



Prescription for Success

Expansion or Evolution

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Foreword

NHS North West is aiming to develop the health of the population within the region, through high quality interventions with excellent patient experience at the right time and in the right setting.

Non-Medical Prescribing is a key conduit to delivering this ambition and the practitioners stories' contained in this document demonstrate through their personal and professional journeys how this can be achieved.

NHS North West strives to be a world leader of healthcare services. I am proud of the fact that in Non-Medical Prescribing we are not only well renowned in the United Kingdom, but seen as ground breaking leaders internationally.

I believe this book can serve as an inspiration to others by demonstrating the benefits of Non-Medical Prescribing and how it can be made real and sustainable for everyone.

A handwritten signature in blue ink, reading "Mike Farrar".

Mike Farrar
Chief Executive
NHS North West

The Project team would like to thank all of the participants who took part in producing this book

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Introduction



Non-Medical Prescribing is an important tool. Health organisations are continuously looking to improve the experience and quality of services offered through innovative approaches. Non-Medical Prescribing enables organisations to deliver these approaches in addition to required productivity gains and wider public health agenda.

All patients, including those with complex packages of care, are reliant on good team working. The experiences described in this book show the valuable contribution that Non-Medical Prescribers can make, together in partnership with their medical colleagues, to delivering these successful teams.

In respect to the introduction of many policy drivers from the Department of Health, organisations have had to rise to the challenge of ensuring their services provide greater flexibility and accountability to create patient choice access to medicines. It is a natural and logical progression to enable continuity of care for patients from

multi-disciplinary teams who are qualified, capable and competent Non-Medical Prescribers.

It is expected that Non-Medical Prescribing will continue to expand and evolve. Currently thousands of Nurses, Pharmacists and Allied Health Professionals in the North West prescribe within their scope of competence for the patients within their care.

Across the region, NHS North West have committed resources to commission multi-professional education and training programme, that is implemented Nationally, which ensures a greater access and flexibility in delivering a workforce which through actively prescribing bring benefits to patients.



Joseph McArdle

Assistant Director
of Education and Commissioning
NHS North West



Sam Sherrington

Programme Manager
Non-Medical Prescribing
NHS Bolton on behalf of
NHS North West

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Expansion or Evolution

A celebration of Non-Medical Prescribing Excellence

This book celebrates the excellence of Non-Medical Prescribing (NMP) across Cumbria, Lancashire and Greater Manchester in the words of those who make it a reality and help improve the lives of patients.

NHS North West is recognised as a global leader in Non-Medical Prescribing evidenced by the highest number of Non-Medical Prescribers trained and active. NMP offers significant productivity gains to both patients and health services and is at the forefront of developing, implementing and supporting innovative ways of working for staff in the NHS.

Non-Medical Prescribing allows patients to have better and quicker access to medicines making NMP a natural and logical progression for senior clinical staff that routinely undertake comprehensive assessments, formulate diagnoses and develop treatment plans to provide total episode of care.

*Hear **their** stories ...*

Read the stories from Hospitals ...

Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust

The words of

Laraine Patterson

Paediatric Emergency Nurse Practitioner

“There is no longer the need for me to interrupt a doctor seeing another patient to prescribe medication for my patients.”

“The child does not have to wait, perhaps in pain, as I can immediately prescribe a range of medication. The family are less anxious when their child is dealt with promptly, meaning that speedy treatment and discharge result in increased patient satisfaction.”



“On a personal level I feel having the ability to prescribe independently has given me increased credibility and extended my skills, knowledge and development as well as given me great pride in providing the full package of care for a patient.”

The words of

Lyn Robinson

Emergency Nurse Practitioner

“ I am able to assess, treat, discharge and refer patients without the need to involve medical staff, who may be better placed treating the more seriously ill or injured patients. This has enabled me to provide more seamless care ensuring the patient journey is no longer interrupted. I have gained a more in depth pharmacological knowledge of the drugs I use, so I can provide more information to the patient.



“I can now prescribe adequate pain relief in a timely manner. All this has been proven to reduce the time patients wait in Accident and Emergency (A&E), increasing patient satisfaction and experience as well as contributing to the department meeting the four hour A&E access target.”

Central Manchester University Hospitals NHS Foundation Trust

The words of

Jacqueline Thompson

Advanced Nurse Practitioner

“Gaining prescribing responsibilities has been empowering and allows me to complete the assessment, diagnosis and prescription and care for patients in a way which makes me feel that I am making a difference.”



“I can now alleviate a patient’s acute or palliative pain, prescribe intravenous fluids for a dehydrated patient; intervene swiftly with antibiotic therapy for a patient with sepsis, improve the glycaemia control of a patient with diabetes by adjusting their insulin, the list goes on.”

“My working relationship with my ward pharmacist has been crucial to my success. They have been an invaluable resource.”

The words of

Christine Bell

TB Co-ordinator

“As Tuberculosis (TB) Co-ordinator for Manchester, I am responsible for making sure that all of our patients are closely monitored and receive the correct medication to cure their disease. Our hospital pharmacy provides all medication, allowing us to assess adherence. In 2008, I was responsible for writing prescriptions for 157 patients attending the TB Clinic.”

“In addition keep track of the microbial susceptibility of cultured organisms and alter the treatment regime if required. Similarly, when a new case is flagged up by microbiology, it is sometimes appropriate for me to receive the referral and see the patient to start anti-TB treatment, rather than waiting for a consultant appointment, especially if the person is infectious. Starting treatment quickly is the single most important factor in reducing the transmission of tuberculosis.”



Christie NHS Foundation Trust

The words of

Claire McCarthy

CNS/Paediatric Specialist Radiographer

“The care of these patients can be complex and side-effects from either the tumour or treatment can cause rapid symptomatic changes. As I am the first point of contact it is necessary for me to be able to competently manage prescribed drug therapy in order for the client to receive appropriate as well as timely care.”

“I am a qualified therapeutic radiographer with experience in the planning, calculation, treatment and care of patients undergoing radiotherapy. My role at the Christie is as a specialist radiographer caring for patients undergoing radiotherapy for Neuro-oncology pathologies, my involvement in this care begins at the initial treatment referral and ends six weeks after therapy completion.”

“The clinical management plan creates a partnership of trust and communication between me, the independent prescriber and the patient. This ensures that the patient is aware of the anticipated benefits of any treatment in addition to any side effects and defines my role in the patient’s care by clearly stating what is within my scope of practice.”



The words of

Carole Farrell

Nurse Clinician

“As a nurse clinician in breast medical oncology I independently manage patients undergoing systemic treatment for early breast cancer.”



“Non-Medical Prescribing has enabled me to set up nurse-led clinics. I can see patients independent of medical staff, which has helped reduce waiting times. This would have been impossible without Non-Medical Prescribing.”

