

# Non Medical Prescribing

Alison Hogg

# DRIVERS FOR CHANGE

- Cumberlidge report
- The NHS Plan – 2000
  - Modernising the NHS
  - Patient centred services
  - More flexible
  - Improved access
  - Better use of resources
  - Challenge existing roles
- Change to junior doctors working hours
- Change to GP contracts
- Change to Community Pharmacists contracts

# New GP Contract -Changes to working patterns

## Out of hours-

- Between 17.30 - 08.00
- Bank Holidays
- Weekends
  - can use alternatives e.g.
    - NHS Direct/24
    - Walk in centres
    - GP co-ops
    - Community nursing teams
    - Emergency care Practitioners
    - commercial deputising services

# Overview of Community Pharmacy Services

## New Contract

Started 1<sup>st</sup> Apr 2005,

- Benefits
  - Improve access to community pharmacy
  - Expand range of services provided
  - Make better use of pharmacist skills
  - Help reduce workload pressures on GPs and Dentists
- 3 levels of service: Essential, Advanced, Enhanced

# Enhanced Services

- Primary Care Trusts [PCT's] may commission to meet local need
- May implement recognised services or develop own initiatives

## Suggested Enhanced Services

Minor Ailments  
Smoking Cessation  
Supervised  
Administration of  
Medicines  
Anticoagulant  
Monitoring

Needle Exchange  
Schemes  
Care Home Support  
Emergency Hormonal  
Contraception  
Schemes  
Medicines Review

# Patient Group Directions

- **A policy written by Dr, Senior Manager, Pharmacist, and Senior professional from Profession using the PGD.**
- **Authority comes from the organisation – accountability also falls with organisation**

**Not prescribing**

# Patient Group Directions

- Legislation to improve access to medicines
- No individual prescription but Dr signs instructions for Specific Patient Group
- Named health professional authorised to:

**Supply a pre-labelled, fixed quantity medicine or**

**Administer fixed quantity medicine**

## Supply by PGD

Minor Injuries clinic

Walk-In Centre

Family Planning Clinic

Genito-Urinary Clinic

Ante-Natal Clinic

Diabetic Clinic

Paramedics

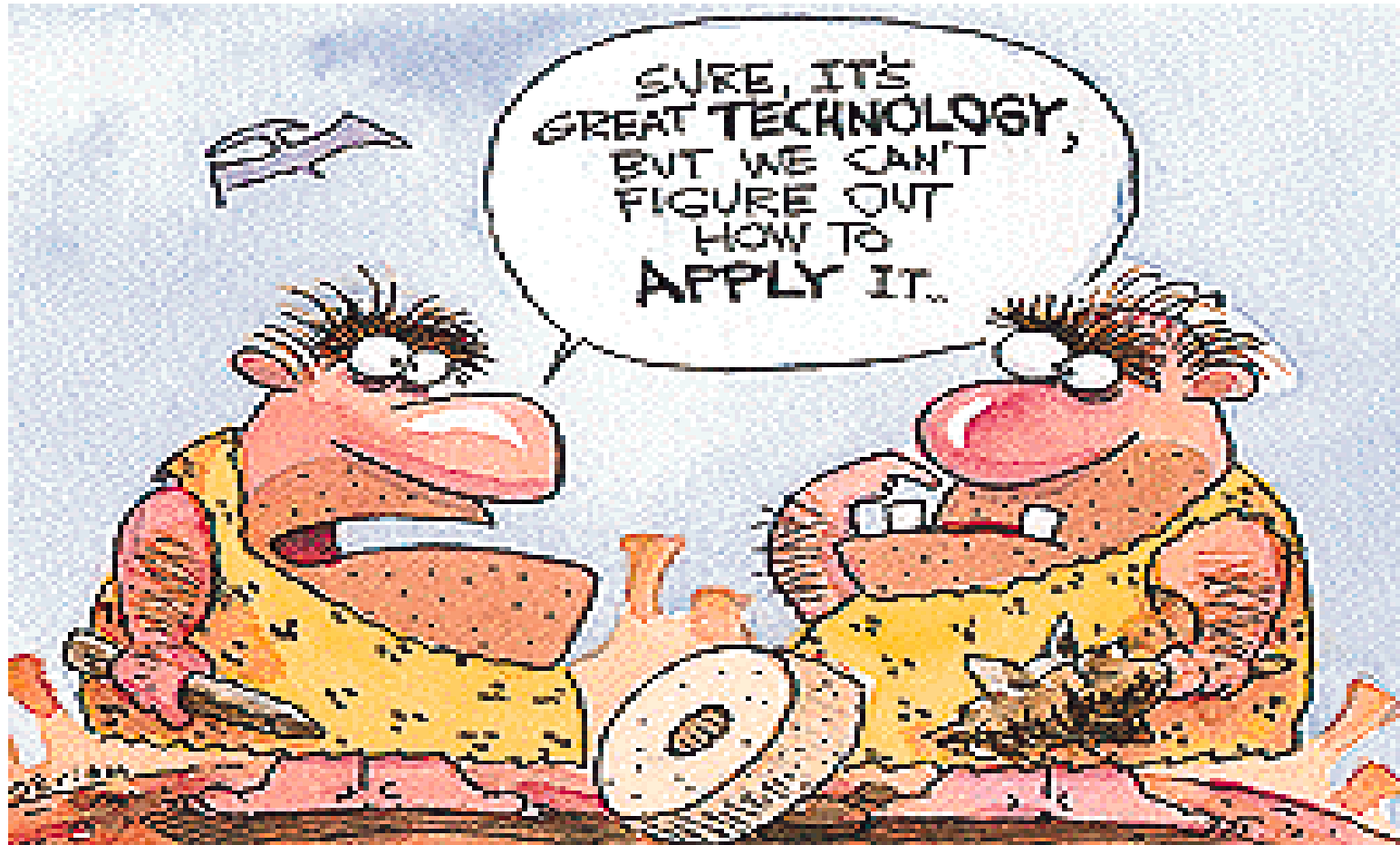
and more...

