



Advanced Practice and Prescribing

Kate Davies

Associate Professor

Paediatric Prescribing & Endocrinology



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SfE BES 2021 – Conflict Of Interest

Name: Kate Davies

☐ I have the following potential conflicts of interest to report:

- ☐ Research Contracts
- X ☐ Consulting
- ☐ Employment in the Industry
- ☐ Stockholder of a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)



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Associate Professor, Paediatric Prescribing & Endocrinology
London South Bank University

Honorary Clinical Research Fellow in Paediatric Endocrinology
QMUL / Barts and the London NHS Trust / University College London NHS Trust

Introduction

- NMP – what is it?
- NMP in the UK
- Impact on UK healthcare
 - Access and efficiency
 - Patient Safety
 - Patient centered care
- Emphasis on communication
- Consultation skills
 - Clinical assessment
 - Prescribing process
 - Legal and professional issues
- Role within Endocrinology



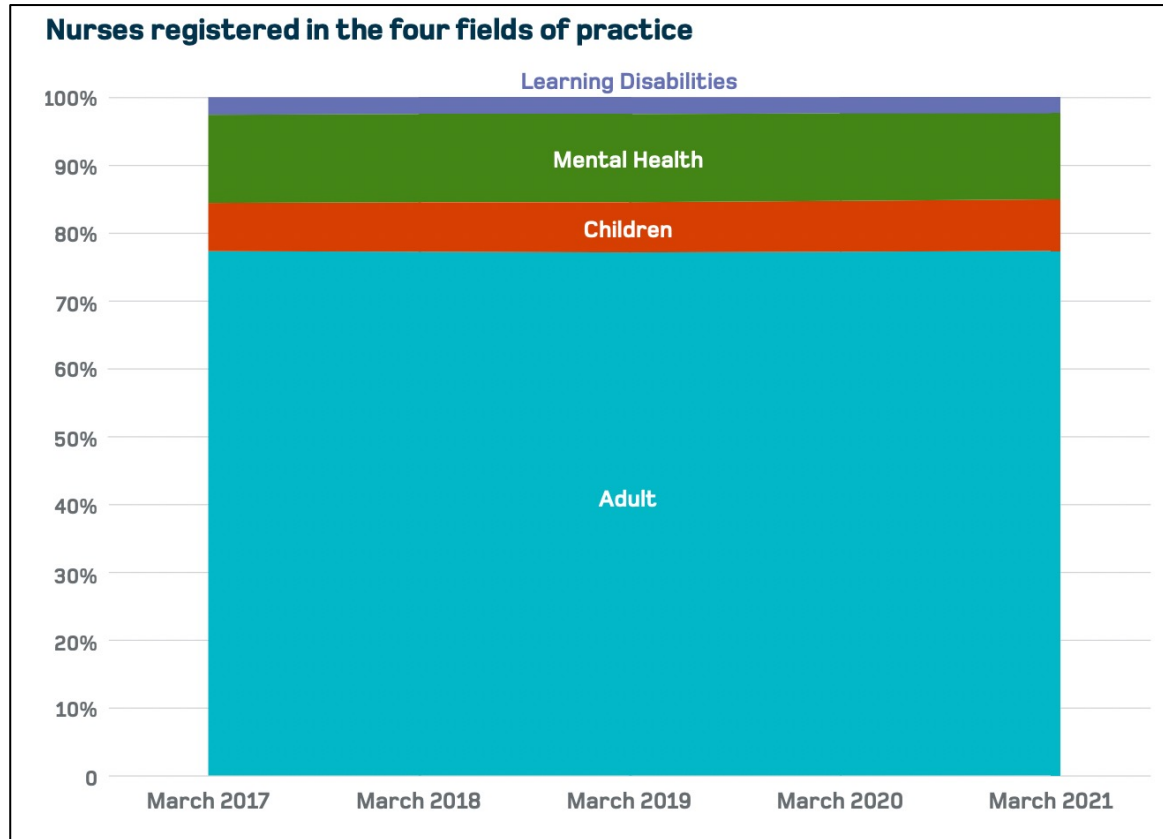
Non Medical Prescribing (BNF, 2021)

