Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page
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Originator **Originated By: Andrea Morris** **Designation: Lead for Integrated Governance - Community**
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Approval and Ratification

Referred for approval by: Andrea Morris

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Review

Review Date: April 2019

Responsibility of: Andrea Morris

Designation: Lead for Integrated Governance

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 16th May 2016

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1 Rationale

1.1 This policy is to be used as the framework within which non-medical prescribing is implemented within Pennine Care NHS Foundation Trust.

1.2 The purpose of this document is therefore to:

- Set out the principles on which non-medical prescribing is based
- Detail a documentation format for non-medical prescribing which includes the Clinical Management Plan (CMP) for supplementary prescribing
- Set out an accountability framework.

2 Scope

The contents of this document will apply to all Non-Medical Prescribers (NMPs) who are directly employed by the Trust, who carry out the duties of either a supplementary prescriber and / or independent prescriber, or community practitioner nurse prescriber (CPNP), where the Trust supports their prescribing role. This must be reflected in their up-to-date job description which must specifically set out the type of non-medical prescribing and the area of service provision that it applies to by means of an 'Approval to Practice' form (see Appendix E for an example template of this form).

3 Principles

3.1 The Trust will ensure that the application of any part of this policy does not have an effect of discriminating, directly or indirectly, on grounds of age, gender, sexual orientation, gender status, disability, race, ethnicity, language, mental health need, religion, political, or other opinion or belief, social origin, domestic circumstances or offending background.

3.2 There are a number of key principles that should underpin non-medical prescribing, which are that it should:

- Make an improvement in patient care without compromising patient safety
- Make it easier for patients to access the medicines they need
- Meet the needs of patients who find it hard to access services, e.g. house-bound people and people with busy lifestyles
- Fill skill gaps in service
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible team working across The NHS

3.3 These principles emphasise the importance of communication between all health care professionals involved in the patient's care. It is also essential that the patient is treated as a partner in their care and is involved at all stages in decision making, including the part of their care that is delivered via a NMP with informed consent. For further detail on capacity and consent issues please refer to section 21.

3.4 Any child or adult safeguarding issues should be considered as part of prescribing practice.

3.5 The NMP must have approval from the NMP Lead and / or Chief Pharmacist and meet the legal, educational, and occupational criteria to enable them to practice as an independent and / or supplementary prescriber or community practitioner nurse prescriber (CPNP). Prescribing competency must be maintained by means of Continuing Professional Development (CPD).

4 Policy

This policy seeks to ensure that within this Trust the implementation and development of independent and supplementary prescribing by nurses, pharmacists and other health care professionals is supported by a clear set of principles and arrangements.

5 Roles and Responsibilities

5.1 **The Trust Medical Director** has overall responsibility for ensuring that the appropriate processes are in place for:

- The selection of candidates for the non-medical prescribing course
- Ensuring that a current register of prescribers is in place
- Monitoring prescribing of NMPs
- Ensuring that all prescribers have access to CPD for maintaining their competencies in prescribing

5.2 **The Trust Non-Medical Prescribing Leads are** responsible for governance in non-medical prescribing, including the following:

- Ensuring all relevant information about prescribing is cascaded to all NMPs in their area
- Ensuring that there is an up to date database of registered NMPs held locally
- Maintaining up to date NMP Policy
- Collating British National Formulary (BNF) / Children's British National Formulary (cBNF) / Nurse Practitioners Formulary (NPF) (where applicable) orders and ensuring availability of same to NMPs
- Ensuring that appropriate healthcare professionals who meet the criteria can access the non-medical prescribing course
- Ensuring that when NMP staff leave the Trust, they will receive any unused or part-used prescription pads, record and destroy these (not

applicable to MH NMP lead)
- Informing the NHS Business Services Authority of any new NMPs or where NMPs have been removed from the Trust's NMP registers or details amended (NB: Not applicable to mental health NMP Lead)

The term 'NMP Leads' used throughout this document includes the leads for Mental Health Services, Community Services Bury (CSB), Oldham Community Health Services (OCHS), Trafford Community Services and Heywood, Middleton and Rochdale (HMR) Community Services.

5.3 **The Trust Pharmacy Lead** will ensure that NMPs have:
- Prescribing codes, where appropriate
- Access to Prescribing Analysis and CosT (PACT) Data where appropriate
- Access to Patient Safety Notices, Drug Alerts and Hazard Warnings
- Access to prescription pads where appropriate

5.4 **The Line Manager** will be responsible for ensuring that prescribers:
- Have secure lockable storage for prescription pads
- Have access to a prescribing budget
- Are prescribing within their area of competency and that the Approval to Practice Form (example template in Appendix E) is placed in the NMP's personal file
- Are attending clinical supervision / CPD
- Prescribing data are monitored
- Adhere to the relevant regulatory body's standards of practice
- Have access to appropriate CPD opportunities
- Return prescription pads to the local NMP Leads or other designated person for destruction for any NMPs who leave the Trust

5.5 **The NMP's** responsibility is to:
- Ensure that they provide appropriate prescribing to their patients at all times
- Adhere to their professional code of conduct and to their employing / contracting Trust's policy for non-medical prescribing
- Act only within the boundaries of their knowledge and competence
- Ensure that their patients are made aware of the scope and limits of non-medical prescribing and to ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing)
- Be aware of their duties under legislation such as the Mental Capacity Act (MCA) 2005 and the associated Code of Practice. (S.42 (4). It is the duty of a person to have regard to any relevant code if he is acting in relation to a person who lacks capacity and is doing so in a professional capacity.) The NMP should ensure access to any relevant training in this area (eg MCA training).

6 Types of Non-Medical Prescribing

To be eligible to prescribe within Pennine Care NHS Foundation Trust the NMP will be a first level registered nurse, midwife, registered pharmacist, qualified community practitioner nurse or other suitably qualified health care professional (eg podiatrist, physiotherapist, radiographer, optometrist)

- Have successfully completed a validated prescribing training programme (see 10)
- Have their name recorded on the appropriate professional register
- Be in a prescribing post
- Have access to a prescribing budget
- Have their name recorded on a Pennine Care NHS Foundation Trust NMP register.

