

Governing Body meeting (held in public)

DATE: 26 May 2016

Title	Non-Medical Prescribing Policy	
This paper is for Decision		
Recommended action for the Governing Body	That the Governing Body: Approve 1. The attached non-medical prescribing policy.	
Potential areas for Conflicts of interest	None.	
Executive summary	<p>Currently three of the medicines management team are training to become non-medical prescribers. Once qualified they will be able to write prescriptions for medications within their area of competency.</p> <p>Attached is a draft non-medical prescribing policy to cover the work of these pharmacists and any further non-medical prescribers who may qualify and are employed by NHS Bexley CCG.</p> <p>This policy has been amended following comments from the initial people consulted as listed in the document.</p>	
How does this paper support the CCGs objectives?	Patients:	Ensure safe prescribing by any non-medical prescribers employed by NHS Bexley CCG.
	People:	
	Pounds:	
	Process:	Ensure safe prescribing by any non-medical prescribers employed by NHS Bexley CCG.
What are the Organisational implications	Key risks	
	Equality	
	Financial	

Clinical Commissioning Group

	Data	
	Legal issues	
	NHS constitution	Ensure safe prescribing by any non-medical prescribers employed by NHS Bexley CCG.
Engagement	Has been sent for initial consultation to people listed in the document.	
Audit trail	Has been approved by the Medicine Management Sub-Committee. To be added to intranet and circulated to anyone interested in becoming a non-medical prescriber.	
Comms plan	To be added to intranet and circulated to anyone interested in becoming a non-medical prescriber.	
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Date	21 March 2016	

**NHS Bexley
Clinical Commissioning Group
Policy for Non-Medical Prescribing**



Author's name and title:	Clare Fernee, Assistant Director Medicines Management
Sponsor's name and title:	Simon Evans-Evans, Director of Governance and Quality
Review date:	February 2018
Supersedes:	
Description:	Policy for non-medical prescribers
Audience:	

Consultation:		
Date	Name	Title and/or organisation
9/2/2016	David Parkins	Assistant Director of Quality and Caldicott Guardian
9/2/2016	Zoe Hicks-John	Assistant Director of Nursing and Quality
9/2/2016	Simon Evans-Evans	Director of Governance and Quality
9/2/2016	Nisha Wheeler	AD of ICT Modernisation and IG
9/2/2016	James Olweny	Assistant Director of Health Commissioning and Contracting
9/2/2016	Lindsey Coeur-Belle	Assistant Director for Transformation and Redesign
9/2/2016	Ina Herridge	Clinical Governance and performance manager
9/2/2016	Elinam Attipoe	Corporate Governance and Risk Manager

Approved by:	Medicines Management Committee	Date:	16 th March 2016
Ratified by:	Executive management committee	Date	

Version control

(First version should be labeled 'V0.1', once ratified, please label 'V1.0')

Name	Date	Version	Reason	Status
<i>Person making the entry</i>	<i>Date of entry</i>	<i>Version control</i>	<i>New / revision / consultation etc</i>	<i>Draft / for approval / approved</i>
Clare Fernee	19/1/2016	0.1	New	Draft
Clare Fernee	21/3/2016	1		For approval

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1. Introduction and Background

The proposals for non-medical prescribing were first introduced after the Review of Prescribing, Supply and Administration of Medicines, chaired by Dr June Crown CBE when district nurses and health visitors were allowed to prescribe from a limited list of medication in 1998.

In 2001 non-medical prescribing was extended and the Extended Formulary for Nurses was introduced which allowed trained nurse prescribers to prescribe for a limited list of conditions from an extended formulary. In April 2003 regulations came into force for Nurse and Pharmacist Supplementary Prescribing so that after an initial assessment of a patient by a doctor, the NMP could prescribe for that patient in accordance with a clinical management plan (CMP).

In 2006 regulations allowed pharmacists and nurses to practice as Independent Prescribers and to prescribe, within their competency, licensed Prescription Only Medicine (POM), Pharmacy medicine (P) & General Sales List medicine (GSL) on FP10. Non-medical prescribing now includes a variety of health professionals with varying qualifications.

2. Purpose and Scope

This policy applies to all activity by qualified prescribers (except doctors or dentists) employed by Bexley Clinical Commissioning Group (NSCCG) and supports the practice of prescribing in community and primary care settings.

