'Nurse Prescribing - Maxi Nurse, not mini Doctor'

3rd Nurse & Midwife Medicinal Product Prescribing Conference: Nurse & Midwife Prescribers: Leading Care & Compassion in an Evolving Healthcare System
Dublin Castle Thursday 14th April
Professor Matt Griffiths

Introduction

- History
- DN/HV
- V200/V300
- Shipman & Prescribing of Controlled Drugs
- Future of Non-medical prescribing - Paramedic, Orthoptists, Dietetics, Radiographers
- Medication safety
- Future challenges - Ambulance, Addiction, referrals to the NMC, Medication safety, Medicines in care homes
- Appraisals/Revalidation/Standards
- The financial cost of medicines
- Conclusion

How do we give medicines? Categories

- General Sales List – GSL
- Pharmacy – P
- Prescription Only Medicines – POM
- Controlled Drugs – CDs
- Licensed
- Off-licence
- Unlicenced

How do we give medicines? Mechanisms

- Patient specific directions – Prescription (FP10) or Prescribers direction (patient drug chart)
- Patient Group Direction
- Homely remedy protocols
- Exemptions in the medicines act (Paramedics, Midwives, Occupational Health, Certificated ALS providers, Anyone giving adrenaline in anaphylaxis to save a life etc)

DN/HV

- Cumberlege report
- Cullen report
- 1994
- DN/HV prescribing - 8 Prescription only medicines - part of the specialist practitioner degree
- Later called V150
- V150 formed for those staff nurses in the community not undertaking the specialist practitioner degree
“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela

V200/V300

- 2002 Independent extended prescribing by nurses (V200)
- Limited formulary
- Minor illness, Minor injury, Palliative care, Health Promotion
- Many anomalies – Aspirin

- December 2003 – Supplementary prescribing by Nurses & Pharmacists – any GSL/POM including CDs (V300), need a Dr or Dentist to sign a pre-agreed Clinical Management Plan.
- Prescribing CDs did not come for SPers at a later date
- Training combined Independent & Supplementary (V300) still limited with IP, but SP the entire formulary

Education, Education, Education.

How many nurses does it take to screw in a light bulb?
None – it’s delegated to the nursing student.

Educational preparation of extended prescribers

- Degree level – Bachelor or Masters
- Exams
- OSCEs
- Designated Medical Practitioner
- Portfolio of Prescribing practice
- 26 days of Study
- 12 days of supervised practice

V300

- Nurses & Pharmacists in the same classroom
- Respect for each others professions
- Truly multi-professional education
- Standards from the National Prescribing Centre (NPC) regarding competencies – now become the gold standard for the Allied Health Professions and indeed Medical Students and Practitioners. Currently being reviewed by RPS on behalf of NICE.

Lobbying
Nurses and pharmacists are to be given greater powers to prescribe drugs by the government, in a move being vigorously opposed by doctors. Both professions will have to undergo training to get the extended powers, which will allow them to prescribe all but the most powerful drugs.

Health Secretary Patricia Hewitt has given the green light to the move to free up GPs for more complex care. But doctors' leaders have branded it "irresponsible and dangerous". Prescribing powers have been gradually rolled out to nurses and pharmacists over recent years, but so far it has been limited to drugs for minor injuries and palliative care.

The latest measures mean nurses and pharmacists will be able to prescribe treatments for more serious conditions such as heart disease and diabetes - traditionally the domain of GPs. Only controlled drugs, such as diamorphine, will be exempted when the reforms kick in in the spring.

**Ministers have opted for the most radical of the proposals put forward at the beginning of the year in a consultation on whether, and how, the prescribing powers of nurses and pharmacists should be expanded.**

The powers will only be given to the more experienced of nurses and pharmacists, who will have to be nominated by their employers for the extra training. Ms Hewitt said: "By expanding traditional prescribing roles, patients can more easily access the medicines they need from an increased number of highly trained professionals."

The move has been welcomed by both nurses and pharmacists.

