

Health and Social Care Committee

Inquiry into the contribution of community pharmacy to health services in Wales

CP 26 – Medicines Management Programme Board

**Submission to the Health and Social Care Committee review into the contribution of
Community Pharmacy to Health Services in Wales**

I have been asked by the Medicines Management Programme Board to submit the report from the Task and Finish group looking into the use of Non Medical Prescribing in Wales.

I hope you find it useful in your inquiry

Kind Regards

Marc Donovan

Chair

**Non Medical Prescribing Task and Finish Group of the National Medicines Management
Programme Board**

Non Medical Prescribing in Wales - what is the current picture 5 years after its inception

1. Introduction

Changes have been made to UK wide medicines legislation permitting non-medical prescribing in the UK. It is up to each devolved administration to decide how it is implemented within its NHS. To enable this changes to NHS Wales Regulations have been made.

Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers, working within their clinical competence as either independent or supplementary prescribers.

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. An independent prescriber may currently be a specially trained nurse, pharmacist or optometrist who can prescribe any licensed medicine within their clinical competence (there are restrictions on the prescribing of controlled drugs) or a community practitioner nurse prescriber for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary .

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement. A supplementary prescriber may currently be a specially trained nurse, optometrist, pharmacist, physiotherapist, podiatrist or radiographer who can prescribe any medicine within their clinical competence, according to a patient specific clinical management plan agreed with a doctor or dentist and the patient.

2. Purpose

This briefing using the information available from the questionnaire and feedback from non medical prescribers will aim to:

- present the current picture in Wales of pharmacist and nurse non medical prescribing
- gauge if the original intent for non medical prescribing has been delivered
- make recommendations on how the NHS in Wales can support the development of non medical prescribing.

3. Background

The Welsh Government has made a commitment to non medical prescribing; this commitment has been supported by budget allocation to train over 600 nurse and pharmacists as non medical prescribers, and additionally in supporting the concept of non medical prescribing in

- services change to improve patient safety ,
- choice and access to services without compromising patient safety,
- improvement in patient care ,
- making appropriate use of skilled healthcare workforce,
- contributing to the introduction of more flexible team working across the NHS
- increasing capacity to meet demand of new ways of working

Appendix 1 outlines the original Welsh Assembly policy drivers and their ambition for non medical prescribing to evolve across the professions and become integrated in service delivery to improve patients care and access to medicines, making their single NHS encounter more productive and efficient. The [All Wales Medicines Strategy Group](#) has also published a medicines strategy for Wales, *Getting the Best Outcomes from Medicines for Wales* in 2008.

The current prescribing rights (appendix 2) demonstrates that the legal framework has been established and evolved to recognise non medical prescribing as a useful development in meeting the needs of the 21st century health service.

The Medicine Management Programme Board established a Task and Finish sub group to review the current picture of how NHS Wales is utilising and developing the skills of Non medical prescribers to deliver on its original policy objectives for improving accessibility of medicines to patients. The group aimed to focused efforts in identifying how Health Boards had taken forward the recommendations of the *Lifting the Lid* symposium, following the letter to Heath Boards from Paul Williams dated June 2010 (appendix 3)

4. Methodology

A questionnaire was developed by the sub group and sent to the seven Health Boards and Velindre NHS Trust in January 2011. This was subsequently returned by 5 health Boards and Velindre NHS Trust. The main findings from the questionnaire (appendix 4), prescribing data and issues raised across Wales and England form the basis of the discussion and recommendations made in this briefing paper.

5. Findings

5.1 General findings

The original policy objectives of establishing non medical prescribing in Wales are well underway. Health Boards have feedback that non medical prescribers are an asset to their organisation and this appears to be supported by the growing number being trained and in practice. The general feedback from studies in England (appendix 5) has shown that patients are happy with the new prescribing status of pharmacist and nurses and value the access to medicines when under their care.

- Currently 213 **independent** prescribers are active in the community for NHS Wales, prescribing on average 1312 items per year
- In comparison an individual GP prescribes on average 35790 items per year
- The highest prescribing IP prescribed 10551 items
- 1 prescription in every 250 in NHS Wales is written by an independent prescriber.
- Only 17 **supplementary** prescribers are active in the community
- 42% of items prescribed by independent prescribers fall into 3 categories (infections 17%, CNS 13%, respiratory 12%)

5.2 Specific findings

Based on the feedback from the questionnaire, non medical prescribers and key stakeholders

5.2.1 Service redesign

- There has been significant growth in independent prescriber nurses working in GP practices, acting as triage/nurse practitioners.
- There is no national strategy for embedding and making the best use of non medical prescribing, respondents have also indicated that there are no local Health Board strategies being implemented at this time.
- There is little evidence of widespread non medical prescribing use within chronic conditions management, especially in a community setting.
- There are examples in practice that non-medical prescribing has improved patients access to medicines, by enabling a patient to receive treatment at the point of consultation.
- Generally non medical prescribing has been driven by the individual practitioner and their special interest. It has been used to extend professional roles and thereby increase the quality of existing services, as opposed to enabling planned service re - design.

