NON-MEDICAL PRESCRIBING

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Since 2003, nurses and pharmacists have been able to undertake additional training to become supplementary prescribers. Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient–specific clinical management plan (CMP), with the patient’s agreement.

We describe our experience of implementing supplementary prescribing in the Rotherham Memory Clinic, specifically for acetylcholinesterase Inhibitors and Memantine, from 2008 until 2013.

Definition of terms

Non-medical prescribing (NMP) is the umbrella term for all prescribing by staff who are not doctors or dentists; legislation (e.g. Medicines for Human Use Order, 2006) over the last decade has made this possible. Some non-medics, e.g. specialist nurses, have become high level independent prescribers, who are trained and are legally responsible for their own prescribing decisions within the framework of their own competence. This article does not cover independent prescribing, but focuses on supplementary prescribing which is much simpler to implement. (see Box 1: summary of terms)

The aim of NMP

As stated by the Department of Health, the aim is to “maximise benefit to patients and the NHS, through increased flexible use of workforce skills”. (Department of Health, Improving Patients’ Access to Medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England 2006
http://www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf )
**Potential benefits of NMP in a memory clinic**

For patients, the benefit is that they see the same staff who provide continuity of care for straightforward decision-making on titration, monitoring and switching of cognitive enhancers, utilising evidence-based practice / NICE guidance.

For nurses / NMPs, the benefit is to provide continuity of care and to extend professional competence.

For doctors, the benefit is that they do not have to be involved in routine care, being called in to provide advice in complex or atypical cases. This frees up doctors time, and is consistent with the principle of New Ways of Working.

**Setting up supplementary prescribing**

The first step is for trust board agreement, and appointment of a NMP lead, usually a senior nurse or chief pharmacist. Their role will be to formulate a NMP policy, and to oversee and monitor its implementation. The policy used by our trust is available to read or download from the trust website [www.rdash.nhs.uk](http://www.rdash.nhs.uk)

**Training supplementary prescribers**

Nurses or other clinical staff who wish to become supplementary prescribers must undergo postgraduate training, usually affiliated to a postgraduate school of nursing. In South Yorkshire, this comprises the equivalent of 38 study days and 90 hours of clinical practice. There are exams, assignments, and on-the-job training. Trainee supplementary prescribers are allocated a mentor, usually a doctor, who provides support and on-the-job training. In the Rotherham Memory Clinic, there are 2 senior nurses who are supplementary prescribers, 2 more undergoing training, and 2 consultants in old age psychiatry who act as mentors.

Supplementary prescribing is illegal, and indefensible medico-legally, if there is no CMP, completed before supplementary prescribing starts.

**How supplementary prescribing works in Rotherham Memory Clinic**

If an old age psychiatrist makes a diagnosis of Alzheimer’s disease and initiates a cognitive enhancer, he / she does not necessarily see that patient again. A CMP and individualised care plan (ICP) is completed and passed
to the supplementary prescriber, who arranges to see the patient (and carer) 4-12 weeks after diagnosis. Depending on the specification of the CMP, the supplementary prescriber will undertake post diagnostic counselling, monitor side effects, titrate the dose and issue another prescription. If the CMP is for acetylcholinesterase inhibitors the supplementary prescriber can switch between Donepezil, Galantamine and Rivastigmine as appropriate, using dosage regimes and routes of administration as per the British National Formulary. CMPs also exist for Memantine.

Once the patient is stabilised on a cognitive enhancer at optimal dose, a shared care protocol is enacted by the supplementary prescriber with the patients GP.

If there are problems, unexpected side effects or ethical or practical difficulties, the supplementary prescriber will consult the independent prescriber / doctor for advice. An annual review of ICP / CMP between supplementary and independent prescriber is built in.

Outcomes

A detailed analysis is beyond the scope of this article. In Rotherham Memory Clinic, supplementary prescribing is working well. There have been no adverse events, no patient complaints, and no incident reports of prescribing errors in 3 years of practice. Nurses involved take their enhanced responsibilities seriously, and enjoy the increased patient contact and enhanced professional role. Doctors are grateful to have some of their workload taken off them, in regulated and controlled circumstances.
### Box 1: Summary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Non-medical prescribing</td>
<td>Umbrella term for all prescribing not done by doctors and dentists.</td>
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<tr>
<td>Supplementary prescribing</td>
<td>The focus of this article, where non-medical prescribers are trained to prescribe a limited number of medications (e.g. cognitive enhancers), following a clinical management plan.</td>
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<td>Clinical management plan</td>
<td>Written by a doctor / independent prescriber, this provides the (medico-legal) framework for the supplementary prescriber to issue prescriptions and monitor response. The CMP is a generic checklist to ensure all patients receive a standard assessment.</td>
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<tr>
<td>Individualised care plan</td>
<td>The ICP contains personalised information on past medical history and current medication that alerts the NMP to potential difficulties.</td>
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Other examples of non-medical prescribing include Formulary Prescribing (where nurses / pharmacists are trained to prescribe from a formulary), and independent prescribing (where nurse specialists develop high level skills such that they are trained to prescribe a wider variety of medications).