Since inappropriate prescribing was found in every general practice included in the analyses, each one should attempt to reduce unnecessary prescriptions, not just high-prescribing practices. An ambition of a 10% reduction in antibiotic prescriptions seems attainable when compared to the reduction targets of other European countries. The need for substantial improvements in data quality that are necessary to further safeguard this precious resource is also highlighted by the authors in this Supplement.

**Reducing inappropriate prescribing of antibiotics in English primary care: evidence and outlook**

*Journal of Antimicrobial Chemotherapy April 2018*

Patient, provider, and practice-level characteristics associated with inappropriate antimicrobial prescribing are essential. In this study, we aimed to elucidate factors associated with inappropriate antimicrobial prescribing across urgent care, family medicine, and pediatric and internal medicine ambulatory practices. Our results suggest that patient, practice, and provider characteristics are associated with inappropriate antimicrobial prescribing.

Future research should target antibiotic stewardship programs to specific patient and provider populations to reduce inappropriate prescribing compared to a “one size fits all” approach. *Infection Control and Hospital Epidemiology March 2018*

**Antibiotics/antibacterials’**

Non Medical Prescribers’

*Current Awareness Bulletin*

**Issue 8 June 2018**

**Mid Yorkshire NHS Library & Knowledge Service**

**Focus on:**

- Antibiotics/antibacterials’, Cancer, Cardiovascular Disease, Communicable Disease, Dermatology, Diabetes, Men’s Health, Mental Health, Nausea and Vomiting, Neurology, Older People, Paediatrics, Palliative Care, Pregnancy, Respiratory Health, Rheumatology, Smoking, Speech and Language Therapy, Women’s Health, Wound Care
- Professional Concerns, Pharmacy and Pharmaceuticals, National Guidance and official bodies
- Guest Contribution, New Resources

**Antibiotics/antibacterials’**

Inappropriate prescribing was found in every general practice included in the analyses so each one should attempt to reduce unnecessary prescriptions, not just high-prescribing practices. An ambition of a 10% reduction in antibiotic prescriptions seems attainable when compared to the reduction targets of other European countries. The need for substantial improvements in data quality that are necessary to further safeguard this precious resource is also highlighted by the authors in this Supplement.

**Patient, Provider, and Practice Characteristics Associated with Inappropriate Antimicrobial Prescribing in Ambulatory Practices**

After adjustment, adult patients seen by an advanced practice practitioner were 15% more likely to receive an antimicrobial than those seen by a physician provider.
Interventions are needed to reduce unnecessary antibiotic prescribing for respiratory tract infections (RTIs). Although community antibiotic prescribing appears to be decreasing in the UK, figures for out-of-hours (OOH) prescribing have substantially increased. Understanding the factors influencing prescribing in OOH and any perceived differences between general practitioner (GP) and nurse prescriber (NP) prescribing habits may enable the development of tailored interventions promoting optimal prescribing in this setting. The research shows that factors particular to OOH influence antibiotic prescribing, including a lack of patient follow-up, access to patient GP records, consultation time, working contracts and implementation of feedback, audit and supervision. NPs reported perceptions of greater accountability for their prescribing compared with GPs and reported they had longer consultations during which they were able to discuss decisions with patients. Participants agreed that more complex cases should be seen by GPs and highlighted the importance of consistency of decision making, illness explanations to patients as well as a perception that differences in clinical training influence communication with patients and antibiotic prescribing decisions. *Journal of Antimicrobial Chemotherapy* March 2018

**Knowledge, Attitudes, and Practices Regarding Antimicrobial Use and Stewardship Among Prescribers at Acute-Care Hospitals** To assess antimicrobial prescribing knowledge, attitudes, and associated barriers to optimal antimicrobial selection and de-escalation among front-line prescribers desired more AS-related education. The most helpful AS intervention to improve patient care. Educational interventions should be preceded by and tailored to local assessment of educational needs. *Infection Control and Hospital Epidemiology* March 2018

**Antibiotics in primary care in England: which antibiotics are prescribed and for which conditions?** The majority of antibiotic prescriptions in English primary care were for infections of the respiratory and urinary tracts. However, in almost one-third of all prescriptions no clinical justification was documented. Antibiotic prescribing rates varied substantially between practices, suggesting that there is potential to reduce prescribing in at least some practices. *Journal of Antimicrobial Chemotherapy* February 2018

**Defining the appropriateness and inappropriateness of antibiotic prescribing in primary care** In English primary care, most antibiotics are prescribed for conditions that only sometimes require antibiotic treatment, depending on patient-specific indicators. Experts estimated low ideal prescribing proportions in many of these conditions. Incomplete prescribing guidelines and disagreement about prescribing in some conditions highlight further research needs. *Journal of Antimicrobial Chemotherapy* February 2018
Family caregivers’ facilitation of daily adult prescription medication use
Survey of 400 adults (caregivers) who help another adult with prescription medication use. Regression modelled the contribution of caregiver communication during recipients’ medical visits, evaluation of physicians’ medication communication and discussions with the dispensing pharmacist on caregivers’ assistance with home medication management.

Patient Education & Counselling; May 2018

Cardiovascular Disease

Accounting for cardiovascular risk when prescribing NSAIDs
It is now recognised that oral NSAIDs can increase the risk of cardiovascular events, including myocardial infarction and stroke. This article discusses the potential mechanisms involved and how the risk can be minimised.

Prescriber February 2018

Antiplatelet use in practice
Antiplatelets are widely used drugs that can prevent platelet activation and subsequent aggregation, inhibiting arterial thrombus formation that can contribute to the development of myocardial infarction and stroke. The use of antiplatelets for secondary prevention of cardiovascular disease is supported by a strong and compelling evidence base, with rigorous clinical trials supporting the use of varying combinations of antiplatelets for different indications. A sound understanding of how antiplatelets work is needed to promote their safe and effective use.

This article briefly describes the process of platelet activation, aggregation and subsequent thrombus formation, and will discuss the mechanism of action of antiplatelets and their place in therapy.

British Journal of Cardiac Nursing May 2018

Communicable Disease

Travel health: Prescribing typhoid vaccines
Nurse prescribers involved in the provision of typhoid vaccine need to be aware of the importance of taking a comprehensive medical history from the traveller. This includes details of any underlying medical conditions, current or recent medication and establishing if the traveller has any allergies or ever had a previous reaction to vaccines. Use of appropriate information resources, including accessing typhoid epidemiology at the traveller’s destination, allows the nurse prescriber to determine if the risk of typhoid warrants prescribing the vaccine.

Nurse Prescribing May 2018

Vaccine storage and administration
Immunisation is one of the most important public health interventions. Its success depends on the biological products being stored and administered correctly. It is essential, therefore, that health professionals involved in immunisation programmes are knowledgeable about vaccine storage and administration.

Nurse Prescribing May 2018

Critical Care

A 5-year retrospective audit of prescribing by a critical care outreach team
Critical Care Outreach nurses who are independent nurse prescribers are ideally placed to ensure that acutely ill patients receive treatment without delay. This study informs this developing area of nurse prescribing in critical care practice.

The aims of the audit were to: identify which medications were prescribed; develop a critical care outreach formulary; identify the frequency, timing and number of prescribing decisions being made; identify if prescribing practice changed over the years and provide information for our continuing professional development.

Nursing in Critical Care; May 2018

Prescribing in the urgent care setting
Calculation skills: Answers

Nurse Prescribing May 2018
Dermatology

**Dermatology prescribing update: Skin infestations**

Skin infestations are very common and often occur in outbreaks in close communities, family groups and nurseries and/or schools. The nurse prescriber needs to be able to distinguish a skin infestation from a chronic skin condition, as pruritus can be a major symptom for both.

