

How patients with diabetes view nurse prescribing in primary care

Funded by Sanofi-Aventis



What we already know

- 30% of nurses prescribe for patients with diabetes
- Diabetes nurses demonstrate good communication and assessment skills when prescribing
- Nurses' communication skills are rated highly by patients
- There is little research on the patients perspective of nurse prescribing for diabetes

Study Aims

To explore patients' views about nurse prescribing and their relationship with the diabetes nurse prescriber



Research Design & Methods

Qualitative study

- 41 semi-structured patient interviews
- Patients randomly recruited from case-loads of 7 diabetes nurse prescribers in primary care:
 - 5 general practice based nurses
 - 2 specialist nurses in community clinics



Data collection: January – June 2009

NHS and University Ethical approval
obtained

Patient profile

N= 41



26 Men

15 Women



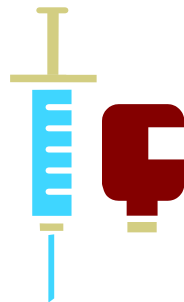
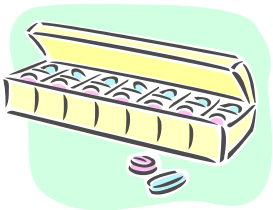
Age range
37-87 years

Average age = 67

7 of ethnic minority background
34 white British

Medication

15 on oral medication



26 on insulin or
insulin plus oral medication

FINDINGS

- Efficiency and access
- Conditions for accepting nurse prescribing
- The nurse consultation style
- Benefits of nurse prescriber consultations
- Information and involvement

Efficiency and Access



- Good use of resources
- Faster access to medicines
- Easier to access nurse than doctor
- Use of telephone contact

Conditions for nurse prescribing



All welcomed nurse prescribing, so long as:

- Nurses are appropriately trained and experienced
- Nurses receive up-to-date CPD on diabetes
- Continue to work with doctors

Views varied about:

- Should GP nurses initiate new medication
- Should nurses prescribe for other conditions

Description of nurse consultation

- Non-hurried consultation
- Nurse listens and cares, friendly rapport
- Nurse invites discussion and involvement
- Nurse has specialist diabetes knowledge
- Given clear & understandable information
- Approachable
- Broad focus to consultation
- Continuous relationship over time

Benefits of consultation style

- Able to ask questions & solve problems
- Health and lifestyle issues are considered
- Information and advice is tailored to person
- Treatment is appropriate and up-to-date



