Northern Ireland Practice and Education Council for Nursing and Midwifery

Proposed Initiative Plan for the

Review to Assess the Impact and Status

of

Nurse Prescribing

INVESTORS IN PEOPLE

CONTENTS

1.0 Introduction

1.1 In the United Kingdom, nurse prescribing (definitions - Annex A) has been on the Health Agenda since 1986 when the Cumberledge Report, 'Neighbourhood Nursing – A focus for Care' recommended that community nurses should be able to prescribe, as part of their everyday nursing care, from a limited list of items (DHSSPS 2006).

1.2 From 2000, further changes in legislation radically altered the professional restrictions on prescribing, and since May 2006 independent nurse prescribers in England have been able to prescribe any licensed medicine for any medical condition within their competence (Avery & James, 2007) with a limited list of controlled drugs.

1.3 In Northern Ireland (NI), nurse prescribing was initially introduced in 1998 into five community pilot sites, and subsequently rolled out across NI in April 1999. At that time, Health and Social Care Trusts responded by adopting a structured approach to the implementation of nurse prescribing (NIPEC 2006), by training all District Nurses (DN) and Health Visitors (HV) (1999) and including it in core training for subsequently trained staff. The Nurse Independent and Supplementary Prescribing (NISP) programme was implemented in 2004, in an aim to improve patient access to medicines in a timely manner. This was largely due to the driving forces of the Government and the Department of Health Social Services and Public Safety (DHSSPS 2004).

1.4 *A Review of the Implementation of the Nurse Prescribing Role* was undertaken by the Northern Ireland Practice and Education Council (NIPEC 2007), It identified seven recommendations (Annex B) that aimed to further facilitate the achievement of the Nurse Prescribing Role. However, since that review, there has been significant changes in the health service of Northern Ireland arising from, the Review of Public Adminstration (RPA).

FINAL

1.5 In addition, the imminent implementation of *Transforming Your Care* (TYC, 2011) in the way in which healthcare will be delivered, will unquestionably rely on developments within nursing to enhance the needs of patients such as prescribing to provide person-centered care.

1.6 However a more recent, a scoping exercise undertaken by the Public Health Agency (PHA 2012) on nurse prescribing in mental health services, identified similar recommendations to the NIPEC review (2007).

1.7 Therefore, the DHSSPS's Chief Nursing Officer has requested that a regional review to assess the impact and status that nurse prescribing has had on NI's Health Service needs to be undertaken.

1.8 In partnership with the Public Health Agency (PHA), NIPEC has agreed to lead and deliver on this project within agreed timescales and methodology as outlined in this Project Initiation Document (PID).

1.9 Throughout this document the title 'nurse' refers to all nurses and midwives including specialist community public health nurses.

2.0 Background

2.1 The position in NI (1999) was that nurse prescribing was implemented for district nurses and health visitors following a phased roll-out that had commenced in 1999, with the aim of full implementation being achieved by December 2001 following guidance from the DHSSPS (2000).

2.2 In addition, a nurse prescribing module was incorporated into the DN's and HV's training programme. All of these met the requirements of the regulation body the Nursing and Midwifery Council (NMC).

2.3 In 2003, NI embraced further developments in nurse prescribing by implementing the Extended Independent Supplementary Nurse prescribing course (NMC approved) which was subsequently renamed, Nurse Independent and Supplementary Prescribing (NISP).

FINAL

2.4 The first cohort of registrants was able to prescribe from 2004 following successful completion of the academic year long programme. This enabled both community and acute nursing staff to meet the needs of patients.

2.5 Since 2012, NISPs are able to prescribe any medicine (licensed or unlicensed) for any medical condition (with the exception of cocaine, diamorphine, dipipanone and their salts, or products containing these substances, for a person addicted to any controlled drug listed in the Schedule to the 1973) to meet the needs of patients within their competency area of practice.

2.6 The Nursing and Midwifery Council developed *Standards of proficiency for nurse and midwife prescribers* (NMC, 2006) which provide a professional famework for practitioners and guidance document for Higher Education Institutions (HEIs) including nurse/medical mentors. Prescribers are expected to have sufficient knowledge and competence in their therapeutic area for prescribing.

The NMC Standards require nurse prescribers to:-

- Assess a patient/client's clinical condition
- Undertake a thorough history, including medical history and medication history, and diagnose where necessary, including over-the-counter medicines and complementary therapies
- Decide on management of presenting condition and whether or not to prescribe
- Identify appropriate products if medication is required
- Advise the patient/client/client on effects and risks
- Prescribe if the patient/client agrees
- Monitor response to medication and lifestyle advice

FINAL

2.7 In addition the NMC has acknowledged that 'when an employer considers the suitability of a nurse or midwife to develop skills in prescribing, it is their responsibility to ensure that the registrant is able to apply the prescribing principles to their own area of practice' (NMC 2006).

2.8 Practitioners and managers should ensure that pathways have been developed to utilize these skills on successful completion of the programme, which also meets the standards set through the Control Assurance Standards and Medicines Management (DHSSPS, 2011).

