

Central Lancashire Online Knowledge (CLoK)

Title	Non-medical prescribing in primary care in the United Kingdom: an overview of the current literature
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/39155/
DOI	10.12968/jprp.2021.3.9.352
Date	2021
Citation	Armstrong, Amanda, Manfrin, Andrea and Gibson, Josephine (2021) Non-medical prescribing in primary care in the United Kingdom: an overview of the current literature. <i>Journal of Prescribing Practice</i> , 3 (9). ISSN 2631-8385
Creators	Armstrong, Amanda, Manfrin, Andrea and Gibson, Josephine

It is advisable to refer to the publisher's version if you intend to cite from the work.
10.12968/jprp.2021.3.9.352

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

Table 4 Characteristics and details of the research papers

Author(s)	Location	Study Design	Participant(s)	Findings	COREQ or QATSDD
1. Armstrong (2015)	Urgent care setting in England	SSI Questi onnair e	Total number of participants: 25 Senior Nurses 1 Doctor 1 NPs 2 PP 1 Patients 20	Benefits of autonomous working identified by staff and patients. Concern over increase workload for NP. Enhanced staff experience. Seen as a natural progression for advance nurses and continuity of care for patients.	COREQ 50%
2. Carey et al (2019)	Primary Care in England	Quasi- experi mental , post- test group design	Total number of participants: 329 4 P. physio and 3 podiatrists compared to 4 Non-P physio and 3 podiatrists 315 patients.	Patients were asked for feedback on their consultations with their clinicians and then compared with prescriber and non-prescribers. Patients overall satisfied with care, professional care ease of access to care and satisfied with informations on medicines.	COREQ 31%
3. Courtenay et al (2018)	All settings in Wales	e- Delphi survey	Total number of participants: 34 NP 28	21 statements were generated and 9 factors that promoted the implementation of NMP – Positive organisational recognition, colleague support and CPD.5 A	QATSDD 76.2%

			PP 3 Physio 2 Radiographer 1	ctions were required for NMP, clinical supervision, CPD, and that NMP were valued by patients, colleagues and the organisation.	
4. Courtenay et al (2017a)	All settings in Wales	Questionnaire	Total number of participants: 376 NP 321 PP 46 ANP 9	NMP reported that they prescribed across a broad range of therapeutic areas. Infections for nurse, pain for pharmacist and MSK for physiotherapists. Lack of funding was the barriers to prescribing .	QATSDD 59.6%
5. Courtenay et al (2017b)	Scotland, Wales and England	SSI And questionnaires	Total number of participants: 137 Patient questionnaires and follow up 120 SSI with 22 of those patients SSI – 16 NP SSI - 1 PP	Focus on prescribing for respiratory tract infection. 96% of the patient population was satisfied or very satisfied due to a patient-centred approach. Patients reported being listened to and being taken seriously by NMPs. NMP addressed patient expectations and concerns.	COREQ 53%
6. Courtenay et al (2015)	England	Case study	Total number of participants: 226 12 case study sites in the UK IP (n=6) Nurse (n=6) Patients (n=214)	Data was compared from patients with diabetes who had been treated by diabetic specialist nurse who could prescribe compared to diabetic nurses who could not prescribe. No statistical significant differences were founds in the management of clinical outcomes such as diabetic control defined by levels of HbA1c. Increased satisfaction with all nurses but more so with nurse prescribers.	COREQ 31%

7. Herklots et al (2015)	CC two PCTs in England	SSI	Total number of participants: 7 NP 7	NMP enhanced their role and knowledge from the prescribing course was beneficial for their whole practice. Support included CPD was variable with difficult being able to access formal CPD, however GP were very supportive. Being able to prescribed allowed speedier access to medicine for patients was also noted.	COREQ 50%
8. Hindi et al (2019)	PC in England	Questionnaires	Total number of participants: 84 IP 20 Colleagues 26 Patients 38	Patient strongly agreed that IP improved the quality of care for the patient. Key barriers: IP's knowledge, competence and organisational factors such as workload, effective teamwork and support from colleagues.	COREQ 50%
9. Holden et al (2019)	PC in England	Questionnaires and SSI	Total number of participants: 1646 Physiotherapists (physios) 1637 Physio Prescribers 9	One per cent of physios approaching OA were prescribers. However, they were not keen on extra responsibility despite acknowledging the GP burden. Did identify patient convenience as a benefit for prescribing. Lack of support to prescribe, burden of extensive training, and potential legal consequences.	COREQ 50%
10. Maddox et al (2016)	PC and CC – in NW England	SSI or Focus group x3	Total number of participants: 30 PP 5 NP 25	NMPs cautious when prescribing; confidence improved with good support. NMP required improved access to CPD, clinical support and cohesive team culture.	COREQ 63%

11. Nelson et al (2019)	PC England	SSI and focus groups	Total number of participants:38 SL 9 AP 8 PA 4 PP 6 GP 5 PM 6	Themes analysis captured:- purpose and place of new roles in general practice, such as physician associates as well as advanced practitioners. Findings: -unclear role definitions and tension at professional boundaries. The need for training to ensure feasibility of skill mix.	COREQ 53%
12. Taylor & Bailey (2017)	CC England	Questi onnnai re	Total number of participants: 20 School Nurses 20	Identified benefits such as improved medicine management and earlier interventions. Job satisfaction and credibility as being able to prescribe. Barriers: lack of need and lack of organisational support and CPD.	QATSDD 64.3%
13. Weglicki et al (2015)	England	SSI and focus groups	Total number of participants:15 PP 1 NP 11 Physio 3	Personal anxiety undermining confidence to prescribe, external barriers and other factors that exacerbate anxiety. Need for support identified through coping strategies, preferred mode or style of learning.	COREQ 56%
14. Weiss et al (2016)	PC England	SSI	Total number of participants: 21 GP 7 NP 7 PP 7	Looked at how prescribers identify themselves “The doctors are king” NP unsure who to align to, either nurses or GPs as now prescribers. PP did not feel part of the surgery as a secondary role. Organisational barriers identified.	COREQ 53%
15. Williams et al (2018)	Out of Hours (OOH)	SSI	Total number of participants: 30 GP 15	Examined GPs and NPs prescribing antibiotics for respiratory tract infections in OOH in PC. Found that NP reported perceptions of greater accountability for their	COREQ 67%

	service in PC		NP 15	prescribing compared to GPs. Participants agreed more complex cases should be seen by GPs.	
--	------------------	--	-------	--	--

PC = Primary Care; CC= Community Care; CPD=continuing professional development;
MSK = Musculoskeletal; NP=Nurse Prescribers; OA = Osteo arthritis; OOH = Out of Hours
service; PP = pharmacist prescriber; SSI = Semi-Structured interviews; AP = Advanced
practitioner; PA = Physician associate; PM= Practice manager; SL = Service Lead.