Reviewer's report

Title: Trends over time in prescribing by English primary care nurses: a secondary analysis of a national prescription database

Version: 1 Date: 4 November 2013

Reviewer: Susan Latter

Reviewer's report:

The paper reports on a secondary analysis of a national dataset of prescriptions issued by nurses in primary care in the NHS in England. There are one or two potentially interesting findings from the analysis that contribute to the field and that readers might find of interest. There are a number of inconsistencies and inaccuracies through the text that need attention, and then reflection on the interpretation of the findings in the interests of balance, before the paper could be accepted for publication.

Major Compulsory Revisions

I think it would be helpful to distinguish in the text or in the Discussion at least between CPNPs and INPs – in the Discussion it implies this has been done and that both groups of prescribers were prescribing most frequently in the categories identified, but I could not see this distinction made in the Results. If the results do apply to both groups, this is actually quite surprising and runs counter to e.g. the national survey results of our evaluation and would be worthy of a comment. If the groups have not been distinguished, the authors need to point out that Community Nurse prescribers are fairly limited in the types of medicines they can prescribe and so this influences the presentation of these results – i.e. they cannot prescribe across many of the BNF categories.

As stated in the Abstract, is the fact that oropharangeal infections were the second most frequent category worthy of mention? This is not included in the Discussion. It chimes with results from our national survey on the frequency of nurse prescribing for infections.

I think the authors need to be clear about the significance of the results on the relationship between GP numbers and volume of nurse prescribing – are they robust enough to support a mention of this in the Abstract? The text implies it is a tentative result.

The results in the Abstract on greatest proportion of items prescribed by nurses are inconsistent between the text and the results on page 11.

I am unclear why the Abstract refers to two thirds of nurses prescribing, whereas the text and the line of argument that is quite strongly developed from it in the text is that it is only 43%. 

P5 and elsewhere – is it really flexibility in roles that was the policy drive? Or better use of professionals’ existing skills? The authors should check the detail of this as there is a difference between flexing into different roles and making better use of existing ones through prescribing, and again, some of the authors’ arguments are based on the former.

P8 it would be helpful to give some indication of the scope or type of medicines in the CPNP formulary – as this really does influence the interpretation of results.

P10 – it is not clear to me from Figure 2 that the text on p10 is accurate – the % of CPNPs prescribing 2 or more appears to have dropped from about 43% to 35%. The relatively high % of INPs prescribing is not commented on in the text and should be, for balance.

P12 – do ‘workforce variables’ refer to the single handed practice GP characteristic? This is the only one mentioned in the Methods that is not reported on later in p12 as bearing a relationship. The authors could be more specific here for clarity.

P12 – the r value for the deprivation and volume of prescribing relationship ought to be included.

P13 the reader will not be familiar with the notion of street level bureaucrats and the authors should provide a description to enable this comparison to make sense.

P14 – as above, saying the largest volume was prescribed by ‘both INPs and CPNPs’ is unclear – were separate analyses performed and if so, these are not in the text that I could see; if combined, then the significant limitations of this should be acknowledged.

Minor essential revisions

P5 verb missing from last sentence

Table 1: legislation to enable pharmacists to prescribe independently did not take place until 2006, prior to this they were supplementary prescribers only.

P6 verb missing from last bullet point

P13 – some readers might think that a registration with ePACT denoting employee support might be a little tenuous. The literature does suggest that support in of the form of mentorship and supervision is very important to nurses, but I am not sure this can be implied from simply registering the prescriber with ePACT.

Discretionary revisions

Abstract and in text conclusions – is the field of health promotion in practice nursing really growing at the current time?
P5 –there are recent national data from England on reported prescribing levels, which are high – see Latter et al (2011). Unpublished Report, but accessible via http://eprints.soton.ac.uk/184777/ Again, for balance, this might be worthy of mention.

It might be helpful to mention that community matron prescribing may have taken off since these data were analysed and this would potentially have increased prescribing for LTCs.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests