HSC Health and Social Care

REVIEW AND IMPLEMENTATION PLAN 2023

New Models of Prescribing

Department of Health | An Roinn Sláinte | Männystrie O Poustie

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New Models of Prescribing Programme Board

A Programme Board was set up to oversee the implementation of New Models of Prescribing (NMOP) via a number of pilot projects. Membership is detailed in Appendix 1.

Introduction

This report summarises the strategic recommendations arising from the independent evaluations of the New Models of Prescribing (NMOP) pilot projects and learning from the development of new processes.

The individual reports associated with each project can be found on the Health and Social Care website at New Models of Prescribing.

Executive summary

The number of healthcare practitioners in Northern Ireland who are eligible to prescribe continues to increase each year. In addition to the more traditional medical prescribers, appropriately qualified nurses and pharmacists have been able to prescribe independently since 1997. Additional professional groups such as podiatrists, optometrists and physiotherapists have more recently joined this list of authorised non-medical prescribers (NMPs). Traditionally, prescribers have worked in either primary or secondary care and mechanisms to facilitate prescribing are largely reflective of these two environments.

The Covid-19 pandemic has presented unprecedented challenges for the planning and delivery of HSC services, and a Strategic Framework for Rebuilding Health and Social Care Services has been developed which sets out the approach to restoring services as quickly as possible, taking into account examples of innovative approaches to service delivery, developed in response to the pandemic. Related initiatives such as the No More Silos – Urgent & Emergency Care Review, and the Primary Care Multi-Disciplinary Teams Programmes further emphasise the increasing requirement for cross-sector prescribing across the interface.

Northern Ireland lacks a mechanism to allow many prescribers working at interfaces to prescribe medication directly to the patient. In order to address these issues, a transformation project was established by the Health & Social Care Board (HSCB, now the Strategic Performance and Planning Group, SPPG) and funded by the Department of Health (DoH). The project involved extensive stakeholder engagement and was established to scope out the arrangements that need to be in place to enable prescribers working at the interface to work in a more effective and autonomous way. During stakeholder engagement, key principles to enable New Models of Prescribing (NMOP) were established (Figure 2).

This report describes how processes to enable prescribing and alternative mechanisms for the supply of medicines and appliances were implemented, key principles were tested, and governance and policy frameworks were evaluated via four pilot projects:

- Dietitian led direct ordering of oral nutritional supplements for care home residents
- Physiotherapist prescribing at the interface: community and outpatients
- Heart failure nurse specialist prescribing at the interface
- Mental Health Home Treatment Team medical prescribers

Prescribing was permitted where there was:

- an urgent need for medication (within 72 hours of consultation),
- a requirement for titration/tapering of medicines with an early review, or
- a need for specialised items outside the clinical expertise of a GP.

The projects were supported by collaborative working involving HSCB/SPPG, Public Health Agency, Health and Social Care Trusts, Business Services Organisation, General Practitioners Committee and Community Pharmacy Northern Ireland, in the form of Task and Finish Groups. Projects spanned the period November 2020 to October 2021 and all Trusts were involved in at least one project (see Figure 1).

NMOP Project	Physiotherapists	Heart Failure Nurse Specialists	Mental Health Home Treatment Team	Dietetic-led ordering of oral nutrition supplements (ONS) for care home residents
Location	**SEHSCT** **SHSCT**	**BHSCT** **NHSCT** **WHSCT**	**BHSCT**	**BHSCT** **NHSCT** **WHSCT**
Start Date	**November 2020**	**February 2021**	**March 2021**	**March 2021**
Duration	**8 months**	**9 months**	**5 months**	**3 months**
Chair of Task and Finish Group	**Eamon Farrell (PHA)**	**Gillian McCorkell (PHA)**	**Claire Erki (BHSCT)**	**Paula Cahalan (BHSCT)**

Figure 1 Location and duration of each NMOP project

An independent evaluation was carried out by the Medicines Optimisation and Innovation Centre (MOIC).

Positive outcomes from the 4 projects included:

- Excellent collaboration of key stakeholders at each stage of the projects
- Displacement of prescribing activity from the GP, thereby increasing their capacity for other clinical duties
- The importance of the NMP skill set during a pandemic specifically i.e. in the prevention of hospital attendances and rescheduling of surgical procedures due to poor symptom control, and facilitating discharges
- Implementation of robust governance systems and standardisation of processes which resulted in improved time management and avoidance of process duplication.

