Lincolnshire Community Health Services
NHS Trust

NON - MEDICAL PRESCRIBING POLICY

Reference No:	P_CS_25
Version:	4
Ratified by:	LCHS Trust Board
Date ratified:	13th February 2018
Name of originator/author:	Lorna Adlington, Medicines Management Officer
Name of responsible committee/individual:	Drug and Therapeutics Committee
Date issued:	February 2018
Review date:	January 2020
Target audience:	Non Medical Prescribers
Distributed via:	Trust Website

Lincolnshire Community Health Services NHS Trust
Non - Medical Prescribing Policy
Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	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
2	Section 2	Updated scope	May 2012	Lorna Adlington
	Section 3	Updated professional requirements	May 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	May 2012	Lorna Adlington
	Section 7	New Section	May 2012	Lorna Adlington
	Section 8	Updated in line with legislation changes for Controlled Drugs	May 2012	Lorna Adlington
	Section 15	New Section	May 2012	Lorna Adlington
		Reference to new Trust policy for secure handling of prescription pads	May 2012	Lorna Adlington
	Section 31	Updated contact information	May 2012	Lorna Adlington
	Appendix Four	New section	May 2012	Lorna Adlington
	Appendix Five	New section	May 2012	Lorna Adlington

	Appendix Six	New section	May 2012	Lorna Adlington
	Appendix Seven	New section	May 2012	Lorna Adlington
	References	Updated reference list	May 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
3.	Section 2, 8, 13, 14	Legislation changes re:physio and podiatrist prescibers	November 2015	Lorna Adlington
	Section 6, 19, 22	Clarity of processes	November 2015	Lorna Adlington
	Section 9	Clarity of guidance on remote prescribing	November 2015	Lorna Adlington
	Section 24	Clarify BNFs distributed annually	November 2015	Lorna Adlington
	Section 26	Update list of practitioners able to use PGDs	November 2015	Lorna Adlington
	Throughout	Update contact information	November 2015	Lorna Adlington
	Appendix Two	Update database form	November 2015	Lorna Adlington
	Appendix Five	Summary of prescribing rights	November 2015	Lorna Adlington
	Appendix Seven	New appendix – process for database management	September 2016	Lorna Adlington
	Section 5, 13 and 21	Update process for obtaining prescription stationary	September 2016	Lorna Adlington
	Section 24	Update contact details	September 2016	Lorna Adlington
3.1		Extension agreed	December 2017	Corporate Assurance Team
4	Throughout	Updated references	November 2017	Karen Leggett
	Section 5.11 Section 21.4	Prescription pad ordering process		
	Appendix 7	New section – database management		

Lincolnshire Community Health Services NHS Trust
Non - Medical Prescribing Policy
Contents

i. Version control sheet
ii. Policy statement

Section		Page
1	Introduction	7
2	Scope	7
3	Selection of potential prescribers	8
4	Application Process	9
5	Qualification / Registration	9
6	Eligibility to Prescribe	10
7	Returning to practice / changing prescribing speciality	11
8	Prescribing Practice	12
9	Guidance on Prescribing	13
10	Private Prescriptions	13
11	Prescribing, Administering and Dispensing	14
12	Repeat Prescribing	14
13	Controlled Drugs	14
14	Unlicensed Medicines / Off Label Prescribing	14
15	Monitoring prescribing and effectiveness	15
16	Documentation and Record Keeping	15
17	The Clinical Management Plan (CMP)	16
18	Prescription pad security and safe handling	18
19	Loss or theft of Prescription Pads	18
20	Fraudulent Prescriptions	19
21	Re-ordering of Prescription Pads	19
22	Destruction of Prescription Pads	19
23	Continuing Professional Development	19
24	Formularies	20
25	Gifts and Benefits	20
26	Patient Group Directions	21
27	Adverse Reaction Reporting	22
28	Informing Patients	22
29	Implementation Strategy	23
30	Audit / Monitoring	23

Section		Page
31	Contact Information	23
Appendix One – Writing an FP10 Prescription		24
Appendix Two – Prescribing Database Form		25
Appendix Three – Non Medical Prescribing Communication Form		26
Appendix Four – Sample NMP annual review / appraisal record		27
Appendix Five – Summary of prescribing rights		28
Appendix Six – Example of an audit tool		29
Appendix Seven – Process for database management		30
Appendix Eight – NHSLA Monitoring Template		31
Appendix Eight – Equality Analysis		32
Bibliography		38

