



Lancashire Care
NHS Foundation Trust

NMP Annual Declaration/ Scope of Professional Practice: Using an eDeclaration to provide assurance.

Barbara Bird
NMP Lead
25 April 2017

Excellence

| Accountability

| Respect

| Teamwork

| Integrity

| Compassion



Supporting Health and Wellbeing

Overview of today's session

- Background
- The journey so far...
- Evaluation of our results



About Lancashire Care

- Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4million people.
- The services provided include community services as well as inpatient and community mental health services.
- The Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites

NMPs in Lancashire Care

- 400+ qualified NMPs
- Independent/supplementary prescribers
- Community practitioner nurse prescribers

The Code

- prioritise people
- practise effectively
- preserve safety
- prevent professionalism and trust



ROYAL
PHARMACEUTICAL
SOCIETY

A Competency Framework for all Prescribers

Publication date: July 2016.

Review date: July 2020



Wolff *et al.* is a registered

Standards of conduct, performance and ethics

Lancashire Care
NHS Foundation Trust

Standards for medicines management



Scope of the Declaration process

- Encompasses all NMPs currently engaged in clinical practice where there is a need for them to prescribe.
- Includes CPNP prescribers as well as Independent/ Supplementary prescribers.

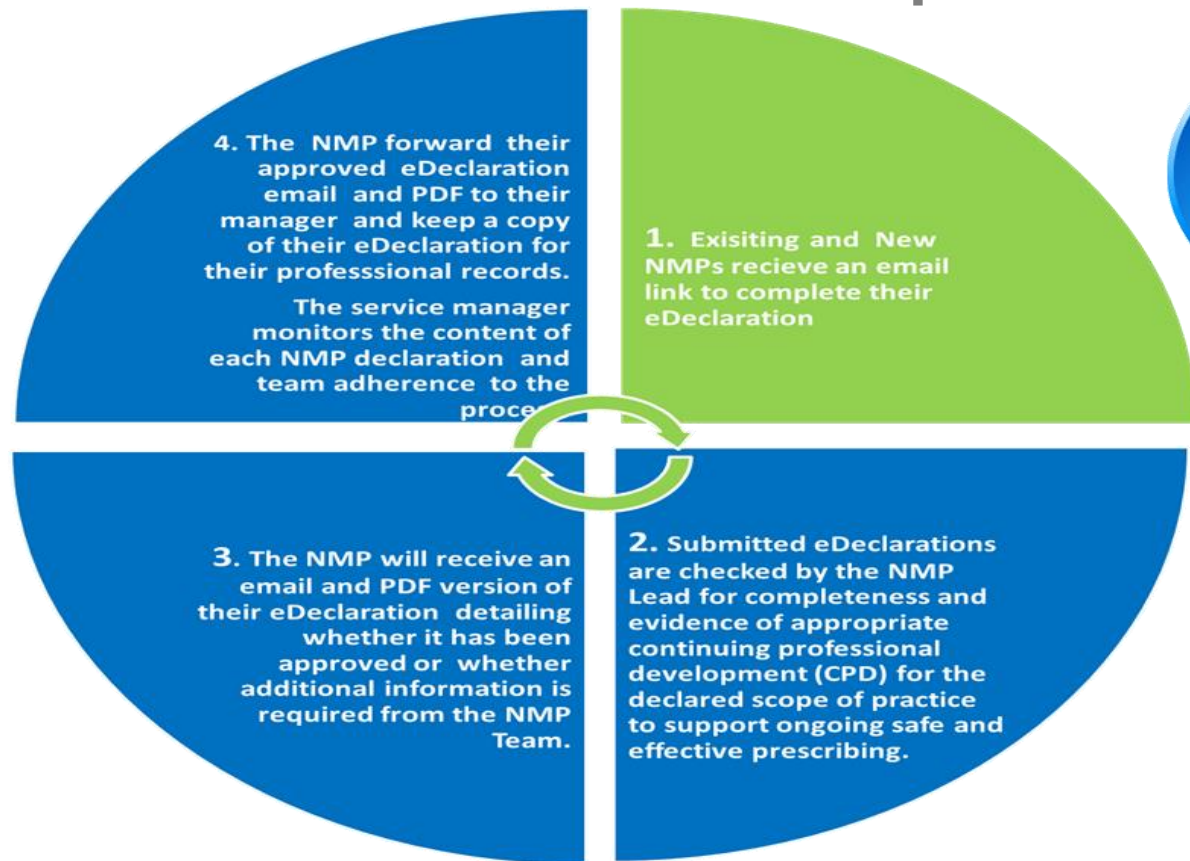
Frequency

- Completion of the annual declaration is linked to continuance of prescribing
- Non-adherence results in the removal of prescribing rights
- Declaration is collected on appointment to the role, when the scope of practice changes and thereafter annually

The journey so far

- Originally used a paper-based system
- Now developed an electronic system in partnership with Optimum
- The new system was an opportunity to align practice to the BNF/NPF and to include other enhancements

The eDeclaration process



First Section - Demographics



Lancashire Care
NHS Foundation Trust



Lancashire Care 
NHS Foundation Trust

Please complete the form below. Please use the text boxes provided to add any comments.

