Non-Medical Prescribers’ Current Awareness Bulletin

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Development of new antibiotics encouraged with new pharmaceutical payment system

The NHS will test the world’s first ‘subscription’ style payment model to incentivise pharmaceutical companies to develop new drugs for resistant infections. The new trial will be led by the National Institute for Health and Care Excellence (NICE) and NHS England and NHS Improvement. It will test a ‘subscription’ style model that pays pharmaceutical companies upfront for access to drugs based on their usefulness to the NHS.

Community Pharmacy Contractual Framework: 2019 to 2024

A 5-year deal setting out how community pharmacy will support delivery of the NHS Long Term Plan.

UK to invest in new research against evolving global health threats

The Chief Medical Officer has announced funding for projects to help beat antimicrobial resistance and achieve global universal health coverage.

NHS England

High street heart checks on the NHS

Pharmacists are set to offer rapid detection and help for killer conditions like heart disease as part of a major revamp of high street pharmacy services. The high street heart checks are part of an ambitious target the NHS in England has set itself as part of its Long Term Plan to prevent tens of thousands of strokes and heart attacks over the next ten years.

Barriers to accessing cannabis-based products for medicinal use on NHS prescription

This document provides information on the findings and recommendations following NHS England and NHS Improvement’s review of the barriers to prescribing of cannabis-based products for medicinal use.

Life-changing drug to stop deadly bleeding available on the NHS

NHS England is to fund a life changing treatment for thousands of people with severe Haemophilia, which will dramatically cut their risk of life-threatening bleeds and reduce treatment time.

NHS to review making statins available direct from pharmacists as part of Long Term Plan to cut heart disease

High dose statins could be made available directly from high street pharmacies as part of the NHS Long Term Plan to cut heart disease and stroke, NHS chief executive Simon Stevens has announced. In a new review confirmed today, England’s top pharmacist Dr Keith Ridge and newly-appointed director of primary care, Dr. Nikki Kanani, will look at how the cholesterol-busting drugs could be provided by high street chemists.

Pharmacy Quality Scheme Guidance 2019/20

A Community Pharmacy Quality Payments Scheme (QPS), which forms part of the Community Pharmacy Contractual Framework (CPCF), was introduced in December 2016. The QPS was designed to reward community
pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience. This guide replaces guidance issued regarding all previous schemes.

Antivirals for adults with recent onset (acute) hepatitis C
NHS England will routinely commission antivirals for adults with acute hepatitis C (HCV), including the treatment of acute HCV infection in immunosuppressed adults (e.g. post transplantation patients) in accordance with the criteria set out in this document.

Public Health England
Prescribed medicines review: report
Public Health England (PHE) has completed a public health evidence review of available data and published evidence on the problems of dependence and withdrawal associated with some prescribed medicines. For all medicine classes the proportion of patients who had at least a year of prescriptions increased with higher deprivation.

PHE infectious diseases strategy
This infectious diseases strategy will direct Public Health England’s (PHE’s) planning, resource allocation, development and delivery on infectious diseases between 2020 and 2025. Over the last decade, 19 new genetic mechanisms of antibiotic resistance have been identified in bacteria causing infections in the UK.

Care Quality Commission
The safer management of controlled drugs: Annual report
This update for 2018 reports on:
- the increase in opioid prescribing across the UK
- measures put in place following the Gosport Independent Panel report
- continuing concerns regarding lower schedule controlled drugs
- the introduction of legislation for cannabis based medicinal products.

The update shares the key issues raised by NHS England controlled drug accountable officers and their unaccounted-for losses of controlled drugs by NHS England area. There are also examples of issues raised and followed up through the local area networks.

Royal Pharmaceutical Society
First ever complete online learning platform for pharmacy schools launched in the UK
The Royal Pharmaceutical Society has launched a revolutionary new digital platform to help pharmacy schools personalise their teaching and to enable students to achieve success in the MPharm degree. Pharmacy Learning Complete will enable tutors to create and share bespoke reading lists from 1,000 online modules, add additional information to supplement students’ learning and monitor progress in real time.
General Pharmaceutical Council

Publication of pharmacy inspection reports to “provide assurance and drive improvement”

The General Pharmaceutical Council (GPhC) has begun publishing pharmacy inspection reports on a new website, after getting the legal powers to do so and consulting on plans for publishing reports with patients and the public and the pharmacy sector. This major change for pharmacy will help to inform and assure the public about the standards they can expect from pharmacies and drive improvement in pharmacy services.

