Barriers and Facilitators of the Implementation and Utilisation of Independent Non-Medical Prescribing in Clinical Practice

Noblet T, Marriot J, Graham-Clarke E, Rushton A

Centre of Precision Rehabilitation for Spinal Pain
School of Sport, Exercise and Rehabilitation Sciences
College of Life and Environmental Sciences
University of Birmingham,

St George's University Hospitals
NHS Foundation Trust
The government has finally given the legal rubber stamp for independent prescribing, bringing essential legislation covering England into effect.
Purpose:

To establish an evidence base identifying previously reported existing barriers to, or facilitators of, the implementation/utilisation of independent NMP.
Methods

Design:
Pragmatic mixed methods systematic review utilising a sequential exploratory approach.

Data Sources:
• Electronic databases
• Reference lists, key journals and grey literature
• consultation with authors/experts.
Eligibility Criteria:
All qualitative and quantitative study designs investigating: iNMP by any professional group; stakeholders engaged with iNMP services.

Data Analysis and Synthesis:

Phase 1: Qualitative Synthesis
Phase 2: Quantitative Synthesis
Phase 3: Integration
Results:

Search=3247 Articles

Included:

43 Qualitative
7 Quantitative
Phase 1: Outcomes and Synthesis of Results

**3 countries:** UK 91%, Canada 4.5%, USA 4.5%

**Study methods:** Interviews 56%, Surveys 26%, Focus groups 2%, Mixed Methods 16%

**Settings:** Community 39.5%, Hospital 14%, All Settings 46.5%

**Specialties:** All Specialties 42%

- mental health (16%)
- paediatrics (7%)
- dermatology (5%)
- general practice (5%)
- oncology and palliative care (5%)
- diabetes (5%)
- pain management (5%)
- HIV (2%)
- district nursing (2%)
- addiction (2%)
- dementia (2%)
- cardiology (2%)
# Themes

1. Systems Factors
2. Education and Support Factors
3. Personal and Professional Factors
4. Financial Factors

*n=12,117*

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Total, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>8466 (70%)</td>
</tr>
<tr>
<td>Service users</td>
<td>2527 (21%)</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>625 (5%)</td>
</tr>
<tr>
<td>Managers</td>
<td>242 (2%)</td>
</tr>
<tr>
<td>Medical Doctors</td>
<td>114 (0.9%)</td>
</tr>
<tr>
<td>NMP Leads</td>
<td>72 (0.6%)</td>
</tr>
<tr>
<td>Others</td>
<td>42 (0.3%)</td>
</tr>
<tr>
<td>Admin Staff</td>
<td>20 (&lt;0.1%)</td>
</tr>
<tr>
<td>AHPs</td>
<td>9 (&lt;0.1%)</td>
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<tr>
<td>Total (n)</td>
<td>12,117 (100)</td>
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</table>
“The Government had given these free places for training and there was this sort of scrabble for all of us to be put into doing it whether or not we needed it.”

“Participants believed that patient benefit rather than doctor shortage should be the motivation behind nurses prescribing.”

“...an institutional strategy is required if nonmedical prescribing is to be successful in these settings.”
TH2.0 Education & Support Factors

NMP Course
• Incentive to attend
• Prerequisites
• Funding
• Medical Supervisor
• Content

Continuous Professional Development (CPD)

“…..the majority of prescribers.......thought that the prescribing course did not adequately prepare them to prescribe.”

“….access to CPD and formal feedback are areas that need to be developed by education providers and more formally embraced by managers within each organisation.”
“When I have a patient that I know can be followed up by a Nurse Practitioner I am thrilled because I have got no room in my follow-up clinics....what I have actually done is become dependent.”

“I am the doctor; I am supposed to be in charge....”

