

**THE BENEFITS OF NURSE PRESCRIBING WITHIN SPECIALIST  
PALLIATIVE CARE**

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**CHAPTER I**

## INTRODUCTION

### *Abstract*

This research study is an attempt to investigate into the benefits of nurse prescribing with special reference to palliative care units in the UK. The study progresses with a review of the available literature on the relevant topic and analyses the same to come out with major findings that are useful for the development of the profession and facilitate further studies in the same or related fields. The researcher needs to focus mainly on the benefits of nurse prescribing for various stakeholders such as patients, dependents of patients, doctors and other medical professionals. The present study is fundamentally a literature survey research. It takes a literature survey method for data collection and altogether 9 studies have been selected to help the specific area of research. It is undertaken by collecting data on various studies carried out in various parts of the world including that of the U K. An extensive research is carried out to collect data on various studies and thus a detailed literature data base is formed. Based on the data available through literature survey, a careful observation is made to assess the benefits that are likely to accrue to both patients and nurses out of independent and supplementary prescribing. The report has four chapters altogether. Chapter I introduces one to the fundamentals of the study such as objectives of the study, methodology, data collection methods and the major limitations. Chapter II deals with the theoretical frame work of nurse prescribing where the history and current development of nurse prescribing have been described in detailed. In the third chapter, a detailed analysis of the selected literature has been carried out keeping in mind the objectives of the present study. in the concluding chapter, major findings and conclusion have been given.

## ***Introduction***

The job of nursing is one of the noblest professions on earth. This can be corroborated from the fact that the British ten pound note carried the picture of Florence Nightingale for a period of twenty years from 1975 to 1993. She is also, according to the BBC, a nationally sanctioned heroine and one of the most recognizable faces in the world today. The picture of Florence going on about her duties during the Crimean War and carrying a Grecian lamp has very much become the epitome of the nursing profession. Interestingly, nursing was sort of synonymous with caring until the early part of the nineteenth century. According to historians, nursing as a profession by itself was recognised mainly by the work done by Florence Nightingale and the subsequent release of her book titled ‘Notes on Nursing’. Her views on the profession that evolved at that time makes relevant reading. “Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which every one ought to have—distinct from medical knowledge, which only a profession can have” (Nightingale, p. vi). From just caring and sanitation, the profession has evolved over the years to take more and more responsibilities and roles. One of the most recent and significant developments in the UK was the practice of legally allowing nurses to indulge in the practice of independent and supplementary prescribing of medicines and drugs. This dissertation is an attempt to study and review this practice with focus on independent and supplementary prescribing in the case of palliative care in the country. In the process certain standards like the Gold Standard

Frameworks, Liverpool Care Pathway, and Preferred Priorities of Care will have special mention in this regard.

### ***Background of the Study***

The number of nurses engaged in prescribing for various deceases are on the rise with the congenial approach of the government in the UK and its positive directives. The practice has been getting positive responses from all walks f life including doctors and other medical professionals. Numerous studies have been undertaken in the country and outside the country to examine the impact and effectiveness of nurse prescribing for patients. At this juncture, the present study attempts to evaluate the impact and benefits of nurse prescribing in the U K. Also, the study attempts to throw lights on the history of nurse prescribing with special reference to inepended and supplementary prescriptions in Palliative care units.

### ***Objectives of the Study***

The fundamental rationale for the present study is to evaluate the impact of independent and supplementary nurse prescribing in the U K. The study needs to focus mainly on the benefits of nurse prescribing for various stakeholders such as patients, dependents of patients, doctors and other medical professionals. Specifically, the study aims to achieve the following objectives:

- To assess the benefits of inepended and supplementary prescribing in the UK with special reference to Palliative care units,

- To evaluate the whether the nurse prescribing is found more beneficial than prescribing by physicians, and
- To identify on what grounds nurse prescription is becoming more and more popular.