“The most significant benefits are seen in the chemotherapy clinics. For patients on adjuvant chemotherapy I prescribe all chemotherapy and supportive medication throughout the course, modifying patients’ medication as required, thus enhancing symptom management. The use of electronic prescribing and electronic patient records provides clarity with prescriptions for chemotherapy and other medicines, which improves patient safety and facilitates remote prescribing.”

Lancashire Teaching Hospitals NHS Foundation Trust

The words of

Deborah Farrow

Anaemia co-ordinator



“As a Non-Medical Prescriber I initiate treatment, monitor, adjust doses and treat the anaemia. The patient does not have to wait for a doctor to sign a script, for home deliveries to be ordered, or for dose changes to be made. It is no longer necessary for doctors to sign scripts for patients unknown to them, improving safety.”

“I undertake the role of nurse specialist in anaemia management for patients who have chronic kidney disease (CKD) in Lancashire.”

“Most people with CKD will develop anaemia as the disease progresses and this can have a devastating effect on their quality of life.”

“The role of the Non-Medical Prescriber has saved hours of time and benefited hundreds of patients receiving erythropoietin therapy and intravenous iron through our nurse-led clinics. This has helped provide the patients with a seamless service.”

The words of

Martin McDonald

Advanced Nurse Practitioner

“**Continuity is the first word that springs to mind when identifying the benefits of the Non-Medical Prescribing qualification for my patients. Prior to qualifying as a prescriber, I either administered medication via a Patient Group Direction or waited for a doctor to sign the prescription. This system clearly had its flaws, primarily it was time consuming for the patient and frustrating for the practitioner.**”

“I now work autonomously, prescribing independently and completing episodes of continuous care. Previously my patients had expedient assessment, diagnosis and treatment, yet often had long delays if they required medication prescribed. The improvement to the service with the introduction of Non-Medical Prescribing has been met with resounding positive comments from patients. Non-Medical Prescribing ensures continuity and safety for patients providing the complete package of care.”

“One key advantage of being a prescriber is the ability to react swiftly and rapidly prescribe strong analgesics for patients presenting with severe pain. As a Non-Medical Prescriber I spend time with patients explaining their medication regime and possible side effects which helps to improve concordance.”



The words of

Nora Kerigan

Dialysis Adequacy Practitioner

“The role of Dialysis Adequacy Practitioner primarily involves providing individual dialysis prescriptions for both haemodialysis and peritoneal dialysis patients, tailored to meet individual patient’s requirements. We have set up a bone chemistry management group which I co-ordinate with one of our Associate Specialists. The benefits of bone chemistry control in established renal failure are not only the avoidance of renal bone disease but also the reduction of a major cardiovascular risk factor. A clear understanding of the principles of bone chemistry and its management is vital for patients and carers, as patient compliance with this medication is a challenge.”

“A patient was seen by one of our Renal Consultants in a clinic and when discussing his bone chemistry the consultant felt it was more appropriate that his bone chemistry medication was reviewed by me. I had a consultation with the patient and we decided on changes to his therapy, I then spent the next 10 minutes trying to find a doctor to sign a prescription. The patient said how ridiculous this situation was that his consultant was happy for me to make the decisions but I was then unable to sign the prescription.”

“Since qualifying as a Non-Medical Prescriber I have been able to focus on concordance and discuss all aspects of disease and medication with patients, offering different options to meet their needs. Patients find this a very positive aspect to my role and have made me realise the importance of being able to prescribe as I am able to deliver complete episodes of care and improve achievement of the Renal Association standards.”



The words of

Andrew Higgins

Emergency Nurse Consultant

“**Prescribing complements our role and has lots of benefits including time saving on delivering patient care, from the patient to the consultant or GP to the Non-Medical Prescriber. It has proved to be more convenient to delivering services as time is spent in consultation instead of waiting for signatures on prescriptions by doctors.**”

“The Emergency Department of Lancashire Teaching Hospitals provides a dedicated Emergency Nurse Practitioner service at its hospitals in Chorley and Preston.”

“As a prescriber I have an increased sense of satisfaction, status and autonomy and a belief that patients receive better information about their medicines and therefore improved concordance. Non-Medical Prescribing has improved multi-professional working, improved the quality of care for patients and enabled a better use of nursing skills enhancing patient care.”

“Patients have been very positive about our role as prescribers and are confident in our ability to prescribe their medicines, giving them the access to medicines when they need them. This has been a great advantage to the patient.”



The words of

Mike Dickinson

Emergency Nurse Practitioner and Clinical Educator

“Working in a busy Emergency Department as an Emergency Nurse Practitioner and Clinical Educator it seemed a natural progression to undertake the Non-Medical Prescribing (NMP) programme to become an Independent Prescriber. Working with Patient Group Directions, was becoming increasingly difficult as the scope and nature of patients I was seeing was increasing, and was, to some degree, inhibiting practice and service delivery. Once qualified as an Independent Prescriber I was able to provide a complete episode of patient care, improving service delivery.”

“After qualifying as a prescriber my career pathway progressed and I became the lead training facilitator in the newly developed Lancashire Simulation Centre, utilizing Human Patient Simulation for pre and post graduate medical education as well as other aspects of multi-disciplinary training. Little did I realize that my training in prescribing would be challenged even further in this new role. Part of my new role is to develop practical scenarios with potential critical errors inclusive of drug errors.”

“The high fidelity training manikins are computer driven units that respond to nursing and medical interventions (including drug administration) in a real time and physiological manner. Consequently if students deliver inappropriate drugs or administer them inappropriately, the manikins respond dynamically, using the pharmacologically modeled data.”

“I still work clinically on a regular basis using my NMP skills but the challenge of educating medical students makes my keeping abreast of prescribing practice and developments via the National Prescribing Centre network etc. an even greater necessity.”



North Cumbria University Hospitals NHS Trust

The words of

Georgie Berry

Parkinson's Disease Nurse Specialist



“Qualifying as a Non-Medical Prescriber has enhanced my role supporting people with a chronic neurological disease. I now work independently in nurse-led clinics and support people in their own home, residential and nursing home care environments.”

“The key to managing this group of people is to use a holistic management approach which features medication. Non-Medical Prescribing enables me to prescribe at the right time for the patient, supporting the timely intervention that is essential for this group of patients.”

