

STANDARD OPERATION PROCEDURE MENTAL HEALTH CRISIS INTERVENTION TEAM NON-MEDICAL PRESCRIBING

SOP currently under review – please continue to use this version until it is replaced by the next approved version

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CHANGE RECORD

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1.1	August 2022	Updated following introduction of ePMA. Approved at MH Division Practice Network meeting (03.08.2022).

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1. Introduction

The development of this Standard Operation Procedure (SOP) is to support Non-medical Prescribing (MNP) within the Mental Health Crisis Intervention Team (MHCIT).

The NHS long term plan sets out a number of objectives for improving mental health services, one of which is to improve medicines management within community settings, which will require an NMP workforce to support with this delivery (Centre for mental health, 2019). Furthermore, there is a drive to improve crisis care, ensuring this is more holistic, patient focussed and delivered when it is required, again demonstrating the need for NMP within this setting, to support the delivery of such recommendations (Centre for mental health, 2019, DOH 2014).

Non-medical prescribing has been shown to be beneficial within a mental health setting due to being patient focussed, empowering and holistic (Inman, 2013). Despite this, those who have attained the NMP qualification, appear reluctant to use it, namely in community and inpatient mental health settings (Inman, 2017). This reluctance is for several reasons, however two of which is a lack of support and role conflict (Ross and Kettle, 2012 as cited in Inman, 2017), which is why there is an identified need for this SOP to improve these areas. This SOP will provide role clarification and supportive structures to help improve confidence in carrying out the role of the NMP in MHCIT and improve the MDTs understanding of the scope of practice for the NMP.

2. Scope

This Standard Operating Procedure applies to all Humber Teaching NHS Foundation Trust (HTFT) staff, including substantive, temporary and locum, of all grades and disciplines, working on behalf of the Mental Health Crisis Intervention Team.

3. Duties and responsibilities

NMP lead:

The NMP lead has overall responsibility for the NMPs within Humber Teaching NHS Foundation Trust.

The responsibilities of the NMP lead are set out in the main Humber Teaching NHS Foundation Trust NMP policy.

Service Manager

The service manager has responsibility to ensure processes are in place that promote safe and effective practice in regard to utilisation of non-medical prescribing within the Mental Health Crisis Intervention Team.

Clinical Leads and Team Managers:

It is the responsibility of team managers and clinical leads to:

- Ensure that practice in the MHCIT is in line with the guidelines set out in the SOP and other relevant Humber Teaching NHS Foundation Trust policies and procedures.
- Support the non-medical prescriber in their duties, ensure they have access to regular supervision and are compliant with mandatory training.
- To ensure that appropriate continuing professional development (CPD) support is available for the non-medical prescriber
- Encourage a culture where incident reporting is seen as positive and a way of learning and thoroughly investigate any errors related to non-medical prescribing that may arise through practise.
- To ensure that 'Duty of Candour' and the principles of information governance are adhered to at all times.

Clinical/Non-clinical Staff

It is the responsibility of all clinical/non-clinical staff to:

- Practise in line with this standard operating procedure and any other associated policies and procedure.
- Take immediate action following an incident to ensure patient/staff safety in line with this SOP and any other associated policies and procedures.
- Complete a Datix to enable learning, where an incident occurs.
- Ensure that when practise does deviate away from procedure, this is done in the best interests of the patient and is fully documented in the electronic patient record as to why this has occurred.
- Complete all relevant monitoring and data collection needs associated to this SOP.

Non-medical Prescribers (NMP)

Full responsibilities as set out by Humber Teaching NHS Foundation Trust can be found in the Non-medical prescribing policy. In addition, roles and responsibilities for NMPs are set out in their governing bodies, code of conduct, and guidance by the Royal Pharmaceutical Society.

It is the responsibility of all NMPs to:

- Practise in line with this SOP and all other relevant and associated Humber Teaching NHS Foundation Trust policies and procedures, including the Non-Medical Prescribing Policy.
- Ensure all incidents are reported through Datix to enable learning
- To consider prescribing decision within the context of the multidisciplinary team and how this may impact on management of the patient. Consider also, other alternatives to medication, through other interventions that may be offered by the MDT.
- To practise within your scope of competence and identified formulary.
- To only prescribe for patients which the NMP has completed an assessment.
- To practise within your professional code of conduct at all times as designated by the NMC/HCPC and within RPS guidelines.
- To seek out support from a senior NMP or Psychiatrist when unsure about the treatment or intervention, or it is outside of your scope of practise.