7 Nurse/ Pharmacist/AHP Independent Prescribing (V300)

7.1 From the 1st May 2006 nurse independent prescribing (formerly Extended Formulary Nurse Prescribing) was expanded. This allows nurse prescribers to prescribe any licensed medicine for any medical condition that the nurse prescriber is competent to treat. This allows prescribing from the whole of the BNF including any controlled drug listed in schedules 2-5 for any medical condition within their competence (personal formulary), except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Nurse independent prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the Nursing and Midwifery Council's (NMC's) 'Code: Professional standards of practice and behavior for nurses and midwives (March 2015).

7.2 Pharmacist independent prescribing was also introduced on 1st May 2006 and allows pharmacists to prescribe any licensed medicine for any medical condition that the pharmacist prescriber is competent to treat. This allows prescribing of the whole of the BNF including any controlled drug listed in schedules 2-5 for any medical condition within their competence (personal formulary), except diamorphine, cocaine and dipipanone for the treatment of addiction (pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction). Pharmacist independent prescribers must only ever prescribe within their own level of experience and competence, acting in accordance with the General Pharmaceutical Council (GPhC)[1]standards of conduct, ethics and performance (July 2012)

7.3 Changes to the Human medicines regulations in August 2013 allow

[1] General Pharmaceutical Council (GPhC) has replaced the Royal Pharmaceutical Society of Great Britain (RPSGB) as the regulator for pharmacists, pharmacy technicians and pharmacy premises

physiotherapists, chiropodists and podiatrists to be independent prescribers of any licensed medicine within their scope of practice and competence. From 1 June 2015, physiotherapists are allowed to prescribe some controlled drugs for treatment of organic disease or injury, including diazepam, dihydrocodeine, fentanyl, lorazepam, morphine, oxycodone and temazepam; chiropodists / podiatrists are allowed to prescribe diazepam, dihydrocodeine, lorazepam and temazepam.

AHP independent prescribers must only ever prescribe within their own level of competence and experience and in accordance with the Health and Care Professions Council (HCPC) prescribing standards.

7.4 The Department of Health's working definition of independent prescribing is prescribing by a practitioner (eg doctor, dentist, nurse, pharmacist, /AHP) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is 'appropriate practitioner'.

7.5 Nurse/pharmacist/AHP independent prescribers may also utilise supplementary prescribing (following details as outlined in section 8) with an agreed CMP.

7.6 Independent NMPs should only prescribe for patients following full assessment.

7.7 The group of patients to be prescribed for and medicines to be prescribed independently must be agreed with the NMP, the NMP's service manager, and the NMP Lead.

7.8 NMPs will develop a personal formulary for the drugs they will be prescribing independently. As part of the Trust's initial approval to practice process this must be discussed with, and signed off by, the NMP's manager; it must then be signed off by the NMP Lead. If the NMP wishes to add any additional medicines to their formulary these must also be agreed by their line manager, the personal formulary should be updated and signed off by the NMP Lead.

7.9 The NMP's personal formulary summary (example template in Appendix F) will be attached to the Approval to Practice Form (example template in Appendix E) and kept by NMP Leads. When requested, these will be made available to the Drug and Therapeutics Committee.

7.10 **Prescribing of Unlicensed Medications by Nurse and Midwifery Independent Prescribers: Update on Practice Standard 17, 17.1**

On 21 December 2009 legislation was amended to allow nurse and midwife independent prescribers to prescribe unlicensed medicines **(The**

Medicines for Human Use (Miscellaneous Amendments) (No.2) Regulations. SI 2009 3063)

The NMC published a circular in March 2010 'Nurse and midwife independent prescribing of unlicensed medicines' to update Practice Standard 17, 17.1

You may prescribe an unlicensed medication as an independent nurse prescriber provided:

- You are satisfied an alternative, licensed medication would not meet the patient's needs
- You are satisfied there is a sufficient evidence base and / or experience to demonstrate the medications safety and efficacy for that particular patient
- You are prepared to take responsibility for prescribing the unlicensed medicine and for overseeing the patient's care, including monitoring and any follow up treatment
- The patient agrees to the prescription in the knowledge that the medicine is unlicensed and understands the implications of this
- The medication chosen and the reason for choosing it are documented in the patient's notes
- You seek as necessary, professional advice, eg from a pharmacist, or other authoritative clinical guidance to support your prescribing practice and the specification for the unlicensed medicine
- You must report suspected adverse drug reactions arising from unlicensed medicines to the Medicines and Healthcare products Regulatory Agency (MHRA) and the Commission on Human Medicines (CHM) via the Yellow Card Scheme.

Implications for Nurse and Midwife prescribers are as follows:

- Can prescribe unlicensed medicines as independent prescribers.
- Must follow the information contained in the NMC Circular.
- Be aware of the risks associated with unlicensed medicines.
- Have in place supporting polices and systems to monitor and manage clinical risks associated with unlicensed medicines.
- 'Standards of proficiency for Nurse and Midwife Prescribers' and 'Standards for Medicines Management' must be followed and are available at https://www.nmc.org.uk/standards/additional-standards.

7.11 Any **prescribing by NMPs of unlicensed medications** must adhere to the standards as outlined above and as per the Trust policy on 'The prescribing, supply and use of unlicensed medicines (CL16), and only once approval is obtained and any medication is added to the NMP's personal formulary.

8 Supplementary Prescribing

8.1 Supplementary prescribers are those who have successfully completed an appropriate validated prescribing training programme and whose names are registered with the relevant professional body with an annotation indicating supplementary prescribing qualification (V300).

8.2 Supplementary prescribing is defined as “a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber [nurse, pharmacist or approved Allied Health Professional (AHP)] to implement an agreed patient-specific CMP with the patient’s agreement” (Department of Health, 2005), thus enhancing partnership working in a more flexible approach to care delivery.

8.3 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that supplementary prescribing will be used for the management of chronic medical conditions and health needs.