Lincolnshire Community Health Services NHS Trust
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 Lincolnshire Community Health Services NHS Trust. This version of the policy (version four) replaces version three of the policy issued in November 2015.
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 Trust Staff, clinicians and practitioners.
Training	It is the responsibility of operational managers and service leads to ensure that appropriate mechanisms are in place to support the implementation of this policy, including appropriate training and maintenance of competency.
Dissemination	Trust website, Via Operational Managers and Service Leads, publicised through 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 Community Health Service Trust. 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 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 Trust and 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 the service development plans of the Trust 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 (DoH 2006).
- Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines. (DoH 2006).
- Supplementary Prescribing by Nurses and Pharmacists with the NHS in England. A guide for implementation (DoH 2003).
- Standards of Proficiency for Nurses and Midwife Prescribers (NMC 2006).
- LCHS Safe and Secure Handling of Medicines Policy (2017)
- LCHS Policy relating to the prescribing, supply, storage and disposal of controlled drugs in primary care (9th Edition) (2017)
- A single competence framework for all prescribers. (RPS 2016)

2. Scope

2.1 The contents of this policy details 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 practicing within Lincolnshire Health Services NHS Trust who carry out duties as either an independent or supplementary prescriber, where the Trust 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 to this NHS organisation. 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 in all 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 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.
- Nurses should have 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 opportunity to working 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 practicing 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 the pharmacist is 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 practice 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 (DoH 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 of 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 performance review.

4.2 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.

4.3 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.

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

4.5 Once the form has been authorised by the service manager, it should be forwarded to the non medical prescribing lead who will authorise the application and forward it to the appropriate university via the learning beyond registration (LBR) manager.

4.6 Practitioners will receive an invitation to attend an interview with both the university and the non-medical prescribing lead.

4.7 The university will notify practitioners directly if they are successful in their application. There will be a requirement to complete the universities own application forms.

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 GHpC register of pharmacy professionals.

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 the non-medical prescribing lead of their qualification and their intention to practice before they begin prescribing. Practitioners will be required to provide the non medical prescribing lead with a copy of their registration annotated with their prescribing qualification. (Appendix Seven) Contact information is provided in Section 31 – page 23.

5.9. The qualification and registration must be checked and confirmed by the non-medical prescribing lead. This includes new staff joining the Trust.

5.10 The non medical prescribing lead will then register the practitioner with the NHS Business Services Authority (NHS BSA) and order the first set of prescription pads (as required). Registration with the NHS BSA (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 NHS BSA prescription pads will be ordered. Pads will be delivered to Beech House, Lincoln in approximately two weeks. These will checked and registered on a database and the prescriber will be contact to collect from Beech House. Should practitioners not have received their prescription pads after a period of two – three weeks they should contact the Medicines Management Pharmacy Technician via Karen Leggett by emailing Karen.Leggett@lincs-chs.nhs.uk

5.12 Practitioners who will be generating computerised scripts will need to be set up on the appropriate clinical system. Practitioners can begin to generate prescriptions one week after submitting their registration to the non medical prescribing lead.

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

5.14 A database form (See Appendix three) 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 BNFs and other resources are sent to the correct address. This form will also require a specimen signature. The Trust 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 non-medical prescribing lead for annotation of database records. This included changes to name, place of work, address or marital status.

5.16 It is the responsibility of the prescriber to inform the non–medical prescribing lead of any additional employment within the same trust or another organisation to ensure budgets are correctly aligned.

5.17 It is the responsibility of the non-medical prescribing lead to notify the NHS BSA of any changes to the prescriber's circumstances.

6. Eligibility to Prescribe

6.1 Trust employed non-medical prescribers may only prescribe for patients who are on their caseload or the caseload of a colleague for whom they are acting as relief.

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

6.3 For prescribers leaving the Trust; practitioners should advise the non-medical prescribing lead of their leaving date and ensure prescription pads are shredded appropriately.

6.4 The non-medical prescribing lead is responsible for informing the NHS BSA of the departure of any prescribers and making appropriate amendments.

7. Returning to practice / changing prescribing speciality.

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

7.2 If returning to prescribing practice after a period of time or changing speciality, it is recommended that the individual appraise their prescribing practice with their manager / prescribing lead 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 manager identify a learning plan.

