Submission by Rural Women New Zealand
to the Nursing Council of New Zealand

Nurse Prescribing Discussion Document

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Nursing Council
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Introduction

Rural Women New Zealand (RWNZ) represents the interests of rural families in New Zealand. It speaks for the 600,000 New Zealanders and over 200,000 households in rural communities, only 14% of whom are farming families on economic units. The other 86% of households include teachers, mechanics, parents, grandparents, students, health and home care workers, seasonal workers, plumbers, administrators, truck drivers, vets, lifestylers and all the other vocations that make up all communities.

Rural Women New Zealand has advocated since 1925 for accessible and equitable health services for rural families. It is the sole owner of Access Homehealth Limited, a leading national provider of community nursing and home support services employing in excess of 80 registered nurses.

Submission

The reasons why Rural Women New Zealand supports extending nurse prescribing are to:

- Ensure rural patients can access more easily the medicines that they need
- And that rural patients have an alternative to receiving their medicines

A precedence has been set with specialist nurse prescribing for diabetic patients with great success for rurally based patients.

In rural areas the tyranny of distance and lack of choice of GP is a barrier that the extension of the current nurse prescribing would go a long way towards remedying.

“A ‘demonstration’ by 12 registered nurse specialists practising in diabetes health in 2011 showed these nurses could manage their patients safely and effectively, and that patients and nurses were positive about the change.…” (Health Workforce Report - Diabetes Nurse Specialist Prescribing.) Rural Women New Zealand sees no reason why extending nurse prescribing cannot meet with the same outcomes for rural families.
In the *Health Workforce Evaluation Report* (Dr Jill Wilkinson, Professor Jenny Carryer, Dr Jeffery Adams, & Sandy Chaning-Pearce.) October 2011, it was noted that DNS prescribing (was) acceptable to patients who indicated they were highly satisfied with the change. The patient experience of the prescribing nurse (was) that (the nurses) were extremely knowledgeable. Patients expressed high levels of confidence in DNS prescribing decisions and the quality of the consultations DNS provided. ... there were no concerns.

New Zealand College of Nurses noted that DNS prescribing had additional beneficial outcomes, being a stronger integration between primary and secondary care with primary care nurses working closely with their hospital based colleagues which is as important as the confidence in the nurse patient relationship.

Rural Women New Zealand believes patients in rural environments, where there are low resources and access to medical care, will be the beneficiaries and recommends the extension for Registered Nurse prescribing with the appropriate training, support, and with regular evaluations in particular from the patient perspective. This was particularly well expressed in the Report on “Nurse Prescribing in Low-Resource Settings: Professional Considerations” (K. Miles phd, msc, dipropnurs, dipnurs, rgn; O. Seilto msn/cs, bed, rm, rn; M. McGilvray ba (hons), dipropnurs, dipnurs, rgn), International Nursing Review Volume 53, Issue 4, pages 290–296, December 2006, which concluded that ... “Where there is a need for nurses to extend their role in the ordering of medicines and other treatments, the responsibilities, training, rights and roles of these nurses need to be clearly defined and recognised at all levels of the health service. There is a need for rigorous evaluations incorporating health, social and economic outcomes of nurse-prescribing interventions, in addition to close monitoring of legislative and regulatory changes related to nursing roles.”

Rural Women New Zealand and Access Homehealth Limited support the prescribing of appropriate medications by Registered Nurses with specific training in this regard.

Thank you for the opportunity to comment on this discussion document. We would be pleased to discuss further.

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