



NON MEDICAL
PRESCRIBING
WEBINAR
UK EXPERIENCE

START TIME 09.00 EST FRIDAY 13TH NOVEMBER 2009 (AUS) = 22.00 GMT THURSDAY 12TH NOVEMBER 2009 (UK)

PROGRAM

9.00-9.05 **Welcome and Introduction**
Sam Sherrington (to be confirmed)
NHS NW Strategic Health Authority, UK

9.05-9.20 **Prescribing law and non-medical prescribing**
Deb Robertson
University of Chester, UK

Traditionally, doctors prescribed, pharmacists dispensed and nurses administered medication. Changes in legislation and the extension of health professionals' roles has seen this change in recent years. The idea of prescribing other than by a doctor was first suggested in 1986 following a review of community nursing services, leading to a report by Baroness Julia Cumberlege. In this report, *Neighbourhood Nursing: A Focus for Care* (Department of Health and Social Security 1986) it was concluded that much of a district nurse's time was being wasted in obtaining prescriptions for basic dressings and appliances required for patient care.

The report also detailed the frustration of some nurses involved in palliative care at not being able to vary timing and dosage of prescribed analgesics as dictated by the patient's condition. Further review by Dr June Crown (Department of Health 1989) and her advisory group began the revolution in prescribing practice. Her initial suggestions included: 'initial prescribing' from a restricted formulary; supply within an agreed clinical protocol; amendment of timing and dosage of medicines prescribed previously within a patient-specific protocol. It was a further five years before the first nurse began prescribing.

The Medicinal Products: Prescription by Nurses Act was passed in 1992 and nurse prescribing was made legal in 1994 when secondary legislation came into force. Now suitably qualified district nurses were able to prescribe from a limited formulary for specific clinical conditions. For nurses, however, these changes did not go far enough in addressing their need to prescribe for their patients. They found the formulary restrictive and in some cases were not able to prescribe appropriately for the patients in their care. The Review of Prescribing, Supply and Administration of Medicines (Department of Health 1999) took nurse prescribing further and described two different groups of prescriber: the dependent prescriber, now known as the supplementary prescriber and the independent prescriber, who was a doctor or a dentist. It was suggested that the dependent prescriber would be able to prescribe certain medications following initial assessment and diagnosis of the patient by the independent prescriber and the development of an agreed clinical management plan (CMP). This allowed nurses access to many more medications as long as they were stated on the CMP.

By now, other allied health professionals were in roles that would benefit from them being able to prescribe. The Health and Social Care Act 2001 (Section 63) allowed the extension of prescribing rights and privileges to certain health care professionals. Changes to the 'Prescription Only Medicines Order' and NHS regulations gave suitably qualified nurses and pharmacists supplementary prescribing rights in April 2003 (Department of Health 2005). This was extended to chiropodists, radiographers and optometrists in May 2005 and allowed the government to help meet targets set in the NHS Plan (Department of Health 2000). It led to increasing flexibility among multidisciplinary teams by empowering staff and providing efficient and timely access to medicines and an increased patient choice. Further reviews by the Department of Health enabled nurses and pharmacists to prescribe independently of a CMP from 2006. These autonomous practitioners are responsible for assessment, diagnosis and treatment of patients for whom their clinical conditions fall within that area of competence. They can prescribe from the whole BNF, with only some restrictions surrounding controlled drugs and non-licensed medications. Nurse prescribers must have an identified prescribing role within their area of practice, be at least three years post-registration and have successfully completed an approved programme of training. This allows additional registration with the NMC as a nurse prescriber, with the nurse following guidelines and standards laid out by their governing body. It is envisaged that there will be further developments in the field of nurse prescribing, and although it is not expected that student nurses will become prescribers, they must be aware of who can prescribe to safely participate in medicines management as part of their role.

REFERENCES:

Department of Health (DoH) (1989) Report of the Advisory Group on Nurse Prescribing (Crown Report). London: DoH.

