



Using online tools to develop practitioners and protect patients

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Purpose of workshop

- To outline how and why the NHS Northwest have developed and used an electronic tool to audit systems and process that underpin non medical prescribing.
- To demonstrate how this tool fits into overarching infrastructure and strategy.
- To provide tips and key points for consideration if participants wished to develop their own online systems including opportunity to test your own ideas.
- To provide details of the findings of the audit and how they are used to improve practice through the network.

The Northwest NHS

- Serves population of over 7 million
- 2nd largest strategic health authority in England.
- Oversees health care expenditure of £9.5 billion (A\$ 20bn), for 24 primary care trusts, 29 acute trusts, one ambulance and one care trust, plus 11 mental health trusts.
- Works with 2 medical schools and 2 post graduate medical deaneries.
- Spends £650m (A\$1.4bn) on Health Care Education



Positive Action on non medical prescribing

- Since 2002 invested over £6.2m (A\$13.2m) into training of non medical prescribers.
- 4694 non medical prescribers with 29% independent/supplementary
- Key successes:
 - 9 universities working together to common curricula
 - Supported by single multi-professional e-learning package (www.nmplearningnw.org)
 - numeracy consortium
 - Common patient group directions training
 - Common marketing DVD
 - Regional wide research based evaluation strategy
 - Working to embed into medical training



Concerns on non medical prescribing

- Misgivings by some medical colleagues on risk to patient

Why do we invest so much

- Significant benefit to the patient and service model.
- Here are some of our clinicians who highlights the potential benefit

Background to audit

- Good practice
- Self assessment
- Support and guidance
- Growing evidence
 - Benchmarking
 - Demand
 - Setting priorities





The development process

- Review existing standards and requirements from regulators, educationalist and paper audit.
- Identified 3 key areas to address quantifiable and qualitative data. Performance, demand and organisational readiness
- One off snap shot or trend analysis
- Best fit with agreed research model
- Electronic or paper based – ability/capacity to analyse.

Electronic process



- Developed project mandate
- Jenny Furlong as project manager
- Cost less than £1k (A\$2.1k)
- Ability to export data

Hints and tips – development risks

- Can you provide a list of what the key hidden barriers are and what tips you have for audience?

Workshop exercise

- In your groups reflect on a piece of work that you may wish to take forward, in your groups discuss and consider what you can do to minimise any conflict with your web developer!!.



The finished product

- Link

<https://wsecure.wirral.nhs.uk/nmpaudit>



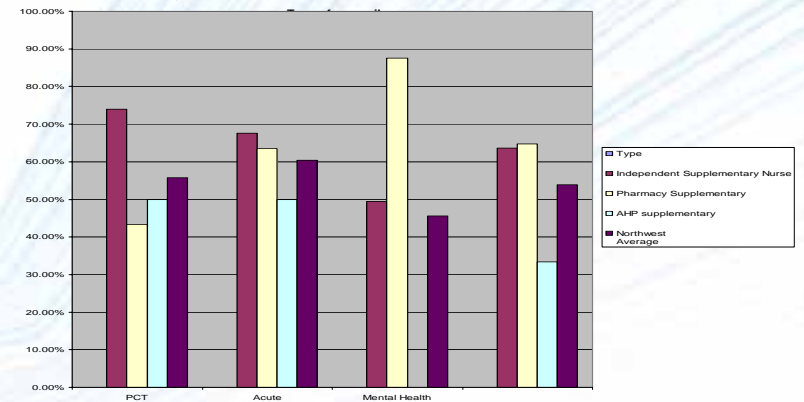
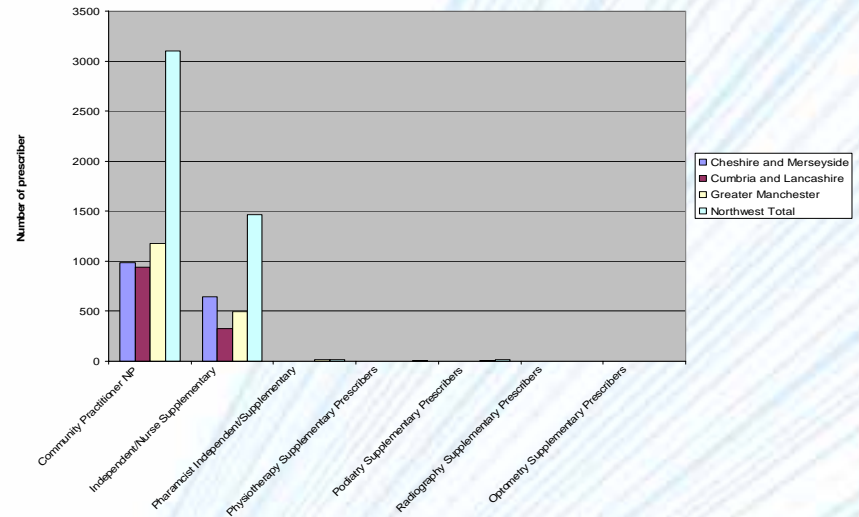
Key Results of online audit tool