- Used to describe any prescribing completed by a health care professional other than a Doctor or a Dentist
- Independent Prescriber
 - Practitioners who are responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.
 - They are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved non-proprietary name
- Supplementary Prescriber
 - A partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber implements an agreed Clinical Management Plan for an individual patient with that patient's agreement



NMP in the UK (NMC, 2021)

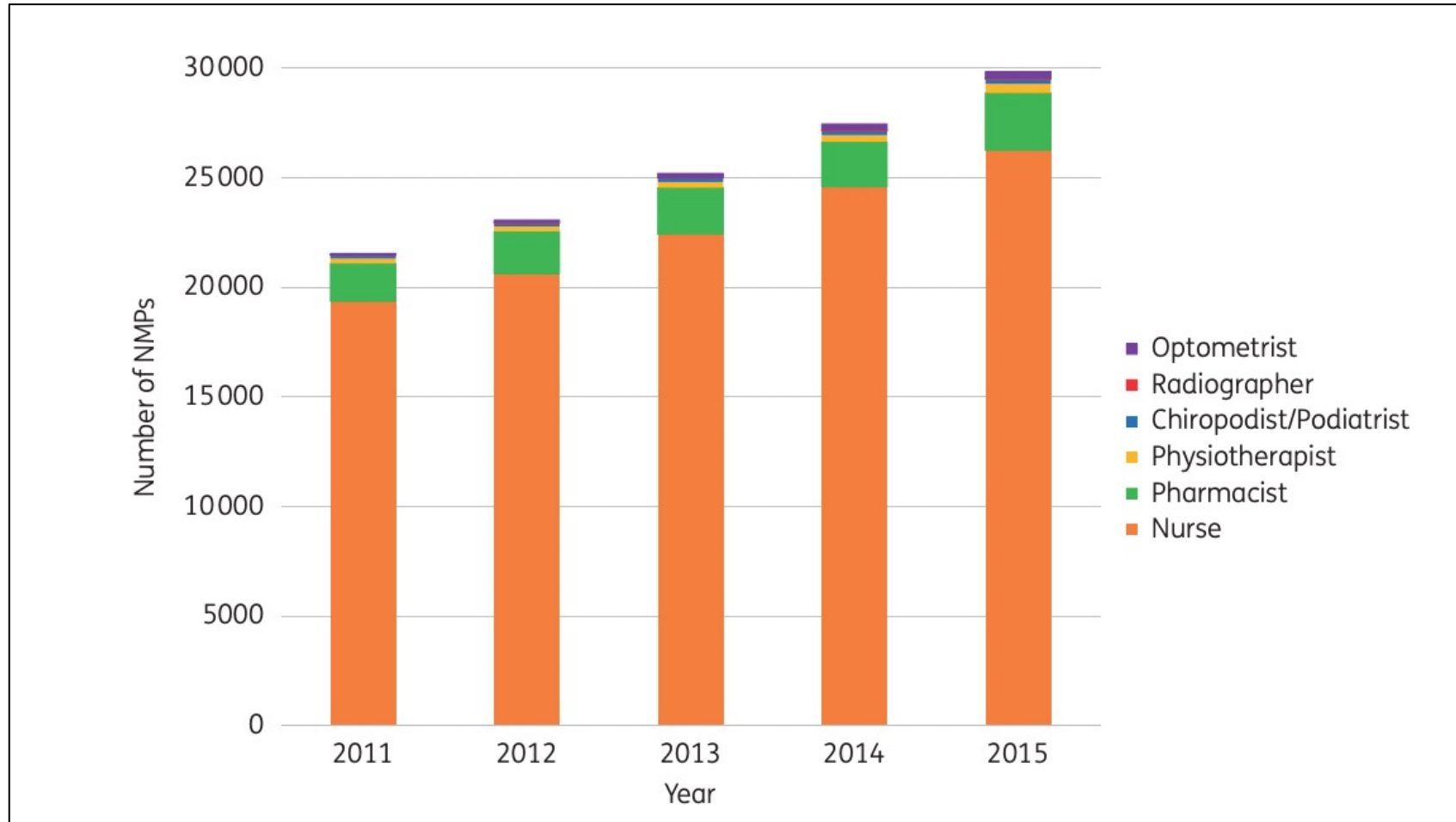
- March 2021
 - 732,000 Nurses / Midwives on the NMC register
 - 50,693 are Nurse Independent / Supplementary Prescribers