8.4 There is no specific formulary or list of medicines for supplementary prescribing. The medicines are prescribable by a doctor or dentist and are specified in the patient’s CMP. Supplementary prescribers are able to prescribe:

- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
- Appliances and devices prescribable by GPs
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
- All Prescription Only Medicines (POM).
- Medicines for use outside their licensed indications (i.e. ‘off label’ prescribing) and ‘black triangle’ drugs,
- Unlicensed drugs provided they are part of a clinical trial that has a clinical trial certificate or exemption.

8.5 The supplementary prescriber will work closely with an independent medical prescriber and the CMP is the framework of this prescribing partnership.

9 Community Practitioner Nurse Prescribing

9.1 A qualified CPNP may prescribe a limited range of POMs, dressings and appliances (from the nurse prescribers formulary – NPF - available in the BNF) once they have undertaken a recognised non-medical prescribing course. The practitioners are required to be registered with the NMC.

9.2 Nurses undertaking a recognised non-medical prescribing course either as part of a qualified CPNP course or as a stand-alone module will be eligible to prescribe from a limited formulary.

10 Eligibility for Non-Medical Prescribing Training

Please see above (6) for full details of eligibility for types of NMP prescribing.

10.1 Nurses must be a first level registered nurse, midwife or specialist community public health nurse whose name is held on the NMC register. Allied health professionals must be registered on the relevant part of the Health and Social Care Professions Council membership register. They must have at least three years post registration clinical experience or part-time equivalent, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe.

10.2 Pharmacists must be registered to practice with the GPhC and must have two years post-registration experience or part-time equivalent

10.3 All individuals applying for non-medical prescribing training must have:

- The need and opportunity to prescribe regularly as an independent prescriber from an identified formulary or as a supplementary prescriber in a post where they will have the opportunity to work in partnership with an independent medical practitioner using a CMP
- An ability to study at level 3 (degree level)
- An identified medical prescriber who is willing to contribute to and supervise 12 days of learning practice (V300 only)
- Access to a prescribing budget
- Support from their manager for CPD as described in the policy
- Prior competencies in the therapeutic area/s in which they will prescribe.

11 Non-Medical Prescribing Training

11.1 **Preparation for Independent / Supplementary Prescribing for Nurses**

- Some courses require full attendance (26 days) plus the minimum 12 supervised practice days although many Higher Education Institutes (HEIs) now provide opportunity to study by distance learning which includes some attendance (the number of days will vary depending on the HEI), workbooks and electronic learning
- Successful completion of the course will lead to a V300 annotation to the NMC professional register
- The necessary training to enable CPNPs to prescribe from the nurse prescribers' formulary for CPNPs may be integrated into university-based specialist practitioner programmes or accessed as a stand-alone module. Following successful completion of this programme, the community practitioner nurse prescriber will have their NMC registration entry annotated to show they are eligible to prescribe (V100/150).

11.2 **Preparation for Independent / Supplementary Prescribing for Pharmacists and AHPs**

- A total of 26 days training at an HEI either face to face or by open learning, plus 12 days learning in practice with a designated medical

practitioner
- Successful completion of the course will lead to independent / supplementary prescriber annotation to the register of HCPC as appropriate

12 Designated Medical Practitioners (DMP) (V300 module only)

12.1 All V300 NMP students require the support of a medical supervisor.

12.2 The DMP should be identified and agreed prior to an application being submitted to the NMP Lead.

12.3 The DMP must be a registered medical practitioner who:
- Has had at least three years recent clinical experience for a group of patients in the relevant field of practice
- Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer
- Has the support of the employing organisation
- Has some experience of training in teaching and / or supervision in practice.
- Normally works with the NMP student

12.4 Doctors who are to act as medical supervisors will be offered information and support from the Trust's NMP Leads.

12.5 For the V150 course a registered NMP can act as the mentor. The mentor must be recorded as a sign off mentor.

13 Application for Funding of Training

13.1 The Trust will use three key principles to prioritise potential applicants for non-medical prescribing:
- Patient safety
- Maximum benefit to patients and the NHS in terms of quicker and more efficient access to medicines for the patient
- Better use of professional skills.

13.2 The service manager and the nominee for the non-medical prescribing course will develop a case for non-medical prescribing within their service. The rationale must be in accordance with the Trust's strategy. An NMP proposal form can be obtained from the NMP Lead in your area and must be completed by the service manager, DMP or sign off mentor and NMP nominee. When completed this should be forwarded to the local NMP Lead for consideration and progression as appropriate. (See Application for NMP Flowchart template Appendix A)

13.3 The Trust NMP Leads will determine which NMP nominees to put forward for the programme of training. This decision will be made with due consideration of potential benefits for patients and local NHS needs.

13.4 Following confirmation of selection for the NMP course by the NMP Lead, the potential NMP candidate will then complete and pass the NMP online numeracy assessment. Access to the on-line numeracy assessment site is via the NMP Leads. The NMP lead will advise on how to access the NMP application form.

13.5 The completed application form should be returned to the NMP Lead for final approval and signature. The NMP Lead will then forward the application form to the chosen HEI.

13.6 CPD Apply – all applicants must complete the Trust's CPD – Apply online process. It is the responsibility of individuals wishing to undertake study to ensure they meet any university pre-requisites (entry requirements), are up to date with their Core and Essential Skills Training (CEST) and have the support of their line manager and other appropriate leads before applying to undertake further study.

14 Registration with Employing Organisation and Professional Body

14.1 Once the nurse, pharmacist or other allied health professional has successfully completed the prescribing course, the HEI will inform the NMC / GPhC or other relevant registering body and the newly qualified NMP must supply a copy of their qualification to their line manager and NMP Lead or the NMP Lead can access proof of qualification online

14.2 It is the responsibility of all newly qualified NMPs to register their qualification with their own professional body.

14.3 All NMPs (within community services HMR, CSB, Trafford and OCHS) must be registered with the NHS Business Services Authority (previously the Prescription Pricing Authority) before they can prescribe. This will be arranged according to local policy.

14.4 The job description of a newly qualified NMP will be reviewed to reflect his / her prescribing responsibilities and the scope of practice. This is the responsibility of the NMP and their line manager.

