Non-Medical Prescribing
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Multi-Disciplinary Perspectives

Eleanor Bradley and Peter Nolan
For Jim and Lola
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Foreword

I would like to thank Prof Peter Nolan and Dr Eleanor Bradley at Staffordshire University for the chance to contribute this foreword. Staffordshire University was one of the very first universities to offer the former ‘Extended Formulary Nurse Prescribing’ postgraduate course, and the first Extended Formulary Nurse Prescribers [now Nurse Independent Prescribers] qualified from there. I oversee the Non-Medical Prescribing work programme at the Department of Health, so I was both interested and pleased to see Staffordshire’s work.

The publication of this book is timely. We now have nearly 10 000 Nurse Independent Prescribers, and approaching 150 Pharmacist Independent Prescribers. There are 850 Pharmacist Supplementary prescribers; and the numbers of Allied Health Professional [AHP] Supplementary Prescribers – mainly physiotherapists and chiropodists/podiatrists – continue to grow steadily.

Extending prescribing responsibilities to nurses, pharmacists and other health professionals has not only improved patients’ access to medicines; it also recognises the skills of senior and highly experienced professionals. Rigorous training and assessment processes help ensure that patient safety remains paramount and that prescribers are able to deliver effective patient care in a variety of settings.

There are now nurse and pharmacist prescribers in almost all areas of the NHS – from primary care, community setting, secondary and specialist care to palliative care. As the NHS moves away from hospital-based care and closer to the patient, non-medical prescribing provides an important mechanism to help deliver that care. Nurse prescribing also underpins two of the key elements of Modernising Nursing Careers by helping to develop a competent and flexible workforce and modernise the image of nursing and nursing careers.

Non-medical prescribing has also encouraged multi-disciplinary team working and better communication between professions. I am very grateful to those who have given their time and skills to train Non-Medical Prescribers. In fact, the training programme would not have been possible without support from doctors. Every non-medical prescriber has benefitted from having a designated medical practitioner during their training to provide on-the-job training, and professional advice.
This book indicates that extending prescribing responsibilities has helped to enhance the existing skills that experienced nurses, pharmacists and AHPs already possess. Health professionals feel they have gained both personally and professionally from becoming prescribers.

I was particularly pleased to see that Nurse Independent Prescribers felt their communications with other prescribers had improved and that their confidence has increased around medicines. Pharmacists, although relatively new to prescribing responsibilities, have had a positive impact on patients – especially when helping patients to manage long-term conditions with complex medication regimes. This book has indicated that being able to work with patients and intervene as appropriate with their treatment, if necessary, has helped to reinvigorate the pharmacist’s role. AHP Supplementary Prescribers, although still quite small in number, are making a real contribution to improving patient care – building on their existing knowledge and skills to provide treatment for whole episodes of care.

An evaluation of Nurse Prescribing in 2005 indicated that nurse prescribers were prescribing frequently and [clinically] appropriately.\(^1\) Feedback from patients about nurse prescribing was also positive. DH is now commissioning further work to evaluate Nurse and Pharmacist Independent Prescribing – beginning in 2008. I believe it is important to assess policy after implementation because evaluation provides us with a means to hone the policy further and help provide the best solution for patients.

Non-Medical Prescribing is a mechanism to draw on what can help improve NHS services for patients. I accept that, in some areas, there is still work needed and that there are still some issues to resolve, especially at a local, grassroots level. But I am heartened to see that Non-Medical Prescribing has had a positive impact, with both patients and professionals satisfied.

Professor Christine Beasley
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\(^1\) ‘Evaluation of extended formulary independent nurse prescribing’, Prof S. Latter, University of Southampton, 27th June 2005.
Preface

Terminology

Throughout this book, the terminology for prescribing by nurses and other professions allied to health varies from non-medical prescribing, to nurse prescribing, to non-doctor prescribing. In all these cases, the authors are referring to instances in which professionals other than doctors are able to prescribe medicines. The phrase ‘nurse prescribing’ is problematic as it excludes other professions, such as those allied to medicine, that are now able to prescribe medicines. However, the research findings described in Chapters 3, 4 and 5 were drawn from a study that was completed only with nurses (because only nurses were permitted to prescribe at the beginning of the project), so this research commonly refers to nurse prescribing. The term ‘non-medical prescribing’ has been widely adopted and is used throughout the Department of Health (DoH) policy documents. However, this term has come in for some criticism from professionals, who consider all prescribing to be an inherently ‘medical’ activity and that therefore all prescribers are ‘medical’ prescribers, even if they are not medics. To counter this issue, a preferred terminology is ‘non-doctor prescribing’, and this term has been used as appropriate throughout this text.

Guide to prescribing in the UK

To preface the chapters in this book, a brief guide to the types of prescribing available to non-doctor prescribers in the UK is provided. However, more detailed accounts of the development of non-doctor prescribing in the UK and fuller definitions and discussions of the different types of prescribing than can be found here are outlined in other texts (e.g. Courtney and Griffiths, 2004).

Community nurses have been able to prescribe from a limited formulary of medication (Nurse Prescribers’ Formulary [NPF]) for over 20 years in the UK. In April 2003, prescribing rights were extended to specially trained nurses working in other specialities, permitting nurses to prescribe as independent prescribers from a limited list in the British National Formulary (BNF) for a specified list of conditions (DoH, 2002). Supplementary prescribing was also introduced for
nurses and pharmacists, permitting them to prescribe any drug from the BNF provided that they were working from a clinical management plan (CMP) for that specific service user that has been fully agreed with a medical practitioner (DoH, 2002). In May 2005, supplementary prescribing was extended to physiotherapists, chiropodists/podiatrists, radiographers and optometrists. In May 2006, the independent prescribing initiative was extended, and qualified nurse independent prescribers were able to prescribe any licensed medicine, including some controlled drugs, for any medical condition within their competence. On the same date, the availability of prescribing for pharmacists was extended, permitting pharmacist independent prescribers to prescribe any licensed medicine, with the exception of controlled drugs, for any medical condition within their competence (DoH, 2006).

REFERENCES


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Special mention must be made of Neil Carr, OBE, Chief Executive of South Staffordshire and Shropshire NHS Foundation Trust, who has tirelessly championed non-medical prescribing in the West Midlands. He has been keen to use the findings from the study on which this book is based to ensure that the introduction of non-medical prescribing was planned and informed, as well as sensitively and effectively deployed.

Finally, without the contributions of the nurse prescribers, who readily and generously gave of their time, the study and this book would not have been possible. At a time when healthcare personnel are so often the subject of criticism, the testimonies and accounts of service users of the amazing care they have received were both enlightening and humbling.

Eleanor Bradley and Peter Nolan

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