Department of Health (DoH) (1999) A Review of Prescribing, Supply and Administration of Medicines – Final Report (Crown Report 2). London: DoH.

Department of Health (DoH) (2000) NHS Plan: A Plan for Investment, a Plan for Reform. London: DoH. Department of Health (DoH) (2005) Supplementary

Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a Guide for Implementation. London: DoH.

Department of Health and Social Security (DHSS) (1986) Neighbourhood Nursing: A Focus for Care (Cumberlege Report). London: HMSO.

9.20-9.35 **Healthcare Professional Accountability and Responsibility when developing and undertaking a Prescribing Role**

Jeanette Sandiford
Bolton University, UK

When other healthcare professionals (non-medical prescribers) are developing and undertaking a prescribing role it is important that they consider and accept both individual responsibility and professional accountability associated with the role of the prescriber. They will be responsible for all aspects of the prescribing process, from the accurate assessment of the patient to the decision and responsibility to prescribe or not to prescribe and to ensure that the medicine or product is used as directed.

The prescriber is accountable both legally and professionally, so it is vital that they have received appropriate, professionally accredited education relating to prescribing practice and have a thorough knowledge and understanding of the pharmacology of each product or drug they intend to prescribe. In addition, professionals have a responsibility for their own continuing professional development to enable them to expand their Personal Formulary for medicines and to maintain their competence and professional registration to prescribe in clinical practice.

This presentation will explore the legal aspects of prescribing and examine the lines of professional accountability and responsibility that healthcare professionals need to consider to be safe, competent and effective prescribers for the benefit of patients.

9.35-9.50 **The collaborative development of an on-line numeracy assessment to improve patient safety.**

Paul Warburton
Senior Lecturer and Non-Medical Prescribing Programme Coordinator
Edge Hill University, UK

The implementation and expansion of Non-Medical Prescribing (NMP) in the United Kingdom has occurred as a result of significant legislation change and government support. The drivers for this policy were changes in the structure and services available within the National Health Service (NHS), increased patient expectation and significant changes and expansion of non-medical clinical roles.

Non-Medical Prescribing has resulted in significant patient benefits through improved and timely access to appropriate medications following assessment and management by appropriately qualified and competent non-medical prescribers (Latter et al 2005).

Non Medical Prescribing education is a rigorous process which involves an intensive academic programme of learning, assessment in practice by an independent medical

prescriber and a series of assessment strategies. This ensures that a healthcare professional completing a programme of preparation is competent in prescribing within their area of expertise.

In 2006, the Nursing and Midwifery Council (NMC) introduced new standards for the preparation of Nurse & Midwife prescribers (NMC 2006); these required that numeracy be assessed as part of the final prescribing programme assessment strategy. Implementation of this new standard resulted in an increase in the number of students failing NMP programmes across the UK due to poor numeracy.

In a response to this fall in pass rates across the NW of England, NHS North West Strategic Health Authority commissioned, collaboratively developed and implemented the NHS NW On-Line Numeracy Assessment Tool (NAT) for applicants to all NW NMP programmes. This pre-entry assessment of numeracy is objectively applied to programme selection across the NW of England and ensures that all entrants to NMP programmes are numerate. An evaluation was completed in 2008.

This paper identifies the potential risks to patients of poor numeracy amongst healthcare professionals and reviews the development, implementation, evaluation and impact of the NHS NW on-line Numeracy Assessment Tool.

REFERENCES:

Latter S, Maben J, Myall M, Courtenay M, Young A, Dunn N. (2005) An evaluation of extended formulary independent nurse prescribing. Department of Health, University of Southampton. Southampton

Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers. NMC. London

9.50-10.05

The scope and practice of non medical prescribing in the North West of England

Jean Taylor and Sue Hacking*,
School of Nursing and Caring Sciences,
University of Central Lancashire, UK

Non medical prescribers (NMPs) are qualified nurses, allied health professionals or pharmacists who are qualified to prescribe medicine but are not doctors. Non medical prescribing is relatively new to the NHS in England but to date, there has been no large scale evaluation of the impact on the health service. We describe a large scale evaluation from the North of England across 42 trusts that take in the views of NMPs themselves, their strategic leads, their patients, and medical practitioner colleagues.

