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| **Document title:** | **Non-Medical Prescribing Policy** |
| **Author/originator:** | **Shola Olowosale – Locality Pharmacist** |
| **Date of approval:** | **21 November 2018** |
| **Approving Committee** | **Clinical Commissioning Committee** |
| **Responsible director:** | **Zena Young** |
| **Category:** | **Medicines Management** |
| **Date Policy due for review:** | **November 2023** |
| **Intended Audience** | **For use by Shropshire and Telford & Wrekin CCGs GP practices and other providers linked to the CCGs Prescribing budget** |

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| **Title:** | Non-Medical Prescribing Policy |
| **Electronic File** | \\10.201.56.151\Shared\New SCCG Medicines Management\Policies, Procedures & Guidelines\Guidelines |
| **Name:** |
| **Placement in** |  |
| **Organisational** |  |
| **Structure:** |  |
| **Consultation with**  **stakeholders:** | PPQ, T&W CCG  CCC, Shropshire CCG |

**Document Amendment History**

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| --- | --- | --- |
| **Version No.** | **Date** | **Brief Description** |
| V2 | 13.07.2020 | Changed for use in both Shropshire and Telford & Wrekin Clinical Commissioning Groups. Updated all links and references. |
| V3 | 21.12.20 | Updated Appendix III, to include other allied healthcare professionals. |
| V4 | 18.02.22 | Rebadged with new CCG logo |

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**1. INTRODUCTION**

There are a number of options for prescribing or supplying medicines to patients by non- medical health professionals as described below:

**Non-Medical Prescribing**

Non-Medical prescribing has its basis in the recommendations of the “Review of Prescribing, Supply and Administration of Medicines”, (Crown Report 1998), which recommended that two types of prescribers should be recognised:

**The independent prescriber**: responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

**The supplementary prescriber**: responsible for continuation of care in patients who have been clinically assessed by an independent (medical or dental) prescriber. They prescribe in partnership with a doctor or dentist. They are able to prescribe all medicines (including Controlled Drugs and unlicensed drugs) within their sphere of competence. They may prescribe for the full range of medical conditions, provided that they do so under the terms of a **patient specific Clinical Management Plan (CMP)** and within their sphere of competence.

**Non-Medical Prescribers (NMP)**

Non-Medical Prescribing has been implemented nationally in a step wise manner following the introduction of nurse prescribing for district nurses and health visitors in 1998. The scope of prescribing practice will be determined by the accreditation achieved by the health professional and the annotation on the professional register.

Examples are given below

* **Nurse prescribing** is applicable to any 1st level registered nurse, registered specialist community public health nurses and registered midwives with the Nursing and Midwifery Council who have achieved the V100, V150, V200 or V300 accreditation.
* **The V100 Community Practitioner Nurse Prescribers,** (known as District Nurse and Health Visitor Prescribers prior to 2006) can prescribe from a limited formulary, known as the ‘Nurse Prescribers Formulary for Community Practitioners’ which is presented as a section within the British National Formulary (BNF). The community nurse prescriber V150 can also prescribe from this limited formulary known as the ‘Nurse Prescribers Formulary for Community Practitioners.
* **Nurse Independent Prescribers with V300 accreditation** (known as Extended Formulary/Supplementary Nurse Prescribers, prior to 2006) can prescribe medicines for any medical condition, including controlled drugs (see April 2012 DH guidelines), within their competency.
* **Supplementary Prescribers** such as V200 Nurse Prescribers, Pharmacists certificate in supplementary prescribing, and Allied Health Professionals (AHPs), can prescribe in partnership with an independent prescriber using a CMP.

The department of Health recently reviewed AHP prescribing and agreed to independent prescribing for physiotherapists, podiatrists and therapeutic radiographers and to prepare dietitians and diagnostic radiographers as supplementary prescribers.

* **Pharmacist Independent Prescribers** can prescribe medicines for any medical condition including controlled drugs (see April 2012 DH guidelines), within their competency.