Non Medical Prescribers Questionnaire

Date: 07 02 2017

Name (as it appears on your professional registration)

Julie Marsden Neaven

Professional Registration Number

12345678

Job role/job Title

Select Work Base

Other Work Base please specify

What is your Network?

Work Base telephone number

Work Mobile number

Line Manager/Practice Managers name

Please Select...

- Advanced Nurse Practitioner
- Community Matron
- District Nurse
- Family Health Nurse
- Health Visitor
- Mental health Nurse
- Nurse Practitioner
- Other
- Pharmacist
- Physiotherapist
- Podiatrist
- Practice Nurse
- Prison Nurse
- Specialist Nurse
- Treatment Room Nurse

Section A — Prescribing qualification details

Welcome to the NMP Declaration of Intention to Prescribe and Scope of Practice Statement

This electronic declaration of Intention to Prescribe and Scope of Practice replaces previous paper hardcopies and should be completed at least annually or when there are any changes in prescribing practice

1

Are you currently actively prescribing?

Yes

No



Section A - NMP role and qualifications

2

What is your latest (highest) Prescribing Qualification?

Please Select...

V300 Nurse Independent Supplementary Prescriber
V150/V100 Community Practitioner Nurse Prescriber
Pharmacist Independent Prescriber
Pharmacist Supplementary Prescriber
Physiotherapist Independent Prescriber
Physiotherapist Supplementary Prescriber
Podiatrist Independent Prescriber
Podiatrist Supplementary Prescriber
Other (please specify)
N/A

3

When was your latest Prescribing

Section A — and areas of prescribing practice

4

Which of the following best describes your area of Prescribing practice (select all that apply)

Attention Deficit Disorder - Adults	<input type="checkbox"/>	Attention Deficit Disorder - Children	<input type="checkbox"/>
Alcohol/Substance misuse	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>
Care Home/Elderly	<input type="checkbox"/>	Care of 0-5 years	<input type="checkbox"/>
Child and Adolescent Mental Health	<input type="checkbox"/>	Continence	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Family Health	<input type="checkbox"/>	Heart Failure	<input type="checkbox"/>
Immunisations	<input type="checkbox"/>	Intermediate Care	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Long Term Conditions	<input type="checkbox"/>
Looked after children/Safeguarding	<input type="checkbox"/>	Lymphoedema	<input type="checkbox"/>
Memory Assessment	<input type="checkbox"/>	Mental Health - Acute	<input type="checkbox"/>
Mental Health - Long Term	<input type="checkbox"/>	Minor Illnesses	<input type="checkbox"/>
Minor Injury	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>
Pain	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	Out of Hours	<input type="checkbox"/>
Rapid Response	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>

Section B — Frequency of Prescribing and how prescriptions generated

Section B - How you prescribe

5

When did you last prescribe?

6

If over 3 months, please explain why you have not prescribed and what you have done to maintain competency?

7

How do you normally issue a prescription? (select all that apply)

Please Select...

Today

In the last week

In the last month

In the last 3 months

In the last 6 months

In the last year

Over a year ago

Never

Not yet - newly qualified

Not yet - new employee

N/A

Issue handwritten prescriptions on a FP10 Pad (Lilac/Green)

☐

Send FP10 prescription electronically to Pharmacy

☐

Inpatient Chart

☐

Outpatient/Clinic Chart

☐

Issue printer generated FP10 prescriptions (Green)

☐

Prison System One

☐

ePMA

☐

Other (please specify)

☐

Please enter your comments here...



Section C – Scope of Practice

Section C You are required to declare your current prescribing competency by clicking **ONLY** the boxes relevant to your scope of practice at the present time. If you are a new prescriber; record what you feel you competent to prescribe and envisage prescribing in the next 12 months. This declaration will define the limits of the Trust/Practice's liability for your prescribing. If you later acquire new competencies you should complete the questionnaire again. You will not be covered by the Trus

8

What is your scope of prescribing? (select all that apply)

I am prescribing for Children

☐

I am prescribing Controlled Drugs

☐

I am prescribing Unlicensed Medicines

☐

I am prescribing Medicines Off Licence

☐

9

P List Declaration. Please select as appropriate:

NOTE: If you have a P List please email this to non-medical.prescribing@lancashirecare.nhs.uk

I have a current P List

☐

I am in the process of developing a P List

☐

I do not have a P List and require the P List template

☐

N/A

☐

Section C – Scope Specific for ISP

10

Please select your Prescribing qualification:

V150/V100 Community Practice Nurse Prescriber	Independent Supplementary Prescribers/All others	N/A
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

11

Select/declare boxes ONLY relevant to your scope of practice at the present time
1. GASTRO-INTESTINAL SYSTEM

1.1 Dyspepsia and Gastro-oesophageal Reflux Disease	<input type="checkbox"/>	1.2 Antispasmodics and other drugs altering Gut Motility	<input type="checkbox"/>
1.3 Antisecretory drugs and Mucosal Protectants	<input type="checkbox"/>	1.4 Acute Diarrhoea	<input type="checkbox"/>
1.5 Chronic Bowel Disorders	<input type="checkbox"/>	1.6 Laxatives	<input type="checkbox"/>
1.7 Local Preparations for Anal and Rectal Disorders	<input type="checkbox"/>	1.8 Stoma Care	<input type="checkbox"/>
1.9 Drugs affecting Intestinal Secretions	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Section C – Scope Specific for CPNP

