Non-medical prescribing for pain

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Overview

Non-medical prescribing for pain: where are we now?

What are nurses prescribing for pain?
• Settings and job titles
• Prescribing frequencies and patterns
• The range of pain management prescribed
• Improving pain outcomes – reported benefits
Where are we now?
Pain is one of the top prescribing areas that nurses take up once qualified as a nurse prescriber (Latter et al 2010)

In the Republic of Ireland: analgesics are the most frequently prescribed drug by nurses (Drennan et al, 2009)

40% of UK nurses prescribe pain medication (Courtenay & Gordon 2009)

In Australia, analgesics are the second most frequently prescribed medication by nurses after anti-infective drugs (Buckley et al, 2013)
Prescriptions dispensed in the community

- 97.9% of prescriptions dispensed in the community are written by GPs
- 2.1% by non-medical prescribers

The number of prescriptions issued by nurses increased by 10.9% since 2013

Analgesics (opioid and non-opioid)
- Steady increase in the number prescribed since 2004
- In 2014, 68.6 million items dispensed at a cost of £535.4 million
Who is prescribing for pain?
An overview of non medical prescribing across one strategic health authority: a questionnaire survey

Molly Courtenay‡*, Nicola Carey† and Karen Stenner

Abstract

Background: Over 50,000 non-medical healthcare professionals across the United Kingdom now have prescribing capabilities. However, there is no evidence available with regards to the extent to which non-medical prescribing (NMP) has been implemented within organisations across a strategic health authority (SHA). The aim of the study was to provide an overview of NMP across one SHA.

Methods: NMP leads across one SHA were asked to supply the email addresses of NMPs within their organisation. One thousand five hundred and eighty five NMPs were contacted and invited to complete an on-line descriptive questionnaire survey, 883 (55.7%) participants responded. Data was collected between November 2010 and February 2011.

Results: The majority of NMPs were based in primary care and worked in a team of 2 or more. Nurse independent supplementary prescribers were the largest group (590 or 68.6%) compared to community practitioner prescribers (198 or 22.4%), pharmacist independent supplementary prescribers (35 or 4%), and allied health professionals and optometrist independent and/or supplementary prescribers (8 or 0.9%). Nearly all (over 90%) of nurse independent
PAIN MANAGEMENT

Prescribing for pain – how do nurses contribute? A national questionnaire survey

Karen Stenner, Nicola Carey and Molly Courtenay

Aims and objectives. To provide information on the profile and practice of nurses in the UK who prescribe medication for pain. Background. Pain is widely under-reported and under-treated and can have negative consequences for health and psychosocial well-being. Indications are that nurses can improve treatment and access to pain medications when they prescribe. Whilst nurses working in many practice areas treat patients with pain, little is known about the profile, prescribing practice or training needs of these nurses.

Design. A descriptive questionnaire survey.

Method. An online questionnaire was used to survey 214 nurses who prescribed for pain in the UK between May and July 2010. Data were analysed using descriptive statistics and non-parametric tests.

Results. Half the participants (50%) worked in primary care, 32% in secondary care and 14% worked across care settings. A range of services were provided, including general practice, palliative care, pain management, emergency care, walk-in-centres and out-of-hours. The majority (86%) independently prescribed 1–20 items per week. Non-opioid and weak opioids analgesics were prescribed by most (95%) nurses, whereas fewer (35%) prescribed strong opioids. Training in pain had been undertaken by 97% and 82% felt adequately trained, although 28% had problems accessing training. Those with specialist training prescribed a wider range of pain medications, were more likely to prescribe strong opioids and were more often in pain management roles.

Conclusion. Nurses prescribe for pain in a range of settings with an emphasis on the treatment of minor ailments and acute pain. A range of medications are prescribed, and most nurses have access to training.

