
Policy for Non-Medical Prescribing

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SUMMARY OF POLICY

This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust. Finally, it provides a structure that enables the Solent NHS Trust to meet Department of Health (DH) requirements, as outlined above, and other national and local governance responsibilities.

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POLICY FOR NON-MEDICAL PRESCRIBING

1. INTRODUCTION & PURPOSE

- 1.1 The purpose of non-medical prescribing is to give patients quicker access to medicines, improve access to services and make better use of nurses', pharmacists' and other health professionals' skills.
- 1.2 The Department of Health states that organisations:
- Should develop a strategic plan for the implementation and practice of non-medical prescribing and identify methods to support and sustain the transition of staff to this extended role. Information about the benefits of non-medical prescribing and how to implement it should be communicated to all clinical and managerial staff.
 - Ensure that a clinical governance framework is established for non-medical prescribing to ensure that non-medical prescribing is practiced safely and competently. (DH 2006)
- 1.3 This policy provides a robust framework for the development of non-medical prescribing throughout Solent NHS Trust where it is appropriate to patient need. It describes the administrative and procedural steps necessary to enable eligible healthcare professionals to acquire and exercise prescriptive authority in a way that ensures patients receive safe and cost effective treatment. It provides information and guidance on good practice for non-medical prescribing, the legal and professional frameworks that govern non-medical prescribing, and how to implement non-medical prescribing in services provided by the Solent NHS Trust. Finally, it provides a structure that enables the Solent NHS Trust to meet Department of Health (DH) requirements, as outlined above, and other national and local governance responsibilities, Solent NHS Trust Equality, diversity and Human rights policy.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to all non-medical prescribers directly employed by Solent NHS Trust, including Bank and Agency staff assigned to the Trust, managers of services utilising or seeking to utilise non-medical prescribing, service leads and practitioners seeking to expand their practice, to include non-medical prescribing in accordance with their business plan. It can also be used by commissioning General Practitioners' practices as a guide on how to implement non-medical prescribing in their localities
- 2.2 Non-medical prescribing refers to the prescribing of medicines by Nurses, Midwives, Health Visitors, Pharmacists and Allied Health Professionals (AHP) who have successfully completed an accredited prescribing programme and who have had their qualification recorded on the relevant professional register (Nursing and Midwifery Council - NMC, General Pharmaceutical Council – GPhC or Health Professions Council - HPC). AHPs that have successfully completed non-medical prescriber training and have a recorded entry on their respective professional register, may be entitled to exercise limited formulary prescriptive authority, this includes Physiotherapists, Radiographers, Podiatrists and Optometrists. **This is an expanding area. Since April 2014, Podiatrists and Physiotherapists have had Independent Prescribing status, after the completion of an approved Higher Education Institute prescribing course (DH Update on introduction of independent prescribing by**

Physiotherapists and Podiatrists March 20, 2013). Each prescriber is responsible and accountable for the assessment of patients, on their own list, with undiagnosed or diagnosed conditions and for decisions about the clinical management needs where drug treatment is required. All Non-Medical Prescribers (NMPs) must sign their prescriptions under the name that is used when registering with their own professional body. It is the NMP's responsibility to update their changed name with their own professional body, organisation's identification badge and the NMP administrator.

- 2.3 Community Practitioner Nurse Prescribers are Health Visitors, District Nurses and Specialist Practitioner/Specialist Community Public Health Nurses holding the NMC V100 qualification and registered nurses holding the NMC V150 qualification. These nurses may prescribe independently from the Nurse Prescribers' formulary, included as an appendix in the current British National Formulary (BNF) and Drug Tariff.
- 2.4 Nurse Independent and Supplementary Prescribers are reserved for nurses holding the NMC V300 qualification. These nurses may prescribe any un/licensed medicine (on and off label – sections 5.3 & 5.4) from the BNF for any medical condition within their level of competence, guided by the The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015). This includes some controlled drugs for specified medical conditions, as listed in the BNF. Nurse and Pharmacist Independent Prescribers can mix medicines themselves and direct others to mix medicines. Nurse and Pharmacist Independent Prescribers can prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists (and supplementary prescribers if part of a Clinical Management Plan (CMP) for an individual patient), with the exception of those listed in Schedule 1 of 'The Misuse of Drugs Regulations 2001' that are not intended for medicinal use).
- 2.5 Pharmacist and Optometrist Independent Prescribers may prescribe any licensed and unlicensed medicine from the BNF including controlled drugs in schedule 2, 3, 4 for any medical condition within their level of competence according to their respective 'Code of Professional Practice'. Exceptions to this are: cocaine, dipipanone and diamorphine for the treatment of addiction. They may also supplementary prescribe unlicensed medicines and Controlled Drugs in accordance with an agreed CMP (except those listed in Schedule 1 of 'The Misuse of Drugs Regulations 2001' that are not intended for medicinal use). Optometrists cannot prescribe controlled drugs or unlicensed medication.
- 2.6 Clinical Management Plans are the foundation stones of supplementary prescribing and must be in place before supplementary prescribing can take place. It may be written or electronic.
Regulations specify that the CMP must include the following:
- a) The name of the patient to whom the plan relates.
 - b) The illness or conditions which may be treated by the supplementary prescriber.
 - c) The date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan.
 - d) Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.
 - e) Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed, adjusted, or administered under the plan. Additionally, any period of administration or use of any medicine or appliance, which may be prescribed or administered under the plan. The CMP may include a reference to published national or local guidelines. However these must identify clearly the range of the relevant medicinal products to be used in the treatment of the patient, and the CMP should

draw attention to the relevant part of the guideline. Any guideline referred to also needs to be easily accessible.

- f) Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances.
- g) The arrangements for notification of:-
 - i) suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan.
 - ii) Incidents occurring with the appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the patient.
- h) The circumstances in which the supplementary prescriber must refer to, or seek the advice of, the doctor or dentist who is party to the plan.
- i) The CMP must be kept in the patient's record.

A suggested template for a CMP can be found on the Solent intranet.

The framework for supplementary prescribing is described in detail in the following document.

Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941

3. PROCESS/REQUIREMENTS

- 3.1 Non-medical prescribing aims to maximise benefits to patients and the NHS by underpinning the provision with safe and best practice.

4. ROLES & RESPONSIBILITIES

- 4.1 Prior to implementing non-medical prescribing the service manager must ensure that:
 - a) The practitioner wishes to expand their practice to include the prescribing of medicines.
 - b) There has been prior agreement about the therapeutic area in which the practitioner will prescribe.
 - c) There is a cohort of patients who would benefit from the implementation of non-medical prescribing in this specific therapeutic area
 - d) The non-medical prescriber will have access to a prescribing budget, if applicable, and/or the opportunity to prescribe.
 - e) The practitioner has the clinical and academic ability to undertake the prescribing programme and subsequently exercise prescriptive authority.
 - f) The individual practitioner understands and is prepared to accept the higher level of clinical responsibility associated with prescribing.
 - g) The service is committed to and has the resources to support the education of non-medical prescribers, their clinical supervision and Continuing Professional Development (CPD).
 - h) V300 nurse prescribers must have a named Designated Medical Practitioner (DMP – section 3.24) who is responsible to provide support to the Non Medical Prescriber during and after the first six months of completing the training. All nurse prescribers should

have preceptorship in place for 6 months post qualifying. It is good practice to include discussions around prescribing as part of clinical supervision.

- 4.2 A Non-Medical Prescribing Information and Application Pack is available for managers and potential non-medical prescribers in the Non–medical Prescriber section of the Intranet.

5. TRAINING

5.1 Educational preparation to qualify as a prescriber.

- 5.1.1 Prior to applying to a Higher Education Institution (HEI) to undertake training for non-medical prescribing the practitioner is required to complete a self-assessment tool which they should submit with their application form to the Solent NHS Trust Learning and Development for presentation to the Medicines Management Committee. This tool requires practitioners to reflect upon their practice and evidence how completion of the course will allow them to more efficiently “complete an episode of care” or enhance the service they currently provide.

