

**‘This house believes that ALL
substance misuse prescribing
should only be done by medical
doctors’**

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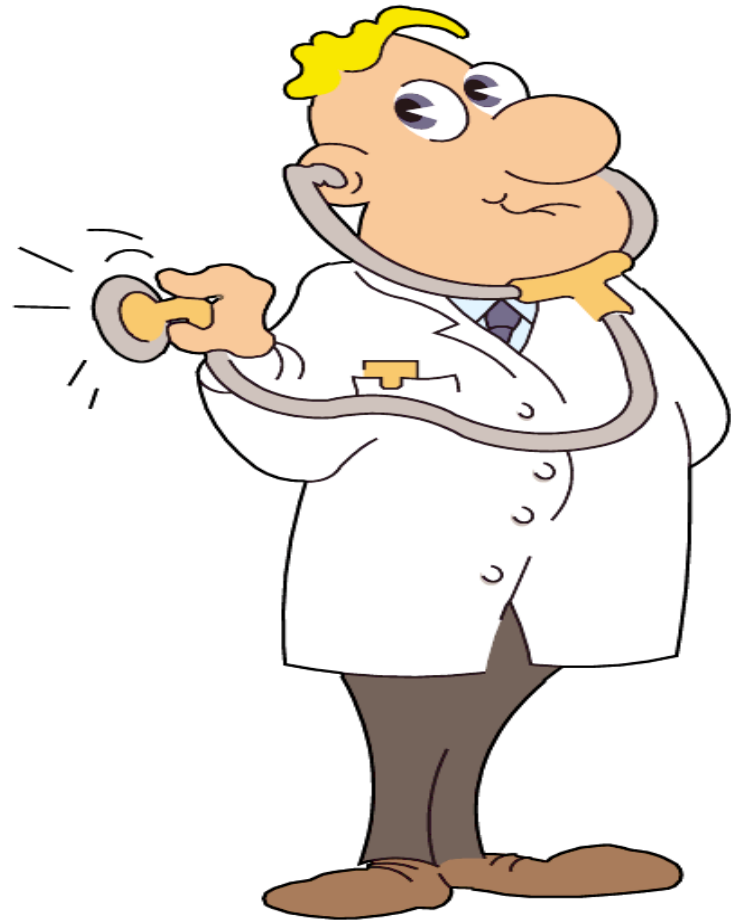
NHS



- Aspiration: Improving health care
- New era
- Much change
- Changing roles

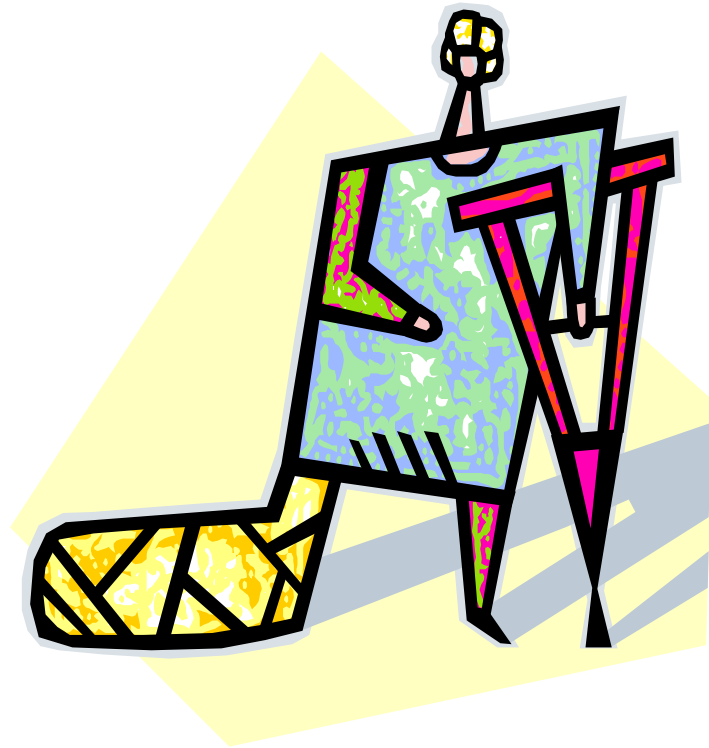
Non-medical prescribing

- A challenge worth considering?
- Being a doctor
- Wanting to retain power?
- Fear loss of role?