### ***Methodology***

The present study is fundamentally a literature survey research. The study is undertaken by collecting data on various studies carried out in various parts of the world including that of the U K. An extensive research is carried out to collect data on various studies and thus a detailed literature data base is formed. Based on the data available through literature survey, a careful observation is made to assess the benefits that are likely to accrue to both patients and nurses out of independent and supplementary prescribing. It also tries to explore the benefits of nurse prescribing from doctors' perspective. Altogether, the researcher has surveyed 9 studies to evaluate the subject matter of the study. For the purpose of reaching the findings and arriving at the conclusion, a detailed literature review is undertaken. The literature review is, therefore, is given in a separate chapter for detailed analysis and review.

### ***The selection of Studies***

All types of nurse prescribing studies have been included in the literature review. However, special attention is made to nurse prescribing with special reference to palliative care units in the UK. The researcher has made no segregation on the type of patients for the purpose of analysis and review of literature.

***Search for the Relevant Data***

An extensive search for the relevant studies has been made by the researcher to critically review them and come out with findings and conclusions. The sources include journal articles, magazines, news papers, research studies including dissertation and books. The researcher has used internet as source for collecting majority of data.

***Limitations of the study***

The present study relies solely on secondary data/published materials. Hence, it is subject to the limitations of the original studies. In addition to that, the collection method is the one which is selected by the researcher according to convenience and hence it is subject to certain personal bias. However, maximum efforts have been extended by the researcher to make the study an effective and as a reference material for future studies of similar nature.

**CHAPTER II**

**History of Nurse Prescribing and current developments**

For a layman, a prescription for medicines and other medical procedures is written by a doctor. He or she would approach the pharmacist who would be able to decipher the illegible script and dispense whatever was written in it to the patient. This practice of writing prescription by qualified persons was considered safe since a wrong dosage or worse still; a wrong drug can cause serious repercussions on the patient's health. This practice was fine and practical in cases where the patient visits the doctor in the hospital or clinic. It was also fine where the doctor made house calls if the patient was unable to commute to where the doctor was available. But there are many instances where it is not practical for a qualified medical practitioner to visit a patient just to write a prescription (especially for routine medication and treatment). This can happen where the patient is recuperating from an illness in his or her home. It can also happen for instance in an old age home where aged inmates regularly need medications to control many of their ailments. With regard to this dissertation also this point of view is valid. Patients undergoing palliative care will also require routine medications and treatment. The only person who has knowledge of pharmacopoeia would be the qualified nurse in attendance. Such situations led the Her Majesty's Government to formulate policies where qualified nurses and pharmacists can prescribe certain medications on their own. In 1986, the Cumberlege Report Neighborhood Nursing: A Focus for Care under the aegis of the Department of Health and Social Security (DHSS) found that nurses were facing practical difficulties in getting the required doctor written prescriptions for their wards. They had to request the treating doctor or other physicians for fresh prescriptions each time fresh medications were required. "It was identified that some very complicated procedures had arisen around prescribing in the community and that nurses were wasting their time

requesting prescriptions from the general practitioner (GP) for such items as wound dressing and ointments”( Courtenay, p. 1). The report strongly recommended that qualified nurses be allowed to prescribe medicines and procedures on their own under certain circumstances. The list of drugs and procedures that could be included will be decided by the DHSS. Following the publication an advisory committee was formed by the Department of Health to study the issue and forward their findings to the Parliament. Supporting the recommendations put forward by the DHSS, the Crown Report of 1989 opined that highly experienced nurses who otherwise were fully capable of understanding the pharmaceutical needs of the patient had to wait for a doctor’s prescription making the procedure cumbersome and a waste of time. The report also adds that in many cases, the doctor just “rubber stamps” the prescription decision made by nurses. In other words nurses were already unofficially prescribing drugs and the doctors were agreeing to it to make it come under the ambit of the law. A sentence (as proposed to the House of Commons) endorsing to make this practice legal is given here to illustrate the opinion of the Crown Report. “Suitably qualified nurses working in the community should be able, in clearly defined circumstances, to prescribe from a limited list of items and to adjust the timing and dosage of medicines within a set protocol” (Roger). The UK Government first passed this far reaching legislation in 1992, five years after the initial recommendation of the DHSS allowing prescription of a very limited number of drugs. “This amends the Medicines Act 1968 to include registered nurses, midwives and health visitors who are of such a description and comply with such conditions as may be specified in the order” (*Legal Framework, 2003*). This legislation allowed health visitors (HV) and district nurses (DN) to prescribe the allowed drugs. Two years later further drugs were added to

