Minor Ailments 2005

Meta-analysis: topical pimecrolimus and tacrolimus in atopic dermatitis


Both topical pimecrolimus and topical tacrolimus are more effective than placebo for atopic dermatitis but any advantages over topical corticosteroids are unclear in the absence of evidence for long-term safety gains, according to the conclusions of this systematic review and meta-analysis. Topical tacrolimus is similar to potent topical corticosteroids and could be appropriate in long-term use in patients with resistant atopic dermatitis on sites where there could be rapid development of side effects from topical corticosteroids. The clinical need for topical pimecrolimus is not clear. (See here [2])

eReferences
1. http://dx.doi.org/10.1136/bmj.38376.439653.D3
2. http://bmj.bmjjournals.com/cgi/content/full/330/7490/516
doi:10.1017/S1467115805000283

Mental & Neurological Health 2005

Non-medical prescribing and mental health nursing: how to capture the opportunity


The initial difficulties with implementing non-medical prescribing in mental health care should not be allowed to prevent it achieving the potential benefits for patient care, according to these authors, who discuss some of the issues that arose at a recent conference. Collaborative and supportive multi-disciplinary relationships will be crucial in realizing the benefits.

One issue is the amount of pharmacological training that nurse prescribers receive, with ongoing requests from qualified nurse prescribers for more education in psychopharmacology, applied therapeutics and adverse drug reactions. This may reflect changes in pre-registration nurse education, with its shift from the medical model of care. One mental health trust has funded its qualified nurse prescribers to attend a ‘top-up’ neuro-pharmacology module, which was well received, but this should not be the only option, according to these authors. The mentor/clinical tutor is vital here, as the training courses do not focus on issues specific to particular nursing specialties and so this must be covered with the mentor. Mentors’ experience varies widely and they receive little training, so this would be a useful area for future research to look at.
Generally, training courses must remain up-to-date and flexible and must change in response to changes in government policy on non-medical prescribing, with nurse prescribing leads being involved in any discussion about course development.

Nurse prescribing training does not finish with the course, and nurses are responsible for maintaining their competence and updating themselves with changes to the formulary. Organizational support is essential here. Discussion at the conference revealed that some supplementary nurse prescribers are writing and signing CMPs with only verbal agreement from their independent prescribers, suggesting that support is lacking.

There has also been debate about the role of the pharmaceutical industry in ongoing education of nurse prescribers [see here for recent coverage: Pharmaceutical influences – Nurse prescribers: eyes wide open [1]; Prescribers’ relationships with pharmaceutical companies [2]; MPs warned that prescribers rely on pharma support for CPD [3].

Within mental health services in primary care, the authors make a case for nurse prescribers playing a role in a stepped approach. They point out that practice nurses, increasingly working as nurse prescribers, have little training in mental health and yet many people present to primary care practitioners with physical symptoms providing a ‘ticket of entry’ when they have mental health problems. Although the side effect profiles of antidepressants have improved in recent years, drugs used to treat other illnesses have not and so it is vital that supplementary nurse prescribers working in mental health receive training on medication and side effects.

Non-medical prescribing raises issues of safety, given the high error rates of prescribing errors in mental health, which suggest that the system of medical prescribing is not working, raising questions about the policy of extending prescribing rather than addressing fundamental safety issues. Although there is a shortage of pharmacists who specialise in mental health, good collaboration between non-medical prescribers and pharmacists is essential to build good safety systems and checks. The National Patient Safety Agency has also introduced seven steps to patient safety.

