Good afternoon to the Disability Supports Committee. Again, thank you for providing us the opportunity to provide a submission on this important matter. The below includes reference to the information in response to your request *for information on notice*.

As per highlighted portion of the transcript from your hearing pertinent to the provision of information on notice:

> *Ms ABIGAIL BOYD: Thank you all for making the time to appear and for your submissions. I have personal experience of having had one child in the UK and then having another child a couple of years later in Australia, and I experienced a very different situation when it came to nurse and midwife care in the UK. I note that in the Nurses and Midwives' Association submission there is comment around this UK health visitor model. Can you explain to the Committee what that model is and how we could implement it here?*
>
> *DEAN MURPHY: In terms of the detail of the model, I'm happy to take that on notice and provide more information. However, what I understand of the model is that nurses over there have increased referral rights, for example. An issue that we come across here, particularly in rural and remote areas, is the issue of access both for nurses and midwifery to GPs, for example, or the medical profession in having to make referrals via the GP to specialist services such as paediatricians and so forth. Certainly that could be something that we could look at here because nurses working in that area have extra training, assessment tools and skills. That's something that we should look into. That's not to replace in any way the GP, for example. Nurses are very good at referring, collaborating and communicating with GPs, but, particularly in areas where there are shortages, that can lead to significant delays in children that need to be seen. As we've heard from a number of witnesses today, particularly in the First 2000 Days Framework, early intervention and getting in as early as possible is vital. Another aspect in the UK, from my understanding, is being able to have certain prescribing rights related to the work that they're doing, from a limited formulary, but I'm happy to provide further information on notice.*

The information below is reflected in our submission and the associated references also come from our submission. In answer to what is to be provided on notice (as per the above italicised paragraph from the transcript), the following comes from https://www.rcn.org.uk/Get-Help/RCN-advice/non-medical-prescribers as per item 28 from our submission reference list:

> *Types of nurse prescriber*

Nurses, Midwives, Pharmacists and other allied healthcare professionals (AHPs) who have completed an accredited prescribing course and registered their qualification with their regulatory body, are able to prescribe.

The two main types are:

- *Community Practitioner Nurse Prescribers (CPNP)*

  These are nurses who have successfully completed a Nursing and Midwifery Council (NMC) Community Practitioner Nurse Prescribing course (also known as a v100 or v150 course) and are registered as a CPNP with the NMC. The majority of nurses who have done this course are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses. They are qualified to prescribe only from the Nurse Prescribers Formulary (NPF) for Community Practitioners. This formulary contains appliances, dressings, pharmacy (P), general sales list (GSL) and thirteen prescription only medicines (POMs).

- *Independent Prescribers (IP)*

  Independent prescribers are nurses who have successfully completed an NMC Independent Nurse Prescribing Course (also known as a v200 or v300 course) and are registered with the NMC as an IP. They are able to prescribe any medicine provided it is in their competency to do so. This includes medicines and products listed in the BNF, unlicensed medicines and all controlled drugs in schedules two - five.

Those who have successfully completed the supplementary part of the prescribing course are also able to prescribe against a clinical management plan. Supplementary prescribing is described by the Medicines and Healthcare products Regulatory Agency (MHRA) as:

"a voluntary partnership between an Independent Prescriber (IP-er) and a supplementary prescriber (SP-er)," (for example, nurse, pharmacist) "to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement."

The RCN acknowledges that some nurse prescribers are registered midwives and therefore would prescribe in their own sphere of practice and competence according to the NMC code.

It is important that we explore this in Australia and NSW for our community health nurses, child and family health nurses and school nurses and our midwives. Being able to prescribe from a limited formulary would go a long way in supporting clinicians to provide timely care to children and young people. The UK Health Visitor model has aspects in line with what we do in NSW in Child and Family Health, so we are already providing similar services to the Health Visitor model, however as you can see in the UK they have additional training where medicines and other treatments can be prescribed from a limited formulary by nurses and midwives (and other listed professions). It would be worthwhile the NSW Government contacting the relevant Department in the UK to discuss these details with them and assessing how they could be applied in a local context.

Additionally, referral pathways for nurses and midwives should be considered so that these highly trained practitioners, who already possess high level additional qualifications, could refer directly to paediatricians and other services, particularly in rural and remote environments where access to GPs remains problematic and leads to significant delays in treatment and access to services. Health visitors (nurses) in the UK can refer, for example, pre-school children with special educational needs to the community paediatrician. The designated medical officer might ask for the health visitor's advice during the statutory assessment process https://www.nidirect.gov.uk/articles/supporting-children-special-educational-needs#:~:text=A%20health%20visitor%20is%20a,during%20the%20statutory%20assessment%20process:

> *A health visitor is a qualified nurse with specialist training. They may refer pre-school children with special educational needs to the community paediatrician. The designated medical officer might ask for the health visitor's advice during the statutory assessment process.*

Item 11 from our reference list in our submission also provides further background and context into what the UK are offering in regard to the Health Visitor model, which particularly relates to our local context in the community, child and family health and school health nursing and midwifery arenas. https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model