

Health and Social Care Committee

HSC(4)-11-11 paper 1

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from the Royal College of Nursing Wales

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8 November 2011

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Dear Mark

Thank-you for your letter of the 18th October inviting the Royal College of Nursing to provide evidence to the Committee Inquiry into Community Pharmacy.

Nurses (and health care support workers) employed by general practitioners and in a variety of other settings provide well established, valued and effective clinical services in primary care.

The Welsh Government has stated its intention to improve access to primary care services and in particular introduce health check of the over 50's. The nursing profession is integral to achieving this aim.

Nurses, Nurse Practitioners and Health Care Support Workers in Primary Care

Practice Nurses are usually employed by General Practitioners (and therefore not usually covered by *Agenda for Change* terms and conditions) to undertake a range of tasks, including travel health, chronic disease management and cervical cytology.

Nurses undertake a two year degree course to become Nurse Practitioners and would be senior nurses (who may also have undertaken specific

qualifications) within the practice responsible for nurse led clinics, chronic conditions management, minor illness, triage, supplementary or independent prescribers. The RCN defines a nurse practitioner as a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:

- makes professionally autonomous decisions, for which he or she is accountable
- receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- screens patients for disease risk factors and early signs of illness
- makes differential diagnosis using decision-making and problem-solving skills
- develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
- has a supportive role in helping people to manage and live with illness
- provides counselling and health education
- has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- works collaboratively with other health care professionals
- provides a leadership and consultancy function as required

Health Care Support Workers (who often have a variety of titles) whose routine duties are delegated to them by a registered nurse or who have a health and social care qualification, are part of the nursing family and are eligible for membership of the Royal College of Nursing. HCSWs in primary care may often undertake technical clinical work (e.g. recording patient observations, taking blood samples, dressings and wound care). HCSW are not a regulated profession.

Developing the nursing profession in primary care is a clear opportunity to improve access for patients. Nurses delivering primary care services will usually be employed by the GP but could also be employed by the LHB or an alternative provider such as a community pharmacy or Public Health Wales. It is also important to emphasise that improving access is not 'merely' about public convenience it is about:

- improving public health
- prevention
- tackling minor illness and injury appropriately

- managing chronic conditions to maintain independence and prevent deterioration

Nurse Prescribing

The legislation allowing independent nurse prescribing was introduced in Wales in 2007, seven years after it was introduced in England.

Research shows that the majority of nurses who prescribe have at least ten years nursing experience before starting their prescribing training. Before they can even access a course, nurses have to be able to demonstrate that they have sufficient assessment and diagnostic skills in the specialist area they will prescribe in. The All Wales curriculum is highly regarded across the UK because of its emphasis on calculation, and has since been implemented as a UK standard, and is included in the NMC guidelines and standards.

The most important impact is the improved service offered to patients and clients. The patient has improved access to and advice about their medicines and it enables more effective use of the skills and time of nurses. It also ensures that the professional and legal accountability for the prescription issued is clear.

Importantly having experienced and qualified nurse prescribers allows for the more effective development of nurse run clinics.

The Welsh Government currently funds places for nurses on the prescribing course. However these places are not strategically targeted at a specific field of practice and there has been little uptake to date from primary care. Moreover taking up a place on the course requires an experienced prescriber as a mentor and nurses outside acute hospitals have reported difficulty in securing support from medical colleagues.

Attached with this evidence is a copy of *Lifting the Lid*. This is a report of the Wales non-medical prescribing conference held in 2010. It covers contemporary issues in Wales non-medical prescribing in more depth.

Occupational Health Nurses

Occupational Health Nurses (OHN's) make a valuable contribution to the Welsh economy, by assisting organisations and businesses to minimise their sickness absence and supporting the health and well-being agenda. Increasing the ability of the general population to access their services (only 6% of businesses in the private sector providing comprehensive OH services) will prove of great benefit to the public, assisting them to maintain and regain health contributing to improved lives and improvement in health inequalities and social exclusion.