Benefits of consultation style



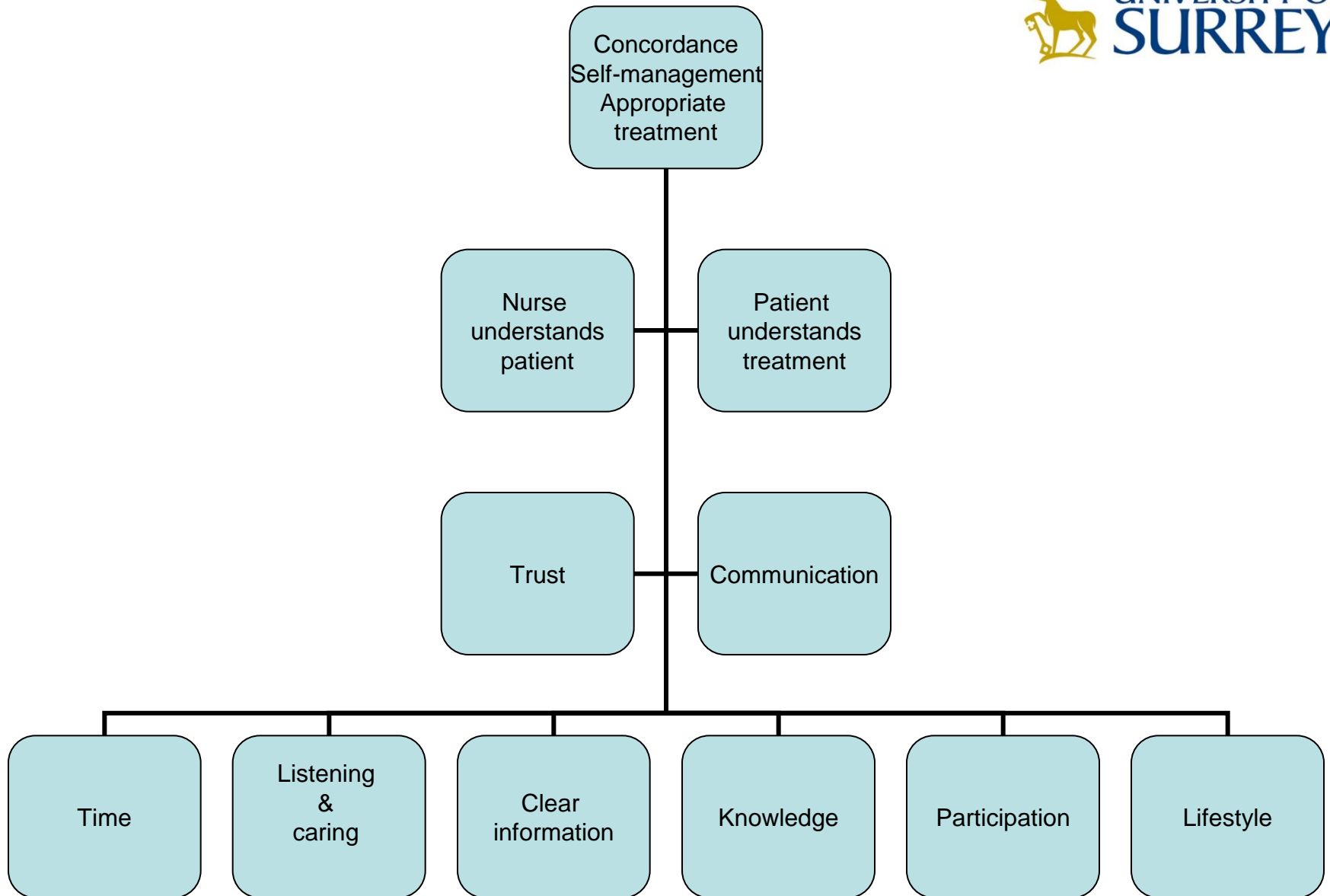
- Understand condition or treatment
- Better self-management

“She explained a lot of things to me that I didn’t really realise. Then she showed me a pattern of what the insulin was doing and what the new insulin would do and how it would be beneficial to me. She went through it step-by-step and explained and drew little diagrams, you know, an idiot proof kind of thing so you understand it.” (CC3p5)

Benefits of consultation style

- Confidence in nurse
- Feel good and in control

“I feel satisfied in myself and happy. I genuinely feel wellbeing in myself because she makes me feel like that. You know she makes me feel as though I have achieved something. She’s is giving me something, but I’m giving her something back. I quite like that, I feel good about myself.”
(GP n6p2)



Views on involvement

All happy with extent of information given and level of involvement in healthcare decisions

Preference for:

- Receiving professional opinion about treatment
- Treatment is suggested rather than dictated
- Given information and explanation about new treatment

Information about side effects

Inconsistency

- Interest in side effects and contraindications
- Extent and detail of information received varied

“There is probably a bit more I could know about the side effects. Without a doubt. But there again, I’ve never asked her.” (n5p8)

Implications

- Benefits match previous research
- More attention to information on side-effects
- Organisations must ensure:
 - flexibility over length of consultations
 - continuity of care
 - access to diabetes CPD



Any questions



How nurse prescribing affects the care patients receive: A case study in diabetes

Professor Molly Courtenay
Karen Stenner
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Funded by Sanofi-Aventis

Background



- Nurse Independent Prescribers have virtually the same prescribing rights as doctors in the United Kingdom
- Nurses are increasingly involved in medicines management
- 30% of nurse prescribers in the UK prescribe for patients with diabetes

Study Aim



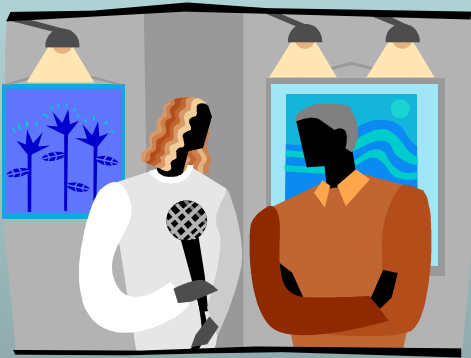
To explore the treatment management of people with diabetes by Nurse Independent and Nurse Supplementary Prescribers



