New roles and new ways of working

Shelagh Morris, previously the Deputy Chief Allied Health Professions Officer at NHS England, asks if there is potential for occupational therapists to make use of medicines mechanisms to improve service delivery and outcomes for patients and service users?

The policy context across the UK presents challenges and opportunities for all health and care professionals and there is increasing demand on services requiring innovation and redesign.

New roles and new ways of working are already emerging, with occupational therapists working in settings such as emergency departments, minor injuries units, community teams, care homes and primary care.

In addition, occupational therapists are clinical leads on rehabilitation wards, in review clinics and integrated services.

Across all four UK administrations there are common issues that are being addressed, including more joined-up and co-ordinated acute and community care, reducing delays in discharge and reducing pressure on hospital emergency services.

There are also some common drivers for change, including growing and ageing populations, upstream prevention and timely intervention in optimal care setting.

In addition, there are an increasing number of occupational therapists working at advanced level practice and growing interest in career development using this route. Advanced clinical practitioners are increasing capacity, enhancing skill mix and enabling innovation.

Therefore, it is timely to consider medicines mechanisms currently available to occupational therapists and, in the context of changing health and social care delivery, to consider if there is a future need for occupational therapists to be able to use a wider range of medicines mechanisms.

Occupational therapy and medicines

The ability to participate in meaningful daily activities (occupations) is fundamental to health and wellbeing. The core skills of an occupational therapist focus on the assessment of occupational needs and the facilitation of occupational performance/engagement.

Consequently, any activity or intervention that an occupational therapist uses, in order to enable or enhance occupational performance, is considered within the professional scope of practice (HCPC 2013; RCOT 2017).

Medicines mechanisms provide opportunities for healthcare professionals to include timely access to medicines as part of the interventions they provide. For occupational therapists, use of medicines mechanisms works alongside their focus on occupational performance and aims to maximise function and activity.

All occupational therapists have a working knowledge

Patient Group Directions

A Patient Group Direction (PGD) is the written instruction for the supply and/or administration of medicines to groups of patients who may or may not be individually identified before presentation for treatment. This should not be interpreted as indicating that the patient must not be identified; patients within the group may or may not be known to the service, depending on the circumstances.

For example: PGDs used to support occupational therapist-led rheumatology clinics using injection therapy alongside ergonomic advice, exercise and splinting – increasing service capacity, reducing need for surgery and enabling individuals to manage day-to-day activities including work and leisure.

of medications used by those on their caseload and the effect these medications have on occupational performance and participation (RCOT 2017).

There are two groups of medicines mechanisms: supply and administration; and prescribing.

Legislation is already in place to allow occupational therapists to use Patient Group Directions (PGDs) to supply and/or administer medicines.

The RCOT document *PGDs and occupational therapists* (RCOT 2019) was developed jointly with Specialist Pharmacy Services (SPS) and provides a comprehensive introduction to PGDs, together with links to further information available from RCOT and other organisations, including the Medicines and Healthcare products Regulatory Agency (MHRA), SPS and the National Institute for Health and Care Excellence (NICE).

While PGDs have been found to be useful, occupational therapists report that there are limitations to their use, recognising that they are not suitable for use where a patient has co-morbidities or for the treatment of long-term/chronic conditions.

Another supply and administration mechanism is exemptions – with specific medicines listed in the Human Medicines Regulations. There are two prescribing mechanisms; supplementary prescribing and independent prescribing.

Occupational therapists cannot currently use any of these three mechanisms (see figure one).

Exemptions in The Human Medicines Regulations	**Several health professions have specific exemptions in medicines legislation to supply or administer specific licensed medicines. Currently exemptions are available for the following registered healthcare professionals:** • **nurses (for occupational health schemes);** • **midwives;** • **optometrists;** • **orthoptists;** • **chiropodists/podiatrists; and** • **paramedics.**
Supplementary Prescribing	**Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Certain registered practitioners may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP.**
Independent Prescribing	**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.**

Figure one: Mechanisms occupational therapists cannot currently use

Process for change

Extending use of medicines mechanisms to additional professions requires changes to UK-wide legislation. The process is lengthy, with two key areas that require significant work – education and training and clinical governance – to ensure that patient safety is paramount wherever and whoever takes responsibility for prescribing, supply and administration of medicines.

Several stages can be identified and are illustrated in figure two.

Each stage requires considerable work. A project team involves key stakeholders with the professional body providing professional officer support. A programme board ensures engagement with the other UK administrations and regulatory bodies.

Current work, hosted by NHS England, is awaiting progress to the stage of public consultations. A range of professions including other AHPs, healthcare scientists and dental are involved. At present there is no indication of a further programme of work.