Increasing the numbers of occupational health nurses in primary care could be extremely beneficial in reducing economic inactivity, receiving regional referrals and co-ordinating with GPs in each area to work together on health management. They could also support the local business community providing advice and referrals and building relationships.

Sexual Health

The need to improve sexual health services in Wales was one of the key points for the RCN in Assembly election of 2011. Our members were clear that too often this issue received a low priority in considerations of public health and primary care.

Recent years have seen an increase in the number of sexually transmitted infections in Wales not all of which can be explained by an increase in diagnosis. Access to long-term contraception methods can be variable particularly in primary care and both the funding and access to the training needed to deliver this service requires review. Equitable access to abortion services, particularly in North Wales, is also needed. Finally an integrated approach between health, education and crucially employment initiatives is required on teenage pregnancy.

Conclusion

The Royal College of Nursing is aware that the Health & Social care Committee Inquiry is principally concerned with the contribution of community pharmacy to health services in Wales.

We believe that this contribution is substantial. The RCN supports the development of 'enhanced' or 'advanced' services provided by community pharmacists. Pharmacy is a regulated profession and extremely well placed to assist in the development health services. Indeed the skills of the pharmacist would be well placed to combine with nursing skills.

The Inquiry however has also been a valuable opportunity for many groups and individuals to raise with the Committee broader policy questions of non-medical primary care services. It is our hope that our evidence will provide a useful opportunity for the Committee to understand nursing contribution to this agenda.

Kind regards

Yours sincerely



TINA DONNELLY
DIRECTOR, RCN WALES

Non Medical Prescribing in Wales - what is the current picture 5 years after its inception

1. Introduction

Changes have been made to UK wide medicines legislation permitting non-medical prescribing in the UK. It is up to each devolved administration to decide how it is implemented within its NHS. To enable this changes to NHS Wales Regulations have been made.

Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers, working within their clinical competence as either independent or supplementary prescribers.

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. An independent prescriber may currently be a specially trained nurse, pharmacist or optometrist who can prescribe any licensed medicine within their clinical competence (there are restrictions on the prescribing of controlled drugs) or a community practitioner nurse prescriber for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary .

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement. A supplementary prescriber may currently be a specially trained nurse, optometrist, pharmacist, physiotherapist, podiatrist or radiographer who can prescribe any medicine within their clinical competence, according to a patient specific clinical management plan agreed with a doctor or dentist and the patient.

2. Purpose

This briefing using the information available from the questionnaire and feedback from non medical prescribers will aim to:

- present the current picture in Wales of pharmacist and nurse non medical prescribing
- gauge if the original intent for non medical prescribing has been delivered
- make recommendations on how the NHS in Wales can support the development of non medical prescribing.

3. Background

The Welsh Government has made a commitment to non medical prescribing; this commitment has been supported by budget allocation to train over 600 nurse and pharmacists as non medical prescribers, and additionally in supporting the concept of non medical prescribing in

- services change to improve patient safety ,
- choice and access to services without compromising patient safety,
- improvement in patient care ,
- making appropriate use of skilled healthcare workforce,
- contributing to the introduction of more flexible team working across the NHS
- increasing capacity to meet demand of new ways of working

Appendix 1 outlines the original Welsh Assembly policy drivers and their ambition for non medical prescribing to evolve across the professions and become integrated in service delivery to improve patients care and access to medicines, making their single NHS encounter more productive and efficient. The [All Wales Medicines Strategy Group](#) has also published a medicines strategy for Wales, *Getting the Best Outcomes from Medicines for Wales* in 2008.

The current prescribing rights (appendix 2) demonstrates that the legal framework has been established and evolved to recognise non medical prescribing as a useful development in meeting the needs of the 21st century health service.

