



Networking event: Scoping the future use of medicines mechanisms by occupational therapists

Friday, 6th November 2020

1.00 – 3.00

Medicines Mechanisms

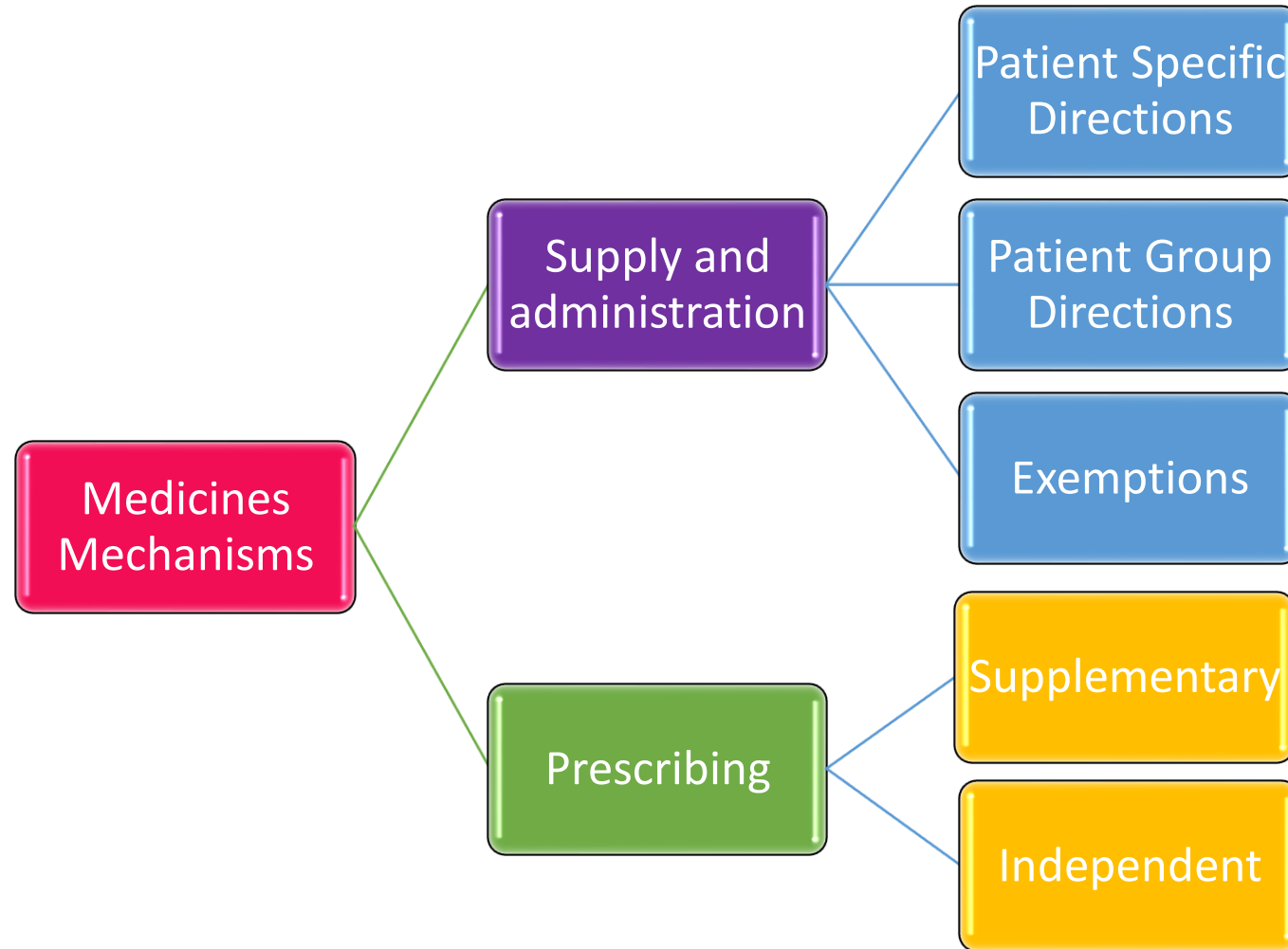
Scoping Projects

Shelagh Morris

NHS England and NHS Improvement



Medicines Mechanisms



Supplementary Prescribing
A voluntary partnership between a doctor or dentist and a supplementary prescriber within an agreed patient-specific clinical management plan (CMP) with the patient's agreement

Exemptions
Specific exemptions in medicines legislation to supply or administer named licensed medicines

Independent Prescribing
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

DEFINITIONS

Patient Specific Direction
The traditional written instruction or electronic authorisation signed by a doctor/dentist, or non-medical prescriber (independent or supplementary) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual patient