the list and were published in a document titled Nurse Prescribers' Formulary (NPF). The NPF is now renamed as Nurse Prescribers' Formulary for Community Practitioners. Specific training programmes for nurses to become proficient in prescription have also been developed. "Since October 2005, community practitioners undertaking a Specialist Practice Qualification (SPQ) have been able to access training to prescribe from the Nurse Prescribers' Formulary for Community Practitioners" (Cook, 2007). This training program is referred to as V100 module or V100 programme. In 2005 the Government also allowed nurses from other levels (apart from health visitors and district nurses) to take the required training and become nurse prescribers. The list of drugs and treatments that can now be prescribed by nurses have been expanded over the years. In 2001 the first directive which allowed nurses to prescribe drugs and other treatments for palliative care was announced. Further in 2003 and later in 2006, the following drugs for palliative care that can be prescribed by such professional health workers were allowed. They include diazepam, lorazepam, midazolam (all Schedule 4 drugs), codeine phosphate, dihydrocodeine, co-phenotrope (schedule 5 drugs), diamorphine, morphine, oxycodone, buprenorphine, and fentanyl. It should be remembered that nurses independent prescribing and nurses supplementary prescribing are two distinct areas. The supplementary prescriber was earlier referred to as dependent prescriber. There are well established guidelines for establishing the relationship between a supplementary nurse prescriber, an independent prescriber (doctor or dentist) and the patient being treated. The consent of the patient must be obtained before start of treatment or clinical management plan (CMP) using supplementary prescription. A prescribing partnership should be created and the fact mentioned in the patient record. The supplementary treatment will

only begin after the patient has been diagnosed and previous treatment had already been administered. The independent prescriber decides on the treatment, drugs, and dosage and this should be incorporated into the CMP. The nurse can change the dosage and frequency within what is permissible under the CMP. There should be regular communication between both prescribers. The major responsibility for problems lies with the independent prescriber.

In this instance, an independent prescriber will only be a doctor or dentist. Hence this independent prescriber is different from a nurse independent prescriber. A nurse can become an independent prescriber through requisite training and can use the following two documents namely Nurse Prescribers' Formulary and the Nurse Prescribers' Extended Formulary. The former is mainly with regard to wound dressing and a limited number of prescription only medicines (POM). The second is more comprehensive in scope and can medication for injuries and ailments of a minor nature. They can also prescribe for palliative care and promotion of health. They can only use pharmacy only drugs, drugs classified under the general sales list and a specified number of prescription only medicines. The responsibility of an independent nurse prescribing for correct dosage and drugs falls on that person's sole responsibility, just like the case of doctors and dentists. It can be said that supplementary prescribing is wider in scope and can cover more diseases than what is possible for an independent nurse prescribing.

### ***Liverpool Care Pathway (LCP)***

Many patients reach a terminal stage where it becomes inevitable that no amount of treatment can save their lives. This is especially true of diseases like cancer. But death

