AN EVALUATION OF NON-MEDICAL PRESCRIBING WITHIN A HOSPITAL SUPPORTIVE AND PALLIATIVE CARE TEAM (SPCT) IN THE UK

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Background

In the UK registered nurses and other non-medical health care professionals have the authority to prescribe on completion of a recognised accredited prescribing course through a UK university. Following this, non-medical prescribers (NMPs) can prescribe any medication within their competence and scope of practice.

NMPs have a key role within specialist palliative care with the potential to bring about more timely symptom management. There is however evidence to suggest a reluctance to prescribe amongst nurses who have the qualification and are working in cancer and palliative care.

Methods

From 1st August 2018 – 31st October 2018 three palliative care clinical nurse specialists (CNSs) / NMPs from a UK cancer centre prospectively recorded data on all their patient consultations, specifically information relating to prescribing and reasons for non-prescribing. Data was recorded on a commercial software spreadsheet and presented using descriptive statistics.

Results

During the service evaluation the NMPs undertook 493 consultations in 186 individual patients. In 247 (50%) this resulted in a change in prescription. In 209 cases (85%) a new drug was prescribed, in 23 (9%) a dose was titrated and in 15 (6%) a drug was deprescribed.

The NMPs prescribed a range of medications for symptom management (table 1). There were no reported prescribing errors or concerns raised by patients, carers or health care professionals in relation to NMP.

Discussion

This service evaluation highlights the CNSs are using their NMP qualification to prescribe a range of medications for symptom management thus working with a greater degree of autonomy.

There were very few occasions (see chart 1) where a drug was recommended but not prescribed (although advice was sought where limitations in knowledge were recognized). This service evaluation highlights the potential benefits for NMP within specialist palliative care and on the basis of our experience CNSs should be encouraged to undertake and use the qualification in clinical practice.

Table 1 – range of medications prescribed	
Class of drug	Number of times prescribed n= 313
Opioid for moderate to severe pain	123
Antipsychotic (for delirium) eg haloperidol, levomepromazine	57
Conventional laxative	29
Antiemetic	28
Antisecretory eg glycopyrronium, hyoscine butylbromide	24
Benzodiazepines	17
Peripherally Acting Mu Opioid Receptor Antagonist eg naloxegol, methylnaltrexone bromide	9
Non-opioid analgesic	8
Salivary stimulant eg pilocarpine, bethanechol chloride	6
Opioid for mild to moderate pain	4
Non Steroidal Anti-inflammatory Drug	4
Antifungal	1
Anticoagulant	1
Adjuvant analgesic eg amitriptyline hydrochloride, duloxetine	1
Antidepressant (for depression)	1