5.2 Education Programmes

- 5.2.1 Practitioners who exercise non-medical prescriptive authority must have successfully completed an accredited prescribing programme and had their qualification recorded on their respective professional register i.e. NMC, GPhC or HPC.

5.3 Community Practitioner Nurse Prescriber (V100)

- 5.3.1 Health Visitors, District Nurses and Specialist Practitioner /Specialist Community Public Health Nurses acquire the Nursing and Midwifery Council (NMC) V100 qualification as part of their education to become District Nurses or Specialist Community Public Health Nurses.

5.4 Community Practitioner Nurse Prescriber (V150)

- 5.4.1 Registered nurses who do not hold a Specialist Practice Qualification may also undertake training to enable them to prescribe independently from the Nurse Prescribers’ Formulary. The practitioner must be able to demonstrate that they intend to practise in an area of clinical need for which prescribing from the formulary will improve patient/client care and service delivery.

- 5.4.2 The Nurse Prescribers’ Formulary Appendix (Appendix NPF) is found as an appendix in the BNF. This formulary consists of a list of preparations approved by the Secretary of State which may be prescribed on form FP10P (form HS21(N) in Northern Ireland, form GP10(N) in Scotland, forms FP10(CN) and FP10(PN) in Wales or, when available, WP10CN and WP10PN in Wales) by Nurses for National Health Service patients.

- 5.4.3 Community practitioners who have completed the necessary training may only prescribe items appearing in the nurse prescribers’ list Community Practitioner Nurse Prescribers are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

5.4.4 Nurses undertake a degree level training programme consisting of 10 taught days and 10 days of supervision in practice.

5.5 Nurse Independent and Supplementary Prescribing (V300), Pharmacist Independent and Supplementary Prescribing and Allied Health Professional Independent and/or Supplementary Prescribing

5.5.1 The education programmes for the Independent and Supplementary Prescribing are delivered at first degree or master's level. The length of each programme is the equivalent of 26 days, with an additional 12 days of supervised learning with a Designated Medical Practitioner (DMP) in practice. This equates to 12 x 7.5 hours (6.5 hours excluding breaks). Options exist for nurses to undertake distance learning, and nurses and pharmacists to undertake blended learning programmes; these comprise of fewer attended days at a HEI. Nurses must undertake both Independent and Supplementary elements of the programme and it must in normal circumstances be completed in no longer than one academic year.

Once the application for a non-medical prescriber course which is equivalent to university level training has been agreed and it is known that it will last at least one academic year, the manager should provide the HR team with the following information:

- Name of the individual undertaking the training
- Assignment number of the individual
- Name of University/institution the course will be provided at
- Start date of the course
- Anticipated end date of the course training
- Confirmation that the course is being funded by the Trust.
- Percentage of time the individual will be undertaking training

At the end of the training course the manager should advise the HR team of the completion date and provide a copy of the individuals' certificate.

The HR team will set up a separate assignment for the time spent undertaking the training, so that the correct rate of NI and PAYE is paid.

5.6 The role of the Designated Medical Practitioner (DMP)

5.6.1 A doctor or dentist must provide support to nurses, pharmacists and AHPs undertaking the Independent/Supplementary Prescribers programme. The specific criteria for the role can be found in Appendix 1. He/she must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the student to undertake the programme. Where specialist knowledge is required, e.g. prescribing for children, or in mental health, this must be provided in practice settings. They should also identify learning opportunities with the student.
(NMC 2006, RPSGB 2006)

NB THIS IS AN UNFUNDED ROLE

5.7 **Application and Selection Process for Training for Independent and Supplementary prescribing.**

5.7.1 **Pre-requisites**

5.7.2 **Nurses**

The NMC (2006) and the DH (2006) make the following stipulations:

- a) V300 nurses should have at least three years' post-registration clinical nursing experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe.
- b) Managers must undertake an appraisal of a registrant's suitability to prescribe before they apply for a training place. There must also be a necessary clinical governance infrastructure in place (including a criminal record – check with the Disclosure and Barring Services – (DBS)) to enable the registrant to prescribe once they are qualified to do.
- c) The manager of the nurse submitting an application to undertaking the prescribing programme is responsible for confirming that:
 - the applicant has been assessed as competent to take a history, undertake a clinical assessment, and diagnose, before being put forward.
 - there is clinical need within the registrant's role to justify prescribing.
 - the applicant has sufficient knowledge to apply prescribing principles taught on the programme of preparation to their own area and field of practice.
- d) the applicant must be able to demonstrate appropriate numeracy skills.
- e) managers should NOT put registrants forward if they have not demonstrated the ability to diagnose in their area of speciality. It should be possible to identify whether a registrant has these skills through CPD reviews within the work place setting (NMC 2006).
- f) the applicant must be able to demonstrate an ability to confidently study at first degree level (Higher Education Institution (HEI) level 6).
- g) be able to identify a medical practitioner who is willing to commit to contributing to and supporting 12 days learning in practice and participate in the assessment process as required by the HEI.
- h) The Manager must identify that there is sufficient budget within their clinical area to support non-medical prescribing, before an application for training is made.

5.7.3 **Nurse Independent and Supplementary Prescribing for children**

Only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care, e.g. out-of-hours services, walk-in-clinics and general practice settings. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence (NMC 2006). The trust has specific competencies which nurses who do not have a registered paediatric qualification but who will be prescribing for children are required to complete BEFORE they prescribe for children. These can be undertaken alongside the prescribing programme if necessary, but must be completed before the prescriber is registered with the National Health Service Business Service Authority. There may be circumstances when some of the listed competencies are not relevant for the service that the nurse will be prescribing in. In these circumstances it must be stated clearly and why this is the case.

5.7.4 **Pharmacist Independent Prescribing**

Managers must undertake an appraisal of a registrant's suitability to prescribe before they apply for a training place. There must also be a necessary clinical governance infrastructure in place (including a DBScheck) to enable the registrant to prescribe once they are qualified to do so.

The applicant must:

- a) be a registered pharmacist whose name is held on the membership register of the GPhC.
- b) have a proven ability to successfully study at a minimum of QAA level 3 (degree level) and have a clinical diploma or equivalent experience.
- c) have at least 3 years experience in their area of intended practice, following their pre-registration year after graduation.
- d) have a minimum of 1 year experience in the field in which they intend to prescribe.
- e) hold a post in which they will have the need and opportunity to act as an independent or supplementary prescriber, and be able to demonstrate how their subsequent prescribing will provide maximum benefit to patients.
- f) be able to identify a medical practitioner who is willing to commit to contributing to and supporting 12 days learning in practice and participate in the assessment process as required by the HEI.
- g) be prepared to undertake and have access to continued professional development on completion of the course.
for those in the Mental Health Services the applicant is required to undertake the Specialist Psychopharmacology Course, arranged via the Southern Health Foundation Trust, and funding will need to be identified.

5.7.5 **Allied Health Professionals (physiotherapists, chiropodists/podiatrists, radiographers and optometrists)**

Managers must undertake an appraisal of a registrant's suitability to prescribe before they apply for a training place. There must also be a necessary clinical governance infrastructure in place (including a DBS check) to enable the registrant to prescribe once they are qualified to do so.

The applicant must:

- a) be a registered professional whose name is held on the relevant part of the HPC membership register.
- b) have proven ability to successfully study at a minimum of degree level.
- c) have at least 3 years post qualification experience and a minimum of one year in the field in which they intend to prescribe.
- d) hold a post in which they will have the need and opportunity to act as a supplementary prescriber, and be able to demonstrate how their subsequent prescribing will provide maximum benefit to patients.
- e) be able to identify a medical practitioner who is willing to commit to contributing to and supporting 12 days learning in practice and participate in the assessment process as required by the Higher Education Institution (HEI). They must also be prepared to provide a period of supervised practice post-qualification.
- f) be prepared to undertake and have access to continued professional development on completion of the course.

