changes in legislation over 25 years ago, enabled UK district nurses (DNs), and health visitors (HVs) to access prescribing training (typically four days in length) to prescribe from the Nurse Prescribers’ Formulary (NPF) for community practitioner nurse prescribers (CPNPs) (Nursing and Midwifery Council [NMC], 2006). The limited list of items included in this formulary includes emollients, some analgesics (e.g. aspirin, paracetamol, ibuprofen), laxatives, anti-fungal preparations, anthelmintic and insecticides, nicotine replacement products, wound dressings, stoma appliances, catheter management preparations, and wound management products (British Medical Association [BMA] and the Royal Pharmaceutical Society [RPS], 2016).

This training is now part of the qualifying programme for specialist community practitioners, including public health nurses (previously known as HVs), school nurses (SNs) and DNs. Staff nurses working in the community without a specialist qualification can also train to prescribe from the NPF if they have at least two years qualified experience and have successfully completed a stand-alone prescribing module of 10 days’ duration (NMC, 2009).

**NURSE INDEPENDENT SUPPLEMENTARY PRESCRIBING**

In 2001, independent prescribing capability was extended to include other first-level registered nurses with three years’ experience as a qualified nurse (Department of Health [DH], 2001), and in 2006, to include registered pharmacists with two years’ qualified experience (DH, 2006).

Nurse independent supplementary prescribers (NISPs) can write a prescription for any medicine (provided that it is within their area of competence) independently, or, via supplementary prescribing (DH, 2005). Supplementary prescribing compromises a written agreement between a doctor, the supplementary prescriber, and a patient, on a list of medicines which the supplementary prescriber can prescribe. This contrasts with independent prescribing for which the prescriber takes full responsibility for the assessment, diagnosis, and decisions about the clinical management patients require with regards to diagnosed or undiagnosed conditions. It typically takes six months to train as a nurse independent supplementary prescriber (NISP) (NMC, 2006).

Within the last four years, registered allied healthcare professionals (AHPs) (i.e. physiotherapists, podiatrists/chiropodists, radiographers) (Healthcare Professions Council) and optometrists (DH, 2007), normally with three years’ relevant post qualification experience, have also been provided with independent prescribing capability.

**Numbers**

There are about 36,000 NISPs in the UK (Courtenay, 2017) and similar numbers of CPNPs. There is plentiful evidence available that has explored the prescribing practices of NISPs, but only scant evidence available that explores the prescribing practices of CPNPs.

NISPs — the evidence

It is apparent that NISPs are safe (Latter et al, 2010). Outcomes of care are comparable to medical prescribing (Gielen et al, 2014; Weeks et al, 2016), and patients are satisfied with the care they receive from these nurses (Courtenay et al, 2011).

Community nurse prescribers — the evidence

Although prescribing has been identified as a key role for UK community nurses (NHS England, 2014; Health Education England [HEE] 2015; 2016), as said, there is only scant evidence available that has explored the prescribing practices of these nurses. Although it is evident that community nurses view prescribing as an important element of their role (Young, 2009; Downer and Shepherd, 2010), the numbers of these nurses that prescribe has decreased (Drennan, 2014).

Furthermore, although undertaken over a decade ago, studies have reported that items described in the NPF fail to meet the needs of patients that community nurses manage. For example, a literature review in 2004 reported wide variation in the number of items prescribed by nurses, with HVs prescribing less frequently than DNs (Latter and Courtenay, 2004). The restrictive nature of the NPF and calls from both patients and nurses for an expansion to the list of medicines from which nurses can prescribe, was a consistent theme across the studies included in this review. Following this, Hall et al (2006), in interviews with CPNPs (n=23) and prescribing leads (n=5) in primary care trusts within three Strategic Health Authorities, identified that 16% of nurse prescribers prescribed less than once a week (i.e. infrequently), with
twice as many HVs, as compared to DNs, prescribing infrequently.

A barrier to prescribing reported by these nurses was their inability to prescribe the medicines required to manage the patients with whom they consulted. Similar findings have been reported more recently by Courtenay et al (2012) in a questionnaire survey of nurses, pharmacists and allied healthcare professional prescribers, with a third of CPNPs who participated in this study reporting that they did not prescribe.