- To ensure robust documentation is completed as soon as practically possible after consultation and ensure that all changes to medication are communicated immediately to the registered GP practice via a 'Treatment Recommendation Form' which can be found on Lorenzo. This communication may need to initially be verbal with the GP but must always be documented and sent on an outpatients communication form.
- The documentation should include the communication with the patient, the NMPs formulation and the medication prescribed (including medication name, dose, frequency, formulation), with appropriate follow up arrangements for monitoring.
- Ensure that any ADRs are reported via the Yellow Card scheme and documented in the patient's electronic patient record along with an alert.
- To provide understandable written and verbal information to the patient and carer to support with informed decision making and good practice in regards to Medicines Optimisation.
- Attend and participate in regular supervision and case discussion with a clinical supervisor, as per the Humber Teaching NHS Foundation Trust Clinical Supervision Policy/NMP Policy. To complete audit procedures for prescribing practice with clinical supervisor.
- Maintain a portfolio of prescribing evidence to support with their appraisal and revalidation requirements if appropriate.
- To evidence ongoing competency and continuing professional development in the area of non-medical prescribing.

Non-medical prescribing trainee

All staff who expresses an interest to become an NMP will be subject to a training needs analysis of the team, to ascertain if this is appropriate. The wider trust standards and expectations are available in the Non-Medical Prescribing Policy.

Designated Prescribing Practitioner Responsibility

All NMP trainees are required to have a Designated Prescribing Practitioner. The standards for this are as set out in the Humber Teaching NHS Foundation Trust Non-medical Prescribing Policy.

An appropriately trained and available practitioner from MHCIT or another suitable learning environment can fulfil this role if they agree to do so.

Clinical supervisors for Non-Medical Prescribers

Standards for supervision should remain as stipulated in the Humber Teaching NHS Foundation Trust Clinical Supervision Policy/NMP Policy. In addition, clinical supervisors should hold the same prescribing rights and scope of practice as the supervisee, as a minimum. NMPs in the service should make use of NMP peer supervision monthly and bimonthly case discussion meetings with the wider prescribing community in the acute mental health service areas.

Medical/NMP team

The medical/NMP team at MHCIT are to support the NMP in their practice and work collaboratively together. The NMP can work autonomously but should always seek guidance when needed, from the medical team or senior NMP colleagues. The medical/NMP team will be involved in the development of the NMP pathways in MHCIT and how these pathways link to other services on a broader scale.

4. Procedures

4.1 Urgent treatment review

The NMP may be requested by a member of the MDT to complete an urgent treatment review for a patient accessing MHCIT or this may be identified by the NMP/medic via discussion in an MDT meeting or clinical interaction.

- The NMP should not substitute for a mechanism which is already in place for urgent review, if this is the appropriate pathway, such as the on-call medical team.
- The decision to proceed with urgent treatment review is at the discretion of the NMP.
- The NMP should have timely access senior prescribing colleagues to support with prescribing in MHCIT.
- If the NMP feels the case is outside of their scope of practice/competence, the case should default back to the Consultant (regular/covering) for consideration.
- If the NMP agrees to review the patient's treatment, they will set out the requirements of doing so (such as a completed triage and referral, or initial mental health assessment prior to review) and the follow up arrangements that are required as agreed by the NMP, clinical team, patient and carer (if applicable).
- No formal referral route is required due to the timely nature required for urgent treatment review; however any discussion with the NMP to determine if a review will be offered should be logged in the patient's electronic record under MHCIT MDT.

4.2 Home Based treatment Team (HBTT) – Treatment reviews

The NMP may also be requested to complete treatment reviews for patient accessing the HBTT.

- All referrals to the NMP via the HBTT should be discussed in the daily MDT where possible and discussions should be captured on an MHCIT MDT clinical note. When referrals are discussed outside of the MDT meeting, all discussions should be documented in the same way.
- Referral decisions are at the discretion of the NMP and MDT but should seek guidance from prescribing colleagues when required. If the NMP feels a case is outside of their scope of practice or competence, the case should default back to the senior psychiatrist (regular/covering).
- Consideration and discussion where possible should be given to the lead psychiatrist for the HBTT to formulate plans collaboratively for the patient accessing the team if the psychiatrist has already commenced a treatment review.
- Where possible, continuity of care from point of crisis intervention to HBT conclusion should occur and be provided by a single prescriber, with support from the wider prescribing MDT as required.
- The NMP may support the psychiatrist in HBTT with prescribing for a patient by use of supplementary prescribing, as in the HBTT interventions will be over a longer period of time. If this should occur, a CMP (Clinical Management Plan) should be completed for each patient in full and uploaded to the patient's electronic record, and reference should be made to this arrangement in the patient's care plan. The CMP can be located in the HTFT NMP Policy.