5.8 **Application process**

- 5.8.1 The application process is detailed in the Non-Medical Prescribing information and application pack (Solent intranet).
- 5.8.2 The Deputy Director Nursing and AHPs will meet with representatives from the Non-Medical Prescriber Steering group to consider and approve applications for the V300 Non Medical Prescribing qualification.
- 5.8.3 Practitioners who are successful in their applications will receive a second information pack (Solent intranet) containing the following:
 - a) A copy of a local Joint Medicines Formulary relevant to the Solent Heath areas covered.
 - b) Information about the Trust's Non-Medical Prescribers forum (section 4.3) and meeting dates, attendance to this is not mandatory for those undergoing NMP training, but may support training.
 - c) Information about opportunities to access preceptorship on successful completion of the programme.
 - d) Details about the action they need to take on successful completion of the programme.
 - e) NHSBSA Notification of 'Non-Medical Prescriber Amendments form'.

5.9 **Prioritising applications**

Applicants will be prioritised according to the three key principles advised by the DH (2006):

- a) Patient safety.
- b) Maximum benefit to patients and the NHS in terms of quicker and more efficient access to medicines for patients.
- c) Better use of the professional's skills.

5.9.1 Role of the Higher Education Institution (HEI):

- a) Practitioners will be notified by the HEI when they have successfully completed and passed all the assessment components of the prescribing programme.
- b) The HEI will notify the practitioner's professional regulatory body when they have successfully completed all assessment components of the programme.

5.9.2 Role of the practitioner:

Practitioners must:

- a) complete and return the documentation sent to them by their professional body to ensure that their prescribing qualification is recorded on their own professional register. NMPs must use their legally registered name as recorded on their professional register and this name must be the same as the name on their Solent NHS Trust ID card/badge which they will present on collecting their prescription pads. The name badge must also reflect the current status of the practitioner, out of date ID badges will not be accepted
- b) Notify their manager when they have successfully completed the prescribing programme and are recorded as a V300 prescriber on the NMC website
- c) complete the forms contained within the successful applicants prescribing pack (Solent intranet – Medicines Management/Non Medical Prescribers Forum) and return these to the prescribing administrator promptly (Medicines Management Admin (SOLENTNHSTRUST)MedicinesManagementAdmin@nhs.net>).
- d) A specimen signature must be required for the electronic record.

5.9.3 Role of the Prescribing Administrator:

The prescribing administrator will:

- a) enter the practitioner's details (newly registered or new NMP recruits joining the Trust) on the Non-Medical Prescriber database.
- b) register Solent NHS Trust employed practitioner's details with the NHSBSA and order FP10s, if required * (section 5).
- c) add the practitioners details to the Non-Medical Prescriber Forum database.
- d) keep a specimen signature for record.
- e) Store details and share completed preceptorship forms (Solent intranet) with the Clinical Lead for Non-Medical Prescribing.
- f) Send welcome Pack together with the Forum's Terms of Reference (Solent intranet).
- g) Ensure disclaimer received and stored on NMP database

*NB the registration of commissioning GP employed nurses with the NHBSA is the responsibility of the Practice, via the CCG Prescribing Admin Team

5.9.4 Role of the Clinical Lead for Non-Medical Prescribing:

The clinical lead for non-medical prescribing will:

- a) Support the Deputy Director of Nursing/NMP Lead
- b) Assist with identifying a preceptor for the new prescriber, if required
- c) Organise and chair forums/conference and ensure all documentation up to date and that appropriate governance around Non medical prescribing is maintained
- d) Chair Non Medical Prescriber Steering Group
- e) Respond to direct queries from Non medical prescribers
- f) Work closely with the medicines management team and core members of the Medicines Management Committee.

5.9.5 Role of the Non Medical Prescribers's Manager:

The practitioner's manager must:

- a) review the practitioner's job description to ensure that prescribing practice is contained within it.
- b) Ensure that form 4 is reviewed and updated at appraisal and agree a scope of practice.
- c) Document the agreed scope and competence in the practitioner's personal file.
- d) Agree a process for reviewing the practitioner's prescribing practice using the annual appraisal and nurse revalidation process, or equivalent for allied health professionals, pharmacists and podiatrists. A record should be saved and documented electronically in the prescriber's personnel file.
- e) support the practitioner in enabling access to continued professional development including Forums and relevant conferences, annual CPD activity, to maintain competence and currency of prescribing activity.

6 DEVELOPING AND MAINTAINING COMPETENCE

6.1 Continuing Professional Development

- 6.1.1. All non-medical prescribers have a professional responsibility to keep themselves updated in clinical and professional developments (CPD). Prescribers are also expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines. The attendance of CPD can be recorded in the Oracle Learning Management System from Human Resource Department
- 6.1.2 The managers of non-medical prescribers are required to ensure that the practitioner has access to relevant education and CPD opportunities. Specific development needs relevant to prescribing should be identified in the usual way through the annual appraisal process.
- 6.1.3 Nurses should record the details of their CPD activities in their personal professional portfolio for revalidation purposes, which may be requested for inspection when renewing their registration with the NMC. NMPs must adhere to all requirements for revalidation, templates to assist recording of information for revalidation can be found on the NMP section of the Solent Intranet. It is mandatory to record prescribing CPD activity at annual appraisal
- 6.1.4 The GPhC's new statutory requirements for CPD require pharmacist prescribers to demonstrate CPD in their area of prescribing practice.
- 6.1.5 AHPs must meet the requirements of the 'Standards for Continuing Professional Development' of the HPC. This consists of a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. It is subject to periodic audit, requiring the AHP to submit evidence of their CPD to the HPC for scrutiny to support their claim.
- 6.1.6 The NMC issued an amended guidance in 2012 in the prescribing and management of 'sepsis in pregnant women'. It is the Nurse prescribers' responsibility to ensure that they are competent to do so. Solent NHS Trust has accepted the proposal by the NMP Steering Group that a mandatory annual update on 'Prescribing for pregnant women' is accessible for practitioners requiring the update. NMPs are encouraged to use any available 'Sepsis Assessment tools' to consolidate their practice.
 4.16 NMC 28th June 2012 - *Prescribing in Pregnancy: the role of Independent and Supplementary Nurse Prescribers.*
<http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/Position-statement/>

6.2 Preceptorship

- 6.2.1 It is recognised that preceptorship promotes the development of more able and confident practitioners. NMP preceptorship provides a framework of support and guidance to enable newly qualified non-medical prescribers (NMPs) to make the transition from student to accountable practitioner. It can contribute to clinical governance and represents sound and patient-oriented employment practice (NMC 2002). The NMC and DH (DH 2006) keenly advocate schemes that enable experienced NMPs to work alongside students undertaking non-medical prescribing programmes and newly qualified non-medical prescribers to provide support and guidance as appropriate (NMC 2006). This model of preceptorship is specific to NMPs and is thus different from the preceptorship provided to newly registered nurses.

6.2.2 NMP preceptorship will be available and promoted for newly qualified non-medical prescribers, and those NMPs new to the trust. Preceptorship will be co-ordinated by the NMPS line-manager on successful completion of a prescribing programme. Details of the preceptor must be recorded in the NMP Welcome Pack and sent to the Medicines Management administrator.

6.2.3 Information about preceptorship and how to access it will be provided to practitioners prior to commencing an educational programme for non-medical prescribing.