**2. PURPOSE**

**2.1** This policy has been developed to ensure that all prescribing by all Non-Medical Prescribers is managed and governed robustly in GP Practices and the Clinical Commissioning Group, and to ensure:

* Professional and statutory obligations are met
* Prescribing benefits patient care by improving access to medicines
* Robust standards are in place for non-medical prescribing
* Clarification on accountability and responsibility

**2.2** The principles that underpin Non-Medical Prescribing are:

* Improve patient care without compromising patient safety
* Make it easier for patients to get the medicines they need
* Increase patient choice in accessing medicines
* Make better use of the skills of health professionals
* Contribute to the introduction of more flexible teams working within GP practices

or commissioned services

**3. SCOPE OF THIS POLICY**

This policy sets out a framework for the development and implementation of non- medical prescribing within NHS Shropshire and Telford & Wrekin Clinical Commissioning Groups, to establish a consistent approach for non-medical prescribing.

This policy applies to all registered nurses, pharmacists and other allied healthcare professionals employed by a GP practice or other provider linked to the Clinical Commissioning Group prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

This policy outlines Shropshire and Telford & Wrekin Clinical Commissioning Groups’ authorisation process required to add and maintain a non-medical prescriber employed by the practice or commissioned services to the NHS Business Services Authority (BSA) General practice cost centre.

**4. Responsibilities of staff involved in non-medical prescribing**

**4.1 The employing practice will have overall legal responsibility for the quality of care that patients receive and for securing patient safety which will also include to:**

* Ensure the practitioner has the skills and knowledge necessary to carry out the role
* Provide accurate details of the NMP to register with the medicines management team prior to them starting in the post
* Include an accurate summary of prescribing responsibilities in the practitioners job description
* Conduct an audit and review of prescribing annually, including an update of the scope of practice, usually at the appraisal, reflecting any change in clinical areas of responsibility and changing competencies.
* All independent prescribers should have clinical supervision from a fellow prescriber who they feel able to discuss their prescribing practice with.
* Support appropriate continuing professional development (CPD) - the employing practice should ensure that nurses / pharmacists have access to continuing education.

In July 2016 a new Competency Framework to support healthcare professionals to prescribe effectively was developed by the Royal Pharmaceutical Society in collaboration with NICE. This framework sets out competencies central to effective performance needed by all prescribers, regardless of their professional background.

<https://www.nice.org.uk/news/article/new-competency-framework-for-all-prescribers>

[https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Pro](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) [fessional%20standards/Prescribing%20competency%20framework/prescribing-](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) [competency-framework.pdf](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf)

**4.2 The CCG Non-Medical prescribing Lead is responsible for**

Cascading information from the department of health (DoH) about changes relating to

NMPs.

Signing off the application for the training and development of an NMP.

**4.3 The Medicines Management team is responsible for:**

Conducting the governance process surrounding the registration and validation of the

NMP employed by the practice

Registration with the NHSBSA and being linked to a GP practice/s.

Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, details of scope of competence etc.

Monitoring of prescribing and responding to prescribing/fitness to practice request from the NHS England and Local Area Team.

[http://www.pharmacyregulation.org/ h](http://www.pharmacyregulation.org/)ttp:/[/www.nmc.org.uk](http://www.nmc.org.uk)

**5. Professional indemnity**

All NMPs should ensure they have appropriate professional indemnity by means of their membership with a professional organisation.

**6. Clinical governance in prescribing**

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their service and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Employers have a duty to ensure that those training to prescribe are supported through their training programme.

For any safeguarding or child protection concerns, please refer to CCG child protection guidelines and safeguarding children / adult policies, this will include issues identified around obtaining consent and the mental capacity act.

For any patient safety concerns or incidents please report to your line manager in the first instance and refer to the CCG incident reporting policy and guidelines.

**7. Process for NMP registration and changes**

**7.1 Process for registering NMP – qualification and regulatory body checks**

It is the responsibility of the employing practice to check the registration and qualifications of the NMP with the authorised regulatory body. Certificates providing evidence of qualifications and CPD portfolio should be requested. A sample signature of the NMP should be obtained and kept on file.

**The NMP must arrange a visit with the Medicines Management Team with the paperwork listed in Appendix 1 (Standard Operating Procedure [SOP] for registering a NMP). The scope of practice form (Appendix II) and Approval to Practice/Annual Declaration form (Appendix III) should be completed by the NMP and authorised by the line manager or senior clinician of the practice**.