10 Please select your Prescribing qualification:

V150/V100 Community Practice Nurse Prescriber	Independent Supplementary Prescribers/All others	N/A
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 Select/declare boxes ONLY relevant to your scope of practice at the present time:

Part 1 A-F

Almond Oil Ear Drops BP	<input type="checkbox"/>	Arachis Oil Enema NPF	<input type="checkbox"/>
Aspirin Tablets Dispersible 300mg BP	<input type="checkbox"/>	Bisacodyl Suppositories BP (includes 5mg & 10mg)	<input type="checkbox"/>
Bisacodyl Tablets BP	<input type="checkbox"/>	Catheter Maintenance Solution - Sodium Chloride NPF	<input type="checkbox"/>
Catheter Maintenance Solution - Solution G NPF	<input type="checkbox"/>	Catheter Maintenance Solution - Solution R NPF	<input type="checkbox"/>
Chlorhexidine Gluconate Alcoholic Solutions containing at least 0.05%	<input type="checkbox"/>	Chlorhexidine Gluconate Aqueous Solution containing at least 0.05%	<input type="checkbox"/>
Choline Salicylate Dental Gel BP	<input type="checkbox"/>	Chlotrimazole Cream 1% BP	<input type="checkbox"/>
Co-danthramer Capsules NPF	<input type="checkbox"/>	Co-danthramer Capsules- Strong NPF	<input type="checkbox"/>
Co-danthramer Oral Suspension NPF	<input type="checkbox"/>	Co-danthramer Oral Suspension - Strong NPF	<input type="checkbox"/>
Co-danthrusate Capsules BP	<input type="checkbox"/>	Co-danthrusate Oral Suspension BP	<input type="checkbox"/>

Section C — Drug Tariff Products

Section C - Wounds

28

Select/declare boxes ONLY relevant to your scope of practice at the present time
A5.1 WOUNDS - BASIC WOUND CONTACT DRESSINGS

A5.1.1 Low Adherence Dressing

☐

A5.1.2 Absorbent Dressings

☐

N/A

☐

29

Select/declare boxes ONLY relevant to your scope of practice at the present time
A5.2 WOUNDS - ADVANCED WOUND DRESSINGS

A5.2.1 Hydrogel Dressings

☐

A5.2.2 Vapour-permeable Films and Membranes

☐

A5.2.3 Soft Polymer Dressings

☐

A5.2.4 Hydrocolloid Dressings

☐

A5.2.5 Foam

☐

A5.2.6 Alginate

☐

Section D – Maintaining Competency

Section D - Continuing Professional Development. Detail how you have maintained or developed your non-medical prescribing skills and knowledge over the past 12 months to keep your practice up to date, safe and effective:

37 Attendance at Course/CPD Events/Study Days (please provide details)

Yes	No	N/A
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

NMP Update session delivered by UCLAN on 24.10.16. Included review of current legislation, standards and Updated Competency Framework for all Prescribers (2016) along with a focus on current practice in respiratory conditions.

38 Reading current clinical or professional literature relating to my Non-Medical Prescribing role. (Please provide details)

Yes	No	N/A
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

GP/CSR CCG Management of Infection Guidance for Primary Care: September 2016.
GOLD COPD Guidelines (2016)
Regularly read Independent Nurse Journal, Pulse and GP online.

39 Participating in Individual/Group Supervision (please provide details)

Yes	No	N/A
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Regularly attend the xx nurse forum. Meetings are held monthly. Over the past year the topics covered include:
The yellow card scheme - Reporting adverse reactions, Diabetes Update, Wound care update, Management of minor illness in the 0-5s,

Section D – Maintaining Competency

40

Other (please provide details)

Yes	No	N/A
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Subscribe to regular email updates from:
CCG Prescribing Tips
BNF monthly update
NICE daily updates

41

I have reviewed the effectiveness of my prescribing by (please provide details)

Completion of the North West Clinicians Audit	<input checked="" type="checkbox"/>	Completion of Antibiotic Prescribing Audit	<input type="checkbox"/>
Completion of other NMP related Audit	<input type="checkbox"/>	Reviewing my Prescribing (ePACT) Data	<input type="checkbox"/>
N/A	<input type="checkbox"/>		

Highlighted the greatest of my NMP role was in saving GP appointments and promoting safe and effective care by carrying out medication reviews.

42

Identified CPD NMP needs assessment

What are your identified ongoing CPD needs and how do you plan to address these?

Having self assessed myself against the new competency framework I plan to develop a greater understanding of the mode of action of drugs, pharmacokinetics and how they may be altered by genetics, age, renal/liver disease and pregnancy.

Section E - Declarations

Section E - Declaration.

PLEASE READ THE STATEMENTS BELOW CAREFULLY. A CLICK ON THE 'YES' BUTTON IS YOUR DECLARATION THAT YOU WILL COMPLY WITH THESE STATEMENTS AS THEY APPLY TO YOU

43

I confirm:

I will prescribe only within the declared scope of competency as detailed above

Yes



No



N/A



44

I have completed suitable CPD in the last 12 months to enable me to prescribe safely and effectively; and I can evidence this

Yes



No



N/A



45

I will keep up to date with the knowledge and skills which enable me to prescribe safely and competently

Yes



No



N/A



46

I will discuss this Intention to Prescribe, Scope of Practice and Competency Declaration (eDeclaration) with my line manager/clinical lead.