4.3 NMP review and discharge

Patients will be seen for consultation via the most appropriate medium, with may be at Miranda House, at home, at another community location, virtually (via upstream) or by telephone. The medium for consultation will be agreed following consideration of the preference of the patient, what is required from the consultation, the presentation of the

patient and digital access. Lone working procedures should be considered in all circumstances.

The responsibilities of the NMP are as follows:

- To ensure that an appropriate consultation takes place considering; mental health assessment and risk factors, history of treatment, adherence to treatment, requirements from the review, any carers needs identified, overall presentation, family history and a systems review. Any physical health monitoring required for medication initiation or changes should be organised by the NMP.
- Reviews should take place in a way that maximise the assessment and engagement with the patient and carer and can be conducted via phone, video link or face to face.
- Any sensitivity or allergies to medication or other products should be identified and should always be questioned at every review point. This should be documented in the electronic patient record and an alert created for this. If it is a new allergy this must be reported in writing to the GP alongside confirmation of any other allergies.
- The NMP should consider reporting any ADRs via the Yellow Card Scheme and this is a requirement if the medicines are under black triangle monitoring.
- The principles of Medicines Optimisation should be adhered to at all times, ensuring the relationship the NMP has with the patient is collaborative, the NMP informs the patient what the medication is for, naming the common side effects, the patients views and desires are always discussed and the NMP is always open and transparent with the patient in regards to making decisions about their care, presenting information in an understandable way.
- Any medication and prescription changes should be conducted by the GP where possible, however when required a prescription can be supplied by the NMP but should be for a maximum of 2 (two) weeks, at which point the GP should continue prescribing (as per shared care guidelines from Hull and East Riding Prescribing Committee HERPC). However, should this need to be extended, this can be done so by the discretion of the NMP with clinical rationale provided for in the patient notes.
- Follow up plans should always be agreed with the patient and carer, whether this will be conducted by the NMP or requested to be completed by the GP practice. It is at the NMPs discretion to establish appropriate follow up plans according to the consultation and medication requirements.
- Each consultation should be recorded on the electronic patient record (including a care event/contact) immediately following the consultation if any medication changes have occurred. Additional information can be added to this and should be completed within 2 days. This consultation should be shared via letter through distribution email to the GP practice when complete.
- If the NMP is providing a prescription directly to the patient or requesting administration of medicines via the MHCIT/HBT registered nursing staff, the NMP will be required to complete these actions using the electronic prescribing and medicines administration module on Lorenzo. The NMP will be responsible for ensuring 'health issues' are accurately recorded on the electronic patient record (EPR) and all medicines have been 'clerked in' if this has been deemed necessary by the NMP. If medicines are not 'clerked in' the NMP should make a clear rationale available for not doing so in the patient notes. Policies and procedures relating to the use of ePMA (community) are available on the Humber Teaching NHS Foundation Trust intranet pages.
- All medication changes should be communicated with the GP immediately via the 'Treatment Recommendation Form', indicating if prescribing responsibility is being transferred from MHCIT to the GP. If the NMP is not providing a prescription to the patient, or having medicines administered to them, there is no requirement to use ePMA in these circumstances, as prescribing responsibility will remain with the GP, therefore a standard 'Treatment Recommendation Form' can be used in these

circumstances or a letter to the GP if no medication changes are made. The 'Treatment Recommendation Form' can also be generated following FP10 printing via ePMA.

- Following treatment being completed by the NMP, a final letter will be sent to the GP informing them about the assessment outcome and treatment plan. The patient will be discharged back to primary care for continuation of the medication regime.
- The patient should be fully informed in a way they can appropriately understand when they should see a prescriber again, in what circumstances and how to go about this.
- The NMP should inform the admin team also, to close the referral, if they have completed treatment in the service as a whole.

