Arden and Greater East Midlands Commissioning Support Unit in association with Lincolnshire Clinical Commissioning Groups

NON-MEDICAL PRESCRIBING POLICY

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Name of originator/author:	Melanie Parker, Prescribing Advisor
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Arden & GEM CSU (Lincolnshire)/Lincolnshire CCGs
Non-Medical Prescribing Policy
Version Control Sheet

Version	Section/Para /Appendix	Version/Description of Amendments	Date	Author/Amended by
2	Section 3	Update selection of potential prescribers in line with national policy	December 2010	Lorna Adlington
	Section 5 , 7, 13	Updated in line with national guidance around unlicensed medicines	December 2010	Lorna Adlington
	Section 6	Update in line with professional guidance	December 2010	Lorna Adlington
	Section 19, 20	Updated in line with changes to local processes and policy	December 2010	Lorna Adlington
	Section 22	New Section	December 2010	Lorna Adlington
	Section 24	Updated in line with new trust policy	February 2011	Lorna Adlington
	Section 29	New Section	December 2010	Lorna Adlington
	Appendix Two	New Section	December 2010	Lorna Adlington
	Appendix Three	New Section	December 2010	Lorna Adlington
	Bibliography	Updated references	December 2010	Lorna Adlington
	Title	Changed to more appropriate title	February 2011	Lorna Adlington
3	Section 2	Updated scope	August 2012	Lorna Adlington
	Section 3	Updated professional requirements	August 2012	Lorna Adlington
	Section 4, Section 6, Section 15, Section 23	Updated sections relating to the review of prescribing as part of practitioners performance review	August 2012	Lorna Adlington
	Section 7	New Section	August 2012	Lorna Adlington
	Section 8	Updated in line with legislation changes for Controlled Drugs	August 2012	Lorna Adlington
	Section 15	New Section	August 2012	Lorna Adlington
		Reference to a new Trust policy for secure handling of prescription pads	August 2012	Lorna Adlington
	Section 24	New process for BNF distribution	August 2012	Lorna Adlington
	Section 31	Updated contact information	August 2012	Lorna Adlington
	Appendix Four	New section	August 2012	Lorna Adlington
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	Appendix Six	New section	August 2012	Lorna Adlington
	References	Updated reference list	August 2012	Lorna Adlington
	References	Updated reference list	June 2013	Lorna Adlington
	Section 4.9	Update to reflect new DBS check (to replace CRB check).	June 2013	Lorna Adlington
	Throughout	PPD updated to NHS BSA – NHS Business Services Authority	June 2013	Lorna Adlington
4	Throughout	Lincolnshire Primary Care Trust/ NHS Lincolnshire (NHSL) updated to Arden & GEM CSU (Lincolnshire)/Lincolnshire CCGs	February 2016	Melanie Parker
	Non-Medical Prescribing Policy statement	Dissemination details updated	February 2016	Melanie Parker
	Section 2, 8, 14	Legislation changes re: physiotherapist, podiatrist and optometrist prescribers	February 2016	Melanie Parker
	Section 4.8	Updated to reflect DBS check (replaced CRB check)	February 2016	Melanie Parker
	Throughout	NMP lead replaced by CCG prescribing advisor	February 2016	Melanie Parker
	Throughout	References to 'the trust' replaced by practice/CCG	February 2016	Melanie Parker
	Section 5.14	Clarification of database function	February 2016	Melanie Parker
	Section 5.15	Clarification of notifying changes to NMP registration details	February 2016	Melanie Parker
	Section 6.4	Clarification of procedure when leaving a practice/organisation	February 2016	Melanie Parker
	Section 9.2	Addition of website addresses for PACEF/Joint Formulary	February 2016	Melanie Parker
	Section 11.3	Clarification of prescribing for self-use	February 2016	Melanie Parker
	Section 14.8	Prescribing for children	February 2016	Melanie Parker
	Section 15.1	Reference to appraisal wording updated	February 2016	Melanie Parker
	Section 15.3 & 15.4	Department name updated from team to service	February 2016	Melanie Parker
	Section 15.6	Updated with Lincs Joint Formulary & PACEF website details	February 2016	Melanie Parker

	Section 17	Additional detail included on Clinical Management Plan (CMP) requirements and reference to CMP template	February 2016	Melanie Parker
	Section 18.2	Clarification re: recording of prescription serial numbers	February 2016	Melanie Parker
	Section 19	Updated info re: prescription pads not received and witness requirements	February 2016	Melanie Parker
	Section 20.5	Updated info re reporting of fraudulent prescriptions	February 2016	Melanie Parker
	Section 21	Updated detail on ordering prescription pads	February 2016	Melanie Parker
	Section 22	Updated detail on destruction of prescription pads	February 2016	Melanie Parker
	Section 23.2	Addition of recommendation for minimum hours of CPD to be undertaken annually	February 2016	Melanie Parker
	Section 24	Clarification of BNF/NPF & BNFC distribution and access to electronic versions. Addition of website link for Lincs Joint Formulary	February 2016	Melanie Parker
	Section 25.2	Addition of reference to Standards of Business Conduct policy	February 2016	Melanie Parker
	Section 26.4	Updated PGD eligibility criteria	February 2016	Melanie Parker
	Section 29	Updated detail on where copy of approved policy available	February 2016	Melanie Parker
	Section 30.1 & 30.2	Additional info added for clarification	February 2016	Melanie Parker
	Section 31	Updated contact information	February 2016	Melanie Parker
	Appendix 7	Addition of sample CMP template	February 2016	Melanie Parker

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Non-Medical Prescribing Policy
Contents

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Non-Medical Prescribing Policy
Policy Statement

Background	The purpose of this policy is to provide guidance on all aspects of prescribing practice for non-medical prescribers within Arden & GEM CSU (Lincolnshire) /Lincolnshire CCGs. This version of the policy (version four) has been adapted from and replaces version three of the NHS Lincolnshire policy issued in November 2012
Statement	This policy incorporates all the legislative changes published nationally and reflects guidance locally. It also recommends areas of good practice to strengthen the governance arrangements around non medical prescribing.
Responsibilities	Implementation and compliance with this policy will be the responsibility of all staff, clinicians and practitioners.
Training	It is the responsibility of GP practices and prescribing leads to ensure that appropriate mechanisms are in place to support the implementation of this policy, including appropriate training and maintenance of competency.
Dissemination	Lincolnshire PACEF website, Organisations' websites/intranets, CCG leads, publicised through Practice Nurse/Non Medical Prescribing Forums
Resource implication	This policy has been developed in line with Department of Health, wider National guidance and local guidance to support non medical prescribing practice within Arden & GEM CSU (Lincolnshire)/Lincolnshire CCGs**.** There are no identified additional resource implications.

