



THE  
NATIONAL  
COUNCIL FOR  
PALLIATIVE  
CARE

### **Position Statement for Independent Prescribers**

There has been considerable concern over the last 2 weeks from nurses working in both palliative care and district nursing that as Independent Prescribers they are now unable to prescribe two or more medications via a syringe driver. This is because mixing two or more licensed medicines together makes them into a new unlicensed medication. As Independent Prescribers are unable to prescribe unlicensed medicines, this prevents them from currently prescribing in this way although many have been doing this for sometime.

The Royal College of Nursing and National Council for Palliative Care (NCPC) have been working together to find a solution to this problem which may in the long term require changes in legislation to enable nurses to mix these medicines. We have contacted the Department of Health, Nursing & Midwifery Council (NMC) and the Medicines and Healthcare products Regulatory Agency (MHRA) and will be working with them to effect longer term solutions.

However in the meantime please note to defuse concerns there are several ways that independent Prescribers are able to work within the law so that patients do not suffer.

1. Independent prescribers may continue to independently prescribe within their competence, and employers guidelines, any licensed medicine, but would need to ensure that they are administered via different routes. So it would be perfectly legal for a nurse to set up a syringe driver with the opiate analgesia in, but to administer the anti-emetic via a different route i.e. oral or subcutaneous injection.
2. Independent prescribers can also prescribe in these circumstances by utilising Supplementary Prescribing, and the use of Clinical Management Plans (CMPs). Independent Extended & Supplementary Prescribing Nurses may legally prescribe any licensed, off license or unlicensed medicine as long as this is part of an agreed CMP. This method would mean having a signed CMP in place before the prescribing takes place. Supplementary Prescribing may be seen as

an onerous but it can be beneficial to many, as it acts as a valuable means of learning, can be pre-arranged so it can be in place many months before it is actually required and increases the communication between doctors and nurses as both have to sign up to the agreement, and includes patients in the decision making process. Obviously in Palliative care, planning is key to successful care, and allowing patients to be involved in the decision making surrounding medications and their own pain relief will not always be possible in the later stages, so pre-planning really is a key point to the success of this method.

The NMC have produced a new advice sheet on this subject, which can be obtained from their website - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3218>. This recent guidance from the NMC, has raised several issues, as although it only involves non-medical prescribers from the point of view of prescribing (as Drs can legally prescribe any unlicensed medicines), it also raises the question of how nurses gain consent for administering unlicensed medicines to patients. Many palliative care patients who require such medications via these routes are not conscious and therefore best practice and the best interests of the patients become the priority.

Whilst we are actively working together to resolve this issue it may take some time due to legislative changes but we are on the case!

If you require further guidance please contact:

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**ENDS**

## **ABOUT NCPC**

NCPC is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care and hospice services in England, Wales & Northern Ireland. NCPC promotes the extension and improvement of palliative care services for all people with life-threatening and life-limiting conditions. NCPC promotes palliative care in health and social care settings across all sectors to government, national and local policy makers.

## **About RCN**

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. They:

- Represent the interests of nurses and nursing and be their voice locally, nationally and internationally.
- Influence and lobby governments and others to develop and implement policy that improves the quality of patient care, and builds on the importance of nurses, health care assistants and nursing students to health outcomes.
- Support and protect the value of nurses and nursing staff in all their diversity, their terms and conditions of employment in all employment sectors and the interests of nurses professionally.
- Develop and educate nurses professionally and academically, building our resource of professional expertise and leadership and the science and art of nursing and its professional practice.
- Build a sustainable, member led, organisation with the capacity to deliver our mission effectively, efficiently and in accordance with our values and the systems, attitudes and resources to offer the best possible support and development to our staff