

Extended non-medical roles- The Mid Devon mental health assessment team

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Nurse Independent Prescriber

- Well grounded in biopsychosocial approach. 16 years experience predominately in assessment services.
- Able to see the potential benefits (traditionally Senior Mental Health Practitioner assessment were followed by several weeks wait for consultant medication reviews).
- Holistic care planning



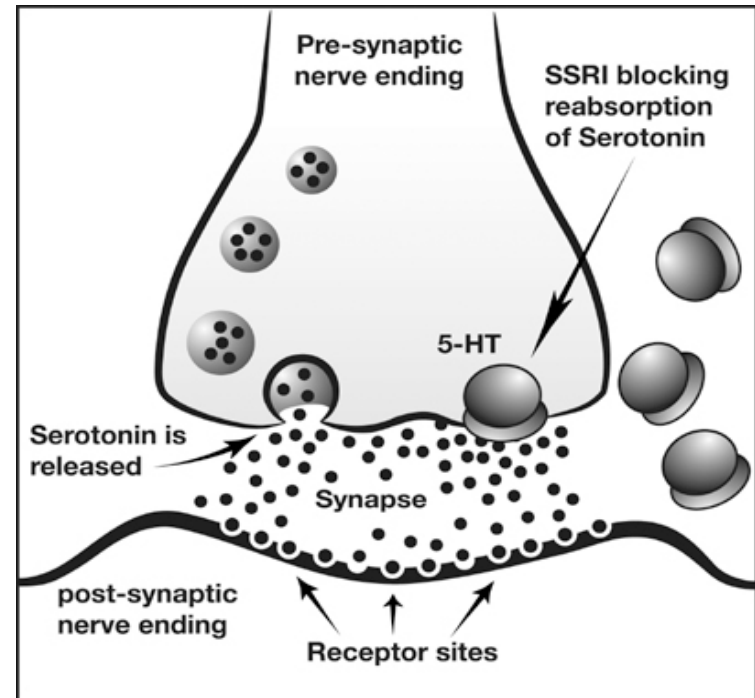
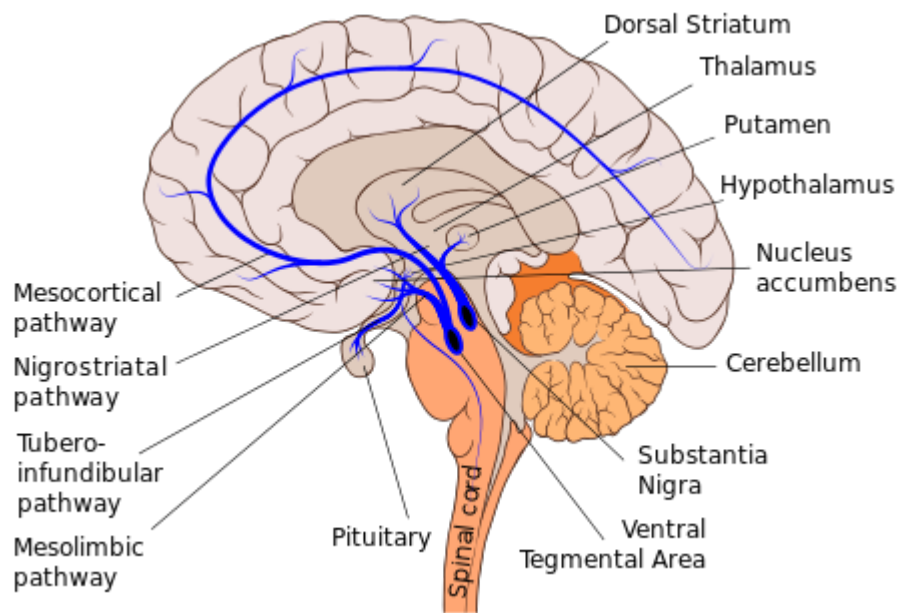
Be creative and persistent!



Learn your psychopharmacology!

What's your formulation?