**The skin infestations in this article relate to arthropod infestations**, which are commonly seen in the UK. Parasite infestations include many tropical diseases. Therefore, it is important to ask about recent travel abroad in a skin assessment. Management of skin infestations should follow the most recent evidence-based public health advice. Nurse prescribers need to be up-to-date with recommended insecticides, as resistance can occur and first- and second-line options frequently change.

**Nurse Prescribing April 2018**

**Ivermectin and permethrin for treating scabies**

Scabies is an intensely itchy parasitic infection of the skin. It occurs worldwide, but is particularly problematic in areas of poor sanitation, overcrowding, and social disruption.

In recent years, permethrin and ivermectin have become the most relevant treatment options for scabies.

The objective of this review was to assess the efficacy and safety of topical permethrin and topical or systemic ivermectin for scabies in people of all ages.

**Cochrane Review [May 2018]**

**Dupilumab for the treatment of atopic dermatitis**

Dupilumab (Dupixent) is a new monoclonal antibody treatment licensed for use in adults with moderate to severe atopic dermatitis (eczema) who are candidates for systemic therapy. This article discusses its properties, efficacy and side-effects.

**Prescriber May 2018**
Prescription of exercise for people with diabetes

The article discusses the need for general practitioners to consider prescribing exercise as therapy for people with diabetes. Topics covered include exercise’s beneficial effects to glycaemic control, blood pressure, and cardiovascular risk, and its potential for more cost effectiveness than drug interventions. Also noted is the best prescription of exercise in conjunction with a person’s values which then promotes autonomous motivation. Australian Nursing and Midwifery Journal March 2018

Is weight loss the future of type 2 diabetes treatment?

Achieving remission from type 2 diabetes was once only thought to be realistic for patients undergoing bariatric surgery. But this view is changing with early publication of results from the Diabetes Remission Clinical Trial (DiRECT) based in Scotland and Tyneside, which has found success through a strict low-calorie diet.

This article discusses the implications of the study for the future of diabetes treatment. Prescriber May 2018

Language matters. Addressing the use of language in the care of people with diabetes: position statement of the English Advisory Group

The language used by healthcare professionals can have a profound impact on how people living with diabetes, and those who care for them, experience their condition and feel about living with it day-to-day. At its best, good use of language, both verbal and written, can lower anxiety, build confidence, educate and help to improve self-care. Conversely, poor communication can be stigmatizing, hurtful and undermining of self-care and can have a detrimental effect on clinical outcomes.

The language used in the care of those with diabetes has the power to reinforce negative stereotypes, but it also has the power to promote positive ones. The development of this position statement aimed to take account of these as well as the current evidence base. A working group, representing people with diabetes and key organizations with an interest in the care of people with diabetes, was established to review the use of language. The work of this group has culminated in this position statement for England. It follows the contribution of Australia and the USA to this important international debate.

Diabetic Medicine June 2018
**The effect of nurse prescribers on glycaemic control in type 2 diabetes: A systematic review and meta-analysis**

The creation of advanced nursing roles in diabetes management, with specific skills such as nurse prescribing, has resulted in nurses taking on roles that have traditionally been associated with doctors. *International Journal of Nursing Studies* February 2018

**Perception of nurse prescribing among nurses and psychiatrists in a developing country: A cross-sectional survey**

The aim of the present study was to examine nurse and psychiatrist attitudes about this extended role in a developing country.

The survey used a 65-item, seven subscale measure of attitudes to nurse prescribing in mental health. The response rate was 79%. The majority of participants had trained in developing countries where nurse prescribing has yet to be implemented.

Across five subscales (general beliefs, impact, uses, training, and supervision), both groups reported positive attitudes about nurse prescribing. Both groups scored the training subscale particularly highly. Compared with psychiatrists, nurses were more confident about the range of clinical settings where nurse prescribing could be applied. Although both groups had less favourable attitudes on subscales relating to clinical and legal responsibility, **compared to nurses, psychiatrists were more undesirable**. Although, overall, clinician attitudes do not seem to represent a barrier towards the potential implementation of nurse prescribing in the study, clarity about clinical and legal responsibility needs to be addressed. *International Journal of Mental Health Nursing* April 2018

**Antidepressant prescriptions and mental health nurses: an observational study in Dutch general practice from 2011 to 2015**

The purpose of this study was to investigate developments in antidepressant prescriptions by Dutch general practitioners, alongside the national introduction of mental health nurses. Antidepressant prescriptions are very common in general practice, but are often not in line with recommendations. The recent introduction of mental health nurses may have decreased antidepressant prescriptions, as general practitioners (GPs) have greater potential to offer psychological treatment as a first choice option instead of medication. *Scandinavian Journal of Primary Care Health* March 2018

**New ways of dealing with new psychoactive substances**

In 2016, the Psychoactive Substances Act came into force to address increasing concerns about the use of new psychoactive substances (NPS), also known as designer drugs or 'legal highs'. But how big is the problem, and what impact is the new Act likely to have? *Prescriber* February 2018

**Use and abuse of psychoactive products**

In light of the government’s proposals to reclassify pregabalin and gabapentin as Class C controlled drugs due to the risk of misuse, this article examines the extent of the problem of gabapentinoid misuse and its effects, and provides practical advice to prescribers on reducing these harms. *Prescriber* April 2018
Pain States, the Opioid Epidemic, and the Role of Radiologists

The prevalence of chronic pain and prescription opioid abuse has resulted in epidemic problems for patients and clinicians. The consequences are taking a heavy toll on patients, physicians, and society. Specific to radiology, a significant need exists for best practice assessment and treatment approaches for pain management, as patients with chronic pain often undergo radiological tests of unclear clinical relevance. Current Pain and Headache Reports February 2018

Diagnosis and management of Parkinson’s disease in adults

In July 2017, NICE updated its 2006 guideline on Parkinson’s disease in adults, with major revisions to its recommendations on pharmacological and non-pharmacological management of motor and non-motor symptoms. This article provides a summary of the new guidance. Prescriber February 2018

Cladribine for highly active relapsing multiple sclerosis

Cladribine (Mavenclad) is a new oral treatment for adults with highly active relapsing multiple sclerosis. This article summarises its dosing and monitoring requirements, efficacy in the CLARITY trial and place in therapy. Prescriber February 2018

Management of people with swallowing difficulties in late-stage neurodegenerative disease

Assessment and management of dysphagia in neurodegenerative conditions can be complex and challenging. A suitable, timely assessment is important to ensure that management is appropriate and patient specific. This article looks at the different dysphagia assessments and the management issues that need to be taken into consideration in late-stage neurodegenerative disease. Nurse Prescribing April 2018

Impact of Deprescribing Interventions in Older Hospitalised Patients on Prescribing and Clinical Outcomes: A Systematic Review of Randomised Trials

The evidence available suggests that deprescribing interventions in hospital are feasible, generally effective at reducing PIMs and safe. However, the current evidence is limited, of low quality and the impact on clinical outcomes is unclear. Drugs and Aging April 2018

Prescribing gardening and conservation activities for health and wellbeing in older people

Finding cost-effective and culturally acceptable community based health care interventions which address the multi-morbidity and complex health care needs of older people is a priority. One new area gaining significant traction is ‘social prescribing’, or the linking of individuals, by a primary care professional, to community-based, non-medical interventions. One of the main referral options for social prescribers has been outdoor activities such as gardening or environmental conservation schemes. Maturitas April 2018
Optimising medication in frail older people

Medicines optimisation is key to the successful management of frail older people in order to reduce harm and minimise inappropriate admissions.

This article discusses the screening tools available to help identify frailty and gives guidance on how to optimise prescribing in frail individuals.

