

# RCN Fact Sheet

## Nurse Prescribing in the UK

Nurse prescribing in the UK is well established as a mainstream qualification with over 54,000 nurse and midwife prescribers across the UK, and over 19,000 nurse independent and supplementary prescribers. Evidence of improvements in access, patient safety and patient-centred care continue to strengthen the foundations underpinning the success of this practice.



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## Background and Statistics

Nurse prescribing in the UK has grown significantly over the last decade, primarily due to the efforts of key stakeholders (Department of Health, nursing regulators, nursing professional bodies, and general practice (GP) supporters) and substantial legislative and policy reforms that have encouraged and supported nurses to take on prescribing roles in both acute and community settings. The Cumberlege report in 1986 first recommended that community nurses prescribe from a restricted list of drugs and applications, it was only due to the constant lobbying by Baroness Julia Cumberlege, a conservative party politician and the RCN, that nurse prescribing began to gain momentum in the UK. However, nurses were given prescribing powers very gradually, with district nurses and health visitors first getting access to a limited national formulary in 1998 and progress with nurse prescribing continued very slowly. Initial objections from medical health professionals have been abated as evidence of improvements in access, patient safety and patient-centred care continue to strengthen the foundations underpinning nurse prescribing.

Nurse prescribing in the UK is well established as a mainstream qualification with over 54,000 nurse and midwife prescribers across the UK,<sup>i</sup> with over 19,000 nurse independent and supplementary prescribers.<sup>ii</sup> Statistics show that nurse prescribing is more prevalent in primary care settings among community practitioners but there are a growing number of nurse prescribers in acute care. In March 2010, the NHS Prescription Service (NPS) in England reported receiving 12.8 million items prescribed by nurses for processing over the year.<sup>iii</sup>

## Types of nurse prescribing in the UK

There are two types of nurse prescribers:

1. **Nurse Independent Prescribers** are specially trained nurses allowed to prescribe any licensed and unlicensed drugs within their clinical competence. In 2006, nurse prescribers were given full access to the British National Formulary (BNF) and this has put nurses on a par with doctors in relation to prescribing capabilities. As of April 2012 nurse independent prescribers will be able to prescribe controlled drugs within their competence and regularise the practice of mixing medicines that include controlled drugs<sup>iv</sup>.
  - a. *Community Practitioner Nurse Prescribers* are a distinct group under independent prescribers. They consist of district nurses, health visitors and school nurses who are allowed to independently prescribe from a limited formulary called the Nursing Formulary for Community Practitioners which includes over-the-counter drugs, wound dressings and applications.
2. **Nurse Supplementary Prescribing** is based on a voluntary prescribing partnership between a doctor (independent prescriber) and a nurse (supplementary prescriber) where the supplementary nurse prescriber has the ability to prescribe any drug listed in a patient-specific clinical management plan once the patient has been diagnosed by a doctor. There are no legal restrictions on the clinical conditions where the supplementary prescriber cannot prescribe and this is most beneficial for nurses caring for patients with long-term conditions like diabetes and asthma.

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## Education, training and regulation

To qualify as a nurse prescriber, nurses must undertake a recognised Nursing and Midwifery Council (NMC) accredited prescribing course through a UK university. Upon successful completion, the qualification must be registered with the NMC. Since 2004, all nurses who complete the NMC qualification can prescribe independently as well as in a supplementary capacity.<sup>v,vi,vii</sup>

At present the UK nursing regulator will only accept practitioners who are qualified through UK Universities which are following the NMC's curriculum. As some other countries have their own forms of nurse prescribing, with differing curricula, completed at differing levels of education, and differences in the formularies open to these staff, there is very little opportunity for staff to transfer their qualification across international borders, as they are able to do with their main nursing registration. Although nurse prescribing isn't worldwide at present, a growing number of countries are looking to develop it.

## Nurse prescribing across the UK

### England

The Department of Health in 2000 published a health service plan where it made firm commitments and pledged an extra £10 million to train 10,000 more nurse prescribers and extend the role by 2003. However, as dedicated funding has been removed, the increase in numbers has slowed down as well. In 2006, nurse prescribers gained access to the entire British National Formulary and this was designed to increase the number of nurse independent prescribers to further improve quality care and reduce access issues.<sup>viii</sup> However, research still shows that 20 per cent of nurse independent prescribers continue to prescribe under a supplementary capacity. A few NHS hospitals require newly qualified nurse independent prescribers to practise under a supplementary prescriber capacity for six months before they take on full prescribing responsibilities. Furthermore, some NHS trusts have local policies that restrict nurse prescribing based on settings (i.e. emergency department), or having to work within a trust's local formulary.<sup>ix</sup> There are also ongoing issues regarding the limited availability of continued training and development resources for qualified nurse prescribers to refresh their knowledge and skills.