This includes:

- Nurse Independent Prescribers (formerly known as extended formulary nurse prescribers (EFNP) or nurse prescriber (NP) – V300)
- Supplementary prescribing by nurses (SPN)
- Community Practitioner Nurse Prescribers (formerly known as District Nurse or Health Visitor Prescribers – V150)
- Independent or Supplementary prescribing by pharmacists
- Emergency Nurse Prescribing (including emergency care practitioners)
- Prescribing by other Allied Health Professionals eg physiotherapists, optometrists, pharmacists

This policy covers the registration, practice and clinical governance of all non-medical prescribers and it operates in conjunction with other organisational prescribing policies and procedures.

3. Responsibilities

- Prescribers must act in accordance with the standards set by their registering body for prescribing and comply with their registration requirements

- Practitioners must act within their own professional competence and expertise when prescribing
- Prescribing must be a recognised function of the job role and included within the practitioners job description.
- The Medicines Management Committee is responsible for monitoring prescribing trends of non-medical prescribers

4. Definitions

Prescribing means ordering the use of a medicine or other treatment.

Community Practitioner Nurse Prescribers (formerly known as district nurse and health visitor prescribers) - Following training, which is incorporated into the initial preparation of district nurses and health visitors, these groups of nurses and new community prescribers who have completed V150 training can prescribe from the Nurse Prescribers Formulary for Community Practitioners Details of this formulary, which consists of appliances, dressings and some medicines are found at the back of the BNF under Nurse Prescribers' Formulary Appendix and Part XVIIIB(I) of the Drug Tariff.

Nurse Independent Prescribers (formerly known as Extended Formulary Nurse Prescribers) - Nurses and midwives who are on the relevant parts of the Nursing and Midwifery Council (NMC) register may train to prescribe any licensed medicine for any medical condition, including some Controlled Drugs (see current guidance) Independent prescribers must work within their own level of professional competence and expertise.

Independent prescribing - This term applies to a prescriber who is legally permitted and qualified to prescribe and take the responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required. Independent prescribers are also responsible and accountable for their own prescribing decisions. They can prescribe any licensed medicine for any medical condition, including some Controlled Drugs(see current guidance)

Prescription forms (NHS England) - NHS English 'FP10' secure prescription forms (FP10SP or FP10SS) are numbered and have anti-counterfeiting and antiforgery features. They are purchased by CCGs and hospitals via a secure ordering system and distributed free. The range of prescription forms used by GPs, nurses, NHS dentists and other prescribers is listed on the Department of Health (DH) and Prescription Pricing Authority (PPA) websites.

Supplementary prescribing - 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. The key principles of supplementary prescribing emphasise the importance of communication between the prescribing partners, the need for access to shared patient records and that the patient is treated as a partner in their care. 5



5. Staff eligible to become qualified prescribers

- Practitioners who satisfy all the following conditions will be entitled to prescribe within Bexley Clinical Commissioning Group :
 1. Works within a GP practice, community hospital or other community setting within the CCG area.
 2. Has successfully completed an approved prescribing / extended prescribing training course
 3. Is registered with the appropriate regulatory body (e.g. NMC, GPhC) as a prescriber.
 4. Is authorised / required by the employing authority to prescribe
 5. Must have a statement in their job description permitting them to prescribe

6. Registration with professional body on completion of course

The prescriber must register as such with the appropriate regulatory body before commencing their prescribing role. Details of the registration process are normally given by the course provider but can also be obtained from the appropriate regulatory body.

7. Registration with employing organisation and management of prescription pads

The prescriber and their line manager must update and agree the prescriber's job description to reflect their new role and prescribing responsibilities before prescribing is undertaken

New employees should have their prescribing qualification checked at interview stage and verified before employment, if this constitutes part of their job description.

The Assistant Director of Medicines Management is responsible for ensuring that all prescribers are registered with the NHS Business Services Authority (NHSBSA)

Newly Appointed Practitioners/Prescribers for CCG Employed Staff.

The Assistant Director of Medicines Management is the named signatory for ordering new prescription pads. Prescribers should complete the NHSBSA NMP Amendments form (Appendix 2) to request pads. This form should be passed to the Assistant Director of Medicines Management with a copy of their confirmation of registration as a prescriber with their registering body. Prescription pads will not be issued until the Assistant Director of Medicines Management has received all the appropriate paperwork.

New prescription pads will be sent to Assistant Director of Medicines Management who will take responsibility for their safe receipt and storage and will record serial numbers of new pads prior to distributing them to the appropriate prescriber. The prescriber must collect their own prescription pads from the Assistant Director of Medicines Management and sign for their receipt.