Prescriber March 2018

Variation of polypharmacy in older primary care attenders occurs at prescriber level

Polypharmacy is particularly important in older persons as they are more likely to experience adverse events compared to the rest of the population.

Despite the relevance, there is a lack of studies on the possible association of patient, prescriber and practice characteristics with polypharmacy.

Thus, the aim of this study was to determine the rate of polypharmacy among older persons attending public and private primary care clinics, and its association with patient, prescriber and practice characteristics. BMC Geriatrics February 2018

Prescribing for the ageing patient

This article illustrates the common issues when prescribing for the over-65 population. It focuses on pharmacokinetics and the four processes that occur after oral drug administration, with specific details on the factors that affect these processes in this patient group. It also considers multiple morbidity and polypharmacy and has a brief section on compliance. Nurse Prescribing May 2018

Solve the case: Falls, anorexia and poor mobility

Mrs Sarah Thomas has become increasingly frail over the past 18 months, her appetite has been poor, she has lost a lot of weight, become less mobile and has now been admitted with a fall. This case history examines what led to Mrs Thomas becoming frail and how she can be helped to regain ability and confidence… Nurse Prescribing April 2018

Ophthalmology

Diagnosing and managing age-related macular degeneration

NICE’s new guideline on diagnosing and managing age-related macular degeneration in adults (NG82) aims to improve the speed at which people are diagnosed and treated to prevent sight loss. This article provides a summary of the guidance. Prescriber May 2018

Reading aids for adults with low vision

The purpose of low-vision rehabilitation is to allow people to resume or to continue to perform daily living tasks, with reading being one of the most important. This is achieved by providing appropriate optical devices and special training in the use of residual-vision and low-vision aids, which range from simple optical magnifiers to high-magnification video magnifiers. The objectives of this review were to assess the effects of different visual reading aids for adults with low vision. Cochrane Systematic Review [May 2018]

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Around 10% of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85 years.

British Geriatric Society
Community palliative care clinical nurse specialists as independent prescribers: part 2

This study explored the lived experiences of clinical nurse specialists who can prescribe independently in their role of providing support to patients with palliative care needs within the community. Part 1 of this study examined how the study was carried out; this second part explores the findings. The nurses reported that being able to prescribe enabled them to provide seamless, holistic care, which gave patients faster access to medicines, especially at weekends when their GP was unavailable. Prompt availability of medicines led to effective symptom control and consequently a better quality of life for patients. The main barrier to prescribing was difficulty in accessing patient records. Independent prescribing by community nurse specialists is beneficial for patients receiving palliative care and their families while they are being cared for at home, and provides job satisfaction for the nurses. British Journal of Community Nursing March 2018

Characterising the growth in palliative care prescribing 2011–2015: Analysis of national medical and non-medical activity

The role of non-medical prescribers working in palliative care has been expanding and prescribers report improvements in patient care, patient safety, better use of health professionals’ skills and more flexible team working. Despite this, there is a lack of empirical evidence to demonstrate their impact, limiting our understanding of the future role of non-medical prescribers within this part of the healthcare system Palliative Medicine April 2018

Influence of Dietitians in Preventing Parenteral Nutrition Prescription Errors in Children

The purpose of this study was to determine whether direct involvement by dietitians in parenteral nutrition (PN) ordering resulted in a reduction in PN prescriptions errors. A prospective audit of PN prescriptions was undertaken at a pediatric hospital over 50 weeks.

Prescriptions for PN that had dietitian involvement were compared with prescriptions in which dietitians were not directly involved. The number of total prescriptions, the number of prescriptions with errors, and the types of errors from both groups were recorded. Errors were classified into “dietitian-preventable errors” and “nondietitian-preventable errors.”

Comparisons were made between prescriptions with and without errors, between dietitian-preventable and nondietitian-preventable errors, and between the dietitian and nondietitian groups per error type. The total number of prescription errors was 126 and 146 for the dietitian and nondietitian groups, respectively. The dietitian group was less likely than the nondietitian group to be associated with dietitian-preventable errors. Journal of Parenteral and Enteral Nutrition March 2018
Prescribing for ADHD in primary care
Prescribing rates are closely linked to prevalence and receive a similar level of attention. A 2016 study explored prescribing patterns of ADHD drugs in children in the UK using primary care records, finding a dramatic increase in use from 1992 until around 2008, with stable levels of use since then. ADHD drug use in children aged <16 years increased a staggering 34-fold overall in that 16-year period.

British Journal of General Practice April 2018

Infanrix hexa: a hexavalent vaccine for infant immunisation

The hexavalent vaccine Infanrix hexa, which protects against hepatitis B in addition to diphtheria, tetanus, pertussis, poliomyelitis and Haemophilus influenzae type b, was introduced to the UK routine infant immunisation schedule in Autumn 2017. This article summarises its efficacy and adverse effects, with an overview of the new immunisation schedule.

Prescriber April 2018

Honey for acute cough in children

Cough causes concern for parents and is a major cause of outpatient visits. Cough can impact quality of life, cause anxiety, and affect sleep in children and their parents.

Honey has been used to alleviate cough symptoms. This is an update of reviews previously published in 2014, 2012, and 2010. The objective of this review was to evaluate the effectiveness of honey for acute cough in children in ambulatory settings.

Cochrane Systematic Review [May 2018]

Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children

Acute respiratory tract infections (ARTIs) are common and may lead to complications. Most children experience between three and six ARTIs each year.

Although these infections are self limiting, the symptoms can be distressing.

Many treatments are used to control symptoms and shorten the duration of illness. They often have minimal benefit and may lead to adverse effects.

Oral homeopathic medicinal products could play a role in the treatment of ARTIs for children if evidence for effectiveness is established.

The objectives of this study were to assess the effectiveness and safety of oral homeopathic medicinal products compared with placebo or conventional therapy to prevent and treat acute respiratory tract infections in children. Cochrane Systematic Review [May 2018]
**BAP consensus guidelines on autism spectrum disorder**

The British Association for Psychopharmacology (BAP) recently issued new guidelines on the assessment and treatment of autism spectrum disorder, based on consensus rather than systematic review. This article provides an overview of the main recommendations. These recommendations cover children and adults on the spectrum. *Prescriber May 2018*

**The Summary...** The BAP is in close agreement with NICE that drug treatment is not appropriate for core symptoms of ASD, that psychosocial interventions are preferred to drugs, and that drug treatment should be regularly reviewed. But while NICE confines its recommendations to the here and now, the BAP is more open to treatments that appear to show promise. For example, NICE accepts a role for drug treatment to aid sleep but does not mention melatonin, whereas the BAP is more supportive of this approach. The BAP says its recommendations are based on the current literature and expert opinion. Its review is “not intended to be exhaustive, but to highlight key findings and also place them in a clinical context, drawing from the practical experience of the contributors.” This approach should help the clinician “to place the evidence and our recommendations in the individual context of the person with ASD in front of them.”

**Prescribing study reveals undertreatment of ADHD, depression, and anxiety among youth**

Prescribing patterns of stimulant, antidepressant, and antipsychotic medications to young people are consistent with the epidemiology of anxiety, depression, and attention-deficit/hyperactivity disorder (ADHD), researchers have found, countering criticism that these medications are overprescribed in children and adolescents. In fact, the study, published in the Journal of Child and Adolescent Psychopharmacology, shows that antidepressants and stimulants are, if anything, under prescribed. However, prescribing of antipsychotics for children may be more difficult to align to indications, as so much of this prescribing is done for off-label — although not necessarily inappropriate — indications, the researchers concluded. *The Brown University Child and Adolescent Pharmacology update March 2018*

**Diagnosis and management of the epilepsies in children**

There are many different types of epilepsy that can occur in childhood, identification and management can be complex. The authors discuss the diagnosis of epilepsy in children, choice of antiepileptic drug treatments and their adverse effects, and non-pharmacological treatment options. *Prescriber April 2018*
Anticipatory prescribing and advance care planning in palliative care for children and young people

The ability to manage the distressing symptoms of life-limiting conditions in children outside of hospital is essential if families are to receive care in their place of choice. A key tool to support practitioners achieve this is the advance care plan. Issues of polypharmacy and comorbidity are common in this population. Many medicines used in children’s palliative care are prescribed off-label.

Assessment, anticipation and management of symptoms should be child-focused, family-centred, holistic and interdisciplinary, and should be considered a continual process rather than as a single event. Practitioners must ensure effective relationships and communication between health professionals, teams and across organisational boundaries. Nurse Prescribing May 2018

Best practice in prescribing off-label medication for children

Prescribing for children differs from other patient groups for many reasons including pharmacokinetics, adherence and concordance, potential long-term side effects and the practicalities of medication formulation. Another important element of prescribing that must be considered by the non-medical prescriber is that many medications available for children are prescribed out of their licence or unlicensed.

This article explores the accountability, ethics and law regarding prescribing unlicensed or out-of-licence medication for children. Examples from the author’s area of practice are included and standards and frameworks available to support the non-medical prescriber in prescribing off-label medication for children are identified. Nurse Prescribing May 2018

A systematic review to explore influences on parental attitudes towards antibiotic prescribing in children

In primary care settings, substantial numbers of antibiotics are prescribed for young children, despite viral nature of illness for which antibiotics are ineffective. Parents play a vital role in decision-making regarding accessing healthcare services and requesting treatment for their children. Journal of Clinical Nursing March 2018

Ask me: Children’s experiences of pain explored using the draw, write, and tell method

Pain management within emergency departments (ED) remains challenging. Given that unrelieved pain in children is linked to a number of negative physiological and psychological consequences, optimal management of children’s pain is paramount. Many studies exploring children’s pain have adopted quantitative methods or sought the perspectives of adults. Compared to adults, studies examining children’s views on pain and pain management are limited. This study aimed to explore children’s pain experiences, their perception of pain management and expectations of the role of the nurse. Journal for Specialists in Pediatric Nursing May 2018

Pediatric nurses’ perceived knowledge and beliefs of evidence-based practice in the care of children and adolescents with moderate-to-severe traumatic brain injury

Pediatric nurses play a significant role in all phases of traumatic brain injury (TBI) recovery, particularly during the hospital stay. Although evidence-based nursing practice is known to improve patient outcomes, limited research exists on nurses’ evidence-based perceived knowledge and beliefs specific to TBI care. The purpose of this study was to evaluate pediatric nurses’ evidence-based perceived knowledge and beliefs in providing care for children and adolescents with moderate-to-severe TBI. Journal for Specialists in Pediatric Nursing February 2018
Pregnancy

RCOG guidance: early-onset neonatal GBS disease
In September 2017, the Royal College of Obstetricians and Gynaecologists published their updated Green-top Guideline on the prevention of early-onset neonatal group B streptococcal disease. Here, Dr Williams summarises some of the main changes to the guidance and their implications for antenatal and peripartum care.

Prescriber January 2018

Respiratory Health

Incremental Shuttle Walk Test to Assess and Prescribe Exercise for Subjects With Bronchiectasis: Hallway Versus Treadmill
The incremental shuttle walk test was initially developed to be carried out in a hallway (ISWT-H) but has been modified to be performed on a treadmill (ISWT-T).

This study compared the performance, physiological responses, and perception of effort between the ISWT-T with a handrail and ISWT-H for people with bronchiectasis. It also looked to estimate and compare the prescription for training intensity with both tests.

Respiratory Care March 2018

Considerations of prescribers and pharmacists for the use of non-selective β-blockers in asthma and COPD patients: An explorative study
Despite recommendations in prevailing guidelines to avoid the use of non-selective (NS) β-blockers in patients with asthma or COPD, on average, 10 patients per community pharmacy receive NS β-blockers monthly. The aim of this study was to identify the reasons why prescribers and pharmacists elected to treat asthma and COPD patients with NS β-blockers.

Journal of Evaluation in Clinical Practice January 2018

Diagnosis, monitoring and management of chronic asthma
In November 2017, NICE published a new guideline on the diagnosis and management of chronic asthma (NG80). This article provides an overview of the guidance, and how it differs from the 2016 joint British Thoracic Society/SIGN guideline.

Prescriber April 2018

Rheumatology

Rheumatology nurse specialists and corticosteroids prescription—is it safe?
It is well recognised that a multidisciplinary team management is pivotal in achieving good clinical outcomes for people with a range of diverse chronic rheumatic conditions.

The rheumatology nurse specialist plays a central role in this multi-professional team facilitating a streamlined approach to treating complex diseases (van Eijk-Hustings et al., 2012). Therapeutic management is indubitably a key requirement of the job.

However, there remains a lack of consensus on the pre-requisite standards or a model framework for such provision.

International Journal of Nursing Studies March 2018
Prescribing and monitoring non-biological DMARDs

The British Society for Rheumatology and British Health Professionals in Rheumatology recently updated their guidance on prescribing and monitoring non-biological disease-modifying antirheumatic drugs (DMARDs) for patients with rheumatic disease. This article provides an overview of the main recommendations of the new guideline. Prescriber February 2018

Smoking E-cigarettes: making healthcare professionals myth busters

Electronic cigarettes have an important role in helping many people to stop smoking, but widespread myths and misconceptions remain about their safety. Public Health England’s recent evidence review aims to help healthcare professionals dispel some of these myths. Prescriber April 2018

Supporting smokers to quit in general practice

Smoking tobacco is the single biggest preventable cause of mortality in England and Wales and is the cause of much ill-health with over 1.5 million people in England suffering from a smoking-related disease.

This article provides an overview of smoking cessation training needs for practice nurses, information on carbon monoxide and advice on the different methods of cessation and relevant medication. Nurse Prescribing March 2018

Social Prescribing

Social Prescribing in the U.S. and England: Emerging Interventions to Address Patients’ Social Needs

Though the U.S. and England have very different healthcare systems and levels of social services spending, both countries are increasingly experimenting with social prescribing as a way to address patients’ social needs in clinical settings.

Social prescribing is an approach that seeks to address people’s needs in a holistic way and support individuals to take greater control of their own health. It enables GPs, nurses and other primary care professionals to refer people to a range of local non-clinical services. Social prescribing schemes can involve a variety of activities, which are typically provided by voluntary and community sector (VCS) organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support.

For more information, see: The King’s Fund (2017). What is Social Prescribing?

Facilitators and barriers of implementing and delivering social prescribing services: a systematic review

Social Prescribing aims to promote partnership working between the health and the social sector to address the wider determinants of health. To date, there is a weak evidence base for Social Prescribing services.

The objective of the review was to identify factors that facilitate and hinder the implementation and delivery of SP services based in general practice involving a navigator.

Where next for social prescribing in England?

Social prescribing – the process of primary care professionals referring patients to a range of local non-clinical services – was the focus of a conference organised by the Westminster Health Forum and held in London in March. Joy Ogden reports on some of the highlights of the conference.

