



National Treatment Agency for Substance Misuse

Nurse prescribing in substance misuse

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1. Introduction

This briefing aims to clarify the current situation in relation to nurse prescribing in the substance misuse sector. It provides information to commissioners, treatment providers and health professionals on the potential role of nurse prescribing in service development. It will form part of a series of briefings, designed to provide updates on changes in regulations/legislation in relation to nurse prescribing and inform colleagues of the work of the National Treatment Agency (NTA), in supporting the development of clinical practice in this area.

2. The policy context

The Department of Health is committed to developing the nurse prescribing agenda, within the context of a broader extension of prescribing authority, to a range of non-medical health professionals. This initiative forms part of a range of NHS reforms designed to improve patients' access to medicines, develop workforce capacity, utilise skills more effectively and ensure the provision of more effective and accessible patient care.

3. Mechanisms for prescribing, supplying and administering medication by nurses

Legislation relating to nurse prescribing is complex, particularly in relation to the field of substance misuse. There are currently three mechanisms by which nurses can prescribe or supply and administer medication. These are independent and supplementary prescribing, and the administration and supply of medicines through the use of patient group directions.

3.1 Independent extended nurse prescribing

Independent prescribing means the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and for the appropriateness of any prescription. District nurses and health visitors may prescribe from a formulary consisting mainly of appliances, dressings and a limited number of medicines (the NPF for district nurses and health visitors). The Nurse Prescribers' Extended Formulary covers around 80 medical conditions and a range of 180 prescription-only medicines, plus all pharmacy and General Sales List medicines for those conditions and is open to all nurses once they have completed prescribing training. A list of medical conditions and current medication that can be prescribed

independently can be found in the BNF and Drug Tariff and at <http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NursingPrescribing/fs/en>

Six controlled drugs are included – three for pain relief and three which are restricted to use in palliative care. At present, nurses cannot prescribe controlled drugs independently for substance misuse. Medication for acute alcohol withdrawal may be added, but any controlled drug would first need further changes to Home Office regulations.

3.1.1 Potential impact of independent nurse prescribing in substance misuse

Currently, the Nurse Prescribers' Extended Formulary is restricted to the treatment of 80 medical conditions. The majority of nurses trained in substance misuse have been trained in mental health and may not necessarily possess the skills and competencies to prescribe for the medical conditions listed in the Extended Formulary. Trusts and primary care trusts (PCTs) may develop innovative programmes by which these competencies can be gained.

A number of nurses working in substance misuse services have developed outreach services where clients are seen at first point of care, for example, outreach projects, homeless projects and criminal justice interventions. Services also employ staff trained in dealing with clients with co-existing mental health and substance misuse problems.

There are nurses from a range of clinical backgrounds working in substance misuse areas, who may have particular competencies relevant to prescribing in different areas. These nurses may be able to utilise the independent Nurse Prescribers' Extended Formulary.

Independent nurse prescribing in the above contexts could enhance patient care and may ensure greater engagement and compliance with substance misuse treatment programmes.

3.2 Supplementary prescribing

Supplementary prescribing was introduced in 2003 and was designed to enable a supplementary prescriber to take on the medium to long-term management of an individual patient. The National Prescribing Centre suggests that supplementary prescribing is ideally suited to the management of long-term conditions. Supplementary prescribing is defined as a voluntary partnership between an independent prescriber, who must be a doctor, and a supplementary prescriber, who can be a nurse or pharmacist. Together they can implement an agreed patient-specific clinical management plan with the patient's agreement. Within this framework, the independent prescriber would normally initially review the patient and, in consultation with the supplementary prescriber, establish a clinical management plan (CMP).

The supplementary prescriber may then begin to prescribe medicines within the parameters set out by the CMP. This may include dose titration or initiation, changing or termination of medication. The CMP must also identify circumstances where the supplementary prescriber should refer the service user back to the independent prescriber. The CMP should normally be reviewed at least annually, although it may be considered good practice to review the plan more frequently.

Recent amendments to the 2001 Misuse of Drugs Act have extended supplementary prescribing legislation to include controlled drugs. This now enables the supplementary prescribing of controlled drugs in primary and secondary care.