6.3 **Non-Medical Prescribers Forum**

6.3.1 The Trust will actively support the activities of the Non-Medical Prescribers Forum as a means of CPD for V300 prescribers. In the Terms of Reference (Medicines management folder) members are expected to attend at least 1 of the meetings organised per annum in addition to the NMP conference, or demonstrate equivalent CPD activity. In order to enable V300 Prescribers to meet the target attendance rate two forums exists with one in Portsmouth and another in Southampton. Taking into account the differences that exists in prescribing initiatives/demands, reflective of their local health care needs. The integration of practitioners in the two localities is realised through joint whole day annual conference. If prescribers in a specialist area wish to organise their own CPD requirements, a sub group may be formed, subject to NMP Steering Group's approval. The agenda of the meetings, attendance list and minutes must be submitted as a formal record and this will be counted towards the attendance requirement.

6.3.2 The forum functions as a multi-professional focus group for non-medical prescribers and those undertaking preparation to become a prescriber who are employed by the Solent NHS Trust. The overall aim of the group is to provide support for CPD for these registered prescribers; according to current legislation and professional scopes / standards in practices relating to prescribing.

6.3.3 The purpose of the forum is to provide a vehicle for prescribers to fulfil their CPD needs as well as a platform to participate actively in the decision making process within the Trust in matters relating to their prescribing. Details of the Forum are covered in the TOR (Intranet).

6.3.4 The frequency of the Forums meetings is 6 monthly, and includes an educational update relevant to prescribing and case discussion.

6.3.5 The managers of non-medical prescribers are required whenever possible to enable Prescribers to attend the Forum.

6.3.6 Clinical update sessions for V100/150 prescribers will be planned by the the Public Health and Health Visiting leads in conjunction with members from the NMP Steering Group. Training will be provided annually, this will be supplemented by a 6 monthly Masterclass. Attendance should be recorded formally and individuals should ensure that this evidence is retained for revalidation purposes.

6.3.7 The NMP Steering Group reports to the MMC, consists of a broad spectrum of membership including Trust's Quality Directorate, Chair from each Forum, Medicines Management Team pharmacists and Learning and Development manager, reflective of the needs of the Prescribers it serves. The MMC in turn reports to the Assurance Committee, which is

affiliated to the Trust Board. This provides a clear line of responsibility and communication that is reflective of the organisation's management structure

7 LEGAL AND PROFESSIONAL RESPONSIBILITIES OF NON-MEDICAL PRESCRIBERS AND THEIR MANAGERS

7.1 Legal and Professional frameworks

7.1.1 Non-medical prescribing is legislated by the Medicines Act 1968 which can be accessed on the UK Statute Law Database at www.statutelaw.gov.uk. The legal frameworks for Non-Medical Prescribing are detailed in the following documents:

5.1a Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941

5.1b Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429

7.1.2 Each profession has its own standards for prescribing practice, these detail the professional and legal frameworks within which practitioners are expected to practice and include:

5.12a Nursing and Midwifery Council. (2006). Standards of proficiency for Nurse and Midwife Prescribers.
<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645>

5.12b Royal Pharmaceutical Society of Great Britain, 2006, Clinical Governance Pharmacist Framework for Prescribers and organisations commissioning or participating in pharmacist prescribing (GB wide)
<http://www.rpsgb.org/pdfs/clincgovframeworkpharm.pdf>

5.12c Royal Pharmaceutical Society of Great Britain, 2007 Professional Standards and Guidance for Pharmacist Prescribers

7.1.3 The Trust expects all non-medical prescribers and their managers to be fully cognisant of the relevant legal and professional frameworks for non-medical prescribing, and for prescribers to practice within their competence and these frameworks at all times.

7.1.4 Non-medical prescribers are accountable for all aspects of their prescribing decisions taking into account existing local and national guidelines. They should therefore only prescribe for a patient whom they have individually assessed, and prescribe only those medicines they know are safe and effective for the patient and the condition being treated.

7.1.5 Non-medical prescribers and their managers must ensure that his/her job description includes a clear statement that prescribing is required as part of the duties of that post or service.

- 7.1.6 Prescribing and dispensing should be by exception, and should be used only if a PGD is not available AND an FP10 is not appropriate. If the supply of medicines is required in clinic, the prescriber will need to follow a PGD if available, or write an FP10. It is acceptable to prescribe and dispense in some instances where medicines are required urgently or an FP10 prescription is not possible, in these circumstances having a second checker when dispensing is best practice.
- 7.1.7 The Trust acknowledges that where a non-medical prescriber is appropriately trained and qualified, prescribes as part of their professional duties, with the consent of their manager and within the parameters of their job description the Trust is vicariously liable for their actions.
- 7.1.8 If the non-medical prescriber should de-register their prescribing qualification, or upon resigning from their post, the line manager must inform the non-medical prescribing administrator so that the relevant section of the 'Notification of Non-Medical Prescribers Amendment form' is completed for submission to the NHSBSA to update the prescriber's status. Furthermore, any unused prescription pad/s, if issued to the prescriber, must be returned to the administrator for safe disposal.
- 7.1.9 When a registered non-medical prescriber is recruited to a post, with a prescribing role, the line manager must inform the non-medical prescribing administrator so that the NHSBSA can be notified and generate up-to-date records for future use, in particular, attributing prescribing costs to the appropriate employer. Within the Solent NHS Trust the new employee will be introduced to the Non Medical Prescriber Forum with a view to providing information relating to the fulfilment of their future CPD needs and to update the NMP database. The NMP is required to attend an induction session before starting to prescribe.
- 7.1.10 It is recognised that non prescribing clinicians within Solent NHS Trust may need to request a prescription for their patients from a prescriber. Prescribers should distinguish between a more general request for a patient review and prescription, and a different scenario in which a Solent clinician (usually specialist) requests a more specific medication at a specific dose. This may include requests to prescribers in another Trust such as writing to the GP to request treatment. Non-medical Prescribers are reminded that according to the DH implementation guidance, they should only prescribe to the patients they have assessed and made a diagnosis for, or that they have on their caseload.
- 7.1.11 Whilst the legal responsibility for the prescription rests with the independent prescriber who signs the prescription, Solent staff are accountable and expected to work within their competencies when requesting medication.
- 7.1.12 Practitioners who work in specialist clinics and who request medication to be prescribed by GPs, must remember that they are perceived as experts and commissioners expect that any medicines request takes into account, local formularies, departmental guidelines, NICE guidance or Map of Medicines care pathways. Any deviation from such standard guidance must be highlighted to the prescriber when the request is made and reasons clearly stated to allow the prescriber to make an informed choice. Wherever possible clinics should use standard clinic letters for GPs with medication requests pre-printed to mitigate the risk of errors. These letters should be approved by the service clinical lead or pharmacist.

7.2 **Cost effective prescribing**

- 7.2.1 Non-medical prescribers should prescribe according to national and local evidence based guidelines, and whenever reasonably possible from the relevant joint formulary within the Solent service areas and cumulative updates (available in the prescribing folder of the electronic documents library on the Trust's intranet. Non-medical prescribers are welcome to contact the Medicines Management Team (MMT) directly if they need further advice. The non-medical prescribers should follow local agreement regarding the number of days acceptable to prescribe to patients or the manufacturers on a course of treatment.
- 7.3 **Off licence prescribing:** prescribing licensed medicines for unlicensed uses, so-called 'off-label'.
- 7.3.1 Nurse, Pharmacist and Optometrist Independent Prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called 'off-licence' or 'off-label'). They must however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice. The prescriber must explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber must act in accordance with best practice in the given situation and within local policy.
- 7.3.2 Community Practitioner Nurse Prescribers are NOT permitted to prescribe medicines outside the medicines' licensed indications, apart from Nystatin mouthwash for neonates, but ONLY if this falls within the prescribers scope of practice.
- 7.4 **Unlicensed medicines (products without a UK marketing authorisation)**
- 7.4.1 Mixing two licensed medicines, where one is not a vehicle for the administration of the other, falls within the definition of manufacture and results in a new, *unlicensed* product being produced and administered (Medicines and Healthcare Products Regulatory Agency (MHRA) 2008). The clinical field where this occurs most commonly is palliative care when a controlled drug e.g. an opiate may be mixed with an antiemetic, in a syringe driver. There are other clinical fields where this is also potentially issue e.g. the prescribing of ipratropium to be nebulised concurrently with salbutamol. The National Prescribing Centre (NPC) was tasked with producing a supportive guidance for doctors, dentists, non medical prescribers and organisations (5.41). Despite the change the guidance should be used as a reference in conjunction with the prescribers own 'Code of Professional Practice' to aid best practice.
- 7.4.2 All *Independent* Prescribers (nurses and pharmacists) are permitted to prescribe unlicensed medicines (MHRA 23rd April 2012 5.42).
- 7.4.3 Non-medical Supplementary prescribers may prescribe unlicensed medicines as part of a CMP (MHRA 2009 5.43)
5. 41 *Mixing of Medicines prior to administration in Clinical Practice – responding to legislative changes. Supporting Guidance for Healthcare Providers, Practitioners and Commissioners. 2010*
- 5.42 *MHRA Presentation on the review of Unlicensed Medicines (March 2011)*
<http://www.mhra.gov.uk/home/groups/comms-ic/documents/websiteresources/con120472.ppt>