# Specific exemptions

Specific exemptions in medicines legislation to supply or administer medicines e.g. midwives, podiatrists, paramedics

**Not prescribing**

# EARLY PRESCRIBING



# THE HISTORY



**1986**

Recommendation for nurses to take on prescribing role  
[Cumerlidge Report]

**1998**

- DOH introduced the Nurse Prescribers formulary for District Nurses and Health Visitors in England.

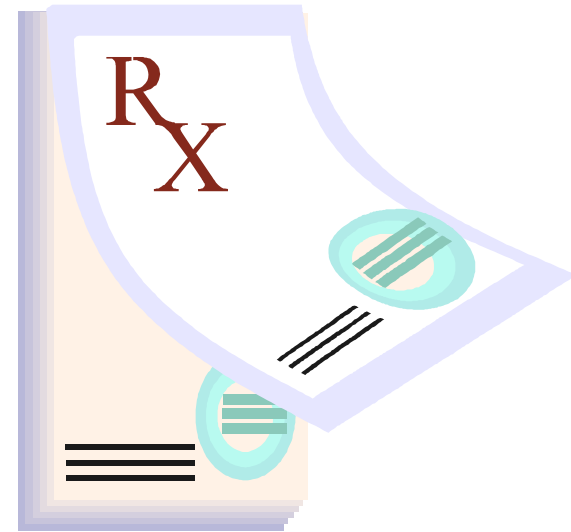
# THE HISTORY

## 1999

- Crown Report recognized potential for extending nurse prescribing

## 2002

- Nurse Prescribers Extended Formulary (extended again in 2003 and 2004)



# THE HISTORY

Meanwhile –  
back in 1999

Suggestion of  
supplementary  
prescribing

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"If you're stumped, why not write an illegible prescription  
and hope the pharmacist comes up with something?"

# THE HISTORY



**2003**

Supplementary prescribing training for nurses and pharmacists began

**2005**

Supplementary prescribing training for allied health professionals began

# THE HISTORY

**1<sup>st</sup> May 2006**

- Prescribing powers extended for nurses, midwives and pharmacists
- Independent prescribing



# Independent Prescribing

- DH definition

Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription. Doctors, dentists and some nurses are independent prescribers.