There is real potential for supplementary prescribing to assist with substance misuse and there is already some potential for the development of supplementary prescribing of non-controlled drugs in substance misuse and related areas – including naltrexone – and, for mental health nurses with particular experience, a range of drugs used in dual diagnosis.

3.2.1 Potential impact of supplementary prescribing in substance misuse

It is envisaged that supplementary prescribing will be carried out by a psychiatrist or a GP with a special interest as an independent prescriber. They would undertake an initial client assessment and then agree a clinical management plan with a nurse, who would then be able to initiate, titrate, continue and adjust doses (e.g. methadone and buprenorphine) within the parameters of the clinical management plan. Supplementary prescribing has been identified as particularly appropriate for the management of long-term conditions. One of its major benefits may be the opportunity for nurses and potentially pharmacists to jointly manage prescribing responsibility with doctors, for clients on long-term maintenance regimes. It may also provide the opportunity for nurses to take on prescribing for longer term detoxification regimes.

It is estimated that between 100 and 200 nurses in substance misuse services will train as supplementary prescribers. This will increase the prescribing capacity of both tier 2, 3 and 4 prescribing treatment services and will impact on both specialist and shared care services.

Supplementary prescribing requires the establishment of robust local protocols and clinical management plans for individual patients. In practice, it is felt this may lead to better-quality prescribing and it is anticipated that supplementary prescribing will therefore have an impact on improving quality.

Supplementary prescribing may also have an indirect impact on reducing waiting times. In practice, it will enable GPs with a special interest, psychiatrists and specialist registrars to concentrate on seeing clients at first point of contact and manage the prescribing of more complex cases. It is anticipated that by 2008, there will be measurable benefits in terms of reduced waiting times and increased quality.

3.2.2 Risk analysis and potential impact on services

Both the NTA and The Advisory Council on the Misuse of Drugs agree that supplementary prescribing provides a robust and safe structure to enable nurses to prescribe controlled drugs used in substance dependence.

At a local level, robust clinical governance frameworks need to be in place to ensure safe and effective supplementary prescribing practice.

The nurse prescribing course involves 26 days training over six months and a further twelve days of supervised practice. Some higher education institutions are now offering training in part through distance learning. In combination with continued professional development to ensure competency, this will have implications for workforce capacity and planning and will be particularly acute while nurses are undergoing training. There will be an increased need for medical supervision of prescribing competencies during training and this will also impact on workforce capacity and planning.

Introducing supplementary prescribing may have an impact on nursing workloads and may require role redesign and a reduction in caseload management. Expert opinion is currently divided.

Where nurse prescribing is a function of a role, the additional knowledge, training and experience and responsibility accompanying it will need to be considered in the light of job re-evaluation under Agenda for Change.

3.3 Patient group directions

Patient group directions (PGDs) are written instructions for the **supply or administration** of medicines to groups of patients who may not be individually identified before presentation for treatment. It is not a form of prescribing and there is no specific training that health professionals must undertake before supplying medicines in this way. PGDs can be utilised by a range of healthcare professionals including nurses, pharmacists and occupational therapists. PGDs should be drawn up by multidisciplinary groups and must be signed by a senior doctor,

pharmacist and the nurse supplying the medication. In addition, the PGD must be authorised by the NHS trust or PCT.

Generally, a PGD is not meant to be a long-term means of managing a patient's clinical condition – this is best achieved by a healthcare professional prescribing on a one-to-one basis. The defining feature of a PGD is its very specificity: the patient should fit exactly into the model and not into an interpretation of the model. There is therefore very little flexibility in administration of medicines using a PGD, which appears to be of greatest benefit in providing one-off access or completing episodes of care in first contact services. PGDs may have particular relevance to the substance misuse field in ensuring greater access to hepatitis A and B immunisation. There may also be potential for their use in ensuring greater access to medication to prevent drug overdoses – for example in supplying take home naloxone and for one-off management of symptomatic relief of opiate withdrawal.

Only controlled drugs from Home Office Schedules 4 and 5 can be supplied or administered under a patient group direction, plus diamorphine for cardiac care and in A&E.