in most cases does not come easily. It could be a slow and extremely painful process. Palliative care is the only option available to them so that their quality of life will improve in their dying days. The lives of those people who are near and dear to the patient will also be miserable during this time of waiting. Many methods have been developed over the years in order to provide better palliative care around the world. One of them was the Liverpool Care Pathway. “The Specialist Palliative Care Team at the Royal Liverpool and Broad green University Hospitals NHS Trust and the Marie Curie Hospice, Liverpool developed the Liverpool Care Pathway for the Dying (LCP)” (*The Liverpool Care Pathway for the Dying Patient*). The process has two major aims. The first one is to see that the quality of life of the dying is made bearable in every way possible. In many cases, the patient and the relatives are well aware of the fact that there is no recovery. The LCP has processes by which knowledge about how to handle death with dignity is given. The LCP is not limited to providing medical care, but also extends social, physiological and even spiritual support. Those providing LCP are trained and special care is taken to see where medication and invasive care does really have an effect on the disease. If not they have the choice to stop ineffective medical and invasive procedures. Invasive procedures can be painful or be very uncomfortable to the patient. LCP also sees to it that the patient’s family is also included in the procedure. For example, advice and support on how to handle death and care after death of the patient is included as a standard procedure. The process was so effective that the National Health Service Beacon Programme has considered LCP to be a model of best practice that can be implemented for palliative care. The procedure has become well accepted in the country and as of June 2007 more than 1100 registrations from different health providers

have been recorded. The figures could be indicative of the fact that palliative care is given more within the community and care homes since they have a comparatively larger number of registrations. A study involving fifteen nurses connected with palliative care was done to find their views of different aspects of the LCP. With regard to symptom control, the respondents felt that the guidelines were helpful. It should be noted that detailed guidelines are provided in the LCP for managing terminal patients in palliative care. The choice of not providing treatment and invasive procedures had an indirect effect on the patient's families. Before the pathway was introduced, the nurses felt performing such procedures produced an erroneous belief in the relative's mind that there was some hope that the patient might recover. But when they see that it is no longer performed, the false hope is dispelled. The patients also felt less discomfort when routine care was discontinued. Intravenous life sustaining fluids could also be discontinued under the pathway guidelines. According to the nurses, no one really understood why such fluids were provided to patients who are about to die since it obviously is not going to help them survive. Before the introduction of LCP, communication with patients was minimal and they were even uncomfortable when discussing about the imminent death of the patient. They now felt that communication has been giving much better priority under the pathway. According to one of the respondents, "I think it brings about a great deal of honesty between everyone, between all members of staff, nurses, relatives, patients. It gives you the right to say "yes she is going to die" and it gives you time to talk to your colleagues about how you feel about the situation and it does give the relatives time with that patients and I think ultimately it gives the patients the care that they need" (Jack). Reduction in many traditional treatments and procedures after implementation of LCP

has also resulted in reduction of the volume of paper work and other documentation related with palliative care. Some barriers or obstruction on implementation of the LCP was also observed in the study. The first one was the reluctance on the part of the doctors and the nurses to implement in when the pathway was first introduced in their premises. But junior doctors began to actively implement to guidelines and this got the nurses to accept it also. But even now, some of the senior doctors have reservations about the LCP. There was a legal concern or angle as well. In rare cases where the patient showed slight improvement, the LCP was abandoned and routine care took its place. The concern was that if the patient showed continuous improvement or in rare cases, recovered, the medical personnel involved may be held for negligence of duty. This was because routine treatment and invasive procedures had not been used on the patient under the LCP guidelines. But on the whole, the general feeling is that the LCP legally authorizes physicians to make decisions based on LCP guidelines and hence they or other medical staff will not be held accountable for negligence. Helping relatives after the death of the patient also had great improvement with the implementation of the LCP. Overall, the perception of the nurses in the study was extremely positive regarding the Liverpool Care Pathway. In fact procedures based on the LCP are now being implemented in other countries in Europe. A sample guideline of the Liverpool Care Pathway for drug prescription in case of advanced chronic kidney disease published by the Marie Curie Palliative Care Institute is give here for reference. The document has been endorsed by the Department of Health and the Renal Association. The guidelines are for terminal restlessness and agitation.

## **CHAPTER III**

### **Literature Review and Analysis**

#### ***Introduction***

As already mentioned, the present study relies heavily on secondary data for its analysis. The relevant studies undertaken on various parts of the world and particularly in the U K form the data for the study. Therefore, literature survey is found to be an important stage in the research. The data collected are reviewed and analyzed keeping in mind the major objectives of the study. The studies have been arranged in such a manner that the most relevant literatures connected with the present study are arranged first and so on.