Prescribers, employed by the CCG and working in GP practices using computer-generated prescriptions also need to complete the NHSBSA NMP Amendments form (appendix 2).

Prescribers requesting further prescription pads. Prescribers must request, collect and sign for all prescription pads via the Assistant Director of Medicines Management
Prescribers leaving employment / change of role within NSCCG/ Change of details

The practitioner must inform the Assistant Director of Medicines Management of any change in circumstances (e.g. change of name) using the NHSBSA NMP Amendments form (appendix 2). The Assistant Director of Medicines Management will then forward the completed form to the NHS Business Services Authority (NHSBSA). The NHSBSA must be informed of changes of circumstances as they occur.

It is the responsibility of the prescriber to ensure that prescription pads are returned to the Assistant Director of Medicines Management or their nominated deputy on the last day of their employment for secure destruction in their presence. The person who destroys the forms should make a record of the serial numbers of the forms destroyed which will be kept for 18 months. This will help to resolve any queries that may be received from the NHS Business Services Authority.

Prescribers employed directly by GP practices should follow their own policy and processes for ordering and managing prescription pads

8. Indemnity Insurance and Legal Liability

Practitioners employed by Bexley CCG will have vicarious liability via Bexley CCG as long as they are acting within policies and procedures and the prescribing role is specified within their current agreed job description. Advice regarding personal professional indemnity insurance is usually available from professional governing bodies.

9. Prescribing

All non-medical prescribers hold individual clinical liability for undertaking the assessment and follow up of all patients for whom they may prescribe.

Prescribers may:

- Prescribe for patients registered with GP practices for whom the clinical commissioning group has set the NHS prescribing budget
- Prescribe for visitors if they are temporarily registered with a GP practice within the CCG
- Prescribe for travellers where this forms part of the prescribers roles and responsibilities and is included in their job description
- Prescribe for patients outside the CCG area where this has been agreed as part of a service level agreement with another organisation for service provision



- The prescriber must prescribe only for the specific patient. Those prescription items belong to the patient and are not transferable.

Prescribers employed by Bexley CCG but working across several GP practices may use one prescription pad but must add the relevant practice number for each patient for whom they prescribe.

Prescribers may prescribe the same item on more than one occasion if it is deemed clinically appropriate.

Prescriptions may be either handwritten or computer generated and must be signed and dated by the prescriber.

Controlled Drugs must only be prescribed in accordance with the current legislation and best practice where there is a clinical need. Prescribers should not routinely prescribe **and** administer controlled drugs. In exceptional circumstances where a non-medical prescriber is involved in both prescribing and administering a patient/client's controlled drug, a second suitably competent person should be involved in checking the accuracy of the medication provided

10. Documentation and Record Keeping

All prescribers are required to keep records, which are accurate, unambiguous and legible in line with requirements of the registering body standards for records.

Prescribers have a duty to keep up to date with, and adhere to, relevant legislation, case law, and national and local policies relating to information and record keeping.

Any item prescribed by a designated non-medical prescriber must be entered into all patient records within 24 hours. Where it is not possible to enter details into records directly, the information should be passed on to the appropriate person with this authority (e.g. fax a letter to a patient's GP). If it is not possible to locate a patient's GP (e.g. travellers) then a record should be made in the prescriber's records and include the patient's name, date of birth, address where seen, details of prescription, date given.

Patient records to be kept in line with the record management policy and retention schedules within the practices they are working in.

All prescribers to be up to date with information Governance training as per their standard NHS contract and in line with the requirements for data protection and confidentiality

11. Security and safe handling of prescription pads

It is the responsibility of each prescriber to ensure the security of the prescription pads at all times. In the event of loss or theft of a prescription pad the following procedure should be followed.

Prescriber to collate details of the approximate number of prescriptions lost and the prescription serial numbers

Prescriber to report loss immediately to the email address England.lon-alerts@nhs.net



The NHS England London team will inform all pharmacies and relevant GP practices with details of the name and address of the prescriber concerned and the approximate number of prescriptions stolen and the serial numbers of the prescriptions. Out of normal working hours the prescriber should immediately inform the police and the Director on call at NHS England London Area Team. The normal procedure (above) should then be followed on the morning of the next working day. In all cases, an incident form should be completed and forwarded to the prescriber's line manager, in accordance with incident reporting procedures.

The prescriber will be advised to write and sign all prescriptions in a particular colour (usually red) for a period of two months. Computer generated prescriptions should be signed in this colour.

If prescription pads are damaged in a way to make them unusable, they should be returned to the Assistant Director of Medicines Management for secure destruction.

