

Tomorrow's Teams...

John Marley



**Or... how to have a nicer life
while providing better,
sustainable care.**

John Marley

Extended prescribing by UK nurses and pharmacists

With more evidence and strict safeguards, it could benefit patients

Earlier this year the United Kingdom Department of Health consulted on options for extending prescribing by nurses and pharmacists.^{1,2} Last week the department announced that nurse and pharmacist independent prescribers will be able to prescribe any licensed drug except controlled drugs—the most radical of the options considered.³ This proposal heralds one of the most far reaching extensions of prescribing by nurses and pharmacists anywhere in the world.

The BMA has responded with dismay.⁴ One of the association's concerns is that it is not safe to prescribe

training, balancing benefits against risks can be a difficult challenge.

A key question, however, for independent prescribing by nurses and pharmacists is that just because these professionals can prescribe any drug from the *British National Formulary*, does it follow that they will do so? Furthermore, is it likely that they will prescribe beyond their competencies?

Ideally, we would answer these questions with reference to the literature, but little high quality research has been done.^{8,9} One recent study, which has considerably influenced the Department of Health's

Extended prescribing by UK nurses and pharmacists

Triumph of common sense

EDITOR—As a consultant neonatologist in a neonatal intensive care unit I am delighted that the Department of Health has at last

Computer systems need to incorporate nurse prescribing

EDITOR—In terms of the issue of nurse and pharmacist prescribing Avery and Pringle

UK doctors protest at extension to nurses' prescribing powers

Michael Day *London*

Doctors' leaders have condemned the UK government's decision to give nurses and pharmacists virtually unlimited pre-

drug for any medical condition, with the exception of controlled drugs, such as diamorphine.

There are now over 6,100

Consultants and Specialists Committee, described the extension of prescribing powers as "an irresponsible and dangerous move."

"As nurses and pharmacists undergo rigorous training before being able to prescribe, patients can be confident that

Present and future environment..

- 30-40 years ago hypertension, diabetes, asthma, etc - hospital based
- Today only most severe seen in hospital





**Lukautim
yu yet long AIDS**

Noken koap, stap wantaim wanpela tasol o usim kondom

unicef  Australian Govman sapotim PNG National AIDS Council

General practice bottleneck...



Hospital based care

Asthma Hypertension Diabetes....



?



General practice



?

Allied Health... Primary Care....

1990 and 1997 Medical Graduates

Career preferences	1990	1997
Full-time	54%	28%
Part-time	40%	3%
A mixture of both	6%	68%

Ambitions – good lifestyle at work, good lifestyle out of work. Be employed not an employer.

A question...



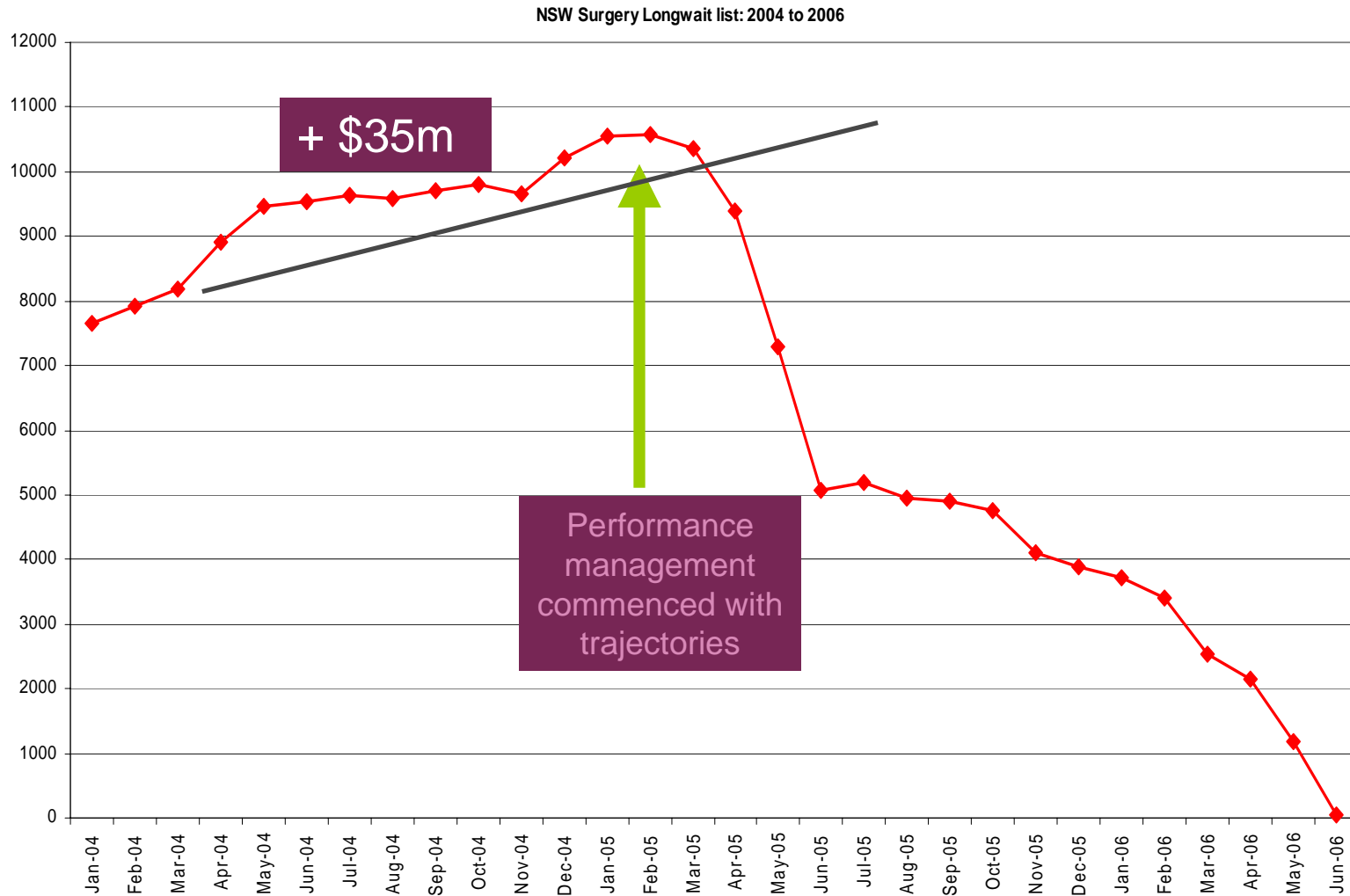
- Are Australian nurses and allied health professionals so much worse than those in Canada, Holland or the UK that they can't be part of team delivered care as they are in those countries?