5.2.2 Workforce development

- Across the Health Boards there are wide ranging variations in the service planning for areas that would benefit from using non medical prescribing.
- Many non medical prescribers are in senior Agenda for Change band positions. There is a lack of evidence of workforce planning and development to succession plan for these posts through the requirement for qualification as a non-medical prescriber being written into job descriptions.
- The number of non medical prescribers in practice and those currently in the pipe line to be trained varies greatly across the 7 Health Boards.
- Generally, the numbers of non medical prescribers in practice have slowly risen from its introduction but currently not all trained non medical prescribers are using their qualification
- Most of the current jobs/roles undertaken by non medical prescribing are not reflected in the specifics of their job description.

5.2.3 Clinical Governance

- Local Health Board clinical governance arrangements for non medical prescribing vary across Wales, i.e. in many cases responding to the questionnaire being an impetus to develop a local register within each Health Board and appointment of leads/champions for non medical prescribing.
- Feedback from the questionnaire showed that every Health Board has identified a lead for Non-Medical Prescribing.
- There is a range of prescribing guidance for non medical prescribers across Health Boards which appears to be focused on technical processes of the course and not on where the services should be delivered.
- There appears to be little risk management strategies for non medical prescribers that are operational across primary and secondary care.

5.2.4 Education and training post qualification

- The ongoing education and training needs of non medical prescribers once qualified do not appear to be routinely identified or addressed long term.
- Maintaining therapeutic knowledge and competence appears to be the responsibility of the prescriber.
- There is no formal provision made for maintaining and assessing of prescribing skills for non medical prescribers after qualifying.

6. Discussion

Non medical prescribing has been developing in a manner that suits individual practitioners and not within a national prescribing strategy. It has added value to existing services by allowing non medical prescribers to extend their roles and manage patient conditions through providing quicker access to medicines but not been part of the service redesign envisaged by Designed for Life and 'Setting the Direction' Primary & Community Services Strategic Delivery Programme. While the group recognises that the implementation of the AWMSG's strategy for medicines will enhance the development of non medical prescribing in Wales, none of the 48 recommendations relate directly to non medical prescribing. The role of the Welsh Pharmaceutical Committee could be one to recognise and shape the direction of both medicines management and prescribing strategies in Wales.

To date there has been little or no non medical prescribing in the community pharmacy setting although a number of community pharmacists have undergone training. There is also little evidence of provision to use non medical prescribing to deliver chronic conditions management in a community setting outside of nurse led clinics in GP practices.

7. Recommendations

Recommendation 1:

A National Prescribing Strategy is developed by Welsh Government.

The original policy intent of establishing non medical prescribing in Wales has now been met. There is thus a need to establish policy intent to embed non medical prescribing firmly within the NHS in association with the other systems of accessing medicines.

Remedies for Success, the existing prescribing strategy for Wales was prepared almost 10 years ago, how the NHS uses medicines has changed considerably over this period especially in respect to the introduction of new prescribing rights for non – medical prescribers and the strategy is now in need of review and refreshing.

The preparation of a new national prescribing strategy could incorporate all aspects of prescribing by Doctors, Dentists and non-medical prescribers with an aim to reduce costs from prescribing and embed robust skills, knowledge and behaviours across NHS Wales.

A national prescribing strategy should also look at making the best use of a number of processes to improve access to medicines such as Patient-specific directions (PSDs), Patient group directions (PGDs), using nurses, pharmacists and allied health professionals as supplementary and independent prescribers.

The strategy should encompass all systems and processes that include access to medicines and medicines management, focusing on making the best use of the NHS workforce including non medical prescribers to aid delivery of enhanced services, minor ailment services, Chronic Conditions Management in the community, out of hours services, unscheduled care, linking into the primary care strategy, the rural health plan, and pledges made by Welsh Assembly for its current term in office.

Recommendation 2:

Commissioning of pilot studies to evaluate of service redesign

The lack of formal strategic intent and service evaluation of non medical prescribing is a hindrance to service planners when thinking and planning new services.

