Nurse Prescribing in Mental Health
A National Survey 2014

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Background

Non medical prescribing / mental health nursing:

• Supplementary prescribing  2003
• Independent prescribing  2006
• Controlled drugs (IP)  2012
Methods

• Follow-up (2005 – 2008 – 2014)
• Postal questionnaire to Directors of Nursing
• Responding Trusts (response rates):
  2005    45    54%
  2008    39    59%
  2014    39    75%
• Non-responding Trusts might have less interest / lower numbers / information
Active prescriber?

• No clear definition
• This survey: trained & registered as prescribers with NMC & described as supplementary or independent prescriber

• Non-active prescribers under-reported
  – Not on Trusts registers
  – Change of role / employer
  – Overall increase in numbers
Overall increase in numbers

- 2005: 213
- 2008: 603
- 2014: 963
Distribution by Trusts

(Based on 32 Trusts)

Mean
Non active 8
Independent 21
Supplementary 6
In training 4
Areas of practice / prescribing status

- Other (MH)
- Prison
- Forensic
- Primary care
- Older people inpatient
- Acute inpatient
- CAMHS
- Early Intervention in psychosis
- Assertive outreach teams
- Crisis/home treatment
- Older people community
- Drug and alcohol
- CMHT

2008
2014

Series 1
Series 2
Independent
Supplementary
Strategic development: **identifying roles**

Formal processes/policies: Yes = 74%

- Service re-design: 9
- Service led: 3
- Linked to care cluster: 1
- Not strategic (governance): 5
- No information: 6
- Mapping needs in progress: 5
Strategic development: identifying roles

- 15 Trusts integrated NP to service re-design / development (38%)
- 24 Trusts described service-led processes or based on governance (62%)

“We have a number of places and then a process whereby nurses are asked to identify: improvements in patients outcomes; impact on service delivery in terms of productivity & efficiency.”

- In 2008 only 7 Trusts (18%) described process based on service needs; the rest was based on candidates’ skills.
Strategic development: Embedding roles

77% Trusts routinely amend job descriptions to reflect NP practice in role (n=30)

Recruitment to position vacated by NP: NMP qualification included in job specification?

- Essential: 21%
- Desirable & training expected: 29%
- Desirable only: 13%
- Case by case: 58%
Governance

NMP lead (all Trusts)

- Typically nurse 36 nurses 5 pharmacists
- Seniority:
  - Band 7 (n=1)  Band 8a/b (n=23)
  - Band 8c/d (n=10)  Director / Deputy Director (n=5)
- Most dedicate less than 1 day/week to NP
  (2 Trusts = whole time)
- The most NP active Trusts tend to have a lead in a lower band with more dedicated time
Governance

Register of NMP

– 2008:  20%
– 2014:  100%
– Varied content
– Varied criteria to remain on register
## Register: content

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record of CPD</td>
<td>16</td>
</tr>
<tr>
<td>Active status / Regular on-going prescribing practice</td>
<td>11</td>
</tr>
<tr>
<td>Evidence of supervision by medical prescriber</td>
<td>9</td>
</tr>
<tr>
<td>NMC registration</td>
<td>8</td>
</tr>
<tr>
<td>Competency framework / adherence to policies / professional standards</td>
<td>7</td>
</tr>
<tr>
<td>Current employee</td>
<td>6</td>
</tr>
<tr>
<td>Audit of practice</td>
<td>5</td>
</tr>
<tr>
<td>Submission of scope of practice</td>
<td>4</td>
</tr>
<tr>
<td>In a role that support prescribing / Clinical position</td>
<td>4</td>
</tr>
<tr>
<td>Annual approval to practice</td>
<td>4</td>
</tr>
<tr>
<td>Declaration of active practice / intention to practice (annual)</td>
<td>3</td>
</tr>
<tr>
<td>Prescribing portfolio up to date</td>
<td>3</td>
</tr>
</tbody>
</table>
### Registration?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of CPD</td>
<td>14</td>
</tr>
<tr>
<td>Active status</td>
<td>10</td>
</tr>
<tr>
<td>Receive clinical supervision</td>
<td>9</td>
</tr>
<tr>
<td>NMC registration</td>
<td>8</td>
</tr>
<tr>
<td>Submit scope of practice</td>
<td>7</td>
</tr>
<tr>
<td>Employed by Trust</td>
<td>5</td>
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<tr>
<td>Regular audit</td>
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<tr>
<td>Annual competency framework</td>
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<tr>
<td>In a clinical role</td>
<td>2</td>
</tr>
<tr>
<td>Portfolio</td>
<td>2</td>
</tr>
</tbody>
</table>

Lowest minimum requirement:
- 3 = remain employed by the Trust
- 3 = prescribe actively
Active prescriber?

• 4 Trusts have an operational definition:
  
  At least 1 prescription every: 3 months (n=2)
  12 months (n=1)
  weekly (n=1)

• Two respondents indicated that providing advice and guidance could be considered as active prescribing.
Workforce development

(Identifying) & selecting candidates

• No process to identify candidates
• All Trusts have processes in place to ensure candidates:
  – Meet the minimum mandatory requirements (academic and professional)
  – Would be in a position to use prescribing skills once qualified
Workforce development

Additional requirements prior to training:

- Psychopharmacology 5
- Medication management 4
- PGD 1
- Diagnosis & assessment 3
- Numeracy skills 4
- Having studied at level 6/7 in the previous two years 1
Workforce development: promoting transition from SP to IP

Formal strategies 17

Informal strategies 14

6/12 months SP practice 8
probationary period IP with mentorship 8
Formal competency assessment 2
Minimum number of prescriptions & appropriate competency 1
Psychopharmacology course 1
Individual review 6
Individual formulary 2
Workforce development: CPD

Formal CPD programme 34 (87%)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forum</td>
<td>15</td>
</tr>
<tr>
<td>Education sessions</td>
<td>11</td>
</tr>
<tr>
<td>Local conference</td>
<td>8</td>
</tr>
<tr>
<td>Group supervision</td>
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</tr>
<tr>
<td>Competency framework</td>
<td>3</td>
</tr>
<tr>
<td>Portfolio</td>
<td>2</td>
</tr>
<tr>
<td>Annual audit of practice</td>
<td>1</td>
</tr>
</tbody>
</table>
Workforce development: seniority

- Band 6 & above (strictly)  14
- Band 6 & above (flexible)  9
- No minimum requirement  8
- Band 6 = SP  Band 7 = IP  1
Workforce development: Career progression & remuneration

• Generally no direct link between NP career progression

• Two Trusts indicated that senior nursing roles were expected to be active NPs (e.g. clinical nurse specialist, nurse consultant or advanced practitioner)

• One Trust considering introducing an annual retainer or sessional payment for NP operating clinics
Key points

- Significant development in some Trusts
- Stable/small scale in many
- NP still most used CMHT, Drug & Alcohol and Older People Community
- Marked development in CRHT, CAMHS and Forensic Services
Key points

- IP is more common than SP
- No strong link between remuneration/career progression and NP
- Stronger strategic approach to NP but many Trusts still relying on individual interest
- No clear definition of *active nurse prescriber*. Non-active NP likely to be under-reported
References

2005 survey

2008 survey