P-118 THE IMPACT AND DEVELOPMENT NEEDS OF INDEPENDENT NON-MEDICAL PRESCRIBERS IN CHILDREN’S HOSPICES

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Background Non-medical prescribing (NMP) is well established within the British health service (Smith, Latter & Blenkinsopp, 2014); NMPs in the UK have the most extensive prescribing rights of non-medical prescribers worldwide (Paterson, Redman, Unwin et al., 2016). Increasing numbers of NMPs are practising within children’s hospices (Tatterton, 2017) particularly in the community setting (Tatterton, 2018). Whilst writing the medicines management toolkit (Armitage, 2014), interest in prescribing from clinical and managerial perspectives increased.

Aim To explore the current context of non-medical prescribing in children’s hospices in the UK, from the perspectives of prescribers and those who manage them; focusing on the challenges and benefits to children and families, practitioners themselves, their colleagues, and the employing organisation.

Method Internet-based questionnaires were sent to all 55 UK children’s hospices, exploring the practice and context of prescribing of qualified and trainee prescribers, and service managers.

Results 20 children’s hospices responded. Fourteen hospices employed a total of 39 NMPs. 50% of NMPs prescribed to enable the continuation of existing medicines, 37.5% prescribed independently surrounding symptom management and control and 31.3% in end of life care. Perceived benefits of prescribing included timely access to medicines, increased efficiency and accuracy in the admissions process and medicines reconciliation and the increased ability to offer choice in the place of palliative and hospice care. Perceived barriers to prescribing surrounded opportunities to develop confidence, defining the scope of practice and the time required to assess, diagnose and treat.

Conclusion NMPs make a significant contribution to the prescribing workforce within children’s hospices. The benefits of NMP are wide ranging, enhancing the experience of children, young people and their families, organisations and practitioners. To realise the benefits, the structures and processes that underpin prescribing need to be developed in order for practitioners to feel fully supported. This includes opportunities for peer support, specialist CPD opportunities that focus on the needs of paediatric life-limiting conditions, and better governance frameworks.

P-120 ANTICIPATORY PRESCRIBING IN LINCOLNSHIRE – A 21ST CENTURY APPROACH TO PATIENT-CENTRED CARE

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Background For most people the greatest fear about dying is being in pain (ComRes, 2011; Parliamentary and Health Service Ombudsman, 2015). Anticipatory prescribing to aid prompt symptom management is well-established in end of life care (NICE, 2015). Lincolnshire has an established process for administering injectable medication in the community through a direction to administer (CD1) form completed by hand. Stakeholder feedback reported challenges with the existing system that limit pro-active, safe planning of symptom management for dying people. Lincolnshire’s rural infra-structure means that arranging medication once a person develops symptoms is time consuming and causes delays in providing symptom relief.

Aims To redesign the CD1 form and associated processes to remove barriers for completion by prescribers, to provide clear guidance, and to facilitate safe administration of medications. Ultimately we want people in Lincolnshire to receive the right care at the right time.