14.5 NMPs should not commence prescribing until contact is made with the NMP Lead and 'Approval To Practice as an NMP' form is completed (example template in Appendix E). The approval to practice form will indicate the group of patients to be prescribed for and type of medicines to be prescribed. The NMP Lead will then sign off the form. A copy will be

held by the NMP Lead and copies circulated to the NMP, Pharmacy department and line manager.

15 The Clinical Management Plan (CMP)

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

15.2 Regulations specify that the CMP must include the following:

- The name of the patient to whom the CMP relates
- The illness or conditions which may be treated by the supplementary prescriber
- The date on which the CMP is to take effect, and when it is to be reviewed by the doctor who is party to the CMP (review date 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 CMP
- Any restrictions or limitations as to the formulation or dose of any medicine which may be prescribed or administered under the CMP, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the CMP
- **NB:** the CMP may include a reference to published national or local guidelines; these must clearly identify the range of relevant medicinal products to be used in the treatment of the patient, and the CMP should draw attention to the relevant part of the guidelines. The guidelines also need to be easily accessible
- Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances
- The arrangements for notification of:
  a) Suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan
  b) Incidents occurring with the appliance, which might lead, or have led to the death or serious deterioration of state of health of the patient.
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.

15.3 Following diagnosis by a medical prescriber, the medical and supplementary prescriber should discuss the CMP before the document itself is prepared. The independent medical prescriber or supplementary prescriber may draft the CMP; however both must formally agree to the CMP and receive patient consent before supplementary prescribing can begin.

16 Format of Clinical Management Plans

16.1 The CMP should:

- Be patient specific
- Be agreed by both the medical and supplementary prescriber before supplementary prescribing begins and signed by both of them; the arrangement should be approved by the patient and this must be documented
- Although not necessary, it would be recommended as good practice to also gain the patient's signature
- 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 medical 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).

16.2 The medical prescriber and supplementary prescriber must share access to, consult and use the same patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used (see template in Appendix B). The GP would need to be notified of the prescribing arrangements.

16.3 It is for the medical prescriber to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the CMP. The medical prescriber will clearly need to take account of the experience / competence and areas of expertise of the supplementary prescriber when coming to this decision.

16.4 The CMP comes to an end:

- At any time at the discretion of the medical prescriber, 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)
- If the medical prescriber leaves their post. In these circumstances the CMP must be reviewed by their successor.

16.5 A supplementary prescriber must not agree to prescribe any medicine if their knowledge of that medicine falls outside their area of competence.

16.6 Template CMP documentation can be found in Appendices B and C.

17 Written Directions to Supply (in hospitals) Transcription by Pharmacists

17.1 The Medicines Act 1968 allows a hospital to supply a prescription only medicine against a patient specific 'written direction' of an appropriate practitioner in relation to that medicine, instead of a prescription. The intention is to permit the supply of medicines against the patient's in-patient chart or notes.

17.2 Entries on a patient's in-patient prescription chart are directions to administer. However, provided the wording is clear, the entry can be taken as authority to make a supply, e.g. as take home medication. Provided the entry fulfils the requirements the details can be transcribed onto an order form (leave or discharge prescription) to be used in pharmacy to prepare the leave or discharge supply. Such transcription can only be carried out by a pharmacist. By carrying out this transcribing the pharmacist is NOT prescribing as the original written direction to supply was made by a practitioner (medical doctor or independent NMP), Royal Pharmaceutical Society Medicines, Ethics and Practice - The professional guide for pharmacists, edition 39 (July2015).

18 Differences between Non-Medical Prescribing and Patient Group Directions

A patient group direction (PGD) is defined as a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. It is not a form of prescribing. The health care professional must be conversant with each PGD before undertaking administration. For further information see: https://www.gov.uk/government/publications/patient-group-directions-pgds.

19 Patients Detained Under the Mental Health Act (1983)

19.1 For every patient detained under the act there will be a Responsible Clinician / Approved Clinician. The main function of the Responsible Clinician / Approved Clinician will be to supervise the treatment of the patient. The Mental Health Act as it presently stands does not dictate who can prescribe or administer medication and does not state that prescribing cannot be delegated under the Responsible Clinician / Approved Clinician's supervision, as is the case with *pro re nata* (PRN) medication. In this, it is important to distinguish between consent to the treatment itself (drug, BNF category, number in that category, etc), which must be obtained and recorded by the Responsible Clinician / Approved Clinician, and prescribing or administering that treatment, which may be effected by anyone competent to do so.

19.2 Prescribing medication for treatment of a physical disorder
Where a patient is detained under the Mental Health Act 1983 the procedure for prescribing treatment for a physical disorder is exactly the same as for a patient who is not detained under that Act and should also meet requirements as set out in the MCA 2005.

19.3 Prescribing medication for treatment of a mental disorder
Where a patient is detained under the Mental Health Act 1983 the procedure for prescribing treatment for mental disorder is the same as for a patient who is not detained under that Act.

19.4 However, Parts 4 and 4A (Consent to Treatment) under the Mental Health Act 1983 still apply. This means that only the clinician in charge of the treatment of psychiatric medication for that patient AND / OR a Second Opinion Appointed Doctor (SOAD) may complete the statutory form(s) as required under sections 58 and 64B of the Act (ie forms T1, T2, T3, T4, T5, T6 and CTO 11)

19.5 Once the relevant form has been completed, non-medical prescribing is authorised in the usual way and subject to the same conditions, provided that the medication in question remains compliant with the type, dosage, administration route and range documented on the statutory form. For further details see Care Quality Commission (CQC) guidance note on medications for detained patients:

20 Capacity, Consent and Medication

20.1 Without exception prescribers must confirm whether or not the patient has the mental capacity to make an informed decision to either consent to or refuse the proposed treatment and this must be documented in the patient's notes.

20.2 Where the mental capacity of a patient to make such an informed choice is in doubt, a Mental Capacity Assessment (that is Mental Capacity Act 2005 compliant) must be conducted by the professional who intends to prescribe the proposed medication.

20.3 If a patient is unable to give consent or where a patient's capacity to consent fluctuates, the independent medical and supplementary prescribers should clearly document the benefits of non-medical prescribing for that patient and proceed in the patient's best interest (as per Section 4 of the MCA 2005). All NMPs should adhere to the Trust policies on 'Consent to Examination or Treatment' (CL2), 'Treatment of patients subject to the Mental Health Act 1983, Part 4 and Part 4a' (CL58) and the Mental Capacity Act 2005.

