



Clinically Governing Non-Medical Prescribing in an Acute NHS Trust in England

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Topic Areas

- Non-Medical Prescribing (NMP) in England
- Clinically governing NMP in an acute NHS Trust to include
 - Partnership
 - Audit
 - Strategy
 - Policy
 - Next steps





Overview of Non-Medical Prescribing in England

Department of Health (DH) mission for NMP:

- improve patient care without compromising patient safety;
- provide easier and quicker access for patients to the medicines they need;
- increase patient choice in accessing medicines;
- enable better use of the skills of health professionals.





Overview of Non-Medical Prescribing in England

Comprises:

- Nurse Prescribers Formulary for Community Practitioners
- Independent Prescribing (IP)
- Supplementary Prescribing (SP)

All NMP requires the undertaking of approved training and annotation of qualification





Nurse Prescribers Formulary for Community Practitioners

- Began in pilot form in 1997 for community nurses
- Can prescribe independently but from a limited formulary
- The Nursing and Midwifery Council (NMC) (2008) have now made this available to all registered nurses





Supplementary Prescribing (SP)

- Began in 2002 for Nurses and Pharmacists
- Physiotherapists, Podiatrists, Optometrists and Radiographers added in 2005
- SP allows any medicine stipulated on a clinical management plan to be prescribed following agreement by a doctor with the patients consent





Independent Prescribing (IP)

- Nurses, Midwives, Health Visitors, and Pharmacists have been able to independently prescribe any licensed medicine according to their knowledge and competence since 2006
- Optometrists added 2007 - any licensed medicine for conditions of the eye and surrounding tissue





Further Information

Department of Health (2006)

Medicines Matters

London: Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325





Clinical Governance

‘A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’ (Scully and Donaldson 1998)





Clinical Governance

Umbrella term comprising:

- Patient, Public and Carer Involvement
- Strategic Capacity and Capability Risk Management
- Staff Management and Performance
- Education, Training and Continuous Professional Development (CPD)





Clinical Governance

- Clinical Effectiveness
- Information Management
- Communication
- Leadership
- Team Working

http://www.cgsupport.nhs.uk/About_CG/default.asp





Partnership

- Further developing clinical governance for NMP in the Trust, provided opportunities for a University NMP course leader and a Trust NMP lead to work in partnership
- This partnership has taken the form of a structured working relationship





Outcomes of Partnership

1. Partnership working has been highly valued by commissioners. This is a quality indicator for both organisations
2. NMP has been developed, delivered and evaluated in the Trust. Further development and evaluation planned.
3. Course leader and course acquired greater clinical credibility





Outcomes of Partnership

4. Course leader works at least a day per week in the Trust supporting applicants, students, practitioners, mentors and managers with NMP
5. Rich opportunities have been provided for the Trust and University to work together on policy priorities
6. University and Trust links much more mature but for further evaluation





Audit

- Partnership working commenced with an audit in September 2006 of existing Trust non-medical prescribers
- 14 nurse prescribers responded using a questionnaire modified from an earlier regional audit
- Findings broadly matched those of Latter et al (2005)





Snapshot of Key Findings

- 9 nurses prescribing
- On average 12 items prescribed per week
- Revealed that nurse prescribers were safe according to regional NMP clinical governance priorities





Snapshot of Key Findings

- Medical mentor support valued both during course and after qualification – positive link to confidence levels
- Clinical supervision, audit and appraisal for NMP needed developing and embedding in practice
- Nurses keen to see IP developed, which coincided with the review date for Trust NMP strategy and policy





Strategy

The Trust strategy matches that of the DH plus it prioritises NMP in the following clinical areas:

- assessment for emergency patients, such as chest pain
- children's assessment
- pre-operative assessment, particularly in ophthalmics
- the management of long term conditions.