***Effects of Nurse Prescribing Of Medication: A Systematic Review-*** Lotti M. Van Ruth, MS, Patriek Mistiaen, RN, MSN and Anneke L. Francke, RN, PhD

This study is a systematic review of the available literature in the field of nurse prescribing and its benefits. It takes a sample of 23 relevant papers including research studies and articles. For data collection, eleven databases and six websites have been used. The study was carried out with the aim of exploring the benefits of nurse prescribing found in various studies. The authors have not concealed the fact that two out of 23 sample studies were biased and they might have affected the results of the study. The authors have found that nurses differ in a number of ways from doctors in the job of prescribing of medication. The most important are- “the number of patients they prescribe or in the choice of type of medication” (Lotti). It is also found that “clinical parameters were the same or better for treatment by nurses; perceived quality of care by nurses is similar or better” (Lotti). The study concludes that nurse prescribing seems to be positive and there are great chances for the nurses coming in the field to take up the challenge of independent and supplementary prescribing.

***An overview to changes to the nurse prescribing-*** Dr. Molly Courtenay

In a journal article entitled 'An overview to changes to the nursing prescribing' by Dr. Molly, emphasis is put more on assessing the benefits of nursing prescribing. The author has reviewed similar literatures to date and found herself that the benefits of nurse prescribing for patients "include accessibility and approachability of the nurse, the nurses' style of consultation, specialist expertise and information provision, timely, convenient and continuous care" (Courtesy, 2006). These findings are in conformity with those of the previous studies undertaken in the same area by Brookes et al., 2001; Luker et al., 1997; Luker et al., 1998. The benefits enjoyed by nurses in this respect are "effective use of time, more convenient treatments and better information for patients, increased job satisfaction, status and autonomy, and the ability to deliver complete episodes of care" (Courtesy, 2006). From the perspective of doctors, benefits of extended independent/ supplementary nurse prescribing include improved professional relationships, a means of refreshing doctors' own knowledge, fewer interruptions to sign prescriptions, and reduced workload (Courtesy, 2006).

***Benefits of nurse prescribing for patients in pain: nurses' views-*** Karen Stenner & Molly Courtenay

This study was undertaken with an aim to gauge whether nurse prescribing will be of beneficial to the efficiency and effectiveness of the United Kingdom National Health Service. The paper collects the opinion of nurses to assess the benefits of adopting the role of prescribing for patients with acute and chronic pain. The study relies on interview method for collecting data from nurses and 26 qualified nurses have been approached with interview schedule. It covers a period of one year and focuses mainly on specialist

areas such as such as with patients in acute and chronic pain. This qualitative study uses thematic analysis for data evaluation and comes out with various findings such as “nurses reported a number of benefits, including faster access to treatment, improved quality of care, more appropriate prescribing of medication, improved safety, improved relations and communication with patients, greater efficiency and cost effectiveness. Nurses benefited from increased job satisfaction, credibility with patients and healthcare professionals and also gained knowledge through prescribing” (Stenner, 2008).

***Effectiveness of Nurse Prescribing: A Review of the Literature-*** Sue Latter & Molly Courtenay

In this study, the authors attempt to evaluate the literature available to date on nurse prescribing and study the impact and effectiveness of nurse prescribing. The study extensively makes use of electronic data base for nurse prescribing which was carried out during the first phase of nurse prescribing in the UK, i.e., 1993-2000. Altogether, eighteen studies have been included in the review. The authors demonstrate that “patients are generally satisfied with district nurses' and health visitors' prescribing in the first phase of nurse prescribing. Nurses who prescribe are also generally satisfied with their role, although some concerns about the adequacy of their pharmacological knowledge have been raised” (Latter, 2003). The study further highlights that “nurse prescribing has generally been evaluated positively to date; however, there are both methodological weaknesses and under-researched issues that point to the need for further research into this important policy initiative” (Latter, 2003).

