

## THE ROYAL PHARMACEUTICAL SOCIETY - CONSULTATION

### 1.0 INTRODUCTION

The Royal Pharmaceutical Society (RPS) and King's Fund vision for the future of pharmacy recognises the importance of health and social care integration in the evolving role of pharmacy. There is also much scope and opportunity for pharmacy across the wider integration agenda, and the RPS may wish to consider the potential for pharmacy services across the health, care *and* education sectors.

A pharmacy vision that incorporates the education sector would undoubtedly provide great benefit in terms of using the unique expertise and skill set of the pharmacy team to support children and young people who need medication to access education. The RPS and the King's Fund identified themes could be applied to the education sector and actions aligned to these themes would address significant gaps. This would positively impact on the health and well-being of children and young people, improve medicines management and provide much needed support within education settings.

Medical advancements have contributed to changing demographics of the education sector population. Many children and young people now survive with complex care needs and live longer than would previously have been possible.<sup>1</sup> In England, the national prevalence of life limiting and life threatening conditions in children and young people (aged 0-19 years) has significantly increased over the last 17 years.<sup>2</sup> Consequently, schools have experienced an increase in the levels and complexity of pupils' health needs including medication requirements.

Robust medicines management is vital to ensure high-quality, safe care and minimise risk. But the current landscape for medicines management in education is fraught with issues. Although these issues are widespread across the sector, due to the level and complexity of health needs of children and young people attending specialist schools, these settings can function as unique clinical environments often with minimal NHS input. This brings medicines management issues into sharp focus. A 2019, Royal College of Nursing(RCN) endorsed study of specialist schools in four geographical areas illustrated the level of medicines administered (see Appendix 1).<sup>3</sup>

There is currently no national database/metric that quantifies or monitors medication administration within the education sector. Neither is there a national system to capture healthcare-related incidents in schools. In 2020, a small study exploring safety incidents in specialist schools showed that the majority of incidents (44%) were categorised as 'Medication/IV Fluids'.<sup>4</sup> Similarly, studies have identified the propensity and types of

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<sup>1</sup> RCN (2020) Futureproofing Community Children's Nursing <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/january/007-844.pdf?la=en>

<sup>2</sup> Fraser et al., (2020) 'Make Every Child Count' Estimating current and future prevalence of children and young people with life-limiting conditions in the United Kingdom. <https://www.york.ac.uk/media/healthsciences/documents/research/public-health/mhrc/Prevalence%20reportFinal.pdf>

<sup>3</sup> Williams (2019) Special Needs School Nursing Project Report. Located at <https://www.miss-shanidar.org.uk/archive/>

<sup>4</sup> Smith (2020). Psychological impact of pupil safety incidents on specialist education staff: A retrospective analysis. Unpublished [Incident type used the international classification for patient safety (WHO, 2009)].



medication incidents and errors that occur, including missed doses, medication running out, and incorrect storage.<sup>5</sup> With healthcare settings, it is well established that medication errors are one of the most common types of error,<sup>6</sup> and so it is unsurprising that this picture translates to education settings.

Understandably, when things do go wrong with medicines in schools, school leaders are reluctant to publicly present details of failings and consequences, but it is clear that when they do, the impact can result in serious harm to children and young people. With school leaders recounting medication incidents that could have been fatal.<sup>7,8</sup> Additionally, there can be serious professional implications for teaching staff when things go wrong with medicines including disciplinary hearings and bans from the teaching profession.<sup>9</sup>

## 2.0 THE ISSUES

### 2.1 Health and Education - Statutory Duties

Under the NHS Act 2006 and the Children and Families Act (CFA) 2014, NHS commissioners have a statutory responsibility to secure clinical services for children and young people with additional health needs, long-term conditions and disabilities and those with an Education, Health and Care Plan that require 'health' provision. Despite this, the majority of healthcare provision within educational settings including medicine administration and management is the responsibility of schools and sits outside an NHS commissioning arrangement.

This incongruity between the statutory framework and the service model can be explained by a misstep relating to the CFA 2014 statutory guidance documents. Both the SEND Code of Practice and the Supporting Pupils at School with Medical Conditions failed to recognise the concept and legal implications of 'delegation'. Instead, guidance only refers to school staff being 'trained' to perform healthcare tasks. Delegation and training are not interchangeable terms, and delegating healthcare tasks to non-health support workers does not remove the NHS commissioning responsibility where it exists. Unfortunately, these critical points were overlooked. Consequently, medicine administration and management that should be within an NHS commissioned service have been removed from the 'health' statutory and governance framework. Thereby, circumventing the NHS pathway that ensures NHS 'quality' services.