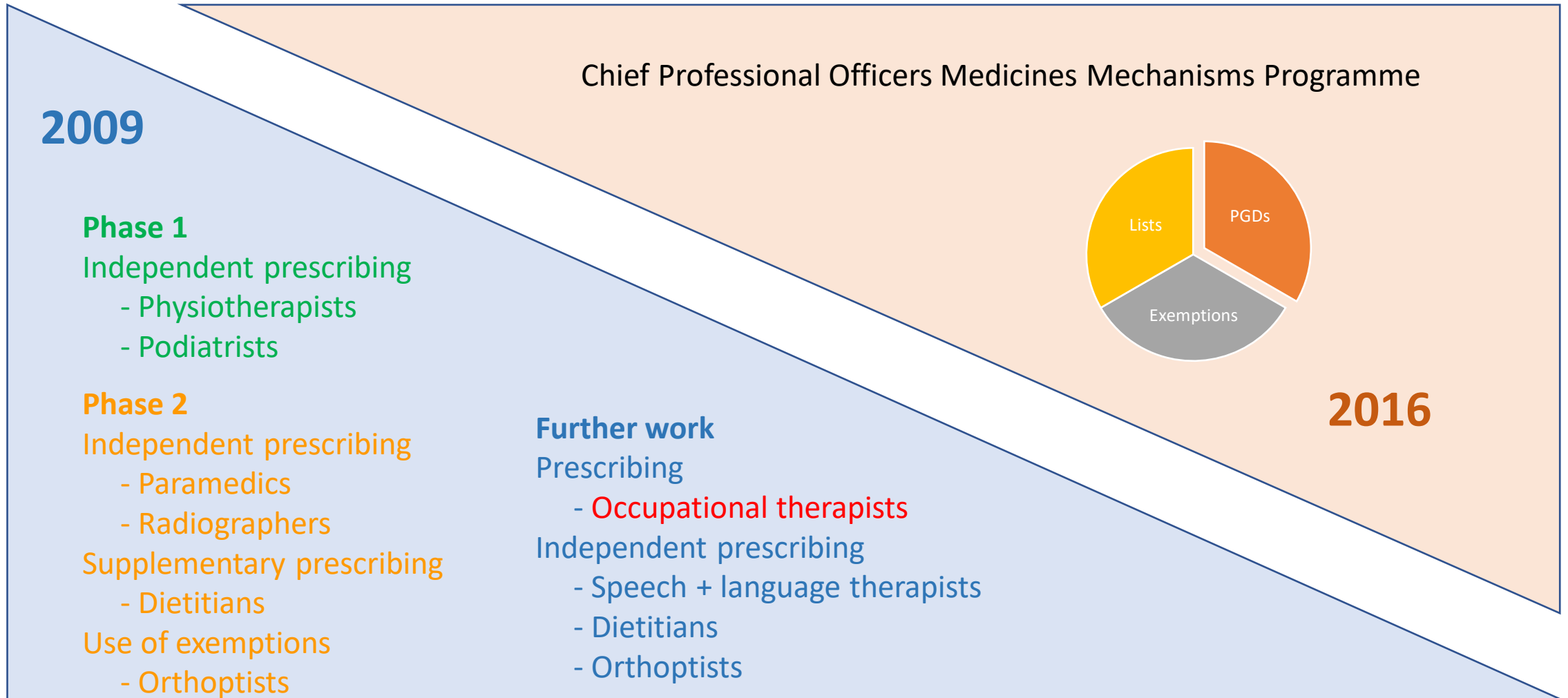
Patient Group Direction
The written instruction for the supply and/or administration of medicines to groups of patients who may or may not be individually identified before presentation for treatment

Current use of medicines mechanisms

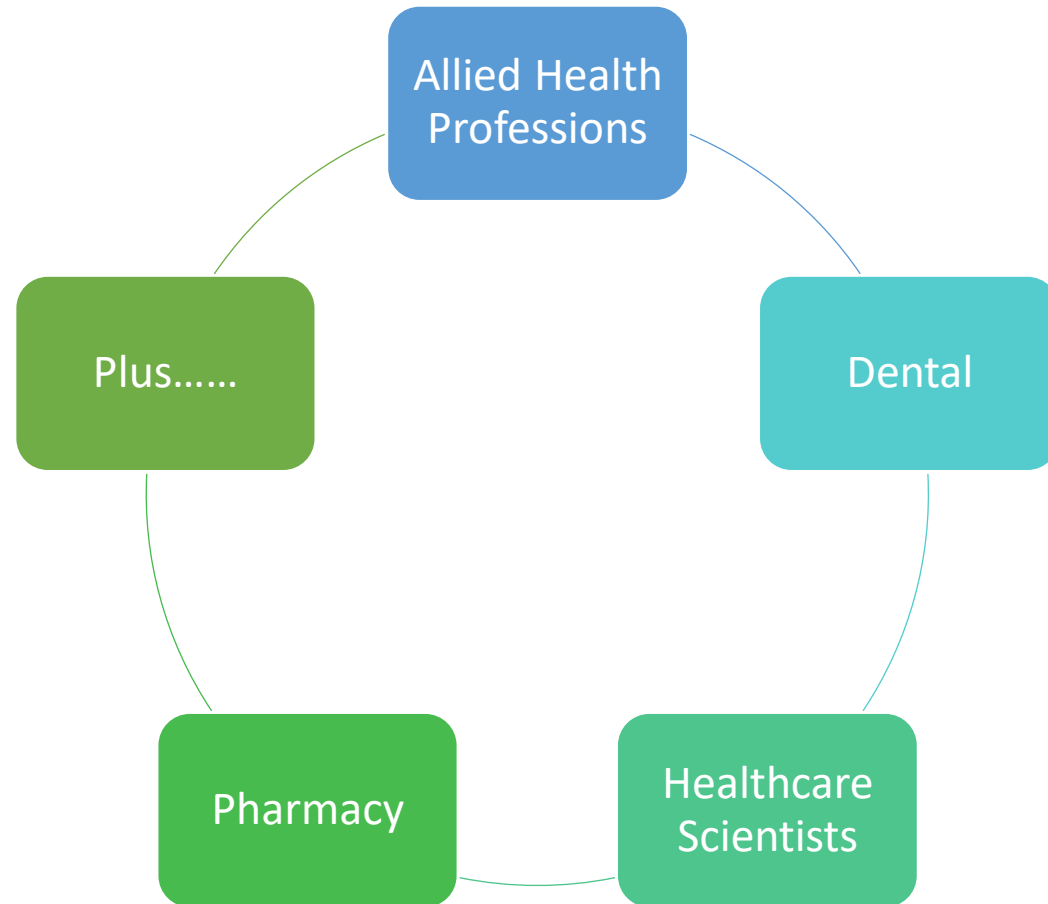


	Exemptions	Patient Group Directions	Supplementary Prescribing	Independent Prescribing
Nurses	√	√	√	√
Midwives	√	√	√	√
Pharmacists	√	√	√	√
Optometrists	√	√	√	√
Paramedics	√	√	√	√
Podiatrists	√	√	√	√
Physiotherapists		√	√	√
Therapeutic radiographers		√	√	√
Diagnostic radiographers		√	√	
Dietitians		√	√	
Orthoptists	√	√		
Occupational Therapists		√		
Speech and Language Therapists		√		
Prosthetists and Orthotists		√		