7%



2015 Statistics



Courtenay et al (2017)

Impact on UK healthcare



Carey & Stenner (2011)

Access and Efficiency

- Prescribing enables NMPs to work more independently
 - Increasing convenience and speed with which patients receive their medications
- Involving fewer people in patient's care
 - Reduces waiting times
 - Increases efficiency of appointments
- Prescribing allows NMPs to make more effective use of their knowledge and skills (ANP / ACP)
 - Improve continuity of care



Access and Efficiency

- Increasing numbers of prescribers
 - Patients can access services
 - Increased the number and flexibility of appointments
 - Availability of telephone advice
 - Supported the provision of nurse and pharmacist led services (RCN, 2012)
- Doctors
 - Make better use of their time
 - Focus on more complex pathology



Patient safety

- Patient safety improved
 - NMPs assessing their own patients
- Patient satisfaction increased
 - Inspired by high level of specialized knowledge
 - Continuity of care
- NO reports of poor NMP prescribing
 - Highlights the high standards of education
- Diabetes – think how this can impact other aspects of endocrinology?



Patient centered care

- Nurses more approachable than Doctors!
 - **COMMUNICATION!**
- Patients will share information
 - Understand their condition better
 - Adherence
- Higher levels of satisfaction with medicine related information
- NMPs / ACPs – greater expertise than a typical GP

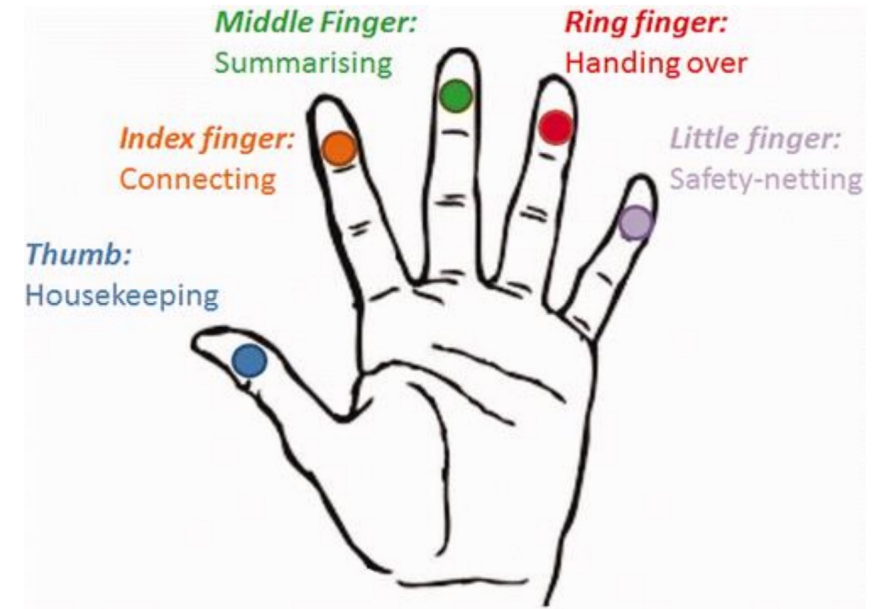


The Consultation



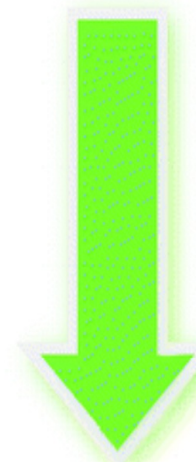
Consultation models (Denness, 2013)