1. Introduction

1.1 The aim of this policy is to support wider and faster access to medicines for patients and appropriate more flexible use of the workforce.

1.2 This policy has been developed to use as a framework to ensure that prescribing by all non-medical prescribers (NMPs) is introduced appropriately. It sets out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing.

1.3 This document has been developed in consultation with national guidance and clinicians within the associated organisations.

1.4 The purpose of this document is to set out the principles on which non medical prescribing is based and ensure that:

- Changes benefit patient care and improve access to medicines.
- The prescribing practice is compatible with service development plans and is an appropriate extension of a practitioner's role.
- All non-medical prescribers are appropriately qualified for their role and work within the national and local policies.
- All non-medical prescribers are supported in their role and access continuing professional development.

1.5 This non-medical prescribing policy should be read in conjunction with the documents detailed below:

- Improving Patients' Access to Medicines: A guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (DH 2006).
- Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines. (DH 2006).
- Supplementary Prescribing by Nurses and Pharmacists within the NHS in England. A guide for implementation (DH 2003).
- Standards of Proficiency for Nurses and Midwife Prescribers (NMC 2006).
- Arden & GEM CSU (Lincolnshire) Safe and Secure Handling of Medicines Policy
- Arden & GEM CSU (Lincolnshire) Policy relating to the prescribing, supply, storage and disposal of controlled drugs in primary care
- A single competence framework for all prescribers. (National Prescribing Centre 2012)

2. Scope

2.1 The contents of this policy set out the systems and procedures that must be adhered to, to assure safe and effective non medical prescribing practice.

2.2 The scope of this document applies to all activity by non medical prescribers working within Lincolnshire CCGs and Arden & GEM CSU (Lincolnshire) who carry out duties as either an independent or supplementary prescriber, where the organisation supports their prescribing role. This prescribing role must be reflected in the practitioners' job description.

2.3 This policy applies to activity by qualified prescribers (except doctors or dentists) employed by or providing services within these NHS organisations. This includes:

- Community Practitioner Nurse Prescribers (V100 and V150)
- Nurse Supplementary Prescriber (V200)
- Nurse Independent / Supplementary Prescriber (V300)
- Pharmacist Supplementary Prescriber
- Pharmacist Independent / Supplementary Prescriber
- AHP Supplementary Prescriber
- Physiotherapist Independent/Supplementary Prescribers
- Podiatrist Independent/Supplementary Prescribers
- Optometrist Independent / Supplementary Prescriber

This list is not exhaustive and may be expanded following further legislation changes.

2.4 There are a number of key principles that should underpin non medical prescribing which should result in:

- Improvement in patient care.
- Better use of prescriber time.
- A clarification of professional responsibilities with patient safety being paramount.
- Patients being treated as a partner in their care and involved at all stages of decision making.

3. Selection of potential prescribers

3.1 Selection of roles suitable for Independent / Supplementary prescribing will be the responsibility of service managers and the relevant organisation's non medical prescribing lead. Potential candidates will be measured against set criteria to ensure sufficient knowledge and competence to undertake the prescribing role.

3.2 There should be a clearly identified service requirement. The applicant must demonstrate that they are in a post / service in which they will have the need and opportunity to prescribe.

3.3 The candidate must demonstrate that there is a prescribing budget to meet the costs of their prescribing on completion of the course.

3.4 Practitioners intending to undertake prescriber training must have sufficient knowledge and competence to:

- Assess a patient's clinical condition.
- Undertake a thorough medical history and diagnose where necessary.
- Decide appropriate management of presenting condition.

3.5 Applicants selected for prescriber training must provide evidence to demonstrate they meet the following requirements:

3.5.1 Nurses:

- A registered nurse, midwife and / or specialist community public health nurse registered with the NMC.
- Working within a role where there is a need to prescribe regularly.
- Provide evidence of their ability to study at a minimum academic level 3 (degree level)

- At least 3 years post registration clinical experience or part time equivalent, of which at least one year immediately preceding application should be in the clinical area in which they intend to prescribe.
- Access to a medical prescriber who is willing to contribute to and supervise 12 days of learning practice.
- Access to a prescribing budget.
- Support from line manager for Continuing Professional Development once qualified.
- Prior competence in the therapeutic area in which they intend to prescribe. This includes taking a history, undertaking clinical assessment and making a diagnosis.

3.5.2 Pharmacists:

- Pharmacists registered with the General Pharmaceutical Council (GPhC) and who are in a post where they will have the opportunity to work in partnership with an independent medical prescriber.
- Ability to study at a minimum of Quality Assurance Agency (QAA) for higher education level 3.
- A minimum of two years experience practising as a pharmacist in a clinical environment, a hospital or community setting, following their pre-registration year.
- An identified medical practitioner to contribute to and supervise 12 days learning in practice.
- Access to a prescribing budget.
- Support from their employer for Continuing Professional Development.
- Pharmacists nominated for independent prescribing should ensure that they are competent to prescribe in the area in which they will prescribe following training. This includes taking a history, undertaking clinical assessment and making a diagnosis

3.5.3 Allied Health Professionals:

- Must be a registered professional whose name is held on the relevant part of the Health Professional Council Membership register.
- Demonstrate that they are working within a role where there is a requirement to prescribe.
- Qualified to a minimum academic level 3 or equivalent.
- A minimum of three years post graduate experience within a clinical environment.
- An identified medical practitioner to contribute to and supervise 12 days learning in practice.
- Access to a prescribing budget.
- Support from their employer for Continuing Professional Development.
- Practitioners should ensure that they are competent to practise in the area in which they will prescribe following training.

3.5.4 Optometrists

- Optometrists' prescribing practice will be informed by guidelines from the College of Optometrists'. This information should be sought via the General Optical Council.

3.6. All non-medical prescriber students must have the support of a medical supervisor.

3.7 The following key principles (DH 2006) should be used to prioritise potential applicants:

- Patient safety.
- Improved quality of care.
- Maximum benefit to patients in terms of quicker, more efficient access to medicines.
- Better use of professional skills.

3.8 If a practitioner interrupts their studies then they must complete the programme in no more than two years from the identified start date of the initial programme.

3.9 Line managers and programme providers must ensure that acquired knowledge and skills remain valid to enable them to achieve the proficiencies set out by the professional bodies. If necessary they may need to repeat some or all of the programme and assessments.

4. Application process

4.1 The requirement to undertake a prescribing programme of study must be discussed as part of the practitioner's appraisal / personal professional review with their line manager.

4.2 Application forms to apply for the non medical prescribing course can be found on the individual universities websites.