Prescriber May 2018
Diagnosis and management of endometriosis

In September 2017, NICE published its first guidance specifically addressing the diagnosis and management of endometriosis (NG73). This article summarises the key recommendations of the new guidance. **Prescriber March 2018**

**Update on the use of emergency contraception**

In March 2017, the Faculty of Sexual and Reproductive Healthcare (FSRH) issued a new guideline on emergency contraception. This article provides an overview of the current approach to managing emergency contraception to help busy clinicians tailor the most appropriate method to each individual. **Prescriber January 2018**

**Kyleena: a new five-year levonorgestrel-releasing IUS**

Kyleena is a new levonorgestrel-releasing intrauterine system (IUS) with a small frame that is indicated for contraception for up to five years. This article discusses its properties, contraceptive efficacy and adverse effects. **Prescriber April 2018**

**Management of benign vulval dermatoses in primary care**

This article describes the most common types of benign vulval dermatoses encountered in primary care and their management, and discusses when referral to secondary care is required. **Prescriber May 2018**

**Patient-centered Contraceptive Counselling and Prescribing**

Learning how to best meet a patient's contraceptive needs improves her chances of using her birth control consistently and is crucial to providing patient-centered care. The best contraceptive method for an individual patient is the one that is safe and that she is most comfortable using. **Clinical Obstetrics and Gynecology March 2018**

**Antidepressants for preventing postnatal depression**

It is not clear whether antidepressants are effective for the prevention of postnatal depression and little is known about possible adverse effects for the mother and infant, particularly during breastfeeding. The objectives of this review were to assess the effectiveness of antidepressant medication for the prevention of postnatal depression, in comparison with any other treatment, placebo or standard care. **Cochrane Systematic Review [May 2018]**

**Female urinary incontinence: Pharmacological treatments**

There are several different types of female incontinence and this article discusses these along with the most common treatments, with particular emphasis on pharmacological treatments. The pharmacological treatments are discussed in detail, including dosages, side effects and monitoring. **Nurse Prescribing April 2018**

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**Table 1. Common benign vulval dermatoses**

- Vulval dermatitis – atopic eczema and contact dermatitis
- Vulval psoriasis
- Vulval lichen planus
- Vulval lichen sclerosus
- Vulval lichen simplex
Professional Concerns

Practice makes perfect: A systematic review of the expertise development of pharmacist and nurse independent prescribers in the United Kingdom

Prescribing is a complex and error-prone task that demands expertise. McLellan et al.’s theory of expertise development model proposes that in order to develop, individuals should deliberately engage their knowledge, skills and attitudes within a social context. Its applicability to independent prescribers (IP) is unknown.

Research in Social & Administrative Pharmacy; Jan 2018

Is it time to re-examine the doctor-nurse relationship since the introduction of the independent nurse prescriber?

The nurse-doctor relationship needs to be re-evaluated in light of the expanding role of nurse’s into areas that traditionally had been considered a doctor’s role.

While the medical profession has been willing to relinquish some control to nurses in areas such as wound or incontinence care because these aspects do not threaten their authority, position or power.

The issue of non-medical prescribing remains for some in the medical profession a topic of concern.

Despite non-medical prescribing being discussed widely in the literature very little has been mentioned about how the introduction of the nurse prescriber has impacted the professional relationship between the nurse and the doctor.

Australian Journal of Advanced Nursing; Dec 2017

Impact of issuing longer- versus shorter-duration prescriptions: a systematic review

From a search total of 24,876 records across all databases, 13 studies were eligible for review. Evidence of moderate quality from nine studies suggested that longer prescriptions are associated with increased medication adherence.

Evidence from six studies suggested that longer prescriptions may increase medication waste, but results were not always statistically significant and were of very low quality.

No eligible studies were identified that measured any of the other outcomes of interest, including health outcomes and adverse events.

British Journal of General Practice April 2018

Sharing of prescription analgesics amongst patients in family practice: Frequency and associated factors

This study found that 61% of patients in family medicine practices engage in sharing prescription analgesics, whether it was lending (42%) and/or borrowing (54%). Independent predictors of lending prescription analgesics were: history of sharing prescription medication other than analgesics, providing information regarding the medication alongside the prescription medication itself, not reading package insert that accompanies medication, subjective perception of personal health and decreased awareness of personal harm associated with prescription analgesic sharing.

European Journal of Pain December 2017
New beginnings for prescribing in Nurse Prescribing April 2018

The Systematic Tool to Reduce Inappropriate Prescribing (STRIP): Combining implicit and explicit prescribing tools to improve appropriate prescribing

Inappropriate prescribing is a major health care issue, especially regarding older patients on polypharmacy. Multiple implicit and explicit prescribing tools have been developed to improve prescribing, but these have hardly ever been used in combination.

The Systematic Tool to Reduce Inappropriate Prescribing (STRIP) combines implicit prescribing tools with the explicit Screening Tool to Alert physicians to the Right Treatment and Screening Tool of Older People’s potentially inappropriate Prescriptions criteria and has shared decision-making with the patient as a critical step. This article describes the STRIP and its ability to identify potentially inappropriate prescribing. Journal of Evaluation in Clinical Practice April 2018

Is our prescribing really patient-centred?

While prescribers may intend their prescribing to be patient-centred, there are occasions when this is not apparent to the patient. Organisational priorities and imperatives may also lead to the adoption of population-level policies that militate against individually tailored care. Where this happens, prescribers should advocate for the patient. The management of individual consultations must allow space for the patient to insert concerns and questions of their own. Nurse Prescribing April 2018

Differences between the use of PGDs and PSDs in primary care

The use of both Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) is commonplace in primary care. This article provides an overview of the two directions highlighting similarities and differences between them. Nurse Prescribing May 2018

Legal aspects in nurse prescribing

This article discusses the legal implications nurse prescribers need to be aware of in their interactions with patients. There have been huge changes as a result of recent common law decisions regarding patient autonomy and the role of the healthcare practitioner when enabling a person to make a decision about their care. It is a reminder that the age of medical paternalism is rapidly becoming a relic of the past and that patients have the legal and ethical right to make decisions about their care. Nurse Prescribing April 2018

Reading Well Books on Prescription Programme

The programme is developed by national charity The Reading Agency in partnership with the Society of Chief Librarians (SCL) and provides booklists of quality-assured, evidence-based material on a range of health areas. Users can be recommended titles by a health professional, or people can self-refer and access the books for free from their local library. Practice Nursing March 2018

At present, the scheme is delivered in 98% of English public library authorities.
An overview of developments in nurse prescribing in the UK

In the UK and internationally, the nursing profession is continuing to advance and innovate its roles and functions. One area in which this is particularly notable is nurse prescribing. The UK has the most extended nurse prescribing rights in the world, with significant advances in this field over the past two decades. This article reflects on this development, what has been learned and the challenges that remain in relation to nurse prescribing and meeting healthcare service needs. Nursing Standard March 2018

The experiences of being a registered nurse prescriber within an acute service setting

The study identified three themes:

- Enhanced Patient Care,
- Impact on the Nurse as a Prescriber and
- the Challenges of Nurse Prescribing.

The nurses interviewed were proud to be prescribers and perceived their prescribing practice as safe. This was a unique finding, not described by other research. Increased job satisfaction was also important to those interviewed.

Ongoing challenges affecting prescribers included staff shortages, extra workload arising from prescribing and the need to educate colleagues about nurse prescribing. Journal of Clinical Nursing February 2018

A qualitative systematic review of the factors that influence prescribing decisions by nurse independent prescribers in primary care

This article aims to understand the factors that influence nurse independent prescribers’ decisions in primary care in the UK. The author undertook a literature search to find pertinent studies. Studies were assessed against specific inclusion and exclusion criteria, critically appraised, then analysed and synthesised using meta-ethnography.

Three main themes were generated:

- perception of competence
- perception of risk, and
- impact on patient

These factors are not limited to nurse prescribers, with evidence suggesting GPs also experience similar issues. Primary Health Care March 2018

It’s time to increase prescriber numbers

Newly qualified nurses should have limited prescribing powers. Latest figures from the Nursing and Midwifery Council show that as of September 2017 there were 77,067 nurse prescribers in the UK. Yet many nurses trained to prescribe do so infrequently or not all. What are the barriers to nurse prescribing and how can they be overcome? Nursing Standard March 2018

Medicine safety: indicators for safer prescribing

A series of indicators to inform safer prescribing practice, helping pharmacists, clinicians and patients to review prescribed medication and prevent avoidable harm. Department of Health [May 2018]

Reducing prescribing errors

The Way Forward: expanded prescribing roles for nurses and midwives. The author discusses the possible prescription of medicines by nurses in Australia if they meet the requirements of their registration standards.

