Contact Email: J.Brooks1@aston.ac.uk

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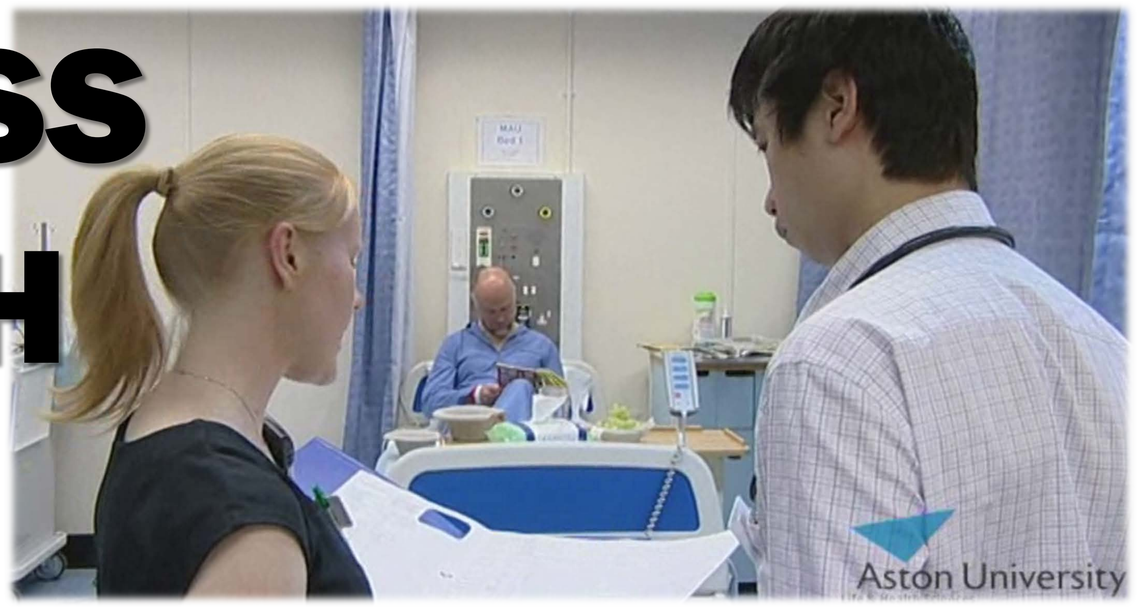
THE HOSPITAL PHARMACY TIMES

Sandwell and West Birmingham Hospitals NHS NHS Trust
Aston University
Pharmacy Research UK
THE UNIVERSITY OF SYDNEY
RAID

EAHP ANNUAL CONFERENCE, HAMBURG, GERMANY
WEDNESDAY 25TH TO FRIDAY 27TH MARCH 2015

IMPROVING ACCESS TO MENTAL HEALTH SERVICES:

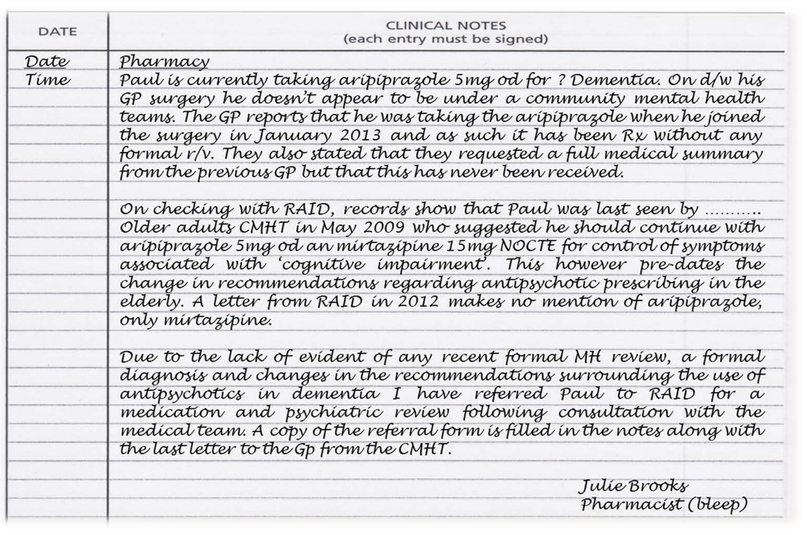


A NEW PHARMACY ROLE IN GENERAL HOSPITAL LIAISON PSYCHIATRY

A specialist pharmacist linking the acute and psychiatric services has reduced the delay experienced from hospital admission to psychiatric expertise.

