Making a difference: The benefits and challenges of non-medical prescribing

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Background

Developments in non-medical prescribing
Nurse prescribing around the world

(International Council for Nurses, 2009)
1. Which of the following groups have prescribing rights in England?

Nurses & midwives  Podiatrists  Paramedics  Physiotherapists
Dieticians  Optometrists  Radiographers  Pharmacists

2. A community Practitioner Nurse Prescriber can only prescribe using ‘Supplementary prescribing’

TRUE?  FALSE?
Non-medical prescribing in the UK

Community practitioner prescriber  (District nurse, health visitor, community nurse or school nurse)
  • Approx 36,300
  • Mainly appliances, dressings, P and GSL medicines and 13 POMs

Nurse Independent Supplementary Prescribers (NISP)
  • Any first level registered nurse
  • Over 28,000

Other healthcare professional prescribers
  – 4,175 Pharmacists (independent-supplementary prescribers)
  – Podiatrists (380) and Physiotherapists (568) supplementary prescribers
  – Optometrists (number not known) and radiographers (38) supplementary prescribers

(Source: ANP conference 2013)
The context of NMP in England

Settings and areas of prescribing
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...
Quiz

Where do you think the majority of NMPs are based?

Primary care  Secondary care
Where are NMPs based?

- Majority based in primary care
- Number of NISP in secondary care is increasing

Data from one SHA (Courtenay et al. 2012)
What do you think is the average reported number of items prescribed per week by nurses?

1-10  20-30  40-50
Variation in prescribing frequency

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

Sample: 140 trainees enrolled on NMP programmes in 4 universities

• 44% secondary care, 40% specialist nurses
• Number of conditions will prescribe for = 1-16 (mean 4.8)
• Anticipated number of prescriptions per week = 1-20 (mean 5.2)
Is there a future for supplementary prescribing?

- Some trusts require newly qualified prescribers to use SP for the first year before prescribing independently.
- Few participants used SP— and those that did were confined by legislation, local policy or the need to prescribe controlled drugs.

(Courtenay et al. 2012)
What percentage of qualified NISPs are currently using their qualification to prescribe for patients?

- under 30%
- around 50%
- 60-70%
- 80+%
Use of prescribing once qualified - nurses

- 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
  - BUT – volunteer sample
Variation in prescribing

- Frequency of prescribing linked to level of support, care setting, prior experience
- Fewer items prescribed per week by community practitioner prescribers, mental health nurses and pharmacists

Courtenay et al. (2012)

Systematic review:
Studies comparing the number and range of medication prescribed by nurses and doctors show mixed results depending the condition and the type of medication prescribed (Gielen et al. 2014)
Benefits of prescribing

Research evidence
Original Article: Treatment
The views of patients with diabetes about nurse prescribing

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Abstract
Aims To explore the views of patients with diabetes about nurse prescribing.
Methods Patients were recruited from the case-loads of seven nurses. Sites reflected the key settings in which nurses typically prescribed. Interviews were undertaken by trained qualitative researchers. Audio-tapes were transcribed, coded, and themes identified.
Results Patients were confident in nurse prescribing. Distinction between the introduction of nurse prescribing for diabetes care, awareness by nurses of their area of competence, training and updating were important for safe prescribing. Patients tended to see doctors less often. Access to medicines was improved.

An exploration of the practices of nurse prescribers who care for people with diabetes: a case study

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An exploration of the practices of nurse prescribers who care for people with diabetes: a case study
Aim To explore the practices of nurse prescribers who care for people with diabetes.
Background The use of medicines is an important component of the care of patients with diabetes. However, education and support is equally important to the successful management of this group. These are areas of care in which nurses have traditionally been involved. Evidence suggests that combining nursing skills with prescribing may result in shared decision-making and increased medicines concor-
Benefits of nurse prescribing

- Faster access to medicines
- Better use of nurses’ and doctors’ time
- Care provided is equivalent to that provided by doctors
- High patient satisfaction
- Streamlining services
- Improved autonomy and job satisfaction for nurses
Views of nurses

“I like to make the decisions with the patients. So we do a lot of working through the products to find the one that they like, and the one that they are going to use, and the one that works. I’m prepared to do that work with them, whereas maybe a doctor wouldn’t necessarily. I think that really helps because it definitely reduces the problems with the eczemas if you get them on a regime that they like.” (Specialist nurse, dermatology. Courtenay et al 2009b)

“It’s just fantastic now that you can say to patients ‘Just bare with me, I’ll be a few minutes we’ll get this sorted out and we’ll get on top of your pain’. Whereas before I didn’t feel confident enough to be able to say that to the patients because I knew all the frustrations that I was going to have to be able to get that job done.” (Pain nurse. Stenner & Courtenay 2008)
“the biggest thing for patients is the delay in getting prescriptions, especially when they’re acutely unwell. People that are not prescribers have to come back at the end of the day, write a letter on a computer, fax it over to the GP, check that they’ve got that fax, the GP needs to read and agree with it and then a prescription gets generated. Sometimes it takes up to 2 days, whereas if I’ve gone to see them I can prescribe it there and then.” [Nurse Consultant]

“If they said that we could no longer prescribe, that would have a huge impact, especially on our client group. And I would question that people probably wouldn’t use our services if that they knew that we couldn’t prescribe.” [Nurse Practitioner]

Carey et al. (2014)
Benefits reported by patients

Benefits from the style of nurse prescriber consultations

• Able to ask questions & solve problems
• Health and lifestyle issues are considered
• Information and treatment is tailored to person
• Better able to understand condition & treatment
• Better able to manage condition & treatment
• More confident in treatment
• Increased satisfaction
• Increased wellbeing
‘Usually I see the nurse, then I have to see the doctor. If the nurse can prescribe insulins and anything I need like that, then I think it’s going to cut a lot of time.’