4.3 Within the application form the applicant must demonstrate how the undertaking of the prescribing course will enhance current service delivery or be central to the development of a new service.

4.4 Following completion of the application form the practitioner must seek the support of a medical supervisor and obtain their signature of support on the application form. A number of universities are now requesting additional support from a nurse mentor. Details need to be appended to the application forms. NOTE – this is in addition to a medical mentor and not in place of.

4.5 Applicants must ensure that funding is available to support the application.

4.6 Once the form has been authorised by the practitioner's line manager, it should be forwarded it to the appropriate university.

4.7 The university will notify practitioners directly if they are successful in their application.

4.8 The university will require a current DBS (Disclosure and Barring Service) check prior to the commencement of the course.

5. Qualification / Registration

5.1 Following successful completion of prescriber training the university will notify the professional body of your success. The professional body will then send the new prescriber a statement of entry for completion with a request for a payment fee.

5.2 It is the responsibility of the individual practitioner to ensure that they record their prescribing qualification with their professional regulator.

5.3 For nurses successful completion of a course will lead to the professional registration being annotated to the NMC professional register.

5.4 For pharmacists successful completion will lead to the professional registration being annotated to the General Pharmaceutical Council (GPhC) register.

5.5 For allied health professional (AHP) prescribers who have successfully completed their prescribing qualification they will need to ensure their prescribing qualification is annotated to the Health Professional Council (HPC) register.

5.6 For Optometrists who have successfully completed their prescribing qualification they will need to apply for specialist registration with the General Optical Council.

5.7 All practitioners must register their prescribing qualification within twelve months of successfully completing their training.

5.8 All non-medical prescribers must advise their CCG prescribing advisor of their qualification and their intention to practice **before** they begin prescribing. Practitioners will be required to provide their CCG prescribing advisor with a copy of their registration / statement of entry annotated with their prescribing qualification. Contact information is provided in Section 31.

5.9. The qualification and registration must be checked and confirmed by the CCG prescribing advisor. This includes new staff joining a practice/CCG.

5.10 The CCG prescribing advisor will then register the practitioner with the NHS Business Services Authority (PPD). Registration with the PPD (this is your NHS authority to prescribe) takes up to a week to complete. Prescribing should not take place until after this registration process has been completed.

5.11 Once registered with the PPD prescription pads can be ordered by the practice through the Primary Care Support England (PCSE) online portal available at http://pcse.england.nhs.uk/ Pads will be delivered directly to the practitioners' work address and take approximately two to three weeks to be delivered. Should practitioners have not received their prescription pads after this time they should contact the PCSE Customer Support Centre: Phone - 0333 0142 884 or Email - PCSE.enquiries@nhs.net

5.12 Practitioners who will be generating computerised scripts will need to be set up on the clinical system by the practice manager. Practitioners can begin to generate prescriptions one week after submitting their registration to the CCG prescribing advisor.

5.13 The CCG prescribing advisor will maintain a secure database of all non-medical prescribers and details of their prescribing qualification.

5.14 A database form (see Appendix TWO) will be sent out to each new prescriber / new joiner to ensure that the correct details are maintained on the local database. This will ensure that relevant information/updates are sent to the correct address. This form will also require a specimen signature. The organisation is required to hold a copy of each prescriber's signature.

5.15 It is the responsibility of individual prescribers to ensure any changes to registration details are reported to the CCG prescribing advisor for annotation of database records and to enable notification of changes to NHS Business Services Authority (PPD). This includes changes to name, address or marital status. The CCG prescribing advisor must be notified of changes to existing details for current non-medical prescribers and advised when a non-medical prescriber leaves a practice to enable notification of this to the NHS Business Services Authority (PPD).

5.16 The prescriber should inform the CCG prescribing advisor of any additional employment within the same CCG or another organisation to ensure budgets are correctly aligned.

5.17 It is the responsibility of the CCG prescribing advisor to notify the NHS Business Services Authority (PPD) of any changes to the prescriber's circumstances.

6. Eligibility to Prescribe

6.1 Non-medical prescribers should only prescribe for the patients of their affiliated practice(s).

6.2 Competence to prescribe should be discussed with the prescriber's line manager as part of their annual appraisal/personal development review. Appendix FOUR provides a sample form for use at this review.

6.2 Non-medical prescribers leaving a practice/the organisation should advise the CCG prescribing advisor of their leaving date and ensure prescription pads are shredded appropriately.

6.5 The CCG prescribing advisor is responsible for informing the PPD of the departure of any prescribers.

7. Returning to practice / changing prescribing speciality.

7.1 NMPs are legally accountable for their practice and should not prescribe outside of their sphere of competence / level of knowledge.

7.2 If returning to prescribing practice after a period of time or changing speciality, it is recommended that the individual appraises their prescribing practice with their line manager prior to recommencing a prescribing role.

7.3 NMPs need to complete a clinical update prior to recommencing their prescribing role and be assessed as being competent. It is recommended that the NMP and line manager identify a learning plan.

7.4 The line manager and ~~or~~ NMP should discuss continuing professional development (CPD) requirements to achieve competence. This should be linked to the practitioner's appraisal / personal development review.

8. Prescribing Practice

8.1 Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of the prescription.

8.2 Nurse independent prescribers are able to prescribe any licensed or unlicensed medicines for any medical condition within their area of clinical competence. This includes any controlled drug listed in schedules 2 – 5 for any medical condition, except diamorphine, cocaine and dipipanone for the treatment of addiction.

8.3 Pharmacist independent prescribers can prescribe any licensed or unlicensed medicines for any medical condition, within their area of clinical competence. This includes all

controlled drugs as listed in schedules 2 – 5 for any medical condition except diamorphine, cocaine and dipipanone for the treatment of addiction.

8.4 Physiotherapist independent prescribers may prescribe any licensed medicines from the BNF, within national and local guidelines, for any condition within the practitioner's area of expertise and competence, including a limited list of 7 controlled drugs.

8.5 Podiatrist independent prescribers may prescribe any licensed medicines for any conditions within the practitioner's area of expertise and competence and relevant to treatment affecting the foot, ankle and associated structures – except for controlled drugs.

8.6 Optometrist prescribers are able to prescribe licensed medicines for ocular conditions affecting the eye and its surrounding tissues within the area of expertise and competence of the individual practitioner. Medicines for non-ocular conditions and controlled drugs are not prescribable.

8.7 Community Practitioner Nurse Prescribers can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners (NPF). This can be found at the back of the British National Formulary (BNF).

8.8 Supplementary Prescribers can prescribe any medicines within their clinical competence, according to a patient specific clinical management plan (CMP) which has been agreed with an independent prescriber.