Matt Griffiths, prescribing adviser for the Royal College of Nursing, said: "We have been pushing for this for 20 years. Patients can rest assured that systems are in place to ensure it is done safely and cost effectively. "We are not trying to be 'mini-doctors', we are trying to be 'maxi-nurses'." And he added nurses would not be prescribing outside their speciality.

"Diabetes nurses won't start handing out chemotherapy treatment."

David Pruce, of the Royal Pharmaceutical Society of Great Britain, said it was a "significant milestone" which would benefit patients.

But the British Medical Association said it was opposed to the move and demanded a meeting with the health secretary to discuss the plan.

Hamish Meldrum, chairman of the BMA's GPs committee, said: "We believe only doctors have the necessary diagnostic and prescribing training that justifies access to the full range of medicine for all conditions."

And Paul Miller, chairman of the BMA's consultants committee, added: "This is an irresponsible and dangerous move. Patients will suffer. I would not have me or my family subject to anything other than the highest level of care and prescribing, which is that provided by a fully trained doctor."

Its not all about prescribing. We can be caring and compassionate……. Honestly.

**Evidence of Nurse Prescribing success**

- Safe
- Cost effective
- Clinically effective
- More GPs come on board - mentoring ALL of the students
- Current number of different types of prescribers (as of 8th April 2016)
  - [V100] Community Practitioner Nurse Prescriber - 36,124
  - [V150] Community Practitioner Nurse Prescriber - 2,617
  - [V200] Nurse Independent Prescriber - 12,822
  - [V300] Nurse Independent / Supplementary Prescriber - 33,947
- Total = 73,970
- Total NMC Registrants - 680,000

"After climbing a great hill, one only finds that there are many more hills to climb."

Nelson Mandela
Shipman

- Shipmans confirmed 215 victims
- Shipman Inquiry
- Subsequent DH working groups to prevent similar crimes being committed again, and tighten the abuse or potential abuse of Controlled Drugs
- SP of CDs & Schedule 4&5 CDs for certain conditions
- Over 1,000,000 CDs prescribed safely via SP mechanism and schedule 4 & 5 IP by Nurses before a national consultation was launched to open up the formulary to include CDs.

Prescribing Controlled Drugs

- With effect from 23 April 2013, there have been amendments to the Misuse of Drugs Regulations and the Medicines Act which mean that nurse and pharmaceutical independent prescribers can now prescribe controlled drugs.
- any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

“Do not judge me by my successes, judge me by how many times I fell down and got back up again.”

Nelson Mandela

Current situation for AHP prescribing

- Physiotherapists had SP rights (2005) and are training as IPs (August 2013)
- Radiographers had SP rights - As of April 2016 now able to train as IPs
- Dietitians are now able to train as IPs (April 2014)
- Podiatrists had IP (August 2012) & SP rights (2005)
- Optometrists have IP prescribing rights within their field
- Use of exemptions by paramedics
- Paramedics supply/intravenous through exemptions in the medicines act - Initialising for IP prescribing rights
- Other professionals to be considered for inclusion following the review of urgent & emergency Medicine

The future

After the horsemeat scandal we know that - Appearances can be deceptive.
Patients want medicines to make them better

- Medicines have side effects – drowsiness, reduced respirations, constipation etc
- Medicines can have drug-drug interactions – alcohol with benzos & Z drugs
- Medicines can cause harm – addiction – both physical & psychological, increased risks of fall particularly in the elderly
- Patients need to know just because a medicine is prescribed it doesn’t mean that it always will make them better.

Medicines Management

- Medicines management in hospitals encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.
- Source: The Audit commission – ‘a spoonful of sugar’ report
- All clinical staff (and many non-clinical staff) are involved in medicines management at some stage.

