

Survey of Nurse Prescribing in HIV Care

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Background

- Nurse prescribing in the UK is well established as a mainstream qualification with over 54,000 nurse and midwife prescribers across the UK¹.
- In March 2010, the NHS Prescription Service (NPS) in England reported receiving 12.8 million items prescribed by nurses for processing over the year².

¹ NMC (2010) Statistics. <http://www.nmc-uk.org/About-us/Policy-and-public-affairs/Politics-and-parliament/Policy-areas/>
² NHS Prescription Services (2010) Report- Update on growth in prescription volume and cost in the year to March 2010

Types of non medical prescribing

1. Independent prescribing

Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.

Nurse and pharmacist independent prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2,3,4 or 5 of the MDR 2002 Regulations, as amended.

2. Supplementary prescribing

Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

3. Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners

Community Practitioners, formerly known as District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

BHIVA Standards

- Nurses working in advanced practice should undertake non-medical prescribing and preferably undertake masters level education, although currently this is only locally determined by health trusts.

Method

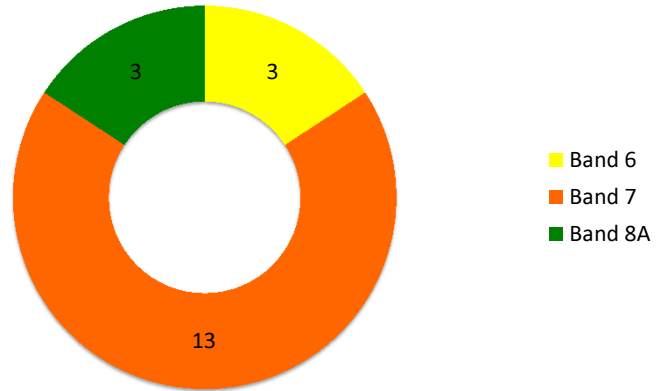
- An anonymous online survey was sent to NHIVNA members.

- Ethical approval was not required.

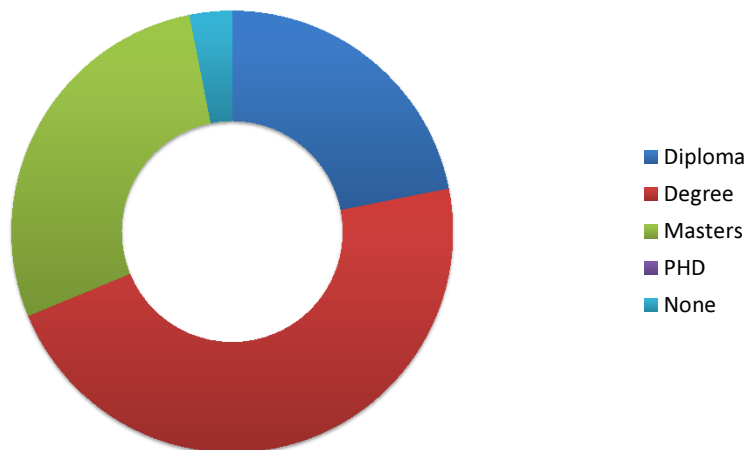
Results

- 22 responses were received. However, 3 had not fully completed the course, therefore, their responses were removed.
- The remaining 19 were independent prescribers with no supplementary prescribing.