Although a range of possible benefits of non-medical prescribing has been identified, there has been little research on the impact of supplementary and extended formula nurse prescribing on service users. At the conference, some of the concerns of service users were outlined and included safety, pharmacological knowledge, training and supervision, non-medical prescribing being a second class service or being a way of advancing a nurses’ career, and worries about CMPs and consent. Despite these, service users did feel that there was the potential to improve the care received by mental health service users through non-medical prescribing.

eReferences
1. http://www.nurse-prescriber.co.uk/Articles/Pharma_influence.htm

doi:10.1017/S1467115805000295

Psychiatrists’ changing relationship with mental health nurses


This article analyses the relationship between psychiatrists and mental health nurses through the history of mental health care in the UK. Psychiatry remains the most influential profession in mental health, perhaps partly because the profession has incorporated ‘non-medical’ approaches to, and understanding of, mental illness.

The relationship of psychiatry to mental health nursing has, however, changed significantly in the last 50 years, and current developments suggest that this will continue, with new threats to the profession’s traditional authority emerging. The author points out that the current position has arisen through historical processes rather than professional conspiracies. Mental health nurses are now starting to act as supplementary prescribers, which begins to erode one key area that was previously psychiatrists’ exclusive area of expertise. Psychiatrists are also starting to lose the sole right to control hospital admissions. So far, psychiatry has adapted to survive the threats, as mental health nursing has become more professionalized.

doi:10.1017/S1467115805000301
**Supplementary prescribing and PGD use in mental health**


There is wide variation in the extent to which trusts providing mental health services prepared for nurse prescribing, although the evidence suggests that momentum is now growing, according to this survey of directors of nursing. The survey results did suggest that there is concern that the training course does not adequately prepare nurses for prescribing in mental health and some trusts were planning to send nurses on medication management courses as well.

doi:10.1017/S1467115805000313

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**Policy, Practice and Education 2005**

**Better prescribing training for doctors is needed**


The authors of this letter argue that doctors are not properly trained in prescribing, and therefore cannot be assumed to be competent, despite the decision that they should train nurses and pharmacists in prescribing. They point out that UK medical students are taught clinical therapeutics (including the selection of medicines for specific indications); there is little or no formal prescribing training or application of prescribing skills for undergraduates and they normally acquire these skills during the pre-registration house officer year. In contrast to the situation for nurse and pharmacist prescribers, no prescribing competencies have been defined for medical students or doctors. They conclude that competencies need to be agreed and pre-registration house officers should be required to pass an assessment of their prescribing ability before they can obtain full registration.

Pharmaceutical Journal [1] (accessed 14/3)

eReference

doi:10.1017/S1467115805000325

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**Health Promotion 2005**

**Nicotine replacement therapies**


After explaining the effects of nicotine on the body, the author describes the different types of nicotine replacement products that are available and also describes bupropion.

doi:10.1017/S1467115805000337

**Prescribing Bug Buster kits for head lice**


The article discusses the treatment of headlice within a preventive strategy, highlighting the failure rates for chemical treatments and the evidence for high success rates with the Bug Buster kit wet combing method.
When prescribing the Bug Buster kit, only one per family is necessary, and the prescriber should write ‘Bug Buster Kit’ on the prescription. The article concludes that primary care trusts should review their policy on head lice prevention and treatment.

doi:10.1017/S1467115805000349

**Policy, Practice and Education 2005**

**OSCE assessment in nurse prescribing**


This small qualitative study found that that students preparing for extended formulary nurse prescribing found the objective structured clinical examination (OSCE), which is used in some institutions, to be stressful and anxiety-provoking. The literature suggests that the OSCE is of some value as a practical tool in assessing competence in extended formulary nurse prescribers. The author therefore suggests that the possibility of using the OSCE as a formative assessment and for constructive feedback and makes other suggestions for the future.

doi:10.1017/S1467115805000350

**Prescribing roles for optometrists**


These two articles examine recent legislative and policy developments affecting the supply and prescribing of medicines by optometrists. The range of prescription-only medicines (POMs) that can be supplied by optometrists is being extended and the emergency caveat for the supply of other medicines is being removed (see also here News item [3] 136–3).

