Lincolnshire Clinical Commissioning Groups (CCGs)

NON-MEDICAL PRESCRIBING (NMP) POLICY

Version:	2
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Lincolnshire CCGs
Non-Medical Prescribing Policy

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Policy Statement

Background	The purpose of this policy is to outline the responsibilities held by non-medical prescribers and their employers within all Lincolnshire CCGs.
Statement	This policy incorporates 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 Lincolnshire CCGs**.** There are no identified additional resource implications.

1. Introduction

Over the last two decades changes in legislation have permitted a vast increase in the number of Non-medical prescribers within all healthcare teams.

2. Scope of this Policy

This policy applies to non-medical prescribers (both Independent and Supplementary) working in GP practices in the four Lincolnshire CCGs and addresses:

- Registration with NHS BSA
- Safe and effective practice
- Clinical governance arrangements

3. Eligibility to Prescribe

As part of the registration process, the Medicines Management and Optimisation Team will confirm the non-medical prescriber's eligibility to prescribe with the relevant professional registration body and will inform NHS BSA. Similarly, when a non-medical prescriber leaves the organisation this information will be passed to NHS BSA. Registration and de-registration is necessary even if the prescriber moves within organisations in Lincolnshire.

4. Accountability:

4.1 Employing Practice/Organisation

The employing practice/organisation has overall legal responsibility for both the quality and safety of patient care including, but not limited, to:

- Ensuring the non-medical prescriber has the skills and knowledge* necessary to carry out the role as well as adequate and appropriate indemnity insurance;
- Providing an accurate summary of prescribing responsibilities and competencies* within the job description for the role and updating these when necessary;
- Conducting an annual audit and review of prescribing (as a minimum), including an update of the scope of practice (usually completed at the point of appraisal) and any change in clinical areas of responsibility and competencies;
- Ensuring the non-medical prescriber has access to clinical supervision in support of their practice, enabling them to improve standards of care and develop their prescribing skills;
- Supporting the non-medical prescriber's Continuing Professional Development (CPD) and ongoing training e.g. all non-medical prescribers must be able to demonstrate they have completed training on the Mental Capacity Act (2008).
- Informing the Medicines Management and Optimisation Team when the non-medical prescriber joins the organisation and also when they leave the practice using the form in Appendix 1. Any remaining prescriptions must be destroyed at this point e.g. by shredding.

**A single prescribing competency framework supported by NICE and endorsed by the main healthcare professional bodies was published by the Royal Pharmaceutical Society in 2015. They have pledged to regularly review and update the framework and a link to the current version can be found below (accessed 4/2/19).*

This framework forms an integral part of this policy and should be used by all practices and non-medical prescribers.

https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

4.2 Non-Medical Prescribers

Non-medical prescribers are bound by their professional standards and code of conduct and ethics.

In summary, they must:

- Ensure that they have the skills and knowledge necessary to carry out the role and act at all times within the boundaries of their scope of practice; this will include being able to justify their decisions to act and to withhold treatment;
- Keep accurate, legible, unambiguous and contemporaneous records of each patient's care, annotating them as soon as possible and within a maximum of 48 hours after consultation. These should contain details of assessment, prescription and rationale for prescribing.
- Utilise evidence-based prescribing policies, guidelines and formularies; both those ratified locally and those produced at a national level, as appropriate. This will include, but is not limited to, keeping up to date with medicines management bulletins and acting according to current best practice on drug safety updates. Supplementary prescribers must follow the agreed clinical management plan and not make adjustments to it unless these have been agreed with the Independent Prescriber involved.
- Hold adequate and appropriate indemnity insurance and be willing to provide evidence of this to their employer;
- Partake in an annual audit and review of their prescribing (as a minimum), including an update of the scope of practice (usually completed at the point of appraisal) and any change in clinical areas of responsibility and competencies;
- Meet the requirements for Continuing Professional Development (CPD) as specified by their professional regulatory body;
- Inform their manager if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable and/or safe level. In such situations they should not recommence prescribing until their needs have been addressed and their competence and confidence has been adequately demonstrated.

5. Guidance on Prescribing

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

- Prescribing should be informed by evidenced-based practice using local and national guidelines and formularies. Computer-based programmes such as OptimiseRx can be used to support prescribing decisions.

- Prescriptions must use the appropriate form, be legible and satisfy all legal requirements.

- Non-medical prescribers should avoid prescribing for themselves and close family members as a matter of good practice. Further advice must be sought from the relevant regulatory body if this is considered necessary.

- Remote prescribing is not encouraged 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.

a) **Controlled Drugs**

This section is to be read in conjunction with local Controlled Drug policy and relevant Home Office legislation and guidance (https://www.gov.uk/government/organisations/home-office)

Comment [RG1]: Can we include a link to the Home office CD leg?

Non-medical prescribers must only prescribe Controlled Drugs which they are legally entitled to and must not prescribe beyond the limits of their competence and experience.

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

Under no circumstances can practitioners prescribe controlled drugs for personal use. Controlled drugs should only be prescribed for relatives or friends in a true emergency when no other person is available to prescribe and where 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 the controlled drug.

b) **Private Prescriptions**

Independent prescribers may issue private prescriptions for any medicines that they are competent to prescribe. Supplementary prescribers may issue private prescriptions for medication covered by the clinical management plan (CMP), provided this has been agreed with the Independent Prescriber (medical or non-medical). **However neither of these situations is actively encouraged.**

c) **Prescribing, Administering and Dispensing**

In keeping with the principles of safe practice there should be a clear separation of prescribing and dispensing. 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.

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.

d) **Repeat Prescribing**

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

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

e) **Unlicensed Medicines / Off-label prescribing**

For further guidance see PACE bulletin Vol 6 No 11 – Alternatives to prescribing unlicensed pharmaceutical specials. September 2012.

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.

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

Nurse and Pharmacist independent non-medical prescribers can prescribe unlicensed medicines for their patients on the same basis as medical prescribers and dentists. 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.

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 Organisation's guidance relating to the prescribing of unlicensed medicines and the following criteria must be followed:

- 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).

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.

Some medications prescribed to children are not licenced for use in this patient group. Non-medical prescribers with training in the treatment of children may prescribe off-label but must follow the steps above. 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.

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

6. Clinical Governance & Safeguarding

Clinical governance is 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.

Reference should be made to the CCG Child protection guidelines and Safeguarding Children and Adults Policies where concerns are identified including if these relate to obtaining consent and the Mental Capacity Act.

Non-medical prescribers must report any patient safety concerns or incidents to their Line Manager in the first instance and refer to the CCG Incident reporting policy and guidelines.

7. Monitoring Prescribing and Effectiveness

The Medicines Management and Optimisation Team 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.

8. Prescription Security

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.

Individual prescribers or services should ensure the security of prescription forms on receipt by recording prescription serial numbers (first and last prescription number) and under no circumstances should blank prescription forms be pre-signed before use.

When not in use prescription pads must be stored in a suitable locked drawer/cupboard and it is considered best practice to return pads to safe storage at the end of the day whenever possible.

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

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.

Specimen signatures from all non-medical prescribers within the CCG practices/organisation are held by the Medicines Management and Optimisation Team.

9. Gifts and Benefits

The advertising and promotion of medicines is strictly regulated and it is important that all healthcare professionals choose medicinal products for their patients on the basis of clinical and cost effectiveness.

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.

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.

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.

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

10. Informing Patients

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 as appropriate.

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. In addition, 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.

11. Implementation Strategy

- Following approval the policy will be posted on the organisations' websites/intranets to aid dissemination.
- All newly qualified non-medical prescribers will be directed towards the policy at the end of their training by their employer.
- 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.
- A copy of the approved policy will be available on the Lincolnshire PACEF website; http://lincolnshire-pacef.nhs.uk/pacef

APPENDIX ONE

NON-MEDICAL PRESCRIBING DATABASE FORM

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

January 2019

Once complete, scan and send this form to the Optum Medicines Management Shared Service team via email: ohs.mmo.sharedservices@nhs.net

Contact Information:
Optum Medicines Management and Optimisation Team: ohs.mmo.sharedservices@nhs.net