8.9 Supplementary prescribing is defined as a 'voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement' (DoH 2003).

8.10 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that this would be used for the management of chronic conditions. Following agreement and reference within the CMP the supplementary prescriber may prescribe any medicine for the patient, including controlled drugs and unlicensed medicines, in partnership with the independent prescriber.

8.11 All prescribers must only ever prescribe within their own level of experience and competence (DoH 2006).

8.12 All prescribers remain accountable for their own practice and subject to their individual professional code of conduct, standards and ethics.

9. Guidance on Prescribing

9.1 Before issuing a prescription the non-medical prescriber must carry out an holistic assessment of the patient including whether it is appropriate to issue a prescription or refer the patient to another health professional.

9.2 Prescribing should be informed by evidenced based practice, local and national guidelines and formularies. Prescribing decisions should be made in reference to local policy; PACEF guidance accessible via www.lincolnshire-pacef.nhs.uk and the Lincolnshire Joint Formulary accessible via www.lincolnshirejointformulary.nhs.uk

9.3 Remote prescribing is not encouraged as part of everyday practice and should only take place in exceptional circumstances. It should be remembered that all prescribing decisions should be informed by access to the patient's medical records, a clear understanding and prior knowledge of the patient's medical condition, history and all current medication. The NMC circular (2008) clearly outlines the expectations for practitioners in relation to remote assessment and prescribing decisions, however it outlines a clear need for appropriate assessment and informed consent.

9.4 When prescribing electronically practitioners must ensure that the correct GP / service code is annotated to the prescription to enable clear tracking of the prescription for finance and audit purposes.

9.5 Guidance is provided in Appendix ONE on writing an FP10 Prescription.

9.6 Appendix FIVE provides a summary of individual practitioner prescribing rights relating to the qualification held.

10. Private Prescriptions

10.1 Independent prescribers may issue private prescriptions for any medicines that they are competent to prescribe. However this is not actively encouraged.

10.2 Supplementary prescribers may issue private prescriptions for medication covered by the clinical management plan, provided this has been agreed with the independent prescriber. However this is not actively encouraged.

11. Prescribing, Administering and Dispensing

11.1 In keeping with the principles of safe practice there should be a clear separation of prescribing and dispensing (DH 2006). Only in exceptional circumstances should these activities involve the same practitioner. Should such exceptional circumstances occur then a second competent practitioner must be involved in the checking process.

11.2 Within GP dispensing practices, prescriptions from non-medical prescribers can be dispensed by the practice but only for identified dispensing patients. Dispensing doctors should not dispense prescriptions written by non-medical prescribers for patients of other practices.

11.3 Under no circumstances should a non-medical prescriber prescribe for self-use.

12. Repeat Prescribing

12.1 Non-medical prescribers may issue repeat prescriptions however they should recognise that as signatory they are responsible and remain accountable for their practice.

12.2 Before undertaking to sign a repeat prescription the prescriber has a responsibility to ensure that it is safe and appropriate to do so.

13. Controlled Drugs

13.1 To be read in conjunction with the Arden & GEM CSU Policy relating to the prescribing, supply, storage and disposal of controlled drugs in primary care.

13.2 Non-medical prescribers must only prescribe controlled drugs for which they are legally entitled to and must not prescribe beyond the limits of their competence and experience. See summary of individual prescribing rights in Appendix FIVE.

13.3 Controlled drugs can be prescribed via computer-generated scripts if the relevant software allows.

13.4 Practitioners must ensure a clear audit trail of prescribing practice.

13.5 Under no circumstances can practitioners prescribe controlled drugs for personal use.

13.6 Controlled drugs should only be prescribed for relatives / friends in an emergency when no other person is available to prescribe and if treatment is necessary to save a life or prevent serious deterioration. In such circumstances the practitioner must be able to justify their actions. When completing documentation the relationship to the patient must be clearly identified and the emergency situation outlined to justify the emergency prescribing of a controlled drug.

14. Unlicensed Medicines / Off label prescribing

14.1 This should be read in conjunction with the Arden & GEM CSU-Safe and Secure Handling of Medicines Policy. Further guidance is incorporated within PACE bulletin Vol 6 No 11 – *Alternatives to prescribing unlicensed pharmaceutical specials*. September 2012.

14.2 Unlicensed medicines refer to a product that does not hold a UK marketing authorisation (product licence). The marketing authorisation of a licensed product supports the quality, safety and efficacy of a medicinal product. The same assumption cannot be made of unlicensed medicinal products.

14.3 Off label prescribing is where medicines are prescribed outside of their licensed indications.

14.4 Nurse and Pharmacist independent non-medical prescribers can prescribe unlicensed medicines for their patients, on the same basis as medical prescribers and dentists (DH 2010). The responsibility for the use of these medicines rests with the prescriber, who remains professionally accountable. Licensed products should always be used in preference. The prescriber should agree the treatment choice with the patient and a clear rationale for choice of medicine should be documented.

14.5 A supplementary prescriber may prescribe unlicensed medicines as part of a clinical management plan providing both prescribers have discussed and agreed this action with the patient. Reference should be made to the Organisations guidance relating to the prescribing of unlicensed medicines and the following criteria must be followed:

- The doctor / dentist acting as the independent prescriber must have agreed the plan and must agree to take responsibility for prescribing the unlicensed medicine.
- An alternative, licensed medicine would not meet the needs of the patient.
- There is sufficient robust evidence to support use.
- The patient has agreed to the use of an unlicensed product.
- The medication chosen and the reason for doing so is clearly documented within the clinical management plan (CMP).

14.6 Consideration should be given to any obvious licensed medicine available to meet the patient's need, there should be a sufficient evidence base to support the prescribing and the independent prescriber takes responsibility for the prescription.

14.7 There are circumstances when independent and supplementary prescribers may prescribe medicines 'off label'. However the following practice must be followed:

- There is no other licensed medicine available that would be appropriate.
- A clear evidence base supports the use of the medicine 'off label'.
- The prescribing decision is discussed with the patient/parent/carer.
- A clear and accurate rationale is documented to support medicine choice.
- For supplementary prescribers the medicine of choice must be documented within the CMP, the independent prescriber takes responsibility for the prescribing decision and there is joint review and monitoring of patient's care.

14.8 Some medications prescribed to children are not licenced for use in this patient group. Non-medical prescribers with additional training in the treatment of children may prescribe off licence but must follow section 14.7. In addition, non-medical prescribers must demonstrate knowledge of either a local/national guideline that supports their prescribing practice in children and refer to the BNF for Children.

14.9 Optometrist prescribers, Physiotherapist and Podiatrist independent prescribers are not authorised to prescribe unlicensed medicines.

15. Monitoring Prescribing and Effectiveness

15.1 Each NMP is responsible for her / his individual practice and is required to provide evidence of this within their annual appraisal review or personal development plan. A sample document is provided at Appendix FOUR.

15.2 The NMP must carry out regular reviews of their prescribing practice.

15.3 ePACT data (prescribing data available online from the NHS Business Services Authority) can be requested by NMPs as part of their regular review of practice from the Prescribing and Medicines Optimisation Service.

15.4 The Prescribing and Medicines Optimisation Service will regularly utilise ePACT data (prescribing data available from the NHS Business Services Authority) to monitor prescribing behaviour and wider prescribing trends including prescribing choice, quantities prescribed and cost.

15.5 Services must ensure that the necessary systems are in place to support safe and effective prescribing and to incorporate NMP into local delivery plans / implementation strategies and service development opportunities.

15.6 All prescribers will be monitored against local prescribing advice and guidance issued. Specific note should be taken of the Lincolnshire Joint Formulary (www.lincolnshirejointformulary.nhs.uk), PACEF guidance and guidance on the prescribing of specials. PACE bulletins are key resources created specifically to convey details of all decisions taken at the Prescribing and Clinical Effectiveness Forum (PACEF) to all stakeholders across the Lincolnshire Healthcare community. PACE bulletins and other prescribing policies can be accessed via the website: www.lincolnshire-pacef.nhs.uk

16. Documentation and Record Keeping

16.1 All prescribing must be carried out on an approved prescription form. Further information can be viewed at: http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/CurrentandOutofDateRxFormPublished0709.pdf

16.2 All non-medical prescribers are required to keep contemporaneous records, which are unambiguous, comprehensive and legible.

16.3 Details of the assessment, prescription and rationale for prescribing must be entered in the nursing or medical records. Details should be recorded in the patient held records if this is applicable. The current clinical management plan (CMP) must be clearly visible within all records.

16.4 All records should have shared access to all members of the prescribing team.

16.5 Medical records must be annotated as soon as possible and within a maximum of 48 hours.

16.6 The supplementary prescriber should not make adjustments to the CMP without discussion and agreement with the independent prescriber.

16.7 Non-medical prescribers may prescribe via computer-generated prescriptions providing the necessary software is available. Any computer-generated prescriptions must be signed at the time of issuing. A visible audit trial should be maintained.

16.8 Non-medical prescribers must ensure that information regarding any prescriptions not directly recorded in the patients general practice record must be available to the practice within 48 hours. A standard template is attached at appendix THREE or alternatively information could be passed via electronic transfer such as via SystmOne.

17. The Clinical Management Plan (CMP)

17.1 Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to the patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

17.2 Regulations specify that the CMP must include the following:

- The name of the patient to whom the plan relates
- The illness/conditions which may be treated by the supplementary prescriber
- The date the plan is to take effect and when it is to be reviewed. The review date should extend no longer than one year
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan
- Any restrictions or limitations relating to strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
  NB: the CMP may include a reference to published national or local guidelines. The CMP should draw attention to the relevant part of the guideline and the referenced guidelines should be accessible.
- Relevant warnings about known sensitivities or allergies.
- The arrangements for notification of any adverse reactions
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber.

17.3 Following diagnosis by the independent prescriber, the independent and supplementary prescriber should discuss and draw up the clinical management plan. Both must formally agree to the CMP before supplementary prescribing can begin.

17.4 Format of clinical management plans. The clinical management plan should:-

- be patient specific
- be agreed by both the independent and supplementary prescriber before supplementary prescribing begins and signed by both of them, the arrangement should be endorsed by the patient. The patient's agreement should be documented.
- specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the medicines identified (medicines must be listed by generic name (or brand name if necessary), strength, route of administration, dosage and frequency).
- specify when to refer from supplementary prescriber to independent prescriber
- contain relevant warnings about known sensitivities of the patient to particular medicines and include arrangements for notification of adverse drug reactions, contain the date of commencement of the arrangement and date for review (not normally longer than one year, and much shorter than this if the patient is being prescribed a drug which is for short term use only).

17.5 The independent prescriber and supplementary prescriber must share access to the same common patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used.

17.6 It is for the independent prescriber to determine the extent of the responsibility given to the supplementary prescriber under the CMP. Consideration should be given to the experience and areas of expertise of the supplementary prescriber and the professional relationship between the independent and supplementary prescriber(s).

17.7 The CMP comes to an end: -

- at any time at the discretion of the independent prescriber
- at the request of the supplementary prescriber or the patient

- at the time specified for the review of the patient (unless it is renewed by both prescribers at that time)
- where care passes to another independent prescriber. In these circumstances the CMP must be reviewed and a new agreement reached.

17.8 The supplementary prescriber may pass responsibility back to the independent prescriber if she / he feel their knowledge of the medicines to be prescribed falls outside their area of competence and knowledge.

17.9 The supplementary prescriber should pass responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval or the review date passes without agreement for further management.

17.10 It is the responsibility of the independent prescriber to report adverse incidents within local risk management processes and inform the National Patient Safety Agency via the national reporting scheme.

17.11 Adverse reactions should be reported initially to the independent prescriber. The supplementary prescriber should then report the reaction using the 'yellow card' system found at the back of any BNF or alternatively reported on line at www.yellowcard.gov.uk.

17.12 A sample CMP template is included in Appendix SEVEN.

18. Prescription pad security and safe handling

18.1 The security of prescription forms is the responsibility of both the employing organisation and the individual prescriber. It is advisable to hold only minimal stocks of the prescription forms.

18.2 Individual prescribers or services should ensure the security of prescription forms on receipt by recording prescription serial numbers (first and last prescription number)

18.3 Under no circumstances should blank prescription forms be pre-signed before use.

18.4 When not in use prescription pads must be stored in a suitable locked drawer/cupboard.

18.5 When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.

18.6 Best practice dictates that where possible, prescription pads should be returned to safe storage at the end of the day.

18.7 Non-medical prescribers can only write prescriptions on a prescription pad bearing their name, professional registration number and prescribing qualification.

18.8 If a prescription is written in error 'VOID' should be written across the prescription, a note of the prescription number made and reason for destruction recorded. The void prescription should be shredded.

18.9 The relevant non-medical prescribing lead(s) will hold specimen signatures from all non-medical prescribers within the CCG practices/organisation.

19. Loss or Theft of Prescription Pads

19.1 PCSE Customer Support Centre: Phone - 0333 0142 884 or Email - PCSE.enquiries@nhs.net
(not the NHS BSA) should be contacted about prescriptions pads ordered but not received.

