Nurse prescribing in the UK: legislation, current developments, research and challenges

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Overview
Development of nurse prescribing in the UK
National figures
What we know so far
Gaps and key challenges

Independent prescribing
The prescriber is ‘responsible and accountable for the assessment of patients (with diagnosed or undiagnosed conditions) and for decisions about the clinical management required, including prescribing’ (DH 2006)

Supplementary Prescribing:
‘A voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient’s agreement’

Developments in nurse prescribing, England

Non-medical Prescribing: UK

Community Practitioner Prescribers
- 36,300
- District nurse, health visitor, community nurse or school nurse
- Prescribe from a restricted formulary: mainly appliances, dressings and some (13) medicines

Nurse Independent Supplementary Prescribers (NISP)
- Over 28,000
- Any first level registered nurse
- Dual qualification, but most use independent prescribing

Other healthcare professional prescribers
- 4,175 Pharmacists (independent/supplementary prescribers)
- Podiatrists (380) and Physiotherapists (588) supplementary prescribers (can train as independent prescribers from August 2013)
- Optometrists (number not known) and radiographers (38) supplementary prescribers

(Source: ANP conference 2013)
Care settings

Majority based in primary care
Increasing numbers of NISP in secondary care

Data from East England (Courtenay et al., 2012)

Some challenges:
Qualified, but not prescribing?

Initial concern over low use of prescribing once qualified
High use amongst NISPs
– Latter et al. (2010), national survey: 86% NISPs currently prescribe
– Courtenay et al. (2012), East England survey: 90% NISPs currently prescribe
– Main reasons for not prescribing is moving to role where it is not required
Lower use amongst CPPs, mental health, and pharmacists

Confidence
– Dobel-ober et al. (2013) – use of structured guidance/formulary promotes adoption of independent prescribing by mental health nurses

Variation in prescribing frequency

Pain medication: estimated number of items prescribed per week by UK nurses in inpatient pain services (Stenner et al., 2011)

Courtenay et al. (2012), East of England survey:
Fewer items prescribed by week by community practitioner prescribers, mental health nurses and pharmacists
Frequency of prescribing linked to level of support, care setting, prior experience
Few used Supplementary Prescribing – and those that did were confined by legislation, local policy or the need to prescribe controlled drugs

Challenge: national data available on prescribing in primary care only

Key Benefits

• Efficiency
• Access
• New models of working
• Quality of care
• Job satisfaction
• Team working

Safety challenges

Problem areas:
Observations of consultations
• Asking patients about use of herbal and over-the-counter medications
• Explaining the risks, benefits and potential side effects of treatment
• Improving history taking, assessment & diagnosis

Caution: a high number of consultations observed involved repeat prescriptions for long-term conditions (e.g. diabetes) where it could be expected that these issues may previously been addressed. Medications may have been initiated by a doctor.

Studies: Latter et al. (2005, 2010), Courtenay et al. (2009a, 2009b)
Other challenges

- Clinical governance – audit of practice
- Support and education
- Complex conditions and co-morbidities
- Access to electronic records and prescribing in the community
- Resistance and misunderstanding

Gaps in the evidence base

Little research evidence of benefits in terms of:
- patient outcomes
- health economics

Sources


Diabetes case study

Mixed methods case study design: 12 comparative sites of diabetes care in general practice:
- 6 nurse prescribers
- 6 non-prescriber nurses

Data collected over 6 month period on 214 patients: health outcome data (e.g. HbA1c, lipids, bp), self-care activities, patient satisfaction with services and use of services

Preliminary findings
- No difference in health outcome measures
- No difference in use of services
- Higher satisfaction with care provided by nurse prescriber
- Nurse prescriber consultations lightly longer

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