In May 2013, NHS England (the body responsible for the provision of public health services in England) announced a £260 million technology fund aimed at equipping doctors and nurses with better information about patients which could help reduce errors in prescriptions. The fund will be available to NHS providers to support the move from paper-based systems for patient notes and prescriptions to integrated electronic care records and the development of e-prescribing and e-referral systems.<sup>x</sup>

### Scotland

In August 2010 the Scottish government produced a progress report on nurse prescribing in Scotland<sup>xi,xii</sup> showing that nurse prescribing produced:

- Better care for patients
- Faster access to medicines
- Better use of nurses' and doctors' time

The practice of nurse prescribing was seen to:

- Foster better communication between health professionals
- Support key health care policy in Scotland including:
  - The shift from acute-driven to community-driven services
  - Caring for an ageing population with an increase in long term conditions
  - Focusing on wellness rather than treating illness
- Address a key theme of patient safety

The practice of nurse prescribing underpinned by prescribing policies is in place across most of Scotland. The review has also shown that:

- The public has considerable confidence in nurse prescribing
- Nurse prescribers believe their role makes them more effective practitioners
- Doctors' workloads have been reduced as a result of nurse prescribing and
- Nurses are regarded as 'safe practitioners' by patients and other professionals

## **Wales**

In Wales legislation for non-medical prescribing was passed in 2007 and since then the Welsh Assembly Government has funded courses for nurses.<sup>xiii</sup> However there has been little attempt to develop this strategically in key areas such as the community or emergency care. Instead uptake often relies on the initiative of the individual nurse or department head and the goodwill of the surrounding medical colleagues.

In 2013, the Welsh Government published general guidance for nurse prescribers which incorporates much of the information, regulations and guidelines established by the NMC.<sup>xiv</sup>

## **Northern Ireland**

Nurse prescribing in Northern Ireland was extended through legislation in January 2007 to allow qualified nurse independent/ supplementary prescribers to prescribe any licensed medicine for any medical condition, including some controlled drugs, within their area of competence. Associated guidance is published by the Department of Health, Social Services and Public Safety (DHSSPS).<sup>xv,xvi</sup> Figures produced by DHSSPS show that in 2011 500 nurses and midwives trained as Independent or Supplementary Prescribers in Northern Ireland.<sup>xvii</sup>

## **Evidence in the UK**

A recent England national report highlighted the successful uptake of nurse prescribing in primary care trusts, GP surgeries and hospitals. Findings suggest that approximately one in three GP primary care practices and one in four hospitals and outpatient services use non-medical prescribing; evidence also suggests that the care provided in these settings is safe and clinically appropriate.<sup>xviii,xix,xx</sup> Prescribing also has the ability to increase nurses' autonomy, job satisfaction and independence. This is especially pertinent for those district nurses and health visitors who work in isolation in low resource settings where GP surgeries are located some distance away.<sup>xxi</sup>

Evidence shows that nurse prescribing improves patient care by ensuring timely access to medicines and treatment, and increasing flexibility for patients who would

otherwise need to wait to see a doctor.<sup>xxii,xxiii,xxiv</sup> Nurse prescribing also increases service efficiency by freeing up doctors' time to care for patients with more complex health care needs.<sup>xxv</sup> According to key stakeholders, nurse prescribing helps to avoid unnecessary A&E and hospital admissions and improves access to treatment, particularly for patients with long-term conditions like diabetes and COPD.<sup>xviii,xxvi,xxvii</sup> Within nurse-led diabetes services, prescribing capabilities give nurses the independence to provide more streamlined care that is patient-focused. While nurse prescribing itself has not been a big driver for changes within community care, it has helped to enhance primary and secondary care for patients. For example, specialist nurses caring for patients with poor diabetes controls can use prescribing to deliver patient-centred, continuous care, closely monitor medication adherence and deliver care closer to home.<sup>viii,xxviii</sup>

Following a successful pilot in October 2010, an NHS Trust in England has replaced its traditional medical prescription system for detox and anti-craving drugs for a nurse prescribing model.<sup>xxix</sup> This nurse prescribing model has helped to reduce the waiting times for referrals to see a doctor and allowed for quicker access to treatments administered by nurse prescribers. Specialist nurses in these settings are able to educate service users on treatment options and support adherence more closely. Since this initiative, waiting times have reduced significantly from seven weeks to three weeks.

Patients have reported a high level of satisfaction and confidence in nurse prescribing. A qualitative study on the effectiveness of nurse prescribing in acute care settings found no difference in prescribing methods between nurses and doctors in hospitals; however nurse prescribing benefited patients through better use of available skill set on the wards and increased reports of patient satisfaction.<sup>xxx,xxxi</sup> Patients are able to access clear information and advice on disease progression, and can clarify questions they have on medication side effects, dosage calibration and when to administer medicines with nurse prescribers to ensure correct medication use and adherence.<sup>xxxii,xxxiii</sup> Furthermore, cases of medication errors at the hands of nurse prescribers are minimal.

The benefits of nurse prescribing in the UK have been consistently reported in the literature (mainly through qualitative and anecdotal surveys and questionnaires), with evidence to show improved patient care and satisfaction, increased access to medicines, reduction in waiting times and delivery of high quality care. However, there is still very little empirical evidence that supports the clinical and economic outcomes for nurse prescribing.<sup>xviii,xxxiv</sup>

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