

**Freedom of Information Act 2000**

**Wiltshire Health & Care LLP Response to Information Request**

**Date Request Received: 6th August 2024**

**FOI Ref: 07\_24-25**


**Requested Information**

Prescribing Practices

**Response**

**FREEDOM OF INFORMATION ACT 2000.**

Thank you for your request for information as detailed below, together with our reply.

Ref:	Question:	Response:
1	<p><b>1.1. Overarching Policy</b></p> <p>1.1.1. Does Wiltshire Health and Care have an overarching prescribing policy for all services?</p> <p>1.1.2. If so, please provide a copy.</p> <p>1.1.3. When was this policy last reviewed and updated?</p> <p><b>1.2. Governance and Auditing</b></p> <p>1.2.1. Is there a central prescribing governance committee?</p>	<p><b>1.1.1</b> Yes, Wiltshire Health and Care (WHC) have an overarching prescribing policy for all services.</p> <p><b>1.1.2</b></p> <p>  <b>non-medical-prescribing-policy-1010.pdf</b></p> <p><b>1.1.3</b> The policy was last updated August 2024</p> <p><b>1.2.1</b> There is a Medicines Governance and Policy Oversight Group which includes NMP. WHC are in the process of identifying members to start a Prescribing Steering Group.</p>

	<p>1.2.1.1. If so, what is its remit and composition?</p> <p>1.2.2. How are prescribing decisions and policies audited across services?</p> <p><b>1.3. Non-Medical Prescribing</b></p> <p>1.3.1. What is the policy on non-medical prescribing across services?</p> <p>1.3.2. How many non-medical prescribers are employed, and in which services?</p>	<p><b>1.2.1.1</b> Medicines POG. Senior Clinicians, Service Managers, NMP (Non-medical Prescribing) Lead and Governance Pharmacists. Remit to oversee and monitor NMP activity.</p> <p><b>1.2.2</b> Annual mandatory NMP survey, including prescribing decision and rationale, for audit and oversight.</p> <p><b>1.3.1</b> Those who require this qualification for their role apply to a CPD panel through a funding application, which is assessed and scrutinised by a panel of service leads, and specialists as to the requirement for the qualification and how they will use this in practice. If approved, they apply to either of 2 Universities who have strict entry requirements.</p> <p><b>1.3.2</b> Please see below the list of services and how many non-medical prescribers are employed.</p> <p>MIU-11</p> <p>NHS@Home – 15</p> <p>Specialist Services ( inc diabetes, heart failure, education and Neuro) -21</p> <p>Community Teams- 40</p> <p>Physio -9</p> <p>Inpatients- 7</p>	
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OOH- 3

**1.4. Budget and Cost Management**

1.4.1. Is there a dedicated prescribing budget for Wiltshire Health and Care?

**1.4.1** Each service will have a prescribing service if required.

1.4.1.1. How is it allocated across services?

**1.4.1.1** It is based on estimated/anticipated spend.

1.4.2. How are prescribing costs monitored and managed?

**1.4.2** The wards review their expenditure reports. NMPs receive ePACT 2 data.

**1.5. Interface with Primary Care**

1.5.1. What formal agreements exist with local GP practices regarding prescribing responsibilities?

**1.5.1** The ICB hold contracts with each of the GP Practices who may be able to provide information regarding formal agreements. [bswicb.foi@nhs.net](mailto:bswicb.foi@nhs.net)

1.5.2. How are prescribing-related disputes with GP practices resolved?

**1.5.2** WHC liaise with the Medical Director for Wessex LMC on some issues. For individual queries it's very likely they are managed locally and escalated if required.





**1.6. Training and Competency**

1.6.1. What ongoing training and competency assessments are in place for prescribers employed by Wiltshire Health and Care?

**1.6.1** All NMPs are mandated to complete a yearly face to face update session in a multidisciplinary group, and are interactive, to enable and facilitate discussion. These sessions are open to our BSW partners in Hospices, GP practices and care homes. An annual assessment developed from the Royal Pharmaceutical Society 'A Competency Framework for Designated Prescribing

