

Non-medical Prescribing Policy	
Category	
Policy drafted by	Phalguni Trivedi
Policy Approved by Operational Lead and date	
Policy approved by Board Lead and date	
Date for review	01/08/2015
<p>1. INTRODUCTION</p> <p>1.1 It is government policy to extend prescribing responsibilities to non- medical prescribers in order to:</p> <ul style="list-style-type: none"> • Improve patient care without compromising patient safety. • Make it easier and quicker for patients to get the medicines they need. • Increased patient choice in accessing medicines. • Make better use of the skills of health professionals and contribute to the introduction of more flexible team working across the NHS. <p>1.2 In May 2006, changes in legislation enabled independent nurse and pharmacist prescribers to prescribe from the entire British National Formulary, within the prescriber’s sphere of competence. This policy has been developed to support the development, governance arrangements and integration of non-medical prescribing across GPCG.</p> <p>1.3 This policy sets out the standards that all staff must adhere to regarding the safe prescribing of medicines, whilst recognising and respecting the rights of people who use our services, staff and the wider community. All persons engaged in non-medical prescribing as regulated by this policy should give due regard to the individual’s ethnicity, age, disability, gender, sexual orientation and religion or belief.</p>	
<p>Aims and objectives</p> <p>2.1 The aims and objectives of this policy are to:</p> <p>Support the development and implementation of non-medical prescribing throughout the organisation in order to facilitate safe and timely access to medicines thereby supporting high quality patient care.</p> <p>Provide all Non-Medical Prescribers (NMP) with a governance framework that supports safe, effective and appropriate prescribing by a non-medical prescribers for the people</p>	

who use our services

Provide managers with a clear governance framework in relation to potential, new and existing non-medical prescribers.

2.2 Scope – this policy applies to all qualified non-medical prescribers employed/sub contracted by GPCG or providing NHS services to GPCG, who carry out the duties of non-medical prescribing, where the GPCG supports their prescribing role

3. Definitions

3.1 Community practitioner prescribers

These were originally District Nurses and Health Visitors. Recently community staff nurses are also allowed to undertake the V150 prescribing course to qualify as Community Practitioner prescribers Following training qualified Community Practitioner prescribers may prescribe from a limited formulary of products designed to meet the needs of their patients (the Nurse Prescribers Formulary set out in both the BNF and the Drug Tariff).

3.2 Independent NMP prescribing

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 for prescribing where necessary and the appropriateness of any prescription. All Registered Nurses, Registered Midwives, Pharmacists, Optometrists and recently Podiatrists and Physiotherapists are able to train as independent prescribers based on their competencies and within their scope of practice.

3.3 Supplementary Prescribing

Supplementary Prescribing is defined as a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific Clinical Management Plan with the patient's agreement.

3.4 Designated medical practitioner (DMP)

Designated medical mentor is a registered medical practitioner (within the clinical area the NMP student is training) who is responsible for providing supervision and training to an allocated NMP student.

3.5 Off licence products or unlicensed medicines

Medicines being prescribed outside the terms of their product licence (e.g. a licensed medicine prescribed for an unlicensed indication). Medicines without a UK marketing authorisation.

4. Roles and responsibilities

4.1 Chief Executive

The Chief Executive has accountability for ensuring the provision of high quality, safe and effective services within the GPCG and has overall responsibility and is accountable for ensuring that there is a managed environment which minimises the risk to patients, visitors, staff, contractors and all who use the premises for any purpose.

4.2 Chief Nurse

The Chief Nurse is accountable to the Executive board and has overall responsibility for the strategic direction of non-medical prescribing within GPCG including ensuring policies comply with all legal, statutory and good practice guidance requirements.

4.3 Directors

All directors (including managing, clinical, service, operational, assistant operational) and general managers are responsible for the implementation of this policy into practice within their service areas and taking appropriate action should any breach of this policy arise. They are also responsible for identifying where non-medical prescribing roles would support and improve the delivery of safe, timely cost effective care for people who access our services to support National policy and GPCG priorities.

4.4 GPCG Non Medical Prescribing Lead

The GPCG Non-Medical Prescribing Lead is accountable for leading on the strategic development and timely review of GPCG wide processes for the progression implementation of non-medical prescribing throughout the organisation, supporting the delivery of GPCG objectives and delivery of high quality care for the people who use our services.

4.5 Business Unit Non Medical Prescribing Operational Leads.

The Business unit Non Medical Prescribing Operational Leads will be responsible for ensuring that there is an up to date data base of nonmedical prescribers for their area. Ensuring that all new prescribers, within their area, are registered with the Prescription Pricing Authority and any necessary amendments made. With the support of the Non Medical Prescribing Administrator – over seeing the safe ordering, receiving, storing and distributing prescription pads, ensuring that records of the serial numbers of prescriptions received, and subsequently issued to practitioners are kept on a central system.

