INDEPENDENT NURSE PRESCRIBING IN THE MENTAL HEALTH SETTING

This is a summary: the full paper can be accessed at nursingtimes.net

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ABSTRACT Wix, S. (2007) Independent nurse prescribing in the mental health setting. Nursing Times; 103: 44, 30–31. We decided to conduct a pilot to move nurses from supplementary to independent prescribing. A stepped approach was proposed, which would include a probationary period of up to six months’ practice as a supplementary prescriber for nurses who have gained a prescribing qualification before they are formally signed off as an independent prescriber.

We designed the questionnaire ourselves. A total of 78 service users were surveyed at two pilot sites during the six-month study period. The survey demonstrated that the overwhelming majority of service users were satisfied with the nurse independent prescriber, and had confidence in their ability and competence. The successful outcome of the evaluation indicated that the stepped approach to independent prescribing is clinically appropriate.

BACKGROUND TO EVALUATION Birmingham and Solihull Mental Health NHS Trust uses the principles of supplementary prescribing to expedite access to medicines for service users with a diagnosed mental health disorder. Since 2003 experienced nurse prescribers employed by the trust have been able to prescribe medicines in partnership with a doctor, within their sphere of practice and within the framework of supplementary prescribing. The trust recognised that this significant development benefited service users and decided to undertake a pilot of nurse independent prescribing within two mental health directorates over a six-month period (June–December 2006). This followed the formal extension of nurse prescribing powers from spring 2006, which means that a registered nurse who has successfully completed a recognised non-medical prescribing course may now prescribe medicine independently of a doctor (Department of Health, 2005).

Nurse prescribers work in a range of services at the trust, including: supporting a specialist clinic for specific neurological conditions; continuing care for the treatment of enduring mental health conditions; assertive outreach teams; and primary care liaison. A stepped progression towards full independent prescribing was proposed for nurse prescribers. This involved them spending a probationary period of up to six months undertaking supplementary prescribing before being signed off as an independent prescriber.

METHOD The aim of the pilot was to explore the views of service users and mental health care professionals regarding nurse independent prescribing. Two teams from separate services were identified as the pilot sites. One involved a CPN based in a continuing care community service with a small caseload of patients, and the other a clinical nurse specialist in a neuropsychiatry service providing specialist sessions to an outpatient clinic.

When they attended the clinic, service users were invited to complete a questionnaire by the trust prescribing lead. An 18-item questionnaire, with open and closed questions and rating scales, was accompanied by a letter outlining the study’s aims and inviting service users to take part. It took approximately five minutes to complete.

The questionnaire was divided into two sections. The first gathered demographic data and the second concerned service users’ subjective experience of nurse prescribing medicines (see the Appendix at nursingtimes.net to view the questionnaire).

Open questions and comment sections aimed to elicit respondents’ experiences relating to nurse independent prescribing, giving them scope to express their views of this new way of working. Closed questions were predominantly in the form of tick boxes intended to gain specific information that could easily be tabulated and analysed.

We designed the questionnaire ourselves as previous studies, such as Harrison’s study of 2003, have explored the views of mental health service users through focus groups (Harrison, 2003). In addition, opinions and observations were sought from key professionals working alongside the nurse prescribers.

Ethical approval was not sought as the study was considered to be part of an ‘in-house’ practice evaluation.

IMPLICATIONS FOR PRACTICE

- A probationary period of up to six months’ supplementary prescribing is appropriate for nurse prescribers before they are allowed to undertake independent prescribing.
- There are opportunities for organisations to review services where nurse prescribers are present, which could free up clinical sessions for medical staff, where they can focus on more complex cases.
- It is very important that all registered nurse prescribers receive regular clinical supervision from their medical colleagues.

A stepped progression towards full independent prescribing was proposed for nurse prescribers. This involved them spending a probationary period of up to six months undertaking supplementary prescribing before being signed off as an independent prescriber.
RESULTS
A total of 78 service users across the two pilot sites agreed to participate, and about 10 people declined. Some 85% of respondents used the specialist outpatient clinic service and 76% were female.

