Nurses to gain extended rights to prescribe drugs

From April nurses in England will be able to prescribe from an extended list of medications. The number and type of drugs in the nurse prescribing formulary will include nine oral antibiotics. The government hopes that by increasing what is available for nurses to prescribe will help patients to get the treatment they need more quickly.

As before, only those nurses who have successfully completed the training programme will be eligible to prescribe from the list. Some 10,000 nurses are expected to complete the programme by 2004. The 23,000 district nurses, health visitors and practice nurses who are already qualified prescribers will be able to continue prescribing from the current formulary and, should they wish, train on the new programme to increase their range. The government has allocated £10 million to fund the training.

Health secretary Alan Milburn believes the move will benefit both patients and staff. ‘Extending the list of treatments a nurse can prescribe is another important step along the road of expanding the roles and responsibilities of front line staff. This is a step that will benefit patients, make better use of the skills of nurses, and help reduce the burden on GPs.’

Sarah Mullally, chief nursing officer added: ‘Over the last few years, nurses and health visitors have demonstrated that they are safe, careful and professional prescribers. Monitoring has shown that their prescribing has largely substituted for GPs’ prescribing and early research also tells us that patients believe they benefit from their nurse’s prescribing. It is time to look ahead, and make further changes to traditional prescribing roles that will benefit patients in a patient-centred NHS.’

The changes follow the recommendations of the Review of Prescribing, Supply and Administration of Medicines and the NHS Plan. Training for these nurses has already begun in several universities, including at Canterbury Christchurch, Staffordshire and Teesside.

A full list of the medications included in the new formulary, as well as further details about nurse prescribing, can be found on the Department of Health website (www.doh.gov.uk/nurseprescribing).

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news in brief

□ New guidance to help older people access nursing care more easily has been published. The ‘single assessment’ process should help to develop a closer working relationship between health and social services professionals work when assessing older people’s needs and planning their care. Older people will not have to repeat information to every healthcare professional with whom they come into contact. Single assessment will be phased in over the next two years.

□ The Department of Health has appointed nine nurse advisers to work on primary care issues. They include Jo Coombs, executive lead nurse at Leeds north West Primary Care Trust, Gerry Kaufman, nurse lecturer at the University of Huddersfield, and Liz Powell, chair of St Helens North Primary Care Group.

□ The Scottish Executive has announced that two new bodies are to be set up - a human resources forum and a partnership resources unit. The forum, a joint group between the Scottish Partnership Forum and NHS employers, will look at national employment policies and conditions of service. The resource unit will provide extra administrative, analytical and research capacity, plans to strengthen the role of staff in policy making in the NHS. The aim is to strengthen the role of staff in policy making in the NHS.

□ The Health and Safety Commission has specific criteria on how decisions are made on whether or not to investigate or prosecute breaches of health and safety law. The criteria include the severity and scale of potential and actual harm and the offender’s previous health and safety record. Prosecution should follow death caused by breaches in workplace law and in cases of reckless disregard for health and safety.

□ Patients may be refused hospital treatment if they are drunk, violent or abusive to staff. The government says that treatment refusal should be a ‘last resort’ but it is a measure available to managers and staff according to new guidelines. They set out when it is inappropriate to withhold treatment, including in life-threatening situations and when a patient is not competent to be held responsible for their actions.

□ Trust chief executives in England received, on average a rise of 5.3 per cent last year. The government had recommended a rise of only 3.25 per cent. The Incomes Data Services figures show that more than 25 per cent of chief executives now earn more than £100,000 a year. But the average increase hides a wide variation; increases ranged from nothing to 35 per cent. The chief executive’s position also appears to be a precarious one. The researchers found that 30 trusts had disappeared in mergers during the 12 months to 31 March 2001. One in five chief executives left or were replaced.

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