Yes



No



N/A



Section E - Declarations

47	LCFT Staff Only I will prescribe within Trust guidelines, formularies and procedures	Yes	No	N/A
		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
48	Primary Care/Non LCFT Staff only I will prescribe within my organisations guidelines, formularies and procedures	Yes	No	N/A
		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	Primary Care/Non LCFT Staff only I/my organisation have suitable indemnity insurance in place to cover my non-medical prescribing role?	Yes	No	N/A
		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	Primary Care/Non LCFT Staff only My job description makes reference to my non-medical prescribing role	Yes	No	N/A
		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Final Declaration.

This declaration and scope of practice form must be completed when prescribing commences, annually and reviewed if an area or field of practice changes.

51	The information provided within this declaration is a true record of my Intention to Prescribe, Scope of Practice and Competency.	Yes	No	N/A
		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete Survey

Completion of eDeclaration



Questionnaire completed Successfully



Thank you for completing this survey.

4. The NMP forward their approved eDeclaration email and PDF to their manager and keep a copy of their eDeclaration for their professional records.

The service manager monitors the content of each NMP declaration and team adherence to the process.

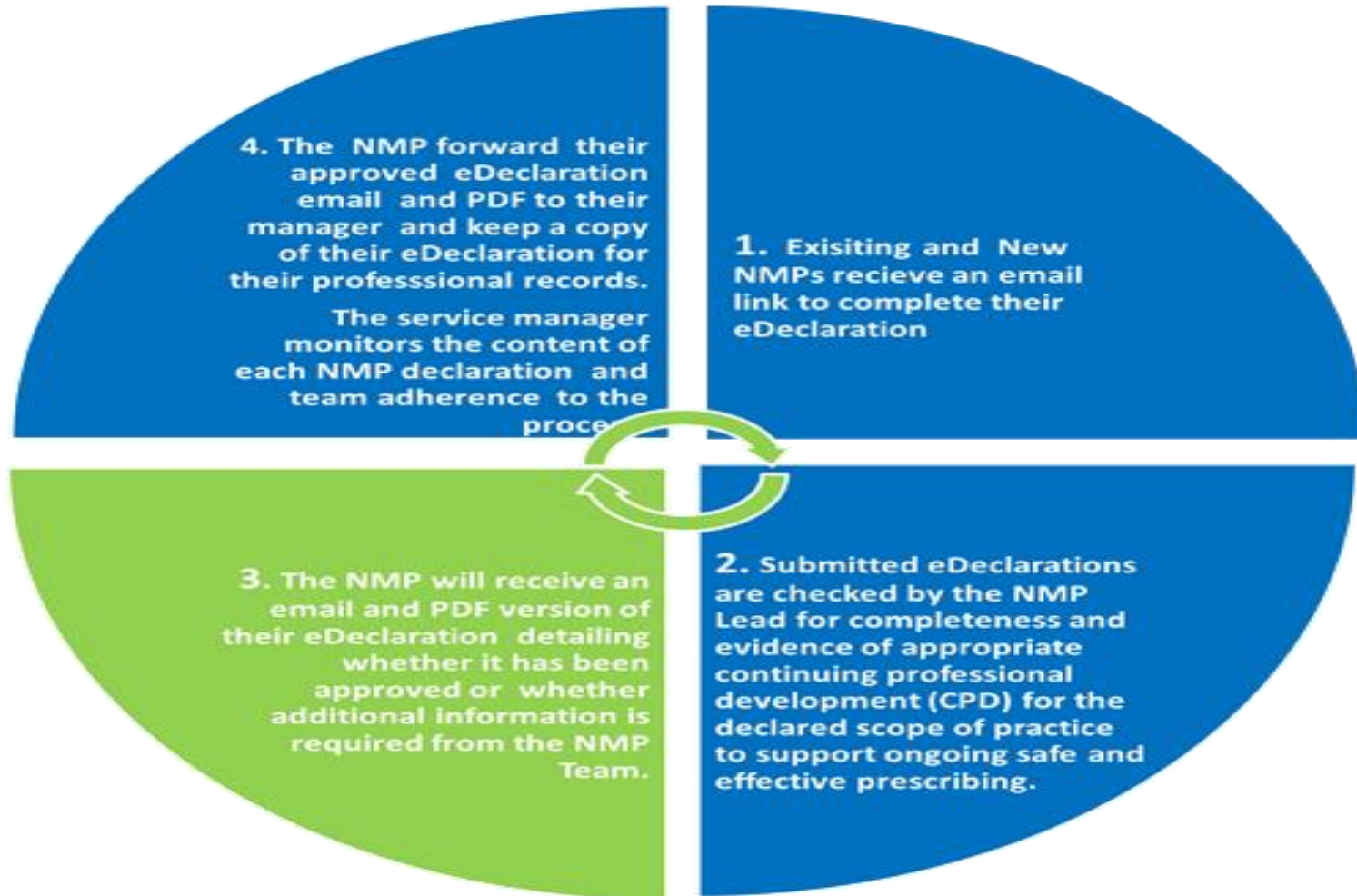
1. Existing and New NMPs receive an email link to complete their eDeclaration