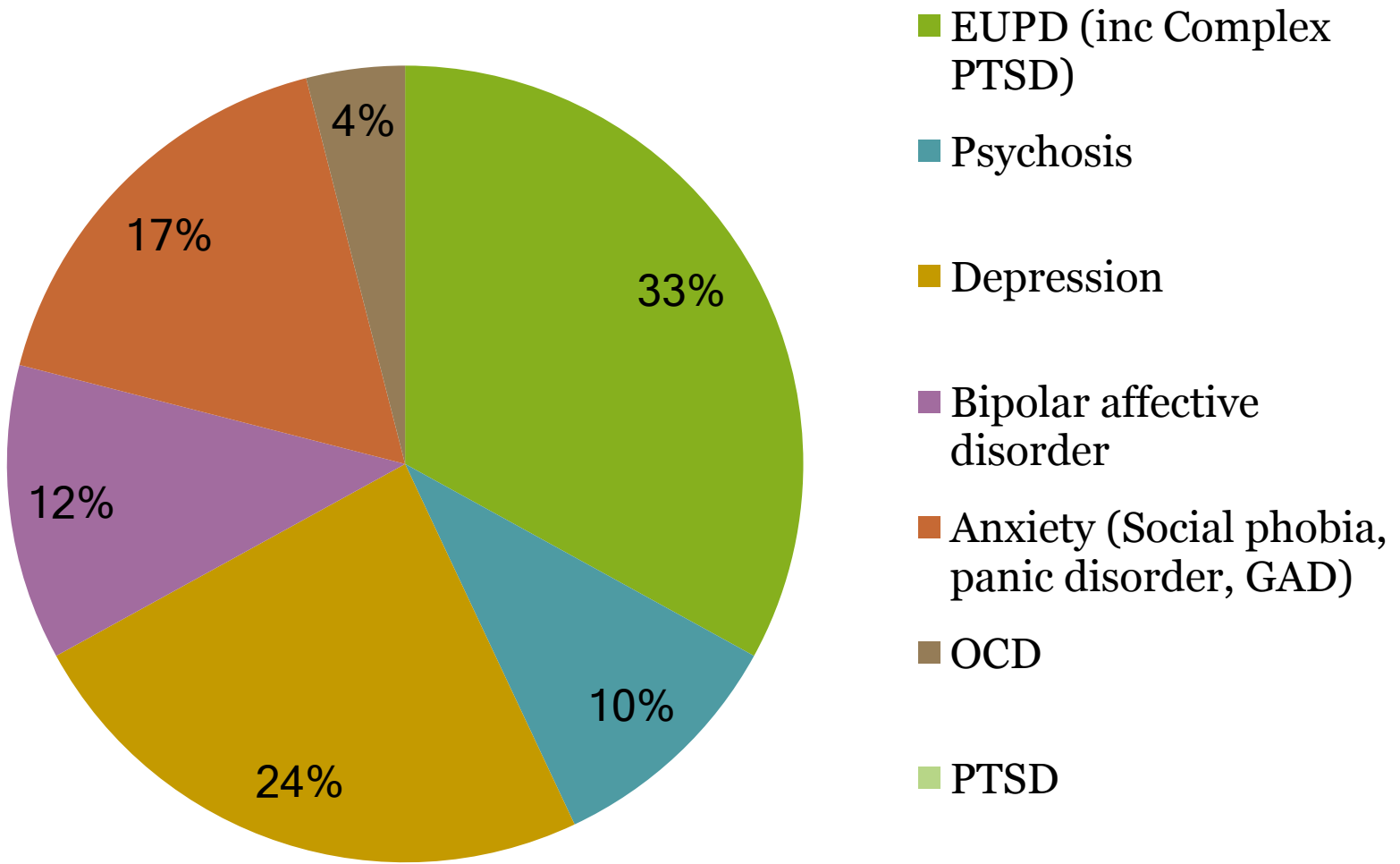
Supporting new prescribers to develop



Main tasks

- 6 new assessments per week
- 4 NMP clinic slots
- NMP clinics primarily focussed on reviews but will take medication specific questions, physical health monitoring (antipsychotics).
- Assessment and formulation- able to see complex individuals. Initiate treatment and or give recommendations
- Consultation with other SMHP and prescribing advice
- Medication reviews for CMHT clients