- Learning aids to help develop consultation skills
- Byrne and Long (1976)
- Hellmann's Folk model (1981)
- Pendleton et al (1984)
- Neighbour (The Inner Consultation) 1987
- Calgary Cambridge (Kurtz and Silverman) (1996)



Providing structure

Building the relationship



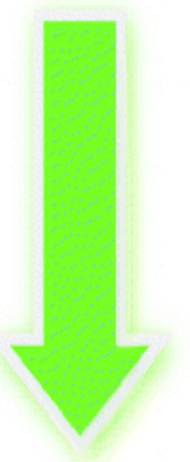
Initiating the session

Gathering information

Physical examination

Explanation and planning

Closing the session

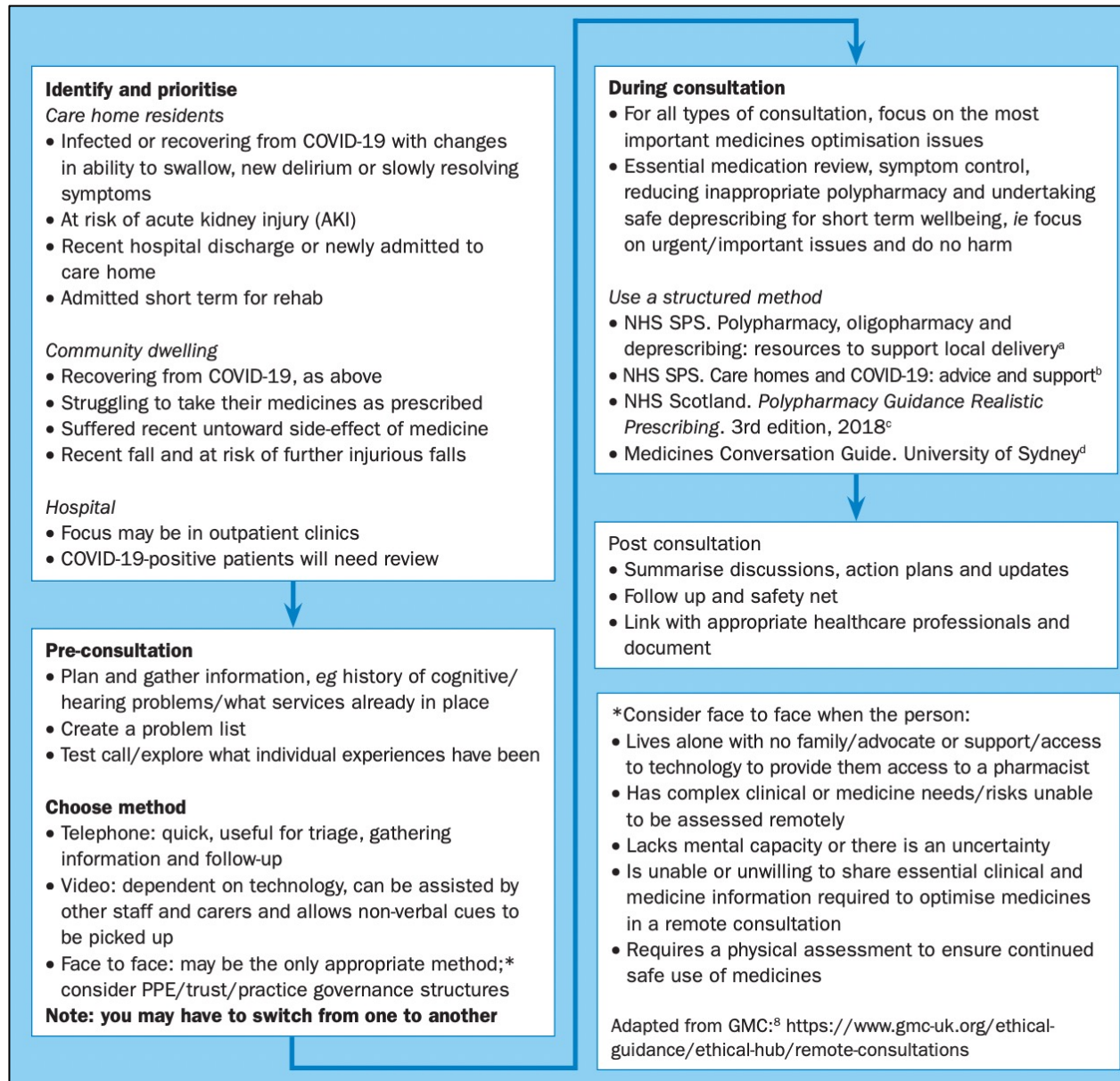


Communication with children

- The Me First Communication model (Martin et al, 2019)
 - Puts the Child / Young Person at the centre of conversations and decisions about their healthcare



Older people (Agnew, 2021)



C	Consider remote consultation or not	<ul style="list-style-type: none"> • What's needed? Information (email/text) phone, video or face to face (F2F)?
O	Organise and test technology	<ul style="list-style-type: none"> • Are software and hardware working? • Can I use them confidently?
N	Necessary requirements to hand	<ul style="list-style-type: none"> • Clinical records, environment (quiet, lighting, camera), equipment available, recording method?
S	Start the consultation purposefully	<ul style="list-style-type: none"> • Can you hear and see each other? • Others present (carers, interruptions)? • Explain oddities, taking notes • Agree agenda (both) • Outline structure, manage expectations (time)