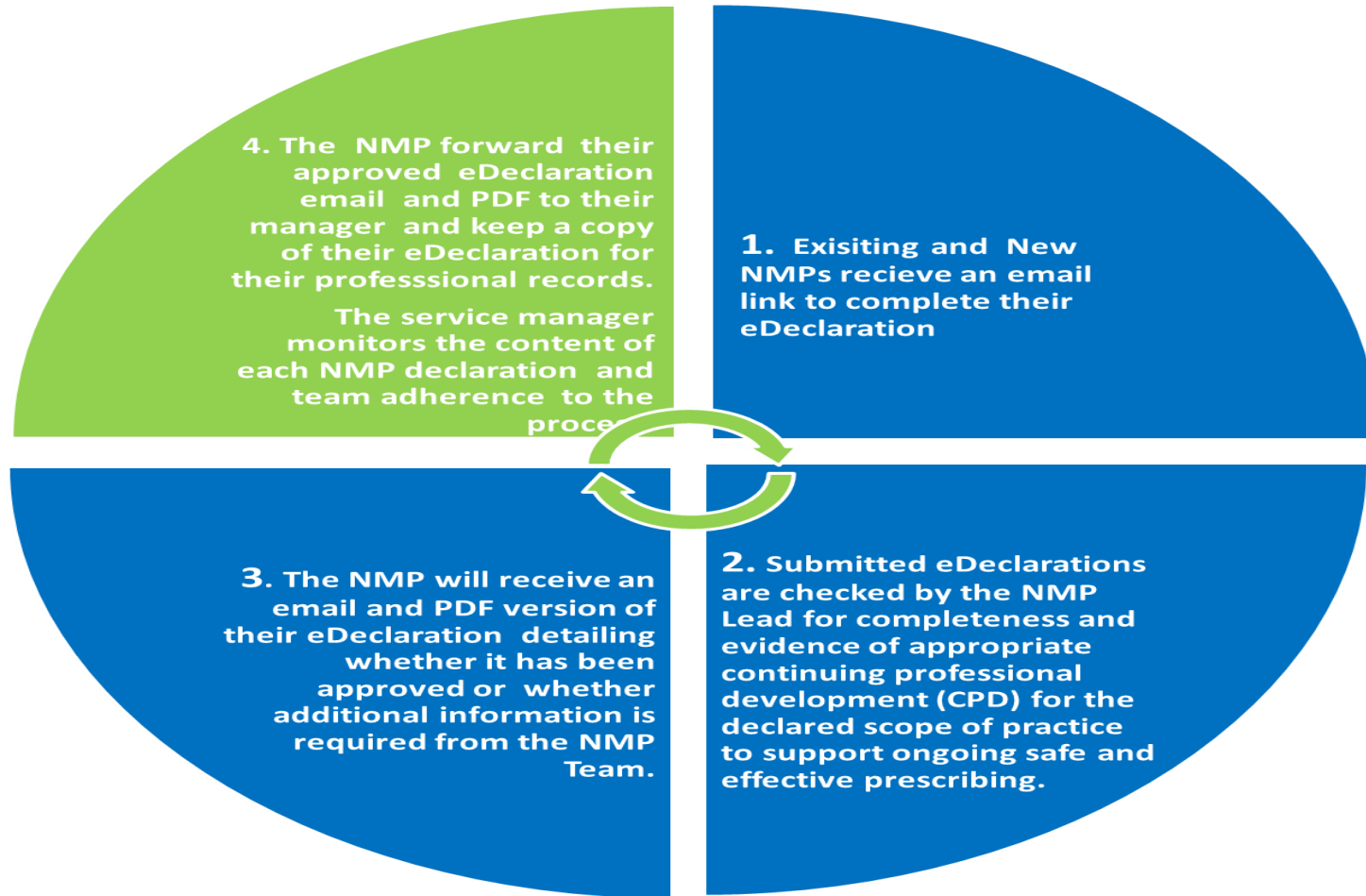
2. Submitted eDeclarations are checked by the NMP Lead for completeness and evidence of appropriate continuing professional development (CPD) for the declared scope of practice to support ongoing safe and effective prescribing.

3. The NMP will receive an email and PDF version of their eDeclaration detailing whether it has been approved or whether additional information is required from the NMP Team.

Results are collated

ID	Service	Completion Date	Comments	Score	Unread
91677	exec	20 Jan 2017	9	-	
92220	exec	23 Jan 2017	9	-	
92575	exec	25 Jan 2017	6	-	
92792	exec	26 Jan 2017	5	-	
92956	exec	27 Jan 2017	1	-	
93473	exec	30 Jan 2017	10	-	
94800	exec	02 Feb 2017	6	-	
95193	exec	03 Feb 2017	5	-	
95309	exec	03 Feb 2017	8	-	
96291	exec	06 Feb 2017	6	-	
96349	exec	06 Feb 2017	5	-	
96612	exec	07 Feb 2017	1	-	
96681	exec	07 Feb 2017	9	-	
97235	exec	09 Feb 2017	7	-	
97421	exec	09 Feb 2017	7	-	





The results so far...