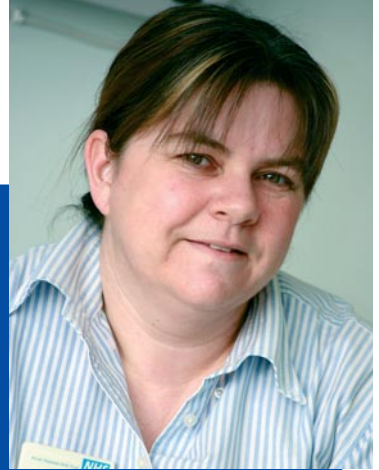
“Patients are able to contact me directly, giving them more time to discuss their medication. I can make alterations to medication to meet the patients’ needs. By having a good professional relationship with my patients I am able to closely monitor any medication changes that I have made and I find that this improves symptom control (in a very patient focused way) and allows for timely interventions which can prevent hospital admissions.”

“Non-Medical Prescribing has been a positive aspect of my support for patients with a chronic disabling condition.”

The words of

Helen Roe

Consultant Cancer Nurse



“After integrating the role of consultant cancer nurse within a traditionally medically-led service I decided to complete the Non-Medical Prescribing (NMP) programme. The rationale behind this was to further enhance my chemo assessment clinics, which I provided for cancer patients receiving chemotherapy in both the adjuvant and metastatic settings, as well as allowing me to stop standing outside consultants’ rooms waiting for prescriptions and provide a nurse-led service.”

“Completion of the NMP programme has led to a vast improvement in the provision of cancer care across the Trust by enabling me to independently review patients and prescribe chemotherapy, reduce doses when required (according to approved protocols); assess presenting symptoms, review their medical and medication history. Where appropriate I can now write a prescription in a timely manner minimising or preventing the side effects they may experience as a result of receiving chemotherapy, including growth factors and antibiotics. During and following the programme I gained a greater appreciation relating to prescribing practices and acquired a higher level of credibility with medical colleagues when discussing patient management.”

“This development was possible due to the support and encouragement of the wider cancer team, especially my medical mentor. It has been well received by patients, carers, and other professional groups and acts as an example of role development to benefit patient care.”

Pennine Acute Hospitals NHS Trust

The words of

Liz Bigwood

Emergency Nurse Clinician

“ I’m an Emergency Nurse Clinician on the Emergency Assessment Unit at Fairfield General Hospital and prescribe within the areas of minor illness, minor injury and health promotion. ”

“I work autonomously, assessing, examining, diagnosing and prescribing a course of treatment for patients. Non-Medical Prescribing has helped to improve patient care and speed up the patient journey.”



The words of

Julia Robinson

Advanced Nurse Practitioner, Night Nurse Clinician

“For many years I would be asked to see deteriorating patients, carry out assessments and examinations, do all of the investigations, interpret the results and make a diagnosis, but when it came to providing patients with the medication required I had to wait for a doctor to come who hadn't assessed them. This wasted time for the patient and was very frustrating for me.”



“Since qualifying as a Non-Medical Prescriber I am able to provide timely medication for patients within my sphere of practice and I feel that this has added to the quality of care that I give to those patients. With the introduction of Hospital at Night it has highlighted the need for other practitioners within the team to become Non-Medical Prescribers, ensuring that patients get access to medication when they need it.”

The words of

Gillian McAllister

Diabetes Specialist Nurse

“Becoming a Non-Medical Prescriber has for me enabled my patients to have a more streamlined consultation. Before nurse prescribing, patients were referred to the Diabetes Specialist Nurses following consultation by a consultant with the premise of discussing a change in treatment, for example from oral therapy onto insulin or for titration in treatment either oral therapy or insulin therapy.”

“I would then have a long discussion with the patient regarding action and timing of therapy and potential side effects and hypoglycaemia, the patient would then be left waiting while I went to find a doctor to sign the prescription, thereby leaving the patient alone in my office, delaying the nurse-led clinic, and also delaying the doctor clinic by relaying the consultation so the prescription could be signed.”

“Now it is much easier, following discussion regarding treatment change, that I can give the patient a prescription at the end of our consultation. Both the patient and myself benefit, there is less waiting time for the doctor, the patient and myself, I am able to take the time to talk over the potential side effects and what to look out for there by increasing the patient’s awareness of the medication and with that comes the potential for concordance.”

“When you consider that the Diabetes Specialist nurse may see up to 10 patients each session in which 6 may need a prescription change, 5 minutes waiting for the doctor adds up to 30 minutes each day, 2.5 hours per week, 10 hours per month and 120 hours each year!”



The words of

Tracy Wild

Macmillan Specialist Palliative Care Nurse

“In my role as a Macmillan Specialist Palliative Care Nurse working across primary and secondary care, I can prescribe from an agreed list of drugs which includes opioids such as morphine. This has had enormous benefits for patients in contributing to the rapid control of symptoms, including those commonly experienced at the end of life.”



“Previously patients often had unacceptable delays in appropriate medication being prescribed or obtained. My ability to prescribe with their consent has now meant that my patients have timely and safe access to medication which can contribute to their quality of life.”

Royal Bolton Hospitals NHS Foundation Trust

The words of

Julie Gregory and Janet Roberts

Acute Pain Nurse Specialist



“Being able to prescribe
has dramatically
changed the way we practice.”

“The management of acute pain relies on the administration of analgesia. We assess individual patients in acute pain, review their prescription for analgesia and discuss the effectiveness of the regime with the patient. We explain possible alternatives to the patients and prescribe appropriate agreed analgesia, which can then be administered immediately completing our episode of care.”



“The patients no longer experience delays, waiting in pain for a doctor to become available to prescribe analgesia.”

“For the individual patient in pain, even minutes seem like hours.”

The words of

Sue Barnes and Nicola Owen

Clinical Nurse Specialist Pain Management

“The Chronic Pain service is an outpatient-based service. The introduction of Non-Medical Prescribing has led to many improvements within the service ensuring users receive timely appropriate treatment. It has resulted in the number of patients with access to review appointments doubling and they are now seen within a shorter time frame. The majority of the review patients are seen in the nurse-led clinic which has enabled consultants to see more new patients and meet waiting time targets.”

“Non-Medical Prescribing has enhanced our partnership with service users. Many of the medications prescribed for chronic pain management are not traditional analgesics. Therefore service users require an understanding of how these drugs can ease pain, in order to improve concordance.”

“We also have enquiries from GPs regarding the management of chronic pain and appropriate medication. This has led to some patients starting treatment whilst waiting for their referral. This has helped to enhance a partnership approach to treating chronic pain patients within the Bolton area.”



The words of

Noreen Ryan

Nurse Consultant

“Children and young people with mental health needs are offered interventions from the Child & Adolescent Mental Health Services (CAMHS) multi-disciplinary team (MDT). Psychopharmacological treatments are used as well as psychological interventions to provide positive outcomes for children and young people for their mental health. Therefore research and best practice evidence suggests that children and adolescents with a range of mental disorders including depression, hyperkinetic disorders, anxiety disorders and psychotic disorders may benefit from medication. The use of medicines in CAMHS can be seen as controversial and there is an increasing body of evidence and publication of clinical guidelines the National Institute for Health and Clinical Excellence recommending the use of psychopharmacological interventions as part of a wider treatment package.”

