



SCOTTISH EXECUTIVE

Health Department

From the Chief Nursing Officer

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SEHD/CNO(2002)1

For action

Directors of Nursing, NHS Boards
Directors of Nursing, NHS Trusts

For information

Chief Executives, NHS Boards
Chief Executives, NHS Trusts
Heads of Academic Departments of
Nursing
Medical Directors, NHS Trusts
Chief Pharmacists, NHS Trusts
Chairmen, LHCCs
General Managers, LHCCs

Further enquiries

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Dear Colleague

IDENTIFYING AND PRIORITISING NURSES MIDWIVES AND HEALTH VISITORS TO UNDERTAKE EXTENDED NURSE PRESCRIBING IN SCOTLAND: FURTHER INFORMATION

Summary

Further to CNO(2001)1, this letter provides a framework* to assist in the identifying and prioritising process. It also requests that Directors of Nursing should co-ordinate the process and ensure that they have lists of staff they have identified to undertake the initial phase of training completed by Friday 15 February 2002. Directors of Nursing are requested to discuss with their Directors of Finance action they need to take if funds are given to them on the basis of their lists in this financial year.

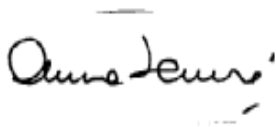
Action

Directors of Nursing should ensure they have lists of staff identified in their area to undertake training in extended nurse prescribing, and that they are in a position to prioritise those staff, by 15 February. They should also discuss with their Directors of Finance the arrangements they can make for receiving funds in this financial year for courses that will run in the next.

It is envisaged that Directors of Nursing will have played a key role in the co-ordination of the identification and prioritisation process. The attached framework should assist those Directors of Nursing who have encountered difficulties. Directors of Nursing should be in a position to list the staff in priority posts that they have identified to participate in the "first wave" of training for the extension of nurse prescribing by the 15 February 2002. Also appended is the current list of Prescription Only Medications that will be able to be prescribed, which may also inform the selection process.

Funding will then be allocated on the basis of the numbers identified and the population of the area, the funding will be allocated at a rate of £700 per person identified. Directors of Nursing should make appropriate arrangements with their Directors of Finance and Higher Education Institutions to ensure systems are "pump primed" to enable courses to begin in April 2002. The course fees are expected to be in the region of £350, and Directors of Nursing are requested to ensure that the whole sum allocated goes to supporting individuals undertaking the course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Anne Jarvie', with a horizontal line above the first few letters.

MISS ANNE JARVIE
Chief Nursing Officer

* This framework is adapted from one produced by Barbara Stuttle, Regional Nurse Adviser for London and the South East, and Heather Gray, Pharmaceutical Adviser for London Region.

1.1 MAXIMUM BENEFIT TO PATIENTS	√	COMMENTS
In this phase of nurse prescribing it is the benefit to patients which will determine which nurses will have access to the additional training. There are likely to be many nurses in an area who meet the criteria. The following should be used to prioritise amongst applications. Indicate by √ for each that applies to the candidate.		
<ul style="list-style-type: none"> Nurse prescribing will save patients waiting for items prescribable by nurses, to be obtained from another prescriber 		
<ul style="list-style-type: none"> Nurse prescribing will save patient seeing a doctor as well as nurse solely to obtain prescription 		
<ul style="list-style-type: none"> Nurse prescribing will meet an identified service need within the health system 		
Please identify service need:		
<ul style="list-style-type: none"> Nurse runs a nurse-led clinic or service 		
If yes please describe:		
<ul style="list-style-type: none"> Nurse works in isolation from other prescribers (e.g.: working with homeless, travellers, asylum seekers, refugees, intermediate care, community hospitals) 		
If yes please describe:		

<ul style="list-style-type: none">Nurse will be able to complete episodes of care by prescribing (e.g.: emergency nurse practitioner in A&E, family planning clinic nurses, GP practice nurses)		
If yes please describe:		
<ul style="list-style-type: none">How will the service demonstrate that patient care has improved as a result of the introduction of nurse prescribing? Please give details:		

1.2 BEST VALUE FOR MONEY	√	COMMENTS	
Nurse works in more than one of the four categories listed (please circle each category)			
MINOR AILMENTS	MINOR INJURY	HEALTH PROMOTION	PALLIATIVE CARE
<ul style="list-style-type: none"> Nurse has additional qualifications and professional expertise likely to facilitate prescribing in the four areas (give details) 			
<ul style="list-style-type: none"> Nurse works across more than one sector (e.g. outreach across 2⁰/1⁰ care - give details) 			
<ul style="list-style-type: none"> Service is part of core programme of activity and funded from mainstream funding and likely to continue for 2-3 years (i.e. not a time limited service or a pilot) 			
<ul style="list-style-type: none"> Nurse is likely to continue in service after qualification as nurse prescriber 			
<ul style="list-style-type: none"> Approximate number of patients who may have access to the nurse prescriber in one year 			
<ul style="list-style-type: none"> Estimated total annual cost of drugs prescribed by nurse prescriber 			
<ul style="list-style-type: none"> Please list drugs most likely to be prescribed by nurse prescriber: 			