Due to the framing of the DfE's Supporting Pupils at School with Medical Conditions guidance, the CFA 2014 s.100 duty on schools is often the legislation cited as the basis for schools undertaking this activity. Importantly, this is not a duty to provide NHS services but a duty 'to *make arrangements*'. This could and arguably should have been interpreted as a duty on schools to provide non-NHS support as appropriate and facilitate access to NHS commissioned services as/when required. However, due to the missteps around delegation,

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<sup>5</sup> Bellis et al., (2017) Medicines in schools: a cross-sectional survey of children, parents, teachers and health professionals. *BMJ Paediatrics Open*. 1(1):e000110

<sup>6</sup> WHO (2007) Promoting safety of medicines for children <https://www.who.int/publications/i/item/9789241563437>

<sup>7</sup> Dickens (2019) Pupils 'at risk' as special school staff stand in for nurses. *Schools Week*

<https://schoolsweek.co.uk/investigation-pupils-at-risk-as-special-school-staff-left-to-fill-gaps-providing-complex-medical-care/>

<sup>8</sup> Wall (2022) Why the SEND review must address medical provision in special schools. *Tes*

<https://www.tes.com/magazine/analysis/specialist-sector/why-send-review-must-address-medical-provision-special-schools>

<sup>9</sup> Teaching Regulations Agency (2018) Mr M. Pryer: Professional conduct panel meeting outcome.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/765225/Pryer\\_M\\_-\\_Web\\_Decision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765225/Pryer_M_-_Web_Decision.pdf)



this has not been the interpretation. It is quite possible that the duty ‘*to make arrangements*’ has been stretched to position schools as a catch-all, substitute NHS service provider.

## 2.2 National Standards and Guidance

Health (and care) providers have a specific statutory duty to ensure the proper and safe management of medicines.<sup>10</sup> Within the health and care sectors, this is accompanied by an extensive and comprehensive framework of standards and guidance to support compliance with this duty.<sup>11,12,13</sup> Across the health and care sector, national guidance recognises the concept of delegating medicine administration, the essential components of delegation and the role of registered nurses.<sup>14,15</sup>

In contrast, there is no equivalent duty within the education statutory scheme to ensure the proper and safe management of medicine and guidance for education settings is scant to say the least. The two primary sources of guidance for the education sector are the DfE’s ‘Statutory Framework for the Early Years Foundation Stage’ (EYFS) and ‘Supporting Pupils at School with Medical Conditions’.

The EYFS guidance on medicines consists of a short paragraph which states providers must have a policy and implement procedures for administering medicines. The Supporting Pupils at School with Medical Conditions guidance on medicines extends to two pages and covers the child’s role in managing their own medical needs and managing medicines on school premises. However, considering the levels and complexity of medicine management in some schools, this appears inadequate and has led to variability in interpretation and practice.

## 2.3 Independent Pharmacy Training Offers

In recent years, there has been a proliferation of independent training providers that offer training services to schools to manage children’s medical conditions, including medication administration. This is probably a direct result of the DfE’s Supporting Pupils at School with Medical Conditions guidance. Training companies are often nurse-led or pharmacist-led with services tending to be an extension of social care training offers. Training providers advertise a range of accreditations, but as the providers are operating independently, and there is no national level oversight of these offers, there is potential for significant variability and inconsistency in quality.

Generally, independent training offers for schools do not join up with local NHS commissioned services. Due to the national guidance missteps, this is understandable, but this approach is likely to be inappropriate for a large proportion of the medicine administration in school. Where

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<sup>10</sup> Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Reg. 12.

<https://www.legislation.gov.uk/uksi/2014/2936/regulation/12>

<sup>11</sup> CQC (2022) Guidance for providers. Regulation 12: Safe care and treatment <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment>

<sup>12</sup> NHS Specialist Pharmacy Service (2018) <https://www.sps.nhs.uk/wp-content/uploads/2018/10/Medicines-Matters-september-2018-1.pdf>

<sup>13</sup> NICE (2015) NICE Guideline [NG5] Medicine optimisation: the safe and effective use of medicines to enable the best possible outcomes. <https://www.nice.org.uk/guidance/ng5>

<sup>14</sup> RPS and RCN (2019) Professional guidance on the administration of medicines in healthcare settings. See pg. 3 <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>