U	Undertake the review	<ul style="list-style-type: none"> • Use your standard process, eg '7 Steps' medication review (NHS Scotland) • Remember to keep person-centred • Triage and arrange F2F if needed
L	Listen and agree next steps	<ul style="list-style-type: none"> • Use shared decision making (benefit/risk, alternative, no action) • Check in and summarise often • Offer information and organise new appointment if needed
T	Terminate appropriately	<ul style="list-style-type: none"> • Both you and patient summarise actions • Remember safety netting, describe • Be the last to leave the call
Permission from Nina Barnett, co-author of: Barnett N, Jubraj B. Remote consultations: how pharmacy teams can practice them successfully. <i>Pharm J</i> [online]. July 2020 ³		

History taking – adapting the Calgary Cambridge Model

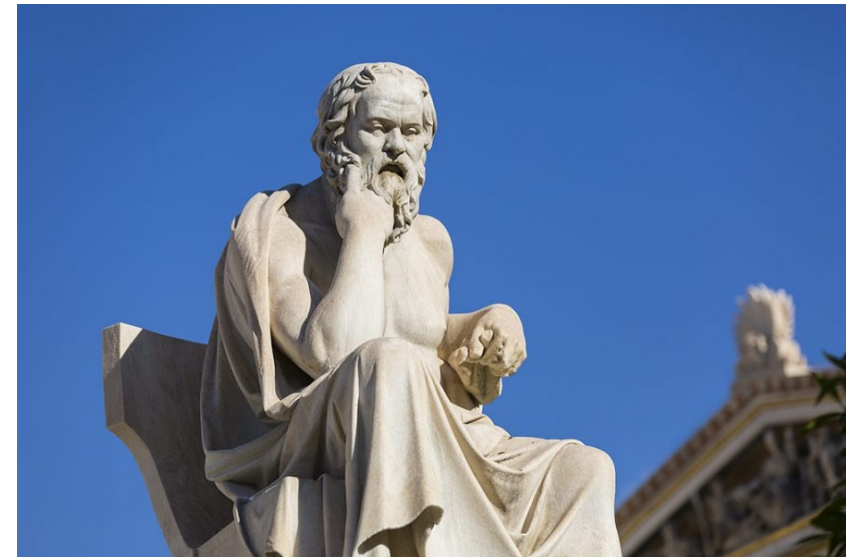
- Initiating the session
- Gathering information
- Providing structure to the consultation
- Building the relationship
- Explanation and planning
- Closing the session



Presenting complaint

- Tell me why you are here?
- Record the primary problem in their own words
- Establish chronology
- When did the symptoms start?
- Was there anything happened before that? Other problems before that?
- Duration of symptoms?
- Has this happened before?
- Allow them to talk, tell the story
- Record this in a chronological manner
- How have those symptoms progressed or changed?