19.2 In the event of loss or suspected theft or forgery the prescriber must report this immediately, or as soon as possible after loss or theft has been confirmed to the Counter Fraud Specialist, and Practitioner Services Team (Tel No 01522 546546 Ext 7582) who will initiate the information cascade and inform the prescriber of any further action required.

19.3 The practice manager and non medical prescribing lead should be informed as soon as possible, as should the local police in the area from which the pad was lost, stolen or forged.

19.4 An incident report form (IR1), datix, must be completed as soon as possible in line with the organisations incident reporting policy.

19.5 Details of approximate number of scripts lost or stolen, their identification numbers and when and where they were lost/stolen will be required. If there were any witnesses to the event then a description of possible suspects may be requested.

19.6 The Practitioner Services Team will be responsible for notifying local Pharmacists and deciding upon action to minimise the abuse of the forms. This will include instructions to the prescriber to sign all scripts in a particular colour (usually red) for a period of two months. He/she will also inform the Compliance Unit at the PPD. This whole process will normally be in writing and within a 24 hour period (excepting weekends).

20. Fraudulent prescriptions

20.1. It can be extremely difficult to identify a forged prescription and every pharmacist will be alert to the possibility that any prescription could be a forgery.

20.2. Every prescriber should be aware that if a fraudulent prescription is suspected by a pharmacist, they will contact the prescriber initially for clarification that the prescription is genuine.

20.3. If a prescriber's signature is not known to the pharmacist they may contact the prescriber for clarification of status; something which all new prescribers should be aware of.

20.4. Factors which may alert a pharmacist and prompt further checking include:

- Unknown prescriber
- New patient
- Excessive quantities
- Uncharacteristic prescribing or method of prescription writing by an unknown prescriber.

This is not an exhaustive list.

20.5. Should a fraudulent prescription be identified the pharmacist should contact the community pharmacy lead and the police. The community pharmacy lead will then ensure the further cascade of information to surrounding pharmacies. It *should also be reported to the Local Counter-Fraud Specialists (LCFS) and / or the NHS Fraud and Corruption Reporting Line.*

21. Re-ordering of prescription pads

21.1 All current practicing non-medical prescribers can be issued with a prescription pad if required.

21.2 Prescription pads are ordered by the practice. Once a non-medical prescriber is registered with the NHS BSA, prescription pads can be ordered by the practice through the Primary Care Support England (PCSE) online portal available at http://pcse.england.nhs.uk/ . Prescription pads are delivered directly to the practitioners at their nominated work address.

21.3 Upon receipt of their prescription pads practitioners are advised that it is best practice to record the prescription serial numbers (first and last prescription number) received and then store the pads safely.

22. Destruction of Prescription Pads

22.1 It is the responsibility of the employer / service managers to ensure that prescription pads are retrieved from non-medical prescribers who leave their employment. Old pads should be destroyed, by shredding, once the prescription serial numbers (first and last prescription number) have been recorded.

22.2 The practice/NMP should notify the CCG prescribing advisor when leaving employment at a practice. The CCG prescribing advisor will notify the NHS BSA of the change to the individual's employment status and amend the registration.

23. Continuing Professional Development

23.1 All non-medical prescribers have a professional responsibility to keep their knowledge and skills up to date and to keep themselves abreast of clinical and professional developments to enable them to prescribe competently and safely. Non-medical prescribers are expected to keep up-to-date with best practice in the management of conditions for which they may prescribe, and in the use of drugs, dressing and appliances. Prescribing activity should be discussed at individual performance appraisal and any training needs identified through CPD.

23.2 The employer must ensure that the non-medical prescriber has access to relevant education, training and development opportunities in order to maintain safe prescribing practice. It is recommended that a minimum of two days or 15 hours per year should be allocated to the development, maintenance and updating of skills and knowledge relevant to the individual's prescribing practice.

23.3 It is the non-medical prescriber's responsibility to ensure that managers are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The professional should not continue with prescribing activities in this case until his/her needs have been addressed and their competence or confidence is restored.

23.4. Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.

24. Formularies

24.1 Copies of all formularies, including British National Formulary (BNF), Nurse Prescribers Formulary (NPF) and the BNF for Children are now distributed directly to the individual prescribers from a central source. The new process implemented by the National Institute for Health and Clinical Excellence (NICE) means that all copies for GPs and non-medical prescribers in practices are sent directly to their practice location. Changes and additions to these lists can be made directly by email to bnf@binleys.com.

24.2 The Nurse Prescribers Formulary (NPF) is distributed every two years to all V100 and V150 prescribers.

24.3 The British National Formulary (BNF) is distributed annually to all prescribers registered with Binleys as detailed above.

24.4 The BNF for children will be sent out annually to all practitioners who register their need for this resource with Binleys as detailed above.

24.5 Each prescriber is entitled to one free formulary at any one time. These resources will be issued directly to the individual prescriber. Should services require additional copies for non prescribers then these can be ordered and paid for by the service directly.

24.6 The BNF can be accessed on line via www.bnf.org. The electronic version will be the most accurate and up to date and this is the preferred route for accessing the BNF.

24.7 The Drug Tariff can be accessed online via www.ppa.org.uk/ppa/edt_intro.htm.

24.8 The Lincolnshire Joint Formulary can be found at www.lincolnshirejointformulary.nhs.uk

25. Gifts and Benefits

25.1 The advertising and promotion of medicines is strictly regulated under the Medicines Advertising) Regulations 1994 and it is important that non-medical prescribers, and indeed all healthcare professionals, make their choice of medicinal product for their patients on the basis of clinical and cost effectiveness.

25.2 As part of the promotion of a medicine or medicines, suppliers may provide inexpensive gifts and benefits, for example pens. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement. Reference should be made to the Organisational Standards of Business Conduct Policy.

25.3 Companies may also offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.

25.4 The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for enforcing the legislation on advertising and promotion of medicines. Any complaints about promotional practices should be referred to the MHRA or to the industry self-regulatory body, the Prescription Medicine Code of Practice Authority.

25.5 For audit purposes all non-medical prescribers must maintain a ‘register of interests’ within their own personal portfolio.

26. Patient Group Directions (PGD) - supply and administration of medicines

26.1 This should be read in conjunction with the relevant Organisational policy for the Development and Control of Patient Group Directions (PGDs).

26.2 Patient Group Directions apply to all licensed medicines and limited controlled drugs. A Patient Group Direction (PGD) is a written instruction for the sale, supply and/or administration of named medicines in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment. A PGD is not a form of prescribing.

26.3 Particular caution should be exercised in relation to PGDs for antibiotics, black triangle drugs and medicines used outside the terms of their summary of product characteristics.