National Institute for Health and Care Excellence

Consider shorter courses when prescribing antibiotics

A recent study looked at 931,015 English primary care consultations which took place between 2013 and 2015 and ended in an antibiotic prescription. Of those people receiving antibiotics, the majority were prescribed a course that was longer than recommended in NICE guidance. NICE have reviewed the study published in the BMJ in a new medicine’s evidence commentary which evaluates new evidence and highlights areas for improvement in clinical practice. The findings suggest that guidance on antibiotic use is not being implemented as well as it could be in all areas which may lead to antibiotic overuse.

Healthcare Safety Investigation Branch

Interim bulletin: identifying and reducing high-risk prescribing errors in hospital

The Healthcare Safety Investigation Branch (HSIB) has published an interim bulletin for its investigation looking at identifying and reducing high-risk prescribing errors in hospital.

Commons Select Committee

Confusing rules for claiming free prescriptions and dental treatment need changing

- Confusing penalty charge notice system is heavy handed and not fit for purpose
- Presumption of guilt leads to too many incorrect penalty notices, particularly affecting the vulnerable
- A lack of effective action against persistent fraudsters
- System requires a fundamental overhaul

Research Articles

Click on the title link for the full abstract at PubMed or the journal website. Access to full text will require subscription access in most cases.

Non-Medical Prescribing

UK

Non-medical prescribing in the United Kingdom

National Health Service: A systematic policy review

Author(s): Graham-Clarke, Emma; Rushton, Alison; Noblet, Timothy


OBJECTIVE: Non-medical prescribing was introduced into the United Kingdom (UK) to improve patient care, through extending healthcare professionals’ roles. More recent government health service policy focuses on the increased demand and the need for efficiency. This systematic policy review aimed to describe any changes in government policy position and
the role that non-medical prescribing plays in healthcare provision.

**CONCLUSION:** Prescribing appears to be more easily adopted into practice where it can form part of the overall care of the patient. Where new roles are required to be established, then prescribing takes longer to be universally adopted. While this review concerns policy and practice in the UK, the aspect of role adoption has wider potential implications.

**Non-medical prescribing: a reflective case study on prescribing anticoagulation for deep vein thrombosis.**

**Author(s):** Gonet, Sarah

**Source:** Emergency Nurse; Jul 2019; vol. 27 (no. 4); p. 30-32

This article reflects on the clinical factors that influenced the author's decision-making when prescribing anticoagulation medication for a patient with deep vein thrombosis. It also explores the evidence base for commonly prescribed anticoagulants.

**Prescribing: an onerous responsibility?**

**Author(s):** Dan Cooper, Julie Hutton, Ian Pierce-Hayes

**Source:** Journal of Prescribing Practice; Vol. 1, No. 9

The purpose of this article is to explore the responsibility of becoming a prescriber from the perspective of three prescribers looking at the academic expectations as well as the experiences faced by new prescribers over the first 12 months of prescribing.

**Non-medical practitioner roles in the UK: who, where, and what factors influence their development?**

**Author(s):** Jenny Abraham, Liz Bailey, Jane Coad, Becky Whiteman, Rosie Kneafsey

**Source:** British Journal of Nursing; Vol. 28, No. 1

AIM To investigate which non-medical practitioner roles exist within the UK, mapping distribution, and explore factors influencing their development and recruitment. **CONCLUSION:** seven NMP roles were identified, throughout the UK, with regional variation. Several factors influence the development and recruitment of NMP roles in England such as service delivery and national policies. Inconsistencies were noted in Agenda for Change pay banding. Many practitioners undertook NMP roles to progress their career clinically.