**7.2 Newly Qualified NMP**

Following successful completion of a NMP course, receipt of notification from the relevant regulatory body and once the information has been updated on the professional register, the following must occur before the individual undertakes prescribing.

Practice manager must inform the Head of Medicines Management at the CCG that the individual has successfully completed the course and a meeting arranged with medicines management team prior to registration with the Business Service Authority Registration.

To be registered with the Business Service Authority and have prescribing data assigned to a particular practice / cost centre, the following process must occur:

The medicines management team at the CCG will forward a completed Non-Medical

Prescriber Joining a GP Practice or Cost Centre form to NHS BSA.

The BSA takes 3 to 4 working days to process requests.

The medicines management team at the CCG will inform the practice manager via email that the NHS BSA form has been submitted.

**7.3 Qualified NMP Newly Employed by a General Practice**

The following process is required to ensure that newly appointed NMPs are registered with the NHS Business Service Authority (NHS BSA) and have prescribing data assigned to a particular practice / cost centre.

Practice manager must inform the Head of Medicines Management at the appropriate CCG on the appointment of NMP and a meeting arranged with medicines management team prior to registration with the Business Service Authority Registration

To be registered with the Business Service Authority and have prescribing data assigned to a particular practice / cost centre, the following process must occur:

a) Completion of the highlighted forms under section 7.1 above.

b) The Medicines Management Team at the CCG will forward a completed Non- Medical Prescriber Joining a GP Practice or Cost Centre form to NHS BSA.

The BSA takes 3 to 4 working days to process requests.

c) The Medicines Management Team at the CCG will inform the practice manager via email that the NHS BSA form has been submitted.

**7.4 NMP Leaving Employment with a General Practice**

The following process is required to ensure that the NHS Business Service Authority is notified when a NMP leaves employment with a General Practice;

a) The practice manager must ensure they inform the Medicines Management Team at Shropshire/Telford & Wrekin CCG promptly when an NMP leaves the employment at the practice so that they can be de-registered from the practice prescribers with NHSBSA. **This will prevent inappropriate prescription charges being made to the leaving practice**

b) The Medicines Management Team will forward a completed Non-Medical

Prescriber Leaving a GP Practice or Cost Centre form to NHS BSA. The BSA takes 3 to 4 working days to process requests.

c) The Medicines Management Team will inform the practice manager via email that the NHS BSA form has been submitted.

**7.5 Qualified NMP Change of Details**

Change in details of non-medical prescriber: where there has been a change in the personal details of the NMP such as a change in qualifications or a name change.

The practice manager / NMP must complete the appendix III form as appropriate and forward to the Medicines Management Team for the changes to be made. The completed Change of Non-Medical Prescriber Details form will be forwarded to the NHS BSA. The BSA takes 3 to 4 working days to process requests.

**7.6 Annual Declaration**

When requested, the practice manager must complete and return an Annual Declaration form for each of the non-medical prescribers employed by the practice. This request will come from the Medicines Management Team of Shropshire/Telford & Wrekin CCG.

The NMP lead will keep a register of NMPs currently prescribing in the CCG.

***It is the responsibility of the employing practice to advise the NMP lead of any change in a NMP leaving or joining their practice.***

**8. Accountability of the NMP**

a) Ensure they provide appropriate, evidence based, safe, cost effective prescribing to their patients/clients at all times in line with the local formulary

b) Work in line with policies and guidelines ratified by their employing organisation including prescribing incentive schemes and prescribing dashboard

c) The local guidelines available on the local intranet should be referred to as well as use of evidence based guidance including NICE, NHS evidence and any locally approved policies

d) Adhere to their professional code of conduct as set out by their own regulatory bodies and their employing / contracting organisation policy and non-medical prescribing

e) Check medicines management updates including drug safety updates on the intranet regularly

f) Utilise prescribing software such as **Scriptswitch** (Shropshire CCG)or **Optimise Rx** (Telford & Wrekin CCG)

g) Accountability will also include decisions taken to recommend “over the counter”

items and for the decision not to prescribe

h) The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice

i) The role of other persons in the delivery of health care to service users must be recognised and respected

j) NMPs are required to keep accurate, legible, unambiguous and contemporaneous records of patient care

k) Act only within and not beyond the boundaries of their scope of practice l) Ensure that prescriptions are written legibly and legally

m) Hold appropriate indemnity insurance

n) Maintain a portfolio of their continuing professional development and identify individual training needs with the employing practice. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy

o) NMP’s must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing (DOH April 2006) and act accordingly.