A number of agencies and organisations have produced sample patient group directions designed for use in substance misuse services. Useful contacts include the Avon and Wiltshire Mental Health Partnership, which has produced a PGD resource pack to support the development of patient group directions in this field. This can be requested by emailing joan.austen@awp.nhs.uk, or contacting Bristol Specialists Drug Service, Cedar House, Blackberry Hill Hospital, Manor Road, Fishponds, Bristol BS16 2EW.

3.3.1 Potential impact of patient group directions in substance misuse

PGDs provide an opportunity to ensure quicker and more appropriate access to medication in specific circumstances and may be particularly useful in ensuring access to Hepatitis A and B vaccination and symptomatic relief of opiate withdrawal. The majority of care should still be through prescribing for an individual patient.

A key consideration in utilising PGDs is the need to develop mechanisms for ordering, maintaining, labelling and supplying appropriate medication on site.

4. Current education and training in nurse prescribing

In order to become independent and supplementary prescribers, nurses are required to undertake the nurse prescribing course, which is a 26-day course over a six-month period. Practical components to the course include 12 days supervision in clinical practice by a doctor. There are currently 55 higher training institutions providing training for nurse prescribing and various options in delivery, including long distance provision. A total of 4,000 nurses have already qualified as Extended Formulary prescribers, of which over 3,500 are supplementary prescribers. Over 60% are in primary care. Higher education institutions offering prescribing training have recently been asked to focus part of their courses on the prescribing of controlled drugs. Pharmacist training for supplementary prescribing is currently underway at a number of higher education institutions. On completion of the course, nurses are eligible to act as independent and supplementary prescribers following registration of their prescribing status with the Nursing and Midwifery Council.

Prescribing courses can be accessed through clinical leads in PCTs and NHS trusts and are funded through SHA workforce development confederations, which each have a non-medical prescribing lead.

There are no specific training requirements for nurses and pharmacists who supply and administer medication through the use of PGDs, although the National Prescribing Centre suggests that health professionals should receive at least a day's training provided at local level and yearly updates. The National Prescribing Centre has developed a competency

framework to guide the development of appropriate training at local level. This can be downloaded from http://www.npc.co.uk/non_medical.htm.

5. Nurse prescribing – implications for practice

There are currently 2,145 nurses working in substance misuse specialist services, with a further 192 working as GP liaison workers identified in NTA data. Developing various models of nurse prescriptive practice and mechanisms to ensure the more accessible supply of medication will have a significant impact on improved service delivery.

Evaluation of the impact of nurse prescribing in other service areas identifies a number of factors which are crucial for the development of effective service delivery at local level. The identification of appropriately qualified staff to undertake prescribing training and the role of doctors in providing effective supervision and clinical support will be a crucial to success. Further information on the role of medical supervisors and the criteria for identifying appropriate nurse prescribing trainees is available from <http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NursingPrescribing/fs/en>.

It is important that nurse prescribing initiatives are developed within a clear strategic managerial framework, which identifies the organisational and support mechanisms necessary for implementation and a clear vision of how nurse prescribing will contribute to improved service delivery. The National Prescribing Centre has produced a useful flowchart to enable service managers to identify the types of prescriptive authority it may be appropriate to develop, based on current skill mix, particular characteristics of the service and the impact each type may have on the design and delivery of services. This can be found at http://www.npc.co.uk/non_medical.htm.

6. Current and future role of the NTA

The clinical team at the NTA will be working with Department of Health colleagues to ensure nurse prescribing training provides nurses with the competencies to safely prescribe controlled drugs in drug dependence. They will provide clinical support to the field in developing nurse and pharmacist prescribing practice in substance misuse.

The NTA will keep colleagues regularly updated and support the development of non-medical prescribing through frequent briefings and through the development of internet resources, which will be available at the NTA website at <http://www.nta.nhs.uk>.

The NTA is hoping to support and provide guidance to a number of nurse prescribing demonstration sites. The focus of this programme will be to work with colleagues in developing models of good practice and mechanisms of effective implementation for dissemination to the field. Further details about this will be available on the NTA website later in the year.

7. Further information

Further information about nurse prescribing can be obtained from the Department of Health at <http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NursingPrescribing/fs/en/> and the National Prescribing Centre at http://www.npc.co.uk/non_medical.htm/.

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