
CONFERENCE ABSTRACT

Non-medical prescribing in New Zealand: Is it achieving its aims?

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Introduction: The increase in New Zealand's (NZ) aging population and patients with multimorbidity are set to increase demand on an already strained primary healthcare sector. It is predicted that within 5 years there will be a large general practitioner (GP) shortage within NZ. As a result, re-orientation of healthcare services is needed to alleviate the pressure and to more closely align with patients' needs. Non-medical prescribing (NMP) is one initiative that has been introduced to enhance healthcare services however little is known about the implementation of these roles, the aim was therefore to provide an update on the overall development of NMP in NZ.

Methods: All claims for community dispensed medicines prescribed by a non-medical prescriber were extracted from the Pharmaceutical Collection, 2008-2015. This whole of population database contains prescription information for all community pharmacy dispensed medicines for all New Zealanders.

Results: The total number of prescriptions by non-medical prescribers is increasing each year and in 2015, there was approximately 1 million prescriptions. Dentists prescribed the most with 348,130 items in 2015 whereas pharmacists prescribed the least with 7,518 items. There were also geographical disparities for the amount of items that have been prescribed and dispensed within New Zealand. In 2015, the Southern DHB had the highest number of prescribed items per patient with 14.32, whereas the Wairarapa DHB had the lowest with 6.71. The most commonly prescribed medicines were antibiotics, analgesics (paracetamol) and nutritional supplements.

Discussion: Compared to our international counter-parts (e.g. the UK), NMP is in its infancy in NZ. Very little evaluation has been undertaken since these healthcare reforms were made, this is the first study to examine the rates of NMP in NZ. NZ now has 7 different professions working as non-medical prescribers (dentists, pharmacists, midwives, opticians, nurse practitioners, specialist diabetes nurses and dieticians). Rates of prescribing by this cohort are increasing, and appear to mainly be within their scope of prescribing. These findings can be used as a baseline to evaluate NMP over time and to develop policies around the implementation and integration of this service.

Conclusions: Several health professionals can now prescribe medicines in NZ, they vary in the extent of their prescribing rights, the amount and the type of drugs they are currently prescribing. It is unknown if this initiative is improving access to care, making better use of the skills of health professionals, or contributing to the introduction of a flexible multi-disciplinary team as proposed.

Lessons learned:

- Non-medical prescribing accounts for approximately 2-4% of all medicines dispensed in New Zealand each year.

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- Regional variation may indicate that non-medical prescribing has been well integrated in specific regions

- It is unknown if NMP is achieving its aims in NZ

Limitations: Data for non-medical prescribers prescribing within a hospital environment is not captured in this database

Suggestions for future research: Further research is needed to determine:

- Factors that influence the uptake and use of these roles

- Patient opinion and acceptance of these roles

- The impact of NMP on access to healthcare and patient outcomes

Keywords: non-medical prescribing; workforce; healthcare; New Zealand