Strategy

The Trust also supports NMP to:

- prevent admission and reduce lengths of stay.
- ensure patient safety by reducing the over-reliance on 'standing orders' and/or the incidence of prescribing errors.
- maximise the use of skilled health professionals by encouraging NMP in specialist/advanced roles





Policy

- Rewritten in 2007 incorporating DH and regulator standards
- Governs NMP from the identification of individuals for training through to prescribing practice





Policy

- As a result of the findings from the audit, the following were embedded in the policy:





Policy

- Support from an experienced NMP in training
- Buddying post qualification
- Clinical supervision
- Appraisal
- Audit of prescribing
- Continuing Professional Development (CPD)
- Non-medical prescribers identified on Trust intranet.





IP Proforma

- The policy also implemented IP for Nurses and Pharmacists
- Completion and Trust approval of proforma required before IP permitted





IP Proforma

Required detail:

- Therapeutic area
- Clinical evidence and competence
- Lead doctor and manager approval
- CPD, clinical supervision, audit, and appraisal intentions.



INTENTION TO PRACTICE AS AN INDEPENDENT NURSE OR PHARMACIST PRESCRIBER

Please complete this form electronically, enlarging where necessary, then print and sign and arrange manager/lead clinician to sign.

Name:

Base:

Role:

Telephone extension:

DISEASE AREA TO BE PRESCRIBED FOR	EVIDENCE OF COMPETENCE TO PRESCRIBE IN THIS AREA	CPD UNDERTAKEN SUPPORTING PRESCRIBING IN THIS AREA	PLEASE STATE ITEMS TO BE PRESCRIBED AND GUIDELINES OR ATTACH PROTOCOLS WORKED TO
<i>e.g. asthma</i>	<i>e.g. 10 years experience or asthma diploma (or whatever applies)</i>	<i>e.g. Formal updates, courses attended, (or whatever applies) Please give as much detail as possible including dates.</i>	<i>e.g. You may list items to be prescribed in full or make reference to guidelines, BNF subsections or the Trust formulary. However your prescribing intentions must be clear and the evidence base identified</i>

<p>Have you received a prescribing related appraisal in the last 12 months?</p> <p><i>If so, please specify when and with whom.</i></p> <p><i>If not please identify when and with whom this will take place.</i></p>	
<p>Do you receive clinical supervision for your prescribing role?</p> <p><i>If so, please give a brief description.</i></p> <p><i>If not identify here how you will ensure you receive clinical supervision for your prescribing role.</i></p>	
<p>What plans do you have to audit your prescribing?</p> <p><i>Please provide a brief description.</i></p>	
<p>Have you identified any CPD needs relating to prescribing and if so, how do you plan to address these needs?</p>	

Independent non-medical prescriber's signature;

.....

Date:

My intended scope of prescribing practice has been discussed and agreed with my manager and lead clinician

Ward/Department Managers or Matron's name:

Ward/Department Managers or Matron's signature:

Date:

Lead Clinicians name:

Lead Clinicians signature:

Date:

If prescribing for children section 6.1 of the Trust non-medical prescribing policy requires that a consultant paediatrician must endorse this proforma below.

Date:.....

Consultant Paediatrician's name:.....

Consultant Paediatrician's signature:.....

Please send a paper copy signed and electronic copy of this completed document to Susan Walker, Deputy Chief Nurse and Trust Non-Medical Prescribing Lead, e-mail – susan.walker2@midyorks.nhs.uk

For office use only:

Date received:

Date approved by Medicines Management Committee:

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IP Proforma - Additions

- Additions form required to be completed and approved when an individual's IP changes





Patient Information

- NMP patient information devised, approved and implemented





Children and Young People

- To comply with NMC requirements the policy ensures that only staff with relevant knowledge, competence, skills and experience for children and young people should undertake NMP for this group.
- Consultant Paediatricians required for mentoring and to approve IP proforma





Next Steps

- Maintenance of governance arrangements
- Continued NMP audit – recent validation
- Employer verification of numeracy and competence before NMP training
- Evaluation of NMP strategy, policy and patient information