# Supplementary Prescribing

- DH definition

‘... a **voluntary prescribing partnership** between an independent prescriber and a supplementary prescriber, to implement an agreed patient-specific **clinical management plan** with the **patient’s agreement.**’

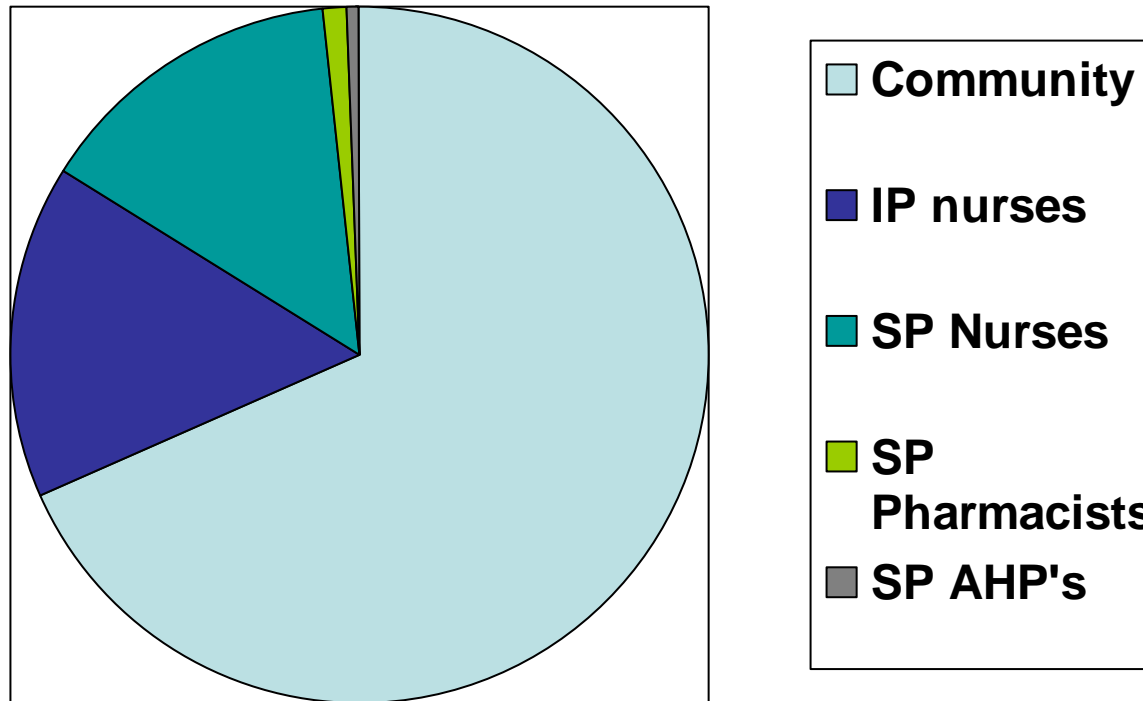
# Who can prescribe medicines? (Independent Prescribing)

<b>Doctor</b>	<b>BNF</b>
<b>Dentist</b>	<b>Dental Formulary [NHS]</b>
<b>Community Specialist Nurses, District Nurses, Health Visitors, Practice Nurses, School Nurses</b>	<b>Nurse Prescribers' Formulary for Community Practitioners</b>
<b>Nurse / Midwife/ Pharmacist qualified as an Independent Prescriber</b>	<b>Any Licensed Medicine including some CDs (nurses only)</b>

# Who can prescribe medicines? Supplementary Prescribing

<b>Nurse, Midwife, Pharmacist</b>	<b>Allied Health Professional</b>
General Sales List Pharmacy Only Drugs Prescription Only Medicine Controlled Drugs	General Sales List Pharmacy Only Drugs Prescription Only Medicine

# Non Medical Prescribers



DoH 2006

# EDUCATION

# Entry Requirements

- Registration
- Practice
- Support
- Approved medical practitioner
- Relevant post qualifying experience
- Academic ability

# Curricula development

- Department of Health
  - Nursing and Midwifery Council
  - Royal Society Pharmacists Great Britain
  - Health Professions Council

# Inter professional education

3 Universities working together to develop one inter professional programme to be delivered at the three Universities

**ALISON  
HOGG**

**PETRA  
CLARKE**

**DIANNE  
BOWSKILL**





AHP'S



NURSES



PHARMACISTS



Non Medical Prescriber

NON MEDICAL PRESCRIBING

# Barriers to Overcome

WORKING WITH  
OTHER UNIVERSITIES

VALIDATION AND  
PROFESSIONAL  
BODIES

FIT FOR PRACTICE

PROFESSIONAL  
DIFFERENCES



# Programmes Developed

## Undergraduate Practice Certificate in Non Medical Prescribing

- Independent and Supplementary Prescribing for Nurses
- Supplementary Prescribing for Pharmacists and Allied Health Professionals

# Programmes Developed

## Post Graduate Practice Certificate in Non Medical Prescribing

- Independent and Supplementary Prescribing for Nurses
- Supplementary Prescribing for Pharmacists and Allied Health Professionals