7.4 The manager or NMP should contact the NMP lead to 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 now 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 now 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 can prescribe any licensed medicines for any conditions within their competence and relevant to treatment affecting the foot, ankle and associated structures – except for controlled drugs.

8.6 Optometrist prescribers will be 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 will not be 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.

9.3 Remote prescribing is not encouraged as part of everyday practice however it is recognised that remote on – line prescribing may support improved access to medicines and enable choice in the delivery of healthcare.

9.4 All prescribing decisions, including those made remotely, 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 Standards of proficiency for nurse and midwife prescribers (2006) clearly outlines the expectations for practitioners in relation to remote assessment and prescribing decisions, including maintenance of the same high standard of clinical care and transparency as would be expected in a face to face consultation, whilst outlining a clear need for appropriate assessment and informed consent.

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

9.6 Guidance is provided in Appendix One on writing an FP10 Prescription.

9.7 Appendix Five provides a summary of individual practitioner prescribing rights.

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 (DoH 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.

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 Organisations Controlled Drug Policy (2017) and local service SOP.

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 trial 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 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.

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

14.3 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.

14.4 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 local 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 are clearly documented within the clinical management plan (CMP).

14.5 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.

14.6 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.
- 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 patients care.

14.7 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 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 (prescribing data available on line from the NHS Business Services Authority via the Medicines Management Team) can be used to review prescribing practice and is available upon request.

15.4 The Trust will regularly utilise Epact data (prescribing data available from the NHS Business Services Authority) to monitor individual 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 Traffic lights list, PACEF guidance, guidance on the prescribing of specials and local formularies. PACE bulletins are key resources as they have been created specifically to convey details to all decisions taken at the Prescribing and Clinical Effectiveness Forum (PACEF) to all stakeholders across the Lincolnshire Healthcare community.

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/Current_and_Out_of_Date_Rx_Form_Published_0709.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 Four 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 or 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 develop 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 individually by generic name, 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 reporting on line at http://yellowcard.mhra.gov.uk/

18. Prescription pad security and safe handling

18.1 This should be read in conjunction with the Safe and Secure Handling of medicines policy.

18.2 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.

18.3 The employer should record the serial numbers of prescription forms received and issued to prescribers.

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

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

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

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

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

18.9 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.

18.10 The non-medical prescribing lead will hold specimen signatures from all non-medical prescribers within the Trust.

19. Loss or Theft of Prescription Pads

19.1 Reference should be made to the Safe and Secure Handling of medicines policy.

19.2 The Medicines Management team should be contacted about prescriptions pads ordered but not received.

19.3 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 Trust Locality Counter Fraud Specialist, and Medicines Management Officer via Lorna.adlington@lincs-chs.nhs.uk or 07814769591 who will initiate the information cascade and inform the prescriber of any further action required.

19.4 The 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.

19.5 An incident report form (IR1), datix, must be completed as soon as possible in line with the Trust's incident reporting policy.

19.6 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.

19.7 The Practitioner Service 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 NHS BSA. This whole process will normally be in writing and within a 24 period (excepting weekends).

19.8 If the theft occurs during a weekend the prescriber should notify their direct line manager on the next working day.

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 (01522558070). The community pharmacy lead will then ensure the further cascade of information to surrounding pharmacies.

21. Re-ordering of prescription pads
21.1 All current practicing non-medical prescribers will be issued with a prescription pad.

21.2 New prescription pads are ordered by the Organisation's non-medical prescribing lead. Prescription pads are delivered directly to Beech House. Practitioners will then be contacted to arrange collection directly from Beech House. (See Appendix 7).

21.3 Upon receipt of their prescription pads practitioners are advised that it is best practice to record the unique numbers of the pads received and then store the pads safely.

21.4 Requests for further prescription pads should be made directly to the Medicines Management Pharmacy Technician via Karen.leggett@lincs-chs.nhs.uk. Delivery may take up to three weeks.

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 serial numbers have been recorded.

22.2 The non-medical prescribing lead 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 practitioners have a responsibility to remain up to date with their knowledge and skills and to keep abreast of clinical and professional developments to enable them to prescribe competently and safely (NPC 2012). Non - medical prescribers 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, dressing and appliances. Prescribing activity should be discussed at individual performance appraisal and any training needs identified through CPD.

23.2 The employer should ensure that the prescriber has access to relevant education, training and development opportunities.

23.3 It is the 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 practitioner 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.