4.6 Senior Managers

All Senior managers have a delegated responsibility for ensuring that this policy is known to all staff and that its requirements are followed by all staff within their directorate/division/department.

4.8 Heads of Service and Line Managers

Are responsible for:

- bringing to the attention of their staff the publication of this document.
- Providing evidence that the document has been cascaded within their team or department.

- Ensuring this document is effectively implemented.
- Ensuring that staff have the knowledge and skills to implement the policy and provide training where gaps are identified.
- Ensuring that individual job descriptions reflect non-medical prescribing practice as integral part of the post holders working practice as appropriate.
- Ensuring prescribers have access to a Prescribing budget (allocation where necessary).
- Are responsible for supporting the post holder to work as a nonmedical prescriber within the service and to include prescribing practice as specific areas of discussion and review in the annual appraisal process for NMPs.
- Supporting the training and development of non-medical prescribers as identified in personal development plans.

4.9 Organisation Development/ Learning and Development Department

Will be responsible for securing places for the non-medical prescribing courses (including continuing professional development) with the local higher education institutes and assuring the quality of these courses.

4.10 Designated Medical Practitioner

Is responsible for education assessing and providing clinical supervision to the non-medical prescriber during training, with regard to prescribing practice, during the course. Is responsible for assessing and verifying the by the end of the prescribing course, the student is competent to assume the prescribing role.

4.11 Non-Medical Prescribers (NMP)

Have a responsibility for

- Accepting accountability and clinical responsibility for their prescribing practice, working at all times within the registered prescribing rights, clinical competence and with reference to their regulatory bodies professional standards.
- Will act in accordance with this policy.
- Are responsible for ensuring they are up to date with best practice in the management of conditions for which they prescribe, ensuring they meet their professional accountability and duty of care.
- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.
- Identifying the need for a change in policy as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies.

6. Prescribing Processes

6.1 Prescribing principles

6.1.1 NMPs must have a working knowledge of and adhere to the prescribing section of the GPCG Medicine Policy.

6.1.2 NMPs will be aware of the National & Local Prescribing Guidance, have access to the appropriate local Formularies and abide by any subsequent policies, procedures or guidelines, national or local that are applicable to the field of prescribing.

6.1.3 All NMPs must work within their own level of professional competence and expertise, and are accountable for their own actions. They must act within the requirements of their professional bodies at all times.

6.1.4 Nurse and pharmacist independent prescribers may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition (including controlled drugs).

6.1.5 All NMP decisions must be communicated back to the General Practitioner and/or Consultant who holds overall responsibility for coordinating the care of the individual.

6.1.6 NMPs cannot issue prescriptions on behalf of colleagues who are not qualified to prescribe. In the absence of the patient's original NMP, another NMP may issue a repeat prescription or order repeat doses following an assessment of need, and taking into consideration continuity of care. Accountability for the prescription rests with the NMP who has issued the prescription or ordered the drug.

6.1.7 An NMP can only issue a prescription for a person that he/she has assessed in person.

An NMP must ensure that patients are aware of the scope and limits of non-medical prescribing and how the patient or client can obtain other items necessary for their care. At the point of patient consultation a discussion should be had with the patient relating to the medication prescribed, its purpose, any necessary instructions for use and any expected side effects.

6.2 Prescribing Controlled drugs

6.2.1 Amendments to the misuse of drugs Regulations came into force in April 2012. The amendments relate to nurse and pharmacist independent prescribing, and mixing of controlled drugs

The changes allow:

- Nurse independent prescribers to prescribe any schedule 2-5 controlled drug within their clinical competence, removing the previous limitations.
- Pharmacist independent prescribers to prescribe any schedule 2-5 controlled drug within their clinical competence.

- Nurse and pharmacist independent prescribers, and supplementary prescribers when within the terms of a clinical management plan, to mix schedule 2-5 controlled drugs for administration to a patient and provide written directions for others to do so.
- Nurse and pharmacist independent prescribers to possess, supply, offer to supply, administer and give directions for the administration of any controlled drug.
- Nurse and pharmacist independent prescribers should ensure that they only prescribe within their clinical competence and that they have up to date knowledge of the doses, side-effects, interactions, cautions and contraindications of the controlled drugs they intend to prescribe.

6.2.2 All prescriptions for controlled drugs must adhere to the GPCG Medicines policy.

6.3 Prescribing licensed medicines for off- license or unlicensed medicines

6.3.1 Nurse and pharmacist independent prescribers may prescribe medicines independently for use outside their licensed indication/UK marketing authorisation (“off licence” or “off label” use) if considered clinically appropriate and only in accordance with the unlicensed medicines procedure.