20.4 If the patient is deemed to be mentally capable AND formally consents to

medication THEN non-medical prescribing is authorised provided it remains compliant with this document in its entirety (including the conditions outlined under section 19 above).

20.5 If the patient is deemed to be mentally capable and refuses the proposed medical treatment, then non-medical prescribing of medicines is not authorised.

20.6 If the patient is deemed to be mentally incapable but does not object then non-medical prescribing is authorised if the following criteria are met::

- There is no conflict with section 19 above
- The treatment is considered to be in the patient's best interests
- The treatment is prescribed (and administered) in accordance with the key principles of the Mental Capacity Act 2005 and its Code of Practice guidance
- There is no advance decision in place refusing this treatment.

20.7 If the patient lacks capacity and appears to object to non-medical prescribing then there is no authorisation to continue.

20.8 The following text is taken from the Mental Health Act, Code of Practice to clarify what should be taken as an objection:

- (23.18) In deciding whether patients object [to treatment], all the relevant evidence should be taken into account, so far as it reasonably can be. In many cases, patients will be perfectly able to state their objection, either verbally or by their dissenting behaviour. But in other cases, especially where patients are unable to communicate (or only able to communicate to a limited extent), clinicians will need to consider the patient's behaviour, wishes, feelings, views, beliefs and values, both present and past, so far as they can be ascertained
- (23.19) If there is reason to think that a patient would object, if able to do so, then the patient should be taken to be objecting. Occasionally, it may be that the patient's behaviour initially suggests an objection to being treated, but is in fact not directed at the treatment at all. In that case the patient would not be taken to be objecting.

21 Adverse Drug Reactions

If a patient reports a severe or unexpected reaction to a prescribed medicine it should be reported immediately to the patient's GP and / or responsible medical officer. The NMP must document any adverse reactions and the action taken in the patient's notes. Prescribers who suspect that an adverse reaction has taken place must report via the Yellow Card Scheme (see BNF) and complete a Trust incident form. NMPs should adhere to the Trust's Medicines Policy.

22 Legal and Clinical Liability

22.1 Where an NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions.

22.2 It is the responsibility of the NMP's line manager in conjunction with the NMP Lead, to agree to the areas in which they are able to prescribe as part of their professional duties. An 'Approval to Practice' form must be completed In the case of supplementary prescribing the therapeutic area/s must be agreed. Should the independent / supplementary prescriber wish to expand on these areas, the line manager should explore any further clinical training or experience that may be required and this must be provided before this new area can be included in their professional duties, a revised Personal Formulary form should be completed and signed by the NMP, their DMP, line manager and approved by the Trust NMP Lead.

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

22.4 NMPs may wish to consider obtaining professional indemnity insurance, by means of membership of a professional organisation or trade union or private insurance.

23 Working with the Pharmaceutical Industry

All NMPs should adhere to the Trust's policy on Conduct of and Liaison with Pharmaceutical Company Employees (CO30).

24 Continuing Professional Development (CPD)

24.1 All nurses and pharmacists have a responsibility to keep themselves abreast of clinical and professional developments. NMPs will be expected to keep up-to-date with the management of conditions for which they may prescribe, and in the use of drugs, dressings and appliances. Nurses may use the learning from this activity as part of their Revalidation. Non-medical prescribing should be discussed at Individual Performance Development Review (IPDR) and any training needs identified through CPD.

24.2 An example of a single competency framework for all prescribers is available at: https://www.associationforprescribers.org.uk/images/Single_Competency_Framework.pdf. An updated version is expected to be published by the National Institute for Health and Care Excellence (NICE) in June 2016

24.3 To maintain high standards of prescribing practice the Trust will offer

NMPs the opportunity to attend clinical update training in relation to NMP.

24.4 If an NMP has not prescribed for over one year (this may be due to a changing role or the need for support) or has failed to access suitable CPD prescribing may temporarily cease to be part of their professional duties, following discussion with the NMP Lead and line manager.

24.5 On returning to practice following a break in prescribing of over one year (or less, if felt needed by the prescriber) support will be provided by the NMP Lead and a professional who is currently prescribing in a similar way.

25 Monitoring and Budget Setting

25.1 Analysis of medicines usage and expenditure will provide useful management information. The route for accessing prescribing data for NMPs will depend on the type of prescriptions utilised and where the prescribing costs are allocated.

25.2 The Trust's Drug and Therapeutics (D&TC) Committee will oversee and direct any audit requirements relating to Non-Medical Prescribing as part of the Trust's clinical annual audit programme.

25.3 It is the responsibility of all NMPs to accurately record and keep a record of all instances of prescribing. NMPs will be required to participate in and provide evidence for any audit programmes as directed by the D&TC. NMPs will participate in their own prescribing practice data collection.

26 British National Formulary (BNF) and Drug Tariff

26.1 The Trust will supply the BNF (and where relevant the cBNF) to V300 independent / supplementary prescribers every year. The Drug Tariff is published every month and can also be accessed through NHS Business Services Authority (BSA) website. Currently the community practitioner nurse prescribers receive an NPF every two years.

26.2 An electronic copy of the BNF is accessible through the Trust's IT system.

27 Non-Medical Prescribing Protocols

27.1 NMPs must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance e.g. life threatening. Trust prescribers may prescribe ONLY for patients of the Trust, without exception.

27.2 The National Prescribing Centre (1999) recommended that prescribers follow the seven principles of prescribing:

- Examine the holistic needs of the patient. Is a prescription necessary?
- Consider the appropriate strategy
- Consider the choice of product
- Negotiate a 'contract' and achieve concordance with the patient
- Review the patient on a regular basis
- Ensure record keeping is both accurate and up to date
- Reflect on your prescribing

NMP Prescriptions

27.3 A variety of prescription forms (paper and electronic) will be used by NMPs depending on the area and service the NMP is practicing in. NMPs should only write prescriptions on a prescription form that bears his / her own unique NMC / GPhC / HCPC registration number indicating that they are an independent and / or supplementary prescriber.

