

IMPROVING CARE OUT OF HOURS BY REDUCING REMOTE PRESCRIPTIONS: A PHARMACY-LED INTERVENTION

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**Introduction** The Marie Curie Medicines Management Policy<sup>1</sup> states that remote prescriptions may be used under certain circumstances. General Medical Council prescribing guidance for doctors (2) and national guidance for nurses and nurse pre- scribers<sup>3,4</sup> allow for remote prescribing. This normally requires written confirmation using secure email, following a verbal order from a doctor to a nurse. In an inpatient hospice set- ting without resident medical cover this process may delay administration of medication.

**Aims** To understand which medications are remotely pre- scribed and investigate whether the administration by nurses of 'homely remedies'(an approved lists of non-prescription or over the counter (OTC) medicines) can reduce the burden on on-call medical staff, enabling more timely delivery of medication.

**Method** The hospice pharmacy team undertook an audit of inpatient remote prescriptions issued over twelve months and categorised them into prescription and non-prescription medications. Following an educational intervention for nurses and junior doctors and displaying information posters on the wards, we re-audited remote prescriptions after three months. Results Ninety-three remote prescriptions were issued over twelve months, approximately two prescriptions each week. The majority of these prescriptions were for OTC medications, usually for symptom management. The re-audit showed a reduction in the number of remote prescriptions issued, to less than one per week.

**Conclusion and discussion** Education and training by pharma- cists resulted in a reduction in remote prescriptions. Formulating an approved list of 'homely remedies' could further reduce this, which may result in more timely administration of medications to patients thereby improving patient care.

REFERENCES

1. Marie Curie Medicines management in Hospices policy (2016) <https://marie-curie365.sharepoint.com/PPG/Shared%20Documents/Medicines%20Management%20in%20Hospices%20policy.pdf#search=medicines%20management>

2. [http://www.gmc-uk.org/guidance/ethical\\_guidance/14326.asp](http://www.gmc-uk.org/guidance/ethical_guidance/14326.asp)

3. NMC Standards of proficiency for nurse and midwife prescribers (2015) [http:// www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-man- agement.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-man-agement.pdf)

4.National Institute for Clinical Excellence. Managing Medicines in Care Homes, 2014 <https://www.nice.org.uk/guidance/sc1/chapter/1-recommendations#care-home-staff-giving-non-prescription-and-over-the-counter-products-to-residents-homely>