

**Date:** Wednesday 26 February 2003  
**Venue:** Committee Room 2, National Assembly for Wales  
**Title:** Supplementary Prescribing

### **Purpose**

1. To update the Health and Social Services Committee on supplementary prescribing by nurses and pharmacists. The Committee is asked to note progress.

### **Summary**

2. The paper provides information on supplementary prescribing under the headings:

- Definition
- Limitations
- Benefits
- Training
- Selection for training
- Way forward

3. It is proposed to establish a Task and Finish Group under the aegis of the All Wales Medicines Strategy Group to take forward supplementary prescribing by nurses and pharmacists in Wales.

### **Timing**

4. The paper is presented at the request of the Committee

### **Background**

#### *Definition*

- Supplementary prescribing is a voluntary prescribing partnership between an independent

prescriber and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement.

- The independent prescriber must be a doctor (or dentist) while the supplementary prescriber may be a registered pharmacist, nurse or midwife.
- The criteria for lawful supplementary prescribing will be set in regulations and guidance will be issued.

### *Limitations on supplementary prescribing*

- No legal restrictions on the clinical conditions that may be treated by the supplementary prescriber.
- Supplementary prescriber will be able to prescribe any medicine that may be prescribed by a doctor or dentist at NHS expense, with the exception of medicines containing a Controlled Drug and unlicensed medicines unless covered by a clinical trial certificate or exemption.
- Supplementary prescriber will monitor the patient's response, will be able to alter the dosage or frequency of medicines and change or add new medicines as set out in the clinical management plan.
- A formal clinical review between the independent and supplementary prescriber should be undertaken at an agreed time which must not be greater than 12 months.

### *Benefits*

- Improve patient access to medicines.
- Increase the opportunities for patients to obtain advice about their medicines.
- Make much better use of highly skilled pharmacists and nurses.
- Useful in long term medical conditions such as asthma, diabetes, hypertension etc., and in hospital discharge planning.
- Will enable the development of nurse and pharmacist run clinics.
- Reduce pressures on other pressured sectors.

### *Training*

- The Nursing and Midwifery Council and the Royal Pharmaceutical Society have both prepared guidance on the training programmes for nurses and pharmacists to qualify as supplementary prescribers.
- The professional bodies will be responsible for accrediting courses for supplementary prescribers.
- In Wales, Health Professions Wales, on behalf of the Nursing and Midwifery Council, will accredit the training programmes for nurses.

- The professional registers will be annotated to enable members who have successfully completed a supplementary prescribing training programme to be identified.
- The length of the programmes has not yet been finalised but it is anticipated that the courses will comprise a minimum 25 days contact time at a university for the theory component and 12 days learning in practice with a medical prescriber. There will also be an element of self-directed study by the student.
- The programme will be part-time spread over 3 to 6 months.
- Support will be provided for multi-professional learning where appropriate.

### *Selection of pharmacists and nurses to be trained*

- Responsibility of the LHBs and NHS Trusts to select individual nurses and pharmacists to become supplementary prescribers based on benefit to patients and in the light of NHS needs and circumstances.
- Training will be funded centrally.
- Ratio of nurses to pharmacists that will be trained will depend on service needs.
- May include nurses and pharmacists employed by LHBs, NHS Trusts, practice nurses and community pharmacists.
- The employing organisation must ensure that a medical prescriber, with the appropriate experience, has agreed to take responsibility for providing the learning in practice element of the programme.

### *Way forward*

- The Minister for Health and Social Services has announced an extra £0.5M to train around 250 pharmacists and nurses to become supplementary prescribers.
- To enable supplementary prescribing to be taken forward in Wales, a Task and Finish Group on Supplementary Prescribing by Nurses and Pharmacists should be established
- The group's composition has to be finalised and will include a representative of the All-Wales Medicines Strategy Group

### **Consideration**

5. The allocation of training places will be based on the service need for supplementary prescribers in primary and secondary care, and community services. It will be the responsibility of the NHS Trusts and LHBs to identify their needs and the nurses and pharmacists to be trained.

### **Financial Consequences**

6. Funding has been identified to enable around 250 nurses and pharmacists to be trained as supplementary prescribers.

7. Supplementary prescribing is based on a voluntary partnership between an independent prescriber and a supplementary prescriber to treat patients according to a clinical management plan. Prescribing by a supplementary prescriber should be cost neutral as it will be a substitute for prescribing which would otherwise have been undertaken by the independent prescriber.

## **Compliance**

8. The Health & Social Care Act 2001 provides the primary legislation to implement the recommendations contained in the Final Crown Report. Clause 63 amended the Medicines Act 1968, Section 58, and also enables Ministers through an order to:

- designate new categories of prescriber, and
- impose conditions on their prescribing

9. The extent to which supplementary prescribing is adopted by the NHS in Wales is a matter for the Welsh Assembly Government.

10. The Health and Social Services Committee is responsible, under Standing Order 9.7, for contributing to the development of the Assembly policies relating to the prescribing of drugs, the provision of pharmaceutical services and the supply of pharmaceuticals in Wales.

11. There are no issues of regularity or propriety.

## **Action**

12. The Committee is asked to note progress.

**Jane Hutt**  
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