27.4 Prescription forms must be ordered as 'controlled stationery'. The Chief Pharmacist has overall responsibility for effective governance around the safety, use and destruction of prescription pads.

27.5 Prescribing on **FP10 HNC** (green) Prescriptions (Hospital Forms that can be dispensed in a community pharmacy) and **FP10 (lilac)** used in the community**:**

- The NMP should complete the prescription by writing clearly and legibly using a black pen.
- The prescription must contain the following details:
  - The patient's surname, first name, date of birth, age and full address
  - The name of the product (approved generic titles should be used wherever possible)
  - Size and strength (if any), topical application (indicate area) of the prescribed item, dosage and frequency
  - It should be signed and dated. The prescriber must never countersign the back of the prescription.

27.6 Mental health service NMPs will not prescribe on community **FP10** forms unless there is a formal agreement with the relevant Commissioners and Chief Pharmacist, and they have been registered with the NHS BSA by the Chief Pharmacist. They may make prescribing decisions in the community as per a patient specific CMP with the prescription generated by the GP.

27.7 For prescribing on **FP10MDA** and **FP10MDA-SS** please refer to the Trust policy on 'Safe management of controlled drugs' (CL44) for guidance. For inpatient and outpatient prescriptions adherence to the Trust's Medicines Policy (CL15) should be followed.

27.8 The prescription form used by nurses must be stamped with their independent / supplementary prescriber NMC No. Prescriptions used by

pharmacists must be stamped with pharmacist independent / supplementary prescriber GPhC No. Prescriptions used by allied healthcare professionals must be stamped with the supplementary prescriber HCPC No. The base, contact number and NHS BSA approved prescribing account code will be already printed in the address box.

27.9 NMPs may (usually) prescribe a maximum of one calendar month's treatment on each prescription with exception for some services e.g. contraception services. Patients requiring long term treatments should be reassessed either after six repeat prescriptions or six months.

27.10 Any prescription written must be dispensed before travel outside the UK.

27.11 Patients can choose which pharmacy to attend to have their prescription dispensed. NMPs must not direct patients to a specific pharmacy except where this is necessary for contractual reasons to access a specific service, e.g. 7 day or supervised dispensing."

27.12 Prescriptions can be issued by Independent prescribers:

- For products that they are competent to prescribe
- To patients active on their caseload following full assessment
- For (usually) no more than four weeks supply at a time (in most cases)
- Where a patient has been assessed or re-assessed for treatment

27.13 Prescriptions can be issued by Supplementary Prescribers:

- For products on the CMP
- To patients active on their caseload with an agreed CMP
- For no more than four weeks supply of the product at a time.

Record Keeping/Communication

All NMPs are required to keep contemporaneous records, which are unambiguous and legible and will adhere to the Trust's Records Management Policy (CO20).

27.14 Details of the assessment (including details of capacity assessment and best interest decisions), prescription and rationale for prescribing must be entered in the common case notes / shared notes. The current CMP must be clearly visible within all records.

27.15 The patient's GP must be made aware of any changes to the prescription. This information should be given within 48 hours, or immediately if necessary (an example of a standard letter regarding medication changes is shown in Appendix D; local equivalents may be used).

27.16 The supplementary prescriber must never make amendments to the CMP without the agreement of the independent medical prescriber named on the plan.

27.17 For community services information should be documented in the patient held records at the time of issuing the prescription, the clinic held records within 24 hours of the prescription being generated and the surgery held records within two working days of a prescription being generated.

Security and Safe Handling of Prescription Forms

27.18 Prescription forms are classified as 'controlled stationery'. It is the responsibility of the NMP to ensure security of their prescription forms at all times. The following criteria must be adhered to:

- The prescriptions must only be produced when needed and never left unattended
- Under no circumstances should blank prescription forms be pre-signed
- When not in use, the prescriptions must be stored in a locked cupboard / drawer
- Prescription pads must be left intact until a prescription is issued.
- It is good practice to keep a record of all prescription numbers in a prescription log
- In community services when the NMP is travelling between work base and patient or clinic, the prescription pad must not be visible. It must be locked in a secure place (such as car boot) or carried out of view on the person
- If a prescription is written in error, VOID should be written across the prescription, a note of the prescription number and reason for destruction should be made in the prescription log. The void prescription should be shredded as soon as possible
- Prescription pads must be returned to the local NMP Lead (or appropriate designated person) before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. Local NMP Leads will update the Chief Pharmacist in relation to these.

27.19 Community services should adhere to their local protocols in terms of recording serial numbers.

27.20 Any adverse incidents MUST be recorded using the Trust Safeguard Incident Reporting System via the Trust intranet

27.21 The procedure for lost/stolen prescription forms must be adhered to (Appendix G)

Maintaining The Trust's NMP Prescribing Registers

27.22 The NMP Leads will maintain the Trust NMP registers. All changes of details are to be notified to the NMP Lead in your area for any amendments to the register.

27.23 The NMP register must contain:

- Name

- NMC PIN, GPhC number or other registering body ID number
- Qualification and Specialty, eg RMN working as CPN
- Date of non-medical prescribing qualification.
- Base and contact details
- Eligibility to prescribe – independent, supplementary or both.

27.24 The NMP must notify the relevant NMP Lead of a change of details for any of the following:
- Change of name
- Change of base and contact number
- Change of NMC PIN, GPhC, or other registering body ID number.

27.25 The line manager must inform the NMP Lead of any of the following:
- Termination of employment or change of post / role
- Suspension from practice
- Appointment of staff eligible for non-medical prescribing training
- Appointment of qualified NMPs not currently on a Trust register.

Maintaining High Standards of Prescribing Practice

27.26 The NMP will access ongoing education and be self-directed in meeting learning and development needs. The NMPs will:
- Ensure that prescribing is in line with up-to-date, best practice in the management of conditions that are being treated
- Non-medical prescribing will be discussed at IPDR and any training needs identified through the Personal Development Plan
- Access clinical supervision

28 Reference Documents

28.1 This policy should be adhered to alongside local guidelines and protocols and the Trust policies as specified.

28.2 Senior managers are responsible for ensuring that all medical and NMPs have access to this policy, local guidelines and protocols and work within these.