2.9 It is for the governance reasons above that the prescribing of medicines is carried out by appropriately qualified, trained and competent staff, in compliance with all legislative requirements, professional standards and good practice guidance. Additionally, ensuring the prescribers utilise resources effectively in a manner which promotes patient safety.

3.0 Initiative – Aim and Objectives

3.1 *Aim*

To describe the current position and assess impact on patients/clients of nurse prescribing within the delivery of health care services in Northern Ireland.

Objectives

I. Identify the number of places commissioned for the NISP programme and associated attrition rate (from 2003)

II. Determine as far as might be possible the number of staff trained (NISP and community prescribers) in each area of prescribing

III. Identify the number of staff who are actively prescribing within their role

IV. Determine the number of items prescribed annually

FINAL

V. Highlight exemplars of good practice, seeking to identify any relevant evidence of added value in terms of patient/client safety, outcomes and of improvements within the Health and Social Care

VI. Ascertain the status of organisational structure, commitment and support to nurses who are prescribing within Northern Ireland

VII. Identify barriers to prescribing and who should be responsible for specific recommendations

VIII. Present findings, draw conclusions and make recommendations and prepare a report of the work

IX. Submit a final report to the Department Health Social Services and Public Safety (DHSSPS) through the Chief Nursing Officer (CNO).

4.0 Methodology Overview

4.1 It is intended to deliver the initiative over a period of 9 months. A work programme is attached at Appendix One, designed to achieve the objectives outlined above.

4.2 A Steering Group will be established to oversee initiative direction, Chaired by Oriel Brown Nurse Consultant (PHA) (CNO Letter dated 30th Nov 2012). A NIPEC Senior Professional Officer will lead the initiative in partnership with the PHA, Nurse Consultant.

4.3 Suggested membership (*appendix two)* of the Steering Group

4.4 Throughout the initiative appropriate engagement and representation from nurse prescribers and their managers in the different fields of practice will be conducted via workshop/s.

4.5 Engagement with relevant multi-professional stakeholders (to include nurse prescribers employed by General Practice) will be conducted through workshops, questionnaires and or focus groups.

FINAL

4.6 The ongoing progress and evaluation of the initiative will be available to view on NIPEC's website.

5.0 Resources

5.1 NIPEC will co-ordinate, host and provide nursing and midwifery professional expertise as well as administrative support to the initiative, applying a project management approach. Individuals on the Expert Reference Group and any additional groups have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the initiative.

5.2 Participating organisations will undertake that relevant staff be released for all required meetings, for the duration of the initiative, and to support further participation in activities/groups, if required, to achieve the objectives of the initiative.

6.0 Equality and Governance Screening

6.1 To ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Equality and Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Equality and Human Rights
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

6.2 A summary of these considerations and any action required is documented in Appendix 3.

7.0 Evaluation

7.1 The initiative will be evaluated on an on-going basis, evidenced through the verification of the accuracy of data presented.

7.2 On-going progress will be reported to the Chief Nursing Officer and Executive Directors of Nursing and Midwifery through Executive Nurse Directors/Chief Nursing Officer meetings.

8.0 Dissemination

8.1 Dissemination of the report and outcomes of the initiative will be the responsibility of the DHSSPS.

FINAL

References

A.J. Avery, V. James, (2007); *Developing nurse prescribing in the UK* British Medical Journal BMJ. 2007 August 18; 335(7615): 316.

Department Health Social Services and Public Safety (DHSSPS, 2006); *Improving patients' Access to Medicines: A guide to Implementing Nurse and Pharmacist Independent Prescribing within the HPSS In Northern Ireland*. Belfast

Department Health Social Services and Public Safety (DHSSPS, 2006); *Best Practice Guidance for Supplementary prescribing by Nurses within the HPSS in Northern Ireland* Belfast

Department Health Social Services and Public Safety(DHSSPS 2004) *Extending Independent Nurse Prescribing within the HPSS in Northern Ireland*. Belfast

Department Health Social Services and Public Safety (DHSSPS 2011) *Controls Assurance Standards* accessed 4th Feb 2013 http://www.dhsspsni.gov.uk/governance-controls

Nursing and Midwifery Council (NMC 2006) *Standards of proficiency for nurse and midwife prescribers* London

Northern Ireland Practice and Education Council (NIPEC 2006) *Review Of The Implementation Of The Nurse Prescribing Role* Belfast

Public Health Agency (PHA 2012) *Scoping Exercise Examining Mental Health Nurse Prescribing Activity in HSC Trusts across Northern Ireland* (Unpublished)

FINAL

Nurse Prescribers – Definitions **Annex A**

Definition of independent prescribing – The working definition of independent prescribing is prescribing by a practitioner (e.g. doctor, dentist, nurse, and pharmacist) who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, included prescribing. Within medicines legislation the term used is "appropriate practitioner".

Definition of supplementary prescribing - a voluntary partnership between an independent prescriber (a doctor or dentist), who has made the initial assessment and diagnosis, and a supplementary prescriber who may prescribe any medicine, in accordance with the agreed patient-specific Clinical Management Plan (CMP), with the patient's consent.