1.3 ALTERNATIVE OPTIONS	√	COMMENTS
The health system must demonstrate that alternative options such as Patient Group Directions or supplementary prescribing are not preferable to nurse prescribing taking into account patient safety and convenience		
<ul style="list-style-type: none"> • Are the medicines on the proposed extended formulary, regularly prescribed for patients cared for by the nurse applying for training? 		
<ul style="list-style-type: none"> • Would supplementary prescribing be applicable for the candidate? 		
<ul style="list-style-type: none"> • If so why is independent prescribing proposed? 		
<ul style="list-style-type: none"> • Are Patient Group Directions (PGDs) in place for the items to be prescribed? 		
<ul style="list-style-type: none"> • If so why is nurse prescribing proposed? 		
<ul style="list-style-type: none"> • Willing to undertake training (candidate to sign nomination) 		

2.1 HEALTH SYSTEM ATTRIBUTES	√	COMMENTS
It is recommended that each NHS organisation identifies a lead for nurse prescribing. Local health systems will collaborate in order to ensure equity of access to NHS funded If nominations exceed the places available; health systems will be asked to prioritise the applicants. The following will assist in this process.		
<ul style="list-style-type: none"> • There is a local mechanism in place, comprising all relevant stakeholders to develop local criteria for applications 		
If yes please give details:		
<ul style="list-style-type: none"> • There are locally (across a health board area) agreed guidelines available to assist providers to identify potential candidates. (please append copy if available) 		
<ul style="list-style-type: none"> • There is there a mix of candidates nominated from acute, community, mental health and primary care. (give details) 		
<ul style="list-style-type: none"> • Alternative options including PGD and supplementary prescribing have been considered 		
<ul style="list-style-type: none"> • Describe support networks available to nurse prescribers: 		

2.2 CANDIDATES ATTRIBUTES:	√	COMMENTS
In order to be eligible for NHS funded training the candidate must demonstrate ALL of the following:		
2.2.1 LEGAL/PERSONAL		
<ul style="list-style-type: none"> • 1st Level registered nurse, or midwife 		
<ul style="list-style-type: none"> • Valid registration on UKCC professional register 		
2.2.2 EDUCATIONAL		
<ul style="list-style-type: none"> • The candidate is capable of study at level 3 - 1st degree level. (Please provide relevant evidence to support this) 		
<ul style="list-style-type: none"> • Name and address of medical prescriber who has agreed to train and assess candidate: 		
2.3 OCCUPATIONAL ATTRIBUTES	√	COMMENTS
<ul style="list-style-type: none"> • The employer has agreed to allow candidate to attend and complete course, post course supervision and continuous professional development (CPD) 		
<ul style="list-style-type: none"> • The candidate will have access to prescribing budget and other practical requirements for prescribing 		

**PROPOSED LIST OF PRESCRIPTION ONLY MEDICINES FOR
PRESCRIBING BY INDEPENDENT NURSE PRESCRIBERS**

Drug	Route of administration, use or pharmaceutical form
Aciclovir	External
Acrivastine	Oral
Adapalene	External
Alclometasone dipropionate	External
Alimemazine tartrate (trimeprazine tartrate)	Oral
Amorolfine hydrochloride	External
Aspirin	Oral and rectal
Azelaic acid	External
Azelastine hydrochloride	Ophthalmic, nasal
Baclofen	Palliative care - oral
Beclometasone dipropionate	External, nasal
Betamethasone	External
Betamethasone dipropionate	External
Betamethasone sodium phosphate	Aural, nasal
Betamethasone valerate	External, rectal
Budesonide	Nasal
Carbaryl	External
Carbenoxolone sodium	Mouthwash
Cetirizine hydrochloride	Oral
Chloramphenicol	Ophthalmic
Cimetidine	Oral
Cinchocaine hydrochloride	Rectal
Clindamycin phosphate	External, vaginal
Clobetasone butyrate	External
Clotrimazole	External
Cyclizine	Palliative care - parenteral (oral is P)
Dantrolene sodium	Palliative care - oral
Desogestrel	Oral
Desoximetasone (Desoxymethasone)	External
Dexamethasone	Aural
Dexamethasone isonicotinate	Nasal
Diclofenac diethylammonium	External
Domperidone	Palliative care - oral and rectal
Econazole nitrate	Vaginal, external
Erythromycin	External
Ethinylestradiol	Oral
Etynodiol diacetate (ethynodiol diacetate)	Oral
Famotidine	Oral
Felbinac	External
Fenticonazole nitrate	Vaginal
Fexofenadine hydrochloride	Oral