"And, when you can't go back, you have to worry only about the best way of moving forward." — Paulo Coelho, The Alchemist

Topics covered include the author's experience of having pain relief delivered to her niece via a nurse intervention, and the strong support for enhanced prescribing roles for nurses and midwives.

Also noted are three models on the occurrences for level 1 structured prescribing, level 2 partnership prescribing, and level 3 independent prescribing.

Australian Nursing and Midwifery Journal March 2018

Interactions: understanding people and process in prescribing in primary care

The issuing of prescriptions in primary care has been shown to be a complex, technology-supported process that requires collaboration between clinical and administrative staff.

As policy urges primary care phy-sicians to stretch safe delegation further, quality improvement research in primary care must also take a team or organisational perspective.

There is a need for quality improvement efforts to understand the team structure, role definitions and accountability.

“TEAM PRESCRIBER”

This will better identify how the team can work to maintain and promote safety, and identify points where improvement is possible.

BMJ Quality and Safety March 2018

Efficiency and thoroughness trade-offs in high-volume organisation- al routines: an ethnographic study of prescribing safety in primary care

Prescribing is a high-volume primary care routine where both speed and attention to detail are required.

One approach to examining how organisations approach quality and safety in the face of high workloads is Hollnagel’s Efficiency and Thoroughness Trade-Off (ETTO). Hollnagel argues that safety is aligned with thoroughness and that a choice is required between efficiency and thoroughness as it is not usually possible to maximise both.

This study aimed to ethnographically examine the efficiency and thoroughness trade-offs made by different UK general practices in the achievement of prescribing safety.

BMJ Quality and Safety March 2018

Beginners in prescribing practice: Experiences and perceptions of nurses and doctors

The development of core skills, knowledge and attitudes as a prescriber is among the present foci of current medical education, and the requirements for ongoing mentorship, support and education for novice medical prescribers have been identified as important training components. Journal of Clinical Nursing
Prescribing exam practice questions in Nurse Prescribing [March 2018]

Drug interactions: Important considerations for nurse prescribers

If 5 drugs are taken there are 10 possible interactions: 10 drugs results in 45 possible interactions. If someone takes 30 different drugs there would be 435 possible scenarios

This article discusses the potential for drugs to interfere with each other.
The advice is to not ignore the consulting software at your practice which provides alerts to possible problems and to warn patients of any possible drug mishap before it is started.

Practice Nurse [April 2018]

Management of Non-Controlled Prescription Renewals in a Primary Care Practice

In 2016, over 4 billion prescriptions were filled at pharmacies in the US. Numbers of adults and children taking prescription medications is rising.

As a result, renewing prescriptions is a significant burden for staff working in primary care practices. Many pharmacies still use a fax system to request medication renewals resulting in duplication.

The Journal of Medical Practice Management [Mar/Apr 2018]

Factors associated with prescribing costs: analysis of a nationwide administrative database

All health care systems in the world struggle with rising costs for drugs. This study sought to explore factors impacting on prescribing costs in a nationwide database of ambulatory care in Germany.

Factors identified by this research can be used for adjustment in future profiling efforts.

Cost Effectiveness and Resource Allocation [February 2018]

Chiropractic and prescriptive rights: Should chiropractors be allowed to prescribe drugs?

This article considers the future of chiropractic prescribers within the context of US legislation. The central tenet of the article is that chiropractors are unique in that they currently do not increase the amount of drugs being used to treat a problem. They have a different type of expertise and should focus on developing their specialism.

American Chiropractor [March 2018]

Orphan medicines: the high cost of hope

Some of the most expensive drugs on the market are designed to treat rare diseases that affect only a handful of people.

These medicines, termed orphan drugs, provide a lifeline to extremely sick people, but the cost implications for the NHS budget can be significant.

Prescriber January 2018
Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs
This guidance is addressed to CCGs to take the proposed conditions for which over the counter items should not routinely be prescribed in primary care guidance into account in formulating local polices, and for prescribers to reflect local policies in their prescribing practice. NHS England [May 2018]

Prescription charge rise Charges for prescriptions in England will increase by 20 pence from £8.60 to £8.80 for each medicine or appliance dispensed. Charges for wigs and fabric supports will also be increased in line with inflation. The cost of the prescription prepayment certificates (PPC) has been frozen. Department of Health [February 2018]

Advanced paramedics to prescribe drugs New laws, which come into force on 1 April, will allow the most qualified and experienced paramedics to prescribe medication for patients who do not need hospital treatment. NHS England [April 2018]

The rising cost of medicines to the NHS: what’s the story? This briefing looks at how much the health service spends in total on medicines, both generics and branded medicines, based on publicly available data. The Kings Fund [April 2018]

PREVALENCE AND ECONOMIC BURDEN OF MEDICATION ERRORS IN THE NHS IN ENGLAND [REPORT]
Rapid evidence synthesis and economic analysis of the prevalence and burden of medication error in the UK. This report presents two interlinked elements of work:
1. A rapid review of the literature:
   a) to identify literature about the incidence and prevalence of medication errors in the UK
   b) to identify the literature on the costs and health burden associated with medication errors in the UK
2. Modelling to provide national annual estimates of error prevalence and error burden in the NHS in England informed by the literature obtained in Reviews 1 and 2, but drawing on other evidence as appropriate. Policy Research Unit in Economic Evaluation of Health & Care Interventions (EEPRU) [February 2018]

The Clip Project: A Quality Improvement Project Aimed at Engaging Clinicians in Safe Prescribing Practices
Clinician engagement has been demonstrated to promote change and improve healthcare outcomes. This study explores the impact of a medication prescription quality improvement project on staff engagement. Journal of Paediatrics and Child Health March 2018

First evidence that Prescribing Arts schemes can benefit patients
Prescribing Arts’ schemes support the management of mental well-being in primary care, but there is little evidence on the effect. This study reports on one scheme in south west England over seven years (2009-2016). Primary Health Care March 2018
Physiotherapy

The evolution of physiotherapist non-medical prescribers

Physiotherapist and non-medical prescriber, Martin Hey, reflects on his personal journey, and that of the profession as a whole, to becoming an independent prescriber and running a secondary care pain service... [see guest contribution]

Nurse Prescribing April 2018

Nordic Walking Can Be Incorporated in the Exercise Prescription to Increase Aerobic Capacity, Strength, and Quality of Life for Elderly: A Systematic Review and Meta-Analysis

The aim of this review and meta-analysis was to summarize and analyse the effects of Nordic Walking on physical fitness, body composition, and quality of life in the elderly. Fifteen studies were identified; age of participants ranged from 60 to 92 years old. Comparing with a sedentary group, effect sizes showed that Nordic Walking was able to improve dynamic balance functional balance muscle strength of upper and lower limbs aerobic capacity cardiovascular outcomes body composition and lipid profile. It seemed that Nordic Walking had a negative effect on static balance. Comparing with a walking (alone) training, effect sizes showed that Nordic Walking improved the dynamic balance, flexibility of the lower body, and quality of life.

Walking training was more effective in improving aerobic capacity. Comparing Nordic Walking with resistance training, effect sizes showed that Nordic Walking improved dynamic balance, muscle strength of the lower body, aerobic capacity, flexibility of the upper body, and the quality of life.

