

# The benefits of nurse prescribers in primary care diabetes services



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**N**on-medical Prescribing (NMP) was introduced as a means to increase service efficiency and medicines access (Department of Health, 2006) and it is now well established in the UK. Around 28 000 nurses are now able to prescribe the same medicines as doctors, provided that it is within their level of competence (Nursing and Midwifery Council, 2006). Most of these nurses work at an advanced or specialist level (Courtenay and Carey, 2008a; Courtenay et al, 2012) and it is evident that this successful policy initiative has enabled faster medicines access, with flexible, patient-centred care and service efficiency gains (Courtenay et al, 2009; Stenner et al, 2010; Carey et al, 2014). It is also safe and acceptable to both clinicians and the people that they treat (Courtenay et al, 2010; Latter et al, 2010; Courtenay et al, 2011).

## Diabetes service delivery

Primary care teams provide routine care for about three quarters of the population with diabetes and most general practices have a nurse with diabetes training (Audit Commission, 2000). Practice nurses run a third of diabetes clinics (National Audit Office, 2012) and have become increasingly involved in medicines management activities for people with diabetes (Courtenay and Carey, 2008b; James et al, 2009). These nurses also provide invaluable education and support so that people with diabetes can self-manage their condition. Nurse-led services have been shown to result in improved outcomes (Carey and Courtenay, 2007; Cook-Johnson et al, 2012).

## How different types of nurses impact the health of patients with diabetes

A recent study by Courtenay et al (2015) reports on the added value of nurse prescribers,

compared to those without prescribing capability, working in general practice. The study adopted a case study design and compared six general practices in which care for people with diabetes was provided by a practice nurse with a prescribing qualification, with six practices in which care for people with diabetes was provided by a practice nurse without a prescribing qualification. Data collected included patient-reported outcomes (self-care and satisfaction), clinical indicators (body mass index and HbA<sub>1c</sub>), nurse activities and processes of care, resource implications and cost.

There was a significant decrease in HbA<sub>1c</sub> across patients of both prescribing and non-prescribing nurses, and self-care was high across the whole sample. However, there were no differences in these outcomes between nurses with and without prescribing capability.

All patients were satisfied with their care, however, patient perceptions of nurse's knowledge of symptoms, confidence in treatment, the provision of useful advice, and support to cope with the disease, were aspects of care rated more highly by patients of nurse prescribers, compared to non-prescribers. It is important to consider that nurse prescribers were generally a higher band than non-prescribers and incurred extra costs due to their longer consultation times (by an average of 7.7 minutes).

Although practice nurse prescribers in this study were a more expensive resource than practice nurses without prescribing capability, findings from this study provide reassurance that these nurses are able to deliver complete episodes of care for patients with diabetes (including the prescription of medicines) and achieve health outcomes. Furthermore, patients are very happy with the care they receive. Given the increasing prevalence of people with

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diabetes and associated comorbidities, and the strain this is putting on the current health system, practice nurse prescribers would seem ideally placed to lead the care of these individuals.

Although there were no differences in patient-reported self-care and HbA<sub>1c</sub> between the patients of prescribing and non-prescribing nurses, the six months follow up period was limited, given the context of the long time period during which most of the patients in the study had been managed. Differences may have been seen had the follow-up period been longer. ■

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