26.4 Eligibility - Nurses, midwives, health visitors, optometrists, pharmacists, podiatrists, radiographers, orthoptists / prosthetist, paramedics, physiotherapists, dieticians, dental hygienist, dental therapists, occupational therapists and speech & language therapists may only supply or administer a drug via a PGD if they are a named individual within a PGD signed by a doctor and a pharmacist.

26.5 Requirements for a lawful PGD - Any current or new PGD must comply with the legal requirements and guidance set out in HSC 2000/026 Patient Group Directions [England Only]. Failure to comply could result in criminal prosecution under the Medicines Act.

26.6 PGDs should be drawn up by a multidisciplinary group and must be signed by a senior doctor and pharmacist, both of whom should have been involved in the development of the PGD. In addition the PGD must be authorised by the Organisation.

26.7 PGDs must be developed within a clinical governance framework.

26.8 A PGD should contain the following information.

- The name of the business to which the direction applies
- The date the PGD comes into force and the date it expires
- A description of the medicine to which the direction applies
- Class of health professional who may administer the medication.
- Signature of a doctor or dentist, as appropriate, and a pharmacist
- Clinical condition or situation to which the direction applies
- A description of those patients excluded from the treatment under the direction
- A description of those circumstances in which further advice should be sought, and arrangements for referral
- Details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum and maximum period over which the medicine should be administered.
- Relevant warnings, including potential adverse reactions and circumstances
- A statement of the records to be kept for audit purposes.

26.9 There must be comprehensive arrangements for the security, storage and labelling of all medicines, in particular, there must be a secure system for recording and monitoring of the medicine used.

26.10 The non-medical prescriber should ensure that the patient or carer administering the prescribed medicine has sufficient information to enable them to derive maximum benefit from the treatment. The prescriber will need to use her/his judgement about the competence

of a patient or carer to administer the medicines safely and according to instructions. This will include for example:

- That storage is safe and secure and affords environmental protection for the medicine (i.e. protection from heat, light or moisture).
- That the patient understands the reason why the medicine has been prescribed and the potential consequences of not taking the treatment.

27. Adverse reaction reporting

27.1 If a patient becomes aware of a severe or unexpected reaction to a prescribed medicine, the non-medical prescriber should, if appropriate, use the Adverse Drug Reaction (ADR) Reporting Form or 'yellow card scheme' to report this to the Committee on Safety of Medicines.

27.2 Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.

27.3 Electronic reporting is the method of choice and can be accessed by logging onto: www.yellowcard.gov.uk.

27.4 Paper versions of the Yellow Card are included in:

- Nurse Prescribers' Formulary (NPF)
- British National Formulary (BNF)
- Monthly Index of Medical Specialities (MIMS) Compendium
- ABPI Compendium of Data Sheets and Summaries of Product Characteristics.

27.5 Any adverse incident should be reported through the Organisations Incident Reporting Policy.

28. Informing Patients

28.1 Professionals must ensure that patients are aware that they are being treated by a non-medical prescriber and the scope and limitations of their prescribing (DH 2006).

28.2 There may be circumstances where the patient has to be referred on to another professional, to access other aspects of their care.

28.3 Patients should be informed of and involved in the decision to implement supplementary prescribing. The agreement of the patient to be treated by a supplementary prescriber should be recorded in the clinical management plan and the patient's practice records.

28.4 Patients should be involved in the reviews outlined within a CMP. This may be a joint review by both prescribers seeing the patient together. Where this is not possible the independent prescriber should review the patient and later discuss future management of the patient's health with the supplementary prescriber.

28.5 All non-medical prescribers must be able to demonstrate training/knowledge of the Mental Capacity Act (2008).

29. Implementation Strategy

29.1 Following approval the policy will be posted on the organisations' websites/intranets to aid dissemination.

29.2 All newly qualified prescribers will be directed towards or provided with a copy of the policy at the end of their training.

29.3 Current non-medical prescribers will receive notification of the availability of a new policy and advised that it replaces all previous non medical prescribing policies.

29.4 A copy of the approved policy will be available on the Lincolnshire PACEF website.

30. Audit / Monitoring

30.1 It is recommended that the line managers/supervisors of non-medical prescribers would monitor their competencies ensuring maintenance of professional practice as stated in this document through the annual appraisal and performance review.

30.2 An example of an audit tool for CCG/CSU use is presented at Appendix SIX.

31. Contact Information

31.1
LE CCG – Melanie Parker - email: melanie.parker@ardengemcsu.nhs.uk
LS CCG – Richard Glet - email: richard.glet@ardengemcsu.nhs.uk
LSW CCG - Sharon Hayler - email: sharon.hayler@ardengemcsu.nhs.uk
LW CCG – Allison Hirst - email: allison.hirst@ardengemcsu.nhs.uk

31.2 Prescribing & Medicines Optimisation Service Adminstrator Sandra France - email: sandra.france@ardengemcsu.nhs.uk

31.3 Primary Care Support England (PCSE) online portal available at http://pcse.england.nhs.uk/ (for ordering of prescription pads). PCSE Customer Support Centre: Phone - 0333 0142 884 or Email - PCSE.enquiries@nhs.net (for prescriptions pads ordered but not received).

APPENDIX ONE

Writing an FP10 Prescription

- The prescription must be written in black ink, unless otherwise instructed, and legible.
- The prescription must state the surname and first name of the patient, date of birth and age if over 60 or under 16 years, full address, date and identification number of the prescriber.
- A prescription is only for the patient whose name appears at the top; items may not be added for other people. A line should be drawn under each item and a diagonal line drawn through the unused remaining blank area of the prescription.
- The prescription must state the quantity to be supplied.
- Variable doses of medicine (e.g. one or two tablets) must be clearly stated.
- The directions for use should be stated (i.e. timing, frequency and route of administration).
- Directions should be written in English without abbreviation (BNF 60).
- The unnecessary use of a decimal point should be avoided e.g. 3 mg and not 3.0 mg. Quantities less than 1 mg should be written in micrograms. Where decimals are unavoidable a zero must be written in front of the decimal point where there is no other figure e.g. 0.5 ml and not .5 ml.
- 'Micrograms' and 'nanograms' shall always be written in full.
- Similarly 'units' should always be written in full. Abbreviations such as 'U' and 'IU' should never be used.
- Medicines should be prescribed by approved names unless the brand name is clinically significant.
- Due regard should be taken of any known hypersensitivity to medicines.
- Dose and dose frequency should be stated; avoid vague dosage direction, i.e. as necessary, as before, as directed.
- For topical preparations, the precise area to be covered should be specified.
- The prescription must be signed and the GP practice number must also be entered. This number is of the practice with which the patient is registered. The prescriber's contact number must also be endorsed.
- The generic name of the medicine(s) on the prescription should be used except in the case of dressings, ostomy appliances or combinations of drugs where there is no generic name of where the generic name would result in confusion as to which product was required
- The patient must be clearly informed about the purpose of the medication and any other changes relating to their medication.
- It is the nurse/pharmacist's responsibility to ensure that all prescription details outlined above are complete. Incomplete prescriptions will not be dispensed.
- Any prescriber who works for more than one employer or in more than one setting must have a separate prescription pad for each organisation/scenario. Nurses working across different GP Practices can use one prescription pad but must add the relevant practice code number for each patient for whom they prescribe.