To demonstrate how non-medical prescribing can positively impact patient care through service redesign, **three pilots** should be initiated and reviewed. The areas identified as themes for the pilots are:

1. non-medical prescribing in **unscheduled care**
2. non-medical prescribing in **chronic conditions management in care homes**
3. non- medical prescribing in **community pharmacy**, with community pharmacists having direct access into the Health Board drug budget

Recommendation 3:

A system for monitoring and surveillance of non-medical prescribing should be established

We welcome the involvement of NLIAM in respect to commissioning of education requirement in non medical prescribing.

A local and national system should to be developed to monitor and share good practice of non-medical prescribing. For example through the Health Profession Forum of the Health Boards, reporting in to the Health Board at a local level and the National Joint Professional Advisory Group.

This process would provide a mechanism for non-medical prescribing to be discussed on a local and national level, ensuring cross profession awareness and support in service redesign as well as monitoring clinical governance aspects.

8. Conclusion

The NHS is facing unprecedented challenges and new ways of working are now needed to deliver effective services which improve health and make the best use of all available resources. The Welsh Government has signalled that new workforce models are required to deliver improvements across the NHS especially in our more rural communities.

A revision of the previous prescribing strategy for Wales incorporating all systems of accessing medicines and including non medical prescribing would indicate leadership for the service. Testing and evaluating service redesign through a series of pilot studies would provide an evidence base for non-medical prescribing. Enhancing monitoring and surveillance systems for non medical prescribing would provide invaluable information sources, help with service planning and strengthen local clinical governance arrangements.

Policy drivers for Non Medical Prescribing in Wales

1. Improving Health in Wales – A Plan for the NHS with its Partners’ (January 2001)¹

This document acknowledged that the implementation of the report on the Review of Prescribing, Administration and Supply of Medicines by 2004 should:

- provide patients with more convenient and efficient access to medicines, and
- dramatically increase the number of professionals who can write prescriptions and take responsibility for their administration and effectiveness.

2. Report of the Task and Finish Group on Prescribing (March 2001)²

The Task and Finish Group on Prescribing was established by the Minister for Health and Social Services to consider options to improve the prescribing of drugs.

The report, presented to the Health and Social Services Committee in March 2001, made almost 100 recommendations including the following:

- There is a need for a more efficient, safe and more streamlined system of repeat prescribing which is easy for the patient to use.
- All staff undertaking prescribing should be appropriately trained and undertake accreditation to carry out these functions, within the recognised limits of competence.
- All prescribers should be given training in communication and counselling.
- The role of pharmacists and nurses as supplementary prescribers must be developed so as to offer patients regular dialogue about and monitoring of their medicines.
- There should be a continuing drive for more effective prescribing.

3. ‘Improving Health in Wales – The Future of Primary Care’ (July 2001)³

Further support to extend the legal authority to prescribe to other health professionals is contained in this document. The document includes references to:

- an assurance that all nurses working in primary care have access to appropriate accredited specialist training programmes including appropriate prescribing modules.
- nurses and health visitors in primary care have an important role in helping to improve access for patients and the public through a range of initiatives such as nurse prescribing.
- the development of LHG led prescribing role of the pharmacist in respect of repeat prescribing.

¹ National Assembly for Wales. „Improving Health in Wales – A Plan for the NHS with its Partners (2001), NAW, Cardiff

² National Assembly for Wales. „Report of the Task and Finish Group for Prescribing in Wales“ (2001), NAW, Cardiff

³ National Assembly for Wales. „Improving Health in Wales – The Future of Primary Care“ (2001), NAW, Cardiff

4. 'Remedies for Success – A Strategy for Pharmacy in Wales' (September 2002)⁴

The consultation document on the strategy for pharmacy in Wales:

- reiterated that the Welsh Assembly Government is committed to the extension of supplementary prescribing rights to pharmacists by 2004.
- included a case study as an example of how supplementary prescribing would be beneficial for patients with diabetes.

The document further stated that "... it hoped that independent prescribing status will follow..." adding that "...the extension of prescribing rights to pharmacists appears to be a significant challenge to the profession. However, pharmacists already possess the technical and clinical knowledge to underpin the initiation of treatment of Pharmacy Only (P) and Over the Counter (OTC) medicines. The extension of this skill set to a broader range of preparations does not represent a significant shift in responsibilities, since pharmacists already use their clinical expertise and share liability, when supplying medicines prescribed by others. It follows therefore that pharmacists can move to full independent prescribing status as quickly as legislative change permits."