***It is strongly advised that non-medical prescribers should avoid prescribing for themselves, and close family members, as a matter of good medical practice and common sense – judgement may be impaired and important clinical examination may not be possible. Further advice must be sought from the relevant regulatory body.***

**8.1 Issuing Prescriptions**

An independent prescriber can only issue a prescription for a patient whom they have assessed for care and should only write prescriptions on a prescription pad bearing their own unique prescriber number or on an in-patient drug chart.

A supplementary prescriber can only issue a prescription for a patient who has an agreed clinical management plan and should only write prescriptions on a prescription pad bearing their own unique prescriber number.

**Staff qualified to prescribe should not issue prescriptions on behalf of colleagues.**

**Accountability for the prescription rests with the NMP who has issued the prescription.**

**8.2 Completing a prescription**

Wherever possible prescriptions should be by **Electronic Prescribing System (EPS) or computer generated. The prescription must clearly state ‘prescriber type’ (i.e. nurse independent prescriber/pharmacist independent prescriber) and professional registration details (NMC or GPhC registration)**

Prescription forms should **not** be pre-signed before use. NMPs must ensure all details on the prescription are **clear, legible and written in black ink.**

Details must include:

* Surname
* First name
* Date of birth (Age)
* Full address
* Name, form and strength (if appropriate) of prescribed item
* Dosage
* Frequency
* Directions for use
* Signature and date
* Patient’s practice code (FP10 only)
* Contact telephone number of prescriber
* Unused space on the prescription must be blocked out with a diagonal line.

**Prescriptions for controlled drugs are subject to controlled drugs legislation.**

**8.3 Quantity to prescribe**

The quantity to be supplied on each prescription will be dependent on the treatment being prescribed and the agreed review time. For initiation of treatment intended for long term use NMPs should prescribe a maximum of one month’s treatment. If treatment is to be continued long term the quantity should be synchronised with existing treatment.

**9. What can independent non-medical prescribers prescribe?**

**9.1 Scope of practice**

a) All non-medical prescribers should **only** prescribe within their areas of competence. An **‘Intention to Prescribe Scope of Practice Statement’** (Appendix 2) must be completed prior to start of prescribing and reviewed annually by the prescribing lead/clinical manager. The statement will list all disease areas the NMP intends to prescribe in and the evidence to support competence in these areas.

b) On-going professional development must support prescribing in these areas to ensure competence is maintained. Any prescribing in new disease areas must be updated on the scope of practice statement with supporting evidence to demonstrate competency.

c) NMPs should review and reflect continuously on their prescribing. Clinical supervision and prescribing audit should be considered to help demonstrate on- going competency.

d) The scope of practice will ensure appropriate governance is maintained and support competency development.

e) NMP’s must not sign routine repeat prescriptions unless the patient is known to the prescriber and the prescription items are within their scope of practice.

**9.2 Nurse independent prescribers**

Can prescribe any licensed or unlicensed medicine for any condition within their clinical competence, including some controlled drugs.

**9.3 Pharmacist independent prescribers**

Can prescribe any licensed or unlicensed medicine for any condition within their clinical competence, including controlled drugs.

**9.4 Optometrist independent prescribers**

Can prescribe any licensed medicine for ocular conditions affecting the eye, and the tissue surrounding the eye, within their recognised area of expertise and competence, except for controlled drugs or medicines for parenteral administration.

**10. What can a community practitioner nurse prescriber prescribe?**

Community practitioner nurse prescribers (formerly district nurse and health visitor prescribers) can prescribe from the Nurse Prescribers’ Formulary for Community Practitioners (formerly the Nurse Prescribers’ Formulary for District Nurses and Health Visitors). This formulary includes dressings, appliances and a limited number of medicines relevant to community nursing and specialist community public health nursing practice.

**11. What can a supplementary prescriber prescribe?**

A supplementary prescriber can prescribe any licensed or unlicensed medicine, including controlled drugs, for any condition within their competence, as part of a patient-specific, written clinical management plan (CMP) agreed with a doctor, and with the patient’s agreement.