***Benefits and challenges of nurse prescribing-*** Alison E. While and Kathryn S.M. Biggs

This study is directed towards the aim of describing the nurse prescribing practices of health visitors and district nurses and the factors (contextual and professional) which enable and facilitate nurse prescribing in the UK. It gathered data from health visitors and district nurses working in three trusts in southern England through mail survey. The study highlights the major findings that “over two-thirds of the sample found nurse prescribing at least moderately helpful to their professional role and over four-fifths reported that they were more than moderately confident nurse prescribers”( While, 2004). It is concluded that “independent prescribers are not acting as substitute prescribers for general practitioners of the products in the limited formulary” (While, 2004).

***Nurse and pharmacist supplementary prescribing in the UK—A thematic review of the literature-*** R. Cooper, C. Anderson, T. Avery, P. Bissell, L. Guillaume, A. Hutchinson, V. James, J. Lymn, A. McIntosh, E. Murphy

This paper reviews and analyzes various nurse and pharmacy prescribing literature from 1997 to 2007 using electronic data base and other sources. The paper is an attempt to document the various studies made to date systematically and develop a theoretical framework. The study reveals that “nurses and pharmacists were positive about SP but the medical professionals are more critical and lacked awareness/understanding” (Cooper). The study concludes with a major observation that “there is a need for additional research regarding SP and despite nurses’ and pharmacists’ enthusiasm, implementation issue; medical apathy and independent prescribing potentially undermine the success of SP” (Cooper).

***Impact of nurse prescribing: a qualitative study-*** Eleanor Bradley & Peter Nolan

This paper is an attempt to investigate into the impact of nurse prescribing in a situation where the non-doctor prescribing is getting more and more popularity among patients and medical professionals in the United Kingdom. The authors opine that non-doctor prescribing practice has been on the rise for the last several years due to their benefits to both patients and nurses. It takes a sample of 45 nurse prescribers during 2005 and 2006 to interview and gather data on the various aspects of nurse prescribing including its impact. The study observes that “prescribing allows nurses to overcome difficulties in the healthcare system that previously delayed patients' access to medicines and prescribing is viewed as more than an 'add on' to current roles; it complements many aspects of nursing and integrates previously diffuse aspects of the nursing role”( Bradley, 2007). It further demonstrates that “prescribing enhances nurses' knowledge about medication and increases their confidence to engage in prescribing decisions across the healthcare team and nurse prescribing has the potential to improve service-user care, enhance collaboration and widen discussions about medicines”(Bradley, 2007).

***Independent extended and supplementary nurse prescribing practice in the UK: A national questionnaire survey-*** M. Courtenay, N. Carey, J. Burke

This survey study investigates into the independent and supplementary practices of nurse prescribing and the factors that facilitate the practice. A sample of 868 qualified independent extended/supplementary nurse prescribers has been selected on a convenience basis to complete a participative survey method. The study comes out with certain findings such as “a total of 756 (87%) used independent extended prescribing; 304 (35%) used supplementary prescribing to treat a range of chronic conditions

(including asthma, diabetes and hypertension); 710 (82%) nurses worked in primary care” (Courtenay).

***Perceptions and practice of concordance in nurses’ prescribing consultations:***

***Findings from a national questionnaire survey and case studies of practice in***

***England-*** S. Latter, J. Maben, M. Myall, A. Young

This study is a mixture of both a sample survey method and a case study analysis. It attempts to identify and assess the nurse prescribing practices in England. The study is undertaken to ensure that whether nurses were practicing the principles of concordance within their prescribing interactions. It takes a sample of 246 nurses registered as independent nurse prescribers. It comes out with the results that “99% of the nurses in the national survey stated they were practicing the principles of concordance and majority of patients surveyed also reported experiencing concordance in practice” (Latter).

## **CHAPTER IV**

### **Findings and Conclusions**

This chapter describes briefly the major findings of the study and conclusion to the research work. Based on the review of literature and analysis, the researcher observes the following findings for the present study. The major findings are taken from the previous studies extracted from various literature surveyed by the researcher. The first section of the chapter deals with the findings, which is followed by conclusions in the next section.

## Major Findings

- Independent and supplementary practices are on the rise in the United Kingdom (Bradley, 2007)
- Doctor and non-doctor prescribing differ in a variety of ways. The most important are the number of patients they prescribe or in the choice of type of medication (Lotti).
- Nurse prescribing seems to be positive and there are great chances for the nurses coming in the field to take up the challenge of independent and supplementary prescribing
- The benefits of nurse prescribing to patients include accessibility and approachability of the nurse, the nurses' style of consultation, specialist expertise and information provision, timely, convenient and continuous care (Courtesy, 2006, Brookes et al., 2001; Luker et al., 1997; Luker et al., 1998).
- The benefits enjoyed by nurses out of the independent/ supplementary practices are effective use of time, more convenient treatments and better information for patients, increased job satisfaction, status and autonomy, and the ability to deliver complete episodes of care (Courtesy, 2006, Stenner, 2008).
- From the perspective of doctors, benefits of extended independent/ supplementary nurse prescribing include improved professional relationships, a means of refreshing doctors' own knowledge, fewer interruptions to sign prescriptions, and reduced workload (Courtesy, 2006).

- Nurses who prescribe are also generally satisfied with their role, although some concerns about the adequacy of their pharmacological knowledge have been raised (Latter, 2003).
- Nurse prescribing has generally been evaluated positively to date; however, there are both methodological weaknesses and under-researched issues that point to the need for further research into this important policy initiative (Latter, 2003).
- Nurse prescribing allows them to overcome difficulties in the healthcare system that previously delayed patients' access to medicines and prescribing is viewed as more than an 'add on' to current roles; it complements many aspects of nursing and integrates previously diffuse aspects of the nursing role( Bradley, 2007).
- Prescribing enhances nurses' knowledge about medication and increases their confidence to engage in prescribing decisions across the healthcare team and nurse prescribing has the potential to improve service-user care, enhance collaboration and widen discussions about medicines (Bradley, 2007).

### ***Conclusion***

The job of a doctor gets reduced in modern times as more and more independent and supplementary nurses started prescribing of medicines for patients. The practice of nurse prescribing can be with or without the consultation of a physician. The recent developments in the field in countries like UK and USA are alarming in the sense that the role of nurses' caring for patients gets changed and job opportunities are on the rise. The impact of nurse prescribing can be both positive and negative. However, studies reveal that positives impact always outweighs negative results. Moreover, the benefits of nurse

prescribing are multifarious and all stakeholders are benefited out of it. The major benefits that accrue to patients include accessibility and approachability of the nurse, the nurses' style of consultation, specialist expertise and information provision, timely, convenient and continuous cares. The benefits enjoyed by nurses out of the independent/ supplementary practices are effective use of time, more convenient treatments and better information for patients, increased job satisfaction, status and autonomy, and the ability to deliver complete episodes of care. From the perspective of doctors, benefits of extended independent/ supplementary nurse prescribing include improved professional relationships, a means of refreshing doctors' own knowledge, fewer interruptions to sign prescriptions, and reduced workload. It is evident from the research that nurses who prescribe are also generally satisfied with their role, although some concerns about the adequacy of their pharmacological knowledge have been raised.

## References

Bradley Eleanor & Peter Nolan, 2007, Impact of nurse prescribing: a qualitative study- *Journal of Advanced Nursing*, Volume 59 Issue 2, Pages 120 – 128, Published Online: 25 May 2007, Journal compilation © 2008 Blackwell Publishing Ltd

Courtenay M. & J. Bruke, Independent extended and supplementary nurse prescribing practice in the UK: A national questionnaire survey- *International Journal of Nursing Studies*, Volume 44, Issue 7, Pages 1093-1101

[ThesisTown.com](http://www.thesis-town.com)

Courtesy Molly, 2006, an overview to changes to the nursing prescribing- *Journal of Community Article, Journal Article online*, February 2006, volume 20, issue 02, Viewed February 1, 2009 from <<http://www.jcn.co.uk/journal.asp?MonthNum=02&YearNum=2006&Type=backissue&ArticleID=895>>