The Medicine Management Programme Board established a Task and Finish sub group to review the current picture of how NHS Wales is utilising and developing the skills of Non medical prescribers to deliver on its original policy objectives for improving accessibility of medicines to patients. The group aimed to focused efforts in identifying how Health Boards had taken forward the recommendations of the *Lifting the Lid* symposium, following the letter to Heath Boards from Paul Williams dated June 2010 (appendix 3)

4. Methodology

A questionnaire was developed by the sub group and sent to the seven Health Boards and Velindre NHS Trust in January 2011. This was subsequently returned by 5 health Boards and Velindre NHS Trust. The main findings from the questionnaire (appendix 4), prescribing data and issues raised across Wales and England form the basis of the discussion and recommendations made in this briefing paper.

5. Findings

5.1 General findings

The original policy objectives of establishing non medical prescribing in Wales are well underway. Health Boards have feedback that non medical prescribers are an asset to their organisation and this appears to be supported by the growing number being trained and in practice. The general feedback from studies in England (appendix 5) has shown that patients are happy with the new prescribing status of pharmacist and nurses and value the access to medicines when under their care.

- Currently 213 **independent** prescribers are active in the community for NHS Wales, prescribing on average 1312 items per year
- In comparison an individual GP prescribes on average 35790 items per year
- The highest prescribing IP prescribed 10551 items
- 1 prescription in every 250 in NHS Wales is written by an independent prescriber.
- Only 17 **supplementary** prescribers are active in the community
- 42% of items prescribed by independent prescribers fall into 3 categories (infections 17%, CNS 13%, respiratory 12%)

5.2 Specific findings

Based on the feedback from the questionnaire, non medical prescribers and key stakeholders

5.2.1 Service redesign

- There has been significant growth in independent prescriber nurses working in GP practices, acting as triage/nurse practitioners.
- There is no national strategy for embedding and making the best use of non medical prescribing, respondents have also indicated that there are no local Health Board strategies being implemented at this time.
- There is little evidence of widespread non medical prescribing use within chronic conditions management, especially in a community setting.
- There are examples in practice that non-medical prescribing has improved patients access to medicines, by enabling a patient to receive treatment at the point of consultation.
- Generally non medical prescribing has been driven by the individual practitioner and their special interest. It has been used to extend professional roles and thereby increase the quality of existing services, as opposed to enabling planned service re - design.

5.2.2 Workforce development

- Across the Health Boards there are wide ranging variations in the service planning for areas that would benefit from using non medical prescribing.
- Many non medical prescribers are in senior Agenda for Change band positions. There is a lack of evidence of workforce planning and development to succession plan for these posts through the requirement for qualification as a non-medical prescriber being written into job descriptions.
- The number of non medical prescribers in practice and those currently in the pipe line to be trained varies greatly across the 7 Health Boards.
- Generally, the numbers of non medical prescribers in practice have slowly risen from its introduction but currently not all trained non medical prescribers are using their qualification
- Most of the current jobs/roles undertaken by non medical prescribing are not reflected in the specifics of their job description.

5.2.3 Clinical Governance

- Local Health Board clinical governance arrangements for non medical prescribing vary across Wales, i.e. in many cases responding to the questionnaire being an impetus to develop a local register within each Health Board and appointment of leads/champions for non medical prescribing.
- Feedback from the questionnaire showed that every Health Board has identified a lead for Non-Medical Prescribing.
- There is a range of prescribing guidance for non medical prescribers across Health Boards which appears to be focused on technical processes of the course and not on where the services should be delivered.
- There appears to be little risk management strategies for non medical prescribers that are operational across primary and secondary care.

5.2.4 Education and training post qualification

- The ongoing education and training needs of non medical prescribers once qualified do not appear to be routinely identified or addressed long term.
- Maintaining therapeutic knowledge and competence appears to be the responsibility of the prescriber.
- There is no formal provision made for maintaining and assessing of prescribing skills for non medical prescribers after qualifying.