**12. Prescribing Controlled drugs**

Independent pharmacist prescribers and independent nurse prescribers can prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs within their competence.

Neither independent pharmacist nor nurse prescribers will be able to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

**Optometrist independent prescribers cannot prescribe controlled drugs.**

**Supplementary prescribers:** Nurse, pharmacist, chiropodist / podiatrist, physiotherapist, radiographer and optometrist supplementary prescribers can prescribe any schedule 2-5 controlled drugs for any condition within their competence, as part of a patient specific, written clinical management plan (CMP) agreed with a doctor.

**Legal requirements for prescription writing must be followed.**

**13. Care in prescribing**

**13.1 Generic prescribing**

All NMPs are reminded to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

***However there may be cases where the CCGs will advise prescribers to prescribe by a specific brand name for medications that are obtainable at a lower acquisition cost to the NHS***

Generic names (where available) should be used with the exception of:

* Most dressings and appliances
* Medicines with a narrow therapeutic index: lithium, ciclosporin, sodium valproate

Medicines where bioequivalence between brands is not confirmed and to avoid patient confusion, for example, sustained release preparations, beclomethasone inhalers, theophylline, tacroliums

* Oral contraceptives (excluding products with ‘co’ names e.g. cocyprindiol
* Hormone replacement therapy
* Topical preparations with 2 or more constituents (including ‘HC’ products)
* Oral preparations with 2 or more constituents if they do not have an approved name e.g. co-amilofruse (2 constituents)

**13.2 Prescribing unlicensed medicines**

NMPs may prescribe unlicensed medications within their competence, on the same basis as doctors but should only consider prescribing an unlicensed preparation when there is no licensed alternative. They will however accept full professional, clinical and legal responsibility for that prescription.

In order to do so the following conditions must be met:

* You are satisfied there is sufficient evidence base to demonstrate its safety and efficacy
* You should explain to the patient in broad term why the medicines are not licensed for their proposed use
* You must take clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label
* Local policies for off-label medicines should be approved through mechanisms such as drug and therapeutic committee

**13.3 Controlled drugs**

Following the outcomes of the Shipman enquiry, there have been a number of significant changes to the rule regarding the management and use of controlled drugs. All health and social care organisations are accountable for ensuring the safe management of controlled drugs and will be subject to monitoring of controlled drug prescribing as a part of the regular prescribing review. Appendix VI outlines CDs that may not be prescribed by NMPs.

For guidelines on prescribing of controlled drugs, health care professionals should refer to:

* Guidance from their respective professional bodies
* Controlled drugs: safe use and management <https://www.nice.org.uk/guidance/ng46/resources/controlled-drugs-safe-use-and-management-pdf-1837456188613>
* Part XVIIB of the Drug Tariff
* Department of Health guidance available on the two sites below:

<https://www.gov.uk/search?tab=detailed-results&q=controlled+drugs+prescribing>

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf>

Key points to note are:

The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days’ supply per prescription. A new prescription is required where a patient/client has a continuing clinical need.

You must not prescribe a controlled drug for yourself and may only prescribe a controlled drug for someone close to you if no other person with the legal right to prescribe is available and only then, if that treatment is immediately necessary to:

* Save life
* Avoid significant deterioration in the patient/clients health
* Alleviate otherwise uncontrollable pain

You must be able to justify your actions and document your relationship and the emergency circumstances that necessitated you prescribing a controlled drug for someone close to you.

**13.4 Repeat Prescribing**

NMPs may issue a repeat prescription, but they do so in the knowledge that they are responsible as the signatory of the prescription and are professionally accountable for their practice. Before signing a repeat prescription the NMP must be satisfied that:

a) It is safe and appropriate to do so and that secure procedures are in place to ensure that the patient /client are issued with the correct prescription

b) Each prescription is regularly reviewed and is only re-issued to meet clinical need

c) A regular review takes place, usually at either 3 to 6 monthly intervals or in line with practice prescribing policy

d) Suitable provision is in place for monitoring each patient/client’s condition

**13.5 Private Prescriptions**

NMPs may issue private prescriptions for any licensed medicines that they are competent to prescribe

**13.6 Adverse Drug Reactions and Incidents**

If a NMP suspects that a patient is/has experienced an adverse drug reaction (ADR) to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P), herbal medicine or combination of medicines, they should inform the GP responsible for the patient’s continuing care and follow local policy with regard to incident reporting.