23.5 Each NMP will be expected to complete an annual scope of practice document as part of their appraisal / personal development review (See Appendix Six). The original should be kept by the service manager and a copy forwarded to the NMP lead for reference.

23.6 NICE and RPS has produced a single competency framework for all prescribers. It is available from https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

24. Formularies

24.1 Nurse Prescribers Formulary (NPFf) and British National Formulary (BNF) are resources that are essential to the prescriber and are supplied on a regular basis. These resources are ordered and distributed by the Organisations non - medical prescribing lead. Registering for a copy of these resources can be done following completion of the database form (See Appendix three).

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

24.3 British National Formularies are received and distributed annually.

24.4 Copies of the Children's formulary will be sent out annually to all practitioners who register their need for this resource as allocated stock allow.

24.5 Should prescribers not be receiving these resources they will need to contact the non - medical prescribing lead to ensure that the database reflects their current work address and contact details.

24.6 Each prescriber is entitled to one free formulary. 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.

24.7 Practitioners who are not annotated prescribers are not entitle to a free BNF however it can be accessed on line via www.bnf.org

24.8 The drug tariff can be accessed online via www.ppa.org.uk/ppa/edt_intro.htm

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 Trust's Hospitality 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 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, physiotherapists, paramedics, dieticians, dental hygienist, dental therapists, occupational therapists and speech and 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 Administration - 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: http://yellowcard.mhra.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 Trust's 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 (DoH 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 patients 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.

29. Implementation Strategy
29.1 Following approval the policy will be posted on the Organisations website 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 The policy will be cascaded to all clinical teams via cluster clinical team leads / service leads for dissemination to all staff groups. Information will be cascaded to the individual teams as appropriate.

29.4 Current non - medical prescribers will receive notification of the availability of a new policy and advised of its replacement of all previous non medical prescribing policies.

30. Audit / Monitoring
30.1 To monitor the quality of selection process the competencies of the clinicians would be audited against the selection criteria for non-medical prescribers against a benchmark of 100%. This will be considered prior to any prescriber undertaking the training.

30.2 A random survey of relevant staff members to assess whether they have read the policy.

30.3 Audit of Training Uptake of relevant staff (who fulfil the selection criteria) against a benchmark of 100%.

30.4 It is recommended that the Line Managers/ supervisors of non-medical prescribers would monitor their competencies through the annual appraisal and performance review.

30.5 An example of an audit tool is presented at Appendix Six.

31. Contact Information
31.1 Non Medical Prescribing Lead – Lorna Adlington Tel No. 07814769591 . Email: Lorna.adlington@lincs-chs.nhs.uk

31.2 Medicines Management Pharmacy Technician – Karen Leggett 07505130531 Email Karen.leggett@lincs-chs.nhs.uk

31.2 Central point for distribution of BNFs / NPFs to NMPs and to order prescription pads – Karen Leggett – 07580 130531, email Karen.Leggett@lincs-chs.nhs.uk

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 74).
- 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 practice / service number must also be entered. The prescriber's contact number must also be endorsed.
- The patient must be clearly informed about the purpose of the medication and any other changes relating to their medication.
- It is the prescriber'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

PRESCRIBING DATABASE FORM

NAME including TITLE	Miss Mrs Ms Mr (please circle as appropriate)
WORK ADDRESS (Please use full address and postcode please)	
WORK TELEPHONE No.	
JOB TITLE	
PREFERRED E - MAIL ADDRESS	
DATE OF PRESCRIBING QUALIFICATION	
PIN / PROFESSIONAL REGISTRATION NUMBER	
TYPE OF PRESCRIBER (please circle as appropriate)	COMMUNITY PRACTITIONER NURSE PRESCRIBER (V100) INDEPENDENT NURSE PRESCRIBER (V300) INDEPENDENT PHARMACIST PRESCRIBER SUPPLEMENTARY PRESCRIBER (V200) INDEPENDENT PHYSIOTHERAPIST PRESCRIBER INDEPENDENT PODIATRIST PRESCRIBER INDEPENDENT OPTHALMOLOGIST PRESCRIBER
Restrictions to practice *Please advise any restrictions on your practice or any caution orders in place*	
SIGNATURE TO CONFIRM THAT YOU HAVE READ TRUST NMP POLICY	
RESOURCES / FORMULARIES REQUIRED	BRITISH NATIONAL FORMULARY (BNF) YES / NO NURSE PRESCRIBERS FORMULARY (NPF) YES / NO CHILDREN'S FORMULARY YES / NO
SPECIMEN SIGNATURE IN BLACK INK	

Please return this form by return of post to:

Karen Leggett, Medicines Management Pharmacy Technician, LCHS NHS Trust, Beech House, Witham Park, Waterside South, Lincoln, LN5 7JH.

