



Oxford University Hospitals
NHS Foundation Trust

Insulin Adjustment by Dietitians and PDSNs

DSG Paediatric Subgroup Study Day
Anne Marie Frohock RD. September 2019





Summary

- Current recommendations (HCPC, BDA)
- Survey results – February 2019
- Current practices – are they safe?
- Where we go from here



Supplementary Prescribing by Dietitians

Feb 2016 - NHS England announced that dietitians could undertake training to be supplementary providers

- Public consultation

- Cost analysis

- http://www.legislation.gov.uk/ukia/2016/39/pdfs/ukia_20160039_en.pdf

BDA Professional Practice Guidelines (Feb 2016)

- https://www.bda.uk.com/professional/practice/prescribing/practice_guidance_prescribing

HCPC accredited courses

- <https://www.hcpc-uk.org/education/approved-programmes>



What is supplementary prescribing?

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed service user-specific clinical management plan (CMP).

Once qualified a supplementary prescriber may prescribe any medicine within their clinical competence, within the limits of the CMP



Clinical Management Plan

- Required for each individual named patient
- Signed by the patient/carer and an independent prescriber (usually their Doctor) and the SP
- Details:
 - illnesses/conditions that may be treated by the SP,
 - types of medicines they may prescribe
 - limits to doses/strength, parameters between which doses can be changed
- The CMP must always be current



What about independent prescribers?

- Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of service users with undiagnosed or diagnosed conditions and for decisions about the clinical management required.
- An independent prescriber is able to prescribe on their own initiative any medicine within their scope of practice and relevant legislation.

Dietitians cannot qualify to be independent prescribers

What are the benefits of supplementary prescribing by AHPs?

- Cost savings
 - Reduce waste of prescription drugs
 - Reduce pressure on doctor-led clinics
- Improved patient care
 - Don't have to wait to see doctor
- ?Legalities for AHPs



Survey results

Completed February 2019

183 respondents 87 Trusts (mixture of acute & community)

83 Dietitians (45%). 98 Nurses. 2 Other.

50% Full time diabetes

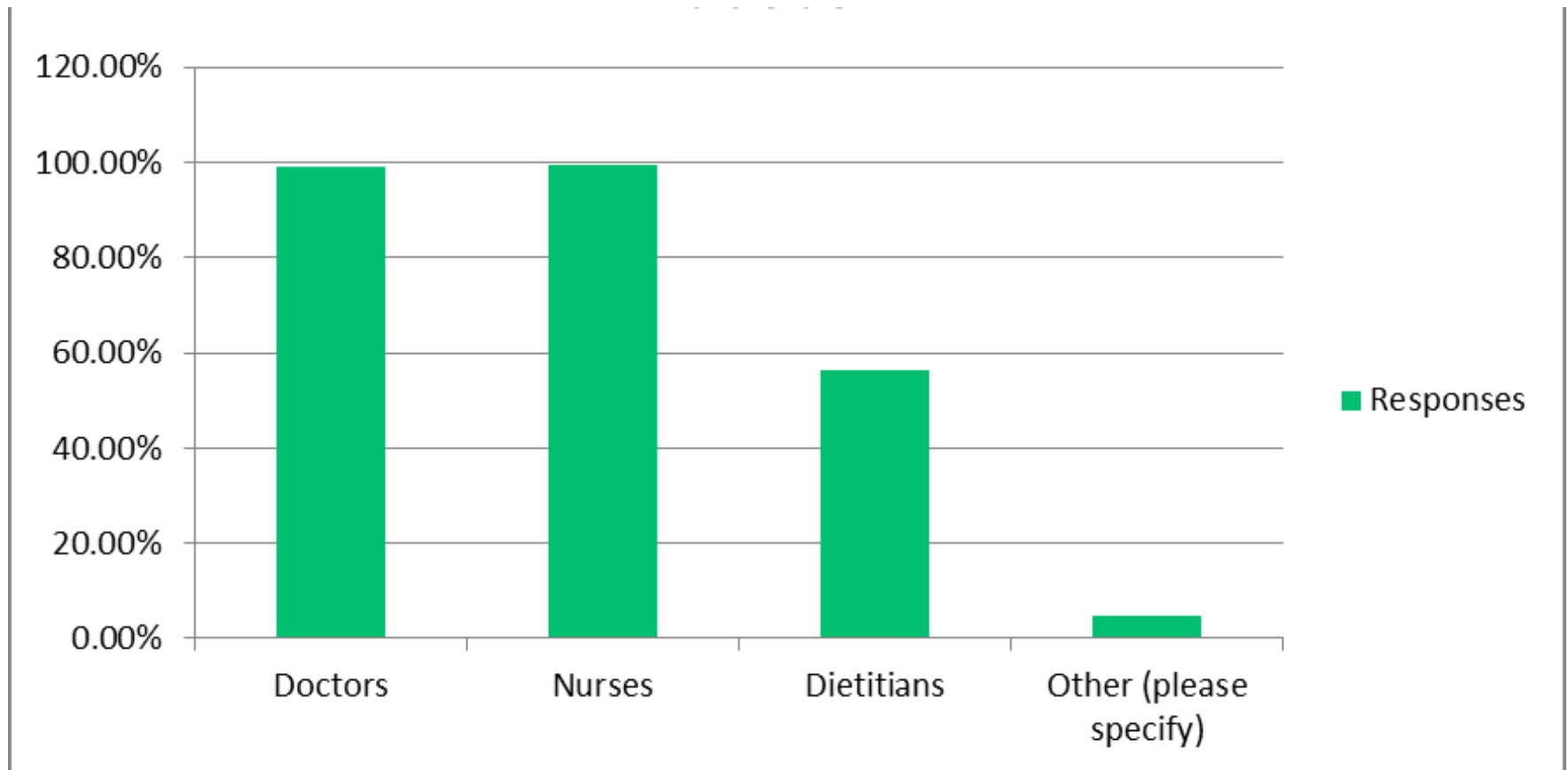
90 x Band 6. 85 x Band 7. 3 x Band 8a.