**The experience of the non-medical prescriber in the emergency department in Ireland**

**Author(s):** Connor, Roger; McHugh, Áine

**Source:** Journal of Prescribing Practice; May 2019; vol. 1 (no. 5); p. 240-245

This study set out to evaluate the position of the non-medical prescriber in the emergency department in Ireland. It aims to explore how the role is developing and determine possible barriers to role expansion. Six main themes were identified: the process of role development, changes in professional relationships, nurses' awareness of non-medical prescribing, role progression, the future of the role of the non-
medical prescriber, and nursing management's understanding of the role. Conclusion: the findings suggest that despite major leaps in the progression of the non-medical prescriber role, many barriers remain. There have been great improvements in professional support from medical and pharmacy colleagues, but nurses themselves were identified as impeding the progression of the role.

**Antimicrobial Prescribing**

**UK**

Examining influences on antibiotic prescribing by nurse and pharmacist prescribers: a qualitative study using the Theoretical Domains Framework and COM-B.

**Author(s):** Courtenay, Molly; Rowbotham, Samantha; Lim, Rosemary; Peters, Sarah; Yates, Kathryn; Chater, Angel

**Source:** BMJ Open. 2019 Jun 19; 9(6)

**OBJECTIVES:** Respiratory tract infections are frequently managed by nurse and pharmacist prescribers, and these prescribers are responsible for 8% of all primary care antibiotic prescriptions. Few studies have explored antibiotic prescribing among these prescribers, and interventions to target their antibiotic prescribing behaviour do not exist. Research objectives were to: (1) use the Theoretical Domains Framework to identify the factors that influence nurse and pharmacist prescriber management of respiratory tract infections and (2) identify the behaviour change techniques (BCTs) that can be used as the basis for the development of a theoretically informed intervention to support appropriate prescribing behaviour.

**RESULTS:** A range of factors across 12 domains of the TDF were found to influence prescriber behaviour, and 40 BCTs were identified as supporting appropriate prescribing. For example, patient expectations (social influence) was identified as a factor influencing prescribing decisions, and a number of BCTs (problem solving, goal setting and information about health consequences) were identified as supporting prescribers in managing these expectations.

**CONCLUSION:** With increasing numbers of nurse and pharmacist prescribers managing infections in primary care, these findings will inform theoretically grounded interventions to support appropriate prescribing behaviour by these groups.

**HTA and Payment Mechanisms for New Drugs to Tackle AMR**

**Source:** Office of Health Economics

A new OHE research paper summarises the findings of a project funded by the Wellcome Trust on innovative Health Technology Assessment (HTA) methods and contracting for antibiotics. The paper provides an overview of the current state of HTA and contracting for antibiotics in France, Germany, Italy, Sweden, and the UK (England and Scotland), and of the recent proposals in the literature for revising them. It also includes the recommendations developed following a Forum on ‘Value Assessment and Contracting for Antibiotics’, which was held in
February 2019 and involved various stakeholders from the countries included in this study.

**Investigating the mechanism of impact of the Quality Premium initiative on antibiotic prescribing in primary care practices in England: a study protocol**

**Author(s):** Anyanwu, Philip Emeka; Tonkin-Crine, Sarah; Borek, Aleksandra; Costelloe, Ceire

**Source:** BMJ open. Sep 2019; vol. 9 (no. 8)

The Quality Premium (QP) initiative that rewards Clinical Commissioning Groups (CCGs) financially based on the quality of specific health services commissioned is one of the National Health Service (NHS) England interventions to reduce antimicrobial resistance through reduced prescribing. Emerging evidence suggests a reduction in antibiotic prescribing in primary care practices in the UK following QP initiative. This study aims to investigate the mechanism of impact of this high-cost health-system level intervention on antibiotic prescribing in primary care practices in England. The study will constitute secondary analyses of antibiotic prescribing data for almost all primary care practices in England from the NHS England Antibiotic Quality Premium Monitoring Dashboard and OpenPrescribing covering the period 2013 to 2018.

**Less is more when reducing antimicrobial prescribing**

**Author(s):** Haddock, Gail

**Source:** Practice Nursing; Sep 2019; vol. 30 (no. 9); p. 452-455

The author shares useful resources and toolkits to help practice nurses in their decision making.