All respondents indicated that they were ‘satisfied’ or ‘very satisfied’ with treatment prescribed and monitored by the nurse independent prescriber. The vast majority (97%) indicated that they had confidence in the ability and competence of the nurse prescriber, whereas the remaining 3% were unable to decide. The majority of respondents (95%) indicated that receiving a prescription from the nurse prescriber had improved their access to care and treatment. More than half (53%) perceived the service that they had received to be ‘better’ than that they received from a doctor; 32% felt it was ‘somewhat better’; and 15% felt it was ‘about the same’.

This particular finding appears to be associated with the fact that respondents felt that they were given more time with the nurse prescriber than with a doctor, and that as a result they had more time to ask questions about their treatment.

When respondents were asked how important it was for them that a doctor should retain overall responsibility for care and treatment, there was a mixed response. Some 20% felt it was extremely important, 27% felt it was very important, 40% felt it was somewhat important and 13% felt it was not important at all. However, most indicated that they would prefer a doctor to retain overall responsibility, and this was borne out by the significant number of individuals who expressed this preference in their comments.

The results would suggest that nurse prescribers provide a different type of service from that provided by doctors and service users are satisfied and comfortable with it. For graphs showing these results in full, see nursingtimes.net.

Healthcare professionals’ views
The healthcare professionals were the two supervising consultant psychiatrists for both nurse prescribers from the respective teams and the trust head of pharmacy, who had close links with the nurse prescribers.

All the healthcare professionals were invited to comment in writing on the positive and negative impacts of nurse prescribing on service users and the service itself.

In addition, they were invited to comment on areas of risk.

The formal feedback received from the professionals who were closely associated with the two nurse prescribers indicated the merits of nurse prescribing from their perspective. One supervising psychiatrist said: ‘The presence of increased knowledge in the team is leading to greater awareness of good practice among all practitioners.’

Some of the professionals outlined the benefits to service users and the potential benefits in the event of medical staffing shortages, when the nurse prescriber would be able to provide cover with a neutral cost for the organisation and no clinical disadvantage to service users.

Equally, those involved in the study believed it was very important that nurse prescribers should only prescribe within their sphere of practice and experience. Overall, the clinical professionals thought the practice of the two nurse prescribers was of a high standard and conformed to national standards. The pharmacist indicated that their prescribing practice ‘was safe and appropriate’.

DISCUSSION
There were potential limitations of the study given the disproportionate number of female respondents. Equally, the number of nurse prescribers practising within the trust remains very small in comparison with the total nursing workforce. However, where nurse prescribers have operated, anecdotal feedback from service users and clinicians has been very positive.

The DH (2006) has stated: ‘A wider range of professionals who can act as independent prescribers provides a wider range of skills and expertise from which to draw, to meet patient needs.’

Overall, the results indicate a positive response from both service users and clinicians to nurse prescribers.

Service users seemed very satisfied and comfortable receiving medication from qualified nurse prescribers. Many appear to have built up a good relationship with their nurse prescriber over time, and have indicated that they were more comfortable with a nurse prescribing medicines than their doctor. All the service users who took part found it more convenient to receive medication from the nurse than the doctor, which is possibly due to being more familiar with the nurse and a greater allocation of time for nurse consultations.

The results suggest that service users who have contact with a nurse prescriber receive a different type and quality of prescribing intervention from a nurse than from a doctor.

The study has also indicated that this new way of working should not be considered to be ‘instead of’ traditional medical prescribing but in addition to it. It confirmed that implementation of nurse independent prescribing at the trust in specific areas is safe and appropriate.

The stepped approach that had been proposed was implemented and forms part of revised policy and guidance on nurse prescribing.

CONCLUSION
Service users have indicated quite strongly their overall satisfaction with and confidence in an appropriately qualified and experienced nurse independently prescribing treatment for their mental health disorder. Nurse prescribers in a mental health setting have demonstrated that their practice is both safe and appropriate because they are prescribing within their sphere of practice and with a robust support mechanism in place.

REFERENCES
