Review of Independent Prescribing in the South of England

July 2020

Sally Jarmain
Clinical Fellow (Independent Prescribing Review)
Contents

1. Executive Summary........................................................................................................................................3
2. Summary .......................................................................................................................................................3
3. Introduction ..................................................................................................................................................4
4. Project Aims ................................................................................................................................................5
5. Methods ......................................................................................................................................................5
6. Findings ....................................................................................................................................................6

6.1 HEIs’ approach to NMP education ........................................................................................................6
6.2 Employers’ approach to NMP education ................................................................................................7
6.3 NMPs’ experience of NMP education .....................................................................................................7
6.4 Summary of current challenges in the system ........................................................................................8

7. Recommendations .......................................................................................................................................

7.1 Leading NMP programme design aligned with NHS needs .................................................................

7.2 Funding NMP programmes and appropriately allocating funding, ensuring access to learning for the
NHS.................................................................................................................................................................

7.3 Supporting networks/leadership and resources for NMP in the South ..............................................................

8. References ................................................................................................................................................8
Appendix 1 – Project Reports ........................................................................................................................10
Appendix 2 – Options Appraisal for NMP Funding Options ..............................................................................11
1. Executive Summary

Non-medical prescribing (NMP) has demonstrable economic and patient care benefits (Carey et al, 2014, i5 Health, 2015). This project; the Independent Prescribing (IP) review project, was commissioned to investigate how NMP training is accessed across the South of England, including procurement by HEE, with an aim of reducing unwarranted variation. Data was collected through interviews with HEIs and two online surveys; one distributed to organisations and one to NMPs.

The project found the following:

- Variable support and infrastructure for NMPs and Employers including:
  - Pre-course procedures and allocation of NMP places
  - DPP role
  - Local networks
  - Ongoing assessment of competence
  - CPD
- Variable routes and lack of equity of access for funding
- Lack of clarity about how to gain funding in some areas
- Large variation in courses including:
  - Cost
  - Academic level and credits
  - Duration of programmes
  - Face-to-face study days
  - Admission processes
- Limited ability for HEE (as commissioner) to influence courses
- Difficult for HEE to access information about spending on courses and return for investment, in some areas

2. Summary

Non-medical prescribing (NMP) has demonstrable economic and patient care benefits (Carey et al, 2014, i5 Health, 2015) and can be seen as a key component of the government’s requirement to meet the demands of an aging population who are living longer with multiple co-morbidities (Carter 2016, King’s Fund, 2019, NHS, 2019a, NHS 2019b).

Health Education England are responsible for enabling the delivery of the right workforce at the right time, in the right place, with the right skills to meet the needs of patients, the public and the wider NHS and healthcare. This includes commissioning funded places on Non-Medical Prescribing training courses. This project; the Independent Prescribing (IP) review project, was commissioned to investigate how this training is accessed across the South of England, including procurement by HEE, with an aim of reducing unwarranted variation. The following report details the methods and findings from the project.
3. **Introduction**

Non-medical prescribing can be defined as a prescribing decision by an appropriately trained health professional other than a doctor or a dentist. It is safe (Black, 2013), effective (Weeks et al, 2016), and can facilitate quicker patient access to treatment (Carey et al, 2014). It was first introduced to the UK in 1992 and subsequent legislative changes have broadened both the scope and the professions who are able to undertake training as prescribers (Cope et al, 2016). In the UK, there are three types of non-medical prescriber (NMP) as follows:

- Independent prescribers (IPs) are able to prescribe any medicine within their scope of practice and professional limitations (for example, podiatrists and physiotherapists are only able to prescribe a limited number of controlled drugs). Eligible professions currently include nurses, pharmacists, physiotherapists, podiatrists, paramedics, optometrists and therapeutic radiographers.

- Supplementary prescribers (SPs) are able to prescribe any medicine within their scope of practice (including controlled drugs and unlicensed medicines) providing they do so under the terms of a patient-specific clinical management plan (CMP) agreed by a doctor or a dentist. Many training courses will train eligible professionals to become both IPs and SPs, however dietitians and diagnostic radiographers can only undertake training to become SPs.

- Community Nurse Practitioner Prescribers (CPNPs) are able to prescribe from a limited formulary known as the Nurse Prescriber Formulary (NPF). This consists of dressings, appliances, pharmacy (P), general sales list (GSL) and thirteen prescription only medicines (POMs).

In order to become a NMP, it is necessary for an individual to undertake a NMP course, provided by a higher education institute (HEI) that has been accredited by the relevant professional regulator. Part of the course involves a period of learning in practice and recent regulatory changes have mandated that the role of assessor, also known as the Designated Prescribing Practitioner (DPP), can now be undertaken by an NMP rather than just by a doctor (which has been the case in the past).