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	
Area of prescribing practice.	
Parameters of prescribing role (e.g. BNF chapters)	
Details of CPD	
Attendance of Peer review / clinical supervision	
Check security of prescription pads	
Any critical incidents / near misses	
Active Prescriber / no longer active.	Active Prescriber / No longer active (please delete as appropriate)
Details of action plan for year forward	
Any additional information	

Copies:
NMP personal development file
Non medical prescriber
NMP lead

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 14 within policy)	YES (See section 14 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 14 within policy)	YES (See section 14 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 14 within policy)	NO	NO
Independent Physiotherapist prescriber	YES	NO	Limited list of 7 CDs: • Morphine (oral / inj) • Fentanyl (transdermal) • Oxycodone (oral) • Dihydrocodeine (oral) • Diazepam (oral) • Lorazepam (oral) • Temazepam (oral)
Independent Podiatry prescriber	NO	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

Database management / NMP registration

The Non-medical prescribing database is managed and maintained by the Medicines Management Team

Upon qualification, the staff member should register with their professional body as a non-medical prescriber – For example the NMC, GPhC and Health Professional Council

Each staff member should complete the copy of LCHS NMP database form. A copy can be obtained from Karen.leggett@lincs-chs.nhs.

Request for prescription pads to Karen.leggett@lincs-chs.nhs upon completion of the database form

On receipt of signed database form, the information is added to LCHS non medical prescribing database and the prescriber registered with the NHS BSA.

A check is made with the professional body to ensure that there are no special conditions to registration and that the NMPs qualification has been registered.

Apply to the registration authority for prescribing access on SystmOne. You must be registered with the NHS BSA before being set up to prescribe electronically.

Once registered, prescription pads are requested from NHS Forms by the Medicines Support Officer.

Delivery of prescription stationery takes up to two weeks. Stationery / pads are delivered directly to Beech House.

On receipt, they will be logged and the prescriber contacted to arrange collection.

For all additional requests for prescription stationary
Please contact Karen.leggett@lincs-chs.nhs.uk where a request will be made on your behalf

When leaving the organisation the staff member should notify the Medicines support officer and make arrangements for disposal of prescription pads (as per policy).

Prescription pads should be shredded, with a witness. A record should be made of the first and last serial number.

The NMP database and registration with NHS BSA will be amended

BNFs, Childrens BNF and NPFs

Each individual prescriber will be registered with the NHS BSA – detailing which formulary resource they require. These resources are provided by Binleys.

BNFs are provided to all registered NMPs on an annual basis.

NPFs are provided to V100 and V150 prescribers every two years.

Electronic BNF can be access via http://www.evidence.nhs.uk/formulary/bnf/current or via Athens.

APPENDIX EIGHT.

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
NMP Database Audit	Registration Process for all new prescribers. Starters and Leavers updated monthly Sample signatures of all NMPs held on file Eligibility status for prescribing target 100% standard	Drug and Therapeutics committee	On going	DTC	Non Medical Prescribing Lead	Safeguarding and Patient Safety committee
NMP Prescribing EPACT Data Audit	Audit all individual NMP Prescribing data via EPACT	Non Medical Prescribing Lead, Medicines Management Pharmacy Technican	On going	DTC	Non Medical Prescribing Lead	DTC

Equality Analysis

Appendix Nine

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

Name of Policy/Procedure/Function*	
Non Medical Prescribing Policy	
Equality Analysis Carried out by:	Lorna Adlington
Date:	November 2017
Equality & Human rights Lead:	Rachel Higgins
Director\General Manager:	Lisa Stalley-Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	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 the service development plans of the Trust 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.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	This policy supports the wider and faster access to medicines for patients and appropriate more flexible use of the workforce.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No. National guidance from a Countywide formulary.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Lorna Adlington		
Date:		November 2017		

Section 2

Equality analysis

Title: Non Medical Prescribing Policy
Relevant line in: Medicines Management

What are the intended outcomes of this work? This policy has been developed to use as a framework to ensure that prescribing by all non- medical prescribers is introduced appropriately. It sets out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing.
Who will be affected? *e.g. staff, patients, service users etc* All non- medical prescribing staff and services users

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*
What evidence have you considered? The diverse needs of our service, population and workforce.
Disability This policy is available in alternative format on request for staff requiring support in access.
Sex The policy provides to be appropriate to all with the diversity.
Race The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.
Age The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.
Gender reassignment (including transgender) The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.
Sexual orientation The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.
Religion or belief

The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

Pregnancy and maternity

The policy is provided appropriately with regard to diversity.
HR policy in relation to pregnant staff members leave and flexibility.