Nordic Walking can be considered as a safe and accessible form of aerobic exercise for the elderly population, able to improve cardiovascular outcomes, muscle strength, balance ability, and quality of life.

Rejuvenation Research; Apr 2018

What is required to facilitate implementation of Swedish physical activity on prescription? – interview study with primary healthcare staff and management

The method, Swedish Physical Activity on Prescription (SPAP), has been launched in Swedish healthcare to promote physical activity for prevention and treatment of lifestyle related health disorders.

Despite scientific support for the method, and education campaigns, it is used to a limited extent by health professionals.

The aim of the study was to describe the views of health professionals on perceived facilitators, barriers and requirements for successful implementation of SPAP in primary healthcare.

BMC Health Services Research March 2018
Inter-expert agreement and similarity analysis of traditional diagnoses and acupuncture prescriptions in textbook- and pragmatic-based practices

This study examined the agreement of acupuncture experts with textbook prescriptions and among themselves, and (2) the association between similar traditional diagnoses and textbook acupuncture prescriptions, examining whether pragmatic practice (i.e., modifying prescriptions according to personal clinical practice) alters such an association.

A computational analysis quantified the diagnosis-prescription association from a textbook. Eight acupuncture experts were independently interviewed. Experts modified the textbook prescriptions according to their pragmatic practice. Experts mostly agreed (19–90%) or strongly agreed (0–29%) with the textbook prescription.

Contemporary therapies in clinical practice February 2018

A meta-ethnography of health-care profession- als’ experience of treating adults with chronic non-malignant pain to improve the experience and quality of healthcare

This study highlights areas that help us to understand why the experience of health care can be difficult for patients and health-care professionals and, importantly, that health-care professionals can find it challenging not to find a diagnosis.

NIHR [April 2018]

Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review

Chronic peripheral joint pain due to osteoarthritis (OA) is extremely prevalent and a major cause of physical dysfunction and psychosocial distress. Exercise is recommended to reduce joint pain and improve physical function, but the effect of exercise on psychosocial function (health beliefs, depression, anxiety and quality of life) in this population is unknown. The objective of this review is to improve our understanding of the complex interrelationship between pain, psychosocial effects, physical function and exercise.

Cochrane Systematic Review [May 2018]

Effects of prescribed aerobic exercise volume on physical activity and sedentary time in postmenopausal women: a randomized controlled trial

This study examines the effects of two moderate-vigorous intensity exercise doses on total, light and moderate-vigorous intensity physical activity times, and sedentary time in postmenopausal women during the year-long intervention and one year later.
Prescribers to improve healthcare services by improving their professional and interprofessional development.

*Journal of Interprofessional Care; Mar 2018*

**Getting started with clinical pharmacists in general practice**

The NHS England scheme to develop the role of clinical pharmacists in general practice is now well underway. With phase 2 of the programme now recruiting, this article provides pragmatic advice for both practices and pharmacists embarking on this new venture.

*Prescriber March 2018*

**Using real-world patient data to improve healthcare outcomes**

How CPRD is contributing to improvements in drug safety and clinical practice through the use of real-world patient data in public health research.

*Prescriber March 2018*

**Utilising community pharmacists to reduce prescribing waste**

Community pharmacy teams are in a unique position to identify opportunities for medicines optimisation. Richard Brown describes a joint project carried out between Avon Local Pharmaceutical Committee and Bath and North East Somerset CCG that utilised community pharmacists to identify and reduce prescribing waste.

*Prescriber March 2018*

**The Montgomery judgment and pharmacist consultations**

There is little awareness among pharmacists of the existence of the Montgomery judgment or its potential implications for medicines-related consultations. Nina Barnett and Claudia Carr therefore undertook a survey of pharmacists in England to create a baseline for current knowledge about informed consent in the context of medicines-related consultations.

*Prescriber January 2018*

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**Pharmaceutical interventions on prescribed medicines in community pharmacies: focus on patient-reported problems**

While dispensing prescribed medicines, pharmacists performed individualised pharmaceutical interventions to solve or prevent drug-related problems. That almost a quarter of all pharmaceutical interventions triggered by patient-reported problems highlights the importance of direct patient-pharmacist interaction when dispensing prescribed medicines.

*International Journal of Clinical Pharmacy April 2018*

**Pharmacist prescribing: a cross sectional survey of the views of pharmacists in Nigeria**

This study was carried out to: explore the views of pharmacists in Nigeria on the extension of prescribing authority to them and determine their willingness to be prescribers and identify the potential facilitators and barriers to introducing pharmacist prescribing in Nigeria.

*International Journal of Pharmacy Practice May 2017*

**Factors influencing secondary care pharmacist and nurse independent prescribers’ clinical reasoning: An interprofessional analysis**

In the United Kingdom, pharmacist and nurse independent prescribers are responsible for both the clinical assessment of and prescribing for patients. Prescribing is a complex skill and decision-making is influenced and informed by many factors.

This study, explores what factors influence pharmacist and nurse independent prescribers during the process of clinical reasoning.

*International Journal of Pharmacy Practice May 2017*
‘If no-one stops me, I'll make the mistake again’: Changing prescribing behaviours through feedback; A Perceptual Control Theory perspective

To explore the experiences of prescribers receiving different methods of feedback about their prescribing errors. Perceptual Control Theory (PCT) was used as a theoretical framework to explain which aspects of feedback were most likely to influence prescribing behaviour.

Research in Social and Administrative Pharmacy March 2018

Safe prescribing, rocket science and consumers

“achieving quality use of medicines is not rocket science, it is harder…” (Shakib 2005)

“Safe prescribing and dispensing is complex and requires us to consider each of the soluble parts of this puzzle. Using the available frameworks will help, but engaging and empowering consumers, patients and their families is essential before we can crack this nut.” Journal of Pharmacy Practice and Research February 2018

Can pharmacists promote self-care using digital technology?

Health professionals are increasingly making use of digital technology such as healthcare apps to improve patient outcomes. Here, the authors discuss the findings of their discovery project to investigate whether community pharmacists can successfully promote patient self-care using the Simple Florence text messaging system (Flo) and the Manage Your Health (MYH) app.

Prescriber February 2018

Revalidation for pharmacists and pharmacy technicians

Pharmacists and pharmacy technicians will be required to go through revalidation to renew their professional registration. The change has been made by the General Pharmaceutical Council (GPhC) and will replace the continuing professional development (CPD) only system.

General Pharmaceutical Council [January 2018]

Practice pharmacists and the opportunity to support general practitioners in deprescribing in the older person

Improving medication management requires the adoption of multiple strategies, and is dependent on improving partnerships between doctors, patients and pharmacists. The primary purpose of a general practice pharmacist is to support general practitioners (GPs) to minimise the risks associated with medicines and optimise patient outcomes through the quality use of medicines.

Journal of Pharmacy Practice and Research April 2018

Assessing Medical Prescription Forms as a Communication Tool in Trans-European Health Care

The objective of the study was to compare the medical prescription forms in European Union (EU) countries, evaluating their convergence toward the implementation of cross-border care, as proposed by the existing EU health-care directives. It also aims to assess how the existing EU prescription models fulfil higher standards of medication prescribing quality and patient safety.

Journal of Research in Pharmacy Practice Jan-March 2018
Guest Contribution

In this issue Martin Hey consultant physiotherapist & independent non-medical prescriber gives us a synopsis of his published work in which he reflects back on his own personal journey within non-medical prescribing.

The evolution of physiotherapist non-medical prescribers

In 2006, I obtained a place on a non-medical prescribing (NMP) course. As an experienced physiotherapist working in persistent pain management in the Trust, my role had steadily evolved over the years towards a first-contact practitioner position. However, there was a glaring gap in both my knowledge and responsibility; pharmacotherapy.