5.43 *Changes in legislation regarding mixing of medicines and prescribing unlicensed medicines, letter 4 Feb 2010 (PDF 282KB)*

7.4.4 **Solent NHS Trust position**

To date there have been no major issues associated with mixing medicines reported through the National Patient Safety Agency Reporting and Learning System. However, the clinical consequences of inappropriate mixing of drugs for patient are potentially significant and includes drugs effect enhancement, incompatibility between different compounds, chemical reaction resulting in toxic-by-products, overdosing, increased microbial contamination with sterile products. The Trust's position is that whenever possible non-medical prescribers should continue to exercise caution and follow best practice as published by the NPC with reference to the MHRA recommendations and their own 'Code of Professional Practice. Furthermore, the practice should be documented in the patient's notes and the use of the mixture agreed with the patient and their carer.

Nurse Independent Prescribers should be reassured that the Trust would fully support the Nurse Independent Prescriber or a nurse administering medicines that had been prescribed by a Nurse Independent Prescriber/CMP, unless it was not in the best interests of the patient to do so.

7.5 **Prescription forms**

7.5.1 Community Practitioner Nurse Prescribers and Pharmacist and Nurse Independent/supplementary prescribers may prescribe using the following prescription forms:

- (1) Community based Pharmacist and Nurse Independent Prescribers will normally use lilac pre-printed prescription forms FP10P produced by Xerox Printing
 - a) The top of the prescribing area will be overprinted to identify the type of prescriber e.g.:
NURSE INDEPENDENT/ SUPPLEMENTARY PRESCRIBER, PHARMACIST INDEPENDENT/ SUPPLEMENTARY PRESCRIBER or COMMUNITY PRACTITIONER NURSE PRESCRIBER.
 - b) The address box will be overprinted to identify; and provide a space for the relevant prescribing code to be added. Please ensure you add a contact phone number.
- (2) Nurse and Pharmacist Independent Prescribers working as a prescriber in community hospital inpatients or outpatients may use a variety of methods to prescribe, please ensure you use the relevant prescriptions for your service.

7.6 **Writing FP10 Prescriptions Forms**

Accurate completion of prescriptions is essential for patient safety and compliance. The following is based on guidance provided by the NHSBSA and the BNF and can be accessed in full on www.bnf.org or www.ppa.org.uk. Hand written prescriptions should be written legibly in ink so as to be indelible.

7.6.1 Patient's details – the name and address must be clearly written. It is not essential to give the patient's title but it can be helpful. For patients under 12 years, the age or date of birth must be stated but this is not required for older patients.

- 7.6.2 The prescriber's signature - this must include initials, or forenames, and surname. Electronic signatures or stamps are not currently permitted on paper prescriptions.
- 7.6.3 Please enter a contact number on the prescription to enable queries to be followed up by pharmacy
- 7.6.4 The prescriber's address - for non-medical prescribers employed by the Trust, the Trust's address is printed on the form.
- 7.6.5 a date must appear on the FP10 next to the prescriber's signature. For most prescriptions this is the date the prescriber signed the prescription but the prescriber is also allowed to put a date before which the prescription should not be dispensed.
- 7.6.6 Name of drugs and preparations must be written clearly and not abbreviated; using approved titles only (refer to the BNF in situations when generic titles should be avoided).
- 7.6.7 Use of decimal points:
- The unnecessary use of decimal points must be avoided, e.g. 3mg, not 3.0mg.
 - Quantities of 1 gram or more must be written as 1g etc.
 - Quantities less than 1 gram must be written in milligrams, e.g. 500mg, not 0.5g.
 - Quantities less than 1mg must be written in micrograms, e.g. 100 micrograms, not 0.1mg.
 - When decimals are unavoidable a zero must be written in front of the decimal point where there is no other figure, e.g. 0.5mL, not .5mL.
Use of the decimal point is acceptable to express a range, e.g. 0.5 to 1g
 - use of the decimal of point is acceptable to express a range, e.g. 0.5 to 1g.
- 7.6.8 Abbreviations
- Micrograms' and 'nanograms' must not be abbreviated.
 - Similarly 'units' should not be abbreviated.
 - The term 'millilitre' (ml or mL) is used in medicine and pharmacy. Cubic centimetre, c.c., or cm³ must not be used.
- 7.6.9 Dose
- Dose and dose frequency must be stated; in the case of preparations to be taken 'as required' a minimum dose interval must be specified.
 - When doses other than multiples of 5mL are prescribed for oral liquid preparations the dose-volume will be provided by means of an oral syringe, (except for preparations intended to be measured with a pipette).
- 7.6.10 Suitable Quantities:
- Elixirs, Linctuses, and Paediatric Mixtures (5-ml dose), 50, 100, or 150mL
 - Adult Mixtures (10-ml dose), 200 or 300 ml.
 - Ear Drops, Eye Drops, and Nasal Drops, 10 ml (or the manufacturer's pack).
 - Eye Lotions, Gargles, and Mouth-washes, 200 ml.
 - For suitable quantities of dermatological preparations, see section 13.1.2. of the BNF.
 - The quantity to be supplied may be stated by indicating the number of days of treatment required in the box provided on the NHS forms. In most cases the exact amount will be supplied. This does not apply to items directed to be used as required - if the dose and frequency are not given the quantity to be supplied needs to be stated.

- g) When several items are ordered on one form the box can be marked with the number of days of treatment provided the quantity is added for any item for which the amount cannot be calculated.

7.7 Completing in-patient hospital drug charts

- 7.7.1 The non-medical prescriber must enter all of the patient's details including full name, date of birth, hospital number onto an in-patient drug chart. The allergies section **MUST** be completed.
- 7.7.2 The name and strength of the medicine, the dose, frequency and route of administration must all be printed clearly. Ensure that names are printed in capital letters.
- 7.7.3 Prescribers must not abbreviate drug names and must use approved titles only (refer to the BNF in situations when generic titles must be avoided)
- 7.7.4 Follow the advice in 5.36, 5.37 and 5.38 regarding use of decimal points, abbreviations and dose.
- 7.7.5 If a course of treatment is only to be prescribed for a specific length of time the Prescriber must cross off the subsequent days on which the drug is not required. For example, for a seven day course of antibiotics put a vertical line through the eighth day to "gate" the prescription and a horizontal line through all subsequent days. Similarly if a drug is not to be given every day cross off the days it is not required.
- 7.7.6 The Prescriber must print their name and sign and date the entry.
- 7.7.7 The Prescriber must write their prescribing status on drug chart e.g. Nurse Independent/Supplementary Prescriber.