# Perceived shared professional content

- Influence on and the psychology of prescribing
- Prescribing in a team context
- Evidence based practice and clinical governance in relation to nurse prescribing
- Legal policy and ethical aspects
- Professional accountability and responsibility
- Prescribing in a public health context
- Supplementary prescribing

# Perceived professional content differences

Consultation, decision making theory, including referral

Clinical pharmacology, including the effects of co-morbidity

# Assessment

## Course Work 1

- Practice
- OSCE on consultation skills
- Clinical Management plan

## Course Work 2

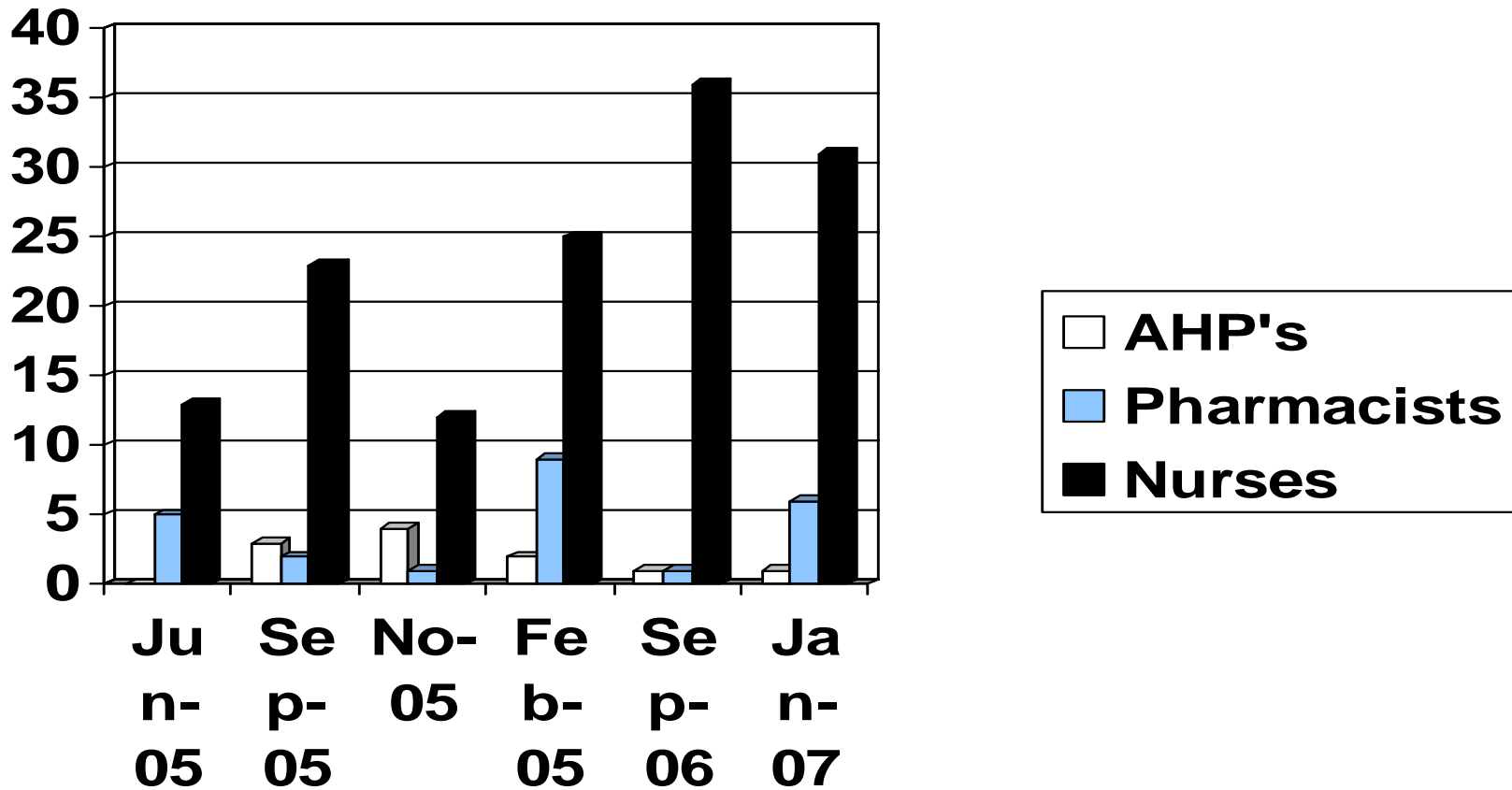
- MCQ
- Poster presentation
- Short answer questions