APPENDIX TWO

NON-MEDICAL PRESCRIBING DATABASE FORM

TITLE	Miss Mrs Ms Mr (please circle as appropriate)
FULL NAME	
WORK ADDRESS (Please include practice name, full address and postcode please)	
GP PRACTICE CODE	
WORK TELEPHONE NUMBER	
PREFERRED E - MAIL ADDRESS	
DATE COMMENCED AT PRACTICE (e.g. day / month / year)	
IS THIS A LOCUM POSITION?	YES / NO
PREVIOUS PRACTICE DETAILS (IF APPLICABLE) (Please include practice name, address, GP practice code and date of leaving)	
PIN / PROFESSIONAL REGISTRATION NUMBER	
DATE OF PRESCRIBING QUALIFICATION	
TYPE OF PRESCRIBER (please circle as appropriate)	COMMUNITY PRACTITIONER NURSE PRESCRIBER **(V100)** INDEPENDENT NURSE PRESCRIBER **(V300)** OPTOMETRIST PHARMACIST PHYSIOTHERAPIST PODIATRIST RADIOGRAPHER
SPECIMEN SIGNATURE IN BLACK INK	
DATE	

April 2016

Please return this form by post to:
Sandra France, Prescribing and Medicines Optimisation Service , Greater East Midlands Commissioning Support Unit, Cross O Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN
Or by email to: sandra.france@nhs.net

APPENDIX THREE

NON-MEDICAL PRESCRIBING COMMUNICATION FORM

This form contains information on items prescribed by a non–medical prescriber for a patient in your practice. Please ensure that this is brought to the attention of the GP and entered into the patient record.
Thank you for your assistance.

PATIENT DETAILS

Name ……. DOB ……NHS No……

Address ……

……

GP …… Known Allergies ……

DETAILS OF ITEMS PRESCRIBED

Item 1: Date Prescribed ……..

Drug ……. Dose…… Frequency ……..

Duration of Treatment …… Monitoring required ……..

Replacement of current drug ……Review date ……

Item 2: Date Prescribed ……..

Drug ……. Dose…… Frequency ……

Duration of Treatment …… Monitoring required ……..

Replacement of current drug ……..…Review date ……..

REASON FOR PRESCRIPTION / ANY ADDITIONAL INFORMATION

……

……

……

……

NON MEDICAL PRESCRIBER DETAILS

Name …… Title ……..

Base…… Telephone number ……..

Signature ……... Date ……...

APPENDIX FOUR

SAMPLE FORM FOR A NON-MEDICAL PRESCRIBERS ANNUAL REVIEW / APPRAISAL

Name	
Type of prescriber	
Key area of prescribing practice.	
Details of CPD	
Examples of peer review / clinical supervision	
Review of any concerns, critical incidents or near misses.	
Active prescriber / no longer prescribing.	Active prescriber / No longer prescribing **(please delete as appropriate)**
Details of action plan	
Any additional information	

Copies:
NMP personal development file
Non medical prescriber

APPENDIX FIVE

SUMMARY FOR PRESCRIBING OF CONTROLLED DRUGS, UNLICENSED AND OFF – LABEL MEDICINES BY NON-MEDICAL PRESCRIBERS.

TYPE OF PRESCRIBER	OFF LABEL PRESCRIBING (prescribing outside the terms of manufacturers product licence)	UNLICENSED MEDICINES (medicines with no product licence)	CONTROLLED DRUGS (CDs)
Independent Nurse Prescriber	YES (See section 13 within policy)	YES (See section 13 within policy)	YES Any CD listed in schedules 2 – 5 for any medical condition. Exceptions for the treatment of addiction. (See section 12 within policy)
Independent Pharmacist Prescriber	YES (See section 13 within policy)	YES (See section 13 within policy)	YES Any CD listed in schedules 2 – 5 for any medical condition. Exceptions for the treatment of addiction. (See section 12 within policy)
Independent Optometrist prescriber	YES (See section 13 within policy)	NO	NO
Nurse and Pharmacist Supplementary Prescribers	YES Within CMP	YES Within CMP	YES Within CMP
AHP Supplementary prescribers	YES Within CMP	YES Within CMP	NO
Community Practitioner nurse prescribers	NO	NO	NO

Please note this may change with the introduction of any new legislation.

APPENDIX SIX

EXAMPLE OF AN AUDIT TOOL.

NON-MEDICAL PRESCRIBING POLICY AUDIT TOOL.

Implementation of the non medical prescribing policy should be audited annually to ensure that it is fit for purpose and has been implemented successfully. A random sample of the relevant members of staff should be undertaken in order to make this assessment.

CRITERIA	YES	NO
1. All non medical prescribers have successfully completed an approved prescribing course.		
2. All non medical prescribers have had their registration status checked with their registering professional body.		
3. All non medical prescribers are aware of and know how to access an up to date copy of the non medical prescribing policy.		
4. Each prescriber is authorised to and required by their employing organisation to prescribe.		
5. Each non medical prescriber's job description details the requirement for their prescribing responsibility in order to carry out their role effectively.		
6. All non medical prescribers have been registered with the NHS Business Services Authority.		
7. All prescribing incidents involving non medical prescribers are reported in line with the Trust's incident reporting policy and procedure.		
8. The Non Medical prescribing lead holds a copy of all non medical prescriber's signatures.		
9. The Non Medical prescribing lead is informed of all lost or stolen prescription stationary.		
10. All prescription pads for prescribers leaving the Trust are destroyed appropriately with the serial numbers recorded		

APPENDIX SEVEN

Sample Clinical Management Plan

Name of Patient:		**Patient medication sensitivities/allergies:**	
Patient identification e.g. ID number, date of birth:			
Independent Prescriber(s):		**Supplementary Prescriber(s)**	
Date of implementation:		**Date of review:**	
Condition(s) to be treated		**Aim of treatment**	
Medicines that may be prescribed by SP:			
Preparation	**Indication**	**Dose schedule** .	**Specific indications for referral back to the IP** .
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	**Supplementary prescriber and independent prescriber**		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	**Date**	**Agreed by supplementary prescriber(s)**	**Date**	**Date agreed with patient/carer**

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