	<p>1.6.2. How is prescribing competency assured for staff making recommendations but not prescribing directly?</p> <p><b>1.7. Data and Future Plans</b></p> <p>1.7.1. Can you provide aggregated data on prescriptions initiated or recommended over the past 12 months?</p> <p>1.7.2. Are there plans to change or expand prescribing capabilities in the next 12-24 months?</p>	<p>Practitioners' which is applicable for all prescribers NMP, DMP, DPP, practice assessors and Practice Educators, is used for discussion in groups and completing by the NMP for their own revalidation and their managers records.</p> <p><b>1.6.2</b> The HCP making the recommendation is not prescribing. It would be for the GP to decide if they will take the clinical responsibility for prescribing the medication based on the recommendation. Refer to SPS article <u>Patient Specific Directions (PSD)</u> for more information. The prescriber is responsible for assessment of the individual and the decision to authorise the supply/administration of the medicine(s) in question.</p> <p>Whilst the prescriber has the legal responsibility for prescribing, the HCP making the recommendation would be professionally responsible for decisions and recommendations made and for following the appropriate local governance procedures, guidelines, evidence, and local formularies etc.</p> <p><b>1.7.1</b> This would sit with individual practitioners as prescribing data would sit with the prescriber who prescribes it i.e..GPs.</p> <p><b>1.7.2</b> – There is a full BSW wide community services procurement currently ongoing therefore we are unable to answer this question.</p>	
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<p>2</p>	<p><b>2. Nutrition Dietetics Service</b></p> <p><b>2.1. Consultation and Considerations</b></p> <p>2.1.1. Was a consultation sought with local GPs about transferring prescribing work to them?</p> <p>2.1.2. Were considerations made regarding GPs prescribing dietary supplements they may not be trained in?</p> <p>2.1.3. Was consideration given to GPs potentially refusing to prescribe based on another clinician's recommendations?</p> <p><b>2.2. Supervision and Guidance</b></p> <p>2.2.1. Are dietitians supervised by a medically qualified practitioner?</p> <p>2.2.2. Is there guidance for dietitians on responding to prescribing refusals?</p>	<p><b>2.1.1</b> Prescribing responsibility and budget has always sat with the GP to prescribe on FP10 and there has been no change to this. The exception to this was the consultation by the then CCG to remove enteral feeding products off FP10 and onto a separate prescribing budget which the WHC Dietetic service now manages. This process occurred prior to the creation of WHC and has been agreed only for patients registered with the home enteral feeding service and is via contract procurement with specified commercial partner.</p> <p><b>2.1.2</b> Prescribing responsibility has always sat with the GP, there is prescribing guidance available in BSW. <u><a href="http://bswtogether.org.uk">Prescribing guidance - Medicines (bswtogether.org.uk)</a></u></p> <p><b>2.1.3</b> Prescribing responsibility has always sat with the GP, there is prescribing guidance available in BSW. <u><a href="http://bswtogether.org.uk">Prescribing guidance - Medicines (bswtogether.org.uk)</a></u></p> <p><b>2.2.1</b> No. Dietitians are registered as Allied Health Professionals under the HCPC.</p> <p><b>2.2.2</b> No, each case is treated individually based on the reason.</p>	
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	<p><b>2.3. Patient Information and Future Plans</b></p> <p>2.3.1. Are patients informed about prescriber accountability?</p> <p>2.3.2. Are there plans to employ prescribers to initiate treatments in this service?</p> <p><b>2.4. Policies and Guidelines</b></p> <p>2.4.1. Can you provide written policies or guidelines on prescribing dietary supplements?</p>	<p><b>2.3.1</b> Yes, patients are informed about prescriber accountability.</p> <p><b>2.3.2</b> No, there is no plans to employ prescribers to initiate treatments in this service.</p> <p><b>2.4.1</b> Please see below documents and links which are available via the ICB BSW together prescribing formulary guidance. <u><a href="#">Prescribing guidance - Medicines (bswtogether.org.uk)</a></u> Additionally guidance can be sought from NICE guideline CG32, or the ACBS section in the BNF.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   <b>BSW-CMPA-Guidelines-V2.0-July-2023_</b> </div> <div style="text-align: center;">   <b>BSW-ONS-Supplements-minor-update-</b> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   <b>Community-Malnutrition-support-</b> </div> <div style="text-align: center;">   <b>nutrition-Screening-Tool-for-adults-oral-nutrition</b> </div> </div>	
3	<p><b>3. BSW Long COVID Rehab Assessment Clinic</b></p> <p><b>3,1. Prescribers</b></p> <p>3.1.1 Does this service employ medical or non-medical prescribers?</p>	<p><b>3.1.1</b> We do not employ prescribers in this context. The AHP Team seek advice and consultation via a virtual MDT consisting of Consultant Cardiologist, Respiratory Consultant and GP (along with other AHP representation SALT, Psychology, OT, PT) The MDT</p>	