The aims were to map the prescribing activity of NMPs, evaluate impact upon NHS services and patients.

The multi-method research design is currently at stage 3:

1. Five regional focus groups of NHS strategic leads talked about the structure of NMP.
2. 600 non-medical prescribers working in the North West were surveyed.
3. 90 Medical Practitioners currently working with NMPs were surveyed.
4. Up to 800 patients of NMPs to be surveyed September 2009.

The study was approved by the National Research Ethics Committee.

Results

- The focus groups identified support needs for NMPs and isolation that was alleviated through local forums.
- Surveys identified that 93% of non-medical prescribers had identified errors or changed prescriptions in the last year that impacted on patient safety. Professionally, non-medical prescribing contributes to the success and thus satisfaction of senior health professionals fulfilling an advanced healthcare

role. The competency additionally saves time for healthcare staff and patients and contributes to their satisfaction with services.

- Doctors' views were mixed but mostly confident in their NMPs competence within their practice area and where mentorship or consultation was continuing beyond the original practice placement, they felt the association was more successful.

On behalf of 'The North West Universities non medical prescribing collaboration' which is a professional development group of non medical prescribing course leaders and researchers from the Universities of: Central Lancashire (co-coordinating leads for this evaluation), Bolton, Chester, Cumbria, Edge Hill, Liverpool John Moore's, Manchester Metropolitan, Salford) in association with NHS North West.

10.05-10.20 **North West Non Medical Prescribing Education Group**

Margaret Abbott

Senior Lecturer

University of Cumbria, UK

Collaboration between service delivery personnel is paramount for the provision of optimal care, Hornby and Atkins (2000). Due to the competitive funding structure of universities this tends to prevent collaboration between the institutions, Laurillard (2002).

In the North West (NW) of England we have nine universities that facilitate and deliver Non Medical Prescribing programmes using the standards and competencies initially determined by the Nursing and Midwifery Council, (NMC), (2006) and the National Prescribing Centre, (NPC), (2001).

Although the standards are recognised nationally, there will be some local variations reflecting the individual universities expertise and academic regulations.

Nurses, allied health professionals and pharmacists roles were expanding and more options were available to enable patients to have wider access to medication, Department of Health (2006). The Health Professions Council (HPC) and the Royal Pharmaceutical Society of Great Britain (RPSGB) have developed their standards as the professions allowed to prescribe has expanded.

The Strategic Health Authority, (NHS North West) proposed the nine NW universities collaborate to produce an e-learning tool to meet the curriculum of the three professional regulatory bodies. The aim of this collaboration was to standardise the course content and to pool the expertise from lecturers of nine universities, thus developing a community of practice, Wenger, (1998). The meetings are extremely proactive, enabling us to improve delivery of Non Medical Prescribing and respond to challenges of the professional regulatory bodies, i.e. NMC, HPC and the RPSGB. Among our successes are the achievements of, parity of programmes, a numeracy initiative, a large NW research project, conference presentations as well as the production of the NMP DVD which has now been launched across England.

Aim:

The aim of this presentation is to explore the strategies used to develop a collaborative approach to Non medical Prescribing education and identify the benefits for education providers, the non medical prescribing team and service users.

Learning outcomes:

At the end of the presentation the conference attendee will:

- Identify strategies to promote and support collaborative working
- Identify the potential benefits of collaborative working for different groups in relation to NMP

- 10.20-10.40 **Questions to Speakers and Panel Discussion in real time**
(If you would like to ask a question please ensure that you have access to a webcam and microphone)
- 10.40-10.45 **Summary**
Joseph McArdle
Assistant Director of Education and Commissioning
North West Strategic Health Authority, UK
- 10.45 **Close**
- 10.50 **Morning Tea for Delegates at Change Champions office = 23.50 Drinks, UK Team.**

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