<sup>15</sup> Care Quality Commission (2022) Delegating medicines administration <https://www.cqc.org.uk/guidance-providers/adult-social-care/delegating-medicines-administration>



there is an NHS commissioning responsibility for services to support children and young people accessing education, an NHS pathway of care should be followed, which should include registered healthcare professional care planning and delegation. For registered nurses delegating the administration of medicines, there are specific Nursing and Midwifery Council standards around training, competency assessment and supervision.<sup>16</sup>

Undoubtedly, there are significant opportunities for pharmacy teams to use their skills and expertise to provide support in education settings with training, medicine optimisation and incident management. But this should be viewed as complementing and enhancing the nurse's role in delegation rather than substituting or replacing appropriate delegation. For a delegation framework that involves both nursing and pharmacy teams, the interface between these professionals is critical. For this reason, NHS commissioning for education settings should include a pharmacy element, and this should be needs-led.

### 3.0 THE SOLUTION: PHARMACY

Pharmacy could play an integral role in the solution. At a national level, the RPS is perfectly placed to work with the relevant government departments and professional bodies to ensure that the pharmacy profession is embedded into an integrated education, health, and care strategy. This could include working with the education sector to map out and identify appropriate arrangements to best use independent pharmacist-led training providers. Specifically, identifying best practice around NHS commissioning, delegation of medicine administration within education settings and the interface between nursing and pharmacy teams.

Focus and resource could be directed into scaling up innovative practice that has shown positive outcomes. For example, the Kent Community Health NHS Foundation Trust Medicines Optimisation in Special School Project provided evidence of significant benefits when an NHS commissioned pharmacy service was delivered within school settings.<sup>17</sup> The Kent project report calls for a review of the existing NHS commissioning arrangements to ensure that standardised and appropriate approaches are in place to meet the medicines optimisation needs in special schools. Additionally, the report highlights the need to consider the commissioning pathways in mainstream school settings. This approach is much needed to ensure that children and young people receive high-quality, safe, and equitable healthcare at school.

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<sup>16</sup> NMC (2018) The Code <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

<sup>17</sup> NHS Health Education England (2022) Kent Community Health NHS Foundation Trust. Medicines Optimisation in Special Schools. <https://qicentral.rcpch.ac.uk/resources/safety/medicines-optimisation-in-special-schools/>



**Appendix 1 - Extract from Special Needs School Nursing Report, 2019<sup>18</sup>**

**5.5 Medicines Safety**

5.5.1 A proportion of children will require medicines to be administered during the school day either on a regular or ‘as required’ basis (Table 9). In West Sussex the number of children requiring medication every day is higher than Bradford, where there are a similar number of schools. However, Bradford have more children requiring medicines occasionally. When divided by the number of schools there are approximately 10 – 24 children requiring daily medication or between 8.7% and 17.8% of the total school population in each area.

**Table 9: Medicines administration in school**

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	Everyday	Occasionally	Boarding
<b>Bradford</b>	97	527	6
<b>Sheffield</b>	48	23	0
<b>South Wales</b>	44	120	0
<b>West Sussex</b>	212	292	28

5.5.2. The needs assessment tool refers to the nurse providing ‘advice and support’ to promote medicine safety, with school staff administering medication. Whilst this is the model used in West Sussex, this is not the model used in all schools: in Wales the Special School Nurses administer medicines and, until recently, a similar system operated in Bradford. However, in Bradford, this has now been delegated to the healthcare support workers and education support staff, which has involved Special Needs Nurses and school staff in considerable training over the last school year, whilst this was being introduced. In West Sussex, training in medicines management is commissioned from the Local Authority who use a pharmacist to provide the training, with a nurse supervising practice and undertaking assessments. To ensure consistency of training, it will be important for the school nurses to attend the training session.

5.5.3. Incidents occurring in schools relating to health needs often involve medication. Evidence provided from Bradford indicates that in the past there had been two methods of managing incidents depending on whether the school or the nursing team investigated the incident. Following discussions about the need for joint learning and consistency in the approach to managing incidents, there is now a joint investigation procedure, with meetings to discuss action required and learning from incidents. There is a similar approach in West Sussex.

5.5.4. To reduce the pressure on staff from medicines administration and to reduce the associated risks, those children requiring once daily medicines, should be given these at home either before or after school, unless required at a specific time in the day. Where medicines are administered in school parents should provide these in pre-prepared doses, where possible to reduce the risk of errors.<sup>40</sup>

<sup>40</sup> RCN (2018) Meeting Health Needs in Educational and other Community Settings; a guide for nurses caring for children and young people

<sup>18</sup> Williams (2019) Special Needs School Nursing Project Report. Located at <https://www.miss-shanidar.org.uk/archive/>