**Adverse drug reactions due to oral antibiotics prescribed in the community setting - England.**

**Author(s):** Baddour, Larry M; Dayer, Mark J; Thornhill, Martin H

**Source:** Infectious diseases; Sep 2019; p. 1-4

Prescribing of oral antibiotics in the community setting is commonplace with ongoing efforts to optimize this practice. There are several concerns related to such prescriptions including antibiotic cost, development of bacterial resistance, and associated adverse drug reactions. The authors performed an analysis of adverse drug reactions associated with oral antibiotics prescribed in community care (non-hospital) in England to determine adverse drug reaction reporting rates and severity of adverse reactions.

**METHODS:** Data for all oral antibiotic use in the primary care settings in England and the National Yellow Card Interactive Drug Analysis Profile was extracted for 2010 through 2017.

**RESULTS:** There were 320,599,292 prescriptions issued for oral antibiotics during the eight-year survey. Although the overall adverse drug reaction rate was relatively low at 58/1,000,000 prescriptions, the reported rates of serious (63.6%) and fatal (1.21%) reactions were striking and probably due to reporting bias as minor adverse drug reactions are less likely to be reported.

**CONCLUSIONS:** Continued monitoring of adverse drug reactions rates for oral antibiotics prescribed in the community is warranted,
considering the prevalence of serious and fatal reactions identified during the eight-year study period in the Yellow Card profile. These data should be useful in developing strategies to secure optimal prescribing practices.

Emotional, cognitive and social factors of antimicrobial prescribing: can antimicrobial stewardship intervention be effective without addressing psycho-social factors?

**Author(s):** Donisi, V; Sibani, M; Carrara, E; Del Piccolo, L; Rimondini, M; Mazzaferri, F; Bovo, C; Tacconelli, E

**Source:** Journal of antimicrobial chemotherapy; Oct 2019; vol. 74 (no. 10); p. 2844-2847

There is increasing evidence that psycho-social factors can influence antimicrobial prescribing practice in hospitals and the community, and represent potential barriers to antimicrobial stewardship interventions. Clinicians are conditioned both by emotional and cognitive factors based on fear, uncertainty, a set of beliefs, risk perception and cognitive bias, and by interpersonal factors established through social norms and peer and doctor-patient communication. However, a gap is emerging between research and practice, and no stewardship recommendation addresses the most appropriate human resource allocation or modalities to account for psycho-social determinants of prescribing. There is a need for translation of the evidence available from human behaviour studies to the design and implementation of stewardship interventions and policies at hospital and community levels. The integration of behaviour experts into multidisciplinary stewardship teams seems essential to positively impact on prescribers' communication and decision-making competencies, and reduce inappropriate antibiotic prescribing.

The drivers of antimicrobial use across institutions, stakeholders and economic settings: a paradigm shift is required for effective optimization.

**Author(s):** Broom, J; Broom, A; Kirby, E

**Source:** Journal of Antimicrobial Chemotherapy Sep 2019; vol. 74 (no. 9); p. 2803-2809

This study aims to consider the social influences on antimicrobial use within hospitals in Australia, via an in-depth, multisite analysis. Analysis of the interviews identified social relationships and institutional structures that may have a strong influence on antimicrobial use. The success of antimicrobial optimization rests on adequate awareness and incorporation of multilevel influences. Analysis of the problem has tended to emphasize individual 'behaviour improvement' in prescribing rather than incorporating the problem of overuse as inherently multidimensional and necessarily incorporating personal, interpersonal and institutional variables.
**Community Nursing**

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The prescribing needs of community practitioner nurse prescribers: A qualitative investigation using the Theoretical Domains Framework and COM-B.

**Author(s):** Marie Chater, Angel; Williams, Jane; Courtenay, Molly

**Source:** Journal of Advanced Nursing; Aug 2019

**AIM:** With several qualified community practitioner nurse prescribers not prescribing, this research aimed to understand what influences this behaviour.

**METHODS:** Semi-structured interviews, based on the Theoretical Domains Framework were conducted with twenty qualified community practitioner nurse prescribers.

**CONCLUSION:** There is an ongoing need to support community practitioner nurse prescribers' 'Capability' to prescribe in terms of knowledge and acquired skills; 'Opportunity' to make prescribing easier, such as access to a wider and up-to-date nurse formulary alongside effective clinical support; and 'Motivation' to feel confident in prescribing behaviour, highlighting positive patient outcomes while reducing perceived issues such as cost and non-adherence.