Cessnock.....



- **Lowest socioeconomic scores in the Hunter Region**
- **High rates of diabetes, stroke, heart disease**
- **High rates of smoking and alcohol abuse**
- **Very low Pap smear rate**
- **Higher than average death rate and hospitalisation rate**
- **High rates of teenage pregnancy and maternal smoking**
- **GP to patient ratio (1 :2825)**
- **Shortage of other health services (especially mental health, D&A, diabetes)**

NSW - Patients Waiting >12mth for surgery





 Cessnock
Uni-Clinic

The Uni Clinic Model

- **Aim:** Deliver excellent primary health care through a new model of service delivery using nurses and allied health professionals in general practitioner led teams.

Governance

- Hunter Uni-clinics – controlled entity of University of Newcastle
- Cessnock Uni-clinic Trust – not for profit – for teaching, research and community service

Model of care

- Multidisciplinary patient care
- GPs as team leaders
- Nurses and Allied Health Professionals provide targeted health services
- Fully computerised

Health professionals

- General Practitioners
- Women's Health Nurses + Midwives
- Registered Nurses – Triage; Practice
- Dieticians / Diabetes Educator
- Mental Health Nurse / D&A Counsellor
- All salaried + bonus

The team leader



- Is responsible for the quality of service
- Must be able to receive a report of the service



First year outcomes

- 5700 registered patients
- Provided 32,500 medical services
- Commenced comprehensive care for 120 Diabetic patients
- Identified and managed 135 asthma patients
- Conducted comprehensive health care plans for over 450 over-75 year olds
- Provided 145 Dietician services
- Completed over 650 cervical smears

Alliances








- Penetrate new areas
- Add security
- Increase competitive ability
- Create economy



Barriers

- Space
- Attitudes

7 attitudes face à la violence

- 1 - Refuser d'être victime**
Ne pas se conduire comme un insoumis, rompre une relation où tu es perdant.

- 2 - Oser dire**
Oser dire non ! Oser dire sa peur, sa souffrance. Briser le loi du silence.

- 3 - Susciter le respect**
Et donc respecter l'autre. L'écouter pour mieux se faire entendre de lui.

- 4 - Faire appel à un tiers**
Par exemple, une personne qui va peut-être obtenir que les adversaires acceptent de se parler.

- 5 - Devenir médiateur**
Aider les personnes en conflit à chercher elles-mêmes une solution qui convienne aux deux parties.

- 6 - Élaborer des règles en commun**
La violence est souvent le signe d'un mauvais fonctionnement du groupe, de ses règles de vie.

- 7 - Construire un projet**
Le sont de ce qu'on fait, c'est le projet, arriver à mieux se comprendre, à mieux vivre ensemble.