Courtenay Molly, *Current Issues in Nurse Prescribing*, Published by Cambridge University Press, 2001

Cook Irene, 2007, Community Prescribing and Wound- *Journal of Community Nursing*, online, jcn.co.uk, Viewed February 1, 2009, from<<http://www.jcn.co.uk/journal.asp?MonthNum=03&YearNum=2007&Type=backissue&ArticleID=1041>>

Cooper R, C. Anderson, T. Avery, P. Bissell, L. Guillaume, A. Hutchinson, V. James, J. Lymn, A. McIntosh & E. Murphy, Nurse and pharmacist supplementary prescribing in the UK—A thematic review of the literature- *Health Policy*, Volume 85, Issue 3, Pages 277-292

Jack A. Barbara, Maureen Gambles, Deborah Murphy, John E Ellershaw, Research Study: Nurses' perceptions of the Liverpool Care Pathway for the dying patient in the acute hospital setting, Viewed February 1, 2009, from<<http://www.mcpcil.org.uk/files/nursesperceptionarticle.pdf>>

[ThesisTown.com](http://ThesisTown.com)

Latter Sue & Molly Courtenay, 2003, Effectiveness of Nurse Prescribing: A Review of the Literature. *Journal of Clinical Nursing*- Volume 13 Issue 1, Pages 26 – 32 Published Online: 22 Dec 2003, Journal compilation © 2008 Blackwell Publishing Ltd

Latter S., J. Maben, M. Myall, A. Young, Perceptions and practice of concordance in nurses' prescribing consultations: Findings from a national questionnaire survey and case studies of practice in England- *International Journal of Nursing Studies*, Volume 44, Issue 1, Pages 9-18

Legal Framework, 2003, the Concept of Supplementary Prescribing- Section 3, *National Prescribing Center*, Viewed February 1, 2009, from<[http://www.npc.co.uk/publications/healthcare\\_resource.pdf](http://www.npc.co.uk/publications/healthcare_resource.pdf)>

Lotti M. Van Ruth, Patriek Mistiaen, Anneke L. Francke, 2008, Effects Of Nurse Prescribing Of Medication-A Systematic Review, *The Internet Journal of Healthcare Administration*, 2008. Volume 5 Number 2

Nightingale Florence, Notes on Nursing: What it is, and what it is Not, Published by Harrison, 1860, *Original from Oxford University*

Sims Roger, Medicinal Products, Petition dated Friday 31 January 1992, House of Commas, Publications and Records, *parliament.uk*. Viewed February 1, 2009, from <<http://www.publications.parliament.uk/pa/cm199192/cmhansrd/1992-01-31/Debate-1.html>>

[ThesisTown.com](http://ThesisTown.com)

Stenner Karen & Molly Courtenay, 2008, Benefits of nurse prescribing for patients in pain: nurses' views, *Journal of Advanced Nursing*, Volume 63 Issue 1, Pages 27 – 35

Published Online: 28 Jun 2008, Journal compilation © 2008 Blackwell Publishing Ltd

*The Liverpool Care Pathway for the Dying Patient*, Care Pathway, Liver pool, Viewed

February 1, 2009, from<[http://www.endoflifecareforadults.nhs.uk/eolc/files/F2091-](http://www.endoflifecareforadults.nhs.uk/eolc/files/F2091-LCP_pathway_for_dying_patient_Sep2007.pdf)

[LCP\\_pathway\\_for\\_dying\\_patient\\_Sep2007.pdf](http://www.endoflifecareforadults.nhs.uk/eolc/files/F2091-LCP_pathway_for_dying_patient_Sep2007.pdf)>

While E. Alison & Kathryn S.M. Biggs, 2003, Benefits and challenges of nurse

prescribing- *Journal of Advanced Nursing*, Volume 45 Issue 6, Pages 559 – 567,

Published Online: 10 Mar 2004 Journal compilation © 2008 Blackwell Publishing Ltd