- Full roll out will be achieved by August 2017
- Compliance rates are in excess of 93% across the Trust
- An evaluation has been carried out
- Reporting is available to the Lead on the Optimum website

Collation of results

1. Are you currently actively prescribing?

Non Scoring, 241 responses

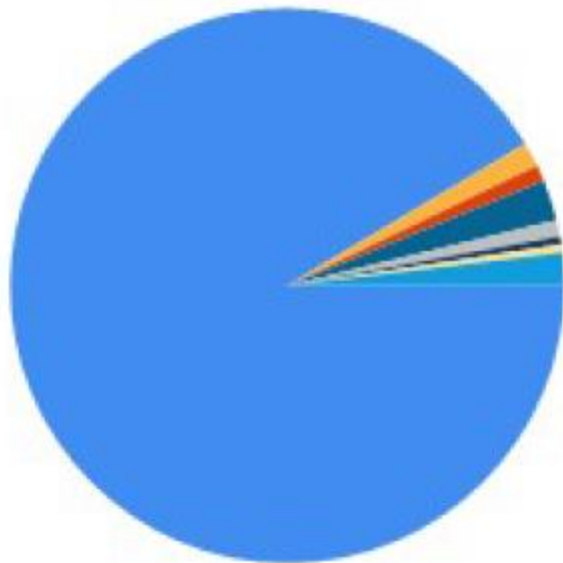


Distribution of results

80.5% Yes

19.5% No

How Prescriptions are issued

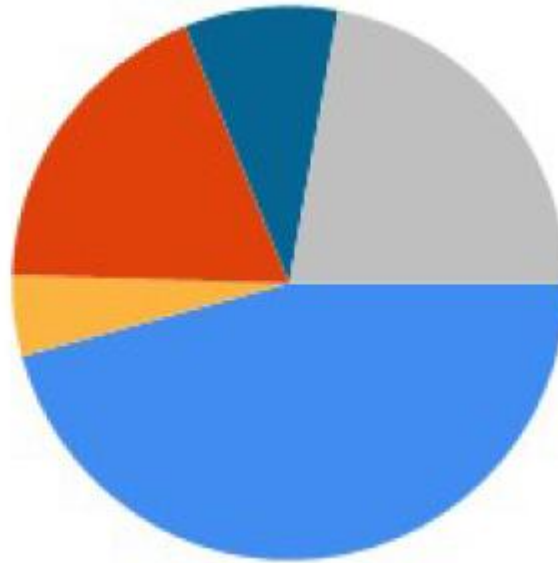


Distribution of results

79.67%	Issue handwritten pr...
1.24%	Issue printer generated...
0.83%	Send FP10 prescription...
2.07%	Prison System...
0.83%	Inpatient Chart
0.41%	ePMA
0.41%	Outpatient/Clin...
1.66%	Other (please s...



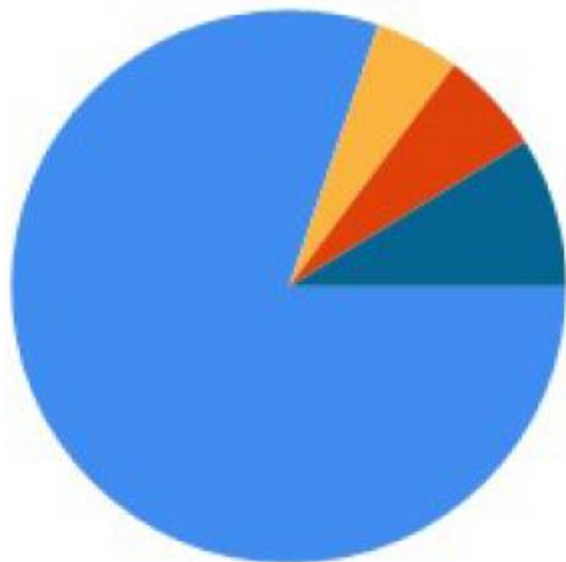
Review of effectiveness of prescribing



Distribution of results

40.25%	Completion of the North...
4.15%	Completion of Antibiotic...
16.18%	Completion of other ...
7.88%	Reviewing my Prescribing...
19.5%	N/A

Scope of prescribing



Distribution of results

60.58% I am prescribing
for ...

3.73% I am prescribing
Controlled ...

4.56% I am prescribing
Unlicensed ...

6.64% I am prescribing
Medicines ...



P-list development



Distribution of results

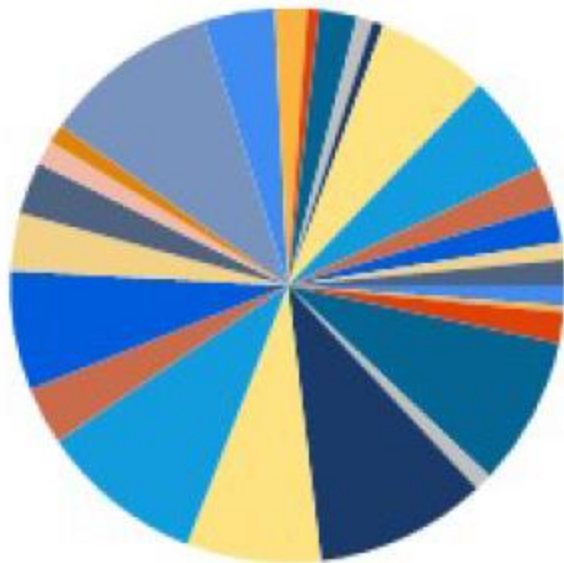
13.28% I have a current...

22.41% I am in the process...

31.54% I do not have a P List and require the...

