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THE POTENTIAL FOR NURSE INDEPENDENT PRESCRIBING BY THE CLINICAL NURSE SPECIALIST IN PALLIATIVE CARE IN THE COMMUNITY; ATTITUDES AND EXPERIENCES OF GENERAL PRACTITIONERS

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Introduction Nurse Independent Prescribing (NIP) has the potential to enhance patient care and the practice of palliative care in the community. Medical prescribing in the community is the key responsibility of the General Practitioner (GP); however, many GPs see palliative care patients infrequently. Conversely, community Clinical Nurse Specialists (CNSs) are key workers in the delivery of specialist palliative care, often working autonomously and are arguably better positioned to respond quickly to patients' needs. In practice there is some resistance to NIP and little research into the views of GPs towards NIP in palliative care in the community.

Aim To explore GPs' attitudes and experiences towards NIP in palliative care in order to identify the barriers, benefits and support available, and thus inform future practice.

Methods Semi-structured interviews were undertaken with ten GPs in one local health board in Wales. Interviews were audio recorded and transcribed verbatim. Data were analysed using thematic analysis.

Results Four major themes were generated from the data: (i) impact of nurse prescribing; (ii) prescribing practices; (iii) communication; (iv) education. Overall attitudes towards NIP were positive with eight of the GPs having experience of NIP. Identified benefits included: time-saving for CNSs and patients; greater autonomy for CNSs; improved working relationships between GPs and CNSs.

Conclusions NIP is an evolving area of clinical practice enhancing the nursing role. This study demonstrates evidence of support from GPs; effective

collaborative working between GPs and CNSs will be fundamental to successful implementation of NIP in palliative care.