History – Scoping Projects



Professions included

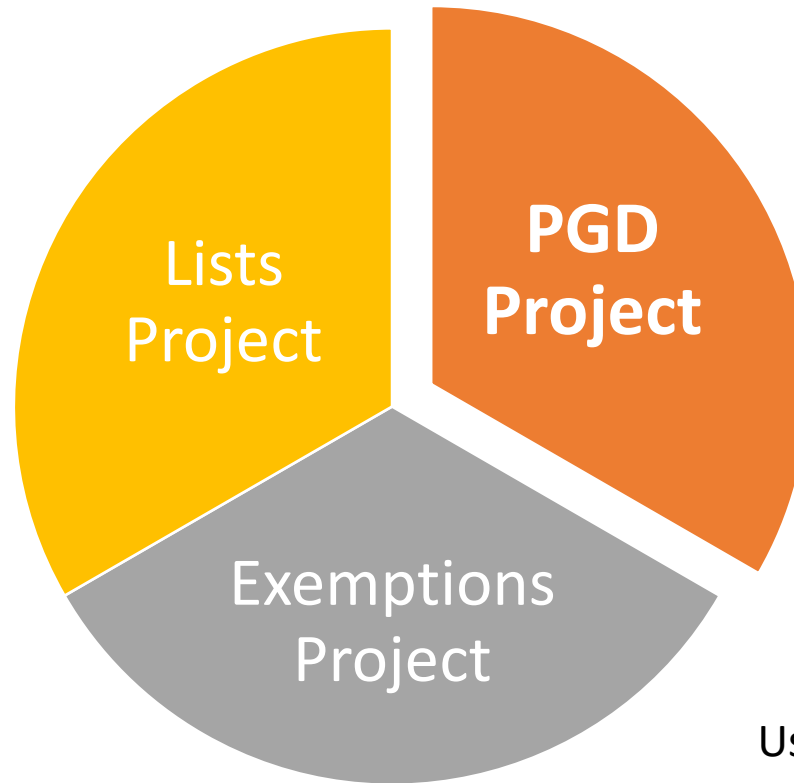


Chief Professions Officers' Medicines Mechanisms (CPOMM) Programme

Amendment of the lists of controlled drugs that can be prescribed by:

- Physiotherapist independent prescribers
- Podiatrist independent prescribers

Amendment of the list of medicines that paramedics can administer under exemptions



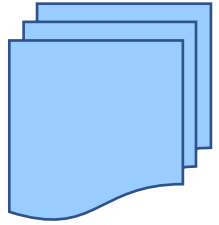
Use of Patient Group Directions by:

- Biomedical Scientists
- Clinical Scientists
- Operating Department Practitioners (ODPs)

Use of exemptions by:

- Dental therapists
- Dental hygienists

Current Consultations & Stakeholder Events



Consultations – full and summary documents
&
To register for the stakeholder events



<https://www.england.nhs.uk/medicines-2/chief-professions-officers-medicines-mechanisms-programme/>