5. 'Designed for Life - Creating world class Health and Social Care for Wales in the 21st Century' (May 2005)⁹

The 10-year strategy aims to ensure patients are accessing the right person, at the right time to provide the most appropriate service in the best setting. It also aims to develop professional staff to facilitate the delivery service improvements in particular in the areas of unscheduled care, the management of long-term conditions and modernisation of service configuration⁹.

In January 2006, the Minister HSS announced that independent prescribing by nurses and pharmacists will be taken forward in Wales to support the delivery of key areas identified in Designed for Life.

⁴ Welsh Assembly Government. „Improving Health in Wales: Remedies for Success – A Strategy for Pharmacy in Wales – a Consultation Document“ (2002), WAG, Cardiff.

⁹ Designed for Life: Creating world class Health and Social Care for Wales in the 21st Century (2005), WAG, Cardiff

Prescribing Rights

A wide range of health professionals can now prescribe NHS prescriptions. A summary of their prescribing rights can be found below.

Doctors

A doctor can issue an NHS prescription for any licensed or unlicensed medicine, food, drug, toiletry or cosmetic except „blacklisted“ products (Part XVIII A of the Drug Tariff). They are permitted to prescribe items in the „Selected List“ (Part XVIII B of the Drug Tariff) only in accordance with the Drug Tariff. Doctors can also prescribe any appliance or chemical reagent that is listed in Part IX of the Drug Tariff.

Dentists

Only items listed in the Dental Prescribing Formulary (Part XVII A of the Drug Tariff) can be prescribed on Form FP10 (D). Although the Dental Formulary displays products by their generic titles and dentists are strongly encouraged to prescribe generically, a product may be ordered on Form FP10 (D) by its brand name providing that the brand is not listed in Part XVIII A of the Drug Tariff (the blacklist).

Dentists working in secondary care issuing FP10 Prescriptions are not restricted to the Dental Prescribing Formulary. They are able to prescribe any drug or medical device that would normally be allowed on an FP10 Prescription.

Optometrists

An optometrist independent prescriber can, in accordance with the rules set out by the General Optical Council, issue an NHS prescription for any licensed medication, including Prescription Only Medicines that are for the treatment of ocular conditions, other than those which are controlled drugs or for paranteral administration.

Like other NHS Prescribers, they may not prescribe any medicine which appears in Part XVIII A of the Drug Tariff (the blacklist).

Nurse Prescribing

There are three types of nurse prescribers, Community Practitioner Nurse Prescribers (formerly known as District Nurse/Health Visitor prescribers), Independent Prescribers and Supplementary Prescribers. All nurse prescribers can prescribe any appliances or chemical reagents listed in Part IX of the Drug Tariff but the medicines that they can prescribe differ according to their level of training and qualifications.

Community Practitioner Nurse Prescribers

Community Practitioner Nurse Prescribers are only entitled to prescribe from the Nurse Prescribers' Formulary for Community Practitioners (Part XVII B(i) of the Drug Tariff) which includes a number of medicinal products and all appliances listed in Part IX of the Drug Tariff.

Nurse Independent Prescribers

On the 1st May 2006, the regulations changed and the Extended Nurse Prescribers Formulary ceased to exist. All nurses who previously qualified as extended formulary nurse prescribers automatically became nurse independent prescribers.

Nurse independent prescribers are able to prescribe any medicine including Prescription Only Medicines, licensed and unlicensed medicines for any medical condition within their level of experience and competence with some exceptions. In particular they only have authority to prescribe a limited number of controlled drugs

as identified in Part XVIIIB (ii) of the Drug Tariff.

Like NHS doctors, nurse independent prescribers cannot prescribe „blacklisted“ medicines (Part XVIII A of the Drug Tariff) and can only prescribe Selected List Products (Part XVIII B of the Drug Tariff) in accordance with the Drug Tariff. This restriction does not apply to private prescribing.

Nurse independent prescribers are also able to prescribe any borderline substances and appliances and reagents listed in Part IX of the Drug Tariff and can prescribe off-licence/off-label where it is accepted clinical practice.

Nurse Supplementary Prescribers

Nurses continue to be able to qualify as supplementary prescribers with many nurse prescribers already having a dual, independent prescribing and supplementary prescribing qualification.

Health professionals acting as supplementary prescribers can prescribe any medicine which could be prescribed by an NHS doctor including controlled drugs and unlicensed medicines as agreed by the patient and the doctor as part of a patient's clinical management plan.

