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NON MEDICAL PRESCRIBING IN CARDIOLOGY STRATEGY AND GOVERNANCE

Strategy and Governance

Ensuring effective governance of prescribing practice in Cardiology

Evaluating where prescribing could improve care for your patients

Developing a new service and working differently

Issues and challenges around prescribing in cardiology

*Ensuring effective governance of prescribing
practice in Cardiology*

Clinical governance

- "A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."

Scally G and Donaldson L (1998) Clinical governance and the drive for quality improvement in the new NHS in England

BMJ 317(1750): pp61-65

Key themes:

- Patient focus - how services are based on patient needs
- Information focus - how information is used
- Quality improvement - how standards are reviewed and attained
- Leadership - how improvement efforts are planned
- Staff focus- how staff are developed

<https://www.rcn.org.uk/clinical-topics/Clinical-governance>

Patient focus – Non Medical Prescribing

Service design

- Reviewing roles or the sequence in which actions occur
- Changing who can prescribe, what and how? Accessibility to treatment
- The care environment; improve dignity or provide better control over a situation
- Offering the patient the opportunity to be a partner in their care; focus on shared decision making, ‘treat the patient not the condition?’

Process design; meal times, drug rounds, or the patient pathway

- Reviewing roles, or the sequence in which actions occur
- Putting the skills the patient needs, where they are needed

Continuous feedback to improve systems and processes

- How we use continuous feedback to improve how we perform
- Auditing prescribing practice; feedback from patients, colleagues

Participatory health and patient activation

- a person provider partnership based on mutually acknowledged expertise. Patient activation describes the knowledge, skills and confidence a person has in managing their own health
- Shared decision making

Information focus – **Non-Medical Prescribing**

- How information is used, or accessed?
 - **Patient and clinician access to information – smart phones, portable technology**
- Personalised or precision medicine-application of emergent technologies
- Treatment guidelines
- Electronic guidelines
- Electronic health records
- Mobile technology
- Digital development
- Social innovations



"patients are in control of the information they need to improve their health and wellbeing and NHS information systems are designed to support clinicians and other front-line staff to deliver safe, high quality care to their patients"

DH (2012) The power of information

Quality Improvement – Non Medical Prescribing

Timely – reducing waits and delays

- Access to treatment

Effective - providing services based on evidence and which produce a clear benefit

- Right treatment, right patient

Person-centred - establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences

- Using feedback from patients

Efficient – avoiding waste

- De-prescribing / reviewing medication; use and adherence

Equitable - providing care that does not vary in quality because of a person's characteristics

- And accepting risk varies depending on some of those characteristics

Safe - avoiding harm to patients from care that is intended to help them

- Safety-net, ongoing review

Leadership focus – Non Medical Prescribing

- Leaders are critical in shaping organisational culture
- Leadership styles contribute to team cohesion, lower stress, and higher empowerment and self-efficacy
- Nurses prefer managers who are participative, facilitative, and emotionally intelligent
- Leadership is a predictor of quality outcomes in health care settings
- Authentic leaders offer good role models consistent with values and vision for health care. They offer individualised consideration of staff, provide motivation and stimulate of creativity and innovation.



Staff Focus – Non Medical Prescribing

‘When staff are positive about levels of support this can lead to improved patient satisfaction, health outcomes, and ratings of quality of care, as well as reduced staff absenteeism and turnover’

Aiken (2012) Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ* 344; e1717

- *Selecting the right people*
 - Advanced practice trajectory
 - Clinical skills
 - Taking a history
 - Making a diagnosis
 - Meeting patient need
 - Meeting service need
 - Good support and supervision
 - Professional requirements to take on prescribing
 - Indemnity

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*Evaluating where prescribing could improve
care for your patients*


Nurse prescribing was a logical response to an identified health need...


- Gould and Bain (2022)
Principles and Practice of Nurse Prescribing

Access to treatment

Timeliness of treatment



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- Outreach
 - ACS
 - Chest pain pathway
 - Monitoring and maintaining treatment
 - Follow-up – PCI
 - Arrhythmia
 - Heart Failure
 - End of Life Care
 - Congenital heart disease
 - Inpatient pathway, discharge
 - Pre-admission
 - Cardiac rehabilitation



*Issues and challenges around prescribing in
cardiology*

Current issues and challenges

- Referral rates
- Lack of availability for F2F appointments
- Reduced capacity
- Do we investigate more if we telephone?
- Telephone and remote consultations

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf>

<https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles>

<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/clinical-resources-during-covid-19/upskilling-during-covid-19/remote-consultations>

Thank you for listening

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