- Better time management and improved clinic efficiency due to the reduction in the number of steps needed and time taken to access prescriptions
- Improved data quality, reduced paper-load, more timely communication and comprehensive audit trails
- Patient access to specialist care which led to improved adherence with medicines, ONS and appliances
- High level of patient satisfaction and confidence in the new pathways
- A reduced risk of inappropriate medicines, ONS and appliances being prescribed as transcription of a recommendation was no longer needed
- The development of electronic treatment advice notes to GPs which are now being utilised within other patient-facing services in participating Trusts
- Reduced prescription costs
- Accrued savings due to more efficient use of workforce
- Encouragement of professional autonomy, clinical responsibility, and increased professional standing leading to increased job satisfaction.

Challenges included:

- Managing the changes due to the multi-agency and multidisciplinary nature of the projects
- Prescribing limitations as a result of restrictions set out in the Misuse of Drugs legislation
- Commencement of the pilot projects during the COVID-19 pandemic which impacted activity due to a decrease in face to face assessment and treatments necessitated by the implementation of infection, prevention and control measures and redeployment of staff to support the acute response during surge periods

- Occasional issues with GP practices receiving/accessing treatment advice notes
- Engagement with some community pharmacists and GPs despite the implementation of a communication strategy
- Logistical difficulties with transportation to and storage of prescription stationery at offsite clinics
- Management of patients who had their medicines dispensed in a compliance aid
- Absence of a technical solution requiring handwritten prescription forms and bespoke communication arrangements with GPs to be established.

Key Recommendations

	Recommendation	This is important because	Actions needed to take forward
1	Provide the technical support needed to embed NMOP into existing and new patient pathways and services across the HSC.	A technical solution to enable printing of HS21s by prescribers at the interface between primary and secondary care and a communication interface with the NI Electronic Care Record is a pre-requisite to the scale up and regional implementation of NMOP beyond the scope of the pilot studies.	• SPPG to develop a business case to secure capital funding for the solution authorised by DHCNI, and installation of software will be managed by BSO ITS and HSC Trusts. • SPPG will advise HSC Trusts to identify and source any additional resources that are required for local implementation, considering future transition to EPIC processes.
2	Include Trust generated HS21s in requirements of Electronic Transfer of Prescriptions (ETP) business cases.	This is needed to ensure that services involving NMOP can benefit from future IT developments.	• SPPG ePharmacy team will include this requirement within any future ETP business case.

	Recommendation	This is important because	Actions needed to take forward
3	Introduce a standardised application and approval process for NMOP across all Trusts, underpinned by appropriate governance arrangements.	This is needed for quality assurance, patient safety and to avoid variance in practice across the HSC.	• HSC Trusts to develop an application and approval process for proposed new areas of practice, considering specific local criteria, appropriate governance frameworks, and SPPG approval of reallocation of prescribing budget from primary to Trust non-medical prescribing budget. • BSO to develop the Common Practitioner Model (cipher application process) to allow Trust employed medical prescribers to obtain a prescribing cipher number. The process should be underpinned with robust governance arrangements to facilitate monitoring processes and the maintenance of registers.
4	Support the commission-ing of evidence-based services involving NMOP	To enable patients and the HSC to benefit from safer and cost-effective new models of care, informed by this project.	• Subject to further consultation, HSC Trusts to work with BSO PaLS to establish direct to patient supply models for specialist products to make the pathway simpler and more efficient. • PHA to establish the service model with Trusts which would facilitate scale up of a more effective nutrition support model to care home residents.

As a result of the evaluations of the NMOP pilot projects, two of the prescribing pathways continue to be utilised in the local Trusts where they were tested:

- Physiotherapist prescribing continues in SEHSCT and SHSCT
- Heart Failure Nurse Specialists continue to prescribe in WHSCT and NHSCT

The potential to expand the HTT model of prescribing to other Trusts outside those that took part in the pilots is currently being explored, as the pathway has generated interest among Trust pharmacy colleagues as a means of addressing current pressures on the community mental health services.