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**Legal**

**Accountability and prescribing**

**Author** Amanda Armstrong

**Source:** Journal of Prescribing Practice Vol. 1, No. 8

In this article, the various arenas where prescribers can be called to account for their prescribing decisions are examined; such as their employers, clinical commissioning groups, professions as well as criminal and civil law. The English legal system will be explained in relation to non-medical prescribing. Case studies and scenarios will be used to highlight workings of the various areas and how and when they call prescribers to account for their actions.

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**Nurse Prescribing**

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**A Survey of Nurse Practitioner Controlled Drugs and Substances Prescribing in Three Canadian Provinces.**

**Author(s):** O'Rourke, Tammy; Kirk, Joseph; Duff, Elsie; Golonka, Richard

**Source:** Journal of Clinical Nursing; Jul 2019

**AIMS:** In Canada nurse practitioners (NP) were legally authorized to prescribe controlled drugs and substances (CDS) in 2012. The objective of this study was to understand current NP-CDS prescribing in Alberta, Manitoba and Saskatchewan, Canada. This study is a component of a larger three-phase survey of NP practice patterns in these same provinces.

**CONCLUSION:** Little is known about NP-CDS prescribing. Understanding this important component of the NPs emerging legal scope of professional practice can contribute to the continued refinement of this role as well as support ongoing inquiry into the causes of, and potential interventions to prevent, the present
opioid overdose deaths occurring while under an active prescription.

**Potentially inappropriate medicine prescribing by nurse practitioners in New Zealand.**

**Author(s):** Poot, Betty; Nelson, Katherine; Zonneveld, Rebecca; Weatherall, Mark

**Source:** Journal of the American Association of Nurse Practitioners; Jul 2019

This study reports on the prescribing of potentially inappropriate medicines (PIMs) to older adults (≥65 years) by nurse practitioners (NPs) in New Zealand. The findings indicate that a more specific educational focus on prescribing to older adults is required. Primary care NPs were more likely to prescribe PIMs, compared to those with a scope of older adults and long-term conditions.

**Thematic analysis of nurse practitioners use of clinical decision support tools and clinical mobile apps for prescriptive purposes.**

**Author(s):** Dodson, Crystal Heath; Baker, Elizabeth; Bost, Kirsten

**Source:** Journal of the American Association of Nurse Practitioners; Feb 2019

The purpose of this study was to assess perceptions of trustworthiness surrounding clinical decision support tools and mobile applications through interviews with nurse practitioners. The participants mentioned both negative and positive attitudes regarding these prescribing techniques. Overall four themes emerged from this thematic analysis: the use of pharmacists to help with current prescribing practices, reliance on the EMR as a clinical decision support tool, lack of mobile app use in clinical practice, but the desire to have these resources if they were affordable and reliable. The participants were aware of the use of mobile apps for clinical decision support, but the adoption of these tools was limited due to the perceived lack of affordability and reliability. Therefore, to overcome these barriers to adoption of a mobile app related to precision medicine, affordability and transparent construction of an app grounded in credible sources must be developed.

**Pharmacotherapeutic Preparation for Nurse Practitioner Full Practice**

**Author(s):** Lauren Diegel Vacek, Karen M. Vuckovic

**The Journal for Nurse Practitioners; Jul 2019; vol. 15 (no. 7); p. e131**

The authors reviewed the literature, state requirements, and accreditation criteria related to teaching advanced pharmacology content to students for preparation for prescribing. They suggest that nursing educators and advanced practice nursing leaders might consider establishment of standardized content for teaching advanced pharmacology to students to ensure graduates meet prescribing requirements for full practice authority.
Nursing Homes

INTERNATIONAL
Cluster-Controlled Trial of an Intervention to Improve Prescribing in Nursing Homes Study.

Author(s): Strauven, Goedele; Anrys, Pauline; Vandael, Eline; Henrard, Séverine; De Lepeleire, Jan; Spinewine, Anne; Foulon, Veerle

Source: Journal of the American Medical Directors Association; Aug 2019

OBJECTIVES: To investigate the impact of a complex multifaceted intervention on the appropriateness of prescribing for Belgian nursing home (NH) residents.

