

# Non-medical prescribing for pharmacists and nurses



–Taking it forward!

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# Aim of the workshop

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- To provide nurses, pharmacists & others with an interest in non-medical prescribing, at what ever level,
  - with an understanding of where you are in comparison to others interested in this field
  - and what you need to do to take yourselves forward in this work



# Objectives

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- To identify where you/your team are in relation to the rest of the group
- To identify how you are going to take your plans/work forward
- To ensure you provide the best possible care when providing a non-medical prescribing service
- To join/contribute to a networking group on non-medical prescribing
- To ensure you can remain updated on the national agenda for non-medical prescribing

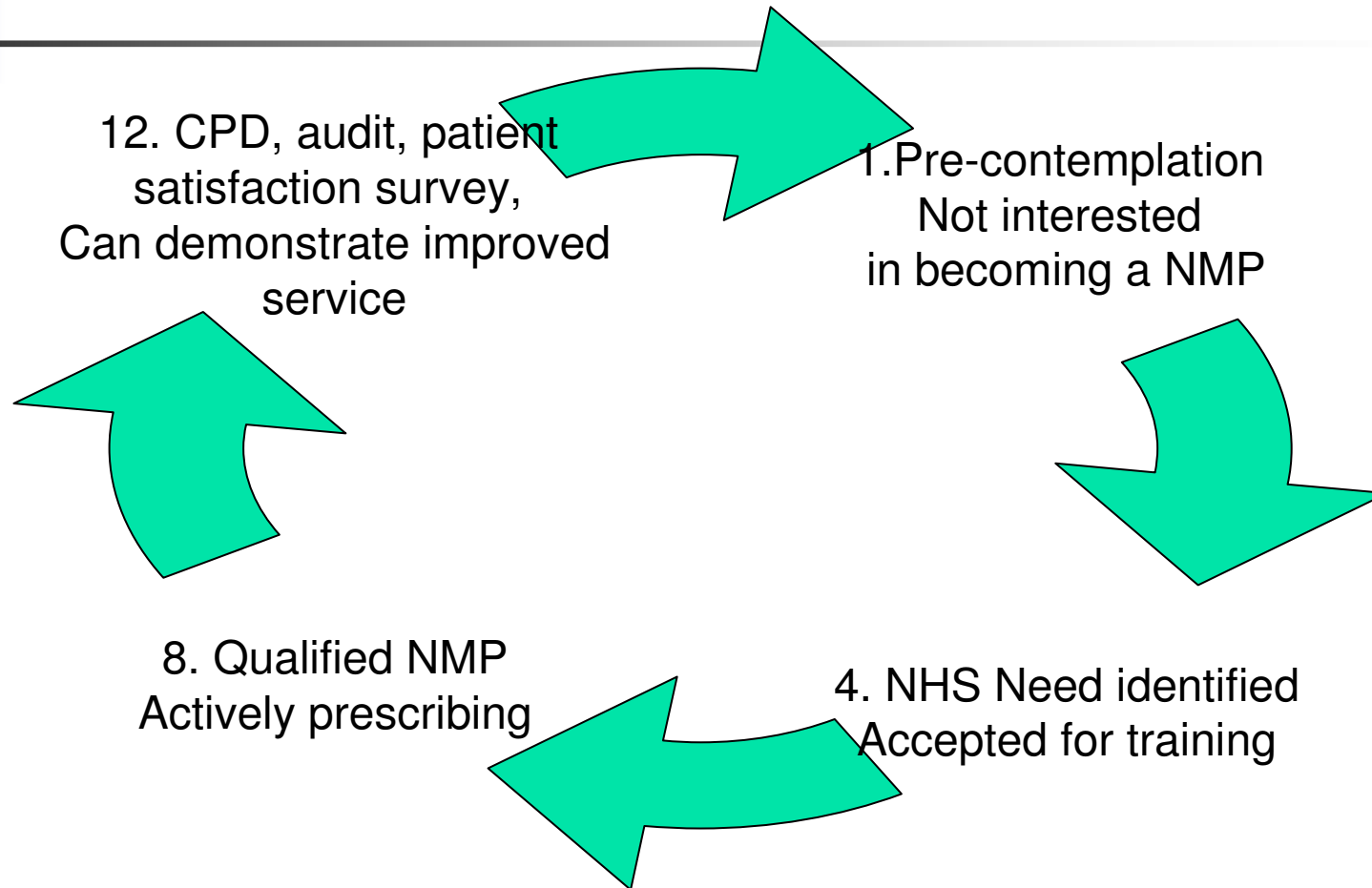


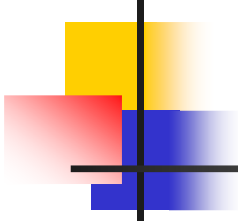
# Format of the workshop

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- Stages in implementing, providing and improving a non-medical prescribing service
- Working in pairs:
  - Identify what stage you/your team are at.
  - what needs to be done to move to the next stage
  - Toolkit to determine CPD needs
- Work out what resources are available to help you achieve your goal of moving forward
- Set yourself at least two SMART objectives

# What stage are you at? After Prochaska & Di Clemente !





# In pairs, identify which number(s) best describes each of you/your team

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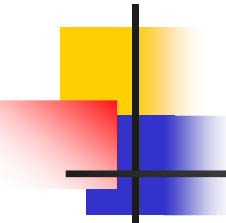
1. Not interested in becoming a NMP
2. Would like to become a NMP – discussed with line manager,
3. NHS need identified & agreed, Designated medical practitioner agreed
4. Applied and accepted for training
5. Qualified as NMP, has developed networks
6. Job description re-written, clinical supervision in place, prescriptions in place, clinics in place, whole process risk assessed, SOPs, formulary, trust/practice policy, systems for poor performance?
7. Authorised by employer to start!
8. Actively prescribing
9. Ongoing CPD process in place
10. Audit in place
11. Patient satisfaction survey. Can demonstrate improved service for patients
12. Role model for other nurses/ pharmacists
13. Unforeseen issues caused relapse – patient, maverick, pay, manager, Dr, promotion,