80% understand the difference between supplementary and independent prescribing

87% are expected to adjust insulin as part of their role

Within teams who adjusts insulin doses?





Are respondents concerned?

YES (83)

Legal implications. Lack of legal framework. Implications for professional indemnity

Not qualified but still expected as part of job

No clear guidelines/protocol/SOP. Lack of support

NO (88)

Already a prescriber. Feel Competent.

Only adjust 10-20%. Can always access a prescriber



Independent prescribing

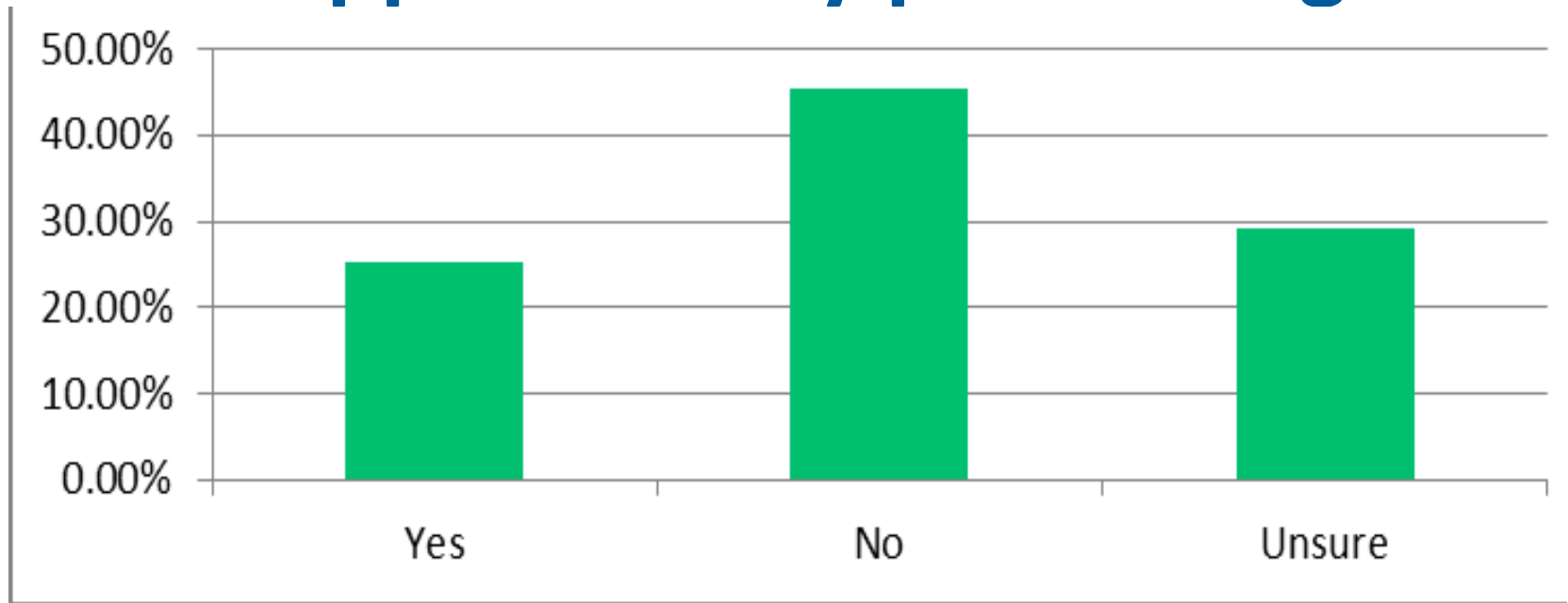
61% feel it is an important part of their role