By Julie Brooks [1, 2], Mahnaz Hashmi [3], Keith Wilson [2] ,Carl Schneider [4] and Brian Hebron [2]

1. Sandwell and West Birmingham NHS Trust, UK; 2. Aston University, Birmingham, UK; 3. Birmingham and Solihull Mental Health Trust and 4. The University of Sydney, Australia



DATE	CLINICAL NOTES (each entry must be signed)
Date	Pharmacy
Time	Paul is currently taking aripiprazole 5mg od for ? Dementia. On d/w his GP surgery he doesn't appear to be under a community mental health teams. The GP reports that he was taking the aripiprazole when he joined the surgery in January 2013 and as such it has been Rx without any formal r/v. They also stated that they requested a full medical summary from the previous GP but that this has never been received.
	On checking with RAID, records show that Paul was last seen by ..... Older adults CMHT in May 2009 who suggested he should continue with aripiprazole 5mg od an mirtazipine 15mg NOCTE for control of symptoms associated with 'cognitive impairment'. This however pre-dates the change in recommendations regarding antipsychotic prescribing in the elderly. A letter from RAID in 2012 makes no mention of aripiprazole, only mirtazipine.
	Due to the lack of evident of any recent formal MH review, a formal diagnosis and changes in the recommendations surrounding the use of antipsychotics in dementia I have referred Paul to RAID for a medication and psychiatric review following consultation with the medical team. A copy of the referral form is filled in the notes along with the last letter to the Gp from the CMHT.
	Julie Brooks Pharmacist (bleep)

When mentally ill people are admitted to general hospitals, effective liaison psychiatry results in better patient outcomes and reduced length of stay (1). However, studies in our institution suggest that routine referrals can take 14 days from hospital admission, and only occurs in a third of patients taking medications for mental health conditions(2).

Objectives

To determine if a novel, pharmacist driven referral pathway can improve patient access and reduce the time delay associated with referrals.

Method

A pharmacist referral system using real-time dispensing information and direct reports from ward pharmacy teams, was developed to identify hospital in-patients receiving antipsychotics, mood stabilisers or dementia medicines. A specialist pharmacist reviewed the patient and referred to psychiatric liaison services if indicated. Data were recorded in line with Caldicott ethical guidelines.

Results

Between 17/09/2012 – 28/10/2013 the pharmacist made 41 referrals to psychiatric liaison services, accounting for 45% of the total number of referrals in this patient cohort.

Birmingham and Solihull NHS Mental Health NHS Foundation Trust — Sandwell and West Birmingham Hospitals NHS NHS Trust

'No Health Without Mental Health'
Liaison Psychiatry Referral Form
Rapid Assessment Interface and Discharge (RAID)

Patient name: Paul	**Consultant:** Dr XXXX
DoB: 52 years (xx/xx/xxxx)	**Speciality:** Acute Medicine
Address: Birmingham	**Location:** Hospital ward
(Or insert patient sticker)	**Date & time:** xx/xxxx
	Interpreter needed? no

Reason for admission: Admitted xx/xx/xxxx unresponsive and smelling of alcohol. Had a seizure in A+E. Reports 8 units of alcohol a day for the last 10 years.

Physical condition and plan: History of learning difficulties, alcohol withdrawal seizures and also alcohol related pancreatitis. Treated with pabrinex and now medically fit for discharge. Now medically fit for discharge awaiting a package of care and review of safeguarding issues.

Medication: thiamine, vitamin b co strong, diazepam 5mg OM, lansoprazole, paroxetine 20mg BD, procyclidine 5mg BD. GP records state trifluperazine 5mg BD but this has not been prescribed in hospital.

Reason for referral to Mental Health:
Confusion surrounding mental health medication as admitted on trifluperazine 5mg BD, but has not been prescribed this admission as the medical team were unsure of the details and were initially unable to get information from the GP, as such he has not had this for 7/7. GP called on xx/xx/xxxx and confirmed trifluperazine 5mg BD which he has been on since 1991 for psychosis (he is also known to have learning difficulties). He is not open to a CMHT and hasn't been reviewed for a long time. I have discussed Paul with his GP and also the medical team and am referring to RAID for a review of his trifluperazine and to ensure community support.

Past psychiatric history and contacts (including drugs and alcohol):
Nil - GP reports he is not under a CMHT and has been on trifluperazine since 1991

Current mental state examination (behaviour, cooperation, speech, mood, cognition, confusion, hallucinations, delusions, paranoia, suicidal thoughts):
Now stable and fit for discharge. He has been seen by aquarious but has declined any further input.

Has referral been discussed with patient? If not, why? Yes

Referrer name	Designation (Dr or senior nurse)	Contact details/bleep
Julie Brooks	Pharmacist	xxxx

The mean time from hospital admission to pharmacist referral was 4.4 days (107 hours, SD: 110 hours). Increased access to psychiatric services was also seen with 47% (n=138) patients being referred representing a 14% absolute increase from baseline.

Conclusion

A reduction in the delay from admission to referral was achieved by developing a specialist pharmacist as part of the link between an acute hospital and psychiatric services. Increased and timelier access to psychiatric liaison services as facilitated by pharmacist referrals may reduce the length of stay for these patients. It is also leading to better patient outcomes, less inappropriate prescribing and cost improvements

References

1. Mental Health Network NHS Confederation. With money in mind: The benefits of liaison psychiatry. Briefing: 2011.
2. Schneider C et al. Using hospital pharmacy dispensing records to categorise referrals to the RAID service: a preliminary study. IJPP. 2012;20:35

Pharmacy Research UK
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