Relevance to clinical practice. The nursing contribution to pain treatment must be acknowledged within initiatives to improve pain management. Access to ongoing training is required to support nurse development in this area of practice to maximise benefits.
Survey via the Association for Nurse Prescribing (ANP)

Stenner et al. 2012

Survey of 859 ANP members (now the Association for Prescribers)
• Response rate 51.1% (n=439)
• 49.8% (n=214) prescribed for pain

Profile:
• 65% qualified to prescribe for 3 + years
• 72% more than 5 years experience prior to prescribing
Job titles (Stenner et al. 2012)

- Emergency care/MIU
- Practice nurse/NP primary care
- Lead/charge nurse, matron
- CNS
- Pain/palliative care nurse
- Community nurse
### Work Settings

(Stenner et al. 2012)

<table>
<thead>
<tr>
<th>Service setting</th>
<th>%</th>
<th>Service setting</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td>37.8</td>
<td>Walk-in centre</td>
<td>10.7</td>
</tr>
<tr>
<td>Hospital in-patient</td>
<td>25.7</td>
<td>Education</td>
<td>6.5</td>
</tr>
<tr>
<td>Hospital out-patient</td>
<td>22.9</td>
<td>Community clinic</td>
<td>3.7</td>
</tr>
<tr>
<td>Community</td>
<td>18.7</td>
<td>Independent sector</td>
<td>2.8</td>
</tr>
<tr>
<td>Out-of-hours</td>
<td>12.6</td>
<td>Prison/armed forces</td>
<td>2.8</td>
</tr>
</tbody>
</table>

- Range of settings and roles
- Emphasis on emergency/first contact care
- Black (2012) study – analgesics were the most commonly prescribed drugs by nurses in A&E (31%)
Nurse prescribing for inpatient pain in the United Kingdom: A national questionnaire survey

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ABSTRACT

Background: Nurses make a valuable contribution to pain services and have the potential to improve the safety and effectiveness of pain management. A recent addition to the role of the specialist pain nurse in the United Kingdom has been the introduction of prescribing rights, however there is a lack of literature about their role in prescribing pain medication.

Objective: The aim of this study was to develop a profile of the experience, role and prescribing practice of these nurses.

Design: A descriptive questionnaire survey.

Setting: 192 National Health Service public hospital inpatient pain services across the United Kingdom.

Participants: 161 qualified nurse prescribers were invited to participate, representing 98% of known nurse prescribers contributing to inpatient pain services. The survey was completed in November 2009 by 137 nurses; a response rate of 85%.

Results: Compared with nurse prescribers in the United Kingdom in general, participants were highly qualified and experienced pain specialists. Fifty-six percent had qualified as a prescriber in the past 3 years and 22% reported that plans were underway for more nurses to undertake a nurse prescribing qualification. Although all participants worked in
Inpatient pain nurse survey

Stenner et al. 2011

**How many pain nurses are qualified to prescribe?**
- All inpatient pain services contacted in 2009 (n=191)
- 28% of nurses working in inpatient pain services were qualified to prescribe
- An increase of 16% since Williamson-swift survey (2007)

**What involvement do these nurses have in prescribing for pain?**
161 invited to take part, response rate 85% (n=137)
- Most were highly qualified and experienced specialists
- 54% had PhD or Masters level training in pain prior to NISP
- 90% were using NISP to prescribe
Pain services provided by nurses (Stenner et al. 2011)

- 30+% worked across acute/chronic pain services
What are nurses prescribing for pain?
# Inpatient Pain Survey – drugs prescribed for pain

(Stenner et al. 2011)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Nº nurses prescribing (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs</td>
<td>112 (81.7%)</td>
</tr>
<tr>
<td>Codeine products</td>
<td>109 (79.6 %)</td>
</tr>
<tr>
<td>Tramadol</td>
<td>104 (75.9%)</td>
</tr>
<tr>
<td>Morphine sulphate</td>
<td>103 (75.2 %)</td>
</tr>
<tr>
<td>Morphine sulphate injection</td>
<td>95 (69.3 %)</td>
</tr>
<tr>
<td>Modified release morphine products</td>
<td>84 (61.3 %)</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>41 (29.9 %)</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>40 (29.2 %)</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>34 (24.8 %)</td>
</tr>
<tr>
<td>Diamorphine</td>
<td>30 (21.9 %)</td>
</tr>
<tr>
<td>Pethidine</td>
<td>18 (13.1 %)</td>
</tr>
<tr>
<td>Methadone</td>
<td>9  (6.6 %)</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>7  (5.1 %)</td>
</tr>
</tbody>
</table>
Types of medication prescribed for patients in pain: ANP survey (Stenner et al. 2012)