Improving patient care

43% would do the course but barriers are:

- Funding and study leave
- Being a dietitian (who can only be supplementary prescriber)

Supplementary prescribing



Do you think that the qualification of Supplementary Prescriber meets the requirements of your job role?



What other courses could be offered?

Would anyone attend?

	Yes	No	Maybe
Certificate in insulin dose adjustment (not prescribing)	74%	7%	19%
Certificate in insulin dose and other insulin medication adjustment (not prescribing)	67%	13%	20%
Independent diabetes non-medical prescriber	67%	13.5%	21%



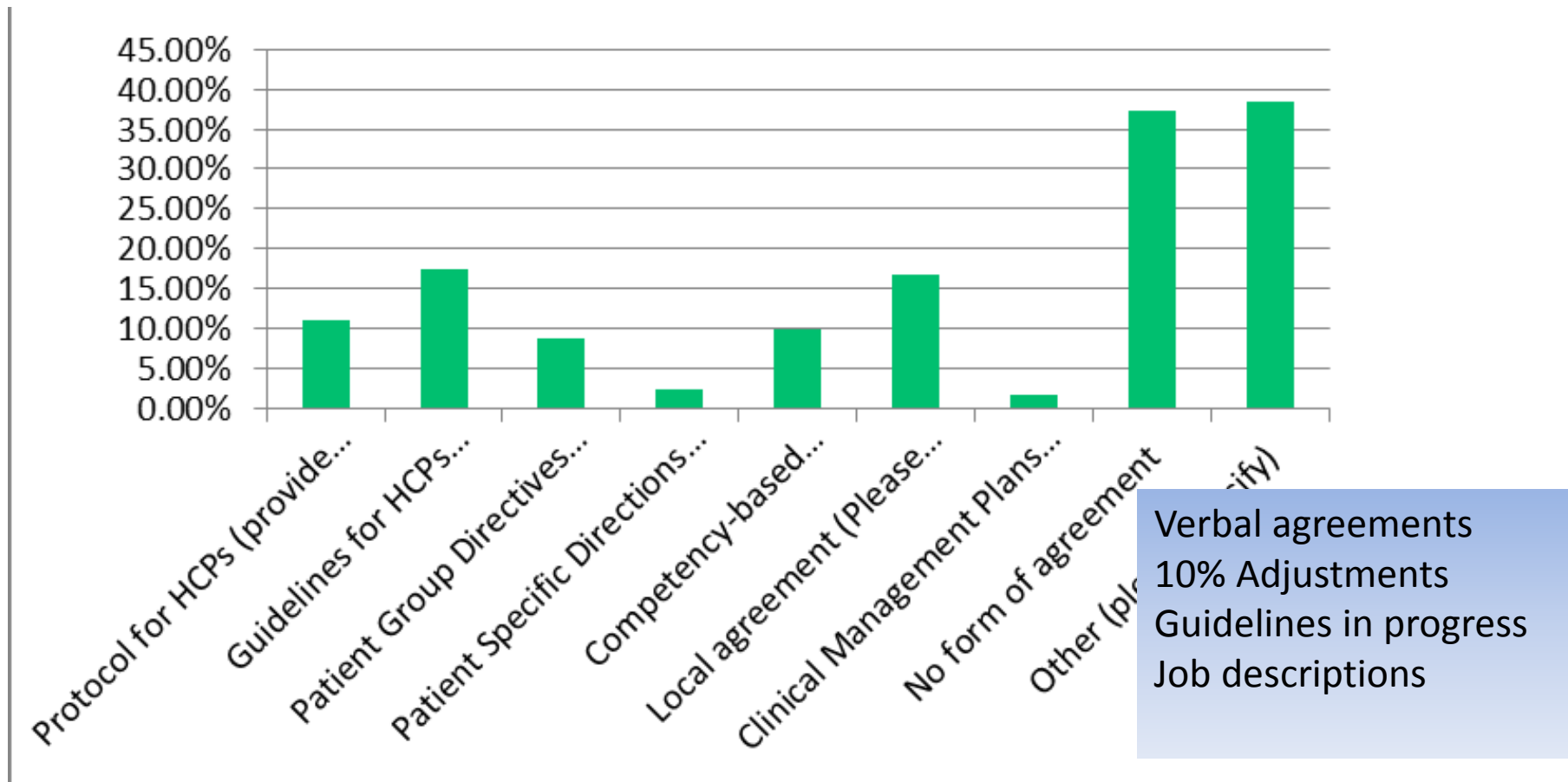
Other comments

As far as I understand the Supplementary prescribing course that is available to Dietitians is the same course as the independent prescribers course however is then restricted by requiring an individual management plan for each patient so is time consuming and presents difficulties in putting this in place.

Some of our team are qualified SP dietitians but have never used their qualifications due to the limitation of the CMP process

I feel that a prescribing course that is diabetes focused would be excellent, but equally I feel that doing the independent prescribing course is very exciting and is a good qualification to have, would teach very interesting things which aren't always going to be linked to the diabetes role, but expands your knowledge in the prescribing area which is extremely important.

How do Diabetes Services manage insulin dose adjustments by AHPs and Nurses?



Protocol for the practice of Insulin dose adjustment by non-medical prescribers; specialist paediatric diabetes nurses and specialist paediatric dietitians working within Oxfordshire Children's Diabetes Team

Children with diabetes require the stabilisation of blood glucose levels in order to fulfil potential for growth and development, both physically and cognitively. There is clear evidence to support the practice of achieving and maintaining glycaemic control within target levels in relation to the prevention of development of long-term complications associated with diabetes (DCCT, 1993; NICE, 2004). Frequent advice by members of the Diabetes Team regarding alterations of insulin doses, in addition to the continued adjustments in insulin doses needed between clinic visits, is of vital importance in achieving targeted blood glucose control (Danne et al, 2014; Pihoker et al, 2014).

