
Continuity of medicines supply to patients with mental health problems

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Type of audit

Structure	x
Process	✓
Outcome	x

Who to involve?

Consider involving/informing the following individuals from the start:

- All community pharmacy staff – including locums and your pre-reg trainee.
- Local GP practice(s)/community psychiatric nursing (CPN) service.
- Patients/patient advocacy group.
- Local pharmacist group if established, or other pharmacists in your area.
- Local audit facilitator.
- Pharmacists with specialist knowledge in mental health – perhaps via your local Mental Health hospital or via the Scottish Pharmacists in Mental Health Group.

Background – Why is this audit worth doing?

- Mental Health is listed as a national priority area by the government¹.
 - The reported incidence of non-compliance with medication amongst patients with mental health problems ranges from 11-80%², thus providing scope to improve current systems to support patients.
 - Benefits of tackling non-compliance in mental health include:
 - Minimising self-harm to patients.
 - Improved integration of patients into the community.
 - Improved multi-disciplinary communication on medicines use should enable early identification of patients requiring additional support with their medicines.
- | | | |
|-------------------------------------|------------------------------------|---|
| Benefits of doing this audit | ■ Benefits to patients | ✓ |
| | ■ Benefits to pharmacists | ✓ |
| | ■ Benefits to the health care team | ✓ |

Aims and objectives of the audit

- | | |
|-------------------|--|
| Aim | To develop multi-disciplinary systems to support the identification and appropriate referral of patients with mental health problems who require additional support with their medicines. |
| Objectives | <ul style="list-style-type: none">■ To identify, through liaison with local GP practices/CPNs, a list of patients with mental health problems who regularly use your pharmacy and are considered to require additional support with their medicines.■ To establish for each patient the most appropriate 'link person' to liaise with on issues relating to continuity of medicine supply.■ To establish for each patient the time period out-with their 'normal' Rx collection interval which should trigger referral to their 'link person'.■ To set up locally agreed systems to allow appropriate referral. |

The audit cycle

1 Defining criteria and setting standards

Criteria (i.e. the aspects of care which you are going to be measuring)

Suggested criteria which may be appropriate for this audit are:

Criterion	'Must do/could do'
Patients identified as requiring 'additional support' should collect their medication within the timescale agreed with their pharmacist/link person.	Must do
Pharmacists should contact the appropriate 'link person' for patients out-with their agreed prescription collection timescale.	Must do
The 'link person' should inform the appropriate pharmacist of the outcome of the referral.	Could do

Standards (i.e. the proportion of times the criteria should be fulfilled)

It will be essential to agree these locally. An example of standards which may be appropriate are:

- 80% of patients identified as requiring 'additional support' should collect their medication within the timescale agreed with their pharmacist/link person ^A.
- Pharmacists should contact the appropriate 'link person' for patients out-with their agreed prescription collection timescale, on 100% of occasions ^A.
- The 'link person' should inform the appropriate pharmacist of the outcome of the referral, on 70% of occasions ^A.

Footnote: The standards listed in this table are either 'anecdotal' (A) i.e. based on the opinion of 2 or more Scottish Audit Facilitators, or 'evidence-based' (E) i.e. drawn from the literature or data from previously completed audits (see reference section at end of template).

2 Assess local practice

Getting things started

- Decide whether the audit will be run on an individual pharmacy basis (linking with local GP practices) or on a locality basis (linking with the CPN service). N.B. Pharmacies need to link with GPs/CPNs serving broadly the same geographical patient base.
- Decide which criteria you wish to focus on through discussion with local GPs/CPNs (see 'defining criteria and setting standards' – some criteria are only 'could do').
- Meet with local GPs/CPNs to define your target patient group i.e. the patients requiring 'additional support' with their medicines (see attached 'sample patient inclusion/exclusion criteria').
- Produce a list of all patients falling within the chosen target group.
- Identify for each patient their regular pharmacy (CPN to action, if locality audit). N.B. Not all patients will regularly use one pharmacy (see attached 'sample patient inclusion/exclusion criteria'). Voluntary patient 'registration' is a matter for local debate).

- If large numbers of patients regularly use any one pharmacy, liaise with GPs/CPNs to further prioritise within the target group and agree a manageable number of patients/pharmacy (debate level locally e.g. 10 patients/pharmacy).
- Pharmacist to calculate 'normal' prescription collection interval for each patient from the PMR (average over the last 6 months) and enter into 'confidential patient register' (sample attached).
- Arrange final meeting with GPs/CPNs to complete remaining details on 'confidential patient register' for each patient and agree referral mechanisms for the project e.g. phone call.
- Pharmacist to update PMR system to ensure all staff are referred to the register when dispensing for patients included in the audit.
- Ensure all patients are:
 - fully informed of the project's aim and objectives
 - agree with their calculated normal Rx collection interval
 - consent to their pharmacist contacting their identified link worker should they not collect their medicines at their usual time (mechanism to be agreed locally – see 'sample patient information leaflet' as a focus for local discussion).

What data to collect?

- See attached 'confidential patient register' and 'data-collection form'.

How much data to collect?

This should be agreed locally. The size of your audit is likely to be defined by the time period over which it is run.