Carers

The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

Other identified groups

The policy is designed to meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N) NO

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Ratification process
Prescribing workforce
Commissioner ratification

How have you engaged stakeholders in testing the policy or programme proposals?

Ratification process
Policy will be audited

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Medicines Management Committee / Trust Board ratification

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Adherence to all HR related policies regards LCHS NHS Trust Staff in terms of discrimination, equality and diversity.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Not applicable

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Not applicable

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Not applicable

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Not applicable

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Not applicable

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

- Plans already under way or in development to address the **challenges** and **priorities** identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy or service for its impact on different groups as the policy\service is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

To incorporate any changes of prescribing legislation in line with National Policy.

For the record

Name of person who carried out this assessment:

Lorna Adlington

Date assessment completed:

November 2017

Name of responsible Director/ General Manager:

Date assessment was signed:

BIBLIOGRAPHY

- Department of Health (1999a) A First Class Service. Quality in the new NHS. London: Department of Health.
- Department of Health (1999b) Making a Difference. Strengthening the nursing, midwifery and health visiting contribution to health and healthcare. London: DH
- Department of Health (2000a) Meeting the Challenge: a Strategy for the Allied Health Professions. London: Department of Health.
- Department of Health (2002) Extending Independent Nurse Prescribing within the NHS in England. London: Department of Health.
- Department of Health (2003) Supplementary Prescribing by Nurses and Pharmacists within the NHS in England – A guide to implementation. London: DoH.
- Department of Health (2004) Extending Independent Nurse Prescribing within the NHS in England – A guide for implementation (2nd Edition) London: DoH.
- Department of Health (2006) Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England London: Department of Health.
- Department of Health (2006) Medicines matters. A guide to mechanisms for the prescribing, supply and administration of medicines. London DoH
- Home Office Circular 09/2012 Nurse and Pharmacist independent prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemptions provisions for Schedule 4 Part II Drugs. London: Home Office.
- LCHS (2017) Policy and Procedure for the use of the CME MEDICAL McKinley T34 Syringe Driver for Adults in Palliative Care
- LCHS (2017) Safe and Secure Handling of Medicines policy.
- LCHS (2017) Controlled Drug Policy
- LCHS (2016) Policy for the development and control of patient group directions (PGDs)
- MHRA (2014) Supply of unlicensed medicinal products (Specials) MHRA Guidance Note 14
- National Prescribing Centre (2009) Patient Group Directions. A practical guide and framework of competencies for all professionals using patient group directions. NPC
- NHS Executive HSC 2000/026 Patient group directions (England only) 9th August 2000.
- NMC (2006) Standards of proficiency for nurse and midwife prescribers.
- NICE (2013) Good practice guidance for Patient Group Directions
- National prescribing centre (2010) Mixing of medicines prior to administration in clinical practice – responding to legislative changes

- NPSA (2010) Safer Administration of Insulin*. Rapid Response Report NPSA/010/RRR013*
- Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers London: NMC
- Nursing and Midwifery Council (2002a) The Code of Professional Conduct London: NMC
- Nursing and Midwifery Council (2002b) Guidelines for the Administration of Medicines London: NMC
- Nursing and Midwifery Council (2008) Remote assessment and prescribing London: NMC
- Nursing and Midwifery Council (2010) NMC circular 04/2010 Nurse and Midwife Independent Prescribing of unlicensed medicines.
- NMC and GMC (2015) Openness and Honesty when things go wrong. The professional duty of Candour.
- Royal Pharmaceutical Society of Great Britain (2002) Code of Ethics and Standards London: RPSGB.
- Royal Pharmaceutical Society of Great Britain (2004) Medicines, Ethics and Practice. A guide for Pharmacists. 28th Edition. London: RPSGB.
- Royal Pharmaceutical Society (2016) A Competency framework for all prescribers.