Non Medical Prescribing: National Update

Non Medical Prescribing in End of Life Care
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Aims

• National developments
• Developing confidence and maintaining competence
• Demonstrating compliance with revalidation
• The benefits of non medical prescribing in end of life care
“The primary goal of someone diagnosed and treated for illness is survival and the second is normalisation”

(Nishimoto 1995)
The art of care

1. Pay attention
2. See beyond the symptom
3. Skilled companion
4. Willingness to learn

(Managing Advanced Cancer Pain Together MACPT 2015)
Non medical prescribing

When prescribed and used effectively medicines have the potential to significantly improve the quality of lives and improve patient outcomes. However, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. (RPS 2016)
Preparing for the future

The nature of nursing work is changing fast. With more care being given in the community and patients presenting with a range of complex conditions, nurses are facing increased challenges in the workplace. To meet these challenges, they will need to be prepared with a different set of skills and competencies, focusing on areas such as high quality, cross-sector care, people management skills and public health promotion, and it is essential that our pre-registration education standards cater for these (NMC 2016)
Workforce development

Realising professionalism: standards for education and training (NMC 2018)

1. Health and nursing
2. Basic sciences
3. Social sciences
4. Clinical instruction
National developments

• The competency framework for prescribers published (NICE 2012)

• RPS 2016 updated the competency framework in collaboration with and endorsed by other prescribing professions

• RPS publish and maintain the updated competency framework in collaboration with the other prescribing professions.
Confidence and competencies

The prescribing competency framework is for any prescriber regardless of their professional background. Doctors, pharmacists, nurses, dentists, physiotherapists, optometrists, radiographers, podiatrists and dieticians are all able to prescribe and the framework is directly relevant to all of them (RPS 2016)
Prescribing competency framework

Ten competencies - two domains.

Within each of the ten competencies there are statements which describe the activity or outcomes prescribers should be able to demonstrate.
Noel’s story

Noel, 59, married (Samantha), 2 children (John 29, Anne 27)

Retired civil servant, enjoys cycling, fishing, family is his greatest concern, strong Christian faith that has helped him throughout his life

PMH – Ischaemic Heart Disease, Sarcoidosis, Coronary artery bypass
Noel’s story

August 2015 – presented to GP with back pain, fatigue and weight loss

September 2015- Dx with Multiple Myeloma

Commenced Treatment – (cyclophosphamide, thalidomide, dexamethasone)

Jan 2016 – Autologous transplant (Melphalan 200)

Day 100 nil disease
1. Assess the patient

1.1 Takes an appropriate medical, social and medication* history including allergies and intolerances.

1.2 Undertakes an appropriate clinical assessment.

1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date.

1.4 Requests and interprets relevant investigations necessary to inform treatment options.

1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).

1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.

1.7 Reviews adherence to and effectiveness of current medicines.

1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

*This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines.
2. Consider the options

2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).

2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.

2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.

2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.

2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.

2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.
3. Reach a shared decision

3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.

3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.

3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.
4. Prescribe

4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.

4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.

4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.

4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

4.7 Considers the potential for misuse of medicines.
4. Prescribe *(continued)*

4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).

4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.

4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).

4.11 Only prescribes medicines that are unlicensed, ‘off-label’, or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.

4.12 Makes accurate, legible and contemporaneous records and clinical notes of prescribing decisions.

4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.
Noel’s story

August 2016 - presented with back pain, leg weakness, urinary retention

Spinal cord compression - T3-T5 decompression & laminectomy

PET scan – multiple lesions (nodes, bone, lung, adrenals)

Commenced Zoledronic acid

Sept 2016 – DTPACE (dox, dex, cisplatin, cyclo, etop, thalidomide)
5. Provide information

5.1 Checks the patient/carer’s understanding of and commitment to the patient’s management, monitoring and follow-up.

5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).

5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.

5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.

5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.
6. Monitor and review

6.1 Establishes and maintains a plan for reviewing the patient’s treatment.

6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.

6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.

6.4 Adapts the management plan in response to on-going monitoring and review of the patient’s condition and preferences.
7. Prescribe safely

7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.

7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.

7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.

7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).

7.5 Keeps up to date with emerging safety concerns related to prescribing.

7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.
8. Prescribe professionally

8.1 Ensures confidence and competence to prescribe are maintained.

8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.

8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).

8.4 Makes prescribing decisions based on the needs of patients and not the prescriber’s personal considerations.

8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).

8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.
9. Improve prescribing practice

9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.

9.2 Acts upon colleagues’ inappropriate or unsafe prescribing practice using appropriate mechanisms.

9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).
10. Prescribe as part of a team

10.1. Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other’s roles in relation to prescribing.

10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.
Revalidation

• 450 practice hours (prescribing in practice)
• 35 CPD hours (NMP annual training and updates)
• Practice feedback (peer to peer audit and patient reviews)
• Reflection and discussion (challenging situations, teamworking)
Noel’s story

October 2016 presented with bowel obstruction, admitted to ITU

CT scan showed bowel perforation, faecal matter in abdomen

Abdominal washout and colectomy

During this admission LRTI (aspiration)
Noel’s story

‘Noel, understandably, did not want to go back to ITU and due to this being likely part of any further treatment, we agreed to switch focus of treatment towards a compassion-based approach. Chemotherapy was stopped and attention focussed on comfort and getting Noel home as per his wish’ (MDT notes 26th October 2016)

27th October Noel went home
Medications

Zopiclone 3.75-7.5 mg ON
Prednisolone 10mg BD
Lansoprazole 30 mg OD
Morphine Sulphate (MST) 15 mg BD
Morphine oral 5-10mg PRN
Senna 1-2 tablets ON
ADCAL 1-2 tablets OD
Co-amoxiclav TDS
Inhalers

Morphine sulphate injection 2.5-5mg
Glycopyrronium Bromide 200-400 mcg
Levomepromazine 6.25mg
Midazolam 2.5-5mg
Noel’s story

28th October readmitted with shortness of breath, Sats 60%

Family could not cope

Noel died on the 31st October 2016
End of life care

Move beyond a medical focus of care – personal meaning of illness

Person led care – important conversations and plans

Working with family and community partners

Post discharge and bereavement support
Conclusion

“The dying know that we are not God, all they ask is that we do not desert them.”

(Cassidy, 1988)
Thank you

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