“Nurse prescribing has been implemented in the specialist CAMHS service at Royal Bolton Hospital NHS Foundation Trust for the care of children and young people with attention deficit hyperactivity disorder by the nurse consultant in conjunction with the MDT as a way of improving patient care, increasing access to medicines and changes to medicines in a timely way and also to use Consultant Psychiatrist time more effectively by freeing up their time in this task to do other complex tasks.”



Salford Royal NHS Foundation Trust

The words of

Alison Dwyer

Consultant in Pain Management

“Nurses attending patients in distress with acute pain can now assess, prescribe, administer and evaluate acute pain management strategies in a safe, timely, patient centred way.”



“Nurse Independent Prescribing within pain services has the potential for reducing suffering, improving the patient’s experience and reducing the risk of complications, co-morbidity and prolonged hospital stay.”

The words of

Julie Flaherty

Nurse Consultant

“Working with children is always challenging, especially when they are sick and injured. Children attend with undiagnosed, undifferentiated health issues. As a Non-Medical Prescriber I clinically assess and undertake relevant investigations and diagnostics to determine a working diagnosis for which I develop individual therapeutic interventions. Being an Independent Non-Medical Prescriber enables a choice of medications and therapies, which I discuss with the child and family.”



“For those children and families that are admitted to an observation bed, Independent Prescribing is not only limited to take home drugs but also for on-going and continuing care.”

Stockport Foundation NHS Trust

The words of

Jo Butler

Urology Nurse Clinician

“ I’m a Urology Nurse Clinician and can review patients independently of the medical team and prescribe an alpha-blocker for two doses prior to a trial without catheter. ”



“The Non-Medical Prescribing role has helped reduce inpatient bed days, as time is no longer wasted waiting for one of the medical team to see male patients who are simply suffering retention of urine. This leaves the medical team to concentrate on those patients who need more complex management of their urological condition.”

“Patients benefit as they can go home a lot sooner.”

The words of

Praba Rabasse

Consultant Cardiology Nurse

“Prescribing as a Specialist Nurse in Cardiology has enhanced the comprehensive care I am able to offer to patients who attend our clinics. More time is spent with patients discussing their disease process and giving them advice about all aspects of their treatment, of which medication plays a substantial part. When patients understand the need for their treatment plan, concordance is improved. Being able to complete episodes of care independently enables the doctors on our team to devote more time to critical patients under the care of our service.”



“As a prescriber it gives me a great sense of satisfaction to be meeting the needs of our patients in a timely manner, significantly enhancing the patient experience.”

The words of

Deborah Atkinson

Nurse Consultant Emergency Demand

“The Acute Medical Unit is essential in ensuring that our Emergency Department meets the A&E four hour wait target. We manage patients presenting with a wide range of medical complaints. For example, patients may be admitted into one of thirteen possible specialities, such as haematology or cardiology, meaning that my prescribing is highly varied.”



“I clerk patients on admission to hospital and I am able to prescribe immediate medications to manage the acute period. It is essential to ensure initial drug doses are given in a timely manner and adjustments are made to existing prescriptions where needed.”

“I care for patients attending the GP assessment area, which provides ambulatory care. This means that patients are seen and managed efficiently, without having long waits for their prescriptions.”

The words of

Jane O'Brien

Diabetes Specialist Midwife

“My dual roles as a diabetes specialist midwife and diabetes specialist nurse enable me to have a wider understanding of diabetes.”

“Independent Prescribing has enhanced the service I can offer my patients. Our patients receive a seamless service which gives me great deal of satisfaction and both the Acute and Primary Care Trusts benefit by the work load of medical staff being reduced.”



Tameside Acute Hospital NHS Foundation Trust

The words of

Dawn Fletcher

Senior Clinical Nurse Specialist, Acute Pain Service

“As a prescriber I can prescribe medications for acute pain, including certain opioids which are classed as the gold standard within acute pain management.”

“Nurse-led services within the acute sector have significantly increased the contribution to patient care and as such are now assessing, diagnosing and managing patients within their own services. Traditionally when patients were referred to the service, I would assess them, write in medical notes and suggest treatment plans for patients, which would subsequently require the doctors to attend and prescribe the suggested regimes.”

“Non-Medical Prescribing has redesigned this service giving patients quicker and better access to medication, more appropriate prescribing of analgesia and a reduction in waiting times for treatment.”

“There is continual need to research, inform and shape the acute pain nurse’s role within secondary care, as it expands into other areas of nursing practice. Non-Medical Prescribing will help to facilitate this process in order to improve the overall patient experience.”

Trafford Healthcare NHS Trust

The words of

Gillian Scott

Rheumatology Nurse

“In 2000, methotrexate was administered as a subcutaneous injection to patients who could not tolerate the oral preparation. Initially a doctor prescribed the drug, but our practice changed when I became a Non-Medical Prescriber.”

“As the number of patients attending the service, and the number of clinical management plans grew, we decided to look into establishing a service to enable our patients to self-administer. We liaised with medicines management and pharmacy, agreed written protocols, discussed plans with the consultant and risk management department and finally began a nurse-led service.”

“We currently have 36 patients who have been taught to safely self-administer at home, and have new patients starting every week. On average they have three visits to the department before being sent home with a prescription to carry on at home. A recent audit of the service found that 84 per cent of patients were happy to self-administer, and the majority felt it had had a positive impact on them.”



University Hospital of South Manchester NHS Foundation Trust

The words of

Sharon Christy-Kilner

Rheumatology Specialist Nurse

“As a Non-Medical Prescriber I am able to provide holistic care to rheumatology patients from the start of their journey to discharge from the department. I initiate, escalate and change as required the disease-modifying anti-rheumatic drugs for the long term management of rheumatologic conditions, and prescribe corticosteroids to actively treat exacerbations as well as adjunctive analgesia and treatments. I have also developed an autonomous nurse-led biologics clinic which I believe is the only one in Manchester.”

“My ability to prescribe has improved patient access to specialist care and allows GPs and other health professionals to access advice, such as complex immunosuppressant drug regimes. Future service developments will include development of a multidisciplinary nurse-led clinic offering a comprehensive annual review. This review will optimise disease management whilst targeting specific risk factors for cardiovascular disease which can be greatly increased in this patient group.”



Wrightington, Wigan and Leigh NHS Foundation Trust

The words of

Vicky Chamberlain

Rheumatology Specialist Nurse

“**Being able to prescribe disease modifying medication allows me to complete an episode of care for my patients. Many patients are quite concerned about the potential for side effects and the need for regular monitoring. They may need more time to think about their treatment options, discuss it with their families or even do some research of their own. Once they agree to commence medication I can prescribe the requisite drug at that time.**”

“If one disease modifying medication is no longer effective, or if the patient is unable to tolerate it, I can change the treatment without having to wait for a doctor providing a more complete and timely service to the patient and saving on consultant appointments.”

