

**NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL FOR  
NURSING AND MIDWIFERY**

**TNA NURSE PRESCRIBING PROJECT**

Notes of 3rd Meeting of the Steering Group Friday 30 March 2007

**Present**

Hazel Baird (Chair)	Siobhan Donaghy	Anne-Marie Marley
Lesley Barrowman (Project Lead)	Sally Magee	Anne McLaughlin
Paddie Blaney	Allison Hume	Carolyn Mason
Bob Brown	Oriel Brown	Catriona Campbell
Eileen O'Rourke	Siobhan Jackson	

**Apologies**

Gillian Plant	Marie Glackin	Terry Maguire
Andrea Gladstone	Anita Glenn	Bronagh Scott
Angela McLernon	Rosario Baxter	
Susan Semple	Alice McQuaide	

**In Attendance**

Muriel Lockhart, NIPEC

**1. Welcome and apologies**

Hazel Baird welcomed everyone to the meeting. Apologies as above.

**2. Minutes of Previous Meeting held on 8 January 2007**

The minutes of the meeting, which had been previously circulated to members, were agreed as a correct record.

**3. Report of focus group and stakeholder workshop**

The above report dated 30 March 2007 was tabled. It was noted that focus groups had been held in February at Dungannon, Antrim and Belfast. LB thanked the members of the group who had arranged the venues outside of Belfast. LB said that although there wasn't high numbers at the focus groups she believed that the attendance was adequate in relation to the data collection required.

As had been previously agreed, a stakeholder workshop was held on Monday 26 March 2007. All the Directors of Nursing had been invited to this meeting, but due to circumstances within the health service, one director of nursing

attended with nine sending representatives on their behalf. Representatives from the two universities also attended. The purpose of the workshop was to verify the findings from the focus groups and start thinking about some recommendations for the final report. It was noted that all the participants at the stakeholder workshop endorsed the findings of the focus groups.

LB presented the report of the analysis of the data from the questionnaires and focus group, together with additional views from the stakeholder workshop and proposed recommendations. LB reminded the group that the project was an evaluative study of the implementation of nurse prescribing in Northern Ireland using the DF Role Development Guide as the basis for data collection to see if any lessons could be learnt from the implementation of nurse prescribing to enhance on-going developments. Paddie Blaney endorsed this.

**Section one** addressed the area of organisational readiness for implementing nurse prescribing. Generally the data relating to this section demonstrated minimal assessment in relation to the driving forces for role development, and limited links with service objectives of organisations. It was also noted that there was a strong DHSSPS focus and lead. The organisational memory of the implantation of nurse prescribing was not always clear, which led to limited evidence being available.

It was agreed that a recommendation was required that addressed the need for the DHSSPS and trusts to work more closely together and for a clearer focus on organisational readiness.

**Section two** addressed the area of planning for role development. Again there was limited evidence to support a structured planning process with the exception of one Trust, including resource planning. The department was noted to have provided the main drivers for the implementation of nurse prescribing and had provided information to stakeholders. It was also identified that there was a hasty implementation of ISP.

Some trusts had given careful consideration to individual practitioner roles, but this was not replicated over all. Even in the trusts where this happened, difficulties occasionally arose with individual doctors re mentorship, management plans, time element for supervising, and concerns that budgets would be used for inappropriate prescribing.

There was wide-ranging discussion regarding the implementation process by steering group members, focussing on the need for more structured planning and ensuring that pertinent policy and infrastructure issues were addressed in advance of new roles being implemented

**Section three** addressed the nurse prescribing role itself. There was limited evidence that role specifications had been identified and that competencies had been looked at in advance of nurse prescribing being implemented. Some prescribers had their job descriptions changed and community

prescribers had an extra bullet point added to their job description whether they were prescribing or not.

The Steering Group members discussed the findings in relation regarding supervision and appraisal addressing the various types that could be used, including peer supervision and 360 degree appraisal. It was noted that most trusts had forums set up, which meet on a regular basis to provide support and supervision to prescribers. There was discussion around the issue that line managers were not nurse prescribers themselves, but this was not considered a major factor for supervision or appraisal.