The NMP should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Committee on Safety of Medicines (CSM) and decide if he/she needs to complete a “Yellow Card” to notify the CSM of a suspected adverse drug reaction. Hard copies of the form can be found at the back of the BNF, electronic copies can be found at: <https://yellowcard.mhra.gov.uk/>

If an appliance or dressing is involved in an adverse incident then it must be reported to the Medicines & Healthcare products Regulatory Agency (MHRA).

**14. Ordering Prescription pads**

**Practice based NMP:** the practice that the NMP is based in will be able to enter the details of the NMP onto the prescribing system, which will generate prescriptions with the NMP’s registration number and have the practice code on the prescription

**NMP working across more than one practice:** the NMP must ensure that they enter the correct prescribing code for the individual practice. If the work is part of a commissioned service by the CCG, the NMP must use a cost centre code that the NHSBSA have assigned to that service; this can be validated with the NHSBSA when required

**Replacement prescription pads:** On the rare occasion, where the practice is not able set the non-medical prescriber on to the practice system, the MMT can order pre-printed prescription pads when requested

Please note: The prescription pads can take up to 2 weeks to arrive.

**15. Action for Loss or Suspected Theft of Prescriptions Pads**

In the event of loss or suspected theft, the NMP must report this immediately to their line manager, the NMP Lead and the dedicated anti-fraud specialist for Shropshire and Telford & Wrekin CCGs,

Anti-fraud contact details below:

**Paul Westwood – daily email:** [**paul.westwood@cwaudit.org.uk**](mailto:paul.westwood@cwaudit.org.uk) **/ secure email:** [**pwestwood@nhs.net**](mailto:pwestwood@nhs.net)

**Telephone number: 07545 502400**

The pad holder will need to ensure they have the following information available:

* Approximate number of prescriptions lost/stolen
* Serial numbers of the prescriptions lost/stolen
* When or where the pads or forms may have been lost/stolen
* The practice code
* Contact details

If the situation is urgent then the pad holder will need to contact the police directly.

**The NMP must complete a Ulysses form to ensure it is forwarded to the risk manager.**

**16. Gifts and Benefits**

Please refer to the CCG anti-bribery (declaration of gifts, hospitality and sponsorship) policy and procedure: [http://www.shropshireccg.nhs.uk/policies-and-reports/our-](http://www.shropshireccg.nhs.uk/policies-and-reports/our-policies/finance-policies/) [policies/finance-policies/](http://www.shropshireccg.nhs.uk/policies-and-reports/our-policies/finance-policies/)

<https://www.telfordccg.nhs.uk/who-we-are/publications/policies/corporate-1>

**17. Meeting Representatives from the Pharmaceutical Industry**

Please refer to the CCG Working with the Industry guidance. (Policy and guidance for joint working with the Pharmaceutical Industry [including rebate schemes] and Commercial Sponsorship of meetings/training events)

[http://www.shropshireccg.nhs.uk/policies-and-reports/our-](http://www.shropshireccg.nhs.uk/policies-and-reports/our-policies/finance-policies/) [policies/finance-policies/](http://www.shropshireccg.nhs.uk/policies-and-reports/our-policies/finance-policies/)

**18. Free Samples**

NMPs should not accept or use free samples or starter packs. Representatives who wish to provide samples or starter packs should be referred to the NMP lead/MMT. Gifts of minimal value may be accepted e.g. pens, post-it pads.

**Contacts for Help & Support**

CCG Non-Medical Prescribing Lead: **Elizabeth Walker**

For general enquiries – Shropshire, Telford and Wrekin CCGs, contact **Sharon Reece**, Medicines Management Admin Team Lead. [sharon.reece@nhs.net](mailto:sharon.reece@nhs.net)