“Rheumatologic conditions are long term in nature and being able to offer a ‘one stop shop’ for education and provision of a prescription allows for better continuity of care and a more complete therapeutic relationship between nurse and patient.”

“The informal feedback from patients is that they benefit from my enhanced role as a Non-Medical Prescriber as I have more time to discuss their medication and listen to their concerns.”

“A recent audit of our service carried out by our Non-Medical Prescribers group, highlighted an improvement in the patient experience due to the enhanced service that we now offer.”



The words of

Sandra Dermott, Susan Williams, Jane Caton and Yuen Lambert

Rheumatology Specialist Nurses



“We would all agree that the Non-Medical Prescribing qualification has proved to be well worth the hard work, as it has allowed us to develop as practitioners whilst keeping patient needs at the centre of our practice.”

“Our Non-Medical Prescribing group presented our journey and experiences at the Trust’s ‘Best Practice Conference’ in September 2007.”

Sandra, Susan, Jane and Yuen say the underlying message is:

- Be prepared to have to do some hard work in ensuring policy development happens – but face the challenges with a smile.
- Be a role model for your colleagues who have yet to do the course – be supportive.
- Encourage others.
- Ensure the best possible care is achieved when working as NMPs by creating robust clinical governance arrangements, and learning how to determine educational and training needs.
- Network and arrange to meet colleagues from different health authorities, where one can often learn a great deal by how others have done things.
- Think out of the box, be creative and present your findings.
- Audit your practice, and determine how much of a difference your practice makes to your patient's experience.
- Unanimous advice from all is to always work within your area of competence, as patient safety is paramount. Not happy to prescribe? Then don't!

Read the stories from
Mental Health Trusts...

Cumbria Partnership NHS Foundation Trust

The words of

Valerie Provan

Nurse Consultant

“**The Non-Medical Prescribing qualification played a pivotal role in the transition of the new Lakelands Unit in Workington from being a medically-led service to nurse-led service.**”



“Patients are now in the unit for shorter periods of time, which is a great benefit to them. The use of inappropriate medication for behaviour management has been reviewed and significantly reduced with the introduction of complimentary medicines and good behaviour management.”

“I use my prescribing to reduce inappropriate medication, introduce or evaluate the effectiveness of antipsychotic medication and manage delirium and minor ailments. We are the only nurse-led assessment ward in the country; we have supported other Trusts to look at developing their own services.”

Greater Manchester West Mental Health NHS Foundation Trust

The words of

Rebecca Dawber

Inpatient Advanced Practitioner

“As an advanced practitioner in the substance misuse unit I work closely with both the medical and nursing teams admitting clients to the unit. Here my practice involves both Independent and Supplementary Prescribing as I work autonomously making prescribing decisions regarding an appropriate detoxification regime. This has increased the unit’s opportunity to admit patients on more days of the week and to respond to both the needs of the service and the patient in a more flexible way. The result has had a positive impact on the waiting times for admission.”

“Within the ward environment, in addition to day-to-day support I provide a physical health clinic at both geographical sites. Staff can book patients in to see me with either acute or chronic physical health problems or concerns regarding their sexual and contraceptive health. This enhanced skill mix, combined with my availability within the team frees up medical time to manage more complex cases.”



The words of

Gill Ewan

Advanced Practitioner



Within the substance misuse service, I work closely with the Consultant and staff grades to improve the safety and effectiveness of a clients' induction into treatment with methadone or buprenorphine. I implement clinical management plans and titrate the controlled drug until the client has reached their therapeutic dosage. This allows the doctors to see more complex cases but also keeps the clients in treatment as they reach their maintenance dose in a timely fashion. I also re-start a client's treatment if they have lapsed from treatment for less than three weeks.



"I work alongside the detoxification team and then prescribe for the initiation of naltrexone following a successful detoxification."

Lancashire Care NHS Foundation Trust

The words of

Amanda Parkinson

Lead Pharmacist

“It was recognised that medication management had a key role in the Lancashire Traumatic Stress Service which treats post traumatic stress disorder, and that bringing together this aspect of care with the psychological approach would provide a holistic approach for the treatment of this disorder.”



“The role of the prescriber is to review current medication and to adjust or initiate treatment as well as reviewing the physical wellbeing of the patients.”

“The role has proved extremely successful and is appreciated by the patients as well as by the therapists within the team. It has provided easy access to medication review and enabled rapid changes to be made, facilitating engagement in therapy. The team utilise a satisfaction questionnaire after each consultation and the service has scored consistently highly with patients who indicate that they like the approach and the service provided. Therapists say they value access to advice and support regarding medication.”

Manchester Mental Health and Social Care Trust

The words of

Simon Davidson

Advanced Practitioner

“At the Crisis Resolution Home Treatment service Non-Medical Prescribing means that patients can have their medication reviewed more speedily and prescriptions can be written and sent to the pharmacy without undue delay. It can also mean patients have additional time to talk about concerns they might have regarding their medication, as well as providing them with more choice as to whom they want to have involved with their treatment and care.”

“Non-Medical Prescribing offers a more flexible crisis service and allows the psychiatrist time to focus on more urgent issues. For mental health nurses, it is a significant and important step in the development of their professional role.”



The words of

Karen Penswick

Senior Nurse Practitioner

“By using the skills of Non-Medical Prescribers, services are able to provide more responsive treatment, alter dosing strengths and regimes quicker and review treatment effectiveness more readily.”



“I am able to individually assess the dose required on the day of issue rather than several days in advance, saving on wasted prescriptions, and reducing the risks of dosing errors.”

The words of

Tim O’Ryan

Advanced Practitioner

“As an Advanced Practitioner with a Mental Health Foundation Trust I am primarily involved in the Crisis Resolution Home Treatment Team and also participate in a Psychiatric Outpatient Clinic.”



“The enhanced role ensures that clients have access to a competent and qualified practitioner who can ensure access to medication without waiting for medical staff, can monitor side effects of prescribed medication, address concerns regarding medication and ensure therapeutic concordance. This results in better outcomes for the patient in relation to improved mental health and improved quality of life.”

Pennine Care NHS Foundation Trust

The words of

Wendy Yuille

Lead Nurse, Acting Team Manager

“As a Nurse Independent and Supplementary Prescriber for the Stockport Drug and Alcohol Service, I can adjust medications according to individual need, and advise patients on substitute medication or side effects.”

“Within the Drug Service, Non-Medical Prescribing has freed up appointment slots with the doctors, enabling them to focus on new patients, and those with more complex needs.”