“I get more job satisfaction now because I can instigate treatment or first pills. If the patient is coming for the pill, I can prescribe it and see them again. It has given me more autonomy”
Attrition from the Physiotherapy Profession

- Burn out
- Stress/ill health
- Family Responsibilities
- Dissatisfaction with the profession
“The Trust will not allow me to undertake nurse prescribing training. There is no management support — no time or funding”

“…..financial pressures, both organisational and personal (e.g. cost of indemnity insurance) as barriers to expanding the services offered by prescribing pharmacists”

“Recognition in terms of status and pay for the increased responsibility of prescribing aroused the most emotion and sense of unfairness,”
Phase 2: Quantitative Data

• The studies were undertaken in 3 countries: UK (71%), Canada (14%), USA (14%).

• Methods: survey methodology (100%)

• 86% across both community and hospital settings, 16% hospital care.

• All 7 studies contained at least 1 quantitative survey question relating to barriers or facilitators of NMP
Phase 3:

<table>
<thead>
<tr>
<th>Theme/Sub-theme</th>
<th>Study Reference Number (Phase 2)</th>
<th>Overall Impact Across Studies</th>
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<tbody>
<tr>
<td>(Phase 1)</td>
<td>44 45 46 47 48 49 50</td>
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<tr>
<td><strong>TH1.0 Systems Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government and Political Factors</td>
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<tr>
<td>Organisational Factors</td>
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<td>Potential Barrier &amp; Facilitator</td>
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<tr>
<td>Restricted Formulary</td>
<td>NA NA NA NA NA B NA</td>
<td>Barrier</td>
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<td><strong>TH2.0 Education and Support</strong></td>
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<td>Potential Barrier &amp; Facilitator</td>
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<tr>
<td>Support</td>
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<td><strong>TH3.0 Personal and Professional Factors</strong></td>
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<td>Potential Barrier</td>
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<tr>
<td>Members of the NMP Professions</td>
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<td>Potential Barrier &amp; Facilitator</td>
</tr>
<tr>
<td>Service Users</td>
<td>NA NA NA NA NA NA NA</td>
<td>Not Assessed</td>
</tr>
</tbody>
</table>

**TH4.0 Financial Factors**

Not Assessed by Included Quantitative Studies

Key: barrier shown with statistical significance (B), barrier reported with no statistical significance testing undertaken (b), facilitator shown with statistical significance (F), facilitator reported with no statistical significance testing undertaken (f), no impact, no statistical significance on testing (NI), not assessed (NA),
Successful implementation requires:

• Coordinated, transparent & inclusive approach at all systems levels

• Consultative implementation to manage potential barriers, including personal and professional self-interest, professional territorialism, fear of change, and poor quality or unsafe clinical practice

• Additional clinical skill, complementing traditional expertise & scope of practice
SYSTEMS

Government: cohesive strategy, drivers, funding, motives

Organisation: Clinical governance, policy development & implementation, practicalities & logistics

Formulary: Appropriate for scope of practice

PERSONAL & PROFESSIONAL

Views
Knowledge
Perceptions
Actions

EDUCATION & SUPPORT

Prescribing Qualification
CPD

Financial Factors
Conclusion:

• Barriers/Facilitators: multifactorial and context specific variables within four explicit themes.

• NMP implementation framework may aid the safe and successful implementation and utilisation of NMP.

Implications:

• Evidence may be used internationally when considering the introduction or use of physiotherapist prescribing in the future.
Research

Barriers to and facilitators of independent non-medical prescribing in clinical practice: a mixed-methods systematic review

Timothy Noblet\textsuperscript{a,b}, John Marriott\textsuperscript{c}, Emma Graham-Clarke\textsuperscript{c}, Alison Rushton\textsuperscript{a}

\textsuperscript{a} Centre of Precision Rehabilitation for Spinal Pain, School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham, Birmingham, UK; \textsuperscript{b} Department of Health Professions, Macquarie University, Sydney, Australia; \textsuperscript{c} Institute of Clinical Sciences, University of Birmingham, Birmingham, UK
Research Updates

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Study with us:

- MRes Spinal Pain
- PhD
- MSc Advanced Manipulative Physiotherapy
- MSc Exercise & Sports Medicine