



Supplement: New Models of Prescribing (NMOP)

What happened?

In 2019 a transformation programme commenced to scope the requirements for medical and non-medical prescribing at interfaces between primary and secondary care via HS21 prescriptions dispensed in community pharmacy. As a result of extensive stakeholder engagement, a number of small pilot projects were implemented to test the prescription process and governance frameworks required for successful roll-out of New Models of Prescribing (NMOP).

The three projects included:

Physiotherapist prescribing at the interface: community and outpatients

Heart failure specialist nurse prescribing at the interface

Mental Health Home Treatment Team (HTT) medical prescribers

A fourth project tested dietitian led direct ordering of oral nutritional supplements (ONS) for care home patients via stock orders submitted to either a community pharmacy or BSO Procurement and Logistic Services (PaLS).

The first project commenced approximately two years ago, following a pause in the programme due to COVID-19. In 3 of the projects, prescribers issued prescriptions directly to patients in situations where it is of benefit to the patient, e.g.:

- an urgent need for medication (within 72 hours of consultation),
- a requirement for titration / tapering of medicines with early review, or
- a need for specialised items outside the clinical expertise of a GP.

What is the learning?

The Medicines Optimisation Innovation Centre were tasked with assisting in the evaluation the NMOP pilot studies. Results from the evaluations which may be of interest to community pharmacy are:

NMOP: Positive Outcomes from Pilot Projects



>97% Patient Satisfaction

There were high levels of patient satisfaction with the new models of prescribing



Over 79%

Prescribers achieved high levels of compliance with NI Formulary



Stakeholders

Content for the projects to continue



More efficient and shorter process

Allowed quicker access to medication



Increased GP Capacity

by displacing consultation & prescribing activity



Facilitated professional autonomy

Leading to better use of skills and increased job satisfaction.



Improved Communication

Digital interfaces and comprehensive audit trails



Better time management

improved clinician and clinic efficiency



Excellent collaboration

of key stakeholders at each stage of the pathway



NMOP: Key Results from Pilot Projects

Physiotherapist Prescribing	Heart Failure Nurse Specialist	Dietetic led ordering of ONS	Mental Health Home Treatment Team
 97% of patients satisfied with their consultation & felt they received appropriate and sufficient information	 100% of patients were satisfied with the consultation and felt they received appropriate and sufficient information	 92% of stakeholders felt dietitian-led ordering of ONS on stock order benefits patients	 100% patients/carers surveyed thought the HTT prescribing should become a permanent service
 time was saved in obtaining all medicines. This was most significant in relation to prescriptions for lymphoedema garments (at least 2 weeks)	 3 days Reduction in time taken for receipt of medication	 10 days Reduction in time taken for the community pharmacy supply route (40%)	 ≥75% Reduction in time taken for entire process
 Reduced Resource Costs Reduced need for interim bandaging. It's estimated that community nursing costs could be reduced by £15k-£22k per lymphoedema physio prescriber per year.	 Patient Feedback <i>"I felt very reassured with the nurse specialist and trusted her decision"</i>	 Stakeholder Feedback <i>"There are benefits for patients, care homes, GP practices, dietitians, community pharmacists and economic benefit to the HSC"</i>	 Reduction in length of time patient may experience distressing symptoms
 Reduced Garment Costs Savings in lymphoedema garment prescribing: Fewer transcription errors = £3.8k/prescriber per year	 Reduced Costs Potential to prevent delays in surgical procedures due to poor symptom control	 Reduced Costs If stock supply of ONS via community pharmacy model was implemented across N.I. this could save >£43K per year.	 Reduced need for hospital admission

Award

In November 2022, the Dietetic Ordering of ONS supplements in care homes project won the Award for Outstanding Leadership at the Advancing Healthcare Awards.



Next Steps

Recurrent funding has been made available from the Department of Health to establish an Integrated Prescribing Programme within the SPPG. The work of this Programme will include the scaling up of NMOP based on the recommendations outlined.

A technical solution to enable printing of HS21s at the interface between primary and secondary care is key to NMOP realising its full potential. This will require significant investment and collaborative ownership with colleagues working in digital healthcare.

Summary review and recommendation reports for each project are available at:

- [Dietitian led direct ordering of oral nutritional supplements for care home residents](#)
- [Physiotherapist prescribing at the interfaces between community clinics, outpatient clinics and primary care](#)
- [Heart failure nurse specialist prescribing at the interface](#)
- [Mental Health Home Treatment Team medical prescribers](#)

Medicines Management Team contact details

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. Previous editions of newsletters can be found at:

[Pharmacy Regional News – ‘PRN’ | NI Formulary \(hscni.net\)](#)

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