Nurses must use the NMC code as benchmark

No, of course not. As a student, I was amused by the desire of many nurses to collect things: badges, epaulettes and, of course, titles. Some were outraged when the UKCC, the predecessor to the Nursing and Midwifery Council (NMC), chose not to issue registration badges. ‘I worked for three years to get my badge’ was a common comment. ‘No, you did not,’ I would say. ‘You worked to get your registration.’

Nurse prescribing powers, like any new role, should be evaluated to ensure patient benefits are paramount and nurses’ core professional roles are not compromised. We should be open to innovation, to taking on new roles, but we should use the NMC Code of Professional Conduct as a benchmark.

Does increased nurse prescribing accord or conflict with the code? As always in the messy lowlands of clinical practice, that depends...

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New rights are a blessing and a curse

Anything that increases the chances of patients receiving the correct treatment promptly has to be seen as an improvement. It also formalises what many nurses have been doing by stealth for many years. But this could be a blessing and a curse. It also requires knowledgeable practitioners who recognise their limitations and prescribe accordingly, and can accept the consequences of their decisions. The first time something goes wrong –
More and better?

Mutually defensive encounter and overlooks underlying problems. A third of GP patients attend with emotional problems. With families fragmented at their core, GPs and nurses become the parents we have lost. Shifting prescribing powers to nurses means the exchequer pays less for a more medicated, if not sedated, population. This is not professional nurse advancement but a sad indication of the huge numbers of us who cannot bear pain and a billion

and it would be misguided to think this will not happen – the furore will be tremendous. No pain no gain.

Stop over-prescribing and start listening

Except for life-maintaining drugs, too much medication is prescribed to silence patients and free doctors. Wider nurse prescribing extends this

mutually defensive encounter and overlooks underlying problems. A third of GP patients attend with emotional problems. With families fragmented at their core, GPs and nurses become the parents we have lost. Shifting prescribing powers to nurses means the exchequer pays less for a more medicated, if not sedated, population. This is not professional nurse advancement but a sad indication of the huge numbers of us who cannot bear pain and a billion

pound drug industry that wants to keep it that way. We should stop over-prescribing and start listening

Janet Smith is a clinical nurse specialist/psychotherapist

Training must be as rigorous as a doctor’s

Yes, staff will be able to ensure acutely distressed patients get immediate treatment. This is beneficial in remote areas or major trauma situations where access to doctors and paramedic support may be restricted.

The guidelines developed by the NMC on the competence and standards required of prescribers should inform national and local policy. Training must be as rigorous as that given to doctors and pharmacists.

There must also be regular audit of training and prescribing, and nurse prescribers should be able to access regular updating of their skills

Graham Houghton is a nurse consultant in quality and practice development at the Correctional Health Service, Tasmania, Australia

Missed appointments are a barometer of people’s true contempt for the NHS, says Daniel Allen

Appropriately, I missed the fuss about missed appointments. I think I was busy. Or maybe I had to take the cat to the vet. Either way, I have only just caught up with the staggering costs involved when patients fail to turn up: £614 million last year in England alone.

One in ten patients miss an NHS appointment. I would like to know why. Everyone who skives off from outpatients should be made to bring a note from their mum on their next visit. I bet we would see some crackers, from ‘the dog ate my letter’ to ‘I had a verruca’.

But there is something intrinsically weird about missed appointments. God knows, they can be hard enough to get in the first place, so why go to the trouble of being booked in and then not turn up? Do patients suddenly feel better? Were they not as ill as they thought? If you ask me, missed appointments are a measure of the contempt with which we treat the NHS and its staff. Despite the baloney about it being a treasured institution, the health service is not valued enough to prevent nearly seven million of us every year treating a booked

appointment as no more binding than a date with a mate that can be cancelled if something good comes up on telly.

Grant Shapps, the Tory MP who unearthed the figures, was quick to blame the government for missed appointments, saying it was another sign of ineptitude. And it is true that with a minimum of £6.2 billion being sunk into the NHS computer system, reminding patients to turn up should be embedded in the software. For its part, the Department of Health said that ‘innovative’ ways of sending reminders, such as texting, were being trialled, although to my mind ‘innovative’ would involve satellite tracking systems rather than humble text messages.

Having got this far without adopting my reactionary persona, I shall do so now. Do patients not have a responsibility here? It would not kill them to lift the phone and cancel an appointment. And if it does, we will know it was serious.

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