Independent Non Medical Prescribing: Symptom management in End of Life Care

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NMP Experience

• 2006-2009  Community Macmillan CNS
  Clinical Assessment Skills
  Non medical Prescribing course
  [Central Manchester and Manchester Royal
   Infirmary]

• 2009-2013  Community Specialist Palliative Care Nurse
  [Wigan & Leigh Hospice]

• 2013-2017  Nurse Consultant
  [St Teresa’s Hospice]
St Teresa’s Hospice

- Nurse led unit
  - 6 beds, Day Hospice, Community, advice line
  - 1 non-medical prescriber
    - Hospice Physician (one day a week)
    - GP with Special Interest (1-2 hours/week)
      - Specialist Clinical review meeting weekly
        - Hospice Clinical Review meeting weekly
- Population
Aim of Independent NMP
(DH 2006)

- improve patient care without compromising patient safety
- make it easier for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible team working across the NHS
National/local variation in prescribing practice
(Sutcliffe & Homes 1994)

Availability of drugs
(APPG 2013)

Practice/patients’ expectations
(Latter et al 2010)

Off label prescribing
(MHRA 2009)

Drug charts
(palliativedrugs.com
2016)

Anticipatory prescribing
(BMA 2016)

Syringe Drivers
(Dickman and Schneider 2016)
Current Issues

Enhance Specialist practice (Courtenay et al 2012)

Prevent hospital admissions (Pulse 2011)

Relieve pressure on GPs (Oxtoby 2016)

Prompt access to medication / symptom management (Dawson 2013)

Clinical Skills:
General Pharmaceutical Council (2015)
Organisational Factors

Stock drugs

Retention (Courtenay et al. 2016)

Evidence-based Practice (Sleeman and Higginson 2016)

Developing culture of inquiry (Payne et al. 2013)

Staffing issues
Case Study

- 70 year old lady, lives alone - independent
- Ca breast with bone metastases to ribs and R humerus
- Renal failure - has haemodialysis 3 x weekly
- Unable to complete dialysis 2 days previously due to pain in lower back - became confused/terminally agitated
- Referred by GP and Macmillan Nurse and admitted into in-patient unit for end of life care
References and Bibliography

- DH
- NICE (2015) Care of the dying patients in the last days of life. London. NICE
Thankyou

- Any questions?