7.8 Controlled Drugs

- 7.8.1 In April 2012 the DH has extended the prescribing authority of all Non-medical Independent Prescribers to include Controlled Drugs (Schedule 2 to 5) with the exception of cocaine, diamorphine or dipipanone for the treatment of addiction (Misuse of Drugs (Amendment No 2) (England, Wales and Scotland) Regulations 2012 (SI 2012/973), 23 April 2012).
- 7.8.2 The prescription must always state:
 - a) The dosage form (e.g. tablets) must be included on a Controlled Drugs prescription irrespective of whether it is implicit in the proprietary name (e.g. MST Continus) or whether only one form is available.
 - b) In the case of a preparation the form and where appropriate the strength of the preparations must be stated. When more than one strength of a preparation exists the strength required must be specified.
 - c) Either the total quantity (in both words and figures) of the preparation or the number (in both words and figures) of dosage units to be supplied. Quantities of liquid preparations, such as methadone oral solution, must be written in millilitres.
 - d) The dose - NB The instruction 'one as directed' constitutes a dose but 'as directed' does not.

7.8.3 In general, prescriptions for Controlled Drugs in Schedules 2, 3, and 4 must be limited to a supply of up to 30 days' treatment; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision must be recorded on the patient's notes.

- a) Adherence to Controlled Drug prescribing policy is monitored via Epat data. Individuals will be contacted by the Medicines Management Team if any deviation from policy or unusual prescribing activity is noticed.
- b) Concerns regarding prescribing practice will be fed back to individuals via their line manager

7.9 Ordering prescription pads

7.9.1 Initial prescription pads can only be ordered and issued after proof has been received by the non-medical prescribing administrator of the following:

- a) In the case of Registered Nurses after a copy of a NMC statement of entry has been received, showing nurse prescribing as a recorded entry on the professional register.
- b) In the case of Registered Pharmacists after proof that their name is held on the membership register of the GPhC with an annotation signifying that they have successfully completed an education and training programme accredited by the GPhC and is qualified as an independent and/or supplementary prescriber.
- c) In the case of Physiotherapists, radiographers and chiropodists/podiatrists prescription pads will be ordered after proof that they are registered professionals, and their name held on the relevant part of the HPC membership register, with an annotation signifying that they have successfully completed an approved programme of prescribing.
- d) In the case of optometrist independent and/or supplementary prescribers, proof is required that they are registered with the General Optical Council, with an annotation recorded in the register signifying that they have successfully completed an approved training programme of prescribing

7.9.2 Non-Medical Prescribers can order subsequent FP10 prescription pads by contacting the non medical prescriber administrator. Pads should not be stock piled, and at least 10 working days should be allowed between placing an order and delivery.

7.9.3 If the demographics of a non-medical prescriber e.g. surname changes the Non-medical prescribing administrator must be informed and before requesting new pads in order that the NHS BSA is notified.

7.10 Prescription Security

The following section should be read in conjunction with the NHS Business Services Authority Security Management Service Security of Prescription Forms Guidance 2013.
http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_prescription_forms_guidance_Updated_August_2013.pdf

7.10.1 A register is maintained by the Non-Medical Prescribing administrator of all non-medical prescribers, their prescribing status e.g. community practitioner prescriber (V100/150) or nurse independent/supplementary prescriber (V300), and specimen signatures of each.

Southampton: Western Hospital from Tuesday to Thursday

Portsmouth:

Portsmouth: Community Nurses and HVs and School Nurses office

Prescribers must call to arrange an appointment time.

7.10.2 Personalised prescription forms which are no longer in use must be returned in person to the Non-medical prescribing administrator and securely destroyed by shredding. They will then be put into confidential waste. The destruction of the forms must be witnessed by a qualified clinician e.g. pharmacist, from the Medicines Management Team.

On no account should prescription pads be returned via internal/external mail

7.10.3 Records will be maintained by the non-medical prescribing administrator of the following:

- a) Prescriptions received, along with serial numbers.
- b) Dates of when prescription forms are issued to a non-medical prescriber and the serial numbers of these forms.
- c) The serial numbers of any unused prescription forms that have been returned.
- d) Details of prescription forms that have been destroyed (these records should be retained for at least 18 months).

7.10.4 Stocks of prescription stationery should ideally be kept in a secure room with access limited to those who are responsible for prescription forms. Security measures should be implemented according to the Trust's Policy for the Investigation, Analysis and Learning from Incidents, Complaints and Claims where a full audit trail in the event of any security incident is bridged.

7.10.5 It is advisable to hold minimal stocks of prescription stationery. This reduces the number of forms vulnerable to theft, and helps to keep stocks up-to-date

7.10.6 Non-medical prescribers are responsible for the security of their personalised prescription forms once issued to them, and should ensure they are securely locked away when not in use.

7.10.7 Non-medical prescribers should keep a record of the serial numbers of prescription forms issued to them, this will help to identify any prescriptions lost or stolen

7.10.8 Patients, temporary staff and visitors must never be left alone with prescription forms or allowed into secure areas where forms are stored.

7.10.9 When making home visits, prescribers must take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in an unidentifiable lockable carrying case or are not left on view in a vehicle. If they have to be left in a vehicle, they must be stored in a locked compartment such as a car boot and the vehicle must be fitted with an alarm. Prescribers on home visits must also, before leaving their base premises, record the serial numbers of any prescription forms/pads they are carrying. Take only a small number of prescription forms on home visits – ideally between 6 and 10 – to minimise the potential loss.

7.10.10 When making home visits, prescribers must take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in an unidentifiable lockable carrying case or are not left on view in a vehicle. If they have to be left in a vehicle, they must be stored in a locked compartment such as a car boot and the vehicle must be fitted with an alarm. Prescribers on home visits must also, before leaving their base premises, record the serial numbers of any prescription forms/pads they are carrying. Take only a small number of prescription forms on home visits – ideally between 6 and 10 – to minimise the potential loss.

7.10.11 In the event of de-registration from being a non-medical prescriber or resignation from the post all unused FP10 must be returned to the non-medical prescribing administrator for safe disposal, with immediate effect (5.123).

7.11 Lost or Stolen Prescriptions

7.11.1 In the event of a loss or suspected theft of a prescription form, the prescriber or staff member should notify the Medicines Management Team (MMT). The following procedure must be used:

- a) Notify the police and note the 'Incident Log Number'.
- b) Complete the Lost/Stolen Prescription notification form (Annex B) with as much information and as accurately as possible. This can be found in the security of prescription forms guidance (Aug 2013)
- c) Outside normal working hours prescribers should notify local pharmacies immediately and advise the NHSBSA as soon as possible the next working day.
- d) Review current in-house security procedures for prescriptions.

7.11.2 The matter must also be recorded and managed as a security incident, as per the Policy for the Investigation, Analysis and Learning from Incidents, Complaints and Claims.

7.11.3 Any theft or loss report must include the following details:

- a) Date and time of loss/theft.
- b) Date and time of reporting loss/theft.
- c) Place where loss/theft occurred.
- d) Type of prescription stationery.
- e) Serial numbers.
- f) Quantity.

The updated version of Security of prescription forms guidance 2013 can be accessed on the NMP section of the Solent intranet.

7.12 Working with commercial organisations

7.12.1 Clear guidance on the expected professional conduct and standards is in the Trust's policy, which can also be accessed via the intranet.

8 CLINICAL EFFECTIVENESS

Creating structures and providing resources that promote clinical effectiveness are an essential component of clinical governance. Clinical governance is defined as the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

8.1 Facilitating Clinical Effectiveness

8.1.1 Non-medical prescribers need to be able to easily access current, high quality evidence based prescribing support resources in their workplace and during consultations with patients; this includes internet resources. Managers are required to ensure appropriate access; by hand held devices when necessary.