<table>
<thead>
<tr>
<th>Medication group</th>
<th>Number of nurses prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-opioid (e.g. ibuprofen, paracetamol)</td>
<td>204 (95.3%)</td>
</tr>
<tr>
<td>Compound preparations (e.g. co-codamol)</td>
<td>184 (86%)</td>
</tr>
<tr>
<td>Weak opioids (e.g. codeine phosphate, tramadol)</td>
<td>158 (73.8%)</td>
</tr>
<tr>
<td>Strong opioids (e.g. morphine, oxycodone)</td>
<td>74 (35%)</td>
</tr>
</tbody>
</table>
Types of medication prescribed for patients in pain: adjuvants and medication for side effects of opiates

<table>
<thead>
<tr>
<th></th>
<th>ANP survey (Stenner et al. 2012)</th>
<th>Inpatient pain survey (Stenner et al. 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxatives</td>
<td>65%</td>
<td>79%</td>
</tr>
<tr>
<td>Anti-emetics</td>
<td>59%</td>
<td>80%</td>
</tr>
<tr>
<td>Anti-depressants</td>
<td>37%</td>
<td>59%</td>
</tr>
<tr>
<td>Anti-convulsants</td>
<td>25%</td>
<td>66%</td>
</tr>
</tbody>
</table>
Types of pain treated by nurse prescribers – comparing data from inpatient and ANP survey

- **Crossover**: ANP vs Inpatient
- **Palliative**: ANP vs Inpatient
- **Chronic**: ANP vs Inpatient
- **Acute**: ANP vs Inpatient
**ANP survey** (Stenner et al. 2012)

- 87.4% used only Nurse Independent Prescribing (NIP)

**Items prescribed for pain in a typical week**

![Bar chart showing the number of responses per category of items prescribed by NIP. The categories are 1 to 10, 11 to 20, 21 to 30, 31 to 40, 41 to 50, and 50+. The majority of responses fall in the 1 to 10 category.]
Inpatient Pain Survey

Pain medication: estimated number of items prescribed per week by UK nurses in inpatient pain services (Stenner et al. 2011)
## Ways of using prescribing qualification: ANP survey (Stenner et al. 2012)

<table>
<thead>
<tr>
<th>Method of using prescribing qualification</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amend medication (e.g. stop, alter or correct dose)</td>
<td>81.3</td>
</tr>
<tr>
<td>Recommend over-the-counter medication</td>
<td>78.9</td>
</tr>
<tr>
<td>Medication review</td>
<td>72.9</td>
</tr>
<tr>
<td>Recommend medication to GP (via telephone, letter, email)</td>
<td>43.4</td>
</tr>
<tr>
<td>Recommend medication via hospital notes</td>
<td>28.5</td>
</tr>
<tr>
<td>Supply and administer medicines by Patient Group Direction</td>
<td>20</td>
</tr>
</tbody>
</table>
Benefits of prescribing for pain

Qualitative Research
Stenner & Courtenay 2008
Faster access to treatment

- Speed and convenience
- Reduced delays
- Improved efficiency

“The difference is that often I would advise something, go back the next day to see if what I had advised had worked to find that it had never been implemented. So you would be 24 hours down the line with no advance, whereas this way I can prescribe it, I can ensure that the pharmacist knows, it’s up on the wards, it’s ready, raring to go and we’re 24 hours ahead of ourselves”
Safe and appropriate prescribing

- Good knowledge base required for prescribing CDs
- Non-specialists can misjudge appropriate strength of CDs
- Nurses able to tailor medication to suit the patient

“Often when GPs initiate a controlled drug, say slow release Morphine or a Fentanyl Patch, they will initiate it at quite a high dose and of course if they do that the patient is more at risk of getting side effects and then you have lost the patient’s confidence in that particular drug”
Benefits to Nurses