“I am able to respond quickly to patients requiring reassessment, re-commencement onto treatment, and dose adjustment. This in turn has meant reduced waits for patients, and, it is felt, better retention in treatment.”



The words of

Sue Doherty

Substance Misuse

“I work within a multi-disciplinary team with prescribing focused on the management of long term drug dependence. My prescribing role includes managing a small caseload of patients with complex needs, running prescribing review clinics and co-ordinating the development of Non-Medical Prescribing within the service.”

“I am more readily available than medical colleagues and can offer rapid re-assessments and restarts into treatment, for patients who have disengaged. This has significantly impacted on improving access, retention and re-engagement into treatment programmes.”

“Independent Prescribing is mainly limited to the initiation of naltrexone, as an adjunct to relapse prevention, in formerly opiate dependent patients. Through greater availability, I can offer appropriate prescribing, when it is required. This has improved engagement with patients released from prison, with rapid access to prescribing interventions, reducing relapse and overdose risks.”



Read the stories from
Primary Care Trusts (PCT's)

Ashton, Leigh and Wigan PCT

The words of

Margaret Fairhurst

Specialist Health Visitor (Homeless & Vulnerable)

“The Homeless and Vulnerable Persons Team provides a nurse-led health care service for difficult to reach chaotic groups at the Bricklayers Arms in Wigan. Members of the team are Non-Medical Prescribers.”



“Service users who have been sleeping rough are able to access food, clothing and shower facilities along with physical and mental health assessments. The team is supported by a GP with a special interest and numerous voluntary, statutory and non-statutory agencies.”

The words of

Debbie Murphy

Advanced Practitioner Vascular and Tissue Viability Services

“The Healthy Legs Clinic is a newly developed service for people with leg problems. The service does not focus solely on the treatment of the physical illness but also supports patient’s psychological and social needs. By incorporating a healthcare room within a social non-medical environment it has allowed clients to successfully build social networks.”

“The Specialist nurses carry out comprehensive assessments, observations, diagnostic investigation, including, pulse oximetry which assesses the leg circulation together with supply and fitting of compression hosiery. The Healthy Legs service has rapid access to vascular consultants within the acute setting to ensure a seamless healthcare pathway for urgent diagnostics and treatment in the event of limb ischemia, therefore potentially avoiding risk of amputation.”

“The Healthy Legs service encourages patients by relating to potential improvements in mobility. This highly positive outlook promotes the psychological aspects of healing and concordance, which they receive when attending a Health Legs session or weekly visits from a healthcare professional.”

“The development of the new Healthy Legs service clearly demonstrates the benefits of understanding the psycho-social impacts of illness and delivering a service that treats the physical illness whilst recognising and proactively dealing with the psycho-social symptoms presented by clients. This parallel and innovative approach to the treatment of clients within the Healthy Legs service has both improved the health outcomes for patients whilst delivering significant cost savings to the Trust.”



NHS Blackpool

The words of

Chris Taylor

NMP Lead

“For me, the value of Non-Medical Prescribing is best illustrated by the story of an elderly man in the end stages of lung cancer. The patient had been discharged from the hospice on a syringe driver for antiemetic, analgesia, and steroids. His family were arranging a birthday party for him and he felt unable to travel.”

“I agreed to work with the patient to convert him to oral therapy to enable him to attend the party. Over a week and following a series of daily visits, I successfully weaned the patient onto oral therapy with symptoms fully controlled.”

“The patient was able to attend his “Birthday wake” as he had called it, and was delighted to see members of his family he had not seen for many years to say goodbye. The patient deteriorated rapidly in the days following his return home and passed away shortly after.”

“His family were delighted that he had been able to attend his party, and were adamant that his being able to go was directly due to my ability to spend time with him, ensuring that his medication regime was successfully converted to oral therapy.”



NHS Bolton

The words of

Sue Greenhalgh

Consultant Physiotherapist

“Before I became a qualified Physiotherapist Supplementary Prescriber, I had vastly underestimated the huge impact that this new knowledge would have on my practice. Working predominantly with patients with back pain I work closely within an evidence-based approach. The plethora of back pain guidelines all indicates that non-steroidal anti-inflammatory medicines and analgesics along with active rehabilitation should be used in the first instance.”

“Until becoming a prescriber I was unaware of how the pharmacology knowledge could enhance my clinical reasoning. I was astounded at how many of my patients were taking sub-therapeutic doses, taking medicines inappropriately and in some cases at a dangerous level.”

“The value of advising patients on over the counter medication or how to take their prescribed medication effectively has been the greatest benefit to me and patients.”

“Patients no longer have to return to their GP or attend again to see an Independent Prescriber but medication can be adjusted at a one-stop-shop.”



The words of

Karen Robinson, Gillian Armstrong and Paula O'Donnell

Advanced Practitioners

“The Advanced Practitioner Care Home team is an exciting new service in Bolton. As members of the team, our ability as Non-Medical Prescribers to prescribe end of life drugs has reduced demand upon GP time, improved the quality of end of life symptom management, prevented hospital admissions and allowed patients to die in their preferred place of care, such as at home.”

“Non-Medical Prescribing has been a crucial element in our success story, improving quality of care and enhancing professional relationships with medical and non-medical colleagues. Without it we would not be able to deliver the service we now successfully provide for our patients.”



NHS Central Lancashire

The words of

Susan Popadiuk

High Risk Team Leader

“NHS Central Lancashire incorporated Supplementary Prescribing into existing podiatry pathways, taking a comprehensive history and then producing a draft Clinical Management Plan during the patient’s podiatry appointment.”

“Patients only require an initial assessment by the Independent Medical Prescriber, for which they need to attend secondary care. We can then prescribe, ensuring seamless provision of care across primary and secondary care.”

“We have been able to improve the access to treatment by patients with painful diabetic neuropathy and to monitor their medication in primary care.”



The words of

Heather Jackson

Advanced Practitioner

“Non-Medical Prescribing has led to the introduction of a nurse-led minor illness clinic at Preston Prison where I assess, diagnose, prescribe or refer as appropriate.”

“As an Independent and Supplementary Prescriber I’ve been able to reduce the waiting time for offenders to access appropriate healthcare.”