Physiotherapy and prescribing

For many years it was standard practice, particular in outpatient musculoskeletal work, to include the taking of a drug history as part of the subjective examination. Historically, this was primarily concerned with identifying medication use that may influence the subsequent physiotherapeutic approach, e.g. long-term exposure to steroids may prompt a less vigorous approach to manual therapy; ongoing use of anticoagulation therapy may preclude intra-articular acupuncture.

The practicing physiotherapist would happily ask patients if they took any medications, with emphasis on anticoagulation and steroid use in more general terms, but probably would not delve too deeply into doses and frequency, benefits or side-effects. Follow-up questioning may ask about allergies, but would be aimed at spotting latex and metal allergies rather than anything else, and in hindsight I can understand why this was the normative level of clinical practice. Not an awful lot of time or interest was expended on other medication usage as it was felt that it simply wasn’t anything to do with physiotherapy, thus wasn’t necessary.

However, surely if we were interested enough to be asking then it must be important? It was implied that we would also be sufficiently knowledgeable to talk to patients about their medication usage and advise accordingly. However, physiotherapy was just not up to it, so we would block any discussion and move on. This must have left many patients at best confused and at worst offended.

Prescribing course

I recall the initial enthusiasm among my fellow post-graduate students that we were about to embark on study that would open our eyes to medication usage and also open the gates to the privilege and pleasure of prescribing in our specialised roles. Very quickly we hit the wall of panic after being bombarded with the legal ramifications of prescribing actions (and inactions), errors, omissions, mathematical miscalculations and rejected prescriptions from irritated pharmacy colleagues.
This seems to be a very common rite of passage on NMP courses, despite all students being willing learners, usually having sought out the opportunity, and universally having quite a lot of clinical experience under their tunics at that point.

Thankfully the fear and panic subsided after rational thought regained the upper hand. We were sensible, respected and trusted clinicians or else we wouldn’t be there, we knew our scope of practice, we were unlikely to evaluate prescribing success by the volume of medication we provided, we were going to emulate the best practice of medical prescribers and diligently avoid the worst traits; all would be well, if we could just pass the course.

The course at completion had been immensely challenging but hugely rewarding and informative. No fanfares or huge presentations followed, just back to the grind of having the qualification annotated onto the Health and Care Professions Council (HCPC) register and then obtaining the Trust’s formal inclusion of NMP practice into my job description and adding me to the organisation’s NMP register to cover the legalities of vicarious liability and for governance measures.

**Clinical Reality**

Sadly supplementary prescribing was substantially frustrating. Clinically it felt that my hands were partially tied in offering streamlined, efficient, effective care, as most prescribing could only be achieved through cumbersome clinical management plans (CMPs). It did, however, allow me to discuss medication management, principles of compliance and adherence and approach medication de-escalation with an appropriate level of knowledge and this was a major step in the right direction.

Over the intervening 8 years, before being able to undertake a conversion course to move to an independent NMP qualification, I tried to hone my pharmacotherapy skills experientially. It was with relief that legislative change (and protected funding) allowed those interested to pursue a top-up period of study to maximise the NMP potential still further. In 2015, I commenced the conversion course; I didn’t really learn any new information and the work required was more a formality to demonstrate existing competence rather than a serious step-up to a more academic level. Again, this was followed by additional HCPC annotation of the register and a larger, in-depth piece of work to log my amended independent NMP qualification with the Trust but also to satisfy the new governance arrangement that had substantially increased since the first time round.

The last 2 years as an independent NMP have brought an interesting turn of events. I have now been joined by three other physiotherapy colleagues, all independent prescribers actively utilising the skill in pain management, adult neurology, and hands and plastic surgery. There are three others part-way through the process and it is wonderful to be able to offer support, guidance where appropriate, and empathy where necessary, to those expanding the physiotherapy NMP numbers.
National Guidance [NICE]

Nice Guidelines  Evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions to planning broader services and interventions to improve the health of communities.

Quality Standards  Quality standards set out the priority areas for quality improvement in health and social care. They cover areas where there is variation in care. Each standard gives you: a set of statements to help improve quality information and measure progress.

Technology appraisals Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS. These can be:

Medicines, medical devices (hearing aids or inhalers)
Diagnostic techniques
Surgical procedures
Health promotion activities

Clinical Knowledge Summaries  These have prescribing information within them relating to specific conditions/diseases and the drugs administered/considered for treatment. The latest major updates can be found here.

Medicines and Prescribing  Guidance, advice and support for delivering quality, safety and efficiency in the use of medicines. Includes information about evidence summaries designed to help commissioners and budget holders make the right decision about the introduction of new medicines, provides information into how the best available evidence is summarised for licensed, off-label and unlicensed medicines.

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The app is updated monthly, making it the easiest way to keep up-to-date. The app is fully portable and can be used without an internet connection on your mobile or tablet. The app is free for:

* health and social care professionals who work for or are contracted by the NHS in England, Scotland and Wales.
* students who are studying on NHS-commissioned courses such as medicine or nursing.

NICE Bites—THE LATEST NICE BITES

NICE Bites is a monthly prescribing bulletin from the North West Medicines Information Centre which summarises key prescribing points from NICE guidance.

UKMI [UK medicines information] newsletters

New Medicines Newsletter February 2018
New Medicines Newsletter March 2018
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All clinical content is now accessed through the new Specialist Pharmacy Service website (www.sps.nhs.uk)

MHRA  The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. It is an executive agency, sponsored by the Department of Health and Social Care.

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MHRA  The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. It is an executive agency, sponsored by the Department of Health and Social Care.

* Drug Safety Update - February 2018
* Drug Safety Update - March 2018
* Drug Safety Update - April 2018
* Drug Safety Update - May 2018
* All MHRA services and information

BNF Publications mobile app

A reminder about the availability of all adult and child BNF content though a single mobile app. This is available for download on iTunes & Google Play.

The app is updated monthly, making it the easiest way to keep up-to-date. The app is fully portable and can be used without an internet connection on your mobile or tablet. The app is free for:

* health and social care professionals who work for or are contracted by the NHS in England, Scotland and Wales.
* students who are studying on NHS-commissioned courses such as medicine or nursing.

NICE Bites—THE LATEST NICE BITES

NICE Bites is a monthly prescribing bulletin from the North West Medicines Information Centre which summarises key prescribing points from NICE guidance.

UKMI [UK medicines information] newsletters

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New resources in the library

Resource of the month: BMJ Best Practice

Healthcare professionals need fast and easy access to the latest relevant information when making diagnosis and treatment decisions, this is what BMJ Best Practice provides.

Access using your NHS OpenAthens username and password.

What is BMJ Best Practice?

BMJ Best Practice is a clinical decision support tool that takes you quickly and accurately to the latest evidence based information, whenever and wherever you need it.

You can use BMJ Best Practice to:

- Search thousands of clinical topics and over 6,000 clinical guidelines
- Find answers fast using a layout that mirrors the patient consultation
- Access information anywhere, with offline access via the award winning BMJ Best Practice app
- Get step-by-step guidance via their unique treatment algorithm tables
- Watch procedural videos on common clinical conditions
- Check prescription guidance using linked drug databases and over 250 medical calculators
- Stay current with Important Updates & Cochrane Clinical Answers highlighted within each topic
- Ensure – your ongoing professional development with automatic CME/CPD tracking

Resource suggestions

Let us Know!

About any books/journals you feel would be useful to your professional development or within your work. Also any ideas for content within this publication, is there anything that you can think of that would be good to include here?

Disclaimer: We make every effort to ensure the information in this publication is accurate and up to date. We do not accept any responsibility for errors or omissions. Nor do we accept any responsibility for loss or damage resulting from making use of this information. Links to third party websites are provided for the convenience of users and we in no way endorse the contents, views or information held on such sites.