- Mnemonics...
- **SOCRATES** (Pain)
- **OPQRSTU** (Presenting complaint)
- **SCREEN** (Family history)
- **SSHADESS** (Young people)



History taking - pain

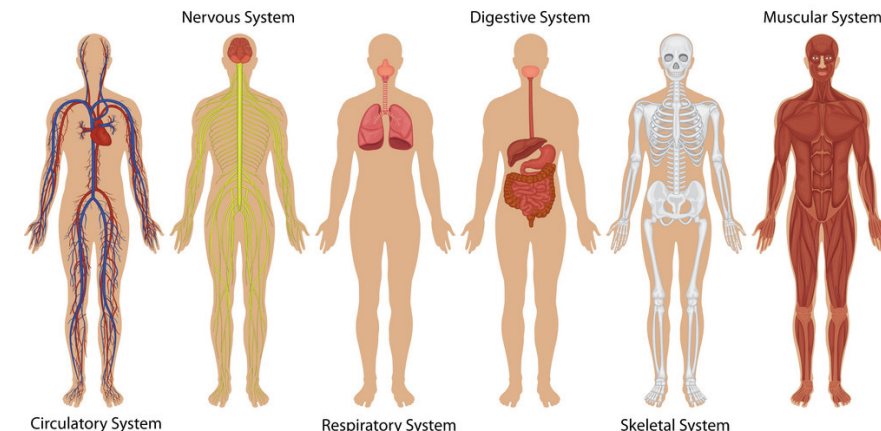
- **Site**
 - **Onset**
 - **Character**
 - **Radiation**
 - **Associations**
 - **Timing**
 - **Exacerbating**
 - **Severity**
- Where is the problem/pain
 - When did it start? Gradual? Sudden?
 - What does it feel like? Describe it
 - Does it move? Change? Spread?
 - Other symptoms associated?
 - Patterns. Worse on moving? In the morning? At night?
 - Feather pillows / duvet
 - Lying down
 - Damp / mould in bedroom
 - Raised ICP
 - What makes it better? Worse?
 - Taken anything to help
 - Can you rate it? 1-10?

Presenting Complaint

- **O**ther people
 - **P**rovocation
 - **Q**uality
 - **R**egion
 - **S**everity
 - **T**iming
 - **U** – What do YOU think?
- Other people sick? In the family? School?
 - What makes it better? Worse?
 - How does it feel or look?
 - Where is the symptom? Region? Radiating?
 - Severity of symptoms
 - Onset, frequency, duration
 - Ask the patient / carer?

Other factors to consider

- Past medical history
- Medications and allergies
 - Prescribed - Polypharmacy
 - Over the counter
 - Internet sourced
 - Recreational
 - Herbal / Chinese
 - Friends and Family
 - Adherence
- Immunisations – COVID 19
- Pregnancy / Birth / Development
- Family history
- Social history – Safeguarding?
- Sexual history
- Travel history
- Systems review and clinical assessment



Family history collection

- **SC** – Some Concerns
- **R** – Reproduction
- **E** – Early disease, death or disability
- **E** – Ethnicity
- **N** – Nongenetic



Young people

- Require further consideration
- Have different legal standings for consent and information sharing
- Sexuality
- Drugs and alcohol
- Risk taking behaviour
- Pregnancy and STIs
- Anger and coping
- Stress and bullying (at school or social media)
- Views conflicting with parents or peers?