RCOT Scoping Project 2019

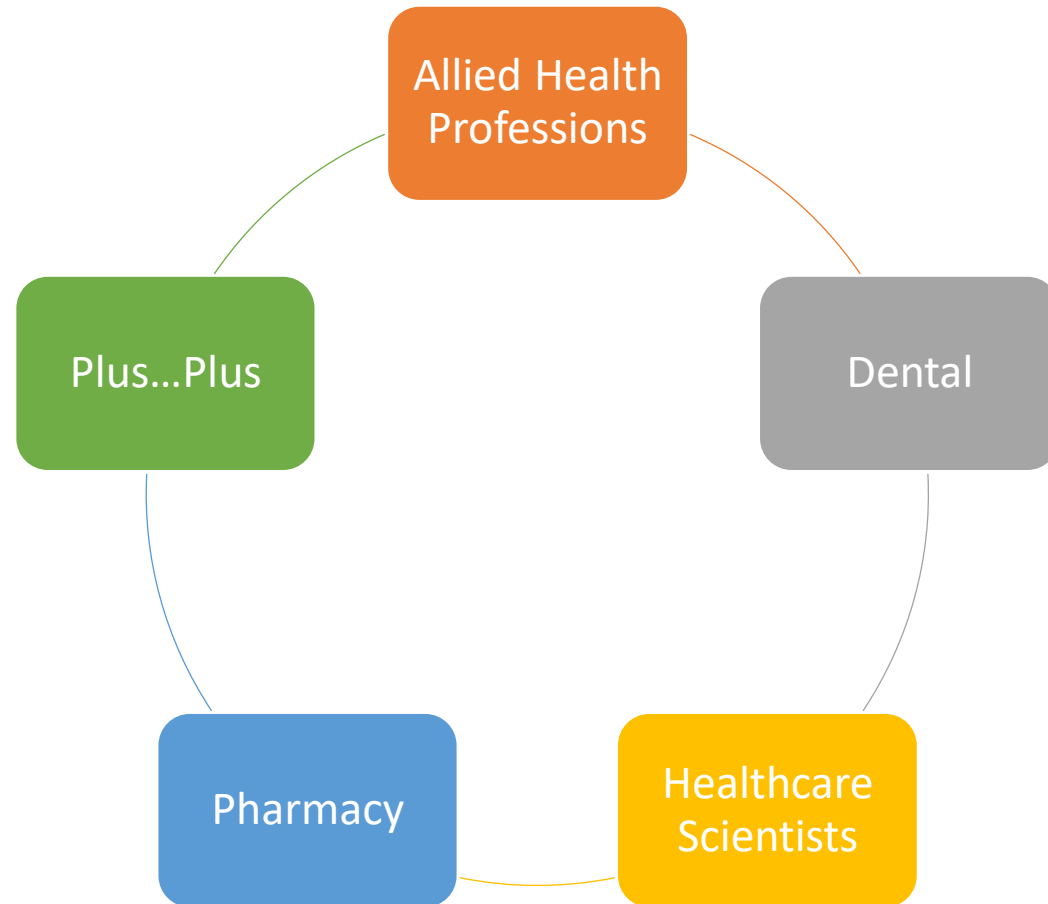


2020 Scoping Project

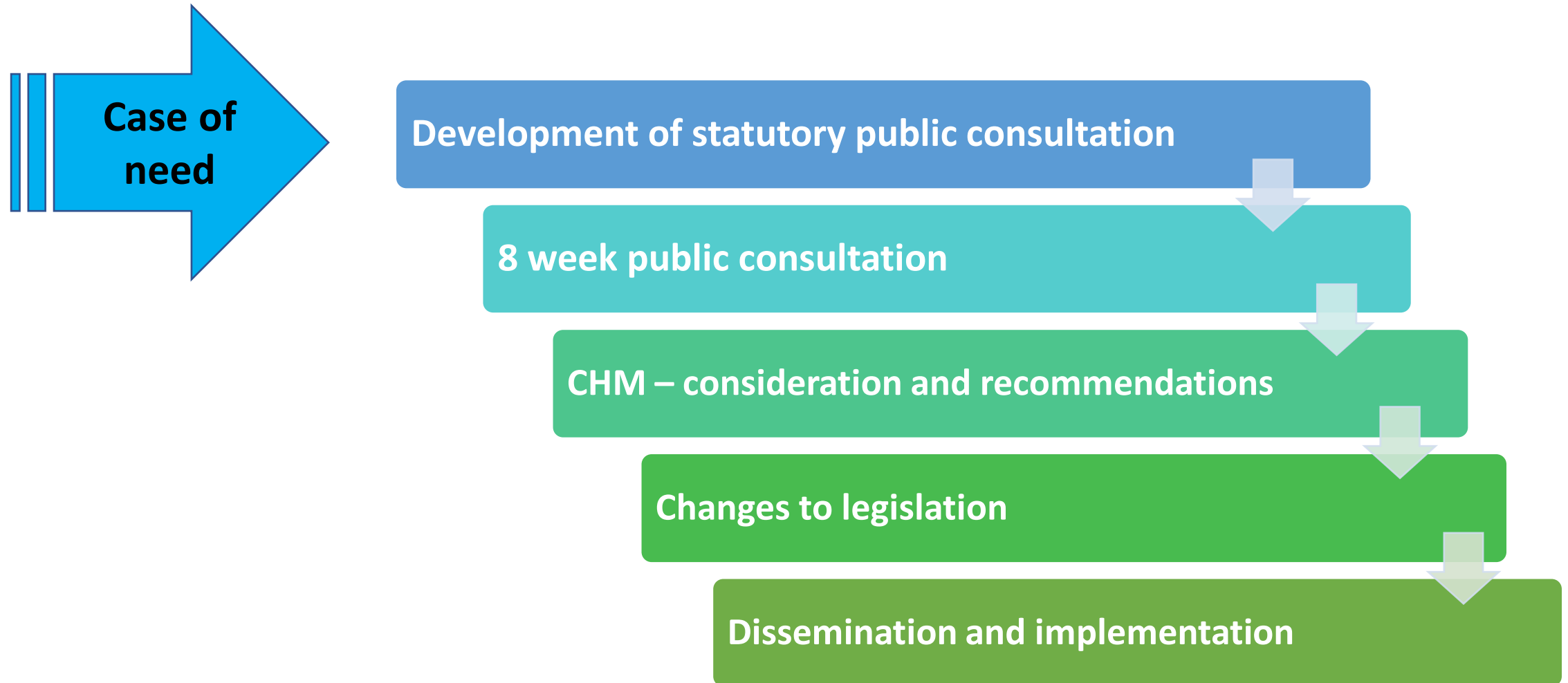
Purpose

- To provide a current picture of the range of healthcare professions able to use medicines mechanisms and to determine if any further work is needed to extend medicines mechanisms to other professions
 - To review 2009 and 2016 Scoping Projects
 - To summarise which mechanisms are used by which professions
 - To describe the current context for extending use of medicines mechanisms including the impact of COVID-19
 - To outline identified need for extending use of medicines mechanisms
 - To propose recommendations regarding priorities for further work

Professions included



Process



The NHS context

- Policy Direction – UK-wide and Devolved Administrations
- New roles and new ways of working
- COVID-19



What this means for patients



- Greater choice and accessibility to services
- Patient-focused services that are evidence based and continually improving
- Greater flexibility to design services around patient's needs
- Redesign services that put patients at the centre- new roles and new ways of working, new settings

What this means for services

- Supports system wide approach
- Increase flexibility of workforce
- Supports medicines optimisation
- Creates opportunity for commissioners and providers to redesign services to improve clinical outcomes and increase capacity





Key Issues

Governance

Education &
Training

Guidance

Project Working Group

FAQs

Key stakeholders

Resources

- Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines (in England), SPS <https://www.sps.nhs.uk/articles/medicines-matters-a-guide-to-mechanisms-for-the-prescribing-supply-and-administration-of-medicines-in-england/>
- MHRA (2017) *Patient Group Directions: who can use them*. <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>
- TO PGD OR NOT TO PGD? That is the question. A guide to choosing the best option for individual situations. <https://www.sps.nhs.uk/wp-content/uploads/2017/11/To-PGD-v9.5-Jan-2018.pdf>
- SPS (2019) *When Patient Group Directions (PGDs) are not required: Guidance on when PGDs should not be used and advice on alternative mechanisms for supply and administration of medicines*. <https://www.sps.nhs.uk/wp-content/uploads/2019/03/SPS-When-PGDs-should-not-be-used-final-March-2019-1.pdf>
- SPS (2018) *PGDs e-learning package*. <https://www.sps.nhs.uk/articles/cppe-pgd-e-learning-package/>
- RCOT (2018) *Strategic Intentions 2018 – 2023*. <https://www.rcot.co.uk/about-us/governance/strategic-intentions>
- Royal Pharmaceutical Society (RPS) (2016) *A Competency Framework for all Prescribers* <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>
- HEE (2017) *National Framework for Multi-Professional Advanced Clinical Practice*. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>