Medicines Management Team

Shropshire, Telford and Wrekin Clinical Commissioning Group

Halesfield 6

Telford

TF7 4BF

Telephone: 01743 277557

**Appendix I: Standard Operating procedure (SOP) for registering a NMP**

|  |  |
| --- | --- |
| **Process** | **Complete?** |
| Service lead confirms request in writing to give access to prescribing budget and accepts responsibility for verifying HR processes including qualifications for candidate.  Manager/employer to ensure IP role is part of job description |  |
| Practitioner attends meeting with NMP Lead at CCG (Elizabeth Walker Deputy Director, Medicines Management) bringing with them: |  |
| * Work photo ID * Statement of entry from NMC/GPhC or authorising body * NMC PIN /GPhC number (details of expiry). * Specimen signature * Completed scope of practice * Details of work base and contact details |  |
| Project Manager to copy/scan the paper work and obtain required information  from NMP in order to complete PPD form. |  |
| Check professional status on [appropriate pro](http://www.nmc-uk.org/)fessional website note expiry  date of PIN (annual subscription) |  |
| Complete PPD forms - online  <http://www.nhsbsa.nhs.uk/PrescriptionServices/3974.aspx> |
| Need to set up a new code for the prescriber and indicate which service their prescribing needs to be linked to. |
| Record Scope of Practice |  |
| Inform Deputy Director, Medicines Management of any changes to employment/NMP  leaving the organisation, prescribing etc. |  |
| Need to follow Shropshire and Telford & Wrekin CCGs prescribing policies if accessing primary care budget |
| Need to regularly audit |
| Act as novice for year one |
| Complete spread sheet – record details of applicant, scope etc. so this information  can be monitored against epact prescribing data. |  |
| Once confirmation has been received from the PPD inform the applicant/NMP and then they can start prescribing (practice need to add NMP onto prescribing system) |  |

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**Appendix II:**

**Intention to Prescribe: Scope of Practice Agreement**

To be completed by all non-medical prescribers (independent and supplementary) working in GP practices

**Name: …..…………………………………...................... Date: …………………………………**

**Job title: …………………………………………………………………………………………..…**

**Base/Practice: ……………………………………………………………………………………..**

**NMC / GPhC Number & Expiry: ………………………………….. Exp: ………………….…..**

Date prescribing qualification registered with professional body

and which prescribing qualification is held: ……………………………………………………..

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease area to be**  **prescribed for and/or types of**  **medicines to be prescribed:** | **Evidence of**  **competence to prescribe in this**  **area:** | **Recent**  **CPD**  **supporting prescribing**  **in this**  **area: (include dates)** | **Please state**  **guidelines or attach**  **protocols worked to** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| How do you intend to audit your  prescribing? |  | |
| Do you receive clinical supervision? **Yes**  If ‘yes’, please give details type/ frequency etc. |  | |
| **Prescribing CPD Requirements** | | |
| Area of CPD identified **e.g.** *Prescribing for the elderly, dilemmas, electronic prescribing* | How you are going to address this?  **e.g.** *through training,*  *shadowing, supervised practice etc.* | Date this CPD  needs to be met. |
|  |  |  |
|  |  |  |

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

**Independent/Supplementary Prescriber signature:** ………………………………………………

**GP lead/Clinical Manager (print name):** ……………………………………………………………… Signature: …………………………………………………………………...

**Please forward a copy of the completed document to the Medicines Management Admin**

**Team Lead**: [**sharon.reece@nhs.net**](mailto:sharon.reece@nhs.net)



**Appendix III. Non-Medical Prescribers- Approval to Practice /Annual Declaration**

**This form MUST be returned before the Non-medical prescriber can be registered with the NHSBSA and prescribe in the practice. It must be updated annually and before any changes are made to prescribing practice**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECLARATION: Please tick box as appropriate** | | | | **Community Practitioner Nurse** | | | |  |  | |
| **NEW APPLICATION** |  | | | **Nurse Independent prescriber** | | | |  |
| **UPDATE- Change in Details** |  | | | **Pharmacist Independent prescriber** | | | |  |
| **ANNUAL DECLARATION** | | | | **Other allied healthcare professional** | | |  | | **Specify role:** | |
|  | | | | **Title**  **Please circle as appropriate** | | | **Mr / Mrs / Miss/ Ms** | | | |
| **Prescriber’s Name:** | | | | | | | | | | |
| **Professional registration** | |  |  | | **Job Title** |  | | | |  |
| **Number:** | |  |  | |  | | | |  |
| **(NMC/GPhC no. or equivalent)** | |  |  | |  | | | |  |
| **Profession e.g. Nurses/** | |  |  | | **Specimen Signature** |  | | | |  |
| **Pharmacist** | |  |  | |  | | | |  |
| **GP Practice or Base Name** | |  |  | | **Practice Code** |  | | | |  |
| **Date started at current** | |  |  | | **Practice Telephone** |  | | | |  |
| **practice** | |  |  | | **no:** |  | | | |  |
| **Contact email address** | |  |  | | **Mentor/Lead Clinician** |  | | | |  |
|  |  | | **Name** |  | | | |  |
| **Do you work as a prescriber** | | **Yes / No** | | | **Mentor/Lead Clinician** |  | | | |  |
| **in another provider/practice** | | **Signature** |  | | | |  |
| **FOR CCG USE** | |  |  | |  |  | | | |  |
| **Verified by Issuing Officer** | |  |  | | **Date** |  | | | |  |
| **CCG Prescribing NMP Lead** | |  |  | |  |  | | | |  |
| **and signature** | |  |  | |  |  | | | |  |