32.78% N/A

Breakdown by NPF product



Distribution of results

6.22% Aquadrate 10%...

2.07% Arachis Oil BP

9.54% Balneum Plus...

46.06% Cetraben Emoll...

5.39% Dermamist

53.11% Diprobases Cream

41.49% Diprobases Oint...

51.04% Doublebase

17.84% Doublebase Da...

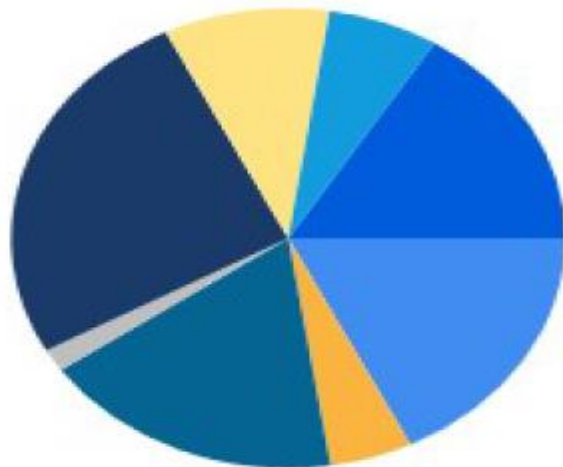
36.93% E45 Cream



Breakdown by BNF chapter

1. GASTRO-INTESTINAL SYSTEM

Non Scoring, 62 responses



Distribution of results

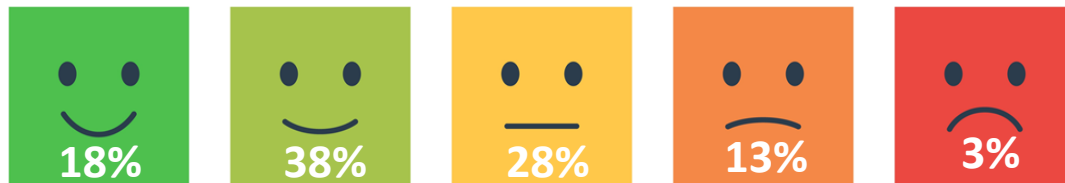
4.56%	1.1 Dyspepsia and Gastro-oesoph...
	1.2
1.24%	Antispasmodics and ...
0%	1.3 Antisecretory drugs...
4.56%	1.4 Acute Diarrh...
0.41%	1.5 Chronic Bow...
6.64%	1.6 Laxatives

eDeclaration Evaluation

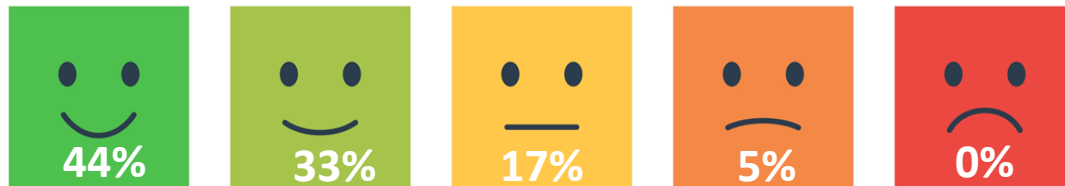
- 167 NMPs that had completed between July 2016 – March 2017
- Survey Monkey – 10 questions
- Survey carried out for 1 month.
- 69 responses = 41% response rate

eDeclaration Survey Results

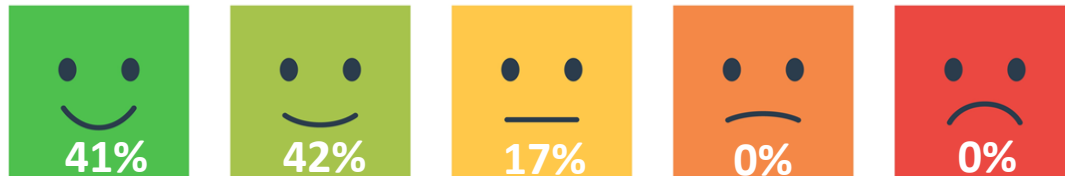
How easy is the eDeclaration tool to use?



Was the range of questions asked relevant to highlight your scope of practice?