The NMOP dietitian-led ordering of ONS project has been concluded and the supply of ONS to care home patients, has reverted to community pharmacy dispensing of products against individual patient prescriptions generated by GPs, namely the original model of supply. This is due to a lack of capacity within the current dietetics workforce to fulfil this role on an ongoing basis; discussions will continue around how the roll-out of this pilot could be accommodated.

Further expansion of the model to other Trusts or additional service areas is dependent on commissioning arrangements being agreed regionally and the commissioning of a technical solution to enable the printing of HS21s by NMPs working at interfaces and to facilitate a communication interface with the NI Electronic Care Record.

Recurrent funding has been made available from the Department of Health to establish an Integrated Prescribing Programme within the SPPG. The work of this Programme will include the scaling up of NMOP based on the recommendations outlined.

The experience of the pilot projects can serve as an example of the capacity and commitment required to deliver NMOP in other areas. Learning will be taken forward to new clinical areas and across the region.

Overview of New Models of Prescribing project

Northern Ireland lacks mechanisms to allow some prescribers working at interfaces between primary and secondary care to prescribe treatments directly to their patients. This means that there may be duplication of work, with the original prescriber needing to work through the patient's General Practitioner (GP) to ensure that the required treatments are prescribed.

In order to address these issues, a transformation project, led by HSCB (now the Strategic Performance and Planning Group, SPPG) and funded by DoH was established to scope out the arrangements that need to be in place to enable prescribers working at the interface to work in a more effective and autonomous way. Extensive stakeholder engagement established key principles to enable New Models of Prescribing (NMOP) (Figure 2).

