Non Medical Prescribing – how can you make a difference to your service as a Non Medical Prescriber?

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I have the following potential conflicts of interest to report:

- Consulting / Educational meetings
  - Novo Nordisk
  - Sandoz
  - Ipsen
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 Paediatric 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
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)
- Neighbour (The Inner Consultation) 1987
- Calgary Cambridge (Kurtz and Silverman) (1996)
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
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 is better? Worse?
    - Taken anything to help
  - Can you rate it? 1-10?
Presenting Complaint

- **Other people**
- **Provocation**
- **Quality**
- **Region**
- **Severity**
- **Timing**
- **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
  • Over the counter
  • Internet sourced
  • Recreational
  • Herbal / Chinese
  • Friends and Family
• Immunisations
• 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"
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.
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

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)

- Medicines Act (1968)
- Misuse of Drugs Act (1971)
- Data Protection Act (1988)
- Access to Health Records Act (1990)
- Human Medicines Regulation (2012)
- Health and Social Care Act (2008)
- GDPR (2018)
Role within paediatric endocrinology

• Nurse led clinics
• Growth hormone prescribing
• GnRH analogues
• 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

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