

**NHS North Somerset  
Clinical Commissioning Group**

**Policy for Non-Medical Prescribing**

**Approved by:                      Quality and Assurance Group**

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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 North Somerset 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, opticians, 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 such as the NSCCG Medicines Policy.

## 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 Advisory Group 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 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. Staff eligible to become qualified prescribers

Practitioners who satisfy ALL the following conditions will be entitled to prescribe within North Somerset Clinical Commissioning Group :

- Works within a GP practice, prison, community hospital or other community setting within the CCG area.
- Has successfully completed an approved prescribing / extended prescribing training course
- Is registered with the appropriate regulatory body (e.g. NMC, GPhC) as a prescriber.
- Is authorised / required by the employing authority to prescribe
- 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 Head 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 Head 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 Head 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 Head of Medicines Management has received all the appropriate paperwork.

New prescription pads will be sent to Head 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 Head 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 Head of Medicines Management

**Prescribers leaving employment / change of role within NSCCG/ Change of details**

The practitioner must inform the Head of Medicines Management of any change in circumstances (e.g. change of name) using the NHSBSA NMP Amendments form (appendix 2). The Head 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 Head 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 and North Somerset Community Partnership should follow their own policy and processes for ordering and managing prescription pads**

## 8. Indemnity Insurance and Legal Liability

Practitioners employed by North Somerset CCG will have vicarious liability via North Somerset 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 North Somerset 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.

## 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 **one** of the following:

- Avon Primary Care Support Agency (PCSA) 0117 976 6600
- Primary Care Team at NHS England BNSSSG Area Team via e-mail [england.bnsssg-pharmacy@nhs.net](mailto:england.bnsssg-pharmacy@nhs.net)
- NHS Counter Fraud on 01173 420837
- The CCG Head of Medicines Management 01275 546773

The PCSA 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 BNSSSG 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 Head 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](http://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 ongoing 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.

Prescribing by all practitioners is monitored by the Medicines Management Team, with quarterly reports on prescribing spend sent to the Medicines Management Advisory Group 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](http://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](http://www.nmc-uk.org)
- NHSBSA SMS Security of prescription forms guidance (2008)  
[http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/security\\_prescriptions.pdf](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/security_prescriptions.pdf)

## 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

<b>Name of NMP:</b>						
<b>Job Title:</b>						
<b>Team / Area of Work:</b>						
<b>Work Telephone No:</b>						
<b>E-mail Address:</b>						
<b>Type of Prescriber:</b>	V300 SP		V300 SP/IP		V150 CPNP	
<b>Currently prescribing? If no, please state reason:</b>	Yes/No					
<b>Frequency of prescribing:</b>	Daily/Weekly/Monthly					
<b>Date of Registered Qualification:</b>						
<b>Area of Prescribing Practice e.g. COPD, Asthma, Diabetes:</b>						

<b>Disease area to be prescribed for and/or types of medicines to be prescribed:</b>	<b>Evidence of competence to prescribe in this area:</b>	<b>Recent CPD supporting prescribing in this area: (include dates)</b>	<b>Please state guidelines or attach protocols worked to</b>
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
<b>What plans do you have to audit or review your prescribing?</b>			

Any expansion in areas of prescribing since last review?

Yes / No

If yes, please specify:

**I have undertaken the following activities:**

<b>Area to self certify</b>	<b>Response</b>	<b>If No, your intended actions</b>
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?

If you have identified training needs during your PDP (professional development plan) or annual review (appraisal) in relation to non-medical prescribing please state them and how they will be addressed.

**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  
 .....

<p><b>I declare that I am competent in the area where I am currently prescribing.</b></p>	
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 Head of Medicines Management**

## Appendix 2 – NHSBSA NMP Amendments form

### Notification of Non-Medical Prescriber Amendments

NB Please allow 3 working days for PPD to process the information before ordering prescription forms from 3MSPSL and, where possible, please inform PPD 1 month prior to prescriber's start date.

Fields in **RED** are mandatory – please enter X in relevant box

Form Submitted by: PCT  or Agency/CNPC  Agency/CNPC

Name:.....

Name of PCT:..... PCT Code: .....

<b>PROFESSION TYPE</b>				<b>UPDATE TYPE</b>	
Nurse/Midwife	<input type="checkbox"/>	Optometrist	<input type="checkbox"/>	New Prescriber to your organisation	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Prescriber working for additional Practice/PCT/CNPC	<input type="checkbox"/>
Podiatrist	<input type="checkbox"/>	Radiographer	<input type="checkbox"/>	Change of Surname	<input type="checkbox"/>
				Change of Prescriber Code (Nurse only)	<input type="checkbox"/>
<b>EMPLOYED BY/CONTRACTED TO</b>				Change of qualification (Nurse only)	<input type="checkbox"/>
Practice	<input type="checkbox"/>			Prescriber leaving Practice/PCT/CNPC	<input type="checkbox"/>
PCT	<input type="checkbox"/>			Change of Title	<input type="checkbox"/>
CNPC	<input type="checkbox"/>			Change of other details	<input type="checkbox"/>
	<b>1 Deletion</b>			<b>2 Addition</b>	
<b>Name</b>	Surname (max 30 characters)		Initials	Surname (max 30 characters)	Initials
<b>Prescriber Code</b> (e.g. NMC/regulatory body code)					
<b>Title</b> (Mr/Mrs/Miss/Ms/Sister)					
<b>Qualification</b> (nurse only)	Community Practitioner Nurse Prescriber Formulary		<input type="checkbox"/>	Community Practitioner Nurse Prescriber Formulary	<input type="checkbox"/>
	Nurse Independent/ Supplementary Prescriber		<input type="checkbox"/>	Nurse Independent/ Supplementary Prescriber	<input type="checkbox"/>
<b>Organisation Code</b> (PCT/Practice/CNPC)					
<b>Effective Date</b>					

PCT/Agency/CNPC Officer: ..... (please print)

Telephone Number:.....

Date:.....

Signature:.....

(Authorised Signatory)