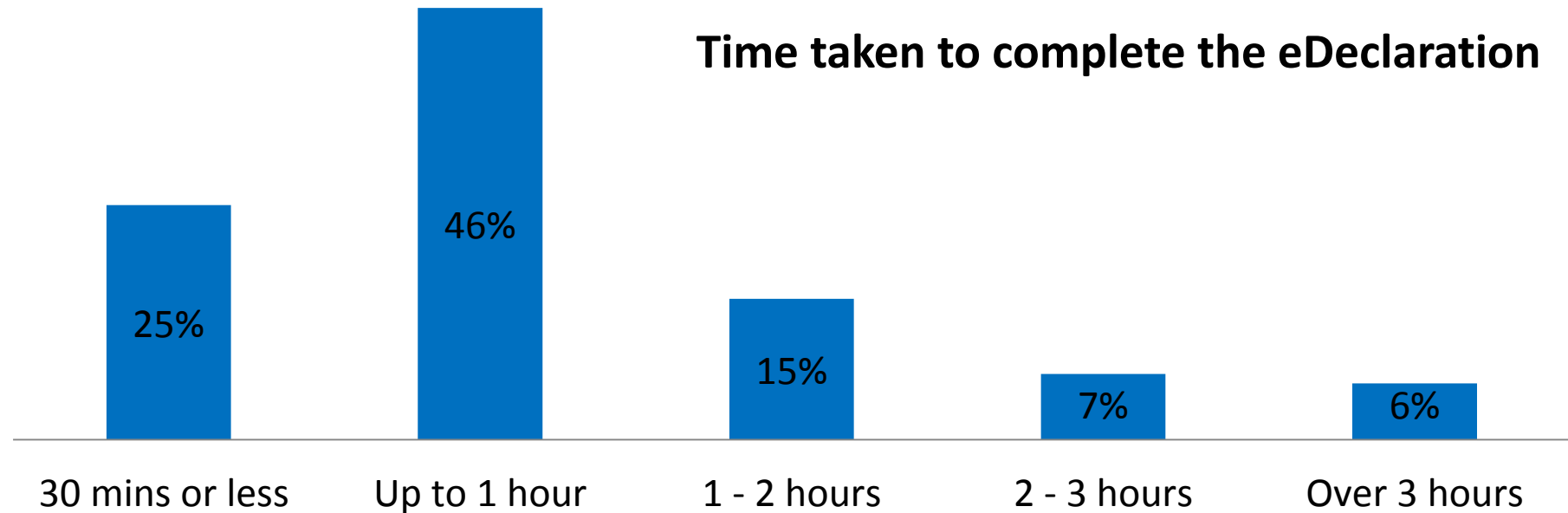


Was the range of questions asked relevant to highlight how competency has been achieved/maintained?

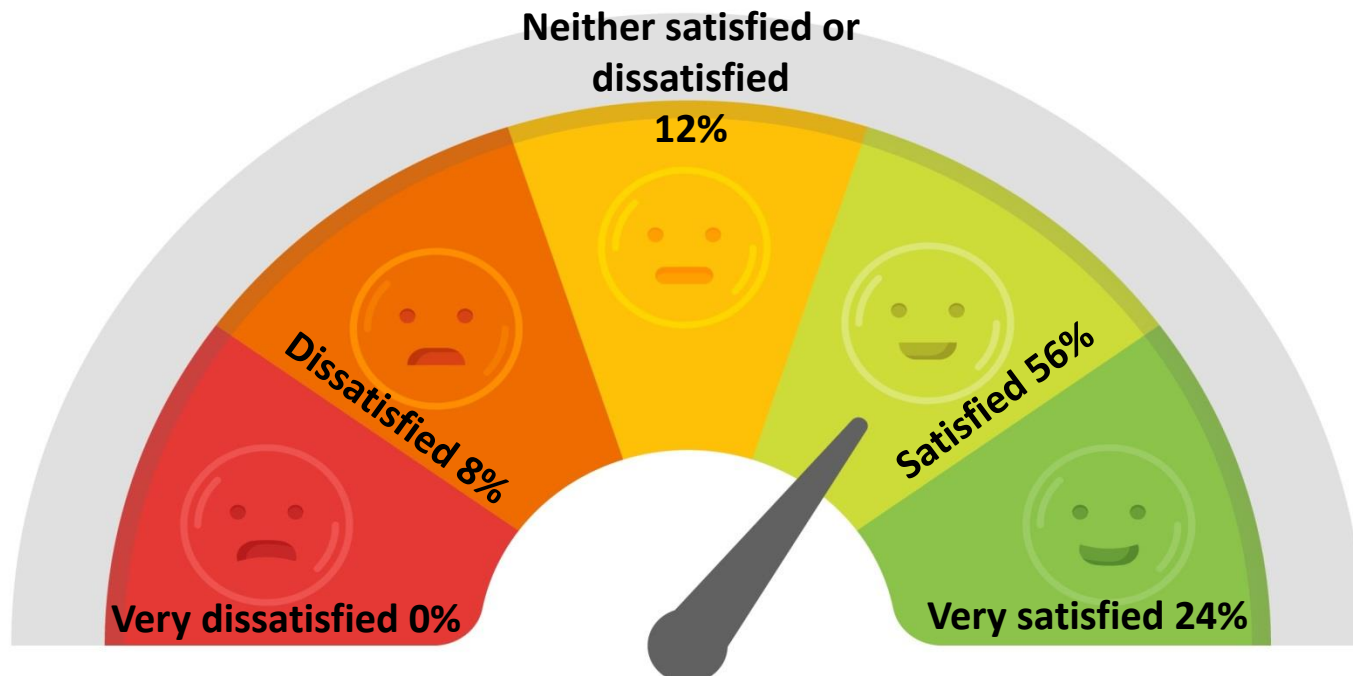


eDeclaration Survey Results

Time taken to complete the eDeclaration



eDeclaration Survey Results



Overall, how satisfied or dissatisfied with the eDeclaration are you?

What Changes would improve the eDeclaration?

- 21** Comments in total
- 12** Suggested no changes required/fit for purpose
- 6** Relating to clear guidelines for completion of the tool/the eDeclaration process.
- 3** Relating to making more specific for different staff groups.

more guidance on the level of detail required and samples of completed declarations would be useful

more specific to professional groups

e-Declaration

“Very convenient and easy to use”

“Much easier and user friendly than the paper declaration, though more details required”



Thank you for listening.