• **S** - Strengths

• **S** - School

• **H** - Home

• **A** - Activities

• **D** - Drugs

• **E** – Emotions / Eating

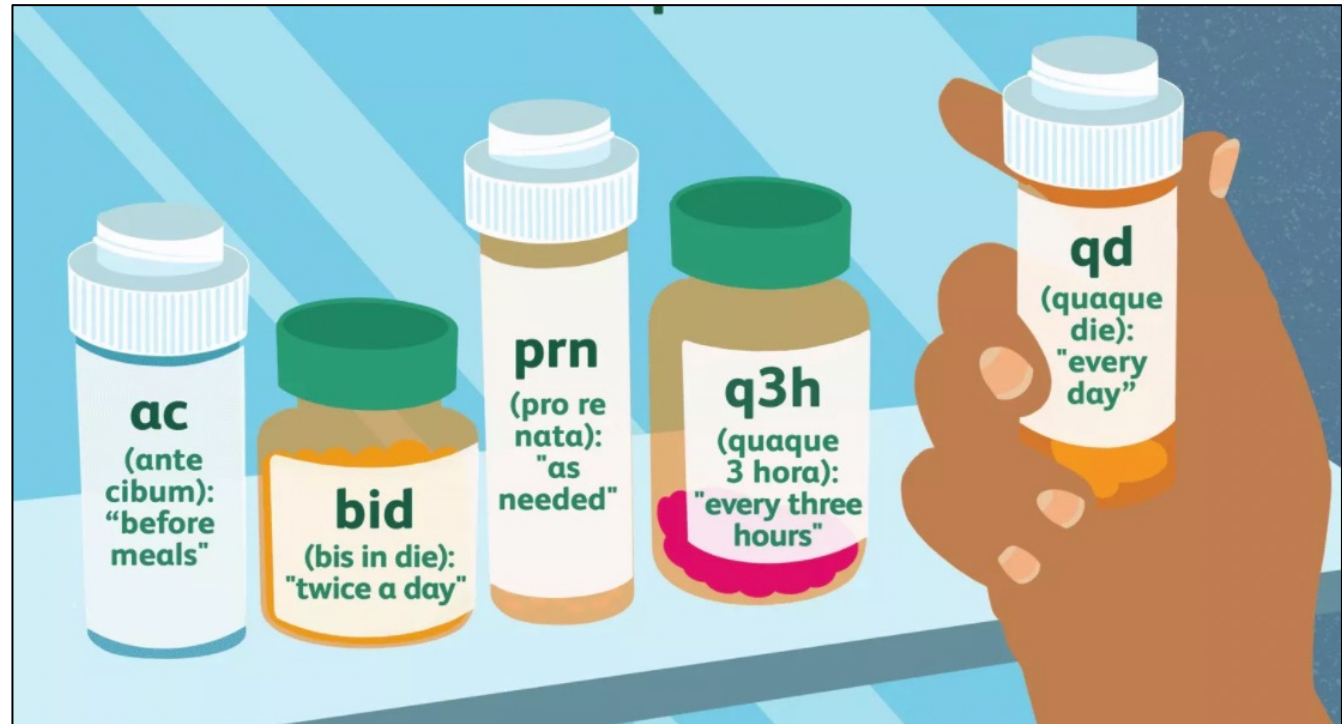
• **S** - Sexuality

• **S** – Safety issues



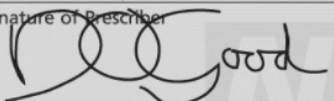
The Prescribing Process

- JUSTIFY
- How does the drug work?
- Adverse drug reactions
- Safety netting / follow up
- Accurate and legal prescription