6. Discussion

Non medical prescribing has been developing in a manner that suits individual practitioners and not within a national prescribing strategy. It has added value to existing services by allowing non medical prescribers to extend their roles and manage patient conditions through providing quicker access to medicines but not been part of the service redesign envisaged by Designed for Life and 'Setting the Direction' Primary & Community Services Strategic Delivery Programme. While the group recognises that the implementation of the AWMSG's strategy for medicines will enhance the development of non medical prescribing in Wales, none of the 48 recommendations relate directly to non medical prescribing. The role of the Welsh Pharmaceutical Committee could be one to recognise and shape the direction of both medicines management and prescribing strategies in Wales.

To date there has been little or no non medical prescribing in the community pharmacy setting although a number of community pharmacists have undergone training. There is also little evidence of provision to use non medical prescribing to deliver chronic conditions management in a community setting outside of nurse led clinics in GP practices.

7. Recommendations

Recommendation 1:

A National Prescribing Strategy is developed by Welsh Government.

The original policy intent of establishing non medical prescribing in Wales has now been met. There is thus a need to establish policy intent to embed non medical prescribing firmly within the NHS in association with the other systems of accessing medicines.

Remedies for Success, the existing prescribing strategy for Wales was prepared almost 10 years ago, how the NHS uses medicines has changed considerably over this period especially in respect to the introduction of new prescribing rights for non – medical prescribers and the strategy is now in need of review and refreshing.

The preparation of a new national prescribing strategy could incorporate all aspects of prescribing by Doctors, Dentists and non-medical prescribers with an aim to reduce costs from prescribing and embed robust skills, knowledge and behaviours across NHS Wales.

A national prescribing strategy should also look at making the best use of a number of processes to improve access to medicines such as Patient-specific directions (PSDs), Patient group directions (PGDs), using nurses, pharmacists and allied health professionals as supplementary and independent prescribers.

The strategy should encompass all systems and processes that include access to medicines and medicines management, focusing on making the best use of the NHS workforce including non medical prescribers to aid delivery of enhanced services, minor ailment services, Chronic Conditions Management in the community, out of hours services, unscheduled care, linking into the primary care strategy, the rural health plan, and pledges made by Welsh Assembly for its current term in office.

Recommendation 2:

Commissioning of pilot studies to evaluate of service redesign

The lack of formal strategic intent and service evaluation of non medical prescribing is a hindrance to service planners when thinking and planning new services.

To demonstrate how non-medical prescribing can positively impact patient care through service redesign, **three pilots** should be initiated and reviewed. The areas identified as themes for the pilots are:

1. non-medical prescribing in **unscheduled care**
2. non-medical prescribing in **chronic conditions management in care homes**
3. non- medical prescribing in **community pharmacy**, with community pharmacists having direct access into the Health Board drug budget

Recommendation 3:

A system for monitoring and surveillance of non-medical prescribing should be established

We welcome the involvement of NLIAM in respect to commissioning of education requirement in non medical prescribing.

A local and national system should to be developed to monitor and share good practice of non-medical prescribing. For example through the Health Profession Forum of the Health Boards, reporting in to the Health Board at a local level and the National Joint Professional Advisory Group.

This process would provide a mechanism for non-medical prescribing to be discussed on a local and national level, ensuring cross profession awareness and support in service redesign as well as monitoring clinical governance aspects.

8. Conclusion

The NHS is facing unprecedented challenges and new ways of working are now needed to deliver effective services which improve health and make the best use of all available resources. The Welsh Government has signalled that new workforce models are required to deliver improvements across the NHS especially in our more rural communities.

A revision of the previous prescribing strategy for Wales incorporating all systems of accessing medicines and including non medical prescribing would indicate leadership for the service. Testing and evaluating service redesign through a series of pilot studies would provide an evidence base for non-medical prescribing. Enhancing monitoring and surveillance systems for non medical prescribing would provide invaluable information sources, help with service planning and strengthen local clinical governance arrangements.