However, the government's recent commitment to support and strengthen the NHS, its workforce and resources, included the Medicines and Medical Devices Bill 2019-20, announced in the Queen's Speech on 14 October 2019 (*https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8699*).

One element of the Bill is 'to increase the range of professions able to prescribe low-risk medicines to make the most effective use of the NHS workforce' (*www.gov.uk/government/publications/queens-speech-2019-background-briefing-notes*). Occupational therapists need to be ready to take advantage of any new flexibilities that may emerge.

How can members contribute?

RCOT is keen to hear from occupational therapists who are currently

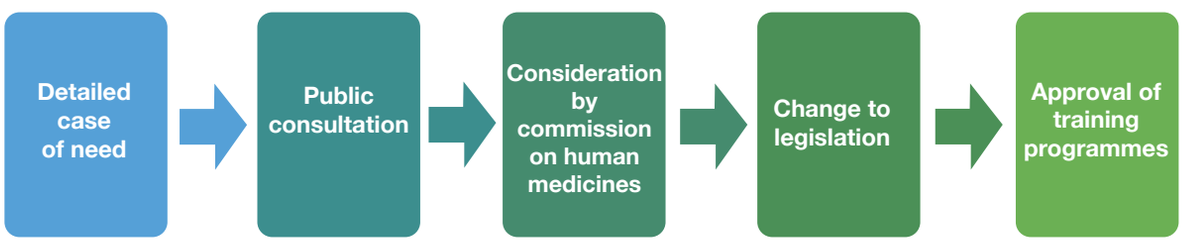

Figure two: Changes to medicines mechanisms legislation – stages in programme of work

using PGDs and/or can identify potential to use other medicines mechanisms to demonstrate: benefits for patients and service users; flexibility of health and care organisations to redesign services that increase capacity; improvements in health and wellbeing of individuals and communities; reduced costs and contribution to efficiencies that can be reinvested in frontline services; and safe and effective use of medicines mechanisms by occupational therapists.

RCOT is working on an informed view on medicines mechanisms that will be published in early 2020 (*www.rcot.co.uk/about-occupational-therapy/rcot-informed-views*). If any member would like to become involved in a working group on medicines management, please email Yailin Acosta at: *yailin.acosta@rcot.co.uk*.

References

Health and Care Professions Council (2013) *Standards of proficiency: occupational therapists.* London: HCPC. Available at: *www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---occupational-therapists.pdf*

Royal College of Occupational Therapists (2017) *Professional standards for occupational therapy practice.* London: RCOT. Available at: *www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics*

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RCOT (2019) *Patient Group Directions (PGDs) and occupational therapists.* Available at: *www.rcot.co.uk/practice-resources/occupational-therapy-topics/medicines-optimisation/pgds*

Shelagh Morris, previously Deputy Chief Allied Health Professions Officer at NHS England

Shelagh Morris trained as an occupational therapist at the Liverpool School of Occupational Therapy. She has experience working clinically in both health and social care services and with a range of patient/client groups.

She joined the Department of Health (DH) in 2003. Her responsibilities, within the allied health professions team, included use of Patient Group Directions by AHPs, self-referral to physiotherapy and service improvement in a range of AHP services to improve access and reduce waiting times for patients.

She was the policy lead for taking forward supplementary prescribing by physiotherapists, podiatrists and radiographers, then independent prescribing by physiotherapists and podiatrists.

Shelagh was appointed Deputy Chief Allied Health Professions Officer at NHS England in 2013, as the NHS Commissioning Board was created. The focus of her work was improving rehabilitation services and further work on AHP medicines mechanisms projects.

More recently, she was responsible for the establishment of a medicines mechanisms programme, which extended work to other AHP, dental and healthcare science professions. Her work with Health Education England included the Framework for Advanced Clinical Practitioners.

Her involvement with the Royal College of Occupational Therapists commenced as a student member. She was a founder member of the special interest group for occupational therapists working with individuals with a learning disability.

Shelagh chaired Trent Regional Group of Occupational Therapists and she also chaired the College of Occupational Therapy Information Committee from 1995 to 1997.

Shelagh retired at the end of June 2018. She was awarded the OBE in the 2012 New Year's Honours, Honorary Fellowship of the Chartered Society of Physiotherapy in 2017, and Fellowship of the Royal College of Occupational Therapists in January 2019.

RESOURCES

RCOT (2018) Briefing – Advanced Clinical Practice. Available online at: www.rcot.co.uk/practice-resources/occupational-therapy-topics/leadership-and-management