Specialist Nurses and dietitians supporting children, young people and their families to manage diabetes are frequently relied upon to advise young people, parents and junior medical staff on the adjustment of insulin doses in order to achieve maximum potential for targeted blood glucose control. This may include, but is not limited to: adjustment of basal insulin in response to changing requirements for growth; adjustment of the insulin to carbohydrate ratios and insulin sensitivity factors used by patients and families to calculate individualised insulin doses; advice regarding sick day management; alternating between insulin pump therapy and insulin pen injections; as well as dose adjustment for holidays, travel and exercise. Children vary in their individual requirement for insulin and a blanket dose adjustment is not possible.

NICE recommend that insulin adjustment should only be done by healthcare professionals with the relevant expertise and training (CKS 2011), however, this cannot be covered through the provision of patient group or specific directions (PGDs/PSDs) (NICE, 2014). The Nursing and Midwifery Council (2010) recognises the requirement for titration doses of medication already prescribed, this is supported by the development of competency based guidelines (RCN Working Group, 2012; NHS Grampian, 2013). This Protocol will identify the competencies required for staff, inform

Comment [IS1]: Health care professionals have the responsibility to advise parents, other care providers, and young people on adjusting insulin therapy safely and effectively. This training requires regular review, reassessment, and reinforcement

Interested in supplementary prescribing?

Q. Who paid for the course?

This is a follow-up supplement to the 2019 *Diabetes* magazine. In order to stay up to date with prescribing in the UK, it is essential to keep up to date with the latest news and developments in the field.

All supplementary prescribers that we asked were funded by their employer, one member was funded through their PhD. Funding

They mentioned learning a lot around pharmacology and the complexity of medicines management as well as identifying knowledge gaps in their assessment skills. The course also provided dietitians with time to observe other healthcare professionals' skills and knowledge.

The main words used to describe the course were "enjoyable, time-consuming, interesting and hard work...but worth it and extremely relevant to practice!" The

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the complexity of medicines management as well as identifying

Some had protected time for study but the majority of the work was done in their own time – using annual leave, evenings and weekends to complete the work.



Where from here?

How do we manage supplementary prescribing CMPs in a diabetes service?

Who signs them? How often are they updated?

Are competency based protocols/agreements a recognised alternative? Could a national framework be developed?

How do we secure time and funding to complete supplementary prescribers courses?

Should we be pushing for Independent Prescriber status?

HEE have commissioned some research into the need for independent prescribing for dietitians. TRADIP@surrey.ac.uk