Nurse Independent Prescribing in a hospice setting

Margaret Gibbs
Senior pharmacist
St Christopher’s Hospice SE London
NIPs in a hospice setting

Issues
• Setting up the system
• Who to train
• Convincing medical mentors
• Suited mostly to community CNSs
• Ongoing training and supervision

Benefits
• Independence
• Self-governing
• Easier to create policies
Overcoming issues

1. Training

- Traditional establishment!
- Timing for nurses and mentors
- Finding placements
- Isolation
- Competency framework
- Writing a policy
- Managing the Out of Hours situation
- Supervision and ongoing training
Overcoming issues

2. Support of primary care

- Support from pharmacy team in our host PCT
- Set up a dummy GP practice for the hospice
- Unintended consequence – doctors gained access to FP10s
- Funding the cost of the prescribing
- Cost neutral
- Shared between the PCTs (at the time)
Overcoming issues
3. expectations of the role

.....of the organisation
- Empowering CNSs to be autonomous
- Giving CNSs increased confidence
- Reducing workload for doctors?

.....of the partners we work with
- Some expected to be relieved of their prescribing responsibilities
- Less interruptions to request prescriptions
Overcoming issues
4. de-skilling doctors

• Concerns from CNSs
  “I think it all comes down to why we can’t – we shouldn’t be taking away from the role of the GPs really because eventually they’re still going to be the ones looking after the patient”

• Frequency of prescribing by GPs

• Balance – how do our medical colleagues prescribe?
Overcoming issues

5. Practicalities and logistics

- Internal prescriptions for IPU and homecare just-in-case supplies
- Formulary/competency for palliative care
- For the community - FP10s
  - Time lag between qualifying and starting to prescribe
  - Systems/personnel change
  - Unusual = awkward!
- Review from PACT data – errors found
Supervision and Ongoing support

- All prescribers keep a log
- Sharing experiences and decisions in bi-monthly peer support meetings, sometimes with teaching sessions
- Discuss complex prescribing with MD team
- Annual study day
- Support from colleagues
Observations

- Expectations of some patients
- Acceptance of whole MP team
Benefits/observations

- Streamlining process for patients
- Faster access to medicines
- Convenience
- Reassurance for patients and teams that the medicines are on their way
- Increased respect from patients
Future plans

• Gradually increase the number of prescribers in the homecare teams

• Exploring the discrepancy between professions in prescribing for patients they have not seen

• Explore the reasons why some NIPs prescribe more often than others