8.1.2 Non-medical prescribers should use the online version of the BNF as best practice, rather than the paper copy. The BNF online is available at:
<https://www.medicinescomplete.com/mc/>

8.1.3 Non-medical prescribers (V300) will receive a current version of the BNF annually and, if prescribing for children, BNF for Children annually. These will be distributed from a central point and co-ordinated by the non-medical prescribing administrator. It is best practice to register with the BNF online as this provides the most up to date information regarding prescribing advice. It is acceptable to use the most up to date version of the BNF paper copy, if access to the online copy is not available.

8.1.4 Non-medical prescribers will be kept informed of relevant clinical information such as Patient Safety Notices, Drug Alerts, Hazard Warnings, NICE guidelines and other information that has a potential to impact upon prescribing practice. This will be cascaded by the Non-medical prescribing administrator to all non-medical prescribers via email and in a timely way.

8.1.5 Non-medical prescribers are encouraged to register on-line with the free NICE Medicines Information service:

medicinesawareness@nice.org.uk

which is a daily newsletter providing the latest medicines news and information.

8.1.6 It is mandatory for all newly qualified or appointed Non-medical prescribers to read and return a signed disclaimer to the medicines management team on local prescribing protocol, formulary and practice, prior to prescribing.

MedicinesManagementAdmin@nhs.net

8.2 Measuring Clinical Effectiveness

8.2.1 The prescribing practice of non-medical prescribers must be regularly reviewed by their manager and/or a health professional skilled in the analysis of prescribing activity, e.g. a pharmacist. This should include ePACT data whenever possible. If this is not available e.g. hospital, other pre-agreed methods should be used. The process must be undertaken in partnership with the prescriber and the outcome of the analysis recorded as part of the annual appraisal and used to inform their CPD plan.

8.2.2 In the community setting, for example in GP practices a non-medical prescriber provides a service to, prescribers should review their prescribing trend regularly, as it is not uncommon that a prescription initiated by a NMP is reissued in error i.e. prescriber code not changed, when patient returns for a repeat prescription, thus skewing the NMPs prescribing trend.

8.2.3 Clinical audit is a fundamental component of clinical governance, it is important therefore to audit non-medical prescribing practice periodically. The following basic four steps must be utilised:

- With reference to evidence set standards to evaluate prescribing practice against those standards
- Conduct a systematic review of prescribing practice.
- Identify areas for improvement and put in place actions to make the necessary changes to practice.
- Review practice to see if an improvement has been made after the changes have been implemented.

All audits should be undertaken in accordance with the Trust's Clinical Audit policy

8.2.4 A reasonable level of prescribing activity is essential to maintain safety, competence and clinical effectiveness in prescribing practice. Prescribing activity will vary according to the hours of clinical practice undertaken by the non-medical prescriber, the service within which they practice and the number of hours they are employed for. It is up to the manager of the prescriber to determine, in conjunction with the non-medical prescriber, what should be considered a reasonable level of activity.

8.3 **Action to be taken when prescribing expertise has not been maintained**

8.3.1 Where prescribing and medicines management performance falls below the expected standard, this includes either significantly low or excessively high levels of activity; it should be discussed with the non-medical prescriber and managed according to the Trust's Appraisal Policy in performance.

8.3.2 When a non-medical prescriber's prescribing practice has lapsed, the Non-Medical Prescribing Clinical lead should be informed and a formal prescribing update must be undertaken by the prescriber, this can be arranged by contacting the Non Medical Prescribing Clinical Lead. This must be completed prior to the resumption of prescribing practice. The medicines management administrator and the Non-Medical Prescribing Lead must be informed if prescribing is no longer required or used as part of regular clinical practice.

A lapse in prescribing is defined as:

No written prescriptions in the last 12 months and or no prescribing decisions being made.

- 8.3.3 If the role of the non-medical prescriber is such that they are not required to utilise prescriptive authority their prescription pads will be recalled and they will be de-registered from the NHSBSA.

NB Non-medical prescribers whose prescribing practice has lapsed, retain their professional prescribing qualification and can be re-registered with the NHSBSA if their role changes and after undertaking a prescribing update.

9 RISK MANAGEMENT

- 9.1 The management of medicines has been identified as a major area of risk by the Healthcare Commission (2007). Each of the following are singled out as a focus of error:
- Sharing information between sectors.
 - Wrong drug or dose prescribed or administered.
 - Management of polypharmacy.

It is therefore essential that non-medical prescribers and their managers are vigilant in taking action to reduce risk in these specific areas in addition to ensuring that processes to manage risk related to prescribing practice in general are in place.

- 9.2 Non-medical prescribers and their managers must ensure that they are familiar with the work of the National Patient Safety Agency (NPSA), and regularly access and take note of the Medication Rapid Response Reports, Alerts, Directives and Guidance it produces.
- 9.3 The bulletin “Current Problems in Pharmacovigilance”, issued by the MHRA/CHM, contains advice and information on drug safety issues. NMPs should routinely consult the bulletin and keep up to date with new information about safe use of medicines. Through the link with the NeLM the MHRA alerts can be automatically routed to the subscriber via their work or domestic email address. Copies are also available from the MHRA’s website www.mhra.gov.uk.
- 9.4 Errors, ‘near misses’, complaints or incidents related to prescribing practice should be managed according to the Policy for the Investigation, Analysis and Learning from Incidents, Complaints and Claims for the management of drug errors.
- 9.5 All significant events related to non-medical prescribing will be routinely reported to the NPSA via the Trust’s established reporting mechanism.
- 9.6 Adverse Drug Reaction Reporting. Any drug may produce unwanted or unexpected adverse reactions. Rapid detection and recording of adverse reactions is of vital importance so that unrecognised hazards are identified promptly and appropriate regulatory action is taken to ensure that medicines are used safely. Non-medical prescribers should report suspected adverse reactions directly to the MHRA through the ‘Yellow Card Scheme’ using the electronic form at www.yellowcard.gov.uk or alternatively using the prepaid Yellow Cards bound in the inside back cover of the BNF.7.7 Suspected adverse reactions to any therapeutic agent should be reported, including drugs (self-medication as well as those prescribed), blood products, vaccines, radiographic contrast media, complementary and herbal products.
- 9.7 The identification and reporting of adverse reactions to drugs in children is particularly important.

10 PATIENT AND PUBLIC INVOLVEMENT

- 10.1 Non-medical prescribers must ensure that patients are aware that they are being treated by a non-medical practitioner, and of the scope and limits of their prescribing.
- 10.2 A patient information leaflet about non-medical prescribing (Appendix 3) has been developed for patients and reviewed by the Patient Advice and Liaison Services (PALS) team to ensure it is fit for purpose. This leaflet should be provided for patients by services that utilise non-medical prescribing.

11 MONITORING POLICY EFFECTIVENESS

- 11.1 The Deputy Director of Nursing and Allied Health Professionals for Non-Medical Prescribing will, with the support of the Non-medical prescribing administrator, maintain an accurate database of Non-Medical Prescribers, their specific prescribing qualification, Non-medical prescribers who are not currently utilising their prescriptive authority and practitioners undergoing training. This will be provided to the Trust Board as requested.
- 11.2 A review of non-medical prescribing activity will be carried out annually by the Clinical Lead for Non-Medical Prescribing in conjunction with a senior Trust pharmacist. This will include prescription and cost data from the NHS Business Services Authority and an analysis of significant events and complaints related to non-medical prescribing. The report will be submitted to the Medicines Management Committee (MMC).