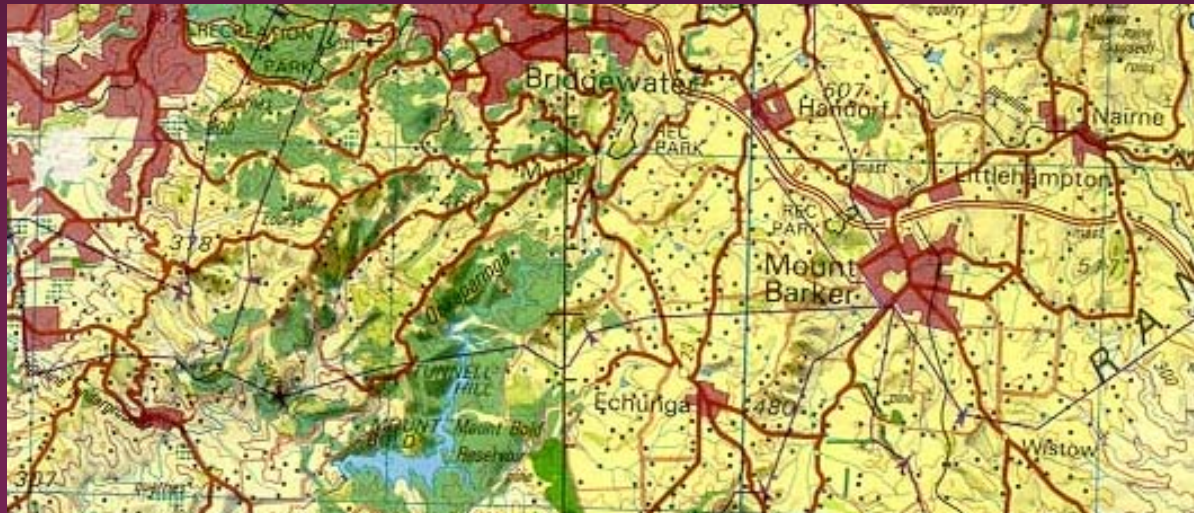
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Internet : <http://www.multimaths.com/nva>

NSW Health Integrated Primary Health Care

- Cessnock a lead site
- Integration of HNEAHS
Community Health with Uni-
clinic general practice
- Virtual and co-located

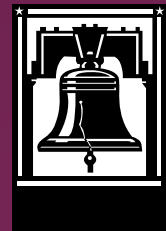
Maps and destinations

- The map is not the destination



PERCHANCE he for whom this bell
tolls may be so ill, as that he knows
not it tolls for him; and perchance I
may think myself so much better than
I am, as that they who are about me,
and see my state, may have caused it
to toll for me, and I know not that.

John Donne 1623



*The Improbable
Chance.....*

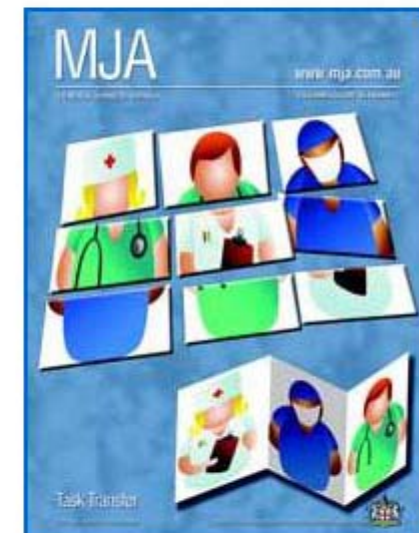
*The Hitchhikers Guide to the
Galaxy: A Trilogy in Four Parts*



3 July 2006

Task Transfer

- ▶ **Quality among a diversity of health care providers — Editorial**
- ▶ **Physician assistants and nurse practitioners: the United States experience**
- ▶ **Workforce substitution and primary care — Editorial**
- ▶ **Advanced nurse roles in UK primary care**
- ▶ **The medical care practitioner: developing a physician assistant equivalent for the United Kingdom**
- ▶ **Task substitution: where to from here? — Editorial**
- ▶ **Principles for supporting task substitution in Australian general practice**
- ▶ **Task transfer: the view of the Royal Australasian College of Physicians**
- ▶ **Task transfer: the view of the Royal Australasian College of Surgeons**
- ▶ **Task substitution: the view of the Australian Medical Association**
- ▶ **Task transfer: another pressure for evolution of the medical profession**
- ▶ **A radical new treatment for the sick health workforce**
- ▶ **Re-inventing medical work and training: a view from generation X**
- ▶ **When the tide goes out: health workforce in rural, remote and Indigenous communities**



Do you....

- Want to be valued for the skills that you have?
- Provide better more appropriate care?
- Have a nicer life?

It's your choice...