DESIGN: A multicenter, nonblinded, cluster-randomized controlled trial, with randomization at the NH level, was set up [Cluster-Controlled Trial of an Intervention to Improve Prescribing in Nursing Homes (COME-ON) Study]. The complex intervention consisted of repeated interdisciplinary case conferences (ICCs) involving the general practitioner, pharmacist, and nurse, aimed at performing a medication review for each NH resident included.

RESULTS: In total, 54 NHs (24 intervention; 30 control) and 1804 NH residents (847 intervention; 957 control) participated. Using a 3-level mixed-effects model accounting for data clustering, a significant effect in favour of the intervention was observed (odds ratio 1.479 [95% confidence interval 1.062-2.059, P = .021]). There was no significant difference between groups for most clinical outcomes. The median number of medications did not change over time in either group.

CONCLUSION: The complex multifaceted intervention tested in the COME-ON study successfully improved appropriateness of prescribing in nursing homes.

Older People

INTERNATIONAL
Reducing inappropriate prescribing for older adults with advanced frailty: A review based on a survey of practice in four countries

Author(s): O’Caoimh, Rónán; Cornally, Nicola; McGlade, Ciara; Gao, Yang; O’Herlihy, Eileen

Source: Maturitas; Aug 2019; vol. 126 ; p. 1-10

This study reviews the evidence on the use of commonly prescribed pharmacological treatments in advanced frailty based on a questionnaire of prescribing practices and attitudes of healthcare professionals at different stages in their careers, in different countries (Australia, New Zealand, Canada and The Republic of Ireland). Reflecting the current literature, there was no clear consensus on inappropriate prescribing, although respondents preferentially discontinued medications for secondary prevention. Experience significantly predicted the number and type discontinued, suggesting that education is important in reducing inappropriate prescribing for people in advanced states of frailty.
Clinical nurse specialist prescribing in a cancer centre supportive and palliative care team

**Author(s):** Hall, Sally; Thompson, Jo; Phair, Toni; Davies, Andrew Neil

**Source:** BMJ supportive & palliative care; Aug 2019

**OBJECTIVE:** To provide insight into the prescribing practices of three independent nurse prescribers (INPs)/clinical nurse specialists (CNSs) working in a supportive and palliative care team (SPCT) in a district general hospital and a specialist tertiary cancer centre in the UK.

**CONCLUSION:** This service evaluation demonstrates the potential for INPs in SPCTs to provide comprehensive symptom control while enabling CNSs to practice with a greater degree of autonomy leading to enhanced job satisfaction.

Ophthalmic Care


**Author(s):** Lee, Alice E; Niruttan, Kanchana; Rawson, Timothy M; Moore, Luke S P

**Source:** BMC infectious diseases; Sep 2019; vol. 19 (no. 1); p. 768

Bacterial ophthalmic infections are common. Empirical treatment with topical broad-spectrum antibiotics is recommended for severe cases. Antimicrobial resistance (AMR) to agents used for bacterial ophthalmic infections make it increasingly important to consider changing resistance patterns when prescribing, however UK data in this area are lacking.

The authors evaluate the epidemiology and antimicrobial susceptibilities of ophthalmic pathogens across care settings and compare these with local and national antimicrobial prescribing guidelines. They find UK national and local antimicrobial prescribing policies for ophthalmic infections may not be concordant with the organisms and antimicrobial susceptibilities found in clinical samples.

The authors also find variations in microbial incidence related to patient age, clinical setting, and season. Such variations may have further important implications for prescribing practices and modification of antimicrobial guidelines.

Opioids

Evaluating the implementation and effectiveness of a multi-component intervention to reduce post-surgical opioid prescribing: study protocol of a mixed-methods design.

**Author(s):** Stulberg, Jonah J; Schäfer, Willemijn L

**Source:** BMJ Open. 2019 Jun 3; 9(6)

The authors have developed a multi-component intervention to address surgical providers' role in the overprescribing of opioids. The study will determine effective strategies for reducing post-surgical prescribing while ensuring adequate post-surgery patient-reported pain-related
outcomes, and will assess implementation of the strategies.