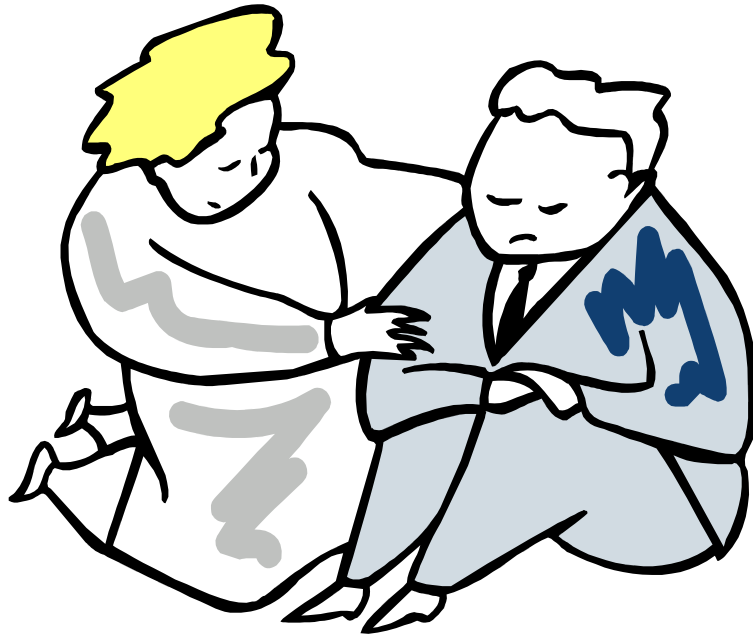


Non-medical prescribing

- In other areas proven case:
 - District nurses
 - ICU
 - Midwifery
- But is there a case in substance misuse?



Substance misuse treatment



- About caring for the person not the drug
- General practice cares for the person
- Often complex people with multiple health needs
- Prescribing one small part of treatment
- Work in a team, which with different skills

Multidisciplinary working

- Quality drug treatment discuss as a team
- Using different skills, each as important
- With non-medical prescribing in substance misuse risk is that treatment gets reduced to dose rather improving health, psychological interventions, housing, hepatitis



What are the potential dangers?

- Not proven to be:
 - Safe
 - Interpret blood tests
 - Concurrent physical health problems
 - Concurrent mental health problems
 - Effective
 - Will it address workforce issues?
- No evidence
 - No RCTs



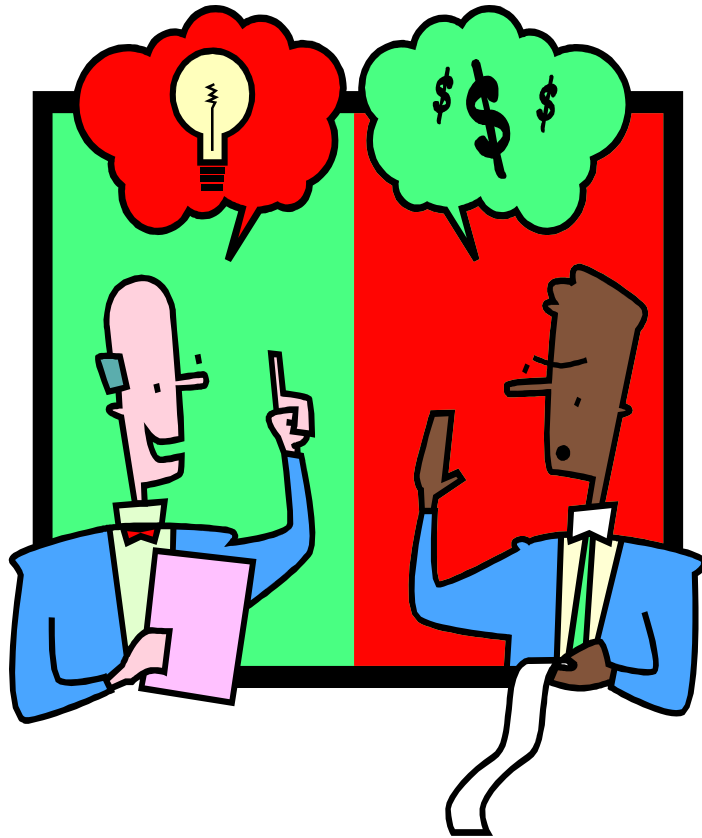
Who is pushing the argument for substance misuse?



- Who?
- NTA, ACMD and
.....