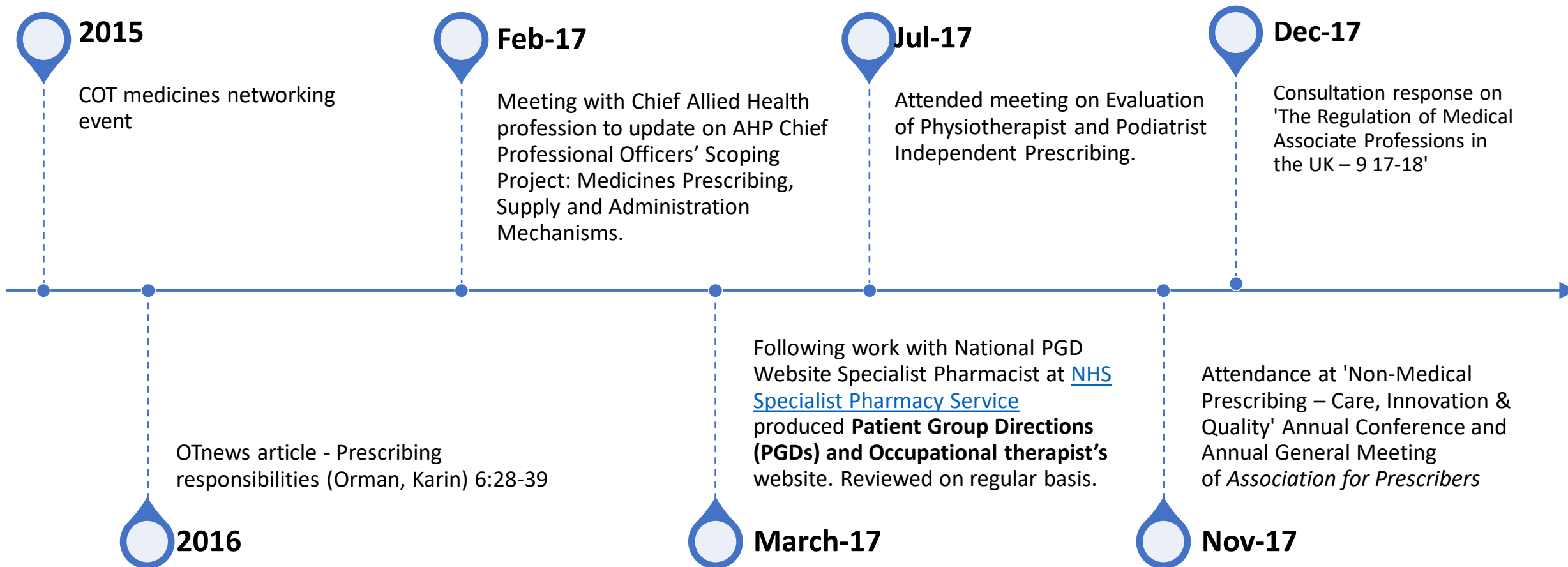


RCOT updates

Paul Cooper, Lead Professional Adviser
Royal College of Occupational Therapists

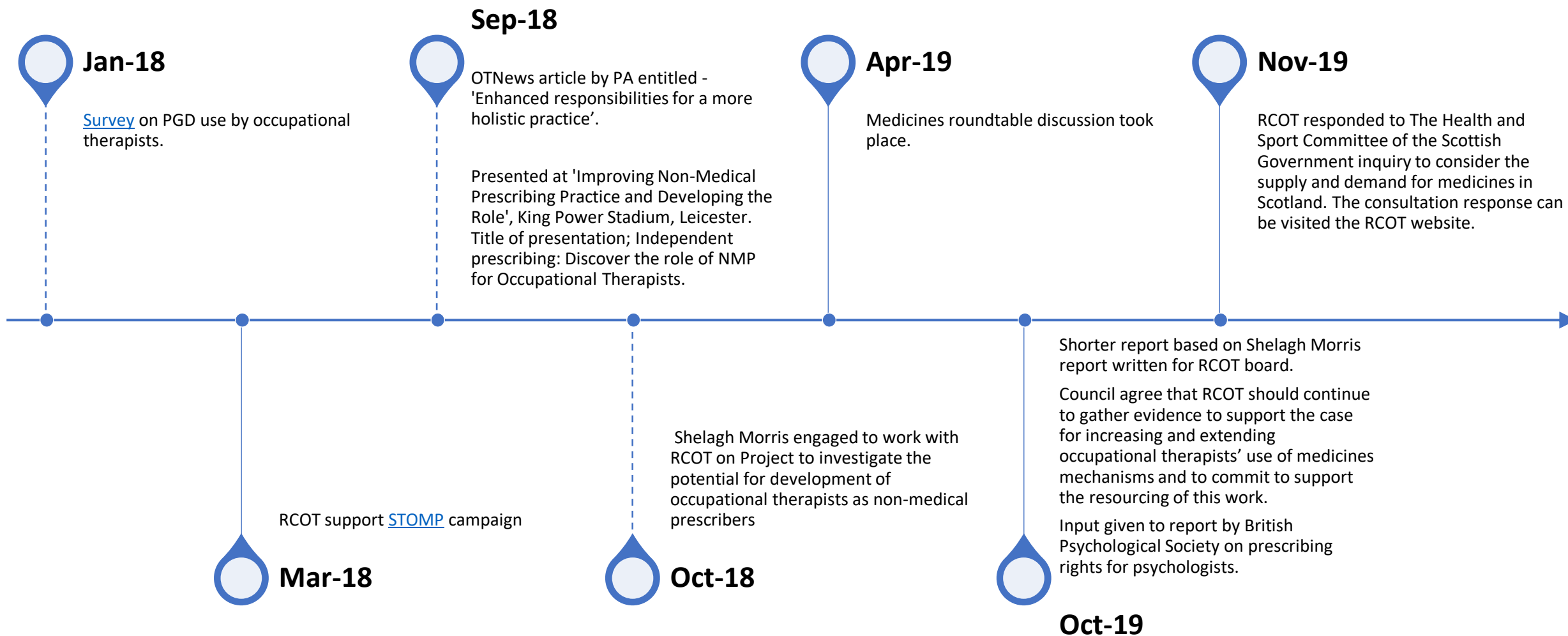


Medicines Timeline 2015-2017



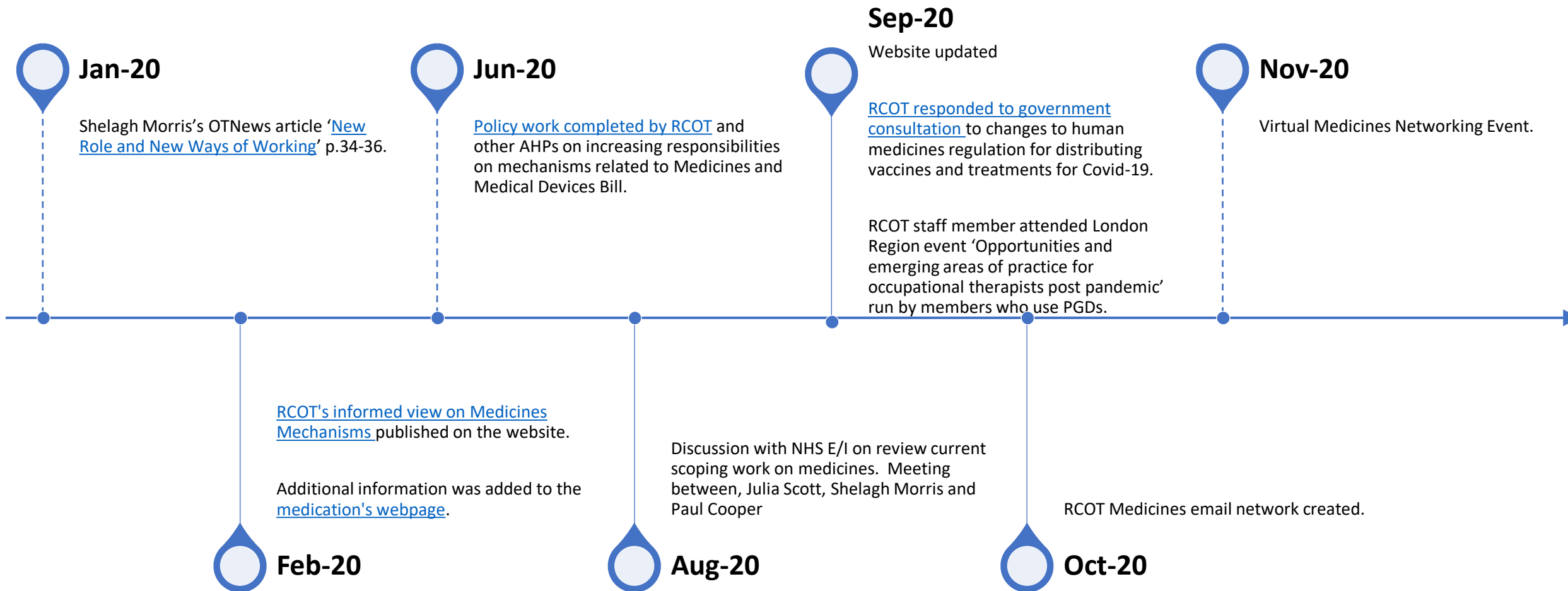


Medicines Timeline 2018-2019





Medicines Timeline 2020



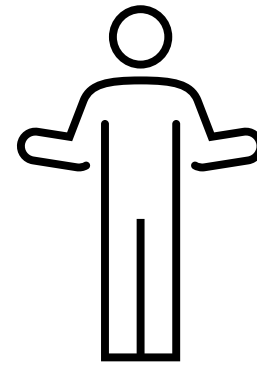
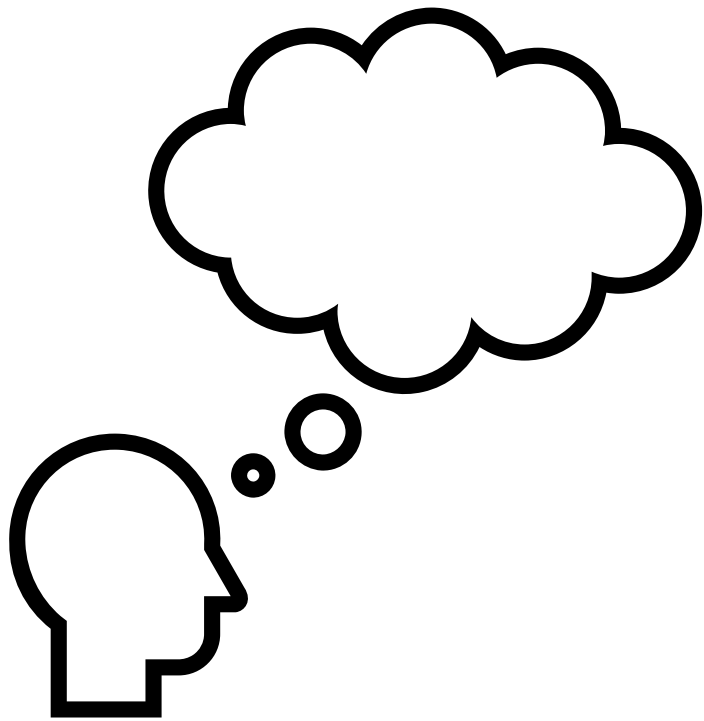


RCOT view

RCOT are keen to demonstrate how existing mechanisms are being used in patient care and how increased responsibilities could:

- result in fewer hand-offs to others for the supply/administration and prescribing of medicines
- simplify the patient pathway and improve their experience
- avoid duplication of tasks
- have the potential to reduce medication dosage or the number of medicines a person requires through offering alternatives to medicine. This would further people's independence and ability to self-manage
- There is a commitment to develop of a case of need for increased responsibilities regarding medicines mechanisms for occupational therapists at advancing levels of practice
- Prescribing will not be for all occupational therapists working at advanced levels of practice
- Prescribing can support a personalised approach to care

For more Information refer to Informed view on Medicines mechanisms at <https://www.rcot.co.uk/about-occupational-therapy/rcot-informed-views>