Fluconazole	Oral
Fludrocortide (Flurandrenolone)	External
Flumetasone pivalate	Aural
Flunisolide	Nasal
Fluocinolone acetonide	External
Fluocinonide	External
Fluocortolone hexanoate	External, rectal
Fluocortolone pivalate	External, rectal
Flurbiprofen	Lozenges
Fluticasone propionate	External, nasal
Fusidic acid	Ophthalmic
Gestodene	Oral
Hydrocortisone	External including rectal
Hydrocortisone acetate	External including rectal
Hydrocortisone butyrate	External
Hydrocortisone sodium succinate	Lozenges
Hyoscine butylbromide	Palliative care - parenteral
Hyoscine hydrobromide	Palliative care - oral, parenteral and transdermal
Ibuprofen	External, oral
Ipratropium bromide	Nasal
Isotretinoin	External
Ketoconazole	External
Ketoprofen	External
Levocabastine hydrochloride	Nasal and ophthalmic
Levomepromazine (methotrimeprazine)	Palliative care - oral and parenteral
Levonorgestrel	Oral
Lithium succinate	External
Lodoxamide trometamol	Ophthalmic
Loperamide hydrochloride	Oral
Loratadine	Oral
Mebendazole	Oral
Medroxyprogesterone acetate	Injection
Mestranol	Oral
Metoclopramide hydrochloride	Palliative care - oral and parenteral
Metronidazole	External, vaginal
Miconazole	Dental lacquer
Miconazole nitrate	Vaginal, external
Mometasone furoate	External, nasal
Nedocromil sodium	Ophthalmic
Nefopam hydrochloride	Oral
Nizatidine	Oral
Norethisterone	Oral
Norethisterone acetate	Oral
Norethisterone enanthate	Parenteral
Norgestimate	Oral
Norgestrel	Oral

Nystatin	External, local mouth treatment, vaginal
Paracetamol	Oral
Penciclovir	External
Piroxicam	External
Prednisolone hexanoate	Rectal
Prednisolone sodium phosphate	Aural
Ranitidine hydrochloride	Oral
Silver sulphadiazine	External
Sodium cromoglycate	Ophthalmic
Sulconazole nitrate	External
Terbinafine hydrochloride	External
Tetracycline hydrochloride	External
Tretinoin	External
Triamcinolone acetonide	Nasal, aural, oral paste, external
Tuberculin PPD	Injection
Vaccine, Adsorbed Diphtheria	Injection
Vaccine, Adsorbed Diphtheria And Tetanus	Injection
Vaccine, Adsorbed Diphtheria And Tetanus For Adults And Adolescents	Injection
Vaccine, Adsorbed Diphtheria For Adults And Adolescents	Injection
Vaccine, Adsorbed Diphtheria, Tetanus And Pertussis	Injection
Vaccine, BCG	Injection
Vaccine, BCG Percutaneous	Injection
Vaccine, Diphtheria Toxoid, Tetanus Toxoid And Acellular Pertussis	Injection
Vaccine, Haemophilus Influenzae Type B (Hib)	Injection
Vaccine, Haemophilus Influenzae Type B (Hib) with Diphtheria, Tetanus And Pertussis	Injection
Vaccine, Haemophilus Influenzae Type B, Diphtheria, Tetanus And Pertussis	Injection
Vaccine, Hepatitis A	Injection
Vaccine, Hepatitis A With Typhoid	Injection
Vaccine, Hepatitis A, Inactivated, With Recombinant (DNA) Hepatitis B	Injection
Vaccine, Hepatitis B	Injection
Vaccine, Influenza	Injection
Vaccine, Live Measles, Mumps And Rubella (MMR)	Injection
Vaccine, Meningococcal Group C Conjugate	Injection
Vaccine, Meningococcal Polysaccharide A and C	Injection
Vaccine, Pneumococcal	Injection
Vaccine, Poliomyelitis, Inactivated	Injection

Vaccine, Poliomyelitis, Live (Oral)	Oral
Vaccine, Rubella, Live	Injection
Vaccine, Tetanus, Adsorbed	Injection
Vaccine, Typhoid, Live Attenuated (Oral)	Oral
Vaccine, Typhoid, Polysaccharide	Injection