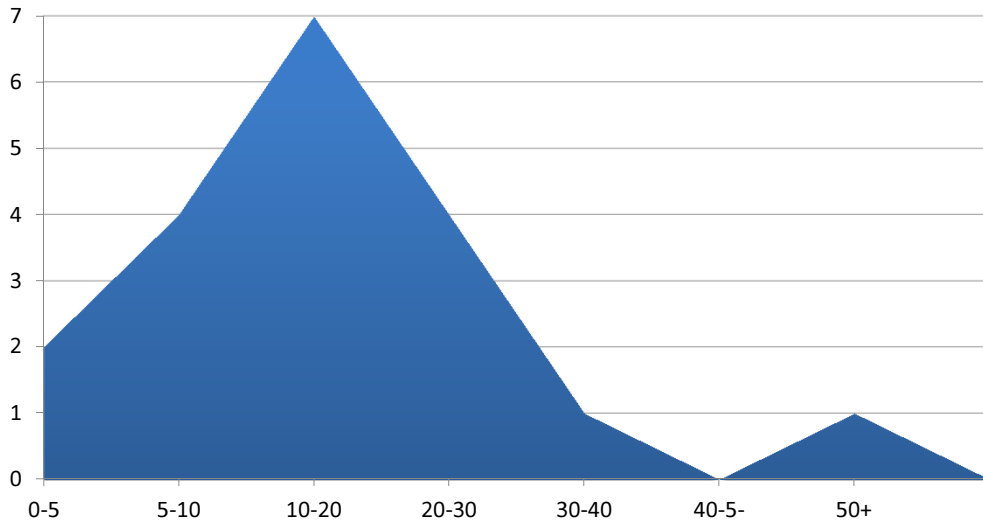
AFC Pay grades



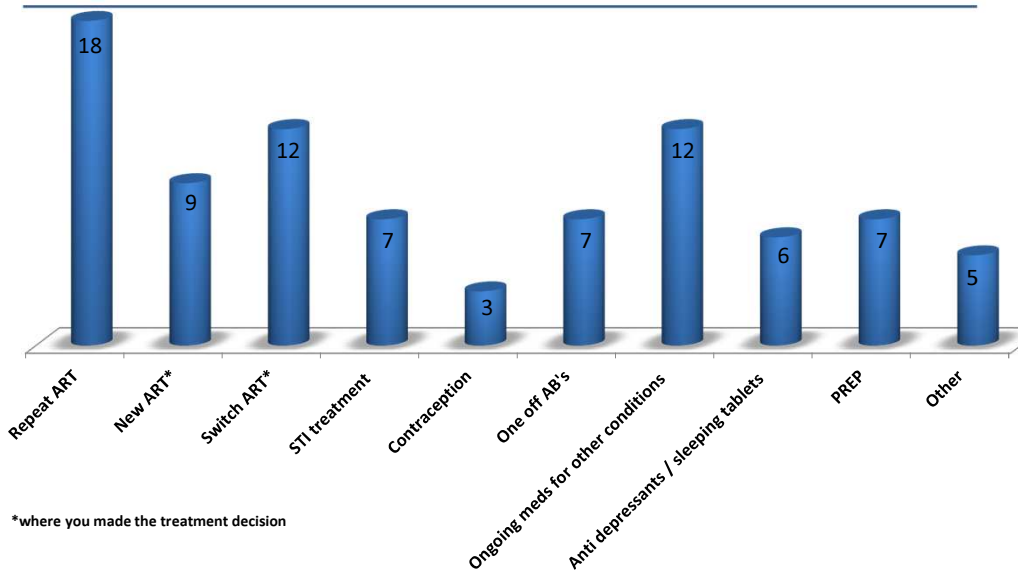
Which (if any) of the following qualifications do you have?



In a typical week how many prescriptions do you write?