**Palliative Care**

**UK**

An evaluation of non-medical prescribing within a hospital supportive and palliative care team (SPCT) in the UK

**Author(s):** Thompson J.; Hall S.; Phair T.

**Source:** Supportive Care in Cancer; Jun 2019; vol. 27 (no. 1) Conference Abstract

Registered nurses in the UK have the authority to prescribe for their patients (including controlled drugs) following successful completion of a recognised qualification. Evidence suggests that specialist nurses are not using their qualification due to various factors such as lack of confidence and limited support. The SPCT within a district general hospital and cancer centre has 5.4 WTE clinical nurse specialists (CNSs) 3 of whom are NMPs. The team were interested to evaluate the prescribing activity of the NMPs including the scope of medications prescribed and to highlight any barriers. Methods A prospective review of all consultations and the prescribing activity of 3 non-medical prescribers (NMPs) between 1st August 2018 and 31st October 2018. Information was recorded and analysed using Microsoft Excel.

**RESULTS:** A total of 493 consultations with 186 individual patients were carried out in the time period. 247 consultations resulted in a prescription; 209 - drug started; 23 - dose change; 15 drug stopped. 246 consultations with no change in prescription; 234 - no indication for change; 10 - advice given; 2 - advice sought.

**Pharmacy**

**UK & INTERNATIONAL**

Barriers to pharmacist prescribing: a scoping review comparing the UK, New Zealand, Canadian and Australian experiences.

**Author(s):** Zhou, Mingming; Desborough, Jane; Parkinson, Anne

**Source:** The International Journal of Pharmacy Practice; Jul 2019

**OBJECTIVE:** Legislation supporting pharmacist prescribing (PP) has been implemented in the United Kingdom (UK), Canada and New Zealand (NZ); however, to date, Australian pharmacists have not been extended prescribing rights. The purpose of this review was to describe the barriers to PP found in the literature from the UK, Canada, NZ and Australia, and examine the implications of these for the development of PP in Australia.

**METHODS:** A scoping review, which included peer-reviewed and grey literature, and consultation with stakeholders.

**CONCLUSIONS:** If implementation of PP is to occur, attention needs to be focused on addressing identified barriers to PP implementation, including fostering a favourable socio-political context and prescriber competence. As such, a concerted effort is required to develop clear policy pathways, including targeted training courses, raising stakeholder recognition of PP and identifying
specific funding, infrastructure and resourcing needs to ensure the smooth integration of pharmacist prescribers within inter-professional clinical teams.

**Physiotherapy**

A mixed methods exploration of physiotherapist’s approaches to analgesic use among patients with hip osteoarthritis

**Author(s):** Holden, M A; Whittle, R; Waterfield, J; Chesterton, L

**Source:** Physiotherapy. 2019 Sep; 105(3)

**OBJECTIVE:** To explore how physiotherapists currently address analgesic use among patients with hip osteoarthritis, and their beliefs about the acceptability of prescribing for these patients.

**METHODS:** A cross-sectional questionnaire was mailed to 3126 UK-based physiotherapists.

**CONCLUSIONS:** How physiotherapists currently address analgesic use with patients with hip osteoarthritis is variable. Although the potential benefits of independent prescribing were recognised, not all physiotherapists want the additional responsibility. Further guidance supporting optimisation of analgesic use among patients with hip OA may help better align care with best practice guidelines and reduce GP referrals.

**Polypharmacy**

Polypharmacy and deprescribing in people with learning disabilities

**Author(s):** Adams, Danielle

**Source:** Practice Nursing; Aug 2019; vol. 30 (no. 8); p. 386-389

Practice nurses are in place to aid in deprescribing if appropriate for the patient. The author explores this process when treating and managing patients who are living with learning disabilities. In order to effectively manage problematic polypharmacy and stop medicines safely, it is imperative that there is an appreciation of all the factors that are involved in the deprescribing process. A collaborative, patient-centred approach is required to optimise medicines effectively and reduce inappropriate prescribing. Patients should be equal stakeholders in this process. Implementing shared decision-making, while considering the issues of capacity and consent, may contribute to improved patient empowerment and outcomes. Reflecting on the risks of deprescribing — such as the implications of relapse, and the reduction of beneficial side effects and the risk of medication errors — can provide a framework for positive patient outcomes. The STOMP campaign is addressing the overprescribing of psychotropic medicines in people with learning disabilities. It is hoped that by reducing these medicines, in the absence of a mental health diagnosis, existing health inequalities, morbidity and premature mortality may be reduced.

