

## Consultation on amendment of the Medicines (Standing Order) Regulations to enable nurse practitioners to issue standing orders

Please respond to the questions below.

1. What do you see as the potential benefits of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?
  - Standing orders require a close working relationship and collaboration between issuer and administrator- Nurse Practitioners are well positioned to provide the clinical oversight for RNs as they are grounded in the culture of nursing and have an excellent knowledge of the RN scope. NPs understand and can assess the competency of the RN to work under a standing order adding an additional safety measures to the standing order process.
  - NPs because of their comprehension of the RN scope would be able to provide a more comprehensive training for the RNs than medical practitioners. Additionally NPs would provide supervision for the RNs that work according to standing orders that have been signed by the NPs.
  - Authorising Nurse Practitioners would potentially reduce disparities between ethnic groups in access to treatment and so reduce the morbidity and mortality disparities between ethnic groups. .
  - By allowing NPs to sign standing orders now, it will mobilise a large workforce and allow RN's to quickly move to working at the top of their scope by being able to administer medicines under the direction of standing orders.
  - Allowing NPs to sign for standing orders now will assist with workforce development. With an aging senior nursing workforce, the sooner we can develop a younger workforce the better as it is imperative we strengthen the clinical provision of services by RNs.
  - If the NPs cannot issue standing orders, RNs are required to access the support of GPs or other medical practitioners, some who are less involved in the care of the clients and have less of a relationship with the RN than NPs do. There are many examples of this being an immediate barrier to standing order use. The sooner this is rectified; the sooner access to treatment for patients will be increased.
  - The amendment would allow NPs to work in school based health care services issuing standing orders to the RNs to improve timely access to medications. This has the potential to reach 1000s of young people in these schools and so reduce unnecessary hospitalisations.

2. What do you see as the potential risks of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?

That nurse practitioners will be overburdened with extra responsibilities- this can be easily mitigated against.

Please provide examples to show the implications of an amendment to the Regulations to authorise nurse practitioners to issue standing orders **now** rather than as part of the review of the regulatory regime for therapeutic products?

- NPs already oversee RNs working in High Schools. Specific implications of a timely amendment to the regulations include the ability of Nurse Practitioners to support Registered Nurses in the provision of Amoxicillin, Erythromycin and Phenoxymethylpenicillin to treat Group A streptococcal sore throats and **reduce the burden of Rheumatic Fever**; Flucloxacillin and Fusidic acid for the treatment of skin infections and a **reduction in hospital admissions**;
- Azithromycin for the treatment of Chlamydia infection and a **reduction in the burden of sexually transmitted diseases**; Levonorgestrel, Depo-provera, the oral combined

contraceptive pill to **reduce unwanted pregnancies**; Salbutamol for the treatment of asthma and a **reduction in presentations to emergency care**; Adrenaline for the appropriate and timely treatment of anaphylaxis. Presently NPs have to liaise with GPs to get their signature for standing orders. This is a time wasting task for both NPs and GPs

- Acting immediately will increase timely access to quality health care.
- Acting immediately will alleviate the burden on primary and secondary care services.
- Acting immediately will strengthen the clinical provision of services by RNs, vital with an ageing Senior Nursing workforce.
- Not acting immediately continues to add to barriers to care for vulnerable populations.