- Job satisfaction
- Gaining knowledge through prescribing
- Increased credibility and confidence

“I think that when we are prescribing it gives us continuity of knowledge in that you know what the patients had because you prescribed it. I have learnt from the effects of drugs. Having taken the responsibility I have learnt more about how that drug affects the patient, whereas before perhaps I wasn’t as aware and maybe didn’t pay it as much attention.”
Inpatient Pain Nurse Prescriber Survey

Other benefits of role:

• 94% said prescribing increased their ability to promote evidence-based practice in pain treatment
• 98% provided training or education (to: nurses, doctors, pharmacists, AHPs, students)
• 81% involved in developing local guidance on pain prescribing
• 60% informed trust formulary or Drugs & Therapeutics Committees
Issues and around prescribing CDs
**Chronic pain clinics and pain services**- tend to make recommendations to GPs rather than prescribe directly to patients:

- Safety concern over lack of follow-up for patients prescribed CDs from pain clinics
- GPs more likely to know patient history and have regular contact
- CDs part of a package of care
- Lack of prescribing budget

**Training and continued professional development – ANP survey:**

- Those with specialist training prescribed more types of medication and were more likely to prescribe strong opioids
- 82% nurse prescribers felt adequately trained to prescribe for pain, 8.6% did not and 9.5% were unsure
- 28.5% reported CPD needs that they found difficult to meet – need for updates on guidance for treatment of pain, complex pain and multimorbidity
Physiotherapist & Podiatrists
Evaluation of physiotherapist and podiatrist independent prescribing, mixing of medicines and prescribing of controlled drugs

Project web page:  
http://www.surrey.ac.uk/fhms/research/healthcarepractice/evaluation_of_physiotherapy.htm

University of Surrey
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• Peter Williams
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• Dr Kerrie Margrove

University of Brighton
• Professor Ann Moore
• Dr Simon Otter

Liverpool John Moores University
• Dr Jane Brown

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The Study

2 phase study including:

- Literature review
- Survey of physiotherapist and podiatrists undertaking independent prescribing qualification – taken during and after training
- Case study (12 sites) to explore differences in practice, costs and patient outcomes between sites with and without P/P prescribers

Project web page:

http://www.surrey.ac.uk/fhms/research/healthcarepractice/evaluation_of_physiotherapy.htm
Survey of Physiotherapists and Podiatrists undertaking Independent Prescribing Course: Results so far….

76 respondents to date

<table>
<thead>
<tr>
<th>Currently supply or administer</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSK (NSAIDs, analgesics)</td>
<td>36</td>
<td>45.6%</td>
</tr>
<tr>
<td>Infections (Abx, antifungals)</td>
<td>35</td>
<td>44.3%</td>
</tr>
<tr>
<td>Anaesthesia (local and general)</td>
<td>24</td>
<td>30.4%</td>
</tr>
<tr>
<td>CNS (anti-depressants, analgesics)</td>
<td>22</td>
<td>27.8%</td>
</tr>
<tr>
<td>Skin (emollients, topical)</td>
<td>17</td>
<td>21.5%</td>
</tr>
<tr>
<td>Respiratory (inhalers)</td>
<td>14</td>
<td>17.7%</td>
</tr>
</tbody>
</table>
Interim survey findings

Do you intend to prescribe controlled drugs?
Yes: 21 (26.6%)  Unsure: 20 (25%)  No: 34 (43%)

- 9 Podiatrists
- 32 Physiotherapists

This represents 32% of podiatrists and 62.7% of physiotherapists in the sample

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To conclude

1. Pain is one of the most common conditions for which NMPs prescribe
2. NMPs from a range of services and settings prescribe pain medication
3. Education and training:
   - access to CPD is essential for safe and effective prescribing
   - strong opioid analgesics are more likely to be prescribed by pain nurses with specialist training
4. There are many potential benefits to prescribing for pain including:
   improving communication with patients about pain medication, patient involvement and patient-centred care
5. Need for an update on prescribing patterns since the lifting of restrictions on prescribing of controlled drugs
References


Any questions?

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