“It is as though it’s been tailored for you rather than... I mean the last time I asked for a prescription at my GPs he just spoke to his computer”

Courtenay et al (2010), Stenner et al. (2010)
Gaps in the evidence base

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

Patients, nurses, doctors and other key stakeholders report many benefits to nurse prescribing.
Research evidence

Systematic reviews of nurse prescribing or nurse-led care

- Few differences between nurses and doctors in **clinical outcomes**
- Patients are equally satisfied or more **satisfied** with nurse care
- **Quality of care** indicators are equal or higher for nurse care compared to doctor care

[Laurant *et al.* 2004; Bhanbhro *et al.* 2011; Gielen *et al.* 2014]
Concerns and challenges
Concerns

Doctors and other healthcare professionals

• Do NMPs have the necessary training and experience to prescribe?
• Am I able to trust this NMP? (relationships building)
• Is the NMP aware of their own limitations and able to refer to doctor when in doubt?

“I would feel very anxious about high-flying ambitious people who do their nursing and at very early years to do this nurse prescribing because, whilst they may be very able, what they have not had is the experience, and that is essential in my mind.”

(Doctor, secondary care. Stenner et al. 2009)
Concerns

Patients

• Presume that NMP has had the appropriate training
• Prefer that NMPs are experienced in their area of practice
• Can the NMP assess and diagnose to the same level as a doctor?
• Is the NMP aware of their own limitations and able to refer to a doctor when in doubt?

“I’ve seen other diabetes nurses in the past and I certainly wouldn’t feel confident with them prescribing. But if you’ve got a nurse that is fully clued up and takes their time to learn as much as they can, then they are as good, if not better, than the doctor.” (Patient with diabetes)
## Top anticipated benefits

- Reduced waiting time for patients
- Reduced waiting for doctor
- More holistic care

## Top anticipated concerns

- Fear of litigation
- Gaining confidence
- Conflict of misunderstanding

### Confidence

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

Observation of consultations

Inconsistent results for:

• 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
Prescribing for dermatological conditions

Assessment of consultations between nurse and patient

Assessment of Communication

- Listening and understanding
- Sensitive to patient concerns
- Gives clear instructions
- Identifies & plans for future needs
- Explains condition, risks & benefits
- Helps patient make informed choice
- Instructs on side effects

[Bar chart showing the assessment of communication with Yes, No, N/A, and Disagree categories]
Caution when interpreting this data:
• a high number of consultations observed in these studies involved repeat prescriptions for long-term conditions (e.g. diabetes) where it could be expected that these issues may previously been addressed. Medications may also have been initiated by a doctor some time ago.
• High level of disagreement between experts over some variables

Message: don’t presume that these issues have already been discussed

“There is probably a bit more I could know about the side effects. Without a doubt. But there again, I’ve never asked her.”

(Patient with diabetes)
Key aspects of clinical governance are in place (e.g. access to safety updates, BNF, specimen signature, agreed scope of practice) but improvements can be made:

- Access to own prescribing data
- Regular audit of clinical practice

(Courtenay et al. 2012, Latter et al. 2010)
Other challenges

Safe prescribing for patients with complex conditions, co-morbidities or on multiple-medications

- More NMPs involved in complex decision making, prescribing in specialist areas and for more patients with multiple morbidity
- 61.5% NISPs prescribed for complex conditions in their main area of practice and 58% had concerns about this. Latter et al (2010)

Access to patient records and computer generated prescriptions

- Remote or mobile workers in the community

Other challenges?
Our latest research
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
• Dr Nicola Carey (PI)
• Dr Karen Stenner
• Professor Heather Gage
• Professor Molly Courtenay
Project manager: Dr Freda Mold
Research fellow: Judith Edwards
Statistical adviser: Peter Williams

University of Brighton
• Professor Ann Moore
• Dr Simon Otter

Liverpool John Moores University
• Dr Jane Brown

Project Advisory Group
• Multi-professional membership
• Chaired by June Crown (CBE)

Patient and Public Involvement group
Aim: to evaluate the effectiveness and efficiency of independent prescribing by physiotherapists and podiatrists
Three phases

**Phases 1 and 2**

**Methods:**
1. Literature review
2. Trainee PP-IP survey, during and post-course
3. Analysis of documentary evidence

**Research Questions:**
- What types of services do PPs provide?
- Any evidence for the effectiveness of supplementary prescribing?
- How and where is PP independent prescribing going to be used?
- Evaluation of the IP training programme

**Phase 3 – Case study**
- Any difference in process or outcome indicators?
- Differences in medicines management activities?
- Barriers and facilitators?
- Costs?
Case study

12 case sites: Independent Prescribers
- 3 podiatrists
- 3 physiotherapists

Non-Prescribers
- 3 podiatrists
- 3 physiotherapists

Data collection methods:

**Interviews** — Podiatrists, physiotherapists, wider teams, managers

**Observation** — work sampling and record of medicines management activities observed over 5 day period

**Questionnaires** — patient satisfaction with services, information about medicines, quality of life

**Assessment of consultations** — audio-recorded consultations (5 per site) assessed by independent experts
- Assessment of prescriptions using Medications Appropriateness Index

**Audit** — patient records (15 per site) audited for information on service use 2 months post consultation
Sources & References


Sources continued...


Any questions?