Diagnosis



Improving NMP clinic triage



- Education to the teams as to what can be safely offered
- Increased support to colleagues when triaging referrals
- Breaking away from traditional team boundaries to offer service to most appropriate individuals
- Building relationships with other teams

Linking with Early Intervention in Psychosis service

- Negotiated with EIP service managers that new antipsychotic prescribing should where possible come through NMP clinic.
- Increased joint working with EIP team. Why repeat assessments?
- This ensures baseline physical health checks completed as part of clinic work. Ease of reviews.

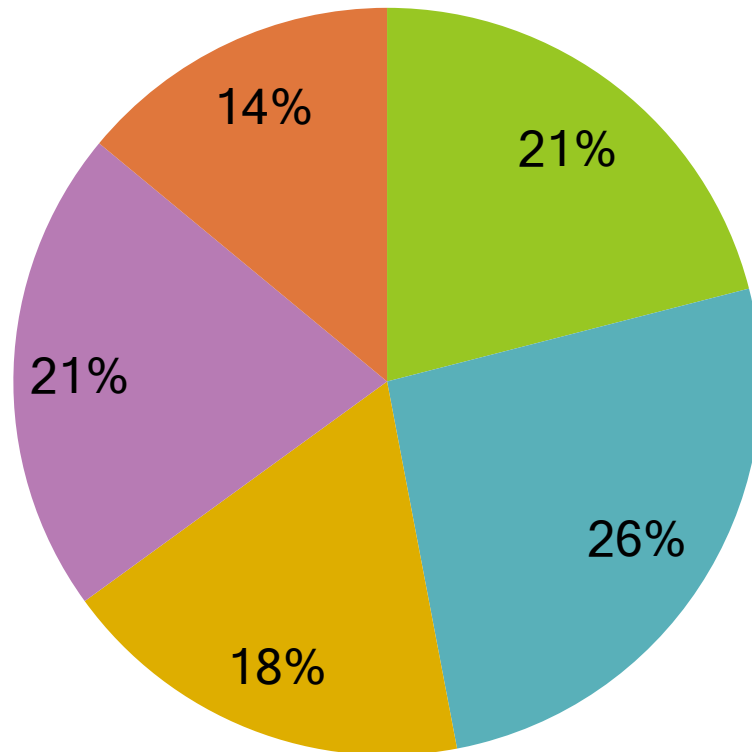
Improving physical health monitoring

- Clinics now routinely offering physical health monitoring where appropriate (as per Lester tool). Quickly acting on identified problems.
- Working as part of steering group to improve overall physical health outcomes for our patients.
- Challenges -blood work, ECG. Still reliant on GP. Options for lifestyle interventions.

Results

- 78 prescribing interventions in last 12 months; (measured by FP10's; many more episodes of providing advice, supporting GPs, managing initiations via GP)
- Over 300 new patients per year .
- Of the 78 patients, 9 eventually required additional medical appointment with consultant, usually due to complexity of presentation, medications or physical comorbidity. 7 were referred into secondary care (STEP / CMHT) The other 62 patients were discharged back to primary care.
- Savings from reducing unnecessary consultant hours. $62 \times \text{consultant hours} = \text{£}3100$, $\text{NMP} = \text{£}1116$, saving = $\text{£}1984$
- Feedback-positive response from patients, local GP's and colleagues.

Interventions



- Dose Change
- New Medication Started
- Education and no med change
- Medicine Change
- Stopped Medication

Benefits

- Patients are seen and treated without unnecessary delays.
- Improved satisfaction = improved concordance.
- Improved physical health monitoring.
- Flexibility.
- Able to manage full episodes of care. See things through (e.g. treatment resistive depression).

Challenges

- Appropriate referrals – smarter triage
- Building service.
- Jones 2007 highlighted insufficient focus on redesigning the service to support the role of the non-medical prescriber. Has been an issue.
- Replication - Variability of skills

Thank you!

Any questions?