

Non-Medical Prescribing: The story so far

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Aim of presentation

- **To provide nurses, pharmacists and others with an interest in non-medical prescribing with an understanding of :**
- legislative changes in relation to nurse/non medical prescribing
- the potential impact of nurse/non medical prescribing in the substance misuse field
- guidance on the implementation of nurse prescribing/non medical prescribing in the substance misuse field – the english experience

Non-medical prescribing - The National Agenda

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- Priority for the majority of healthcare organisations
- Better access to medicines
- Choice for patients
- Allows greater flexibility of clinical skills
- Nurses, pharmacists, radiographers, physiotherapists, podiatrists and optometrists

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N-M prescribing groups

- **Community Practitioner Nurse Prescribers** are those who are able to prescribe from the 'Nurse Prescriber Formulary for Community Practitioners' (Nurse Prescribers' Formulary for District Nurses and Health Visitors)
- **Supplementary Prescribers** are those who can prescribe any medicine, including controlled drugs **which has been agreed with a doctor and are listed in a clinical management plan**

Independent Prescribing

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- **Independent Prescriber** refers to those practitioners who are responsible for the assessment of patients with diagnosed or undiagnosed conditions and for decisions about the clinical management required including prescribing. (DH 2006)
 - within a multidisciplinary healthcare team
 - in hospital or community setting
 - within a single accessible healthcare record
- **Nurse Independent Prescriber**
- **Pharmacist Independent Prescriber (Autumn 2006)**

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Supplementary or Independent Prescribing?



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- Nurse/Pharmacist Independent/Supplementary prescriber
- Nurses/Pharmacists in substance misuse likely to remain supplementary prescribers of controlled drugs
- Can be independent prescribers for other medicines (Chlordiazepoxide and diazepam for acute alcohol withdrawal)
- Provided their employer/clinical governance lead authorise

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New guidance from the DH advises that:

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- **Nurses**
- able to study at level 3
- at least 3 years nursing experience (one immediately preceding their application for NMP training)
- must be clinically competent in the area in which they prescribe
- **Pharmacists**
- At least 2 years experience as a pharmacist following their pre-registration year after graduation
- **Non-Medical Prescribers** will work within a robust clinical governance framework and with total support from their employer

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The National Perspective

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Candidates selected by employers:

- ◆ Must have the clinical skills
- ◆ where there is an NHS need

NMPS must

- ◆ Be confident in their competence
- ◆ Use CPD to update and maintain knowledge and skills
- ◆ Meet education and training standards (NMC/RPSGB)

Employers must

- ◆ Be aware of what NMPs prescribing
- ◆ Ensure robust clinical governance frameworks including access to CPD

Patient Safety

- Patient safety remains paramount
- Current DH guidance, highlights that all independent prescribers should have contemporaneous access to the relevant patient records
- No NMP will prescribe across the full range of medical conditions and medicines
- Individuals will prescribe within specified areas agreed with their employer/clinical team
- NIPs can only prescribe certain CDs for specified conditions
- Pharmacist independent prescribers will not be able to

Who is accountable?

- Chief Executives are legally accountable for the quality of care delivered to patients
- Independent prescribers will however work within their area of competence and specialist practice and are accountable for their actions
- All NMPs must work within their employers clinical governance framework and are accountable to:
 - ◆ Their employers
 - ◆ Their regulatory body

In conclusion – some issues

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- Research reflects positive evaluation of nurse prescribing
- Have learnt from implementation so far
- Already have prescribers in the field and resources available
- Support available from the NTA
- Emailing group
- Some issues
- Different models of nurse prescribing
- Clinical Governance Framework

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