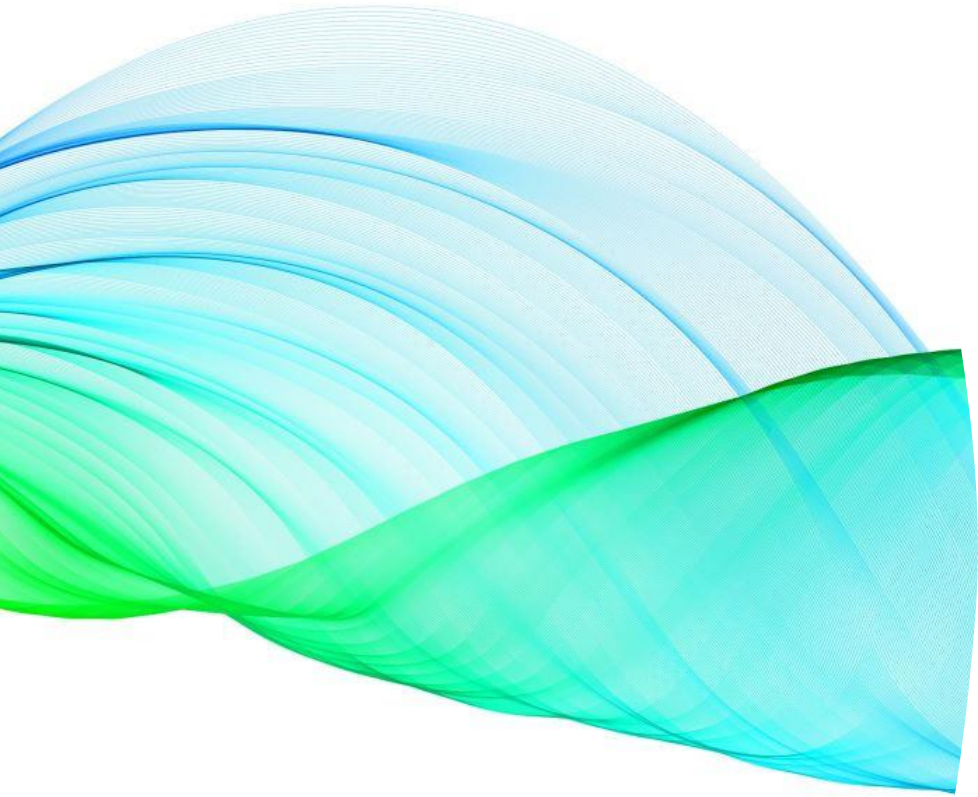
Personal reflections



Dr Jenny Preston
Consultant Occupational Therapist

Medicines Management

- **Doing:** tasks, opportunities, competence
- **Being:** roles, identity, experience, engagement
- **Becoming:** envisioning future roles; temporality; exclusivity
- **Belonging:** connectedness, interdependence, value, worth



Should Occupational Therapists be put forward to become nonmedical prescribers?

Rachael Collins - Trainee Advanced Clinical Practitioner in stroke

*Absolutely
yes!
As nonmedical
prescribers OTs
will*

- Influence and enhance the quality of care and therefore quality of life for patients in specific settings which in turn enables improvement in occupational performance. .
- Reduce touch points, admissions and unnecessary contacts for both staff and patients, reducing waste and improving efficiency.
- Extend the scope of practice, whilst ensuring Trust/employer support and work within our limitations knowing our boundaries.
- Provide truly holistic and person-centered care for those who need an AHP approach to their care planning.
- Excel within the healthcare setting particularly in the setting of highly clinical specialist areas such as Advanced Clinical Practice.



Sandra Lyle

Occupational Therapist – Specialise in Rheumatology
Hand Therapist member of British Association of Hand Therapists
Northern Lincolnshire and Goole NHS Foundation Trust

Background of PGD experience

- Completion of Injection Therapy Course – joint/soft tissue injections of the upper limb
- Out of date PGD – Physiotherapy
- New PGD process very complex and long winded – justification/evidence/approval
- Change of Scope more Physiotherapy inclined – unique changes for OT
- Previous change of Scope for Hand Therapist requesting x-rays several years ago unique in our Trust

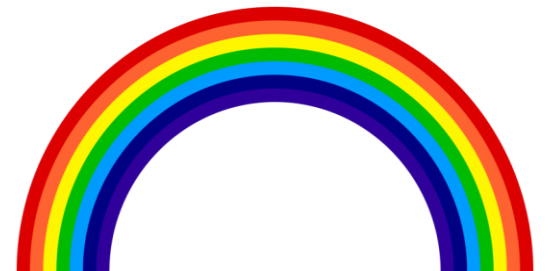
Current PGD experience

Roll-out of Peer vaccinators for Flu vaccines

Training involved Pharmacology of vaccine, medical exemptions, use of PGD and legal records/consent
Currently vaccinating Peers(staff) only not patients

Ease of access for colleagues to obtain vaccine, timely
Duty of care for patients

PROTECT THE NHS



Public Health

We have a duty of care to ourselves, our families, our colleagues, our patients and our wider community

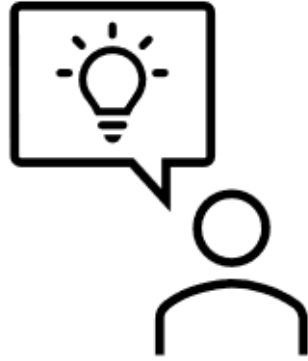
In the future

Rollout to patients in our care – Holistic approach

Every Contact Counts – diet, exercise, alcohol, smoking - why not vaccination/prevention diseases?

No we are not Doctors but looking after the welfare of our patients





Discussion

Discussion

Challenges

- Medical model / Filling a gap
- Evidence base
- Convincing wider MDT

Opportunities

- Better patient care
- Improved service delivery
- Career advancement



Ensuring we provide effective
clinical supervision to support role
development

Competition amongst s

How to protect the more traditional
aspect of OT role when demands
of advanced practice role increase

Insurance cover: Trust or RCOT?

Evidence to support functional
improvements linked to NMP

Not to be seen as a replacement
medical practitioner

Initially time consuming

Are we doing this just to 'belong' in
a medical model of practice?

Appropriate settings

Need a solid knowledge base to
build on - from pre-reg

Balancing the needs of the
profession, including maintaining
identity,

Challenges



Clear governance and
support mechanisms

Not perceived to have adequate
baseline training to cope with
prescribing course

Dispelling the myths around this
issue within our own profession

Reassuring other OTs

Currently limited OT's in ACP roles to
demonstrate need for Prescribing

finding capacity to take on new

high stakes risk

Recognition from the trust you're
based in as a need for OTs to be
NMPs

OT's are seen to be behind PT colle

Being confident about our skills as an OT

Unrealistic expectations of
prescribers by other team member

might cause loss of focus in sessions on
therapy goals. Trying to do one thing well in
a session is enough

this will not be for allOTs



Meet needs of those we serve better....
Enhance ability for autonomous working in some specialities

well rounded care

Enhance visibility & profile of OTs

To improve occupational performance with mindful and sensitive prescribing/deprescribing.

patients limiting face to face contact with multiple people .. especially when concerned with situations like COVID

Supports development of services in primary care / First Contact Practitioners

Opportunities for the people who use our service, less hand-offs etc.
Streamline

Opportunities



To work alongside Frailty ACPs in Same Day Emergency Care settings including ED and Ambulatory Services, managing full episodes of a patient's care bringing Occupation to the forefront of the Comprehensive Geriatric Assessment.