**Deprescribing: Practical Ways to Support Person-Centred, Evidence-Based Deprescribing**

**Author(s):** Le Bosquet, Katherine; Barnett, Nina; Minshull, John

**Source:** Pharmacy; Sep 2019; vol. 7 (no. 3)
Deprescribing is complex and multifactorial with multiple approaches described in the literature. Internationally, there are guidelines and tools available to aid clinicians and patients to identify and safely withdraw inappropriate medications, post a shared decision-making medicines optimisation review. The increase in available treatments and use of single disease model guidelines have led to a healthcare system geared towards prescribing, with deprescribing often seen as a separate activity. Deprescribing should be seen as part of prescribing, and is a key element in ensuring patients remain on the most appropriate medications at the correct doses for them. Due to the complex nature of polypharmacy, every patient experience and relationship with medications is unique. The individual's history must be incorporated into a patient-centred medication review, in order for medicines to remain optimal through changes in circumstance and health. Knowledge of the law and appropriate recording is important to ensure consent is adequately gained and recorded in line with processes followed when initiating a medication. In recent years, with the increase in interested clinicians globally, a number of prominent networks have grown, creating crucial links for both research and sharing of good practice.

**Safety**

**Human factors and safe prescribing**

**Author(s):** Greenwood, Sarah  
**Source:** Journal of Prescribing Practice; Jun 2019; vol. 1 (no. 6); p. 290-295

The aim of this article is to discuss the professional issues and complex factors that can contribute to prescribing errors. It reviews the need for a focus on pharmacovigilance and human factors in order to reduce the risk of errors and develop safe prescribing practices in newly qualified non-medical prescribers. The article also highlights the professional elements that require recognition, not only for the
prescriber, but also from an organisational perspective.

**Home oxygen therapy in patients with COPD: safety issues for nurse prescribers.**

**Author(s):** Moore, David

**Source:** British Journal of Nursing; Jul 2019; vol. 28 (no. 14); p. 912-917

This article critically analyses, through the context of a care study, the professional, ethical and legal issues involved in making a safe prescribing decision for long-term oxygen therapy in an individual with COPD who is a current smoker.

Home oxygen prescription is a growing trend in the COPD population, and it is important for nurse prescribers to be aware of the issues highlighted in the article to ensure safe prescribing practices.

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**Wound Care**

Use of antimicrobial dressings in England and the association with published clinical guidance: interrupted time series analysis

**Author(s):** Hussey, Louise; Stocks, Susan J; Wilson, Paul; Dumville, Jo C; Cullum, Nicky

**Source:** BMJ open; Sep 2019; vol. 9 (no. 9)

Using the management of complex wounds, this study investigates temporal trends in the use of antimicrobials dressings, places this in the context of available evidence and discusses the potential impacts on the UK National Health Service. This study quantifies the huge increase in the use of antimicrobial wound dressings over a 20-year period despite the lack of compelling evidence to support their routine use. There is some suggestion, however that the use and expenditure decreased after the publication of key guidance.

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**NATIONAL GUIDANCE**

**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** 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** are recommendations on the use of new and existing medicines and treatments within the NHS.

**Clinical Knowledge Summaries** 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.

**British National Formulary**
Available in digital & print for health and social care professionals.
Latest updates BNF [LINK] BNFC [LINK]

**BNF Publications mobile app**
All adult and child BNF content is available through a single mobile app.

Available from [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.

*Jul/Aug 2019 Issue 120 – Hypertension*
*Sep 2019 Issue 121 – Pneumonia*

**UKMI [UK medicines information] newsletters**
*New Medicines Newsletter July 2019*
*New Medicines Newsletter August 2019*
*New Medicines Newsletter September 2019*

**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 Updates**

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