

## My Care in Pharmacy (MyCiP) - Brief overview

**Background:** Children and young people (CYP) on ADHD medications need regular monitoring of their weight, height, blood pressure and pulse (WHBP) as per NICE guidelines (CG72). The traditional care model involves six monthly clinic monitoring driven by NICE guidelines (CG72) rather than the CYP's clinical need. Like many CAMHS teams in the country, the New Forest CAMHS ADHD clinic has struggled to meet the rising clinical demand with inadequate staffing resources. Hence, the team developed an innovative care model which was supported by the Health Foundation Innovating for Improvement Award to run a pilot project for one year (August 2016-July 2017).

**Aim of the innovation:** Improving quality of care and increase specialist clinic access to CYP prescribed medications for ADHD (and related conditions) by moving physical health monitoring to selected community pharmacies, thereby bringing CAMHS closer to home.

**Innovative care model:** The innovation was **co-designed** with key stakeholders (service users, CAMHS clinicians, commissioners, community pharmacy leads, Local Pharmaceutical Committee and GPs). It involved training staff from selected community pharmacies to undertake physical (WHBP) monitoring of CYP on medications for ADHD and related conditions. Consenting families select a pharmacy close to home to have their CYP's physical monitoring carried out at a convenient time. The pharmacy staff enter the results onto a secure web-based platform (PharmOutcomes) that is immediately available for CAMHS clinicians to review and communicate their recommendations to the GP.

**Impact:** Nationally only about 30% of CYP on established ADHD treatments have their physical measurements monitored and recorded according to NICE standards (POMH-UK Audit 2013, 2015). However, since implementing the innovation, a clinical audit of 30 CYP on long term ADHD medications in the clinic showed 70% having their physical monitoring done on time compared to 6% using the previous care model and 100% of their weight, height, blood pressure and pulse recorded on a centile chart compared to 0% previously. In addition, over 40% of families have received additional professional support from the clinic when needed. At the end of the initial project, 97% of the service users wanted the new model to be embedded in the service. 46% of stable patients are now reviewed annually, usually by a nurse.

This project has acted as a catalyst in re-designing how we deliver our service resulting in the CYP and their families experiencing a degree of choice and flexibility around their clinical monitoring. Through this model we have demonstrated an estimated saving/releasing of over 40% of clinic resources which is helping increase capacity for specialist CAMHS clinicians to support those CYP in greater need and reducing clinic waiting lists whilst improving quality of care.

**Conclusion:** By moving the physical health monitoring to local community pharmacies, we are ensuring improved clinical monitoring for CYP on medications for ADHD and related conditions alongside better access and support from specialist CAMHS. The clinic is more compliant with the NICE guidelines and the innovation is helping release over 40% of the clinic resources to support CYP most in need. This hugely successful care model is now embedded in the team's routine practice.

Our innovation supports the government's Five Year Forward View (5YFV) and Future in Mind strategy. All aspects of our project are replicable in other CAMHS teams and the concept can be extended and applied to other age groups and clinics too.

For further information please contact Dr Subha Muthalagu, (Project Lead and Consultant Child & Adolescent Psychiatrist) by emailing [subha.muthalagu@nhs.net](mailto:subha.muthalagu@nhs.net)