



# Re-introducing remote prescribing



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## Background

Following the restriction from CoVID-19, the ability to provide remote prescriptions to patients ceased. As the role of Advanced Nurse Practitioners (ANPs) within the NHS Scotland becomes more imbedded, the aspirations and guidance from the Scottish Government through Transforming Roles becomes more pertinent (1).

Advanced Nurse Practitioners are required to be competent at comprehensive history taking, clinical assessment, differential diagnosis, investigations and treatment which includes prescribing. To be competent this aspect of the role needs to be fulfilled, currently ANPs must undertake clinical placements.

For over a year we have worked closely with key stakeholders within NHS 24 to determine where we, as ANPs, can be best aligned to maximise our input whilst enhancing the patient's journey, ensuring they receive the right care, right place (2).

## Aims/Objectives

- Identify the impact of remote prescribing re-introduction into NHS 24 for the organisation and healthcare partners.
- Review the current process to establish the most appropriate point in the patients journey where the ANP should be available to engage.
- Undertake call reviews to discover the potential impact the ANP could have on the patient's journey.
- Confirm that remote prescribing would theoretically improve the patient's journey.

## Methodology

Two separate call reviews were undertaken to assess where the NHS 24 ANP would make the maximum impact on national healthcare services;

- Assess the final outcome of medication enquires
- Assess an interim outcome, where the call handler after the initial assessment via decisions support with a low acuity (KW3).

The methodology for data collection was:

- Retrieval of calls where the keyword was "medication enquiry" and for the second audit, calls with the interim point of "KW3".
- Calls were selected from 2 separate time periods earlier in year
- 80 "medication" and 50 "KW3" calls were reviewed
- The NHS 24 ANP would decide based on the content of the call if they would agree or identify an alternative outcome
- The qualitative data relating to reasons for changes were thematically analysed.

## Results

'Medication Enquiries' calls if the NHS 24 ANP had undertaken the call:

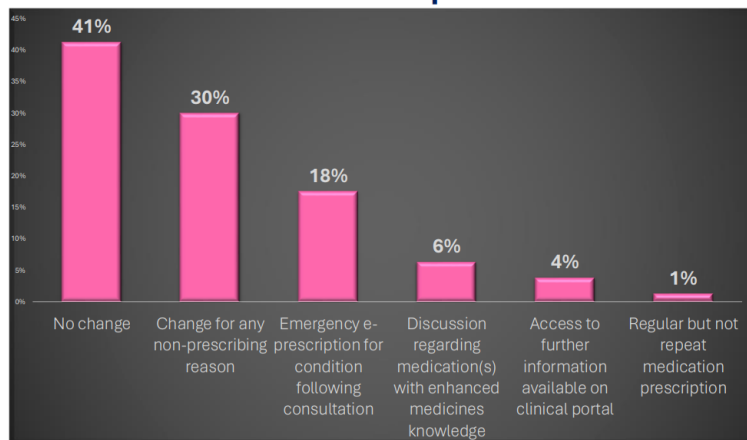
- 59% of patients would have had an alternative outcome.
- 29% would have been due to being able to provide a remote prescription.
- 30% would have been due to advanced knowledge and decision-making.

'KW3 interim outcomes' calls:

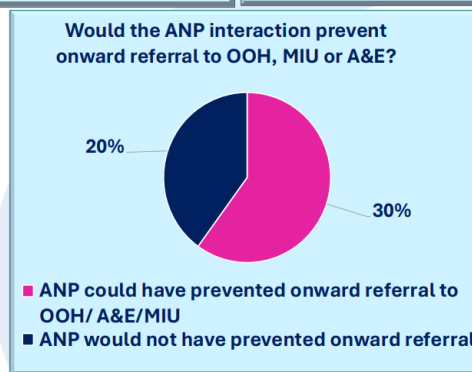
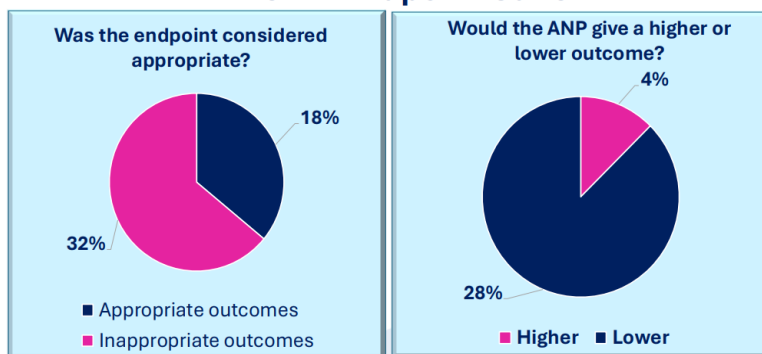
- 64% of calls were deemed to have inappropriate outcomes.
- 87.5% of calls would have resulted in a lower acuity outcome.
- 60% of patients would not have been referred to OOH/ MIU or A&E

- Both reviews found evidence that could have improved the patient's journey
- Reducing onward referrals to emergency departments or out of hours partners and could reduce frontline pressure.

## Medicine Enquiries



## Interim Endpoint Calls



## Recommendations

- We would advocate implementation of quality improvement methodology to undertake a project where KW3 interim calls are routed to ANP to improve patient satisfaction, access to services and expand the NHS 24 ANP scope and mode of practice and create a national prescribing network across the organisation.

## Plan of action

- Quality assurance:** review policies and procedures
- Teaching and Learning :** create a safe, fun environment underpinned by competency frameworks
- Clinical Supervision:** create a buddy system with peers, medical and pharmacy colleagues
- Evaluation:** assess the impact and review outcomes to demonstrate impact of the project where KW3 interim calls are routed to ANP.