Antibiotics

- Chief Medical Officer: Professor Dame Sally Davies: “If you get an infection in your bloodstream, if about us, any it might be a minority.”
- The World Health Organization says 150,000 deaths a year are caused by multi-drug resistant tuberculosis.
- Infections diseases account for 1% of all deaths in England and account for one in five days off work.
- Antimicrobial resistance has been put on the UK government’s national risk register of civil emergencies.
- First case of antibiotic resistance to penicillin in 1947 (4 years after it started being mass produced) – some antibiotics have resistance cases discovered before getting to market!
- Very few antibiotics in the pipeline of major pharmaceutical companies.
- New discoveries can be time and then won’t sell.
- Overall probability of success of any single drug is 7%.
- Overall development timelines were 11.5 years.
- On balance, the estimated out-of-pocket costs were estimated at £25 billion in 2005.
- Ref: http://www.sciencebasedmedicine.org
- We need to be really responsible with the tools we have at present.

Antibiotics cont……

- Prof Jeremy Farrar, Director of the Wellcome Trust, said there were just four pharmaceutical companies working on antibiotics now – compared to 8 companies in the 1990s.
- As a result only five new classes of antibiotics have emerged in the past 10 years.
- “All is not lost” ways to incentivise the drug industry, for example through changes to patients protecting new brands and for regulation around clinical trials to be eased.
- No government can do this on its own because this is a truly global issue.

Addiction

- A report by the All Party Parliamentary Group on Drug Misuse estimated in 2009 that there were 1.5 million involuntary tranquilliser addicts in the UK.
- More than 6.6 million benzodiazepine prescriptions for anxiety were dispensed by English pharmacies in 2010, a 14% year-on-year increase in so years.

What does a drug addict look like?
Benzos and Z drugs

• All Hypnotics
• All the benzodiazepines and Z drugs, with the notable exception of zopiclone, the most widely used hypnotic of all, were scheduled Controlled Drugs (CDs). This is changed, the Home Office said that it was an oversight.
• Prescribing habits have changed over the last five years with less benzodiazepine prescribing however; this has been offset by marked increases in Z drug prescriptions, most notably zopiclone, as a result. It seems overlooked that in common with the benzodiazepines, the sedative effects of the Z drugs may often persist into the next day. The SPCs for all three Z drugs carry similar warnings to benzodiazepines, about the potential to cause tolerance, dependence and withdrawal symptoms.

Scale of the problem and concerns

• Habituation – Between 10–30% of chronic benzodiazepines users physically become dependent on them, and 50% of all users suffer withdrawal symptoms.
• NICE guidance – Technology Appraisal 77 – April 2004
• NICE also discuss the increased risk of road traffic accidents and hip fracture risks to patients on these medications
• Woolcott later (2009) reported increased falls associated with a number of drug classes including the use of sedatives and hypnotics.
• Rhalimi et al. (2009) found a 2.5-fold increase in the risk of falls in hospital after zolpidem.

APPGITA

• Clinicians being sued
• The first successful legal claim against individual doctors dates back to 2002, when Ray Nimmo, who was prescribed Valium for 14 years, won his case against GPs in Scunthorpe. His lawyer, Caroline Moore, has had five new referrals in the following month.

Patients taking legal action

• Janet Marshall, 53, from Wakefield, West Yorkshire, won £5,000 in an out-of-court settlement from her GP when she was prescribed benzodiazepines.
• “I was 26, I’d just had my fourth baby, and I had a panic attack. I called the GP because I thought I was dying, and was prescribed oxazepam. I was hooked, taking up to 15 tablets a day at one point. My fifth child was born, and I couldn’t breastfeed. Sometimes my baby wouldn’t sleep and I gave her codeine in her milk. One day I had a panic attack and couldn’t stop shaking. I couldn’t function properly or stop shaking. It lasted for months, but I felt so much more alert and got my senses back.”

Drug driving. Who’s responsible for this growing issue?

• Picking up a new prescription or over-the-counter medicine
• It’s every driver’s responsibility to ensure that they are safe to drive. If a driver is taking medicine, they must be sure that their ability to drive is not affected. The best way to find out if they are safe to drive is to ask for advice from a doctor, healthcare professional or pharmacist. They will advise the driver on how to take the medicine to control their medical condition without risking their safety by driving when impaired.