‘Both the NTA and The Advisory Council on the Misuse of Drugs agree that supplementary prescribing provides a robust and safe structure to enable nurses to prescribe controlled drugs used in substance dependence’

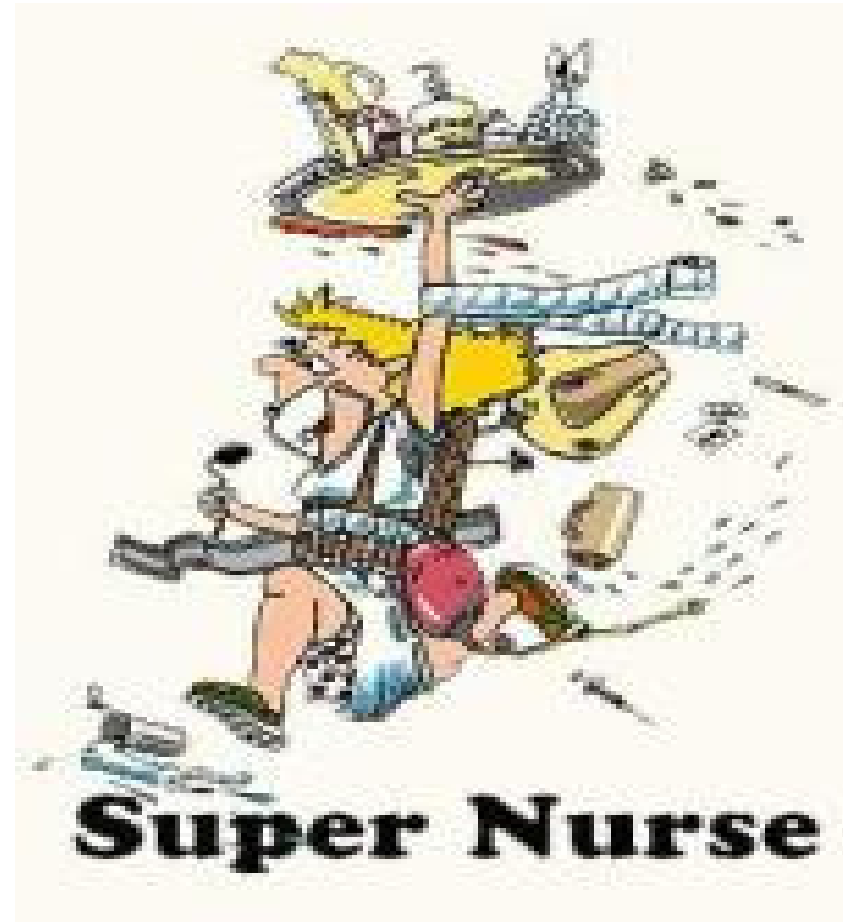
Why?



- Cost
- Increase in workforce but what about confidence and competence?
- Increase numbers in treatment but
- Retention
- Not about quality
- 'detained in treatment'
- What is going on in episode of care?

Nurses and others should ask why being asked?

- Are you being used as a cheap option?
- Are you being put at risk?
- Have you the right amount of support, protocols and supervision?
- *Can your skills be translated?*



Policy context of nurse prescribing

- The Department of Health is committed to developing the nurse prescribing agenda
- Designed to improve patients' access to medicines
- Develop workforce capacity
- Utilise skills more effectively
- And ensure the provision of more effective and accessible patient care

Potential impact of supplementary prescribing

- Supplementary prescribing requires the establishment of robust local protocols and clinical management plans for individual patients. In practice, *it is felt this may lead to better-quality prescribing. Supplementary prescribing would therefore have an impact on improving quality.*
- *Supplementary prescribing may also have an indirect impact on reducing waiting times.* In practice, it will enable GPs with a special interest, psychiatrists and specialist registrars to concentrate on seeing clients at first point of contact and manage the prescribing of more complex cases.
- ***It is anticipated that by 2008, there will be measurable benefits in terms of reduced waiting times and increased quality.***

Reduced waiting times and increased quality?

- ***Based on what?***
- No evidence
- No RCTs
- Many areas no robust clinical governance frameworks, to ensure safe and effective practice
- The nurse prescribing course – is it useful for addiction?!
- *‘Introducing supplementary prescribing may have an impact on nursing workloads and may require role redesign and a reduction in caseload management’*



In conclusion



- This house believes that ALL substance misuse prescribing should only be done by medical doctors'