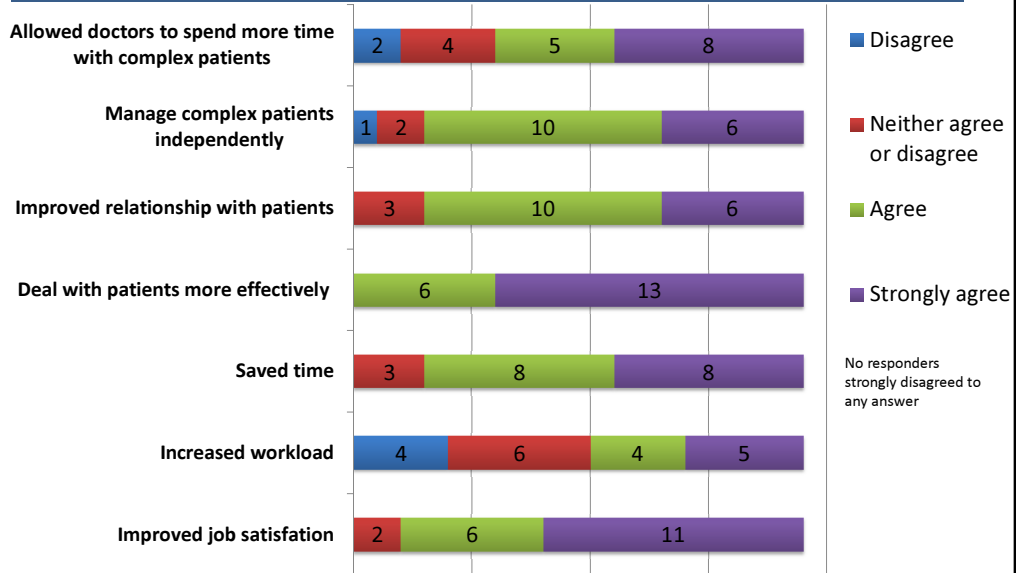


Medication prescribed



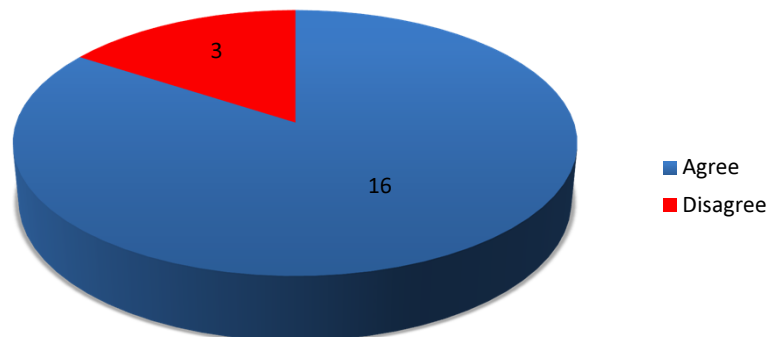
*where you made the treatment decision

Being an NMP has.....



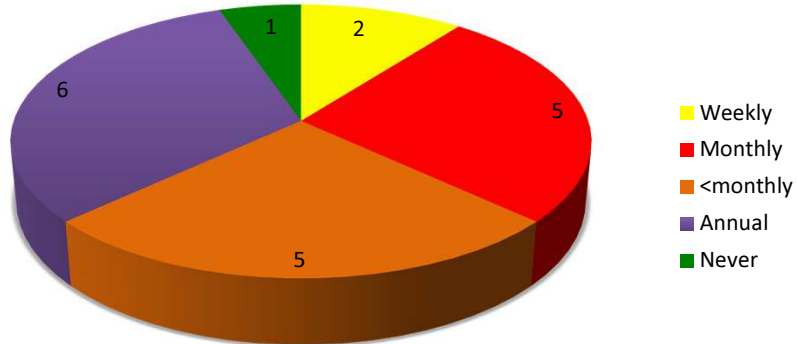
Effective use of prescribing

As an NMP do you feel your skills are used effectively?



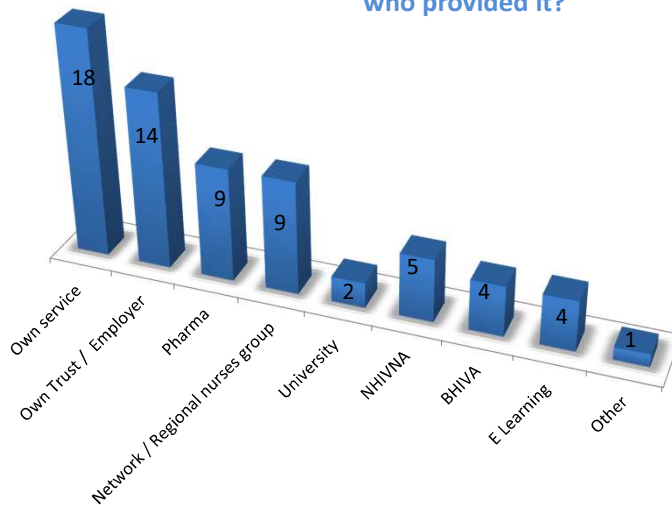
Education

In the last 12 months how often have you had training / education to support your role as NMP?



Education

For the training / education you have had in the last 12 months, who provided it?



Have you faced any barriers to your prescribing?

Yes reluctance of medics to allow nurses to have complete consultation.

Medics support each other. They have a clear framework. Nurses do not. Nurses tend to get limited access to training and conferences.

When wishing to use prescribing in an organisation with whom I had an honorary contract - they insisted on re-testing my competency, taking up references, interviewing me and making me sit a drug assessment test.

Initial reluctance by Consultants to be allowed to undertake the prescribing qualification.

Is there anything NHIVNA could do to support you as an NMP?

Electronic case studies with potential prescribing options.

Run prescribing workshops/sessions

A discussion forum / information sharing group on NHIVNA webpage.

Do you have any other comments about being an NMP?

It has completely transformed my practice and service for the better. I love it!!

Useful qualification to have, however support is required to clearly define how it is used, which I have found difficult to find as we are a community based service and we function very different to other prescribers in the Trust

Conclusion

- Although this was a small sample it has shown that there is a need for further training and support networks for NMP's in HIV care.
- Overall being an NMP has had a positive impact on nurses roles.
- The majority of NMP's are supported by medical colleagues.
- Further research in this area should also include pharmacist prescribers.

Thank you

