environmental setting	Holistic and multi-disciplinary approach to health and social care with an awareness of own limitations and when to refer on
	The high risk of suicide in this client group	Undertake detailed risk assessment	
	The principles of risk and suicide assessment		
	Custodial health care systems	Manage the specific contextual social and medical needs of patients with mental health problems	Empathetic and non-judgemental
	How the environmental setting affects management and therapeutic targets		
	The principles of ethics and values-based practice	Work within an ethical and values-based framework	Honest, transparent and non-judgemental

MANAGEMENT OF DELIVERY OF MENTAL HEALTH CARE

Objectives	Knowledge Can demonstrate understanding of...	Skills Is able to...	Attitudes
Understand different models of delivery of mental health and social care	The different settings in which mental health and social care can be delivered	Discuss different models of mental health care delivery, eg, in primary care, secondary care and other sectors	Recognises and embraces the importance of multi-disciplinary team working and inter-professional approaches to care
	The factors which influence commissioning mental health and social care within the NHS and the evidence base for different models of interface working and integrated delivery	Describe the commissioning process for mental health care and its relationship to other NHS initiatives	
		Uses an integrated approach in care management	

	The aspects of clinical mental health care that can be delivered in different clinical settings	Select appropriate patient groups for management in different settings, eg, primary, secondary care and multi-disciplinary subspecialty clinics	Recognition of the wider professional and structural barriers to change and willingness to work with all stakeholders to overcome them
	The role of local initiatives in delivering integrated mental health care	Describe the processes required to develop local initiatives, eg, mental health databases, managed clinical networks and advisory groups	

MENTAL HEALTH ACT (SECTION 12) APPROVAL

There is presently no competency guidance on this. The existing criteria for Section 12 approval will change with the introduction of the new Mental Health Act 2007. For full existing criteria, see Appendix 3.

APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

A series of assessment tools suitable for use by PwSIs are available at:
<http://www.primarycarecontracting.nhs.uk/246.php>.

The following notes are intended to support the effective use of these assessment tools as applied to the field of mental health:

- Where applicable, it is strongly recommended that a series of clinical assessments takes place four times during the period of training prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or specialist pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI in Mental Health is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that the assessments should include a review of case notes and, if necessary, an OSCE.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.
- Practitioners will be expected to demonstrate evidence of and learning from a 360-degree review processes.

APPENDIX 3: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

Helpful general and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link:

<http://www.jrcptb.org.uk/assessment/performance/Pages/PerformanceAssessmentDocumentation.aspx>

Key skills for key staff – a competency guide for primary care and community, 2006, CSIP

<http://kc.csip.org.uk/viewdocument.php?action=viewdox&pid=0&doc=35062&grp=1>

Capabilities for Inclusive Practice, 2007, DH

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078095

New Ways of Working for Everyone: A best practice implementation guide, 2007, DH

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074490

New Ways of Working for Mental Health Pharmacists and Other Pharmacy Support Staff Final Report

http://www.newwaysofworking.org.uk/docs/0928_NWW%20for%20Pharmacy%20%20Other%20Pharmacy%20Staff%20Exec%20Summary.doc

Creating Capable Teams - Best practice guidance to support the implementation of New Ways of Working (NWW) and New Role, 2007, DH

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074501

The National Service Framework for Mental Health – Five Years On, 2004, DH

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4099120

Mental health promotion in primary care - A toolkit, 2005, DH

<http://www.westmidlands.csip.org.uk/silo/files/mental-health-promotion-toolkit.pdf>

Primhe Resource Pack, 2004 www.primhe.org.

PwSI guidance CAMHS, 2008, DH

PwSI guidance substance misuse, 2008, DH

PwSI guidance older person, 2008, DH

Criteria for sect 12 approval <http://www.section12agwsha.nhs.uk:80/section123.html>

Getting the basics right: Developing a primary care mental health service in prisons, 2007, Sainsbury Centre for Mental Health
[http://www.scmh.org.uk/80256FBD004F3555/vWeb/fIKHAL796MUF/\\$file/policypaper7_primary_care_in_prisons.pdf](http://www.scmh.org.uk/80256FBD004F3555/vWeb/fIKHAL796MUF/$file/policypaper7_primary_care_in_prisons.pdf)

The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders, 2007, DH
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078537

Recovery Competences for New Zealand Mental Health Workers, 2001, NZMHC
http://www.mhc.govt.nz/publications/2001/Recovery_Competencies.pdf

Reference can be made to:

- World Class Commissioning
- <http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Worldclasscommissioning/Competencies/index.htm>
- The psychological care of patients with physical and psychological problems in primary care, report of a joint working group of the Royal Colleges of General Practice and Psychiatrists, 2007
- Mental Health: New Ways of Working for Everyone
<http://www.nimhe.csip.org.uk/our-work/workforce/new-ways-of-working-in-mental-health.html>
- New Ways of Working for Mental Health Pharmacists and Other Pharmacy Support Staff Final Report
http://www.newwaysofworking.org.uk/docs/0928_NWW%20for%20Pharmacy%20O&%20Other%20Pharmacy%20Staff%20Exec%20Summary.doc
- New Ways of Working In Mental Health Guidance 2007
<http://www.nimhe.csip.org.uk/our-work/workforce/new-ways-of-working-in-mental-health.html>

ORGANISATIONS

Royal College of General Practice <http://www.rcgp.org.uk>
Royal College of Psychiatrists <http://www.rcpsych.ac.uk>
Care Services Improvement Partnership <http://www.csip.org.uk>
Primary Care Mental Health and Education <http://www.primhe.org>
National Institute for Clinical Excellence <http://www.nice.org.uk>
United Kingdom Psychiatric Pharmacy Group <http://www.ukppg.org.uk>
Department of Health <http://www.dh.gov.uk>
College of Mental Health Pharmacists <http://www.cmhp.org.uk>
UK Medicines Information <http://www.ukmi.nhs.uk>
Royal Pharmaceutical Society of Great Britain <http://www.rpsgb.org>
UK Clinical Pharmacists Association <http://www.ukcpa.org>
Primary Care Pharmacists Association <http://www.pcpa.org.uk>

APPENDIX 4: MEMBERSHIP OF MENTAL HEALTH PwSI STAKEHOLDER GROUP

We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:

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IAPT (Improving Access to Psychological Therapies) Programme

Leicestershire Local Trust

Primary Care Mental Health and Education Network

RCGP Mental Health Task Group

Stafford University student cohorts (2) undertaking the masters course in PwSI Mental Health