Due to the nature of the population that come into mental health services, there may be risks of polypharmacy, co-morbidity and the need to deprescribe. There may also be significant pressure placed on the NMP by the patient and/or carer to prescribe for the condition and to avoid stopping any medications that are no longer indicated or may be causing harm. The NMP should consider the following in these circumstances:

- Using a framework for medication review such as **NO TEARS**, or another suitable alternative.
- Using NICE guidance and evident to support decision making as listed in 5. Useful information in this SOP.
- Using tools to support with assessing polypharmacy and deprescribing need as listed in 5. Useful information in this SOP.

The NMP should always work inside their scope of competence, their identified formulary, governing body code of conduct and be receiving regular clinical supervision from a senior prescriber, to support their prescribing practice and competence.

4.4 Admin procedures

The MHCIT admin team will support with the delivery of the NMP treatment reviews in the following ways:

- The admin team (medical secretary) will be responsible for ordering regulated stationary (FP10).
- Following agreement of the treatment review, the NMP will provide available consultation times to the admin team to contact the patient to book them for the appointment
- The admin team will be responsible for booking the patient into the MHCIT prescribing clinic on Lorenzo, at the request of the team/prescriber.
- The admin team may support during intervention with documentation, liaison with the GP and/or other services and access to previous medical records.
- Following the end of treatment with the patient, the NMP will inform admin that the period of care is completed and admin will:
 - Complete any onward referrals at the guidance of the NMP
 - Distribute any letters at the guidance of the NMP
 - Discharge the patient from the referral

4.5 Monitoring, Review and Data Collection

Data collection:

- The Friends and Family Test (FFT) will be used as a patient recorded outcome measure, to identify the perception of the NMP's clinical consultation and outcomes. Each patient should be offered a FFT following consultation, should they wish to express any comments about the service they have received.
- The service manager will continuously review this performance data and monitor the service.

Audit:

- Alongside clinical supervision with a senior colleague with equivalent or higher prescribing rights as stipulated, the NMP alongside their supervisor should conduct an audit on their prescribing practice.
- This should be conducted via random case discussion, as identified by the supervisor, at each supervision session.
- A minimum of 2 cases should be discussed; however the number of cases is subject to the individual supervision contract between supervisor and supervisee.
- The outcome of this discussion should be documented in supervision records as per Humber Teaching NHS Foundation Trust Clinical Supervision guidelines.

4.6 Useful information

Policy and misc:

HTFT Non-medical prescribing policy: [Click here](#)

RPS Prescribing competency framework: [Click here](#)

RPS Medicines optimisation hub: [Click here](#)

HEE Prescribing Competency Implementation Guidance for Mental Health: [Click here](#)

Medicines specific:

HTFT Medicines management webpages: [Click here](#)

HERPC guidelines (including red/amber drugs, safety alerts and pathways): [Click here](#)

Medicines & Healthcare Products Regulatory Agency (MHRA): [Click here](#)

Yellow Card Scheme: [Click here](#)

Electronic Medicines Compendium (emc): [Click here](#)

British National Formulary (BNF): [Click here](#)

Polypharmacy and deprescribing resources:

Anticholinergic burden (ARB) scale: [Click here](#)

ARB Calculator: [Click here](#)

FallSafe: [Click here](#)

MedStopper: [Click here](#)

STOPPSTART: [Click here](#)

NICE resources:

NICE guidance- general: [Click here](#)

NICE guidance- Conditions and Diseases: [Click here](#)

NICE Clinical Knowledge Summaries: [Click here](#)

NICE Multimorbidity framework: [Click here](#)

NICE Mental Health Specific resources:

NICE guidance for Addiction: [Click here](#)

NICE guidance for Alcohol-use disorders: [Click here](#)

NICE guidance for Anxiety: [Click here](#)

NICE guidance for Attention deficit disorder: [Click here](#)

NICE guidance for Autism: [Click here](#)

NICE guidance for Delirium: [Click here](#)

NICE guidance for Dementia: [Click here](#)

NICE guidance for Depression: [Click here](#)

NICE guidance for Drug misuse: [Click here](#)

NICE guidance for Eating disorders: [Click here](#)

NICE guidance for Mental Health Services: [Click here](#)

NICE guidance for Personality Disorders: [Click here](#)

NICE guidance for Psychosis and Schizophrenia: [Click here](#)

NICE guidance for Self-harm: [Click here](#)

NICE guidance for Suicide prevention: [Click here](#)

5. References

Centre for mental health (2019). *The NHS Long Term Plan. What does it mean for mental health?* [online]. Available at:

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