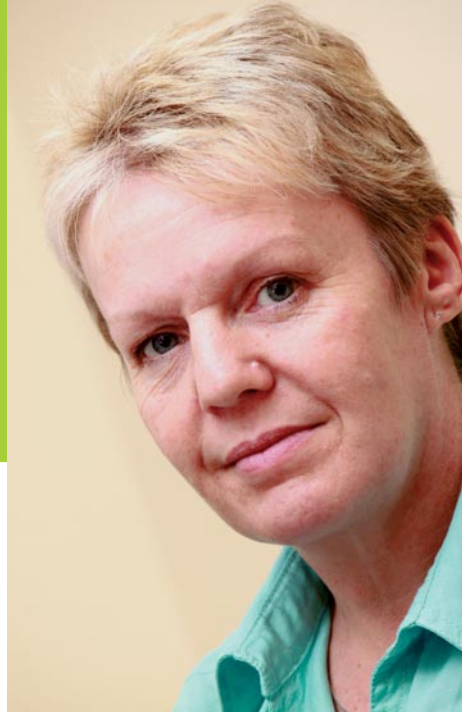
The words of

Sue Lea

Diabetes Specialist Nurse

“Historically patients within the diabetes service could have waited for up to a week for a prescription for an insulin regime to be ready.”

“Now as Non-Medical Prescribers we are able to assess the patient, teach them about their medication regime and prescribe for them when they need the medication so reducing stress.”



Cumbria PCT

The words of

Sheila Richardson

Nurse Practitioner

“ I have been a nurse for many years and a nurse prescriber for ten of them. However, it wasn't until I became an Independent Prescriber that I was able to provide autonomous patient centred care. ”

“I used to see patients then pass them onto the GP's, adding time to the patients' consultation and onto my day chasing doctors round for signatures on patients' prescriptions!”

“The patients themselves could never see why I could not prescribe as I knew exactly what to give and in some cases could tell the doctor what was required.”

“Patients are anxious when they arrive and are reassured when one person can complete their consultation without them having to wait to see a doctor, who may be busy elsewhere.”

“The Independent Non-Medical Prescribing qualification is essential in my area of work, out of hour's treatment centres; it puts the patient first and gives me a great deal of job satisfaction.”

“The development of new nurse-led services, primary care assessment services, nurse-led community hospitals etc., can only progress by having nurses who are prescribers.”

“In my forty years as a nurse, prescribing has allowed me to develop my practice more than anything else.”



East Lancashire NHS Community Services

The words of

Michelle Weddell

Lead Podiatrist for Diabetes

“Before I was qualified as a Podiatrist Supplementary Prescriber, patients were inconvenienced by the delay in waiting for a prescription, with the potential for deterioration of the wound which can sometimes lead to hospitalisation.”



“Now as a qualified Allied Health Professional Supplementary Prescriber, I can write a prescription for a patient resulting in timely and appropriate treatment when patients need it.”

“By prescribing appropriate doses of antibiotics and close monitoring, this reduces the chance of antibiotic resistance. I am in closer communication with the patient’s GP practice about my prescribing decisions and the outcomes of their visit to the high risk clinics both in community and hospital.”

The words of

Angela Graves

Nurse Prescriber

“The benefits to my patients as a heart failure specialist nurse and Non-Medical Prescriber have been tremendous. Evidence based medicine has shown the benefits of beta blocker and angiotensin converting enzyme inhibitor therapy to the morbidity and mortality of patients with heart failure.”



“Nurse-led clinics are held in community venues. If it is suitable for me to introduce or titrate medication, I am able to issue a prescription on the day and arrange for renal function to be checked, prior to the patient’s return to clinic two weeks later for assessment.”

“My patients say they feel confident in this process, they know exactly what is happening, and particularly appreciate the convenience of receiving a prescription which they can take to their local pharmacy. The patient’s GP is immediately informed of the process.”

Heywood, Middleton and Rochdale PCT

The words of

Deb Clubman and Kaye Peacock

Advanced Nurse Practitioner & Practice Nurse

“**Ashworth Street Surgery is a large teaching general practice in Rochdale. As an advanced nurse practitioner and practice nurse with a specialist interest in respiratory medicine we have very different prescribing roles but have equally found our working lives transformed by Non-Medical Prescribing.**”

“Non-Medical Prescribing has improved the level of service we can now offer patients. Patient consultations are much more efficient. Time is no longer wasted standing outside GPs’ doors, waiting for the issue of a prescription following the assessment taken by the Non-Medical Prescriber.”

“The relationship between Medical and Non-Medical Prescribers has gone from strength to strength, building on trust and respect for each other’s roles.”



The words of

Shafqat Azam

Nurse Practitioner

“**The Rochdale Walk in Centre (WIC) provides an alternative point of access for patients that present with undiagnosed and undifferentiated complaints. The implementation of Non-Medical Prescribing means more effective, complete episodes of care and reduces the need for referral.**”

“Many benefits have arisen from Non-Medical Prescribing including the improved use of patients’ and nurses’ time, improved patient care and improved communication between team members as a result of professional responsibilities.”

“Respiratory, dermatology, and ear, nose and throat presentations are the most common reasons for presenting at the WIC. Being able to treat these effectively allows GP appointments to be free for more chronic complaints and has greatly reduced the need to refer patients to the out-of-hours service.”



The words of

Jill Ridley

Cardiac Specialist Nurse

“Non-Medical Prescribing has been key to the development of the cardiac specialist nurses role within the PCT. I bridge primary and secondary care, providing cardiac rehabilitation to patients on discharge post myocardial infarction or coronary artery bypass graft. Previously any change in medications would have to be addressed via the patient’s GP which could result in numerous phone calls, delays in medication change and possible hospital admissions.”

“Since qualifying as a prescriber, the improvements to service provision have included quicker adjustments to patients’ medication on the day of visit, prescribing for worsening angina to prevent unnecessary hospital admissions, altering analgesia post surgery and the avoidance of unnecessary GP appointments.”



NHS Manchester

The words of

Louise Stuart

Consultant Podiatrist

“A 74 year old housebound lady was referred to the high risk foot protection team with an infected gangrenous toe. The patient had a constellation of complex co-morbidities which included a 25 year history of type 2 diabetes, end stage renal failure, coronary vascular disease and peripheral arterial disease. This patient was also on daily home peritoneal dialysis.”

“The patient had been prescribed flucloxacillin five days ago and the wound had made little improvement. A number of health care professionals who had seen her had recommended that she be admitted for IV antibiotics. This lady was very distressed at the prospect of leaving her home and going into hospital and both she and her family did not want her to go down this route.”

“In partnership with the GP, I discussed a change in antibiotics appropriate for this lady, a clinical management plan was agreed and I prescribed antibiotics as per the trust’s antibiotic formulary. This lady continues to make good progress and is regularly monitored by the Foot Protection team, renal specialist nurse and district nurses.”

“Our patient and her family were delighted by the care she received which kept her in her own home and prevented the trauma of her being admitted.”

“Supplementary Prescribing allowed a single episode of care which prevented a GP home visit, provided rapid access to appropriate medicines and potentially led to the prevention of an amputation for a very poorly patient.”