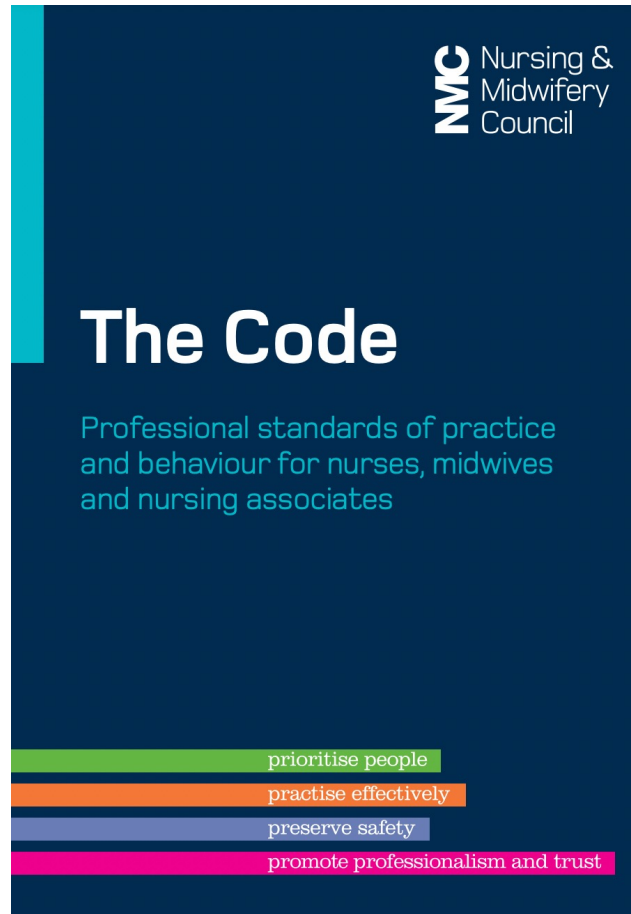


Accurate prescriptions

- ac (*ante cibum*) means "before meals"
- bid (*bis in die*) means "twice a day"
- gt (*gutta*) means "drop"
- hs (*hora somni*) means "at bedtime"
- od (*oculus dexter*) means "right eye"
- os (*oculus sinister*) means "left eye"
- po (*per os*) means "by mouth"
- pc (*post cibum*) means "after meals"
- prn (*pro re nata*) means "as needed"
- q3h (*quaque 3 hora*) means "every three hours"
- qd (*quaque die*) means "every day"
- qid (*quater in die*) means "four times a day"
- Sig (*signa*) means "write"
- tid (*ter in die*) means "three times a day"

Pharmacy Stamp		Age 1yr 3mths	Title, Forename, Surname & Address Master Peter Patient
		D.o.B 2/4/2010	Flat 1 50 Stanhope Street Newtown TE22 1ST
Please don't stamp over age box			
Number of days' treatment N.B. Ensure dose is stated		5	
Endorsements		Amoxicillin oral suspension 125mg/5ml sugar-free 125mg three times daily Supply 100ml [No more items on this prescription]	
Signature of Prescriber 		Date 02/07/11	
For dispenser No. of Prescs. on form <input type="checkbox"/>		Anyborough Health Authority Dr D O Good 345543 7 High Street Anytown KB1 CD2 Tel: 0111 222 333	
NHS		FP10NC0105	

Legal and Professional issues



DOMAINS

The competencies within the framework are presented as two domains and describe the knowledge, skill, behaviour, activity, or outcome that prescribers should demonstrate:

Domain one – the consultation

This domain looks at the competencies that the prescriber should demonstrate during the consultation.

Domain two – prescribing governance

This domain focuses on the competencies that the prescriber should demonstrate with respect to prescribing governance.

THE CONSULTATION

1. Assess the patient
2. Identify evidence-based treatment options available for clinical decision making
3. Present options and reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

DOMAIN 1

THE CONSULTATION

PATIENT

PRESCRIBING GOVERNANCE

DOMAIN 2

PRESCRIBING GOVERNANCE

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

Legal and professional issues

- Consent
 - Who has parental responsibility
 - Mental Capacity
 - Gillick competency
- Duty of Care
- Accountability
- Vicarious liability
- Accurate record keeping
- Controlled drugs
- Continuous professional development



Acts / Laws that affect provision of medicines

(Peate & Hill, 2021)



Role within Endocrinology

- **Dynamic investigations**
- **Nurse led clinics**
- Growth hormone prescribing
- Sick day kits (adrenal insufficiency)
- Thyroid clinics

Up for discussion!

Conclusion

- Advanced skills
 - History taking
 - Knowledge -
 - Medications
 - Pharmacokinetics
 - Safety netting
- Understanding legal and professional issues
- Impact on us as prescribers
 - Patients
 - Employers



Thank you

- Kate.davies@lsbu.ac.uk
- @sausmash
- @LSBU_Prescribe



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