

Consultations between nurse prescribers and patients with diabetes in primary care: a qualitative study of patient views

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Commentary on: **Stenner KL**, Courtenay M, Carey N. Consultations between nurse prescribers and patients with diabetes in primary care: A qualitative study of patient views. *Int J Nurs Stud* 2011;**48**:37–46.

Implications for practice and research

- The study suggests that nurse prescribers' consultations have a positive impact on patients with diabetes and highlights characteristics which nurses might include in their consultations.
- A number of factors were identified as necessary prerequisites to good practice, including: continuity, flexibility over consultation length, interpersonal skills and specialist diabetes knowledge. As the authors rightly point out "now identified, it is important that these characteristics are promoted and protected."
- Nurses must ensure that they include an opportunity to discuss medicines' side effects in consultations with patients.
- We need further studies which move beyond self-report data to rigorously and directly analyse the relationship between nurse prescribing and patient outcomes.

Context

The background to the study is that, in the UK, there has been an incremental extension of prescribing rights to appropriately qualified nurses and other healthcare professionals in the last decade. Operating within the boundaries of their competence, nurses can now independently prescribe any medicine (with the exception of some controlled drugs) in the British formulary directly to patients. There are now over 19 000 nurse independent prescribers in the UK, and, as the authors point out, a substantial proportion of these prescribe for people with diabetes. The national policy drive behind non-medical prescribing was focused on benefit to patients – improving their access to medicines and increasing their choice of prescriber, while maintaining patient safety.¹ Therefore, understanding patient views of being prescribed medicines by a nurse is warranted. The enduring problem of medicines adherence in patients with long-term conditions, and the important role that the consultation with a healthcare professional plays in influencing this, also underscores the importance of understanding patient views on prescribing consultations. Although there have been numerous studies on patients' experiences of nurse prescribing over the last decade, including those with long-term conditions, the authors point out that there has been none specifically on patients with diabetes.

Methods

This is a descriptive, qualitative study of diabetes patients' views on nurse prescriber consultations, including any impact on their medicines management. Forty-one patients from the caseloads of seven nurses prescribing for diabetes in the UK were interviewed using a semi-structured schedule. Data were thematically analysed, and main themes were presented with illustrative interview quotes.

Findings

The study highlights what patients value in their consultations with nurse prescribers. The results largely confirm previous research into patient views of nurse prescribing: from early small scale research into the first cohorts of nurses prescribing from a limited formulary, we know that patients valued aspects such as accessibility and approachability of the nurse, as well as, for example, appreciating their specialised knowledge.² Findings from more recent research into extended formulary prescribing on a national level continue to confirm that such attributes as provision of information and being listened to were viewed positively by patients.³

Commentary

Although it could be argued that the study offers limited originality, the inclusion of questions focused on impact of nurse prescribing is a welcome addition to the accumulated evidence on patient views. Thus, the authors highlight that prescribing impacted positively on improved understanding and self-care, as reported by patients. We need further studies which move beyond self-report data to rigorously analyse the relationship between nurse prescribing and patient outcomes. Of interest also is the ambiguous finding concerning whether nurses are fully discussing medicines' side effects with patients. This also adds to previous research⁴ which suggests that there is capacity for nurse prescribers to more fully discuss medicines' side effects with patients, in order that they can make informed choices about taking medicines and are equipped to be alert to and understand potential side effects if and when they occur.

Previous studies of patient views of nurse prescribing have been criticised for using samples selected by nurse prescribers,² and the same criticism could also be applied to this study. The nurses themselves were also self-selected, and therefore the possibility that the study reports a bias towards positive views must be considered. We also do

not know whether particular consultation attributes were inductively raised by patients or were predetermined by the researcher/s to be included as interview questions. Too much emphasis on the latter might also have positively skewed the findings. We should also bear in mind that nurses in this study all had specialised diabetes knowledge, and this may not be the case with all nurses who prescribe diabetes medicines – some may be more generalist, such as practice nurses, or may specialise in other conditions, for example, respiratory illnesses such as chronic obstructive pulmonary disease, with diabetes presenting as a comorbidity. It is perhaps also a missed opportunity that patients were not asked about their experience of key characteristics that we know are predictive of medicines adherence: National Institute for Health and Clinical Excellence⁵ has identified that patient beliefs about medicines are central to this and should be explored in consultations. Given that we have some evidence that nurses do not routinely ask patients about these,⁶ it would have been useful to explore this further here.

Competing interests None.

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