It was agreed that a recommendation was required that addressed job outlines and annual appraisals to take account of nurse prescribing as part of the role of nurse or midwife who is prescribing.

**Section four** addressed senior management support, key stakeholder involvement and sourcing the resources. There were mixed responses from the data ranging from no support to ongoing management support. ISPs generally felt that they had good level of management support and the community prescribers had a more mixed response. It was agreed that all trusts do have lead prescribers in place. One issue which was raised was the ability of the lead prescribers to carry out their role effectively due to time constraints.

The Steering Group members overall agreed with the outcomes. There was some discussion regarding nurse prescribing being integrated in the future into the role of all nurses and midwives. It should be noted that not all Steering Group members agreed with this view.

It was agreed that a recommendation was required to give consideration in the new trusts to a dedicated lead prescriber role and that a strategic regional role should be maintained within the new HSCA.

**Section five** addressed professional accountability and parameters for accountability. The data analysis demonstrated that a range of methods were used to manage accountability and professional regulation.

Steering Group members overall agreed with the outcomes and made no recommendations regarding this section.

**Section six** addressed governance processes. The data identified that risk assessment was not undertaken prior to the implementation of nurse prescribing and that trusts had various governance strategies in place, which dealt adequately with issues arising from nurse prescribing.

The Steering Group members agreed with the outcomes and considered that there might be a need for a regional approach to risk assessment. No real concerns were expressed around this issue. There also was a view expressed that there was a governance issue around paying for specialist nurse training and then not using that training. Another issue that was raised was that of connected IT systems so that records can be updated remotely.

It was agreed that there required to be a recommendation to address up electronic prescribing and access to drug history.

**Section seven** addressed evaluation processes. There was no evidence available regarding the development of an evaluation strategy, although audit and patient satisfaction surveys had been done but this was very patchy.

There was discussion by Steering Group members, who agreed with the outcomes and also expressed the view that if it could be shown through robust evaluation that nurse prescribing was contributing to keeping people at home or reducing in-patient length of stay that this could demonstrate effectiveness of the role.

It was agreed that a recommendation was required to address the development of that a robust evaluation strategy at a regional level. It was suggested that this strategy could address: organisational readiness; quality and relevance; ongoing competence; evaluating the no of prescriptions; and, patient satisfaction..

Section **eight** addressed the preparation for the role of nurse prescribing. The evidence demonstrated that considerable work had been undertaken to develop robust recruitment selection for ISP programmes. No major issues were presented around this particular area apart from the need to ensure that participants on both the community course and the independent supplementary course must attend practical sessions. This would be taken up with the universities.

**Section nine** addressed enablers and barriers to the implementation of nurse prescribing. A wide range of enablers and barriers were presented.

The Steering Group agreed that the enablers and barriers should be themed for the final report.

It was agreed that there required to be recommendation to address the issue that properly trained, developed and supported registrants should be enabled to prescribe where necessary and that false barriers such as pay bandings should not prevent this.

**Section ten** addressed best practice. A number of best practice items were identified, although not a lot of detail was provided. It was agreed that a few people would be contacted to ask them to provide further information for the final report.

The stakeholder workshop had asked for two items to be removed, including the use of carbon paper and that regarding medical mentors preparation, which had been presented by only one respondent in each case and was not the widely held view. This was agreed.

It was agreed that LB would work with PB and RB to develop the recommendations for the final report.

#### **4. Final Report format**

A proposed format for the report was presented and agreed, pending further comments from Steering Group members.

#### **5. Agreement on next steps**

It was agreed that a draft report would be send out to members at least three weeks before the next meeting. This would provide Steering Group members with two weeks to read the report and feed back any proposals for amendment of the final draft report. The amended final draft report would be considered at the next Steering Group meeting and signed off for publication.

#### **6. Any other Business**

No other business

#### **7. Date and time of next meeting**

It was noted that the final meeting of the group was due to be held on 16 May 2007. Due to some members' other commitments it was agreed that NIPEC would trawl for a new date for the meeting.

The meeting would be held at NIPEC, Centre House, 79 Chichester Street, Belfast BT1 4JE.