6.3.2 Nurse and pharmacist independent prescribers may prescribe unlicensed medicines if considered clinically appropriate and no licensed alternative is available

6.3.3 Nurse and pharmacist independent prescribers will only prescribe off-license or unlicensed medicines where treatment has been initiated or recommended by a Doctor (or supported by NICE/ local prescribing guidelines). The rationale for treatment and the name of the consultant/ reference to prescribing guidelines will be clearly recorded in the medical notes.

6.4 Supplementary Non-Medical Prescribing – note in this section independent prescriber refers to medical prescriber

6.4.1 There is no restricted formulary or list of medicines for individuals involved in supplementary prescribing. Provided that medicines are allowed to be prescribed by an NHS medical doctor, and that they are referred to in the individuals Clinical Management Plan, supplementary prescribers are able to prescribe: Management Plan’s should reflect local formula recommendations and prescribing guidelines.

6.4.2 The Clinical Management Plan (CMP)

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

6.4.3 Following diagnosis by the independent prescriber, the independent and supplementary prescriber should discuss the CMP before the document itself is

prepared. Either the independent or supplementary prescriber may draft the CMP.

6.4.4 Both must formally agree to the CMP before supplementary prescribing can begin.

6.4.5 It is for the independent prescriber to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP. The independent prescriber will clearly need to take account of the experience and areas of expertise of the supplementary prescriber and the professional relationship between the independent and supplementary prescriber(s) when coming to this decision.

6.4.6 A supplementary prescriber should not agree to prescribe any medicine if they feel that their knowledge of the medicine they may be asked to prescribe falls outside their area of competence.

6.5 Prescription forms

6.5.1 When the NMP qualifies, a copy of the statement of entry denoting this should be forwarded to the Non-Medical Prescribing Administrator. They should also provide a copy of their up to date professional registration. The appropriate FP(10)P prescription forms annotated with Independent Prescriber or Community Practitioner Prescriber will then be ordered accordingly following registration with the Prescribing Pricing Authority (PPA).

6.5.2 Non-medical prescribers directly employed by GPCG who work across different GP practices can use one prescription pad but must add the relevant practice code for each patient/client for whom they prescribe.

6.5.3 NMP prescribing for hospital in or out-patients may use three methods to prescribe:

Inpatient prescription and administration record chart – to be used for in-patients and discharge supplies only.

Internal hospital outpatient prescriptions form – to be used for out-patients but only in cases where the hospital pharmacy will dispense the prescription.

FP10 prescription form, where a community pharmacist will dispense the prescription.

7. Legal and clinical liability

7.1 Where a NMP, who is appropriately qualified, prescribes as part of their professional duties as stipulated in their job description and within the terms of GPCG policy and procedure, the GPCG will accept vicarious liable for their actions.

7.2 Where a NMP is required to expand their clinical practice in line with service developments, their manager should identify any further clinical training and experience that may be required and this must be provided before new clinical duties can be undertaken. Advice, guidance and supervision to support this will be provided by a medical prescriber working in the same clinical field as the NMP.

7.3 All NMPs have responsibility for accepting professional accountability and clinical responsibility for their prescribing practice, working at all times within their clinical competence and with reference to their regulatory body's professional standards.

7.4 All NMPs should ensure that they have professional indemnity insurance, for instance by means of membership of a professional organisation or trade union.

8. Adverse Reaction Reporting

8.1 If a patient/ service user suffers a suspected severe adverse reaction to a medicine prescribed by a NMP, then as in all adverse reaction it should be reported immediately to the GP or consultant. A DATIX incident form must be completed and forwarded to the Quality and Safety Department.

8.2 The Yellow Card Adverse Drugs Reaction Reporting Scheme is a voluntary scheme through which, Nurses, Allied Health Professionals, Doctors, dentists, coroners and pharmacists notify the Medicines Control Agency/Committee on the safety of Medicines of suspected adverse drug reaction.

Note: All adverse reactions to black triangle drugs and all serious suspected reactions to established drugs need to be reported through yellow card system. Yellow cards can be found at the back of BNF. Can also be reported on-line.

9. Maintaining Prescribing Skills and Competencies

9.1 All NMPs should reflect on their prescribing practice in a structured format. Competency framework has been released by the National Prescribing Centre – 'A Single Competency Framework for all Prescribers' (NPC May 2012): can be used for this purpose.

9.2 NMPs are expected to organise appropriate clinical supervision in accordance with guidance from relevant NMC/ HPC/ GPhC professional standards/code of ethics, in order to support safe and effective prescribing practice.