Factors to consider include:

- Total no. of pharmacies participating in the audit.
- Total no. of GPs/CPNs participating in the audit.
- Total no. of patients per pharmacy available for inclusion in the audit.
- Frequency of medication supply for patients included in the audit e.g. weekly or monthly prescriptions.
- How staggered throughout the month the prescription collection times for your patient group are.
- Time available for data collection.

Further advice on selecting a suitable time period over which to run the audit can be obtained from your local audit facilitator.

How to collect it?

- Collect continuously for defined time period, remembering to inform all staff, especially locums, if data is to be comprehensive.
- Collecting data for a proportion of patients, or on certain days/during quiet periods, will bias your results.

3 Compare practice with standards

4 Change

Some suggestions:

- Feedback the audit results to your staff, GPs/CPNs, other pharmacies. Consider: What were the reasons for patients not making their normal collection interval? Is there anything you can do to improve this? e.g. providing a delivery service to immobile patients. Do all the patients know you are expecting them to collect their Rx on a particular date? Would re-speaking to the patients individually help?
- Are all your staff consistently remembering to refer patients? If not, is there a need to more staff training?
- Were all the referrals appropriate? Would it be valuable for the pharmacist to phone the patients directly before they phone the GP/CPN? Could anything be done at the time non-collection is identified as a problem?
- Is there one particular GP/CPN who consistently forgets to notify you on the outcome of your referrals? Can you feed this back to them?

5 Re-audit

6-12 months after completion of the first audit.

Resources

- Sample patient inclusion/exclusion criteria (attached).
- Sample patient information leaflet (attached) and photocopying costs.
- Sample confidential patient register (attached).
- Data collection form (attached).
- Locum expenses to attend initial/follow-up discussions with local GPs/CPNs.
- Estimated time to complete the first audit (during normal working hours): 2 months to set things up, X weeks to run the audit (dependent on your decisions reached under 'how much data to collect'), project write-up within 1 month.
- Estimated time to complete the re-audit (during normal working hours): X weeks to run the audit (dependent on your decisions reached under 'how much data to collect'), project write-up within 1 month.

References

- 1 The Scottish Office Department of Health. Towards a Healthier Scotland: A White Paper on Health. Edinburgh: Stationery Office, February 1999.
- 2 Compliance Therapy Manual. The Maudsley, London, 1997.

Useful additional reading: Keep taking the tablets. Distance Learning Pack, Scottish Centre for Post Qualification Pharmaceutical Education, University of Strathclyde, Glasgow.

Date of production

April 2000

Suggested review date

April 2001

Inclusion criteria

Patients you may decide require 'additional support' with their medicines could include:

- Patients taking a certain type of medication e.g. lithium, certain anti-psychotics
- Patients receiving treatment for a particular condition e.g. depression, schizophrenia
- Patients with a previous history of poor compliance e.g. receiving depots, using dosette boxes
- Individual patients local GPs/CPNs would like to have intensive follow-up in relation to their medication, for whatever reason

Exclusion criteria

Patients you may decide to exclude from your audit:

- Patients who do not regularly use one community pharmacy and who do not wish to do so
- Patients who have been registered with a particular community pharmacy for less than 6 months (it will be difficult to calculate an accurate 'normal' Rx collection interval for these individuals)
- Patients receiving prescriptions for quantities greater than 1 months supply (it is reasonable to expect that patients requiring 'additional support' with their medicines would be getting their Rx at weekly/monthly intervals).

* to be debated and agreed locally.

According to local agreement, it may be more appropriate for the information contained within this letter to be adapted into a verbal counselling checklist.

Dear _____

In order to support you in taking your medicines, we have been asked to participate in a new scheme, where, with your permission, we will contact your doctor/community psychiatric nurse (CPN) if we notice you have not collected your medicines at your normal time.

Our records show that you routinely collect your medicines on the of each week/month. This is something we would like to confirm and agree with you. Thereafter, it will be important for you to try and collect your medicines from us on that day on a regular basis. If you have difficulty in collecting your medicines on that day for any reason, all we ask is that you let us know, in order that we do not contact your doctor/CPN unnecessarily.

For our records, we need to ensure that you understand the purpose of this project and are happy for us to contact your doctor/CPN if you have not collected your medicines at your normal time. We therefore ask that you sign and return the tear-off slip attached to this letter.

Please ask if you have any questions about this new scheme. We would be more than happy to chat to you further.

Best wishes

Yours sincerely

Pharmacist

(Contact address and telephone number of the pharmacy to be inserted.)

Medicines support project

- I understand that my pharmacist expects me to collect my medicines on the of each week/month.
- I am/am not happy for my pharmacist to contact (insert name of link person) if, for any reason, I do not collect my medicines at my usual time.
- I understand that the purpose of this project is to support me in managing my medicines.

Signed _____

Date _____

Data collection form

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This form must be retained in a prominent place and checked daily. Complete a separate data collection form for each patient entered into the study.

Patient name _____

Agreed total time between Rx's (no. of days)

(see 'confidential patient register')

Rx number	Date Rx collected	Date next Rx due*	Rx collected within agreed time period?		If No, link person contacted?		Informed of outcome of referral?		If Yes, please give brief detail of outcome
			YES	NO	YES	NO	DATE	DATE	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Date next Rx due = Date last Rx collected + Agreed total time between Rx's (days)