Embedding Nurse Prescribing

Debbie Buck
Non-Medical Prescribing Lead

22\textsuperscript{nd} July 2009
Non-Medical Prescribing: *milestones*

- **1986:** Cumberledge Report – *community nurses should be able to prescribe within their areas of competence*

- **1989:** Advisory Group – *advised district nurses to be able to prescribe from a limited formulary*

- **1998:** Crown Report – *looking at PGD’s (DH 1998)*

- **1999:** Crown Report – *looked at professionals, other than doctors, prescribing – identified two sorts of prescribing*

*Putting you first*
Supplementary prescribing allows the nurse, patient and a doctor to enter a partnership so that nurses provide prescriptions when reviewing a patient’s condition, such as diabetes or asthma.

RCN (2009)
http://www.rcn.org.uk/aboutus/wales/from_the_directors_office/nurse_prescribing
**Clinical Management Plan**

Bedfordshire and Luton Partnership NHS Trust

**CLINICAL MANAGEMENT PLAN FOR SUPPLEMENTARY PRESCRIBING**

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>DoB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of supervising doctor:</td>
<td>Name of supplementary prescriber:</td>
</tr>
</tbody>
</table>

**Patient's sensitivities/allergies to medication:**

**Condition(s) to be treated:**

<table>
<thead>
<tr>
<th>Condition(s) to be treated:</th>
<th>Aim of Treatment:</th>
</tr>
</thead>
</table>

**Medicines that may be prescribed by the SP**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Dosage Range</th>
<th>Indication for referral back</th>
</tr>
</thead>
</table>

**Review Date:**

**Process for reporting adverse reactions:**

**Supervising doctor**

<table>
<thead>
<tr>
<th>Date</th>
<th>Supplementary Prescriber</th>
<th>Date</th>
<th>Patient / Carer</th>
<th>Date</th>
</tr>
</thead>
</table>

**Putting you first**
Independent Prescribing

Independent prescribing, as the name suggests, can be autonomously implemented by a prescribing nurse or pharmacist and relates to any medicine for conditions usually within the nurse’s field of expertise.

RCN (2009)
http://www.rcn.org.uk/aboutus/wales/from_the_directors_office/nurse_prescribing
Benefits of Nurse Prescribing

- improves patient care
- *if you are a patient, would you want to wait for a doctor to sign off a prescription or would you be satisfied with a qualified nurse or pharmacist who could prescribe your medication?*
- widening the prescribing pool has meant that patients receive a fast, more efficient healthcare option
- it offers health solutions to the challenges faced in today’s complex healthcare environment

RCN (2009)
http://www.rcn.org.uk/aboutus/wales/from_the_directors_office/nurse_prescribing

*Putting you first*
References

Nurse Prescribing in the Prescription Clinic

Anita Walsh
Specialist Practitioner

22nd July 2009
Nurse Prescribing in the Prescription Clinic

• What is the prescription clinic?
• What is the history behind the prescription clinic?
• What is nurse prescribing?
• What is the history behind nurse prescribing?
• My route to role of prescribing?
• Present Practice?
• Monitoring Practice?
• The Future?
What is the Prescription Clinic?

• started initially by the team doctor, with the role being taken over by nurse prescriber in October 2007

• aim is to prescribe acetylcholinesterase inhibitors
  ➢ proceed on medication
  ➢ commence titration
  ➢ review response
  ➢ decision on whether to continue with medication
  ➢ six monthly review
Supplementary Prescribing

DH definition:

• “a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient’s agreement”
my route to the role of prescribing

- mental health nurse for 21 years
- over 2 years of community experience
- studied at degree level
- Community Specialist Practitioner

- six month course at Hertfordshire University
- started prescribing from Oct 2006
Monitoring Practice

- monthly supervision
- six weekly nurse prescribing forum
- alerts
- satisfaction questioner.
- planned audit
- training
- insurance
The Future

• expanding practice
• independent nurse prescribing
• nurse-led clinics at General Practices
• nurse liaison with General Practitioners
Independent Nurse Prescribing

Ruth Cooper
Clinical Nurse Specialist (Sensory)

22nd July 2009
Independent Nurse Prescribing

- Why?
- What and how?
- What’s happening now?

Putting you first
WHY?

Sensory Impairment Service – support those people with a LD to access appropriate sight and hearing tests, & run primary ear care clinics

Ear Care Clinics – nurse led
responsible for assessment, diagnosis, treatment, follow-up & regular health promotion

Putting you first
Prior to Prescribing

Common presenting conditions:
- wax
- acute/chronic otitis externa
- acute/chronic otitis media

Non-pharmacological treatment:
- wax removal
- aural toilet
- application of prescribed treatments
- olive oil regime

Follow up / evaluation / long term care

Putting you first
Difficulties

- diagnosis of acute / chronic infection
- limited to non-pharmacological treatments
- client’s access to GPs
  - unable to examine client
  - incorrect diagnosis
  - blanket prescriptions of antibiotics
  - no follow up
- ‘bounce back’ effect
- ‘infection cycle’
Service Improvement / Development

• Implementation of INP could:
  – provide treatment at point of diagnosis
  – complete both pharmacological and non-pharmacological treatment in a timely way
  – arrange regular follow up
  – support and training for carers

So... INP course was undertaken and completed in September 2007
What happened next?

- liaison with Lead Nurse for prescribing
- liaison with Pharmacist – identify budget
- identified a proposal / business plan
- identified appropriate channels for proposal
- achieved requirements as specified by Trust’s legal advisors
- job description
- Union membership
- Service Director & Clinical Director approval
- policy revision
- Medical Supervisor
- updates / training / competencies
What’s happening now?

• clinic which can provide ‘one stop’ service, incorporating all forms of treatment and support

• ongoing development of prescribing knowledge / formulary / and evaluation

• intention to audit after first full year of prescribing
  - identify common treatments
  - time frame for treatment
  - service user survey

Putting you first
Ongoing Issues

• **Risk Management:**
  – *maintaining clinical competencies*
  – *polypharmacy in client group*

• **CQC Guidance:**
  – *supporting homes to meet medication standards / requirements*

• **Increasing awareness:**
  – *supporting primary care providers*
  – *providing training re ear care and health promotion to carers / clients*