Community Practitioner Nurse Prescribers (CPNPs) (formerly District Nurse/Health Visitor prescribers) prescribe from a defined formulary known as the Nurse Prescribers' Formulary for Community Practitioners (NPF). More detailed information is provided in the BNF, NPF and Drug Tariff.

FINAL

Annex B

NIPEC Review of the Implementation of the Nurse Prescribing Role (June 2007)

Recommendation one	It is recommended that the DHSSPS, service commissioners and individual Trusts work together to ensure organisational readiness for the implementation of new roles.
Recommendation two	It is recommended that policy makers, service commissioners and service providers give consideration to the policies and structures that need to be in place for the introduction of new roles resulting from government drivers.
Recommendation three	It is recommended that Executive Nurse Directors, in partnership with Departmental Nursing Advisory Groups and other key stakeholders, should develop a regional strategy to evaluate the effectiveness of new roles introduced through regional policy directives.
Recommendation four	It is recommended that the necessary information technology support is fully explored, in advance of new roles being implemented and in collaboration with the regional ICT programme board; and that urgent action is taken to address the specific issues arising in relation to nurse prescribing.
Recommendation five	It is recommended to health care providers that the implementation of nurse prescribing is supported by job descriptions, KSF outlines, and annual appraisal systems that incorporate nurse prescribing competencies.
Recommendation six	It is recommended that the new Health and Social Care Authority (HSCA) should ensure continuance of the current Prescribing Adviser capacity in the four Health and Social Services Boards
Recommendation seven	It is recommended that the each new Health and Social Care Trust makes provision for nurse prescribing co-ordinator roles, with the responsibilities clearly defined in job descriptions and dedicated time provided.

FINAL

Appendix 1

Work Programme 2013

Initiative to assess the impact and position of

Nurse and Midwife Prescribing

Commence – Jan 2013 – Jun 2013		
Activity	**Target**	**Related objective**
1.Joint Communication letter from Director of Nursing (PHA) and Chief Executive (NIPEC) to: • Health & Social Care Trusts • Higher Education Institutes • Bussiness Services Organisation	Feb 2013	All
2. Establishment of a Steering Group	March 2013	All
3a. Secure and establish an agreed format for collating data collected on current practices/policies. 3b Review exemplars of good practice 3c Organisational structure support 3d Barriers to nurse prescribing	May 2013	I, II, III, VI, V, VI, VII, VIII
4. Invitation of key stakeholders to engagement workshops to • Review the data collated • Agree way forward	July 2013	All
5. Draft documentation and possible resources for consultation to key stakeholders	Sept 2013	X
6. Completion of Final Report, Tools and resources	Oct 2013	IX, X
7. Present to CNO - DHSSPS	Oct 2013	X

FINAL

Membership of the **Steering Group** **Appendix 2**

Name	Designation	Organisation
Oriel Brown	Nurse Consultant	Public Health Agency (PHA)
Brenda Devine (Project Lead)	Senior Professional Officer	NIPEC
Fiona Wright	Assistance Director Nursing (Workforce)	SHSCT
Carolyn Kerr	Assistance Director of Nursing (Governance)	NHSCT
Liz Campbell	Nurse Governance Lead	SEHSCT
Pauline Casey Siobhan Donaghy	Representative Nurse Prescribers from: Community Sector and Acute sector	WHSCT SHSCT
Valerie Hall	Trust's Nurse Prescribing lead	BHSCT
Ida Foster	Higher Educational Institute	OU
Rose McHugh	Nurse Consultant	PHA
Marie Glackin Louise Hales	Higher Educational Institute	QUB
Rosario Baxter	Higher Educational Institute	UUJ
Heather Hoyle	Higher Educational Institute	CLINICAL EDUCATION CENTRE
Marina Lupari	Council Member	NIPEC

Terms of Reference

TOR 1 To agree the initiative plan and timescales for the project

TOR 2 To contribute to the achievement of the initiative aims and objectives

TOR 3 To undertake ongoing monitoring of the initiative against the planned activity

TOR 4 To agree a mechanism of progress reports from the Project Lead to Chief Nursing Officer/ Directors of Nursing

TOR 5 To contribute to the agreed policy and report for submission to the DHSSPS

Note:

- The Steering Group will meet monthly.
- Membership of Steering Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair.

FINAL

Outcome of Equality and Governance Screening **Appendix 3**

Area	Comments
Risk Management questions	
• Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?	
Equality and Human Rights questions	
• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? **NB –** please refer to NIPEC's Equality Screening Policy and Screening Templates to assist in considering equality and human rights	
Privacy Impact Assessment (PIA) questions	
• Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?	
Personal and Public Involvement (PPI) questions	
• Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? **NB –** please refer to and use NIPEC's PPI Decision Tree/Algorithm to assist in considering PPI	

FINAL

FINAL

For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 028 9023 8152
Fax: 028 9033 3298

This document can be downloaded from the NIPEC website
www.nipec.hscni.net

May 2013