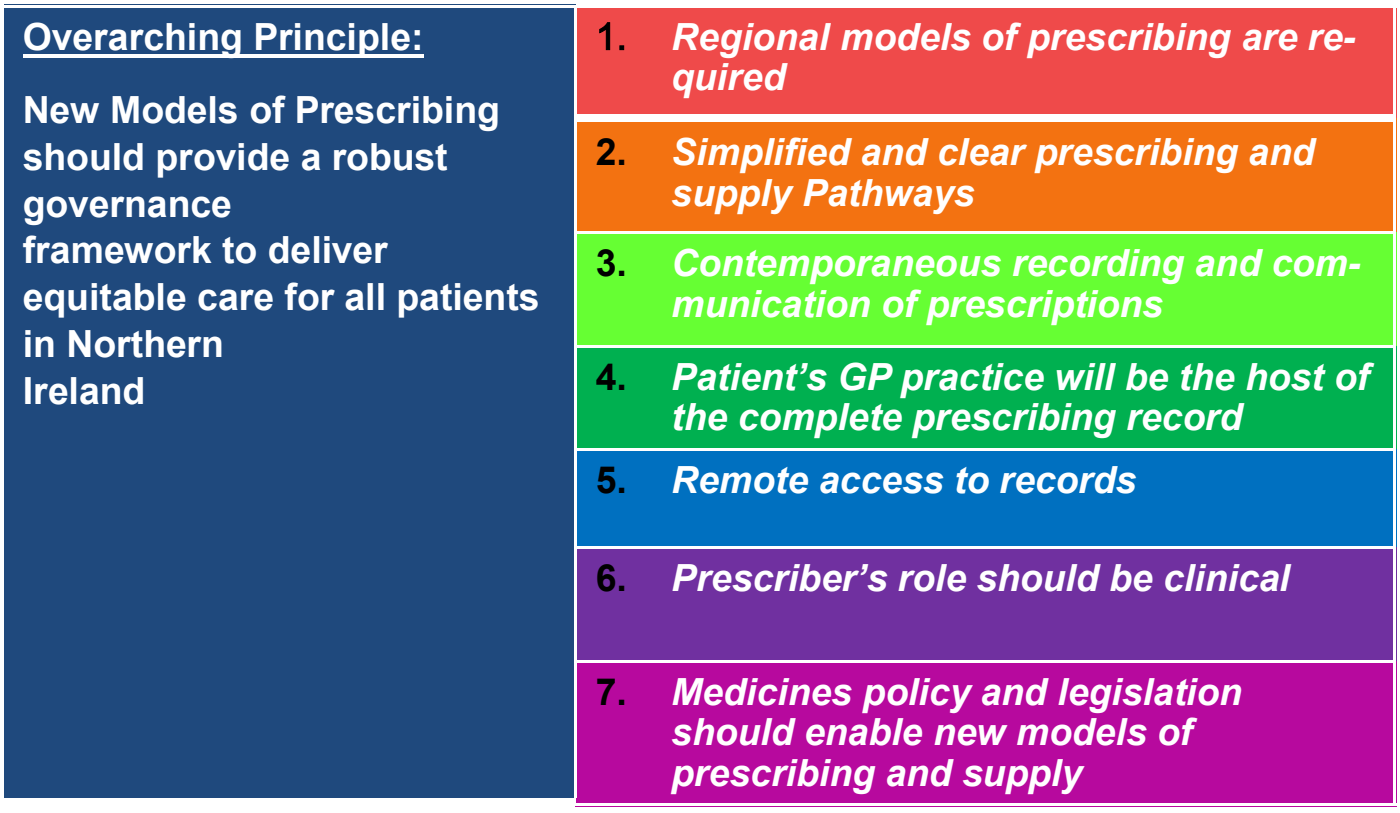

Figure 2 - Agreed NMOP Principles

A number of pilot projects were initiated to test the principles and explore the processes, governance and policy frameworks required for NMOP. The pilots included:

- Dietitian led direct ordering of oral nutritional supplements (ONS) for care home residents
- Physiotherapist prescribing at the interface: community and outpatients
- Heart failure nurse specialist prescribing at the interface
- Mental Health Home Treatment Team medical prescribers.

The Medicines Optimisation Innovation Centre (MOIC) is a regional centre in Northern Ireland dedicated to delivering medicines optimisation to the population. MOIC were tasked with assisting in the evaluation of the NMOP pilot studies.

Evaluation methodology

Analysis plans linking project objectives to the collected data was co-produced by MOIC, HSCB and clinicians participating in the NMOP pilot. The division of tasks under the plan was agreed between HCSB and MOIC.

In line with the agreed analysis plan, the following outcome measurement and analysis was undertaken:

- **Stakeholder feedback sessions:** Agendas for virtual feedback sessions were co-produced by HSCB and MOIC. Mentimeter© software was used to capture quantitative agreement ratings and qualitative commentary from contributors. Qualitative feedback from participants was mapped to the project objectives using a theming approach (a theme or discussion point was summarised and presented, supported by quote extracts from contributors). Average agreement ratings from the participants on how the pilot met the project objectives, were summarised.

- **Stakeholder surveys:** Surveys co-designed by HSCB and MOIC were launched via Citizen Space. Descriptive statistics were used to summarise responses. Qualitative feedback from participants was themed and tabulated.

- **NMOP audit activity:** Clinicians were invited to submit prescribing-related activity from 1 week of their practice around the start and end of the pilot. Audit activity was collated using Excel. Data was quality checked and re-categorised as necessary. Descriptive statistics were used to summarise activity at the start and end of the pilot and results were tabulated.

- **Process maps:** Clinicians participating in the NMOP pilots summarised their clinical workflow at the start and end of the pilot period. The main steps from the process at the start and at the end of the pilot were extracted from the text and collated in flowchart figure. Key findings were summarised.

- **Patient journeys:** Clinicians participating in the NMOP pilot summarised patient journeys which emerged during the pilot. The full summaries and key findings were presented in text.

- **Patient Satisfaction Surveys:** Patients receiving care as part of the NMOP pilots were invited to complete and submit a paper Patient Satisfaction Survey in person or via post. Descriptive statistics were used to summarise results. Direct quotes were extracted and presented.

- **Prescribing data:** Monthly prescribing data (number of prescribers, number of scripts, number of items, cost of items, average cost of item and average cost of item per prescriber) from the start to the end of the pilot was summarised using descriptive statistics

- **Supplementary information:** Additional data collected in relation to specific projects is detailed in the individual pilot reports.

Discussion points emerging from the analysis were formulated.

Results

Detailed results of the evaluation undertaken by MOIC and NMOP project team can be found at the following links:

- Dietitian led direct ordering of oral nutritional supplements (ONS) for care home residents
- Physiotherapist prescribing at the interface: community and outpatients
- Heart failure nurse specialist prescribing at the interface
- Mental Health Home Treatment Team medical prescribers

NMOP: Positive Outcomes from Pilot Projects

>97% Patient Satisfaction

There were high levels of patient satisfaction with the new models of prescribing

Over 79%

Prescribers achieved high levels of compliance with NI Formulary

>56% of Stakeholders

felt that the pilot benefitted the patient

More efficient and shorter process

Allowed quicker access to medication

Increased GP Capacity

by displacing consultation & prescribing activity

Facilitated professional autonomy

Leading to better use of skills and increased job satisfaction.