# Stages 1(not interested) to 5 (on training course)

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- Is there a non-medical prescribing lead for your Trust?
- Do you understand about Clinical management plans? NIPs? PIPs /PhIPs?
- Where are courses being run?
- What funding?
- Do you have the right qualifications and experience?
- Are you writing prescriptions already?
- Where have you identified a need for a NMP? What are the scenarios? What will be the patient benefit?
- Who will pay for (commission) the NMP service?
- Can you get back fill/ locum costs while attending training? Who will pay?
- What does your line manager/ DMP/ other nurses/ pharmacists say?
- Get reading, researching and talking to people!



# Stages 5 (qualified) to 8 (actively prescribing)

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- All about clinical governance!
- See RPSGB “Clinical governance framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing ([www.rpsgb.org.uk](http://www.rpsgb.org.uk) )
- Someone in the organisation has to take a lead!
- Accept that it won't just happen – you need to be pro-active to get things in place
- National prescribing centre – [www.npc.co.uk](http://www.npc.co.uk) quarterly newsletter, connecting prescribers
- [Smmgp.org.uk](http://Smmgp.org.uk) online forum



## Stage 9 (CPD)

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- CPD , CPD, CPD
- Assume no-one is going to help you with this – it will be lead by you
- Education and Training Needs Framework
  - Work through the Framework (available at [www.tvsha.nhs.uk/nmp/](http://www.tvsha.nhs.uk/nmp/) ) on your own
  - Answer each section – on own sheet – leave blank sections you aren't sure of
  - Should only take 5 minutes
  - Look at the sections you struggled with – with your partner
  - Discuss how you would answer
- This framework can form the basis of your CPD needs for discussion with your line manager/ mentor.



# Stages 10 (Audit) to 11(demonstrate improvement)

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- If you haven't done an audit before – now is the time: Remember:
  - Audit means measuring performance against prior standards
  - Don't confuse with: "Research" - means providing evidence for creating new standards
- Function of audit:
  - To demonstrate compliance with evidence based practice (maintenance dose of methadone? )
  - Demonstrate quality improvements (improved access?)
  - Provide information that can be shared in order to disseminate good practice (number of patients, number of prescriptions written, range and frequency of drugs prescribed, time spent with each patient)
  - Can result in improvements to the client experience as a result of implementation of EBP (more convenient time/ location of clinic? – Patient satisfaction survey?)



# Stage 12 (Excellence)

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- Be a role model!
- Encourage others!
- Be positive!
- Face the challenges – with a smile!
- Don't be afraid to ask, the worst question is the one that is never asked!
- Share your experiences – [smmgp.org.uk](http://smmgp.org.uk) or [ukppg.org.uk](http://ukppg.org.uk) (sms chat group for pharmacists)
- Write a paper
- Present a poster

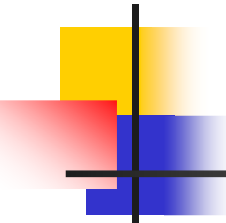


# Set your self two SMART objectives

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Think about what stage you/your team are at and how you are going to move to the next stage.

1. Specific – Objectives should specify what they want to achieve.
2. Measurable – You should be able to measure whether you are meeting the objectives or not.
3. Achievable - Are the objectives you set, achievable and attainable?
4. Realistic – Can you realistically achieve the objectives with the resources you have?
5. Time – When do you want to achieve the set objectives?



# Example moving from stage 1 (Not considering) to stage 2 (discussed with line manager)

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- **Specific;** I want to find out whether NMP is realistic for me/ our service
- **Measurable:** I will know whether there are opportunities for me (or a team member) to become a NMP
- **Achievable:** I will be clear in my own mind whether I have the right qualifications and experience and/or whether there is a clinical need in the service where I work. I know I can access information through the [www.npc.co.uk](http://www.npc.co.uk) website but I don't know if there is anyone leading on this in my trust/practice
- **Realistic:** This is realistic because it only requires me to research what is currently happening – and will start the ball rolling should opportunities arise
- **Time:** I will do this before the closing date for the next intake of NMPs



## Example moving from stage 5 (qualified) to stage 8 (prescribing)

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- **Specific:** I want to get my job description re-written to include non medical prescribing
- **Measurable:** I will have a JD that has been approved which ensures my employer accepts vicarious liability
- **Achievable:** I will get examples of other JDs, I will get the JD checked by the HR department of the employer
- **Realistic:** I can contact other NMPs through smmgp online forum for their JDs. My line manager knows this needs to be done but he is too busy. It will only get done if I do it myself
- **Time:** I anticipate it will take three months for the final version to be approved. This fits in with my other objective to have an agreed weekly clinic session set up



# Have we met our objectives?

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- ✓ To identify where you are in relation to the rest of the group
- ✓ To identify how you are going to take your plans/work forward
- ✓ To ensure you provide the best possible care when working as a non-medical prescriber by ensuring robust clinical governance and learning how to determine your education and training needs
- ✓ To join/contribute to a networking group on non-medical prescribing eg smmgp on line forum, ukppg-sms.yahoo group
- ✓ To ensure you can remain updated on the national agenda for non-medical prescribing legislation; Go to [www.dh.gov.uk/prescribing](http://www.dh.gov.uk/prescribing) and see the other websites listed in "Connecting prescribers"



# Any Questions?

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- Evaluation sheet
- E-mail us if you have any further questions
- We will e-mail you in 3 months time (July) to see what stage you are at.