28.3 The NMP is responsible for keeping updated on all related local policies, standard operating procedures and guidelines in their area, eg:
- Trust Antibiotic guidelines
- Wound care formulary

28.4 Appendices attached to this policy are intended to support the framework within which non-medical prescribing is implemented within Pennine Care NHS Foundation Trust.

REFERENCES

Mental Capacity Act (MCA) 2005
http://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Capacity Act Code of Practice.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

The Code: Professional standards of practice and behaviour for nurses and midwives (NMC March 2015).
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf

General Pharmaceutical Council (GPhC) standards of conduct, ethics and performance (July 2012)
https://www.pharmacyregulation.org/sites/default/files/standards_of_conduct_ethics_and_performance_july_2014.pdf

Prescribing of Unlicensed Medications by Nurse and Midwifery Independent Prescribers: Update on Practice Standard 17, 17.1
https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2010circulars/nmccircular04_2010.pdf

The Medicines for Human Use (Miscellaneous Amendments) (No.2) Regulations. SI 2009 3063
http://www.legislation.gov.uk/uksi/2009/3063/pdfs/uksi_20093063_en.pdf

Standards of proficiency for Nurse and Midwife Prescribers (NMC 2006)
https://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-nurse-and-midwife-prescribers/

Standards for Medicines Management (NMC 2008)
https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/

Royal Pharmaceutical Society Medicines, Ethics and Practice - The professional guide for pharmacists, edition 39 (July2015).

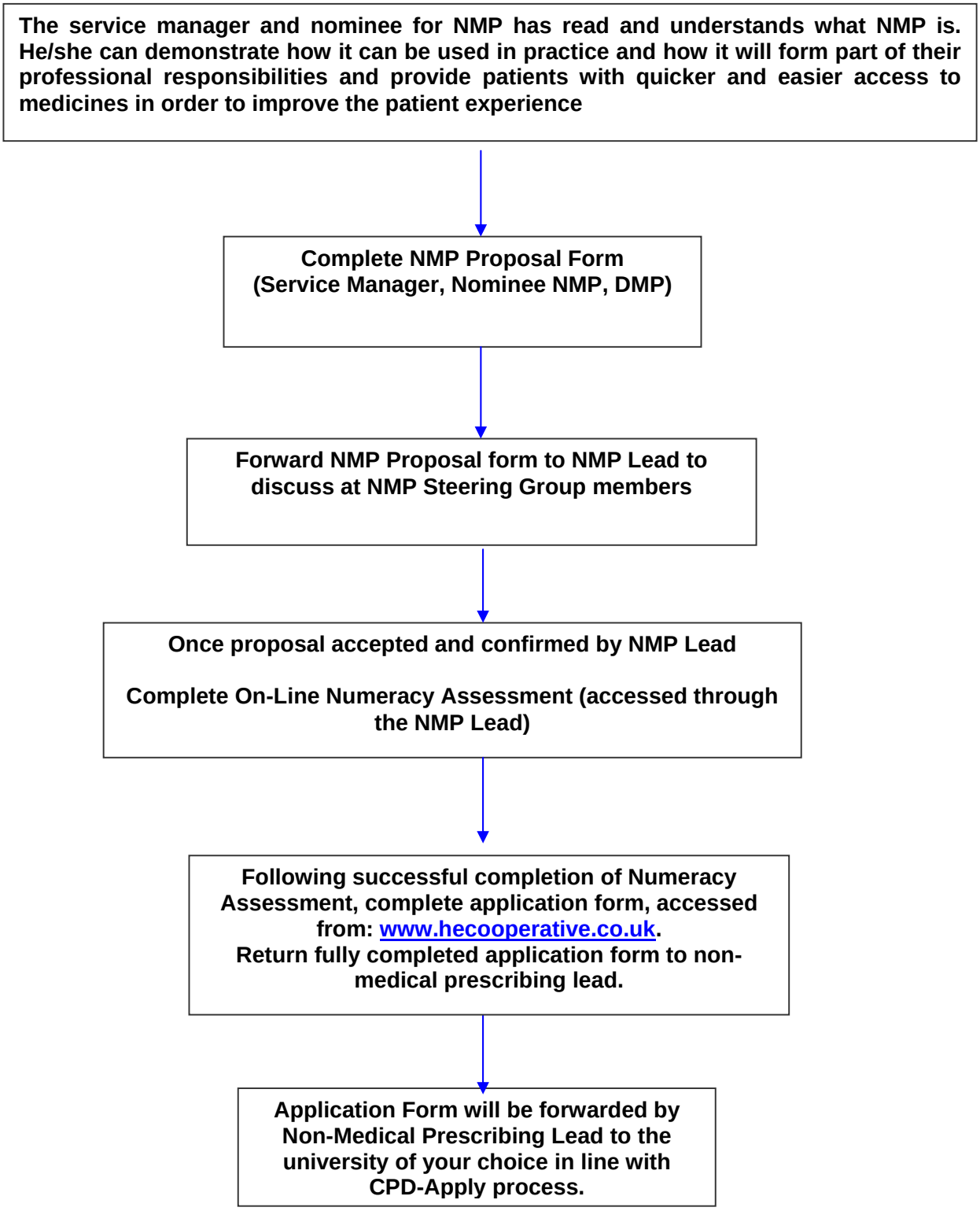
Single competency framework for all prescribers (NPC / NICE 2012)
https://www.associationforprescribers.org.uk/images/Single_Competency_Framework.pdf

Patient Group Directions (MHRA 2014)
https://www.gov.uk/government/publications/patient-group-directions-pgds.