The words of

Debra Gosling and Bev Waddell

Consultant Nurse Older People & Care Homes Practitioner

“In the nursing home service, frail elderly patients can deteriorate very quickly if infections are not identified and treated in a timely manner. Team members who are able to prescribe can prevent unnecessary admission by their early intervention.”

“The patients cared for through these services have complex needs and multiple long-term conditions. For example, prescribing is utilised frequently for patients with chronic obstructive pulmonary disease. These patients have frequent chest infections. Early identification through clinical assessment followed by evidence based prescribing has prevented numerous hospital admissions.”



The words of

Kathryn Leivesley

Community Diabetes Specialist Nurse/Lead (North Hub)

“Due to the fact that the community Diabetes Service in North Manchester is nurse-led and has no doctor, Non-Medical Prescribing is a must.”



“In the past patients had to wait for their GP to write a prescription, but now as a Non-Medical Prescriber, I can supply treatment after providing the education, and arrange to see the patient for follow-up dose titration as necessary. Patients are positive and they appreciate the speed of treatment.”

North Lancashire Teaching PCT

The words of

Jeannette Rodman

Health Visitor

“As a Health Visitor and qualified Non-Medical Prescriber I am able to prescribe from the Nurse Prescribers’ Formulary. Albeit limited, it still allows me to prescribe appropriate treatments for a range of conditions.”



“I am now able to offer a one-stop shop for clients, this means fewer visits to the GP freeing up the GPs time too. In addition, I can now prescribe the treatment as and when the client requires it, avoiding any delay and worry.”

“I have found that prompt treatment also enhances the level of compliance as I am able to spend time explaining the treatment regime to the client so they have a better understanding.”

“On a personal level being able to prescribe has increased both my knowledge and my skills, which is always positive I feel. Being able to make a difference is so satisfying especially when you have, for instance, a distressed mother whose baby is constantly crying and not feeding. I was able to diagnose and treat oral thrush. The baby soon recovered, much to relief of the mother.”

Oldham Primary Care Trust

The words of

Sharon Collins

DVT Specialist Nurse

“Previously any patient who attended our clinics had to wait to see a doctor before a prescription for their medication could be issued. As we have no doctors physically attached to the clinic this could quite often mean a lengthy wait until a doctor was available to sign the prescription.”

“However, as qualified Non-Medical Prescribers we are now able to provide a complete package of care for the patient. There is now continuity of care for them as we undertake their initial assessment, prescribe medication, if appropriate for their treatment, and then carry out follow-up monitoring of their condition.”



The words of

Jo Whitehead

Team Leader/Advanced Practitioner

“As a Non-Medical Prescriber I have worked in a number of clinical areas including Intermediate Care, a Community Hospital setting and a Walk-in Centre.”



“My prescribing practice has developed to reflect patient need, ranging from intravenous medicines and fluids, acute emergency situations, minor ailments and injuries to management of long term conditions. Having the ability to prescribe for my patients not only means that they are able to receive the appropriate treatment with the minimum of delay, but it also provides the ideal opportunity to discuss strategies regarding future ill health prevention and management of long term conditions. This enhances patient satisfaction and reduces recovery time.”

Stockport PCT

The words of

Linda Hayes

Tissue Viability Specialist Nurse

“Independent Prescribing enables me to provide a more comprehensive service and to prescribe treatments for patients who attend the Community Leg Ulcer Clinics.”



“I am able to prescribe the appropriate medicines and products to treat pain, dermatitis and localised cellulitis conditions. I can issue prescriptions at the consultation, so that treatments can start the same day. Patients receive a better service by having their conditions assessed and treated more quickly and effectively.”

The words of

Liz Bailey

Pharmacist



“ I am the Medication Review Lead Pharmacist and qualified as an Independent Prescriber in July 2008. My role is to provide medication review and medicines management support for older people who encounter difficulty managing their medicines. Non-Medical Prescribing is therefore a valuable tool enabling me to rationalise patient’s medication, provide alternative devices or appliances to enable patients to get the most from their medicines. ”

“The GPs that I work with are really supportive of the role and of Non-Medical Prescribing (NMP). NMP has transformed the service we can now offer patients”.

Tameside and Glossop PCT

The words of

Lisa Lainton

Diabetes Specialist Nurse

“Working within the community setting, independent of computerised GP surgeries, Non-Medical Prescribing (NMP) has indirectly improved best practice within the team.”



“In order to implement NMP I have had to radically re-examine the referral process to allow continuation of comprehensive clinical assessments at the same time maintaining secure communication pathways for information and confidentiality.”

“Non-Medical Prescribing has enhanced our already comprehensive specialist assessment by improved knowledge and learning, it has enhanced the relationship between the professional and the patient, thus improving the patient’s journey.”

“The benefit of safe, effective prescribing by specialist clinicians working within defined areas of competency has now been broadly accepted by both patients and GPs. I cannot imagine my specialist role without it.”

The words of

Liz Smith and Andrea Goddard

Advanced Practitioner

“Our role as advanced practitioners caring for patients with long term conditions involves history taking, assessment, diagnosing and prescribing. The completion of the Non-Medical Prescribing programme ensures that this process is safely and completely concluded. Without these skills the patients’ journey would be interrupted, increasing the burden on the patient and General Practitioner colleagues alike.”

“The prescribing element of the process ensures the patients’ are provided with what they need when they need it. From a personal perspective an ability to prescribe affords us as prescribers’ greater autonomy and hence ensures improved job satisfaction.”



Trafford Primary Care Trust

The words of

Carol Crosbie

Heart Failure Specialist Nurse

“The service works across Trafford, seeing patients who have a diagnosis of heart failure. Patients don’t have to wait unnecessarily for a prescription to be issued from the surgery as I can prescribe independently, changing medication to improve symptoms immediately. This makes the patient journey through the health care system less problematic.”



“Being an Independent Prescriber promotes professional networking, as we will often liaise with the patient’s pharmacist regarding medication changes or prescription delivery. Independent Prescribing enables us to work as autonomous practitioners.”

The words of

Golda Gibson

Specialist Nurse Practitioner



“Before I qualified as an Nurse Independent Prescriber I had, like many of my colleagues, had to wait for long periods of time over a day for the doctor to sign the prescription – that process always took time, and it meant I always had to ask the patient to wait while I asked the doctor to sign it for me.”

“Since qualifying as a Non-Medical Prescriber those days are over and the patient now gets their prescription without the long wait. I now see the patient, look at the whole treatment package, and assess what is offered, including the medication, is suitable for that patient’s needs. If it isn’t, I can change it – it’s my decision!”

“For almost five years now I have been prescribing, and I love every minute of it. It has increased my feeling of self-worth, my confidence in my ability to diagnose and improved the access to medicines for patients’ when they need it.”



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North West

Prescription for Success

Expansion or Evolution

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