12. Handling Adverse Drug Reactions and Clinical Incidents

All adverse drug reactions (ADR) should be reported in accordance with Medicines Healthcare Regulatory Agency (MHRA) Yellow Card system (available in the BNF or reporting online www.mhra.gov.uk), All ADRs and incidents should be recorded in the patient's clinical records.

13. Working with the Pharmaceutical Industry

Prescribers should act within their professional code of conduct and be aware of the policy in relation to working with the pharmaceutical industry.

14. Training requirements

The prescriber is expected to recognise the importance of, and their responsibility for maintaining an up-to-date profile in relation to prescribing. They must also comply with the requirements for CPD of their registering body. Peer support will be provided through the Non-Medical Prescribers Group.

All non-medical prescribers must undertake training as determined by their professional body and maintain on-going competence through continuing professional development. The Scope of Practice Agreement in Appendix 1 outlines the areas that the practitioner will be prescribing in and their methods of achieving competence in that area of prescribing. This must be completed annually as part of the Personal Development Review process and kept on the practitioner's personal file.

15. Review of compliance with the policy including monitoring of prescribing and practice

Practitioners should audit their own practice as part of their ongoing review of continuing professional development needs.

How is this policy audited, who is responsible for the audit and how often? Could you add this in please?



Prescribing by all practitioners is monitored by the Medicines Management Team, with quarterly reports on prescribing spend sent to the Medicines Management Committee for information.

Individual prescribers will receive their own personal prescribing data at regular intervals.

16. References

Further information on non-medical prescribing is available from:
The Department of Health

<https://www.gov.uk/government/organisations/department-of-health>
Information and Guidance on Non-Medical Prescribing is available from
www.dh.gov.uk/health/2012/04/prescribing-change

The NHS Business Services Authority

<http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx>
The Nursing and Midwifery Council

www.nmc-uk.org

NHSBSA SMS Security of prescription forms guidance (2008)

http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/security_prescriptions.pdf 10



17. Appendices

Appendix 1 – Scope of Practice Agreement

Intention To Prescribe Scope Of Practice Agreement

This agreement must be updated at least on an annual basis as part of the PDR process or when the prescriber's scope of practice changes. Please complete form electronically, enlarging where necessary, then print and sign, Copy to be kept by line manager and prescriber

Name of NMP:

Job Title:

Team / Area of Work:

Work Telephone No:

E-mail Address:

Type of Prescriber:	V300 SP	V300 SP/IP	V150 CPNP
Currently prescribing? If no, please state reason:	Yes/No		
Frequency of prescribing:	Daily/Weekly/Monthly		
Date of Registered Qualification:			
Area of Prescribing Practice e.g. COPD, Asthma, Diabetes:			

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
e.g. asthma Step 1 and 2 of BTS guidelines.	e.g. asthma diploma completed at Kings College in June 2005 and 5 years experience running asthma clinic.	e.g. Formal updates, courses attended, journal articles (or whatever applies) Please give as much detail as possible.	e.g. BTS guidelines

What plans do you have to audit or review your prescribing?

Any expansion in areas of prescribing since last review? Yes / No

If yes, please
specify:

Area to self certify	Response	If No, your intended actions
Read updates on prescribing	Yes/No	
Read and understood relevant NICE guidelines	Yes/No	
Read and understood relevant evidence and literature	Yes/No	
Been clinically supervised within NMP role and area of prescribing practice	Yes/No	
Undertaken an audit around non-medical prescribing	Yes/No	
Undertaken CPD around non-medical prescribing	Yes/No	

Where can your CPD evidence be found?

Case studies/reflection/evidence of competence in prescribing decisions (identify and attach)

Have there been any specific circumstances impacting upon your prescribing practice over the past year, i.e. long term sickness etc?

CPD needs identified relating to prescribing

Area of CPD identified	How you are going to address this e.g. through training, shadowing, supervised practice etc.	Date you would like to have met this CPD need by.

Manager to check registration as a prescriber current with professional body

Prescriber registered as a prescriber YES / NO Registration expiry date

I declare that I am competent in the area where I am currently prescribing.

Signed **Date**

Line Manager’s signature **Date**

This form is to be completed in line with your PDR/appraisal.

A copy should be kept in your personal file by your manager, and a copy sent to the Assistant Director of Medicines Management

Appendix 2 – NHSBSA NMP Amendments form

Form available to be downloaded from :

http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Change_of_Non-Medical_Prescriber_Details.doc