9.3 NMPs will be 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, dressings and appliances.

Annual updates will be provided for all non-medical prescribers by education and development department. Attendance will be monitored by line managers during 1-1 meetings at appraisals and Personal Development Plans.

9.4 NMPs will read, and action where appropriate, all safety bulletins and prescribing alerts received from the Medicine Management Team and disseminated by line managers, or other sources.

9.5 NMPs will complete a self-assessment form for prescribing competencies on an annual basis and discuss this with their manager as part of the annual appraisal process,

identifying training and CPD requirements and agreeing a PDP to support these as appropriate.

9.6 Where a NMP:

- has not practiced for over two years (prescribing and/ or involvement in prescribing decisions);
- is returning from a break in practice
- has not consolidated NMP practice within 1 year of qualifying

They will notify their manager and the GPCG NMP Lead. The NMP will not prescribe independently until required support and/ or training needs have been identified and actioned.

9.7 GPCG NMP Lead, the line manager will develop a programme and assign a “buddy” prescriber, who is prescribing in the same or similar clinical field, to provide supervision and guidance before independent prescribing can resume.

10. Training

10.1 Specific training for identified staff groups will be delivered in line with training requirements identified.

10.2 The following criteria must be considered before an individual applies and is accepted to undertake the non-medical prescribing course:

- The applicant’s post is one in which they will have the need and opportunity to prescribe.
- Applicants must indicate the areas/ specialities in which they are caring for patients/ clients and the areas or conditions they are likely to prescribe for, clearly evidencing benefits for patients/ clients.
- They must have the support of their manager
- A medical prescriber must be willing and able to contribute to and supervise the applicant’s practice element of the training
- In the community they will have access to a prescribing budget to meet the costs of their prescriptions on completion of the course
- The key principles used to prioritise individual applications take account of the implication of prescribing in the applicants work setting in relation to:

o Patient /client safety

o Improved quality of care

o Maximum benefit to patients/ clients in terms of quicker more efficient access to medicines

o Better use of the professionals skills

The individual will need to have undertaken a GPCG approved training programme in order to evidence clinical assessment skills prior to undertaking the non-medical prescribing course.

11. . Implementation process

11.1 Staff will be made aware of any new approved policies/procedures/guidelines via the monthly team brief. Quality and Safety team will be responsible for ensuring newly approved documents are sent to the communications team in order for them to insert into the team brief.

11.2 All senior managers/heads of service/team leaders need to ensure new policies and procedures are placed on team meeting agendas for discussion. There is an expectation that the team leader will develop local systems to ensure their staff are instructed to read all relevant policies and to identify any outstanding training deficits.

12 Monitoring arrangements

12.1 The effectiveness of this document is monitored and reported through: The Non Medical Prescribing group.

12.2 Any identified areas of non-adherence or gaps in assurance arising from the monitoring of this document will result in recommendations and proposals for change to address areas of noncompliance and/or embed learning. Monitoring of these plans will be coordinated by the Non Medical Prescribing group and overseen by the Medicines Management groups.

12.3 Each NMP is responsible for his/her individual practice, and must carry out regular reviews and where appropriate audit his or her prescribing practice

12.4 The Medicine Management Team will provide quarterly prescribing reports for discussion at the NMP Forum. In addition to this, NMP data will be included in prescribing reports prepared for teams highlighting any issues that require further review as well as recognising cost effective evidence based prescribing

12.5 Where concerns around prescribing practice of an individual are raised the line manager will arrange an urgent meeting to discuss the concerns with individual NMP and an appropriate lead medical prescriber for the service. A decision will be made in relation to the most appropriate course of action to take.

12.6 Responsibility for the monitoring and adherence of the policy for NMP lies with the Non Medical Prescribing group, the Heads of Service, Operational Leads and is to be executed through the Medicines Management groups.

External references

Nursing and Midwifery Council (2008). The code: Standards of conduct, performance and ethics for nurses and midwives NMC 2008

Nursing and Midwifery Council (2009) Record keeping: Guidance for nurses and midwives. NMC 2009

Department of Health (2006) "Improving patients access to medicines: A guide to implementing Nurse and Pharmacist Independent Prescribing within the NHS in England" (Gateway ref 6429).

National Prescribing Centre – 'A Single Competency Framework for all Prescribers' (NPC May 2012):

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".

Supplementary prescribing by nurses, pharmacists, chiropodists/podiatrists, physiotherapists and radiographers within the NHS in England. Dept of Health (May 2005) (Gateway ref 4941).

NHS Security Management Service (2011) "Security of prescription forms guidance".

"Misuse of Drugs Act" 1971 (Amendment) Regulations 2006 .

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