## Course Work 3

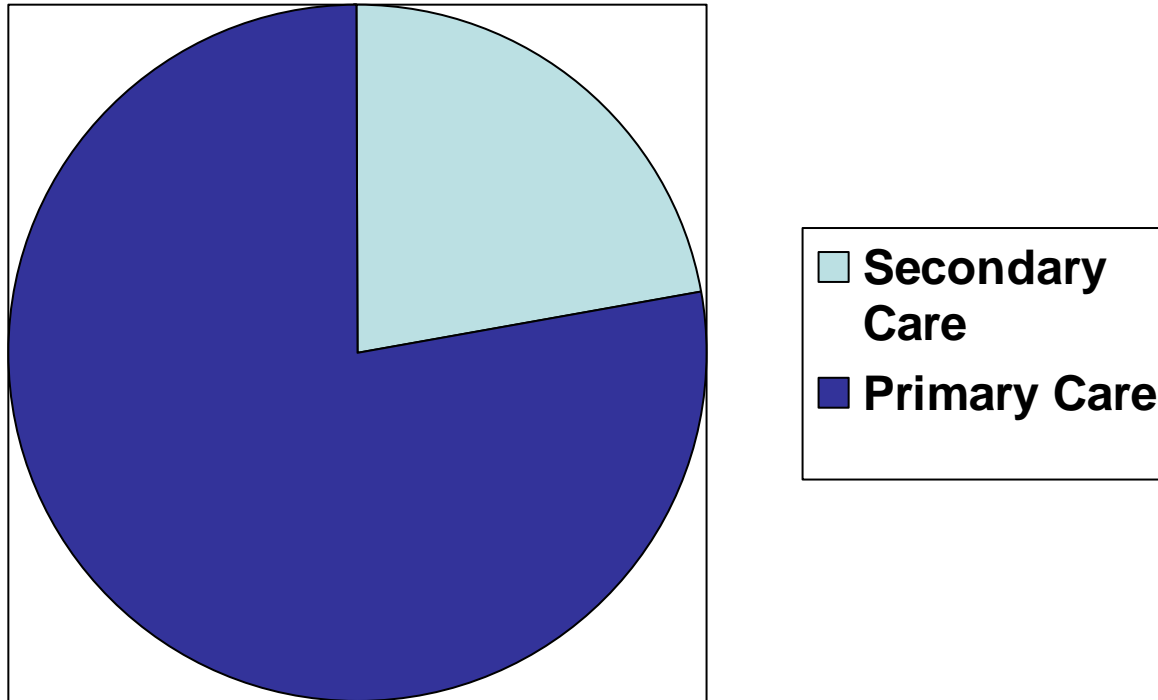
- Reflective assignment

# STUDENT DATA

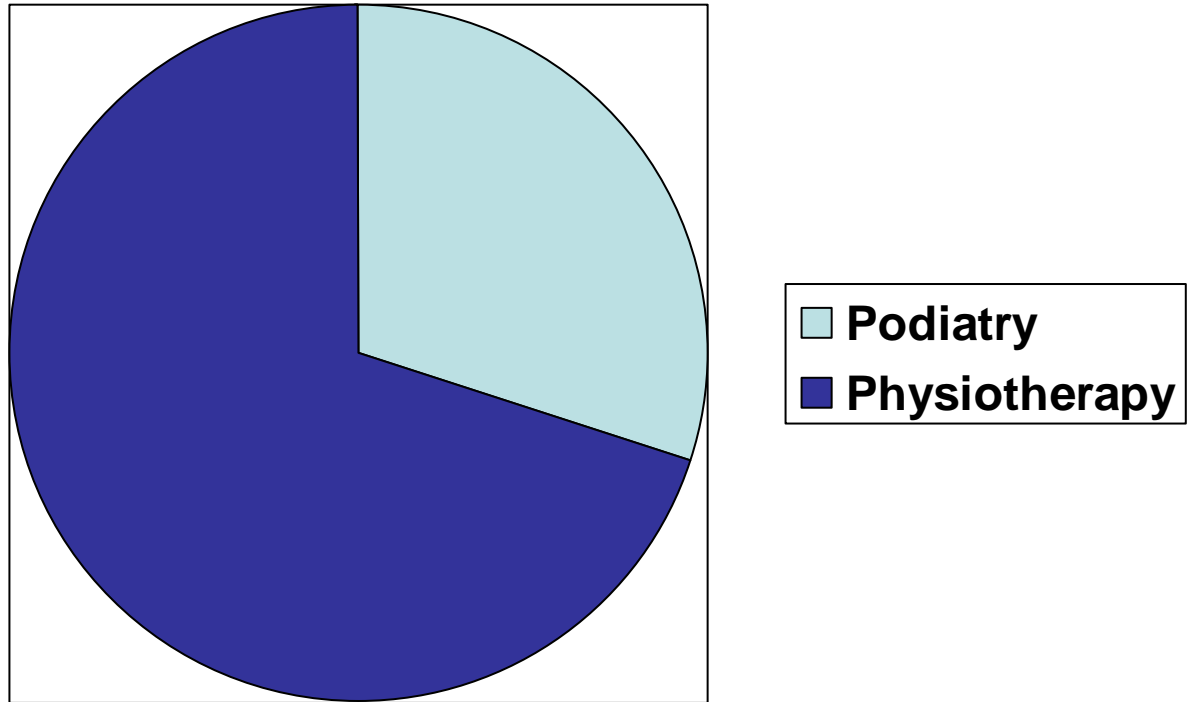
# Cohort Profiles June 05 - 07



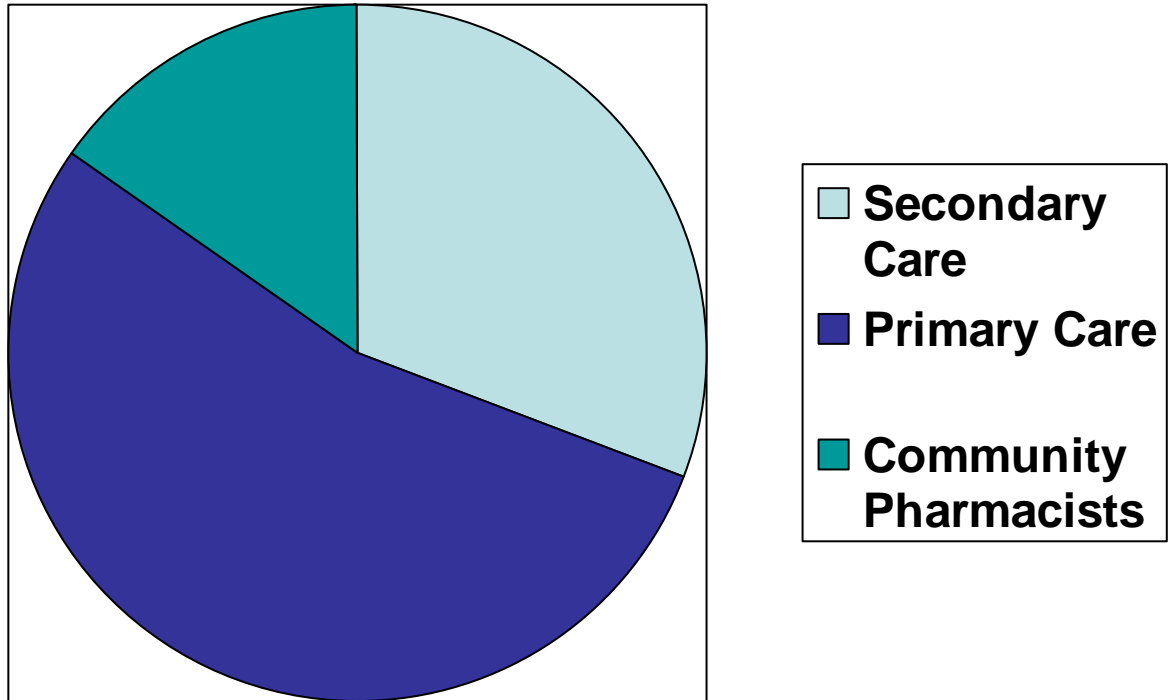
# Professional Profiles Nurses



# Professional Profiles AHP's



# Professional Profiles Pharmacists



# ISSUES

# The Issues

- **Previous constraints**
- **Relaxing of regulations**
- **Service requirement for competence**
- **Challenge of service release**
- **Varied backgrounds of student**
- **Varied prescribing roles**
- **Joint registration for IP & SP**
- **CPD**

# Future Issues

- **Extension of independent and supplementary prescribing to other professional groups**
- **Pre registration education**
- **Role/skills development**
- **Role/skills dilution**
- **Level of prescribing education**
- **Clinical governance**
- **CPD**