Ref: http://drugdrive.direct.gov.uk/legaldrugs.shtml
We can all give clear instructions and be caring at the same time.

Non-Pharmacological interventions

- Treat the cause of the co-morbidity – pain, diabetes, urological conditions etc
- Examine patients medicines – ACE inhibitors cough, Diuretics - Piling
- Sleep hygiene – non-pharmacological treatments – avoid napping & big meals, avoid caffeine, check sleeping environment, consider melatonin in over 55 year olds.

Referrals to NMC

- Sylvia Gillicker, 55, secretly prescribed the medication for two-and-a-half years until April 28, 2006. Her husbands health meant that these were contraindicated. He as also not registered with her practice.
- Borry Jatta, 40, from Didcot, Oxfordshire, wrote prescriptions for six different patients in his employers’ Wallingford medical practice over a period of four months in 2006, which none of them required, he obtained these medicines.
- There are more nurses who have been struck off for prescribing when they aren’t qualified to prescribe.
- The NMC will continue to discipline bad apples

Medication Safety

- There has been a significant year-on-year increase in the reporting of medication incidents from England and Wales to the National Reporting and Learning Service (NRLS). 60,000 incidents reported between January 2005 and June 2006
- 64,678 incidents reported in 2006
- 86,085 incidents reported in 2007.
- The NPSA received 100 medication incident reports of death and severe harm via the NRLS.
- Most serious incidents were caused by errors in supply and administration (44 per cent), followed by errors in the prescription (32 per cent) and errors in the medication (23 per cent).
- Incidents involving injectable medicines represent 62 per cent of all reported incidents leading to death or severe harm.
- Other studies have 4:10 prescriptions not meeting requirements

Safety in doses

- Acute care (all specialties) remains the highest reporter of all incidents (52 per cent) and medication incidents (76 per cent).
- Primary care (defined as a combination of practice nursing, community and general practice, optometry, opticians, services, community pharmacy, and general practice) was the next highest reporter of medication incidents (42 per cent).
- Mental health was the third highest reporter of medication incidents (19 per cent).

Medicines in Care Homes

- CHUMS report - The Care Homes Use of Medication study in 2003 showed that seven out of ten incidents were reported to at least one medication error during the study. Overall, there was a 3 per cent chance of a medication error during each act of prescribing, dispensing or administering medications.
- Average 80 year old is on 8 medicines
- Falls and fractures increased
- Many medicines are started to treat side effects of others
- Are they all needed? Statistics in a GLP study
- RCN, RCPsych, RCGP, RCP and The National Care Forum
Medication Safety is everyone’s responsibility – prescriber, dispenser, or the person administering. Make sure that everyone is on board.

Revalidation for Nurses

- Just like the Drs, we as nurses have to examine how we prove our fitness to reregister.
- Mid Staffs – Francis report showed faults.
- NMC now have revalidation process in place.
- 40% average nurses day dealing with medicines – source: ‘a spoonful of medicine’, The Audit Commission - Is this integrated into revalidation?

Conclusion: Maxi Nurse, not mini doctor

- Nurse Prescribing is here to stay.
- It has developed or is in development in other countries - Eire, USA.
- Other countries such as Spain, Denmark, Canada, France, Japan, and Greece are looking at what we are doing.
- If we remain in the EU or not, regulators need to examine if qualifications can be used in different countries?
Conclusion... We are maxi nurses. Not mini doctors

• More professions are being trained as prescribers
• More medicines are being prescribed – a battle with budgets
• Trained prescribers may use their qualifications and experience to not just add medications, but to review and stop medications
• All prescribers and practitioners dealing with medicines have a role with patient safety, and a public health responsibility.
• We can still provide excellent care & compassion for patients as nurses, and a role as a prescriber can truly enhance this care.

Responsible prescribing is more than just starting people on new medicines and writing prescriptions, very often its about reviewing medicines, stopping any that aren’t required and educating patients.

Professor Matt Griffiths

Thankyou for inviting me to Dublin and thankyou for listening

Any questions?