Prescribing for Nurses- Where are we?

Dr Deborah Robertson
Programme Leader NMP
University of Chester
Consultant Editor Nurse Prescribing Journal
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• Dr Debs Robertson
  – Programme leader NMP
  – Nurse and pharmacologist
  – Champion of NMP
Scope of Presentation

• Nurse prescribing and autonomous practice: where are we at
• Evidence to support nurse prescribing
• Top tips for safe and effective nurse prescribing practice
Introduction

• Nurse Prescribing Timeline, how far have we come?

• Cumberledge Report 1986
  – Recommended that community nurses should be able to prescribe some medicines, appliances and dressings
  – Suggested that patient care could be improved and resources used more effectively

• Crown Report 1989
  – ‘Recommended that suitably qualified nurses working in the community should be able – in clearly defined circumstances – to prescribe from a limited list of items and to adjust timing, dosage of medicines within a set protocol’
Introduction

• Medicinal Product: Prescribing for Nurses Act 1992
  – Primary legislation enabling nurses in the community to prescribe by identifying them as appropriate practitioners
  – Followed by a Pharmaceutical Services Regulation (1994) to allow pharmacists in the community to dispense medicines prescribed by nurses

• Crown Report 2 1998 (part 1)
  – PGDs

• Crown Report 2 1999 (part 2)
  – Supplementary Prescribing
Introduction

• 2001 – government gave support to the extension with a limited formulary –
  – POM/P/GSL for conditions within 4 treatment areas
    • minor ailments, minor injuries, health promotion, palliative care

• Subsequent changes to formulary
  – Initially some additional medicines
  – Legislation passed in 2003 by the Home Office to allow some schedule 4 drugs in palliative care and schedule 5.

• 2006– Whole BNF

• 2009/2010– Unlicensed medicines allowed independently

• April 2012 Controlled drugs! Some! BUT not all, restrictions in addiction
Controlled Drugs - From 23 April 2012

- **Prescribing** - Independent pharmacist prescribers and independent nurse prescribers will be enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs. Neither independent pharmacist or nurse prescribers will be able to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

- **Patient Group Direction** – All registered pharmacists and nurses will be able to supply diamorphine or morphine under a patient group direction (PGD) for the immediate, necessary treatment of sick or injured persons.

- **Compounding (mixing)** – Changes will mean that any person acting in accordance with the written directions of a pharmacist independent prescriber, nurse independent prescribers, doctor, dentist, or supplementary prescriber (working in accordance with a clinical management plan), will be able compound schedule 2, 3, 4 or 5 controlled drugs.
What Does this Mean?

• Nurses are prescribing!
• Nurses can be independent and autonomous practitioners giving holistic care
• Nurse led clinics are on the increase
• Non-medic led services can function autonomously
• Quicker / better access to medicines for patients
• Better use of the skills of nurses, pharmacists and AHPs
Nurse Led Clinics?

- Shift from medical led care
- ANPs
- Nurse Consultants
- Prescribers
What does good prescribing look like?

THE CONSULTATION
1. Assess the patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

PRESCRIBING GOVERNANCE
7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team
Key Areas- Safe Prescribing

- Consultation and Examination
- Diagnostics
- Clinical Decision Making
- Monitoring and Review
- Pharmacological Knowledge
- Safe, Professional Prescribing

- All this happens in nurse led clinics
Nurse Led Clinics

• Nurse led clinics will continue to grow with NHS reform (Fittock 2010)

• Research by the RCN has shown the benefits of nurse-led clinics (Leary & Oliver 2010)

• Clinicians audit in the NW shows significant impact of nurse prescribing
  – Reduction in GP appointments
  – Hospital admission avoided
  – Prescriptions issued and time saved
  – Safety in practice
Nurse Led Clinics

- Developments in nurse prescribing have enabled and empowered nurse-led clinics in primary and acute care.
- Mainly, nurse prescribers do an good job.
- Warnings from doctors that nurse-led clinics were ‘dangerous’ have proved to be unfounded (Cressey 2006)
- What makes a good nurse led clinic?
Nurse Led Clinics-Tips

• Know your scope of clinical competence and only work within it
• Be sure of the liability and indemnity you carry
  – Direct
  – Vicarious
  – Personal
• Ensure you fulfill your duty of care
• Documentation and record keeping- ensure its fit for purpose and practice
Nurse Led Clinics-Tips

• Engage with CPD relevant to prescribing practice
• Keep yourself and your practice portfolio up-to-date
• Prescribe when appropriate, remember you are as accountable if you DO NOT prescribe as if you do
• Be aware of your responsibility and accountability
• REMEMBER you are still part of a multidisciplinary team
• When to refer?
Summary

• Nurse prescribers in nurse-led clinics must be aware of the legal and professional standards expected of them.

• NMPs must comply with those standards when caring for patients in their clinics.

• Work within your employers policies, your NMC code and the law.
References/ Further Reading

References

- NPC Single Competency Framework 2012

Suggested Reading

- NPC/NICE site- [http://www.nice.org.uk/mpc/](http://www.nice.org.uk/mpc/)
- Professional Regulatory Body Websites