	<p><b>3.2 Unlicensed Prescribing</b></p> <p>3.2.1 Was a risk assessment completed for recommending unlicensed use of famotidine and fexofenadine?</p> <p>3.2.1.1 If a risk assessment was completed, please provide a written copy of this.</p> <p>3.2.2 Are patients advised about unlicensed use and potential GP refusal?</p> <p><b>3.3 Supervision and Guidelines</b></p> <p>3.3.1 Is a medical supervisor appointed?</p>	<p>advises on individual cases and any information required for GP action is passed back to the GP by letter and email to the surgery and recorded in the patient's record of care.</p> <p><b>3.2.1</b> The letter to the GP clearly states the current knowledge and best practice advice around antihistamines. This letter was formed with Dr Tim Robinson, former GP lead with the South West Virtual hub. The letter is suggesting for the GP to identify any risks for the patient concerned and to proceed if they feel this is appropriate alongside their current medication. They are also able to contact the clinic for further information or discussion.</p> <p><b>3.2.1.1</b> To avoid the breach of legislation this will need to be provided later.</p> <p><b>3.2.2</b> Patient are spoken to about Long Covid being in an emerging field. They receive the same letter that the GP receives following a discussion about consent and their choice. We tend to manage the very few cases we have had of GP refusal with direct discussion with the GP.</p> <p><b>3.3.1</b> The team have a weekly MDT with Great Western Hospital (GWH) and Royal united Hospital (RUH) with a consultant who can advise as a medical supervisor, together with an appointed staff member in WHC.</p>	
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	<p>3.3.2 Can you provide protocols for recommending off-label medication use?</p> <p><b>3.4 District Nursing Service</b></p> <p><b>3.5 Prescribing Practices</b></p> <p>3.5.1 Is there a policy for nurses requesting prescriptions from GPs or generating their own?</p> <p>3.5.2 Is the service set up as a prescribing center?</p> <p><b>3.6 Resources and Formulary</b></p> <p>3.6.1 Do nurses have access to FP10 stationery and the nurse prescribers' formulary?</p> <p><b>3.7 Commissioning and Costs</b></p> <p>3.7.1 Is prescribing part of the commissioning arrangement?</p>	<p><b>3.3.2</b> There is no standard protocols for recommending off-label medication use however at present. Antihistamines are felt generally safe with few side effects, and we can view some clinical studies that have shown them to have a positive effect of treating Long Covid symptoms. The clinical research to date are not robust enough to establish the efficacy as NICE approved treatment for Long Covid, nor to establish exact doses and length of time to take for.</p> <p><b>3.5.1</b> – WHC do have a non-medical prescribing policy, but this is valid for staff who have enhanced qualifications. We do not have a policy for general nurses.</p> <p><b>3.5.2</b> WHC would require further clarity as to what you mean by this question to be able to provide an answer.</p> <p><b>3.6.1</b> - Yes, Nurses have access to FP10 stationery and the nurse prescribers' formulary.</p> <p><b>3.7.1</b> prescribing is not part of the commissioning arrangements to provide the Long Covid and Rehab service. As the aim of the service is to provide assessment, signposting and short-term rehabilitation, this would not</p>	
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	<p>3.7.2 Is Wiltshire Health and Care set up as a prescribing cost center for this service?</p> <p><b>3.8 Training</b></p> <p>3.8.1 What training and support is provided to nurses regarding prescribing practices?</p>	<p>include prescribing medicines to patients.</p> <p><b>3.7.2</b> The aim of the BSW Long Covid Community Rehabilitation Service is to provide assessment, signposting and short-term rehabilitation to adult patients in BSW who are experiencing new and long-lasting symptoms following the Covid 19 infection which are significantly impacting how they are able to function in day-to-day life. WHC have not incurred any costs prescribing costs since the commencement of the service.</p> <p><b>3.8.1</b> - There is a quarterly support group for all NMPs via MS Teams for NMPs to bring any issues they wish to discuss. These are for supervision and are not minuted. All NMPs can attend. Teams have their own support structures for clinical supervision within the teams.</p> <p>Learning sessions are held with others from within a locality involving ACP's Consultant Practitioners, NHS@Home. We have also provided specialist support sessions delivered across WHC on prescribing in: Frailty, Polypharmacy, End of Life and Palliative Care, Falls, Pain, Heart Failure, Antibiotic prescribing, mental health.</p> <p>These are all optional and for attendance for interest, not necessarily to prescribe but to take into account when prescribing</p>	
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		within their scope of practice. They are delivered by specialist practitioners. They are for nurses and AHPs.
4	<p><b>4 Palliative Care Service</b></p> <p><b>4.1 Medical Involvement and Commissioning</b></p> <p>4.1.1 Does this service work with a medical practitioner?</p> <p>4.1.2 Is prescribing part of the commissioning arrangement?</p> <p><b>4.2 Urgent Prescribing</b></p> <p>4.2.1 Can you provide details on the process for urgent prescribing, particularly out-of-hours?</p>	<p>Wiltshire Health and Care do not provide a Palliative Care service.</p> <p><b>4.1.1</b> - WHC would work with alongside a medical practitioner as part of an MDT process.</p> <p><b>4.1.2</b> – Prescribing is not formally specified in the commissioning arrangement.</p> <p><b>4.2.1</b> – Medvivo would support with out of hours prescribing provisions, dependent upon the nurses on shift and their prescribing qualifications.</p>

If you have any further queries, please contact the Information Governance Team.

**Exemption(s)**

None

**Attachment(s)**

None

**Date Response Sent: 2<sup>nd</sup> September 2024**