Health Education England (South) has historically funded the provision of NMP courses across the region. The mechanism of funding courses is different in the four local offices; the Southwest (SW), Wessex, Thames Valley (TV), and Kent, Surrey and Sussex (KSS).

A project was commissioned by Health Education England (South) to review how non-medical prescribing training is accessed and run across the area, with an aim of reducing unwarranted variation.
4. Project Aims

- Scope the structure and provision (including HEE funding/commissioning) of IP programmes, identifying any opportunities to influence more consistent approaches where significant variation and lack of equitable access exists.

- With an appreciation at STP/ICS geography, identify if there are any untoward barriers to accelerating NMP utilisation and proposing strategies which can be used by local stakeholders for addressing these.

- Review current status and set up of IP professional support networks embedded within employing organisations and propose, as appropriate, how they might best be organised and managed based upon achieving self-sustaining communities of practice.

- With the South School of Pharmacy and Medicines Optimisation, streamline the processes across the South for identifying, assessing and selecting candidates put forward for NMP training.

- Consider the need to incorporate additional clinical examination and reasoning education alongside IP.

5. Methods

The project used two methods in order to gain information about the current situation for NMPs in the South.

The first method was to interview all HEIs in the South that provide NMP courses, using a prepared set of interview questions. These were based on a set used in a similar IP review project conducted in the North of England in 2018. This was in order for responses to be compared across the regions. The majority of interviews were conducted by telephone due to geography and to be time efficient. The results were transcribed to a spreadsheet and a report was developed (see Appendix one).

The second method was the development of two online surveys, based on a surveys used in a similar IP review project conducted in the North of England in 2018. This was in order for responses to be compared across the regions. One survey was distributed to employers using a range of distribution lists. The other survey was distributed through distribution lists and social media. The results from both these surveys are detailed in separate reports (see Appendix one).
6. Findings

6.1 HEIs’ approach to NMP education

There are eighteen HEIs offering the IP/SP course to nurses, pharmacists and AHPs in the South of England. Seventeen of the HEIs responded to the request for contact. There are no HEIs currently offering the course to Optometrists in the South.

All NMP courses undergo accreditation by the relevant regulatory bodies every three years. This ensures that the course follows the standards set out by the regulatory bodies for NMP courses. However, it does not address the significant variation in NMP courses. Variation was found in the following areas:

- **Professions which the course is provided for.** 47.1% offered the course to all eligible professions apart from optometrists, 35.3% to nurses and AHPs only and 17.6% to pharmacists only.

- **The academic level.** 58.8% offered the course at level 6 and 7, whereas the remainder offered the course at level 7 only. In some cases this was mandated by the regulators (for example the GPhC require that courses for pharmacists are run at level 7) however in other cases the HEI had made the decision to only offer the course at level 7 even when this was not a requirement of the regulator (for example, in the case of courses run for nurses).

- **The academic credits assigned to the course.** This varied from 20 to 60 credits, as defined by the credit accumulation and transfer system.

- **The application processes.** Each HEI had its own application process and pre-requisites

- **The number of face-to-face study days.** This varied from 4 to 26 days.

- **The duration of the course.** This varied from 4 to 10 months.

- **The financial cost.** This varied from £1100 to £3100. Overall, the cost per credit ranged from £27.50 to £75 and there was a wide variation within modules offering the same number of credits (for example, the cost per credit of a 40 credit module varied from £27.50 to £62.50 and the cost per credit of a 60 credit module varied from £36 to £52.40).

In addition there was significant variation in the taught content, the assessment processes and the way in which DMPs were supported by the HEI.

See Appendix 1 for full report.
6.2 Employers’ approach to NMP education

The survey for employers was completed by 82 people. Most respondents were from either the SW or KSS, with fewer from Wessex and TV. They worked in a wide range of settings, with primary care and NHS acute trusts being the most common. Some areas had access to NMP lead networks/support, however this was not the case for all areas.

The majority (61.0%) felt that they had sufficient funding for NMP education, with the remainder saying that they required additional funding for a range of professions, most commonly nurses, pharmacists and physiotherapists. Many respondents (87.8%) reported barriers to accessing the NMP course. The biggest of these was the capacity for the individual to be released from practice followed by lack of funding.

In deciding which course their staff should access the most important factors for employers were course content, supervision requirements and location of the university. Of less importance was whether the course was delivered to a single or multiple professions.

Whilst pre-application processes were undertaken by most employers before individuals accessed funding for prescribing, they were not applied uniformly. Local service need and the impact on patient experience were the most important factors in deciding if an individual should be given access to a funded NMP place.

The new DPP role had only been implemented by 21.9% of organisations, with some respondents stating that they did not even know that the regulatory changes had been made allowing for individuals to take on this new role. Barriers to the introduction of the DPP role included having sufficient numbers of medics willing to undertake the role currently and the need to formulate governance procedures to support the role.

