

# Improving Mental Health Clinical Pharmacy input into Psychiatric liaison service

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## AIM

By June of 2021 we will increase the clinical pharmacy input Psychiatric Liaison Service (PLS) by 100%.

## Primary Driver

ELFT Psychiatric Liaison Team

Acute hospital clinical staff

## Secondary Driver

MDT

Patient Safety

Patient choice

## Change Ideas

- Attending Virtually
- Attending onsite weekly (COVID permitted)
- Pharmacist Intervention Log -
  - Medicines reconciliation
  - Prescribing advice
  - Medication chart screening
  - Medicines information
- Access to acute Trusts digital platforms
- Acute Trust training on psychotropic medication
- Policies and Protocol Review within Acute Trusts
- Patient one to ones
- Signposting to medication resources

## Aims and hypothesis

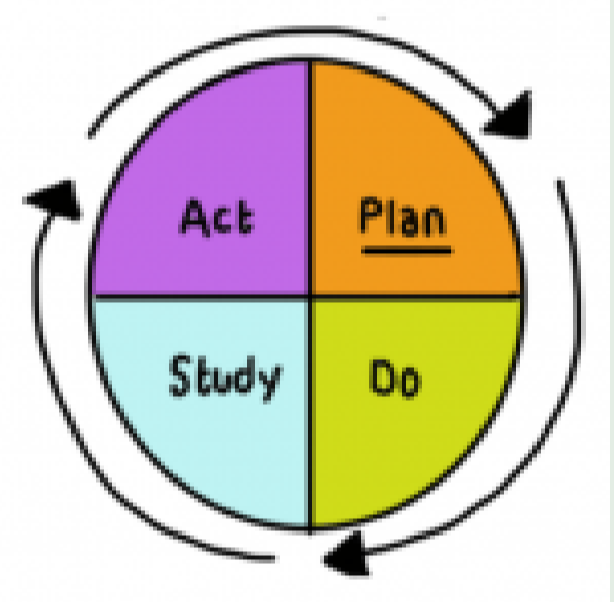
The SMART aim is to increase Mental Health (MH) clinical pharmacy input by 100% to Psychiatric liaison service (PLS) for patients with mental health conditions on psychotropic medication within the acute hospital by June 2020.

## Background

The PLS team identified a need for clinical pharmacist input into their multi-disciplinary team (MDT). The expectation is the addition of a pharmacist to support the team with risk recognition and prevention of adverse reactions, co-ordination of medication supply and monitoring arrangements with acute pharmacy teams, adherence to treatment guidelines and an enhanced patient experience.

## Methods

A pharmacist is funded on a twice-weekly basis at PLS in Luton & Dunstable Hospital (L&D). Quality Improvement (QI) methodology was used including model for improvement and 3 PDSA cycles.



**PDSA-Cycle-1:** Initial intervention was a telephone call to PLS following each morning handover for medication related referrals.

**PDSA-Cycle-2:** The initial cycle was not sustainable and yielding referrals. In order to build and strengthen on the referrals idea a poster was create with contact details for the pharmacist and circulated to the team and up in the PLS office.

**PDSA-Cycle-3:** It was hypothesized the pharmacist being onsite one day per week to attend the handover and being more accessible would increase the referrals to the pharmacist and in turn the clinical interventions.

## Results

The pharmacist received a total of 62 referrals for consideration and intervention. The baseline data was zero as PLS had no MH Pharmacist within their team prior to QI project

PDSA-Cycle-1: Increase in the clinical input with 1 referral per week

PDSA-Cycle-2: Increase in the clinical input with 1 referral per day

PDSA-Cycle-3: Increase in the clinical input with 2 referral per day