Case Study

- 9 practice sites across England
 - 6 general practice
 - 2 community
 - 2 hospital
- All qualified nurse prescribers
 - 4 Diabetes Specialist Nurses
 - 4 Nurse Practitioners
 - 2 Practice nurses

Data



Semi-structured interviews

- 10 Nurse prescribers
- 9 Doctors
- 9 Receptionists
- 3 Non-prescribing nurses

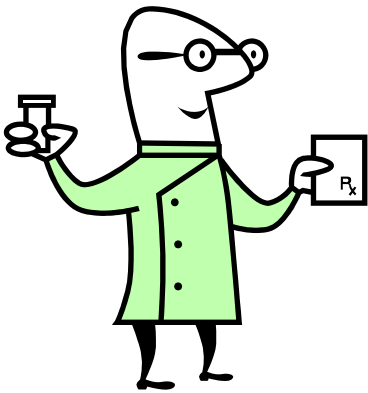


Videotaped nurse consultations (n=35)

Patient questionnaires (n=131)

Data collection: October 2007 – September 2008

Findings



- Efficiency and Access
- Relationships & Continuity
- Communication
- Safety

Efficiency and Access



Reduced time wasting and increased flexibility of access

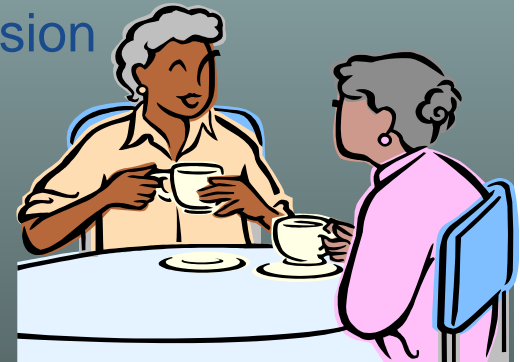
Patient questionnaire:

- Over 80% of patients rated access as good/excellent
- Over 90% rated waiting time as good/excellent

“I am seeing somebody tonight at 5pm on his way back from work because he has difficulty getting time off from work - I don't have to think if there is going to be a doctor around to get a prescription signed..” (np:comm)

Relationships & Continuity

- **Complete episode of care**
 - Reduced interruptions improves care
 - Instructions and advice are reinforced
- **Long-term relationships thought to improve quality of care**
 - patients are more comfortable and confident with nurse
- **Patient questionnaire**
 - Most able to see the same nurse on each occasion
 - High ratings of satisfaction with this



Communication



Interview findings:

- Nurses seen as more approachable than doctors
- Person-centred approach of nurses is essential to the promotion of self-care in patients with diabetes
- Nurses encourage exchange of views and information

Good Communication Skills



	Patient rating (% good/excellent)	Occurred in video consultation (%)
Listening	88%	94%
Sensitivity & concern	87%	83%
Providing instructions/ explanation	80-86%	70%
Involvement & informed choice	84%	63%

Safety

Positives:

- Safer than ‘prescribing by proxy’
- Doctors confident in nurses ability
- Nurses follow guidance



“Nurse prescribers tend to prescribe what the government, health, NHS want you to prescribe. They tend to stick to the guidelines that are set out.” (Nnp:GP)

Safety



Improvements:

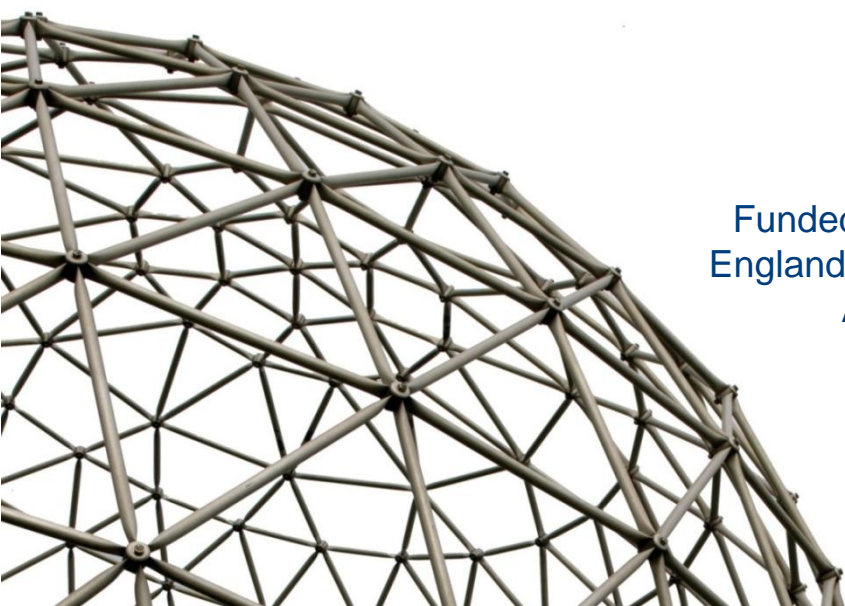
- Consistency in providing information on side effects of medication
- Consistency in exploring symptoms and allergies
- Asking about use of herbal and over-the-counter medicine

Any questions?



An exploration of the non- medical prescribing lead role across the East of England

Funded by the East of
England Strategic Health
Authority



Project Team

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Background

- NMP enhances services
- Several factors affect implementation
- Views of NMP leads yet to be explored



Aim

To explore the views of the NMP lead with regards to their role in supporting prescribing



Research Design



- Structured interviews with NMP leads (n=28)
- Ethical approval
- Data collection August-December 2009

Data



Quantitative:

- **Clinical Governance Systems**

Qualitative:

- **Perceived role of NMP lead**
- **Issues facing NMPs**

Participants

Job Title

32% Nurse consultant/CNS

29% Chief/deputy nurse

14% Education/workforce

14% Clinical Quality Gov.