When it came to implementation of prescribing following qualification, respondents felt that advanced knowledge in a specialist area, comprehensive clinical and diagnostic skills and support from prescribing/medical colleagues were the most important factors. There was significant variation in how the ongoing assessment of competence and provision of CPD was managed across organisations.

See Appendix 1 for full report.

6.3 NMPs’ experience of NMP education

There were 1059 respondents to the survey, with broad representation both geographically and professionally, although there was some over-representation in the South West and of dietitians.

Most respondents did not face barriers in accessing the NMP course, but for those that did the most common barriers were access to funding and the capacity to be released from practice. Availability of funding was the most important factor to respondents when it came to deciding where to study, however other important factors included the content of the course and where it was delivered. In general, respondents were satisfied with the courses that they attended.
Many of the respondents were interested in undertaking the DPP role in the future, although they felt they would need support including designated time to undertake the role and access to organisational policies and competencies.

There was a lack of a consistent approach reported both to pre-course procedures and to organisational support following qualification, leading to the potential for inequity. Barriers to implementation reported by NMPs included lack of access to CPD, and lack of access to peer support/supervision.

See Appendix 1 for full report.

6.4 Summary of current challenges in the system

- Variable support and infrastructure for NMPs and Employers including:
  - Pre-course procedures and allocation of NMP places
  - DPP role
  - Local networks
  - Ongoing assessment of competence
  - CPD
- Variable routes and lack of equity of access for funding
- Lack of clarity about how to gain funding in some areas
- Large variation in courses including:
  - Cost
  - Academic level and credits
  - Duration of programmes
  - Face-to-face study days
  - Admission processes
- Limited ability for HEE (as commissioner) to influence courses
- Difficult for HEE to access information about spending on courses and return for investment, in some areas

7. References


King’s Fund (2019) *Closing the Gap.* London: King’s Fund


Appendix 1 – Project Reports

NMPs experience of NMP education.pdf

Employers approach to NMP education.pdf

HEIs approach to NMP education.pdf
Appendix 2 – Options Appraisal for NMP Funding Options

The following table is taken from the HEE Independent Prescribing Review Report for the North (Doherty et al, 2019)

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Risks</th>
<th>Mitigations</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allocate funds directly to employers</td>
<td>- Empower trusts to make their own choices</td>
<td>- HEE have no influence of the quality and education model of HEIs</td>
<td>- It would be possible to implement a monitoring system, although this is likely to be arduous, difficult to manage and labour intensive</td>
<td>Not viable</td>
</tr>
<tr>
<td></td>
<td>- Equity across organisations</td>
<td>- No sustainability for HEIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- High probability that funds would not be utilised</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Very difficult to monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Difficult for primary care to manage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Commission HEIs with assigned allocation to organisations</td>
<td>- Supports sustainability for HEIs</td>
<td>- Likelihood of unused allocation</td>
<td>- Could institute systems for monitoring and reallocating although this is labour intensive</td>
<td>Least preferred option</td>
</tr>
<tr>
<td></td>
<td>- Increased equity of access for organisations/learner</td>
<td>- Difficult to manage in primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Trusts are empowered (can negotiate with HEIs e.g. local delivery)</td>
<td>- Very time consuming to manage appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Commissioning decisions made regionally may not reflect local need</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Commission HEIs with no assigned allocation</td>
<td>- Can utilise savings in other areas easily</td>
<td>- No equity of access to courses – first come first served</td>
<td>- Could stipulate when/how cohorts run</td>
<td>Second preferred option</td>
</tr>
<tr>
<td></td>
<td>- Supports sustainability for HEIs</td>
<td>- Less judicious approach to controlling access to courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Supports utilisation of all funding</td>
<td>- Difficult for staff in primary care to access courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- HEIs can maintain and share a waiting list of applicants (improved planning)</td>
<td>- Regular rapid mobilisation of additional cohorts may impact on quality/learner experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Less labour intensive for HEE to administer</td>
<td>- Use of funding early in year prevents those with winter capacity issues from accessing courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Easiest to administer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option</td>
<td>Benefits</td>
<td>Risks</td>
<td>Mitigations</td>
<td>Suggestion</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>
| 4. Commission HEIs within STP/ICS footprint | - Can match capacity to demand  
- Supports sustainability for HEIs  
- Can influence course in line with local requirements  
- In year flexibility if demand changes  
- Can provide streamlined approach for primary care  
- Would facilitate NHS organisations, NMP Leads and prescriber networks | - Reduced options for learners  
- Need resource at STP/ICS/Commissioner level  
- HEIs less able to respond to additional available funds  
- Lack of sustainability for some HEI providers | - Promote more flexible models for learners through commissioning specification  
- Utilise additional resource to manage  
- Build flexible capacity as part of the commissioning specification  
- Requires professional lead | Preferred option                  |