Findings across the three zones

Key messages (1) - Performance

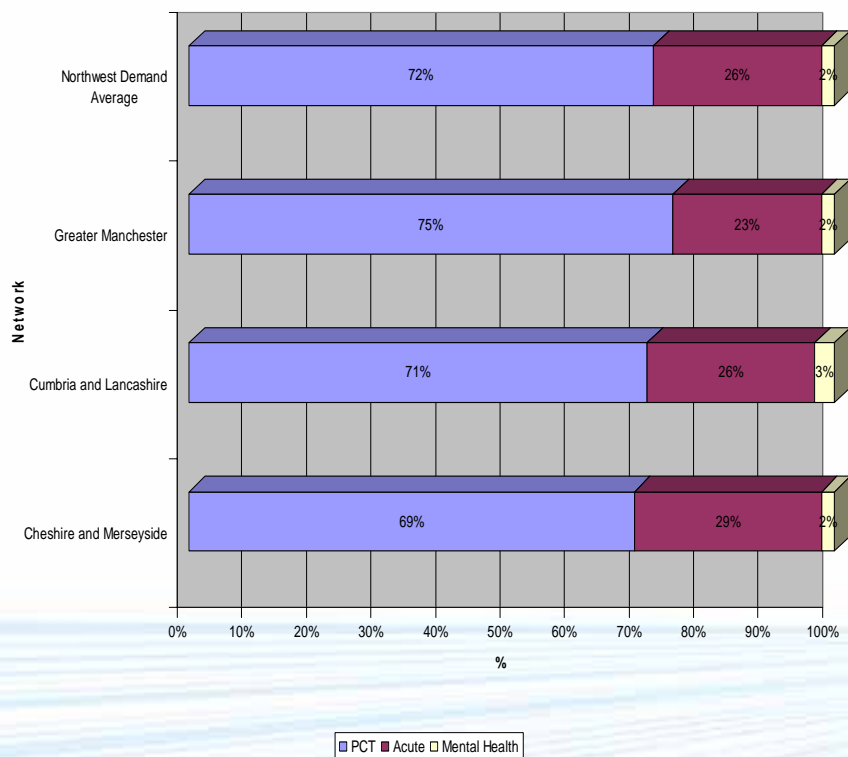
- Total of 4694 non medics with the skills to prescribe
- Significant number of prescribers are those who went through the old v100
- Just under 1500 independent/supplementary nurse prescribers
- On average 57% of those trained actively prescribe
- Table 2 shows that acute trusts are more successful in enabling their staff who are trained as non medical prescribers to prescribe (60%)