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**Appendix IV: Checklist for registration of a NMP or making changes regarding registration status**

|  |  |  |
| --- | --- | --- |
| **Requirement** | **By Whom** | **Action** |
| Qualifications of NMP are checked, including all certificates & registration with the NMC/GPhc or named allied healthcare professional body. | The employing practice | Photocopies are kept in NMP’s personnel file and a set is also provided to the Medicines Management Team (MMT) |
| Electronic sample signature of the NMP is obtained | The employing practice | A pdf signature is kept on file and is also provided to the MMT |
| Scope of practice form is completed by the NMP (Appendix II) | Authorised by the employing practice /line manager/senior clinician | A copy is also forwarded onto the MMT |
| A visit is arranged with the MMT (bringing paperwork listed in Appendix I: Standard Operating Procedure) | The registering NMP | The paperwork is checked and scanned by the MMT.  Professional registration status checked (noting expiry date) and then completing the PPD form online |
| NHSBSA form for an NMP joining the organisation must be completed (Appendix III) | The registering NMP/practice must inform the MMT | The MMT authorised  signatory must then complete the NHSBSA form and e-mail it |
| If the NMP is leaving the organisation the practice manager must inform the MMT | The NMP leaving the organisation/practice must  inform the MMT | The MMT authorised  signatory must then complete the NHSBSA form and e-mail it |
| If the NMP is leaving one organisation (practice) to join a different organisation (practice) within Shropshire CCG the form in Appendix III must be completed |  | The MMT authorised signatory must then complete the NHSBSA form and e-mail it |

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**Appendix V: Useful Website and Reference**

* Training for non-medical prescriber- NHS Health Education England <https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers>
* Non- medical prescribing by allied health professionals- NHS England <https://www.england.nhs.uk/ahp/med-project/>

* Medicines Matters: A Guide to current mechanisms for prescribing, supply and administration of medicines – Specialist Pharmacy Service <https://www.sps.nhs.uk/articles/medicines-mattersa-guide-to-mechanisms-for-the-prescribing-supply-and-administration-of-medicines-in-england/>
* Prescribing: maintaining competence and confidence- A CPPE guide for prescriber <https://www.cppe.ac.uk/wizard/files/tasters/prescribe-g-02_taster.pdf>
* Standards of proficiency for nurse and midwife prescribers <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf>
* A guide to using the National electronic Library for Medicines <https://www.ukmi.nhs.uk/filestore/ukmiamt/Guide_to_NeLM_20_pages.pdf>
* Pharmacist Independent Prescriber- General Pharmaceutical <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>
* The DoH guidance , Improve patients’ access to medicines –A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (gateway ref: 6429)(April 2006) <https://www.cff.org.br/userfiles/file/Prescri%c3%a7%c3%a3o/55%20-%20DEPARTMENT%20OF%20HEALTH%20A%20Guide%20to%20Implementind%20Nurse%20and%20Pharmacist%20Independent%20Prescribing%20within%20the%20NHS%20in%20England_2006.pdf>
* Health and social care information Centre <https://www.gov.uk/government/organisations/health-and-social-care-information-centre>
* Changes in Controlled prescribing for NMP nurses and pharmacists

<https://www.gov.uk/government/news/nurse-and-pharmacist-independent-prescribing-changes-announced>

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