In addition, it seems that optometrists will soon be able to qualify as supplementary prescribers, although this perhaps should be seen as a route to gaining independent prescribers status in the future.

eReferences


doi:10.1017/S1467115805000362

**Usefulness of nurse prescribing for practice nurses**


These two practice nurses conclude this analysis of their prescribing by identifying systemic antibiotics for all but a small group of conditions as the major omissions from the Nurse Prescribers’ Extended Formulary (NPEF).

They collected data over 6 weeks from 744 patients and found that they were able to complete episodes of care for 65% of patients. They issued 40% of the prescriptions during the period, and the GPs issued non-antibiotic prescriptions for 21% and antibiotic prescriptions for 31%. In total, 11% of the patients presented with upper respiratory infections, for which there are few medications available on the NPEF. The authors argue that they acknowledge
concerns about inappropriate antibiotic prescribing but do not believe that limiting nurses in this way is the answer, pointing out that the practical ways nurses find to get round this may lead to a blurring of accountability.

The authors conclude that, within its limits, nurse prescribing is useful and effective but that nurses will continue to be prevented from completing episodes of care unless they can prescribe from the whole BNF according to competency.

doi:10.1017/S1467115805000374

Pharmacist prescribing: parenteral nutrition


The article describes the work of pharmacist supplementary prescribers who have begun prescribing parenteral nutrition for adults, and discusses possible future developments. Hospital Pharmacist [1].

eReference

doi:10.1017/S1467115805000386

Pharmacist supplementary prescribing in primary care


These two articles describe the experiences of pharmacist supplementary prescribers in primary care. In the first, the author, a supplementary prescriber in a PCT, describes a typical afternoon in which he uses the clinical examination skills he acquired alongside the prescribing course. The range of problems dealt with demonstrates the potential for supplementary pharmacist prescribers in primary care to take on work that would previously have been done by a doctor.

In the second, the author describes how her pharmacist-led surgery-based hypertension clinic operates. CMPs are agreed electronically with the independent prescriber following referral and before the patient’s first appointment, meaning that the supplementary prescriber can write a prescription during the first appointment if appropriate. CMPs are permanently linked to the patient record and whenever the record is opened, an alert is displayed stating that the patient attends the clinic.

eReferences

doi:10.1017/S1467115805000398

Palliative Care 2005

Prescribing domperidone


This factsheet provides essential information on prescribing domperidone, which nurse prescribers can use for nausea and vomiting in palliative care.

doi:10.1017/S1467115805000404
Mental & Neurological Health 2005

Mental health nurse prescribing in one trust


Although there are probably only 250–300 mental health nurse prescribers in the country, 50 of them work for South Staffordshire Healthcare Trust. Before nurse prescribing had taken off in the UK, the trust was already thinking about how to educate nurses to improve concordance, a major problem area.

The first nine nurses undertook the three-month course on extended and supplementary prescribing early in 2003, and the trust was careful to choose senior nurses who were “confident and able to challenge decisions”. The article describes the benefits that the policy appears to have delivered for patients and highlights the importance of having a ‘critical mass’ of nurse prescribers working together and providing mutual support. *Health Service Journal* [1] (requires subscription).

eReference

doi:10.1017/S1467115805000416

Minor Ailments 2005

Constipation: a concordant approach


The article discusses the management of constipation by nurse prescribers, highlighting the importance of a concordant approach that includes the patient in the decision-making process.
doi:10.1017/S1467115805000428

Treatment decisions: bacterial tonsillitis


The article discusses the diagnosis and management of acute bacterial tonsillitis in the context of the ethical, legal and professional issues that extended formulary nurse prescribers face. It examines the issues surrounding antibiotic prescribing as prescribing rights are extended beyond doctors.
doi:10.1017/S146711580500043X

Trimethoprim for UTIs


This factsheet summarizes information about trimethoprim, which can be prescribed by independent nurse prescribers for urinary tract infections in women. *Nursing Times* [1]

eReference

1. http://www.nursingtimes.net/
doi:10.1017/S1467115805000441