Mental Health Act (1983) http://www.legislation.gov.uk/ukpga/1983/20/contents

Appendix A

Flowchart of the Application Process For Non-Medical Prescribing (NMP)



Appendix B

TEMPLATE CMP 1 (Blank): for teams that have full access to patient records

Name of Patient:		**Patient medication sensitivities/allergies:**	
Patient identification eg ID number, date of birth:			
Independent Prescriber(s):		**Supplementary Prescriber(s)**	
Condition(s) to be treated		**Aim of treatment**	
Medicines that may be prescribed by SP:			
Preparation	**Indication**	**Dose schedule** .	**Specific indications for referral back to the IP** .
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	**Supplementary prescriber and independent prescriber**		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	**Date**	**Agreed by supplementary prescriber(s)**	**Date**	**Patient Signature / Date agreed with patient/carer**

Appendix C

TEMPLATE CMP 2 (Blank): for teams where the SP does not have full access to the medical record

Name of Patient:	**Patient medication sensitivities/allergies:**
Patient identification eg ID number, date of birth:	
Current medication:	**Medical history:**
Independent Prescriber(s): **Contact details: [tel/email/address]**	**Supplementary prescriber(s):** **Contact details: [tel/email/address]**
Condition(s) to be treated:	**Aim of treatment:**

Medicines that my be prescribed by SP:

Preparation	Indication	Dose schedule	Specific indications for referral back to the IP

Guidelines or protocols supporting Clinical Management Plan:	
Frequency of review and monitoring by:	
Supplementary prescriber	**Supplementary prescriber and independent prescriber**
Process for reporting ADRs:	
Shared record to be used by IP and SP: .	

Agreed by independent prescriber(s):	Date	Agreed by supplementary prescriber(s):	Date	Patient Signature / Date agreed with patient/carer

Appendix D

Independent/Supplementary prescribers
Name and address

EXAMPLE LETTER TO GP

Date:

Dear Dr……..

Re: …… ……
Patients name *Patients DOB*

……
Patients address

I am writing to inform you that I have seen the above patient today. I have made the following amendments to their prescription.

- Medication on Review:
  :……
  …….
- Changes to Medication:
  ……
  ……

- I have issued a prescription for ……..days and would appreciate it if you could amend your records and issue future prescriptions from…….
  Date

- I have not issued a prescription, and would appreciate it if you could please amend your records and the issue subsequent prescriptions as requested.

If you have any queries or comments please do not hesitate to contact me on:……..

Yours sincerely

Independent/Supplementary Prescriber

- **Delete as appropriate**

Appendix E

APPROVAL TO PRACTICE AS A NON-MEDICAL PRESCRIBER FORM –

Example Template

Full Name: ……

Job Title:…….

Professional Qualification and Registration No:……

Service Area: ……..

Work Address :
……

……

Contact Number/Bleep: …….....

E-mail: ……..

Approved to Prescribe as: Statement of Entry Received □

a) Supplementary Prescriber*
b) Independent/Supplementary Prescriber*

Approved to Prescribe for Group of patient/speciality/Types of medicines (attach list if necessary)……

……..

Do you update yourself professionally in the areas in which you prescribe?
Yes / No

How do you do this? ……

NMP's Usual Signature

Approved By NMP Lead: ……..Signature…….....

Date: ……

Copies: NMP Lead/NMP/Line Manager/Pharmacy

Appendix F

Personal Formulary Summary

Name:

PIN No:
Service Manager:

Medical Officer:
:Department / Service

Drug	**Indication**	**Dose**
1. 2. 3. 4. 5. 6. 7. 8 9 10.		

NMP (Signature) ……

Service Manager (Signature)…… Medical Officer (Signature)……

All medications will be prescribed as per the current edition of the BNF

Appendix G

Standard Operating Procedure (SOP) For The Loss / Theft of Non-Medical Prescribing Pads

This SOP should be read in conjunction with Pennine Care Foundation Trust (PCFT) Medicines Policies and in particular the PCFT Non-Medical Prescribing Policy (CL43).

Introduction

The security of prescription pads is the responsibility of both the employing organisation and the prescriber**.**

The aim of this SOP is to provide a clear procedure for the management of lost / stolen prescription pads.

It is the responsibility of all NMPs to ensure that all prescription pads in their possession are kept safe and secure both when in use and when not in use

It is the responsibility of the non-medical prescribing leads for the organisation to ensure that accurate records are maintained to ensure that prescription pads, awaiting collection by NMPs are registered and stored safely and securely.

It is the responsibility of the non-medical prescribing leads to ensure that there is a system in place to manage lost / stolen prescriptions and to mitigate the loss.

Scope

This SOP applies to all NMPs within PCFT

LOSS / THEFT OF PADS

1. If a pad is lost or stolen the NMP must complete the 'Missing / Lost / Stolen NHS prescription form(s) Notification Form. (Appendix H)

2. The NMP must complete an organisational incident form stating the Police incident number.

Within Working Hours (9am-5pm Monday to Friday)

3. The NMP must inform:

a. Police - ensuring they get an incident number
b. NMP Lead
c. Their Line Manager
d. Local Security Management Specialist

4. The NMP Lead will notify LASCA of the loss and the NMP's name, PIN number and numbers of pads / prescriptions lost / stolen

5. The Local Security Management Specialist will liaise with the Police as appropriate.

6. An incident report stating the details of the loss / theft must be made on the Trust Safeguard system

Out of Hours (after 5pm Monday to Friday, Bank holidays and weekends)

1. The NMP must inform:
   a. Police - ensuring they get an incident number
   b. On Call Manager
   c. Their line manager if on duty

2. On the first working day after the incident the NMP will inform:
   a. The NMP Lead
   b. Their Line manager if not already informed
   c. Local Security Management Specialist

3. On the first working day after the incident the NMP Lead will notify LASCA of the loss and the NMP's name, PIN number and numbers of pads / prescriptions lost / stolen

Appendix H

Missing / Lost / Stolen NHS prescription form(s) Notification Form

FAO: Pharmacies □; GP Practices □; Dentists □; Optometrists □; Other……. In, ALW □; Bolton □; Bury □; HMR □; Manchester □; Oldham □; Salford □; Stockport □; T&G □; Trafford □
Date:
Type of prescription:
Serial Numbers if known:
Prescriber name and address:
Additional information:
If applicable will the prescriber be signing in red ink and if so for how long?
Action to be taken if presented with the prescription:
Contact name and details in case of queries:

To the author of this alert- please email to lasca.customerservices@nhs.net for onward distribution.