Total Prescribers by Zone



Key message (2) - demand

Proportion by type of organisation



Future demand for Non Medical Prescribing

Type	C&M	C&L	GM	NW
Community Practitioner NP	49	18	113	180
Independent/Nurse Supplementary	23	13	24	60
Pharmacist Independent/Supplementary	41	30	38	109
Physiotherapy Supplementary Prescribers	8	0	12	20
Podiatry Supplementary Prescribers	7	5	17	29
Radiography Supplementary Prescribers	1	0	1	2
Optometry Supplementary Prescribers	5	0	4	9
Total	134	66	209	409

- Greater demand remains in primary care
- Demand decreasing?
 - Test proportion for pharmacists range :18% - 45%
- Resource allocation proxy?
 - CM 33% C&L 16% GM 51%

Key message (3) – Organisational ownership

- 28% of non medical prescribing leads do not have responsibility for pharmacy prescribers (9% GM 31% CL)
- 37% of organisations DO NOT have a non medical prescribing strategy (23% GM 54% CL) but of those that do 54% have had it ratified by board (72% GM 15% CL)
- 8% do not have non medical prescribing policies (5% GM 8%CL)
- 74% do have a clinical governance framework for non medical prescribing
- 10% take part in joint selection with the universities (9% GM 15% CL)
- 22% of organisations do not have a system in place to monitor non medical prescribing (18% GM 31% CL)
- 59% of organisations are unable to identify the frequency of prescribing quantity for each qualified prescriber (55% GM 62% CL)

ISSUE	CM	CL	GM	NW Ave
% of non medical prescribing lead who have responsibility for pharmacy prescribers?	57%	69%	91%	72%
% of organisations with non medical prescribing strategy	65%	46%	77%	63%
Of those that do what % which has had the strategy ratified by board?	52%	15%	72%	46%
% of organisations who have non medical prescribing policies in place.	96%	85%	95%	92%
% of organisations who have steering group to oversee non medical prescribing	74%	62%	72%	69%
% of organisations who have clinical governance framework for non medical prescribing	92%	54%	77%	74%
% of organisations who participate in joint selection process	90%	15%	9%	38%
% of organisations who have local policies to support newly qualified prescribers	57%	62%	55%	58%
% of organisations who offer clinical supervision to non medical prescribers	70%	85%	73%	76%
% of organisations who have systems in place to monitor non medical prescribing.	83%	69%	82%	78%
% of organisations who are able to monitor the frequency of prescribing activity for each non medical prescriber	39%	38%	45%	41%

Benefits of the audit

- Trusts have been able to further develop their relationships with each other.
- SHA invests in network of organisational leads
- One leads sets out her views of benefit.



Using a network to share best practice.

Jan Snoddon

The non medical prescribing lead network

- 2 networks reflect structures of medical training – NW Deanery/Mersey Deanery
- Builds upon organisational experiences.
- Keeps leads updated on best practice and ability to share frustrations.
- Act as communication conduit
- Develops partnership – cross sector/organisation
- Promotes best practice
- Provides testing ground for future work.





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Summary

- Audit is snapshot of where we are at any one time – the real benefit will be in the repeat exercise so trends can be analysed.
- 99% return with 98% fully complete, those not return will lose chance of commissions
- Excellent organisations recognised and challenge is to share frameworks
- For 08/09 reports to be published by Trust
- Recognised as good practice nationally/internationally
- Informs research evaluation so rounded view can be seen

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Final words from the Department of Health

- Paul any advice for the audience?
- What do you think are the opportunities for both existing and potential non medical prescribers to “improve patient safety in medication?”



Closing words

- “Developing personal networks is based on the principles of reciprocity (exchanging things with others for mutual benefit) and confidentiality. People only want to network if there are mutual benefits from exchanging information and other resources.”

Healthcare Workforce 2007

- The SHA recognises the benefits to the patient that focused networks provide and believe these extend beyond the boundaries of organisations, regions and countries. This workshop is a further opportunity to take this forward.