GLOBAL PICTURE

Although community and public health nursing roles vary globally, typical activities of these nurses include disease prevention and management and health promotion (World Health Organization [WHO], 2017). Community and public health nurses work in a variety of healthcare settings with various population groups. Their potential to contribute significantly to the healthcare needs of populations, and the changes in population profiles, has meant that international research has focused upon the work of these nurses, and a shift in focus of the care provided by these nurses has been reported.

Australian researchers have reported that care has moved towards the provision of more ‘acutely’ focused episodic care and away from longer term support (Kemp et al, 2005), with increasing involvement in health promotion activities (Kelehera and Parker, 2013; Rodden et al, 2016). Community nurse involvement in the implementation of several health educational activities within primary care has been reported by Finnish researchers (Majjala et al, 2016) and, in Israel, nursing tasks (including health promotion activities), have been reported to have moved into the community from the hospital setting (Nissanholtz-Gannot et al, 2017).

THE NPF

The NPF was first published in 1998 and the items included in this formulation have remained largely unchanged. Is it possible, given the changing population profiles and changing patterns of client and service delivery, that these items no longer reflect the prescribing needs of CPNPs?

CONDITIONS MANAGED BY CPNPS

Work by Courtenay et al (2018) adopted a modified Delphi approach, comprising three online surveys delivered to a national expert panel of 89 qualified CPNPs, to provide national consensus on the range of conditions CPNPs manage, and for which it is considered important that they can prescribe.

Panelists reached a consensus on nineteen conditions including 12 conditions by SNs and seven by HVs. These conditions were mainly acutely focused. By contrast, nine conditions were identified by DNs, and six by community staff nurses. Conditions were both long-term and acute. These findings provide national guidance on the items CPNPs need to prescribe. The findings can also be used to direct national education and training for the preparation of community and public health nurses. Furthermore, given that UK community nurses will soon be able to access training to prescribe immediately upon qualifying as a first level registered nurse (NMC, 2017), this work can be used to inform undergraduate nurse education programmes and prepare nurses for the prescribing role.

CONCLUSION

As well as a decrease in the numbers of CPNPs who prescribe medicines, less than 10% of CPNPs go on to become NISPs (Latter et al, 2010; Courtenay et al, 2012; Courtenay et al, 2017a). This prompts the question as to whether interventions, such as training interventions that community nurses could undertake as part of their continued personal development (CPD), can be developed to ensure that these prescribers feel confident to prescribe, and so enable them to expand their prescribing competencies to new areas of practice, perhaps by undertaking independent supplementary prescribing training.

REFERENCES


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Throughout the summer, our readers had the opportunity to complete selected e-learning modules from the learning zone section of the JCN website (www.jcn.co.uk/learning-zone/) and be entered into a prize draw to win a brand new iPad or a £50 Amazon voucher.

Directing readers to specific product in practice modules, meant that they could quickly and easily gain up-to-date information about a product relevant to their practice, its mode of action and how it should be used. Furthermore, each module also has short summaries of the product’s underpinning evidence to support clinical decision-making and help with product choice — which, with current demands both to save money and provide quality, evidence-based care is becoming more and more important.

By completing the modules and answering the accompanying questions correctly, readers were able to test their knowledge and then download a certificate, which could be added to their JCN revalidation e-portfolio (www.jcn.co.uk/revalidation) as evidence of continued learning — what could be easier?

So, the overall winner of our ‘Summer of CPD’ was Teena Cartlidge, who completed modules throughout the summer and now has a brand new iPad. We asked how she found doing the modules and taking part in our summer of CPD and this is what she had to say.

Winner of JCN’s online ‘Summer of CPD’ competition shares her experience of completing free e-learning activities

I was both shocked and pleased to hear I had won the iPad following completing some of the modules in the JCN Summer of CPD.

I retired four years ago after 34 years of nursing and, since retiring, I have been working as a community staff bank nurse. I work mainly in both Stone and Kidsgrove north areas of Staffordshire. I decided to undertake completing modules with JCN to help both with keeping up to date with my studies, as I found as a bank nurse we had less opportunities at work to study. I also felt that doing these modules would help with adding to my NMC revalidation file. I found the modules very useful, enabling me to gain more knowledge, information and research by completing them. I plan to continue to do them to ensure that I can keep my knowledge updated.

Teena Cartlidge, community staff nurse, Trentside Clinic, Stone, Staffordshire