Pharmacist Prescribing

For a number of years there have been an increasing number of pharmacists qualifying as supplementary prescribers and following changes made to the regulations in 2006, the first pharmacists are now also starting to qualify as independent prescribers.

Pharmacist Independent Prescribers

Pharmacist independent prescribers' authority to prescribe is very similar to nurse independent prescribers. The only exception is that at present pharmacist independent prescribers are not authorised to prescribe any controlled drugs. This is being reviewed and may change in the future.

Pharmacist Supplementary Prescribers

Like other health professionals acting as supplementary prescribers, pharmacist supplementary prescribers can prescribe any medicine which could be prescribed by an NHS doctor including controlled drugs and unlicensed medicines as agreed by the patient and the doctor as part of a patient's clinical management plan.

Chiropodists and podiatrists

Appropriately qualified chiropodist and podiatrists can administer certain local anaesthetics and supply certain prescription only medicines in the course of their practice.

In order to have these entitlements they must have successfully completed training in these areas and have the entitlement(s) marked (“annotated”) on Health Professions Council register.

Other NHS Prescribers

Optometrists, physiotherapists, radiographers and chiropodists/podiatrists are also able to act as supplementary prescribers. They too can prescribe any medicine which could be prescribed by an NHS doctor including controlled drugs and unlicensed medicines where there is patient need and as agreed by the patient and the doctor as part of a patient's clinical management plan.

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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Chief Executives – NHS Health Boards

Eich cyf • Your ref:
Ein cyf • Our ref: PMW/HHOWSON/BS

15 June 2010

Dear Colleagues

Non Medical Prescribing Report and Recommendations

I have attached for your attention a copy of the report of the All Wales conference on non medical prescribing which took place earlier this year. In particular I would like to draw your attention to the suggested recommendations made within the report.

You will be aware that the Welsh Assembly Government is committed to developing non medical prescribing in Wales and continues to invest in the training programme for nurse and pharmacist prescribers. As a result the number of non medical prescribers is growing year on year but yet this investment in training does not appear to be utilised to its full potential.

It is crucial that NHS Wales addresses all opportunities for remodelling care to make necessary efficiencies, enhance quality, performance, and accessibility to NHS services, making best use of resources already available. I therefore suggest that Health Boards examine their developments in non medical prescribing and take appropriate steps towards understanding where this can be best incorporated into service improvement plans.

I look forward to seeing progress in this area across Wales.

Yours sincerely

Paul Williams

Enc

‘Lifting the Lid’ Conference Report February 2010

Executive Summary

According to the national Comparative Analysis System for Prescribing Audit (CASPA), during 2009 NHS Wales prescribed over 67,000,000 items at a cost of £600,000,000. It is widely acknowledged that prescribing at this scale presents a complex breadth of challenges and opportunities and subsequently, Medicines Management has been established as one of the key national programmes for NHS Wales. Non Medical Prescribing is one element of that programme with as yet, untapped opportunities to produce real improvements in patient care alongside tangible financial savings. Ultimately the goal is to improve the effectiveness of medicines management and deliver a safer and more responsive system for patients to access and benefit from the medication they need. Non Medical Prescribing is predominantly undertaken by Pharmacists and Nurses with a small number of other practicing staff from a range of disciplines. The numbers of staff and levels of prescribing vary considerably across Wales but Non Medical Prescribers are currently employed within every Health Board.

This report provides a summary of the Non Medical Prescribing Conference held in February 2010 entitled “Lifting the Lid”.

The experience, expertise, ideas and enthusiasm of the participants have been synthesised into a few simple and practical recommendations for Health Boards to consider:

- 1.** To use this report to stimulate debate at Board level in each Health Board and commit to exploring the potential of Non Medical Prescribing in the development of service and workforce strategic plans
- 2.** To appoint an appropriate Director within each Health Board to take the lead for all local developments in Non Medical Prescribing
- 3.** To identify service areas within each Health Board that would benefit from using Non Medical Prescribing to support the delivery of national programmes and NHS targets
- 4.** To support local services to design systems to develop and integrate Non Medical Prescribing within new and existing models of care
- 5.** To create a local register in each Health Board of all the pharmacists, nurses and other practitioners who are qualified to prescribe.
- 6.** To establish champions for Non Medical Prescribing in each Health Board and facilitate the development of a local network of interested practitioners.
- 7.** To enable local Practitioners within each Health Board to engage with the ongoing national developments in Non Medical Prescribing and help to establish the evidence base for NHS Wales.