Improved Communication

Digital interfaces and comprehensive audit trails

Better time management

improved clinician and clinic efficiency

Excellent collaboration

of key stakeholders at each stage of the pathway

NMOP: Key Results from Pilot Projects

Physiotherapist Prescribing	Heart Failure Nurse Specialist	Dietetic led ordering of ONS	Mental Health Home Treatment Team
97% of patients satisfied with their consultation& felt they received appropriate and sufficient information	**100%** of patients were satisfied with the consultation and felt they received appropriate and sufficient information	**92%** of stakeholders felt dietitian-led ordering of ONS on stock order benefit residents	**100%** patients/carers surveyed thought the HTT prescribing should become a permanent service
time was saved in obtaining all medicines. This was most significant in relation to prescriptions for lymphoedema garments (at least 2 weeks)	**3 days** Reduction in time taken for receipt of medication	**10 days** time taken for the community pharmacy supply route reduced by at least 40%	**75-91%** Reduction in time taken for entire process
Reduced Resource Costs Reduced need for interim bandaging. It's estimated that community nursing costs could be reduced by £15k-£22k per lymphoedema physio prescriber per year.	**Patient Feedback** *"I felt very reassured with the nurse specialist and trusted her decision"*	**Stakeholder Feedback** *"There are benefits for patients, care homes, GP practices, dietitians, community pharmacists and economic benefit to the HSC"*	**Reduction in length of time** patient may experience distressing symptoms
Reduced Garment Costs Savings in lymphoedema garment prescribing: Fewer transcription errors = £3.8k/prescriber p.a	**Reduced Costs** Potential to prevent delays in surgical procedures due to poor symptom control	**Reduced Costs** If stock supply of ONS via community pharmacy model was implemented across N.I. this could save >£43K p.a.	**Reduced need for hospital admission**

Discussion

The NMOP pilots delivered innovative and flexible programmes to ensure that the patient remained at the centre of the healthcare professionals' interventions. The multidisciplinary approach enabled the prescribing models to be tailored to individual patient requirements and delivered integrated care.

Results, both qualitative and quantitative, were very positive. A number of favourable outcomes were described including benefits to the patient, health and social care system, and specific disciplines involved in the revised model of care.

The pilots also provided an opportunity to identify the constraints of the new prescribing processes and aspects that would require further consideration before any further roll-out of the new models.

These are described in the discussion sections of the individual project reports.

Appendix 1

Name	Title	Organisation
Brenda Bradley	Pharmacy Lead (Chair)	HSCB[1]
Chris Garland	Pharmaceutical Officer (Co-chair)	DoH
Andrea Linton	NMOP Co-ordinator	HSCB[1]
James McAuley	NMOP Project Manager	HSCB[1]
Gillian McCorkell	Nurse Consultant	PHA
Eamon Farrell	AHP Consultant	PHA
Linda Kelly	Deputy Chief Nursing Officer	DoH
Stephen Guy	Trust Lead Mental Health Pharmacist	BHSCT
Paula Cahalan (until September 2021)	AHP Lead	BHSCT
Glynis McMurty	Professional Head of Pharmacy	GP Federation
Donagh McDonagh	Medical Adviser	HSCB[1]
Tracey Boyce	Head of Pharmacy	SHSCT
Ciaran Trolan	Medicines Optimisation	SEHSCT
Dr Paddy Stirling	GP	GPC
Roger Kennedy/	MDT Rep	HSCB[1]
Vanessa Chambers replaced by **Ennis Shields** (from September 2021)	Pharmacist	CPNI
Shane Crutchley	Senior Data Analyst - FPS	BSO
Suzanne Pullins	AD Nursing	NHSCT
Glenda Fleming	Deputy Director	MOIC
Julie Greenfield	Manager	Pharmacy

[1]On 31 March 2022 the HSCB was closed and its staff and functions migrated to the Strategic Planning and Performance Group (SPPG) of the Department of Health on the 1st April 2022.