Reduce duplication of work and waiting times between professionals

Holistic

Holistic and comprehensive care for patients
- Less Handoffs and communication errors

Expand the role and accept we may need to be a bit more generic at times it doesn't mean we are no longer OTs, healthcare is changing we need too!

Maximise our skills and capabilities

provide a very clientcentred service

Could become part of our tool kit, not for all but for a very few

link reduction in meds to occupational participation

useful to be able to prescribe Botox in upper limb neuro treatment.

Create new unique roles that can improve patient care

Reduce patient hospital visits as they don't need to return to see a doctor for a prescribed injection. (less time off work, reduced car parking pressures, more efficient service delivery etc etc)

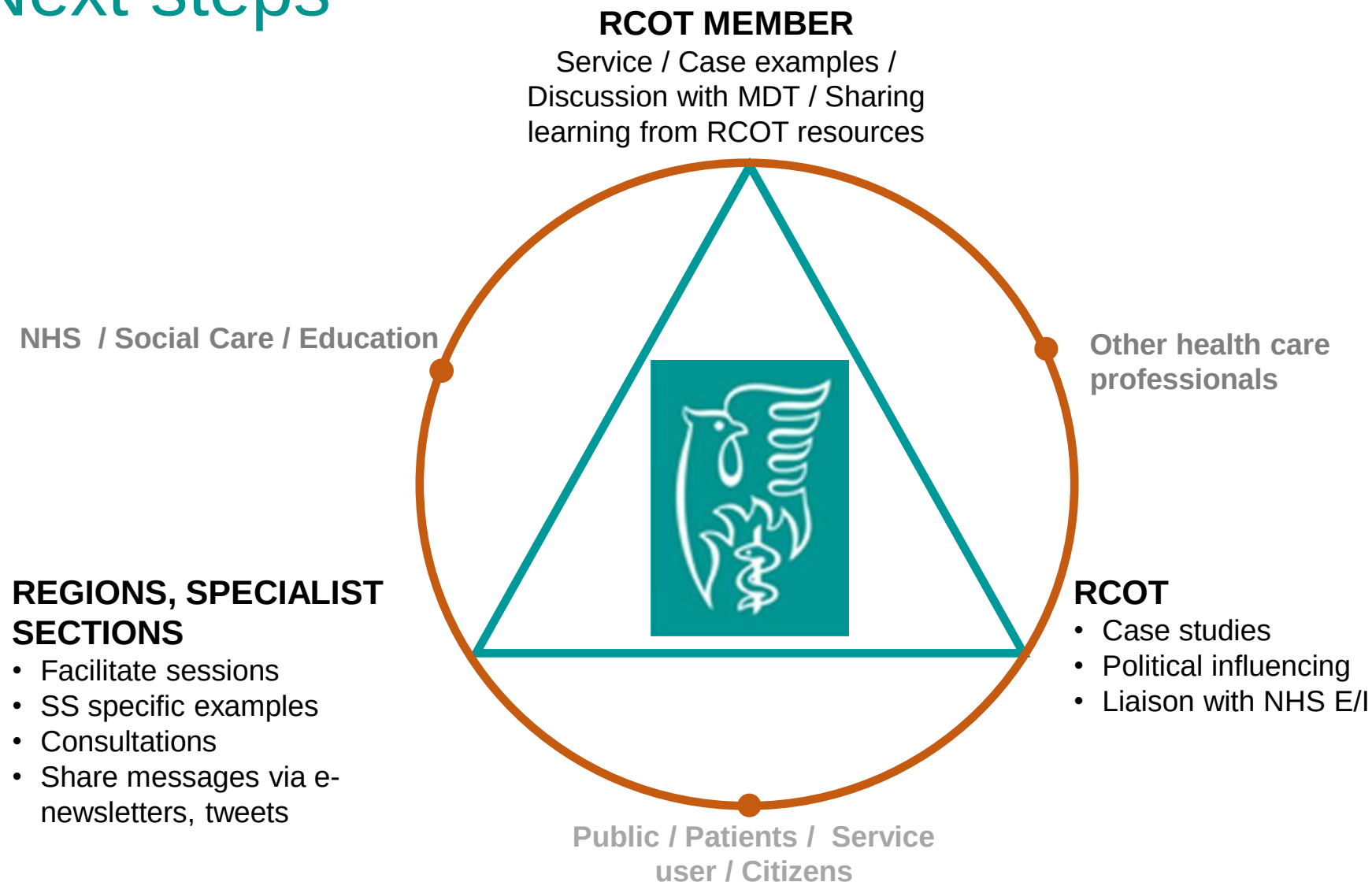
Supports occupational therapists to enter some of the roles we have been hearing about today

Admission prevention in the community

Autonomous working i.e community / remote settings



Next steps





Map in with credentials maybe?

Need to think creatively about the messages we can agree on to promote and demystify both the opportunities and the challenges

Share stories of where it has worked effectively to meet service user needs

Collect data of instances when prescribing would enhance patient experience

More press or publication about ACP or Advanced practitioner roles and how prescribing could help

Share clinical examples with ACP board within our trust whereby being able to prescribe would've enhanced our practice and the patients experience.

Database of OT prescribers to enable networking and sharing of experiences

gather examples of patient stories where care has been improved

Front page spread on BJOT

Your ideas/actions to help develop a case of need

Fight for OTs to be able to access the ACP course from our trust even without prescribing.

can you group responses/case studies based on each specialist section

encourage people not to be afraid to take on the role

Ask other professions who work alongside Advanced OTs or ACP on their views?

highlight the inequities between OT and PT

Funding needed for courses