11% Strategic pharmacist

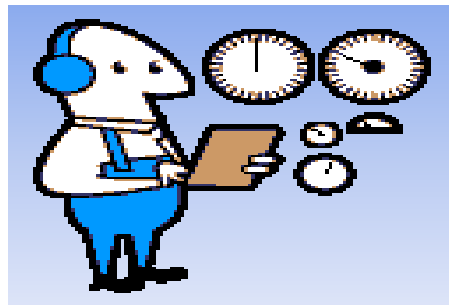
Area of Practice

39% NHS Trust

36% PCT

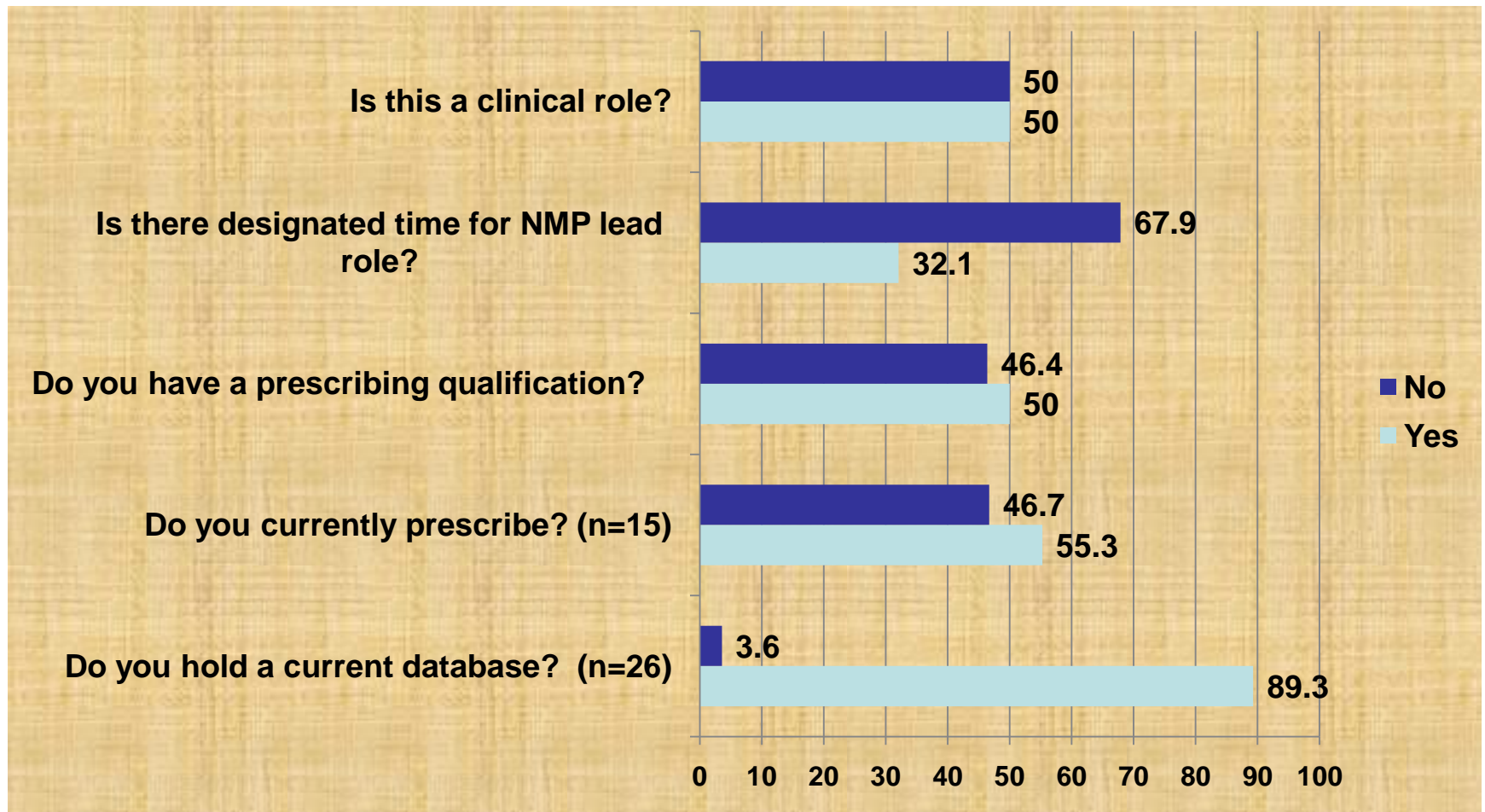
21% Mental Health

4% All areas

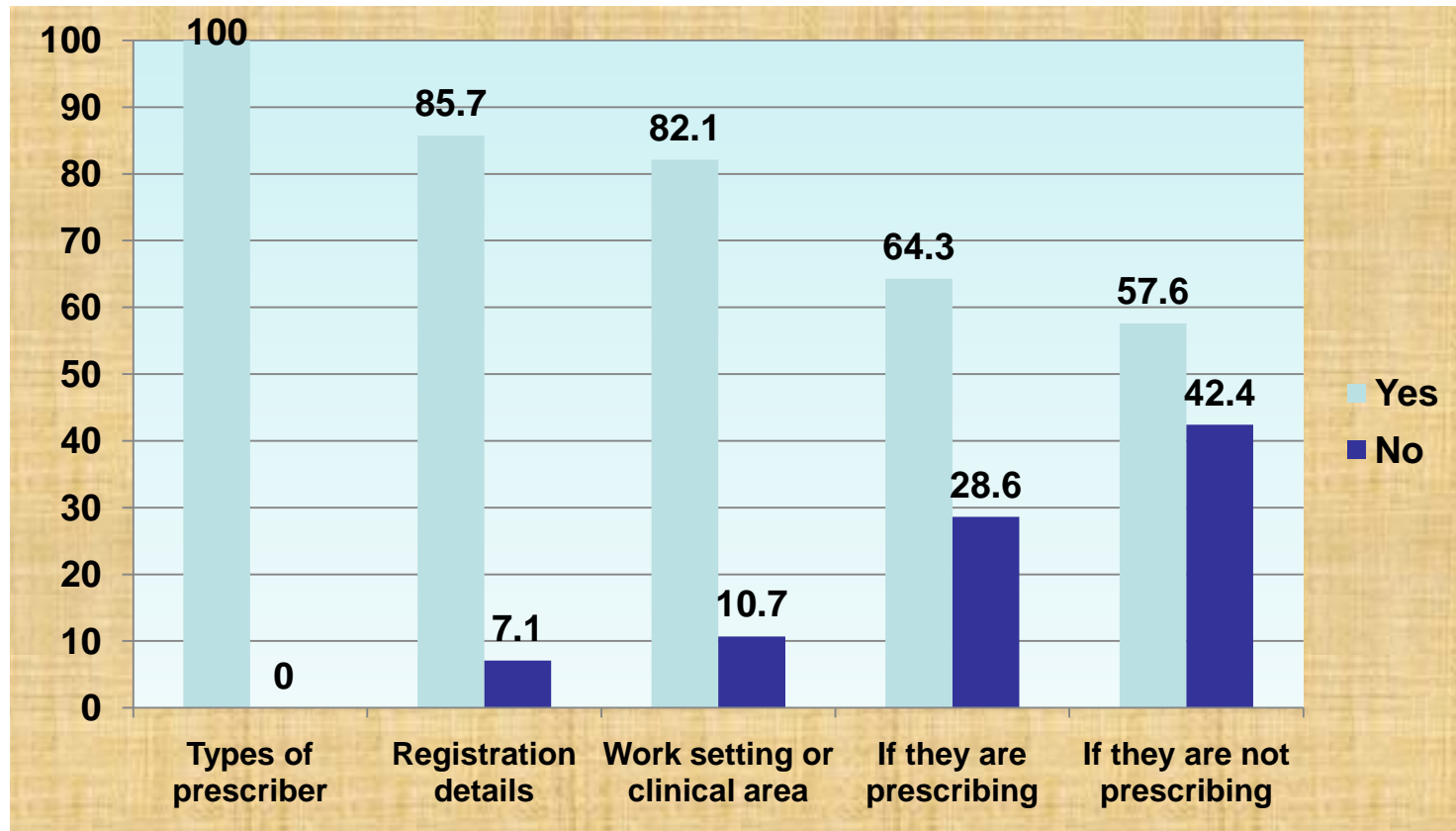


Results:

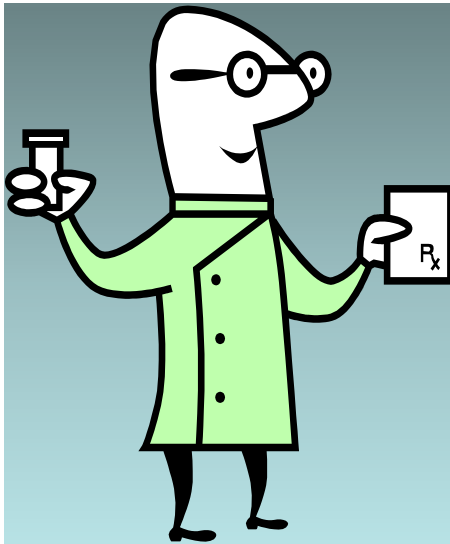
The NMP leads and their role



Information on database

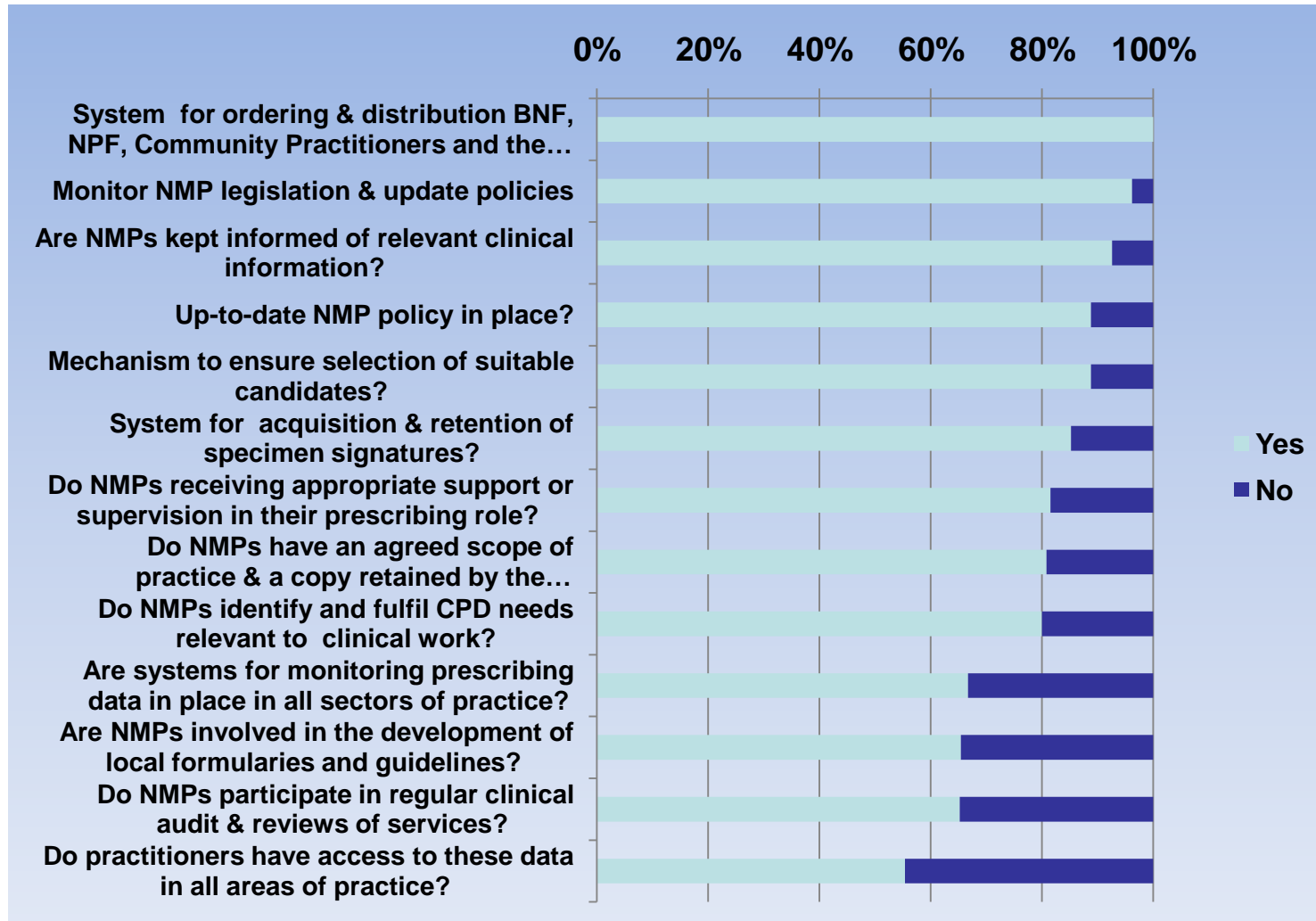


Key points



- Some leads cover a single hospital trust whereas others cover multiple locations and a large geographical area
- In general, there are fewer NMPs in hospital trusts than in PCTs
- Amount of time spent on lead role does not relate to the number of prescribers

Safety and clinical governance systems



Perceived role of the NMP lead

- Information and communication
- Point of contact
- Promoting and co-ordinating NMP
- Clinical Governance procedures & NMP policies
- Providing or coordinating support and training



Factors supporting the NMP lead role

- Leadership/guidance from the SHA
- Good relationships with colleagues/executive team/directors, key pharmacists, education providers
- A good understanding of NMP



Policies and processes in place for:

- a) developing NMP
- b) course selection process
- c) clinical governance systems

Difficult areas

- Misunderstanding of the NMP role by clinicians/managers/trusts
- Lack of support for monitoring prescribing data
- Affect of provider/commissioner split in PCTs



- Unclear what action to take when NMPs not prescribing
- Shortage of time for role/variation in geographical coverage
- Leverage for negotiating with education providers

**NMP leads' views on issues
facing NMPs in their patch:**

Barriers and facilitators



Views on problems facing NMPs

Pre and during course:

Barrier

1. Justifying need
2. Time and capacity
3. Finding practice supervisor/DMP
4. The right skills
5. The prescribing course



Facilitator

1. NMP strategy
2. Workforce planning
3. Preparing new DMPs
4. Selection process and providing training
5. Expectations and liaising with HEIs

Post-course issues

- Ongoing support
- Supplementary prescribing
- Defined prescribing role
- Role change
- Practicalities and legalities
- CPD



Overall



- Addressing problems early
- Enthusiasm

“In the early days we had issues where people were inappropriately putting themselves forward and not realising what was required of them (i.e. the academic preparation, the knowledge base to work at that level) but I think now people have further understanding of what the prescribing role is about and we don't tend to get those”

Conclusion



- More guidance on NMP lead role to ensure consistency across trusts
- Extent to which NMP lead involved in selection process seems pivotal to preventing problems
- Trusts need to ensure NMPs have access to their own prescribing data

Any questions

