



University Hospitals Sussex
NHS Foundation Trust

Nurse/Non Medical Prescribing in Cardiology: Current Issues

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Overview

- Current developments
 - challenges
- Professional standards and using the National Competency Framework
- Expanding Prescribing Scope of Practice

Developments

- Independent prescribing well established in nursing
 - Mostly replaced supplementary prescribing
 - 90,159 nurse prescribers 2020 (716,000 nurses on the register 2022)
- GIRFT report Cardiology 2021
 - ACPs and specialist nurses should be triaging patients, providing care across a pathway, delivering clinics, prescribing independently and undertaking appropriate extended roles

Developments

- Primary care
 - Reliant on workforce and introduction of first contact non medical roles
 - Medicines use, particularly CVD meds, is increasing
- Non medical prescribing an essential component of service redesign
- But – need organisational strategies for implementation
 - Also consideration for succession planning

Opportunities for nurse/non medical prescribing

- Nurse specialists / ACP's
 - Heart Failure
 - Arrhythmia
- Hospital pharmacists
 - Secondary prevention clinics
 - Medication reviews
- Community pharmacists
 - Chronic disease management eg hypertension
 - Medication reviews

Challenges

- Workforce issues
- Training takes time and needs appropriate support from DMP/DPP
- Lack of strategic planning and succession planning

Current issues for the prescriber

Multi-morbidity

2 or more long term health conditions
NICE 2016

Disease specific guidelines

Polypharmacy

5 or more meds daily (prescribed, OTC, herbal)

Older patients

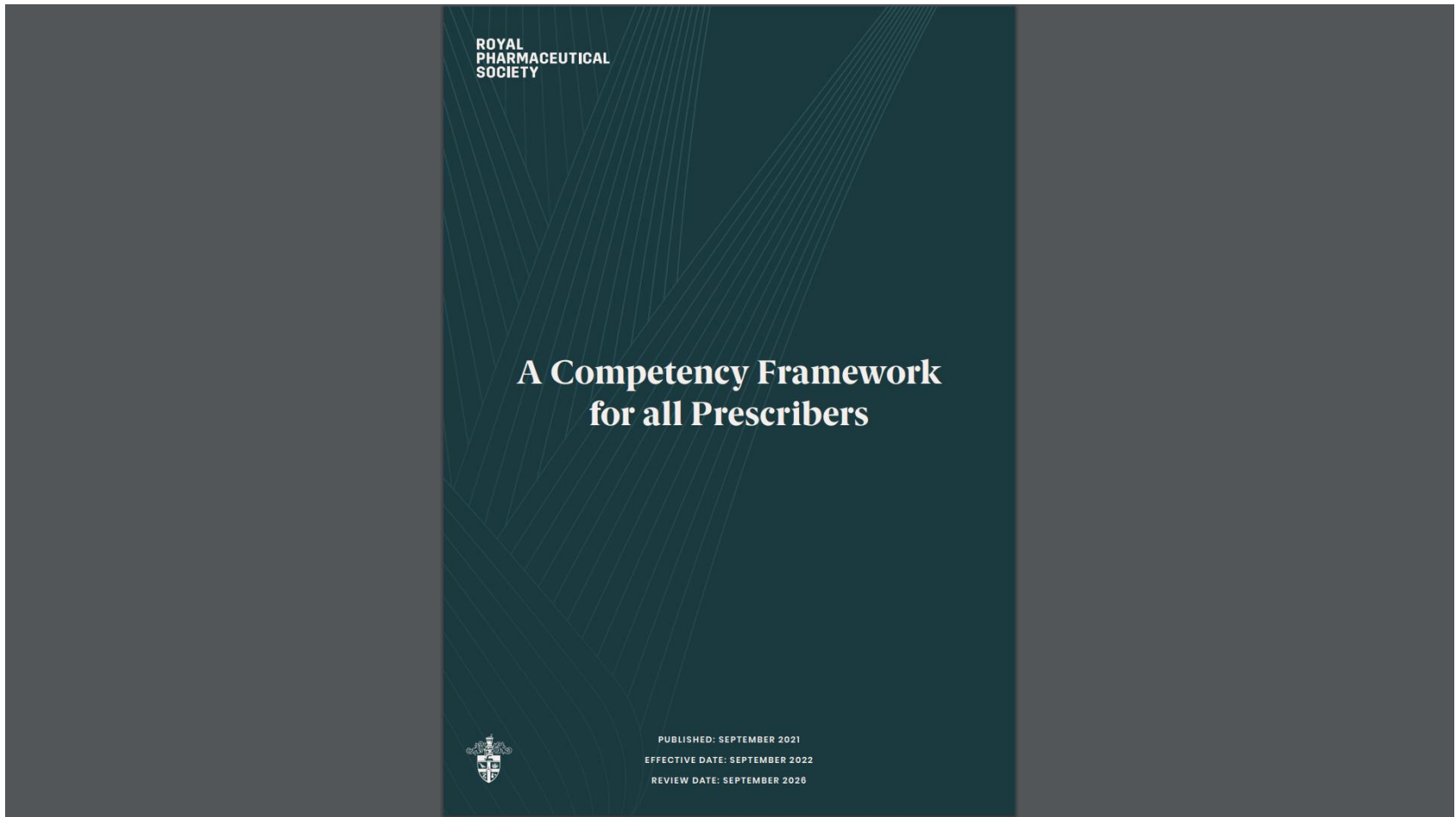
Affects pharmacokinetics and pharmacodynamics

Frailty



National Prescribing Framework:

sets out what good prescribing looks like



Professional standards

- NMC adopted the Royal Pharmaceutical Society's Prescribing Competency Framework as the standards of competency for prescribing practice
- The requirements of the competency framework will be the standards considered safe and effective prescribing practice for all prescribers on the register

Use of the Competency Framework in clinical practice

Domain 1: The Consultation

Patient assessment

Present options
and reach a
shared decision

Provide information

Identify
evidence –
based treatment
options
available

Prescribe

Monitor and review

Domain 2: Prescribing Governance

Prescribe safely

Prescribe
professionally

Improve
prescribing
practice

Prescribe as
part of a team



Scope of Practice and expansion

- Agreed Scope of Practice
 - Clearly linked with role and competence
- Regular review
 - Changing evidence base and role development
 - Can lead to expansion of your Scope
- Maintaining competency
 - Ongoing education and development

Ongoing education and development

Foster independent learning

Keep up to date with the evidence and guidelines

MDT case discussions

Liaison with specialist teams

Professional prescribing updates



Summary

Regular review of
Scope, update
with changing
evidence base

Keep up to date
clinically and with
respect to
prescribing

Reflect on
clinical and
prescribing
practice

Review prescribing
practice
considering current
challenges

frailty, multimorbidity,
polypharmacy, older patients

Have a formal
mechanism for
prescribing support
e.g. MDT

Strategic planning
for prescribing in
cardiology

