



**Community Pharmacy Scotland response to the Scottish  
Government Consultation**

**Mental Health in Scotland – a 10 year vision**

**September 2016**

**Who are we?**

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of Scotland's 1256 community pharmacies and negotiates on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

**What do we do?**

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

## Questions

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years.

### **Are these the most important priorities?**

Yes

Community Pharmacy Scotland agrees that going forward, the strong focus on prevention will be instrumental in improving the mental health of Scotland's population. This is in line with primary prevention policies for physical health, reinforcing the aim of ensuring parity between the two.

Where patients do develop a mental health issue, we agree that the theme of early intervention is a priority, particularly as community pharmacy is a setting where the needs of such patients can be identified and are supported as per the vision.

Pharmacy as a profession supports patient-centred care models, and the aim of enabling patients to have the confidence and ability to manage their own mental health is one that we fully support. Pharmacists are experts in medication, and can use this expertise to work with patients and other healthcare professionals to create tailored care plans that they can take ownership of. This ties in with priority 6, in that we agree patients should also be supported to improve their physical health and mitigate additional risks from treatment.

Currently, access to mental health services can pose issues for patients in Scotland, and any work to develop referral pathways and capacity would be welcomed, as we agree this ties in to the priority of ensuring interventions are made as early as possible. Again, the nature of the community pharmacy network brings pharmacists into contact with all priority groups, and enhanced ability to refer these patients into services can only be of benefit to all.

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health.

### **Are there any other actions that you think we need to take to improve mental health in Scotland?**

Community Pharmacy Scotland agrees that these early actions are in line with the priorities laid out in Annex A, and that they are all key to improving the mental health of the population going forward. We would also offer the following observations of where pharmacy as a profession could contribute to these actions, as the unique accessibility of pharmacists and their teams in communities across Scotland gives them opportunities to have high quality interventions with current and potential service users.

Many pharmacists are already experienced in using brief intervention tools, so we would welcome such developments and could aid in service delivery if paired with improved referral pathways into mental health services. This would be in line with the themes of early identification and intervention in this consultation. Given that many pharmacies are open outwith core NHS working hours, appropriate training and care pathways could relieve some pressure on mental health A+E presentations.

The consultation also makes reference to multidisciplinary input and care planning for mental health patients to allow a more holistic approach to care. Pharmacists are well positioned to add value to these care plans in terms of medication management, although if medical notes are to be shared where appropriate then changes to Data Protection legislation would be required.

Community pharmacy continues to successfully deliver and support public health prevention programmes such as smoking cessation, which are available to the whole population. Work could be done to improve referral in to these services from mental health teams where appropriate, improving rates of uptake in target groups. In addition, where practicable community pharmacy should be considered as a potential service provider, information source or mode of referral when such programmes are being developed or enhanced. Specifically, when work is being done around the monitoring and responses to the physical effects of lithium and clozapine, the expertise of pharmacists in these matters combined with their relatively frequent patient contact would position them well to be involved in service delivery.

### 3. The table in Annex A sets out some of the results we expect to see. **What do you want mental health services in Scotland to look like in 10 years' time?**

We support the overall vision put forward in this consultation.

A health service where the prevention of ill health is a priority, whether it be physical or mental in nature, is one that we can be fully in support of. A robust network of services with a wide variety of access/referral points would aid in the early identification and treatment of mental health issues, particularly if the profile of said access points is raised accordingly. Once patients have accessed a mental health service, input into their whole wellbeing should be had by both the patient and a multidisciplinary team, producing a shared care plan that the patient ultimately takes ownership of where appropriate. In cases of severe and enduring mental health problems, the gap between life expectancy and quality of life would be reduced by proactive engagement with patients to minimise harm from both their condition and treatment. In this whole process, those who access services should do so knowing that they have an input into their care, and that they should expect to experience their care no differently than if they did not have a mental health problem.

Community pharmacy is invested in providing the best possible care to all patients, and we believe we have a part to play in driving towards this ambitious vision.