

The logo for CPWS (The Centre For Pharmacy Workforce Studies) features the letters 'cpws' in a bold, white, lowercase sans-serif font. The 'c' and 'p' are connected, and the 'w' and 's' are also connected. The background of the logo is a dark blue gradient with diagonal lines.

The Centre
For Pharmacy
Workforce Studies

Division of Pharmacy and Optometry, The University of Manchester

Non-Medical Prescribing in Community Pharmacy, Primary Care & Mental Health Services in Northwest England

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Executive summary

Considerable evidence exists to indicate that that non-medical prescribing is as effective as usual care by medical prescribers and can deliver comparable outcomes in a range of settings and with varying levels of autonomy. Health Education England North West (HEENW) provided funding to increase capacity of non-medical prescribers (NMPs) in primary care and mental health as part of the 2016/17 Workforce Transformation plan, and in community pharmacy in 2015/16. HEENW commissioned The University of Manchester to evaluate the impact of these Workforce Transformation funds. The aim of this project was to evaluate the impact of the Workforce Transformation funding for NMPs in primary care and mental health in 2016/17 in the North West region and that for Community Pharmacists in 2015/16.

This evaluation consisted of a number of brief questions on numbers of student enquiries, registrations, commencement, completion and pass/fail rates to the eight higher education institutions (HEIs) whose independent prescribing (IP) courses had been funded by HEENW

Workforce Transformation. Prescribers whose IP qualification had been funded by HEENW (including those still in training), colleagues who prescribers worked with and patients who had experienced a recent consultation with the prescriber were surveyed using questionnaires which were based on existing research instruments and allowed comparison. Members of our patient and public involvement group suggested avoiding the term 'non-medical prescriber,' because they found it 'odd' that a group of professionals should be termed by what they are not. We therefore use the term 'prescriber' throughout this report, and when referring to 'non-medical prescribers' in our questionnaires we used the term 'nurse/pharmacist prescriber' as that is what HEENW confirmed the majority were.

Questionnaire packs consisted of eight questionnaires (one for the prescriber, two for their colleagues and five for their patients) and were distributed by HEENW to prescribers at the address held by HEENW. Prescribers were asked to hand one questionnaire to their team manager and a second one to the colleague they worked with most closely and five to consecutive patients (to avoid selection bias). Each respondent was asked to complete and return this questionnaire directly to the research team in the pre-paid envelope provided. Two email reminders were sent to prescribers by HEENW followed by a verbal reminder at a meeting with NMP leads. Following these reminders, six additional questionnaire packs were sent out at the request of prescribers.

Six of the eight HEI providers participated in the telephone surveys and provided background information on the Community Pharmacy funding initiative in 2015/16 and the North West Transformation funding offered in 2016/2107. These six respondents were HEI providers from Edge Hill University, The University of Salford, The University of Chester, Liverpool John Moores University, University of Central Lancashire (UCLan) and The University of Bolton. Those who did not respond were Manchester Metropolitan University (MMU) and The University of Cumbria.

Twenty-four patients (1% response rate), 20 prescribers (5% response rate) and 26 colleagues (3% response rate) responded to the questionnaires. Most of the patient respondents had a long-term medical condition (n=17; 71%) and were regularly taking medicines (n=21; 88%). In relation to prescribers, there were more nurse respondents (n=14; 70%) than pharmacists (n=4; 20%) and only one was a podiatrist. Half of the qualified prescribers were currently prescribing (n=10). Slightly over half (n=15; 58%) of the colleague respondents were doctors and nurses who had worked with the prescribers for five years or less (n=19; 73%).

Overall, the patients, prescribers and colleagues who responded were very satisfied and supportive of non-medical prescribing, which was perceived to improve patient access to healthcare services,

make better use of prescribers skills and knowledge, reduce doctors' workload and enhance workflow. Findings were also positive in terms of good practice and prescribers' ability to collaborate and integrate with the wider healthcare team. The most notable areas where prescribers and colleagues felt some improvement was required were physical assessment skills and diagnosing patients. Some of the prescribers also lacked confidence in prescribing controlled drugs and prescribing for patients with co-morbidities. The main factors which enabled prescribers to practise were training and experience, confidence, managing workload, organisational support and establishing relationships with patients and healthcare staff. The main barriers to prescribing were perceived to be prescribers' lack of competence in certain areas, time constraints, IT issues and low patient/healthcare professionals awareness of non-medical prescribing.

Whilst positive findings in this report support the HEENW initiative to increase the capacity of prescribers in primary care, these findings are limited by very low responses. Therefore, we would advise that findings from this evaluation are interpreted with caution. Nonetheless, findings are consistent with evidence from the wider literature which also identified positive attitudes and outcomes for non-medical prescribing.