12 SOLENT NHS TRUST POLICIES CITED IN THIS POLICY

Clinical Audit Policy

Medicines Policy

Policy for the investigation, Analysis and Learning from incidents, complaints and Claims

Appraisal policy

Working with Commercial Organisations policy

Equality, diversity and Human rights policy

13 EQUALITY AND IMPACT ASSESSMENT

Please see Appendix 4

14 REFERENCES

- Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: A guide for implementation. Gateway reference: 4941
- Department of Health (2006) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England, DH/Medicines, Pharmacy & Industry/Clinical & Cost Effectiveness. Gateway Ref: 6429
- Health Care commission (2007) Meeting of the Healthcare Commission – November 22nd 2007 Safety: Programme of work Agenda item 8 CM/07/104
- Medicines and Healthcare Regulatory Agency (2008) Statement on Non-Medical Prescribing and Mixing Medicines in Palliative Care www.mhra.gov.uk
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<http://www.nmc.org.uk/standards/code/read-the-code-online/>

Standards for competence for registered nurses

<http://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf>

Appendix1: DESIGNATED MEDICAL PRACTITIONERS (DMP)

Roles and responsibilities of Designated Medical Practitioners

NB THIS IS AN UNFUNDED ROLE

The curricula for preparing nurses, midwives, pharmacists and allied health professionals (initially chiropodists/podiatrists, radiographers and physiotherapist) and optometrists as supplementary prescribers includes a period of no less than 12 days learning in practice.

This period of training is to be directed by a designated medical practitioner (DMP) who will be responsible for assessing whether the learning outcomes, identified by the HEI, have been met and whether the trainee has acquired certain competencies.

Eligibility criteria for becoming a DMP

The DMP must be a registered medical practitioner who:

- has, had at least three years recent clinical experience for a group of patients/clients in the relevant field of practice
- Has the support of the employing organisation or practice to act as the DMP, who will provide supervision, support and opportunities to develop competence in prescribing practice
- has experience or training in teaching and/or supervising in practice
- has the time to commit to the role

Competencies for DMP

- Has a positive attitude and genuine desire to support non-medical prescribing
- The ability to create an environment for learning
- Teaching skills
- Experience of supervising and assessing clinical practice
- Ability to give constructive feedback

Expectations of the role of DMP

The DMP has a crucial role in educating and assessing non-medical prescribers. This involves:

- Establishing a learning contract with the prescribing trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation/interview with patients and/or carers and the development of a management plan.
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Help ensure that the trainee integrates theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further

- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role.

For more detailed information please access:

National Prescribing Centre (2005) Training non-medical prescribers in practice. A guide to help doctors prepare for and carry out the role of designated medical practitioner. Available at: www.npc.co.uk/pdf/designated_medical_practitioner_guide.pdf

Appendix 2: Scope of Prescribing Practice Statement

Name:

Date:

Role:

Base:

Please complete form electronically, enlarging where necessary, then print and sign.

Disease area to be prescribed for:	Evidence of competence to prescribe in this area:	Recent CPD supporting prescribing in this area: (include dates)	Please state guidelines or attach protocols worked to
e.g. asthma	e.g. 10 years experience or asthma diploma (or whatever applies)	e.g. Formal updates, courses attended, journal articles (or whatever applies) Please give as much detail as possible.	e.g. BTS guidelines
What plans do you have to audit your prescribing?			
Do you receive clinical supervision? If so, please give a brief description.			
Have you identified any CPD needs relating to prescribing and if so, how do you plan to address these needs?			

My intended scope of practice has been discussed with the practice GP prescribing lead/clinical manager.

Nurse independent prescriber signature:

GP lead/clinical manager signature:

Please ensure a copy of completed document is kept within personal file

Appendix 3: Changes to the prescribing of medicines: non-medical prescribing

What changes have been made to how I can collect prescribed medicine?

Until recently, only doctors could give prescriptions which allow you to get certain medicines. However a number of changes have recently been made to the prescribing laws and written prescriptions for medicines can be given, in certain circumstances, by:

- specially trained nurses
- pharmacists
- physiotherapists
- radiographers
- podiatrists
- optometrists

What is this called?

This is known as **non-medical prescribing** and has been introduced to improve healthcare for patients. Non-medical prescribing allows for better access and use of medicines. It also allows for a more effective prescribing service.

Making sure that non-medical prescribing is safe and the most effective way of caring for patients is of great importance to the NHS.

What types of non-medical prescribers are there?

There are three types of non-medical prescribers:

- 1 **Independent prescribers:**
Independent prescribers are clinicians who are trained to prescribe the appropriate medicine when patients need treatment. They may only prescribe medicines that are within the medical areas they work in.
- 2 **Supplementary prescribers.**
Supplementary prescribers are clinicians who can prescribe medicines which have been agreed with doctors and are listed on a Clinical Management Plan.
- 3 **Community Practitioner Nurse Prescribers**
Community practitioner prescribers are district nurses or health visitors who are able to prescribe from a list of simple medicines.

How will non-medical prescribing be different from medicine prescribed by doctors?

A non-medical prescriber would go through the same procedures as a doctor when prescribing. This will involve asking the same questions which include finding out:

- a history of a patient's current medical complaint and any other problems
- finding out information about any medication the patient is taking
- any allergies or adverse reactions to medication..

The non-medical prescriber will ensure records are kept up to date and that your doctor knows of any prescribing changes.

If you have any concerns or questions regarding non-medical prescribing you can discuss them with your prescriber or anyone from the service you are receiving treatment from.

Tell us about it

We welcome your suggestions and compliments – as well as your complaints – so that we continue to improve our services. Please speak a member of staff or contact our Patient Advice and Liaison Service (PALS) on 023 8029 6929. You can also pass your comments via our website: www.southamptonhealth.nhs.uk

For a translation of this document, an interpreter or a version in large print, Braille or audiotape, please contact Access To Communications on 023 8024 1300.

Appendix 4

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	The document outlines and details Trust policy on non-medical prescribing.
2. Who will be affected by it?	Non medical prescribers and their patients.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	E pact data.
4. What information do you already have on the equality impact of this document?	The purpose of non medical prescribing is to improve service user access to medicines. There is national evidence to support the contention that it does so.
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		X	Should improve access to medicines to all.
2. Can any group benefit or be excluded?	x		Any group can benefit.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	There has been an issue related to the safety of non medical prescription to pregnant women but this has been addressed by the Trust and is highlighted in the policy
4. Can this actively promote good relations with and between different groups?	x		Yes in as much as it offers wider service access to all.
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	
6. Have you used a variety of different methods of consultation/involvement	x		The Trust does but none has been specific to NMP
Mental Capacity Act implications		x	None specific to NMP but generically statutory obligations apply regarding the act and consent policy in the Trust.
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		Rarely but only in consultation with senior medical staff and other members of the clinical team.

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	

Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

****Retain a copy and also include as an appendix to the document****

Appendix 5

Glossary of Abbreviations and terms

AHP	Allied Health Professions eg. Physiotherapy, podiatry
BNF	British National Formulary
cBNF	British national Formulary for Children
CMP	Clinical Management Plan
CPD	Continuing Professional Development
DBS	Disclosure and Barring Service
DMP	Designated Medical Practitioner
DH	Department of Health
ePACT	An application which allows Trust to access prescription data
FP10	A medicines prescription form
GMC	General Medical Council
GPhC	General Pharmaceutical Council
HEI	Higher Education Institution eg University
HEI LEVEL 6	First degree level eg. BA, BSc
HEI LEVEL 7	Master's degree level eg MA, MSc
HPC	Health Professions Council
MHRA	Medicines and Healthcare Products Regulatory Agency
MMC	Medicines Management Committee
MMT	Medicines Management Team
NeLM	National Electronic Library for Medicines (now within NICE)
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NPSA	National Patient Safety Agency
NMP	Non-Medical Prescriber
NPC	National Prescribing Centre
PALS	Patient Advisory and Liaison Service
PPA	Prescription Pricing Authority
PPD	Prescription Pricing Division
PRECEPTORSHIP	A period of post qualification internship of mentorship
NMP PRECEPTORSHIP	A period of post non-medical prescribing qualification mentored practice
V100, 150, 200, 300	Numbers of different non-medical prescribing qualifications