

Non-Medical Prescribing Policy

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POLICY FOR NON-MEDICAL PRESCRIBING

1. SCOPE OF THIS POLICY

- 1.1 This policy sets out a framework for the development and implementation of non-medical prescribing within the Clinical Commissioning Group, to establish a consistent approach for non-medical prescribing.
- 1.2 This policy applies to all registered nurses, pharmacists and other allied health care professionals employed by a GP practice or other provider linked to the Clinical Commissioning Group prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.
- 1.3 This policy relates to all non-medical prescribing activity within the Clinical Commissioning Group.

2. PURPOSE

- 2.1 This policy has been developed to ensure that all prescribing by all Non-Medical Prescribers is managed and governed robustly in GP Practices and the Clinical Commissioning Group, and to ensure:
 - Professional and statutory obligations are met
 - Prescribing benefits patient care by improving access to medicines
 - Robust standards are in place for non-medical prescribing
 - Clarification on accountability and responsibility
 - There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved Prescribing Programme.
- 2.2 **The principles that underpin Non-Medical Prescribing are:**
 - Improve patient care without compromising patient safety
 - Make it easier for patients to get the medicines they need
 - Increase patient choice in accessing medicines
 - Make better use of the skills of health professionals
 - Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

3 DEFINITIONS

3.1 Non-Medical Prescribers can be described as Independent or Supplementary:

A **Nurse Independent Prescriber** is a first level registered nurse whose name is recorded on the Nursing and Midwifery Council professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. Nurse Independent Prescribers may legally prescribe from the British National Formulary (BNF) including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

A **Community Practitioner Nurse Prescriber (CPNP)** is a district nurse/health visitor or any nurse undertaking a V100 or V150 prescribing programme as part of a Specialist Practitioner qualification. They can only prescribe from the Nurse Prescribers Formulary (NPF).

On 28th January 2019 new standards for nurse and midwife prescribers were introduced and the Nursing & Midwifery Council standards for medicines management were withdrawn.

The two new documents introduced are: the Royal Pharmaceutical Society's **A** Competency Framework for All Prescribers, available at; <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf> and our new Standards for prescribing programmes which is available at; <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf>

For accurate information on the safe and effective handling, management and administration of medicines please visit the following links;

- **Professional guidance on the safe and secure handling of medicines** – The NMC worked closely with the Royal Pharmaceutical Society (RPS) and their stakeholder partners on this guidance for all healthcare professionals covering areas such as the storage, transportation and disposal of medicines - <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>
- **Professional guidance on the administration of medicines in healthcare settings** - this guidance, co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN), provides principles-based guidance to ensure the safe administration of medicines by healthcare professionals. Guidance includes information about transcribing - <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Med%20eds%20prof%20guidance.pdf?ver=2019-01-23-145026-567>

A **Pharmacist Independent Prescriber** is a pharmacist listed on the General Pharmaceutical Council (GPhC) register, with an annotation signifying that the Pharmacist has successfully completed an education and training programme accredited by the General Pharmaceutical Council and is qualified as an independent prescriber. Pharmacist independent prescribers may prescribe from the British National Formulary including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

Since 1st April 2018, following changes in legislation, **Advanced Paramedics** are now able to train as Independent Prescribers in addition to **Physiotherapists, Podiatrists, Optometrists** and **therapeutic Radiographers**. The Health Care Professions Council (HCPC) has set prescribing standards to support the Allied Health Professional (AHP).

A **Supplementary Prescriber** is a registered professional who has successfully completed a recognised and approved education and training programme and is accredited by the appropriate professional body. They may be nurses, physiotherapists, radiographers, podiatrists, pharmacists, dieticians or optometrists. Supplementary prescribers may prescribe as part of a Clinical Management Plan (CMP) and in conjunction with a doctor or a dentist, prescribe from the British National Formulary.

- 3.2 A **Designated Medical Practitioner** (DMP) is required by all students undertaking the Prescribing Programme. The Designated medical practitioner is a registered medical practitioner, usually based at the same site as the student, who is willing to contribute to and supervise 12 days of learning in practice. The responsibilities of the designated medical practitioner are laid down in the document 'Training Non-Medical Prescribers in practice. A guide to help doctors prepare for and carry out the role of Designated Medical Practitioner' (2005 National Prescribing Centre).

http://www.npc.co.uk/non_medical/resources/designated_medical_practitioners_guide.pdf

https://www2.uwe.ac.uk/services/Marketing/what-can-i-study/Professionaldevelopment/Designated_medical_practitioners_guide.pdf

- 3.3 A **Mentor** is a registered medical practitioner nominated in the practice or service where the Non-Medical Prescriber is employed to provide support, mentorship, meet regularly and to monitor the prescriber's continuing professional development portfolio for assurance purposes. The Mentor also co-signs the Non-Medical Prescriber's Approval to Practice form to confirm their scope of prescribing practice. This form should be updated annually, and this can serve as a useful time to monitor continuing professional development. The Mentor may have previously been the Non-Medical Prescriber's designated medical practitioner when they were a non-medical prescribing student. For supplementary prescribers, the Mentor may be the independent prescriber named on the Supplementary Care Management Plan. All Non-Medical Prescribers should have a Mentor.



- 3.4 A **Patient Group Direction** (PGD) is defined as a written instruction for the supply and/or administration of medicines to a group or groups of patients who may not be individually identified before presentation of treatment. It is NOT a form of prescribing.
- 3.5 A **Patient Specific Direction** (PSD) is a direct written instruction and can be used when an individual patient is assessed by a prescriber, including a Non-Medical Prescriber. The instruction allows another health care professional to supply or administer a medicine directly to a patient.

4. ROLES AND RESPONSIBILITIES

- 4.1 This section contains an overview of the responsibilities, duties and accountability of both the individual and the organisation.
- 4.2 The employer e.g. GP Practice, will be responsible for:
- Ensuring the appropriate healthcare professionals meet the criteria to attend the non-medical prescribing course
 - Identifying a GP Mentor
 - Having a locked facility for prescription pads (if required)
 - Ensuring the Non-Medical Prescriber has access to a prescribing budget
 - Ensuring the Non-Medical Prescriber is prescribing in their area of competency.
 - Ensuring Non-Medical Prescribers are registered with the NHS Business Services Authority (NHSBSA) for their practice before prescribing. Please note that it takes the NHSBSA between three to five working days to register Non-Medical Prescribers to prescribe in a practice.
 - Ensuring Non-Medical Prescribers are de-registered with the NHS Business Services Authority when they leave the practice.
 - Ensuring the Non-Medical Prescriber attends supervision and has access to appropriate continuing professional development opportunities
 - There is an expectation that Practices will release Non-Medical Prescribers to attend a minimum of **two** CCG provided Non-Medical Prescriber educational meetings annually
 - Ensuring the Non-Medical Prescriber's quarterly data is audited by the prescriber and, when necessary, their GP Mentor. When requested, the NMP will provide assurances to the Clinical Commissioning Group that this auditing is taking place.
 - If necessary, investigating any anomalies and reporting back findings to the Clinical Commissioning Group
 - Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least once a year
 - Informing the CCG Non-Medical Prescribing Lead of any prescribing issues involving the Non-Medical Prescriber.
 - Notifying the Midlands and Lancashire Commissioning Support Unit medicine management team and CCG Non-Medical Prescribing Lead when a Non-Medical Prescriber leaves the practice.

4.3 The Non-Medical Prescriber is responsible for:

- Being professionally obliged to act only within and not beyond the boundaries of their knowledge and competence
- Submitting a completed Approval to Practice form, if newly qualified, at least annually and following any changes to practice (see Appendix 2). This specifies their scope of practice from which they intend to prescribe, to their employer and the Clinical Commissioning Group. This should be completed for each practice where the Non-Medical Prescriber prescribes
- Ensuring that they provide evidence based, safe and cost-effective prescribing at all times and adhere to the local formulary and guidelines
- Adhering to their professional code of conduct and to this policy
- Ensuring 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 (the right to refuse)
- Ensuring their prescribing competency is maintained by means of continuing professional development (CPD)
- Maintaining an up-to-date portfolio documenting clearly the hours of continuing professional development completed and its form
- Reviewing individual prescribing data quarterly. If required, meet with their GP Mentor to ensure prescribing is within competencies as defined in the Approval to Practice form (see Appendix 2).
- Resubmitting Approval to Practice form (appendix 2) where competencies change following discussion with GP Mentor and after undertaking appropriate training.
- It is good clinical practice to complete the detailed competency forms (including the controlled drug prescribing competency form), which should be agreed and signed by the GP Mentor, and to keep these in the NMP's own portfolio. **There is no need to submit these forms (appendices 4-6).** The forms should be updated as necessary in relation to new competencies acquired by the NMP, and it is recommended that these forms are reviewed and signed by the GP Mentor at least annually.

4.4 The GP Mentor will be responsible for:

- Providing support and mentorship and meeting the Non-Medical Prescriber regularly to discuss any prescribing issues. Newly qualified Non-Medical Prescribers would benefit from more frequent meetings
- Ensuring the Non-Medical Prescriber's quarterly electronic prescribing data is audited
- Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes
- Co-signing the Non-Medical Prescriber's Approval to Practice form to confirm their scope of prescribing practice
- Address any prescribing issues in accordance with the Practice's process for dealing with concerns and informing the CCG Non-Medical Prescribing Lead as required.

4.5 The Clinical Commissioning Group will be responsible for:

- Ensuring there is an up-to-date register of non- medical prescribers in the Clinical Commissioning Group
- Providing **four** non-medical prescribing meetings a year
- Processing NHS-funded applications for the NMP course via CPD Apply including nomination for numeracy assessment.
- Notifying all Non-Medical Prescribers when their quarterly prescribing data is available for prescribers to audit with their Mentor or other medical practitioner
- Monitoring prescribing data on an annual basis and controlled drugs prescribing quarterly
- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level to the Non-Medical Prescribing Assurance Group, as appropriate.
- The Non-Medical Prescribing Group will consist of the Clinical Commissioning Group Non-Medical Prescribing lead, GP clinical lead for prescribing and member of the Midlands and Lancashire Commissioning Support Unit medicines management team.

5. THE PROCESS OF APPLYING TO THE NMP COURSE

5.1 Practitioners wishing to train as a Non-Medical Prescriber need to:

- Ensure they meet the criteria for the course (as detailed in Expression of Interest form, Appendix 1) and have the appropriate numeracy skills to undertake drug calculations.
- Ensure the employer agrees to release them for the course requirements: 26 days in University and 12 days clinical practice supervision.
- Attend University taught sessions and avoid booking annual leave for the relevant University days.
- Identify an appropriate designated medical practitioner (DMP) and comply with any pre-course requirements for entry on the course e.g. numeracy assessment.
- Complete an Expression of Interest form (Appendix 1) and contact the CCG Non-Medical Prescribing Lead at the Clinical Commissioning Group. Ensure all relevant paperwork is fully completed
- Identify the therapeutic area and field, where they already have considerable expertise, and for which they intend to prescribe.

5.2 The employer should ensure they:

- Only nominate candidates who meet the criteria for the course and will prescribe as part of their role.
- Provide support to the practitioner and release them for the pre-requisite number of days as well as time with their designated medical practitioner.
- Have identified a prescribing role and it is in the practitioner's job description and the relevant budgeting arrangements are in place
- Have the capacity in the practice to allow the qualified practitioner to prescribe within their role, both safely and effectively.

5.3 Refer to Appendix 4 for the process of applying for a Non-Medical Prescribing course. The Health and Education Co-operative website also provides further information on Non-Medical Prescribing including course requirements and how to apply (<http://www.hecooperative.co.uk>).

6. LEGAL AND CLINICAL LIABILITY

6.1 Each qualified Non-Medical Prescriber is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. They should prescribe within the locally agreed formulary, guidance and policies.

6.2 When a Non-Medical Prescriber 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.

6.3 Both employer and employee should ensure that the employee's job description includes a clear statement that prescribing is required as part of the duties of that post.

6.4 The Nursing and Midwifery Council (NMC) requires employers to have the clinical governance infrastructure in place which includes a Disclosure and Barring Service (DBS) check and evidence of up to date registration with a professional body to enable the registrant to prescribe once qualified.

6.5 All Non-Medical Prescribers are expected at all times to work within the standards and codes of professional conduct as set out by their own regulatory bodies (see below), as well as the policies and guidelines ratified by their employer:

- Nursing and Midwifery Council: Standards for Non-Medical Prescribers
- General Pharmaceutical Council: Standards of Conduct, Ethics and Performance
- Health and Care Professions Council: Standards for Prescribing.

6.6 All Non-Medical Prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.

6.7 **All qualified Non-Medical Prescribers** need to complete pages 1-3 of the **Approval to Practice form** (see Appendix 2) as well as the Practice Assurance form (Appendix 3) for each practice they work in.

Completing the Approval to Practice form will identify, to the Practice and Mentor, that the Non-Medical Prescriber has the relevant knowledge, competence, skills and experience (including children and controlled drug prescribing). The Approval to Practice form should be updated at least annually.

If a Non-Medical Prescriber works across multiple practices, under the same Lead Clinician, providing the same role, the Non-Medical Prescriber can record their main practice of work on page 1 of the Approval to Practice form, and record

the remaining practices of work, complete with Lead Clinician details and signature, on page 4 of the Approval to Practice form, the 'Supplementary (remove) Form for Completion by NMPs working Across Multiple Practices'.

The Practice Assurance form should be completed when either:

- A new Non-Medical Prescriber joins the practice or
- If there is a newly qualified non-medical prescriber in their current practice.

If working as a non-medical prescriber in more than one practice the Practice Assurance form should be submitted alongside the Approval to Practice form.

It is good practice to also complete the forms in appendices 4-6, and once completed, and signed by the GP Mentor; keep these in the NMP's own portfolio.

6.8 If the practice has a locum NMP from an agency on an ad hoc basis in a clinical setting the responsibility lies with NMP and the practice to ensure clinical governance processes are in place. The practice must ensure that all appropriate checks have been completed by the agency and the practice prior to commencement. This would include, but is not exclusive to, ensuring that the practice has been provided with evidence of:

- Live time NMP registration details on the NMC register – The NMP is accountable for all prescriptions issued.
- Details of their scope of practice.
- Copy of their ATP form and the NMP has been given the practice locum information pack, if available, to ensure the governance process is fully complied with.

Each practice should ensure a DMP has oversight of any prescribing completed by an agency NMP. It is the responsibility of the NMP to ensure they work within their scope of practice and current NHS Wirral CCG and Pan Mersey guidelines and policies. The practice is to ensure all documentation has been received and reviewed. Overall responsibility lies with the employing agency and NMP. The CCG may request evidence in the event of an incident. If they are employed for a prolonged period it is the practice responsibility to follow the current process for all NMPs and register the individual with the NHSBSA through the CCG.

All qualified Non-Medical Prescribers need to complete Appendix 2 as well as the Practice Assurance form (Appendix 3) for each practice they work in.

6.9 Non-Medical Prescribers must ensure that patients are aware that they are being treated by a Non-Medical Prescriber and of the scope and limits of their prescribing. Therefore, there may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.

6.10 Transfer of information or prescribing of repeat medicines by a prescriber must only take place within their own scope of practice and with clear recognition of their individual limitation, knowledge and skill.

If confident that the patient has been assessed and understood the condition being treated and that the patient is having appropriate follow up and reviews. The prescriber will identify the potential risks associated with prescribing via remote media (telephone, email or through a third party) and take steps to minimise them.

All information is available on the Royal Pharmaceutical Society website – Prescribing Competency Framework:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>

- 6.11 Non-Medical Prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. Refer to the relevant professional bodies' standards and codes of ethics detailed above.
- 6.12 Non-Medical Prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. The advertising and promotion of medicines is strictly regulated under Part 14 of the Human Medicines Regulations 2012, and it is important that Non-Medical Prescribers make choices of a medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness and in line with the local formulary. Non-Medical Prescribers need to be familiar with and comply with their professional standards on interface with the pharmaceutical industry.
- 6.13 If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: They should be familiar with the patient, their condition and the medication required and remain within their scope of practice.
- 6.14 Independent prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (off label) or unlicensed medicines. In doing so they accept professional, clinical and legal responsibility for that prescription and should only prescribe off label/unlicensed medication where it is accepted clinical practice and in accordance with the local formulary.
- 6.15 In order to prescribe off label, the following conditions apply. The prescriber:
- 1) Is satisfied that it would better serve the patient's needs than a licensed alternative
 - 2) Is satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy
 - 3) Should explain to the patient in broad terms why the medicines are not licensed
 - 4) Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off label.
- 6.16 The Non-Medical Prescriber should where possible separate prescribing and supply or administration in relation to medicines. In exceptional circumstances where the Non-Medical Prescriber is involved in both the prescribing and

administration of medicines a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.

6.17 The Non-Medical Prescriber should ensure that the patient/carer has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgment regarding the competence of the patient/carer to administer the medicine safely and according to instructions, this will include for example:

- That storage is safe and secure and affords environmental protection for the medicine (heat, light, moisture)
- That the patient/carer understands the reason for taking/using the medicine and the consequences of not doing so.

7. ISSUING PRESCRIPTIONS

7.1 Prescriptions should only be issued by a registered Non-Medical Prescriber listed on the Clinical Commissioning Group Non-Medical Prescriber register.

7.2 Prescriptions may only be issued to patients registered with the provider that employs the Non-Medical Prescriber and where they are registered as a prescriber.

7.3 A faxed prescription is not a legally valid prescription and a supply against a faxed prescription is, therefore, not a legal supply. Pharmacists may prepare and supply medicines against a fax in anticipation of the pharmacy receiving the prescription within 72 hours. Faxing prescriptions should only be done in exceptional circumstances but NEVER for supplying a controlled drug.

7.4 If the prescription is hand-written the Non-Medical Prescriber should complete the FP10 prescription form by writing clearly and legibly in black ink with the following information:

- Patient's surname, first name, date of birth, age, full address and NHS number
- Name of the product (prescribing should be in accordance with the local formulary and any local prescribing initiatives) strength (if any), dosage (if topical application indicates area), frequency, duration and quantity
- The completed FP10 should be signed and dated
- There should be a system in place to ensure that the patient record is updated.

FP10 prescription pads are available from Primary Care Support England (PCSE) via the online supplies ordering portal at:

www.pcse.england.nhs.uk/supplies

(using the Practice's unique identity number – call the Health and Social Care Information Centre (HSCIC) on 0300 303 4034 to obtain a number) - for more information please call the PCSE customer support line on 0333 0142 884 (select supplies).

7.5 If the prescription is electronic, authorisation to prescribe using their computer system is via the employer. All computer-generated prescriptions must be in accordance with NHS Business Services Authority requirements, available from www.nhsbsa.nhs.uk. All prescriptions must have the Non-Medical Prescriber's



name, professional registration number and practice code and must be signed and dated by the named Non-Medical Prescriber only.

- 7.6 In most cases no more than four weeks supply of any product should be prescribed at any one time.
- 7.7 Repeat prescriptions can only be issued to enable an ongoing plan of care, which must be re-assessed and recorded in the patient record and/or medical notes as appropriate.
- 7.8 If a patient reports a severe or unexpected reaction to a prescribed medicine it should be reported via the Yellow Card Scheme (www.yellowcard.mhra.gov.uk) and the adverse reaction and subsequent actions should be documented in the patient's notes.

8. RECORD KEEPING

- 8.1 Following a full assessment of the patient, details of this assessment, together with details of the prescription, must be recorded in the appropriate documentation or on the GP computer system. All prescribers are required to keep accurate, timely, comprehensive and accessible records, which are unambiguous and if handwritten, are legible.
- 8.2 In supplementary prescribing an agreed Clinical Management Plan (CMP), either written or electronic, must be in place, in accordance with clinical management plan guidelines. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient's record.

9. SECURITY AND SAFE HANDLING OF PRESCRIPTION PADS

- 9.1 Controlled stationary is any stationary, which in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery and are issued by NHS England local services and remain the property of the employer at all times.
- 9.2 There must be a robust system in place at the practice to ensure safe handling of pads. All Non-Medical Prescribers should be aware of the Practice policies around controlled stationary.

Further guidance on the Security of Prescription Forms is produced by NHS Protect and available on the NHSBSA website. (www.nhsbsa.nhs.uk)

10. CONTROLLED DRUGS

- 10.1 A Non-Medical Prescriber must only prescribe controlled drugs if they are legally entitled to do so. They must not prescribe beyond their limits of competence and experience. This must be stated on their Approval to Practice form and approved by their employer, their Mentor and the Clinical Commissioning Non-Medical Prescribing Lead. Legally the prescription must include the dosage to avoid uncertainty on administration.



- 10.2 Non-Medical Prescribers should be aware of the Practice policies around the handling and management of controlled drugs. For further information please refer to NHS Wirral CCG 'Guidance on the Management of Controlled Drugs in GP Practices' at: <https://www.wirralccg.nhs.uk/media/5267/pol045-guidance-on-the-management-of-controlled-drugs-in-gp-practices.pdf>
- 10.3 For national guidance, please refer to Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April 2016 which can be found at: <https://www.nice.org.uk/guidance/ng46>

11. CLINICAL SUPERVISION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- 11.1 Clinical supervision and continuing professional development are essential elements of the clinical governance framework for Non-Medical Prescribing.
- 11.2 The Non-Medical Prescriber is responsible for their own on-going professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may result in removal from the Clinical Commissioning Group Non-Medical Prescriber register and an inability to practice. Continuing professional development requirements should be identified at least annually, during the Non-Medical Prescriber's appraisal process.
- 11.3 The Non-Medical Prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.
- 11.4 The GP Mentor is responsible for reviewing the Non-Medical Prescriber's Continuing Professional Development portfolio at agreed intervals, at least annually, for assurance purposes.
- 11.5 The GP Mentor and Non-Medical Prescriber should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should take into account the experience of the Non-Medical Prescriber and should be more frequent to support newly qualified Non-Medical Prescribers or where there has been a change in role.
- 11.6 The National Institute for Health and Care Excellence Medicines Prescribing Centre produced a competency framework for all prescribers, irrespective of their professional background, to help ensure safe effective prescribing. The framework was published in July 2016, by the Royal Pharmaceutical Society (RPS), and is available at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>

NHS Wirral CCG would expect all Non-Medical Prescribers to read, and be familiar, with the RPS Prescribing Competency Framework.



11.7 Continuing professional development may also be met by:

- Reading
- Clinical supervision
- Peer/clinical review
- Shadowing colleagues (buddying) – particularly useful for those who are newly qualified prescribers.

11.8 The CCG Non-Medical Prescribing Lead will hold up to **four** meetings a year with the Non-Medical Prescribers to discuss prescribing guidance and legislation, drug safety updates and to provide clinical education sessions.

12. AUDIT

12.1 This policy supports the governance processes for all non-medical prescribing within the Clinical Commissioning Group together with specific safeguards such as:

Numeracy assessment: only practitioners who have successfully completed the mandatory on-line numeracy assessment will be nominated for the Independent/Supplementary Programme for Non-Medical Prescribing.

Expression of Interest form: only appropriate candidates are nominated for independent/supplementary training to meet service needs. Refer to Appendix 1 for form.

Approval to Practice form: defines and reviews safe prescribing parameters and provides assurances around continuing professional development. Ensures records held by the Clinical Commissioning Group are up to date. This should be updated annually as a minimum, or sooner if competencies change.

Clinicians are expected to audit their own prescribing.

12.2 The Clinical Commissioning Group will ensure that individual electronic prescribing data (ePACT) is available for accessing at quarterly intervals. Auditing by the MLCSU Medicines Management Team on behalf of the CCG will be done quarterly for controlled drug prescribing and annually for general BNF prescribing, to ensure prescribing is in accordance with the prescriber's scope of practice, local guidance and the local formulary (see appendix 9 for optional monitoring template).

12.3 A clear audit trail for prescriptions is essential and **Non-Medical Prescribers may only prescribe on an FP10 prescription form bearing their own name and PIN number**. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within the practice, which could result in an item being incorrectly attributed via ePACT data to a Non-Medical Prescriber. If the issued medication is not within their scope of practice (as detailed on their Approval to Practice form) this could raise concerns.

12.4 Practices should ensure that administrative staff who deal with computer generated prescriptions are aware of this issue, and that computer systems are correctly set up to help avoid this problem.

12.5 The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. It will be important to bear in mind the following:

- Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber and this is represented by the electronic signature.
- The signature must not be used by any other person than the authoriser.
- The practice must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues.

12.6 The Clinical Commissioning Group will ensure that any anomalies noted during the monitoring of a Non-Medical Prescriber's electronic prescribing data, are highlighted to the Non-Medical Prescriber and the CCG Non-Medical Prescribing Lead. Refer to Appendix 10 for the process of dealing with inappropriate prescribing or errors.



APPENDIX 1: EXPRESSION OF INTEREST FORM

TO UNDERTAKE TRAINING FOR: INDEPENDENT NON-MEDICAL PRESCRIBING

Name			
Position held			
Practice Name		Telephone No.	
Prescribing Lead			
Practice Manager			

Please answer the following, continuing any section on a separate sheet if necessary

1. Are you registered with the appropriate professional body i.e. NMC, GPhC, HPC or GOC?
YES / NO

2. Do you have a minimum of 3 years post-registration experience?
If a Nurse/Midwife this is with a First Level qualification
YES / NO

3. How long have you practised in your clinical area?

4. Have you identified a medical practitioner who can supervise you during your non-medical prescribing training?
YES / NO

5. Do you have access to a prescribing budget?
YES / NO

6. Do you have access to a shared medical record?
YES / NO

7. Please outline your level of experience in your clinical area for which you plan to prescribe:

8. Have you completed study at Level 6?
YES / NO

9. What level of academic study have you attained?
Diploma / Degree / Masters
10. Do you have appropriate numeracy skills to undertake drug calculations and have support from your employer?
YES / NO

11. Please outline your clinical qualifications to date and evidence of recent CPD, as below:
It is essential that relevant training in the area you wish to prescribe has been accessed in the last 3 years and you attend annual updates / CPD.

Course / Qualification	Date Attained

Relevant Training / Updates / CPD	Date Completed

12. How will you access clinical supervision / peer review?

13. Do you have the support of the Prescribing Lead in your Practice?
YES / NO
- If **YES**, please state name:

14. Please outline your potential prescribing areas:

15. Please outline how prescribing would fit within your Practice or redesign/support targets such as access, choice, quality, moving care into the community etc.



Name of Potential Candidate: _____

Signature : _____ Date: _____

Name of Prescribing Lead: _____

Signature : _____ Date: _____

Name of DMP Lead: _____

Signature : _____ Date: _____

Practice Assurance - for completion by the Employer

The following assurances are required from the Practice before the candidate's application can be progressed (*ticking box provides assurance*):

There is an identified need for a Non-Medical Prescriber and the proposed candidate fulfils the course criteria. Once qualified the prescriber will have access to the Practice's prescribing budget.

The candidate will be released from their Practice duties to attend the course. Course requirements for Independent Prescribing (V300) are 26 days in University and 12 days clinical practice supervision.

The candidate must attend the University taught sessions and avoid booking annual leave for the relevant university days.

The Prescribing Lead or a nominated GP in the Practice will be responsible for providing clinical mentorship and assessment for the candidate during the course and continuing support once qualified. Refer to the Non-Medical Prescribers policy which contains the DMP Guide

Practice Managers signature Date:

Print name.....

Please return the completed form to the CCG Non-Medical Prescribing Lead, who will contact you with regard to the application process or advise you of the further preparation required to meet the criteria:

Assistant Director - Quality and Patient Safety – CCG NMP Lead
Wirral Clinical Commissioning Group,
Marriss House, Hamilton Street, Birkenhead, CH41 5AL
Tel: 0151 541 5457

APPENDIX 2: Non-Medical Prescribers - Approval to Practice Form

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

DECLARATION: NEW APPLICATION <input type="checkbox"/> UPDATED <input type="checkbox"/> ANNUAL DECLARATION <input type="checkbox"/> (please tick as appropriate)			
Prescriber's name:		Title:	Mr / Mrs / Miss / Ms
Professional registration no: (NMC/GPhC no. or equivalent)		Independent Prescriber <input type="checkbox"/> Supplementary Prescriber <input type="checkbox"/> (please tick as appropriate)	
Profession: e.g. Nurse / Pharmacist		Date of qualification as a prescriber:	
Base/Practice:		Practice code:	
Date started at current practice:		Tel. No:	
Job Title:		Clinical Speciality:	
Contact email address:		Mentor/Lead Clinician (medical practitioner)	
Please tick to say you have read the current non-medical prescribers' policy which can be found at: https://www.wirralccg.nhs.uk/about-us/policies/			<input type="checkbox"/>
Please tick to confirm you have professional indemnity to cover the scope of activities you will be undertaking			<input type="checkbox"/>
Please tick to confirm you have read the Royal Pharmaceutical Society Prescribing Competency Framework			<input type="checkbox"/>
Are you prescribing - Manually <input type="checkbox"/> Electronically <input type="checkbox"/> (Please cross <input checked="" type="checkbox"/> relevant boxes)			
Do you work as a prescriber in another Provider / Practice?	YES / NO	Name of Provider/CCG/Practice:	
Will you prescribe Schedule 2–5 Controlled Drugs?	Yes, I will be prescribing controlled drugs within the following schedules (Please cross <input checked="" type="checkbox"/> relevant boxes) Schedule 2 <input type="checkbox"/> e.g. diamorphine, Fentanyl Schedule 3 <input type="checkbox"/> e.g. temazepam, tramadol, pregabalin, gabapentin Schedule 4 <input type="checkbox"/> e.g. zopiclone, diazepam, testosterone Schedule 5 <input type="checkbox"/> e.g. Codeine based preparations (co-codamol 8/500), pholcodine		
Will you prescribe for children under 12 years old? YES / NO			

Table 1: Scope of Prescribing Practice

<i>The following areas of practice have been identified as appropriate for nurse prescribing, in line with the British National Formulary categories. Please cross each box (☒) as appropriate.</i>			
Chapter 1: Gastro – intestinal system	<input type="checkbox"/>	Chapter 2: Cardiovascular system	<input type="checkbox"/>
Chapter 3: Respiratory system	<input type="checkbox"/>	Chapter 4: Nervous system	<input type="checkbox"/>
Chapter 5: Infections	<input type="checkbox"/>	Chapter 6: Endocrine system	<input type="checkbox"/>
Chapter 7: Genito-urinary system	<input type="checkbox"/>	Chapter 8: Malignant disease	<input type="checkbox"/>
Chapter 9: Blood and Nutrition	<input type="checkbox"/>	Chapter 10: Musculoskeletal system	<input type="checkbox"/>
Chapter 11: Eye	<input type="checkbox"/>	Chapter 12: Ear, Nose & Oropharynx	<input type="checkbox"/>
Chapter 13: Skin	<input type="checkbox"/>	Chapter 14: Vaccines	<input type="checkbox"/>
Chapter 15: Anaesthesia	<input type="checkbox"/>	Other:	
		• Wound management products	<input type="checkbox"/>
		• Elasticated garments	<input type="checkbox"/>

In line with the Policy for Non-Medical Prescribing, Administration and Practice, I have discussed and agreed my areas of practice and competence with my GP mentor and they confirm that I am competent to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified. I can confirm that my prescribing portfolio is up-to-date and able to be produced if requested.

The GP mentor is responsible for providing support and mentorship and for monitoring competencies, prescribing and the prescriber's CPD portfolio at agreed intervals (minimum once per year)

Signing this form provides an assurance regarding its review

	NAME	SIGNATURE	DATE
Prescriber
Practice Manager
GP Mentor / Lead Clinician

The prescriber's scope of practice must be reviewed, and this form amended and approved before any additions in prescribing practice. This form will need to be submitted annually.

Please return completed forms to: Hayley Venables – Administrator for Wirral Medicines Management, Midlands and Lancashire Commissioning Support Unit (MLCSU), Marriss House, Hamilton Street, Birkenhead, CH41 5AL, Tel: 0151 541 5390

Please also email completed and signed/dated forms to: mlcsu.nmp-wirral@nhs.net

PLEASE ENSURE THAT YOU INFORM US PROMPTLY IF THE NMP LEAVES THE EMPLOYMENT OF THIS PRACTICE SO THAT THEY CAN BE DE-REGISTERED WITH NHSBSA

FORM FOR COMPLETION BY NMPs WORKING ACROSS MULTIPLE PRACTICES (removed supplementary)

NMP Details

Full Name	
Title (e.g. Mr / Mrs / Miss / Ms)	
Contact email address	
Professional Registration No.	

To be completed by the Lead Clinician of hosting practice / employing organisation

I can confirm as Lead Clinician, of the applicant's hosting practice, that I take responsibility for the oversight of the applicant's prescribing competencies working across all the practices they are registered with.

Lead Clinician's Signature: Name (**PLEASE PRINT**):

Date: Lead Clinician Email:

To be completed by the Lead Clinician of each additional practice where the NMP will prescribe

By signing this form, practices are authorising the MLCSU to register the NMP with the NHS Business Services Authority as a prescriber for the practices below. Oversight of prescribing will rest with the Lead Clinician of the hosting employer/employing organisation as above.

Practice Name	Practice Address	Practice Code	NMP start date at practice (dd/mm/yy)	Lead clinician of practice (PRINT NAME)	Lead clinician of practice (Signature)

APPENDIX 3: Practice Assurance Form

This form must be returned before the Non-Medical Prescriber can be registered with the NHSBSA and prescribe in the Practice.

INDEPENDENT NON-MEDICAL PRESCRIBING

Name		Email	
Title	Mr/ Mrs/ Miss/ Ms	Pin no.	
Practice		Tel.	
Manager			
Mentor			
Practice confirmed qualification as a non-medical prescriber	Signature of employer		

This form is to be completed by the employer whenever a qualified non-medical prescriber joins the Practice. Please answer the following questions, continuing any section on a separate sheet if necessary.

1. Was the employee working as a non-medical prescriber in their previous employment?

Yes / No

If No, consider if any additional training is needed.

Please state if any additional training is needed:

2. Is the employee going to continue to work as a prescriber in any other employment other than or as well as their current employment?

Yes / No

If Yes, please give details of other employment.

3. Please outline below their previous scope of practice / expertise as a non-medical prescriber?
How long did they work in this role?

Scope of practice	Length of time working in clinical area

4. Please confirm the prescriber will be remaining within this scope of practice in their new role?

Yes / No

If No, please provide assurance that the prescriber has the required training to carry out this extended role, include qualifications, training and courses attended.

5. Non-medical prescribers should only prescribe Schedule 2 -5 if it is essential for their role within their scope of professional practice and they are competent to prescribe. Please state if the prescriber will prescribe scheduled 2-5

Yes / No

If non-medical prescribers will be prescribing Schedule 2- 5, please provide reason below:

The non-medical prescriber should ensure that the schedule 2-5 medication section of the Approval to Practice form is complete.

8. Please confirm a registered medical practitioner (GP) has been identified to mentor the newly employed prescriber?

Yes / No

Mentoring includes regular meetings with the prescriber for support and to discuss any prescribing issues, as well as auditing quarterly prescribing data and reviewing the prescriber's CPD portfolio (at least annually).

9. Will the non-medical prescriber be carrying out home or care home visits?

Yes / No

If **Yes**, please provide rationale below

In these circumstances, the prescriber may need an FP10 prescription pad, available from Primary Care Support England (PCSE), via the online supplies ordering portal at www.pcse.england.nhs.uk/supplies (using the practice's unique identity number – call the health and social care information centre (Hscic) on 0300 303 4034 to obtain a number) - for more information please call the PCSE customer support line on 0333 0142 884 (select supplies).

10. Does the NMP have valid indemnity insurance to work as an independent prescriber?

Yes / No

Please ensure that you inform us promptly if the NMP leaves the employment of this Practice so that they can be de-registered with NHSBSA.

Signature of Employer: _____

Date: _____

Please return the completed form to:

Hayley Venables, Wirral Medicines Management Team Administrator
Marriss House, Hamilton Street, Birkenhead, Wirral, CH41 5AL
Tel: 0151 541 5390 Email: mlcsu.nmp-wirral@nhs.net

APPENDIX 4: Continuing Professional Development (CPD) Form

Detail prescribing areas: please list main areas of prescribing in table below and CPD you have undertaken in the last year to support this prescribing. Please also record any qualifications undertaken/development to support changes in practice.		
Disease area (e.g. asthma) or Speciality e.g. care home	Recent CPD supporting prescribing in the area e.g. formal updates, clinical supervision	List main classes of medication to be used e.g. beta ₂ agonists OR tick BNF list Please ensure you prescribe in line with Wirral Local formulary, policies and guidelines: http://mm.wirral.nhs.uk

Non-Medical Prescriber's Signature: Date:

GP Mentor's Signature: Date:

APPENDIX 5: General Prescribing Competency Forms - Scope of Prescribing Practice

<p><i>The following areas of practice have been identified as appropriate for nurse prescribing, in line with the British National Formulary categories.</i></p> <p>Please cross each box (☒) as appropriate.</p>			
<p>Chapter 1: Gastro – intestinal system</p> <ul style="list-style-type: none"> • Chronic bowel disorders • Constipation and bowel cleansing • Diarrhoea • Disorders of gastric acid and ulceration • Food allergy • Gastrointestinal smooth muscle spasm • Liver disorders and related conditions • Obesity • Rectal and anal disorders • Reduced exocrine secretions • Stoma care 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 2: Cardiovascular system</p> <ul style="list-style-type: none"> • Arrhythmias • Bleeding disorders • Blood clots • Blood pressure conditions • Heart failure • Hyperlipidaemia • Myocardial ischaemia • Oedema • Vascular disease 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Chapter 3: Respiratory system</p> <ul style="list-style-type: none"> • Obstructive airways disease • Allergic conditions • Conditions affecting sputum viscosity • Cough and congestion • Idiopathic pulmonary fibrosis • Respiratory depression, respiratory distress syndrome and Apnoea • Oxygen therapy 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 4: Nervous system</p> <ul style="list-style-type: none"> • Dementia • Anxiety • Attention deficit hyperactivity disorder • Bipolar disorder and mania • Depression • Deviant antisocial sexual behaviour • Psychoses and schizophrenia • Movement disorders – Parkinson’s disease, dystonias • Nausea and labyrinth disorders • Pain • Epilepsy • Insomnia • Narcolepsy • Substance dependence – alcohol, smoking, opioids 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Scope of Prescribing Practice continued /

<p><i>The following areas of practice have been identified as appropriate for nurse prescribing, in line with the British National Formulary categories. Please cross each box (☒) as appropriate.</i></p>			
<p>Chapter 5: Infections</p> <ul style="list-style-type: none"> • Amoebic infection • Bacterial infection including UTIs • Fungal infection • Helminth infection • Protozoal infection • Viral infection 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 6: Endocrine system</p> <ul style="list-style-type: none"> • Antidiuretic hormone disorders • Corticosteroid responsive conditions • Diabetes mellitus and hypoglycaemia • Disorders of bone metabolism • Dopamine responsive conditions • Gonadotrophin responsive conditions • Hypothalamic and anterior pituitary hormone related disorders • Sex hormone responsive conditions • Thyroid hormones 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Chapter 7: Genito-urinary system</p> <ul style="list-style-type: none"> • Bladder and urinary disorders • Bladder instillations • Contraception • Erectile and ejaculatory conditions • Vaginal and vulval conditions – bacterial/fungal infections, atrophy 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 8: Malignant disease</p> <ul style="list-style-type: none"> • Organ transplantation • Multiple sclerosis • Hormone responsive malignancy (includes somatostatin analogues) • Hormone responsive breast cancer 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Chapter 9: Blood and Nutrition</p> <ul style="list-style-type: none"> • Anaemias - G6PD deficiency • Anaemias – iron deficiency • Anaemias – megaloblastic • Fluid and electrolyte imbalances • Metabolic disorders • Trace element & vitamin deficiencies • Nutrition – including gluten-free products 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 10: Musculoskeletal system</p> <ul style="list-style-type: none"> • Arthritis • Hyperuricaemia and gout • Neuromuscular disorders • Pain and inflammation in musculoskeletal disorders • Soft tissue and joint disorders 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p><i>The following areas of practice have been identified as appropriate for nurse prescribing, in line with the British National Formulary categories. Please cross each box (☒) as appropriate.</i></p>			
<p>Chapter 11: Eye</p> <ul style="list-style-type: none"> • Allergic and inflammatory eye conditions • Dry eye conditions • Eye infections • Post-operative pain and inflammation • Glaucoma and ocular hypertension • Retinal disorders 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 12: Ear, Nose & Oropharynx</p> <ul style="list-style-type: none"> • Ear – otitis externa, removal of ear wax • Nasal congestion • Nasal inflammation, polyps, rhinitis • Nasal staphylococcal infection • Dry mouth • Oral hygiene, dental caries, ulceration and inflammation – mouthwashes and other preparations 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Chapter 13: Skin</p> <ul style="list-style-type: none"> • Dry and scaling skin disorders • Skin infections • Inflammatory skin conditions including eczema, psoriasis • Perspiration – hyperhidrosis • Photodamage • Pruritis • Rosacea and acne • Scalp and hair conditions • Skin cleansers, antiseptics, desloughing agents • Warts and callouses 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chapter 14: Vaccines</p> <ul style="list-style-type: none"> • Vaccines & antisera • Immunoglobulins <p>Chapter 15: Anaesthesia</p> <ul style="list-style-type: none"> • Local anaesthesia <p>Other:</p> <ul style="list-style-type: none"> • Wound management products • Elasticated garments 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Non-Medical Prescriber's Signature: Date:

GP Mentor's Signature: Date:

APPENDIX 6: Controlled Drug Prescribing Form

Nurse and pharmacist independent prescribers can prescribe any Schedule 2-5 controlled drugs for any medical condition, within their clinical competence; before any Schedule 2-5 drugs are prescribed the following list must be completed:				
BNF sub chapter	Drug	CD class	Comment	Y/N
4.1.1 Hypnotics				
For general guidance see the current British National formulary. Before a hypnotic is prescribed the cause of insomnia should be established and where possible, underlying factors should be treated. Hypnotics should NOT be prescribed indiscriminately, and routine prescribing is undesirable. Tolerance to their effects develops within 3-14 days of continuous use. A major drawback of long-term use is that withdrawal can cause rebound insomnia and a withdrawal syndrome.	Nitrazepam	S4-1	Has prolonged action and may give rise to residual effects on the following day, may be more likely to lead to falls in elderly patients.	
	Temazepam	S3	Acts for a shorter time but withdrawal phenomena are more common.	
	Zopiclone	S4-1	Only recommended for the short-term management of severe insomnia that interferes with normal daily life	
4.1.2 Anxiolytics				
	Diazepam	S4-1		
	Lorazepam	S4-1		
	Oxazepam	S4-1		
	Pregabalin/Gabapentin	S3 (no reg)	Care for dependence/abuse	
4.7.2 Opioid analgesics				
Please follow local guidance/ formulary before prescribing and ensure that use of any opioid analgesic is frequently reviewed.	Tramadol	S3 (no reg)	Prescribers need to be aware of issues relating to misuse and adverse effects especially with regards to its dual action.	
	Buprenorphine	S3		
	Codeine	S5	Including all codeine-based preparations	
	Diamorphine	S2		
	Fentanyl	S2		
	Morphine	S2		
	Oxycodone	S2	Should not be used first line. Oxycodone/naloxone (Targinact®) is non- formulary	
	Tapentadol	S2	MR only is formulary	
6.4.2 Male sex hormones and antagonists				
	Testosterone	S4-2		
Other Drugs- Please list any other controlled drugs and relevant schedules and state under which circumstances they would be prescribed.				
Controlled Drugs				

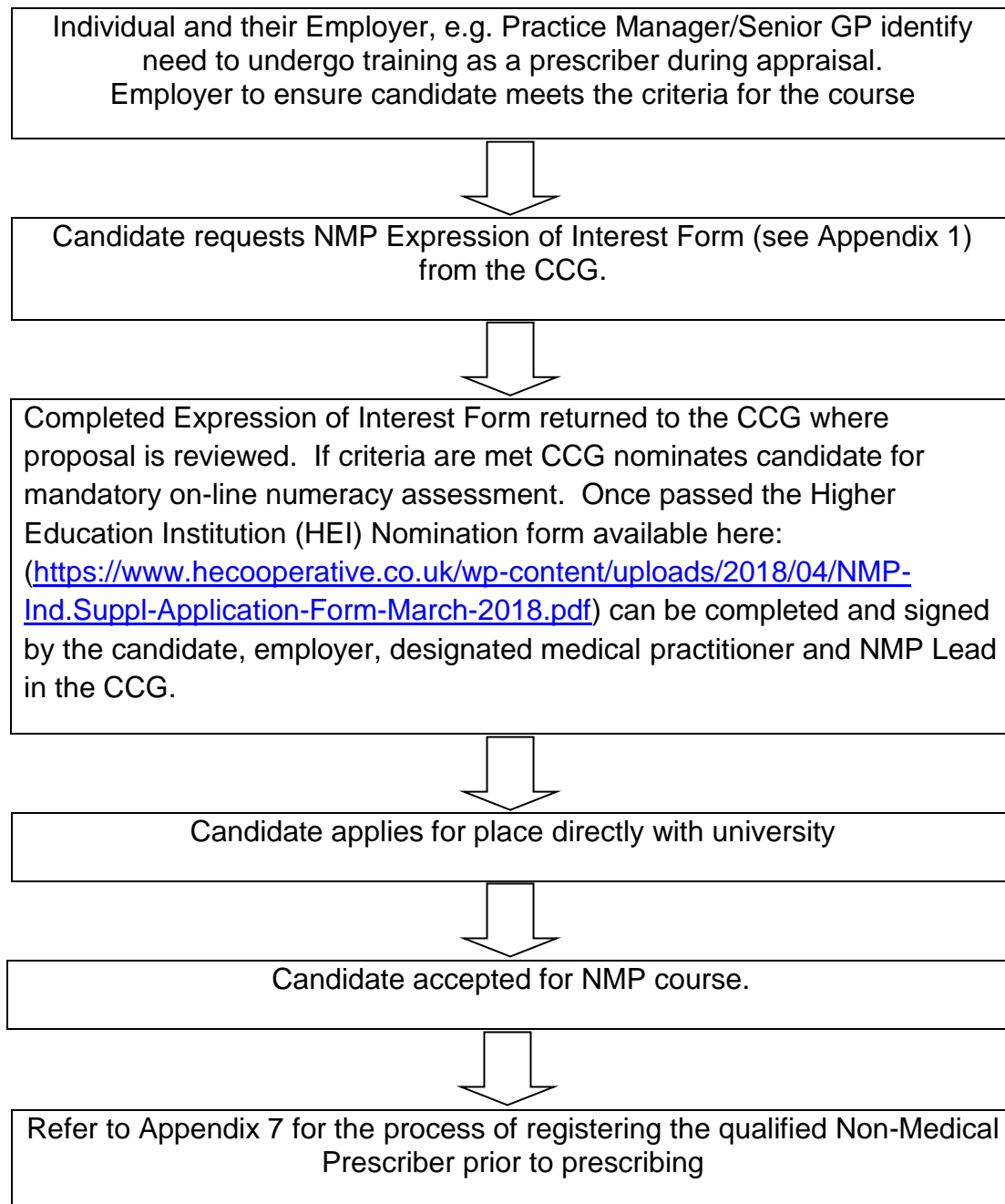
Non-Medical Prescriber's Signature: Date.....

GP Mentor's Signature: Date.....

To be updated as required and at annual review A COPY IS TO BE RETAINED BY THE NON-MEDICAL PRESCRIBER AND THE PRACTICE - TO BE PRODUCED IF REQUESTED BY Medicines Management or CCG

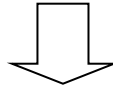
APPENDIX 7: Process for applying to Non-Medical Prescribing course

Please note the CCG Non-Medical Prescribing Lead can only authorise candidates who are applying for an NHS-funded place on the non-medical prescribing course directly with the university.



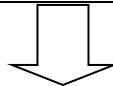
APPENDIX 8: Process for registering qualified Non-Medical Prescribers to prescribe.

Qualified Non-Medical Prescriber submits copy of their 'notification of entry onto their professional register' (with professional registration number) to confirm NMP qualification to CCG (*this process should be commended prior to starting work*)

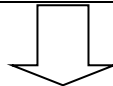


Qualified Non-Medical Prescriber completes Approval to Practice (ATP) form (Appendix 2) with their GP Mentor. If working in more than one practice with the same role – complete page 4 of ATP, if working in more than one practice, e.g. GP practice/minor injury centre, then an ATP will need completing for each location.

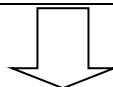
The forms should be returned to the Midlands and Lancashire Commissioning Support Unit Medicines Optimisation Team.



Once forms have been received the CCG registers the Non-Medical Prescriber with the NHS Business Services Authority Prescription Services (NHSBSA), this takes 5 working days, and enters Non-Medical Prescriber onto the CCG NMP register.



The Employer should ensure that the Non-Medical Prescriber is aware of local formulary and guidelines, set the Non-Medical Prescriber up on the electronic prescribing system and if appropriate obtain FP10 prescription pads.



NMP can prescribe after 5 working dates from confirmation of submission of a completed ATP

Note: The Employer must notify the NMP Lead at the CCG when the Non-Medical Prescriber leaves the Practice.

APPENDIX 9: Non-Medical Prescriber's Review of Quarterly Prescribing Data

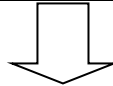
This form is optional for a Non-Medical Prescriber's own use to record their auditing

Non- Medical Prescriber's Name		Date of review	
GP Mentor's Name			
Date of prescribing data			
Review of all medication other than controlled drugs.			
Please list any prescribing outside your area of practice/ explain why and what action you are going to take to ensure prescribing is within your area of practice e.g. change to area of practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing.			
Review of branded/non-formulary items			
Have any branded or non- formulary items been prescribed? Yes / No			
Is there a valid reason for prescribing these? Yes / No If No, please state what action has been taken to ensure no future prescribing.			
Review of controlled drugs			
Are you authorised to prescribe controlled drugs? Yes / No			
Have you prescribed controlled drugs? Yes / No			
Please list any prescribing outside your area of practice explain why and what action you are going to take to ensure prescribing is within your area of practice, e.g. change to Approval to Practice form if competency agreed by Mentor, further training before competency agreed, action taken to ensure no future prescribing.			
Signature Non-Medical Prescriber:			
Signature GP Mentor:			

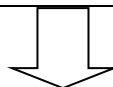
APPENDIX 10: Process for dealing with prescribing concerns

Anomalies in prescribing identified by practice, Clinical Commissioning Group or MLCSU Medicines Optimisation Team which have not been resolved at first contact, should initially be discussed with the Non-Medical Prescriber (notifying GP Mentor and CCG NMP Lead)

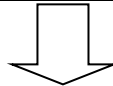
Note: It may be necessary for the CCG to request copies of prescriptions from the NHSBSA Prescription Services. All correspondence is logged with the CCG.



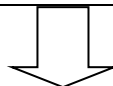
Practice/Non-Medical Prescriber feedback any actions taken and provide assurance to Clinical Commissioning Group that systems are in place to avoid similar incidents.



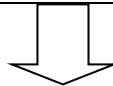
If the Clinical Commissioning Group is still concerned, the non-medical prescribing issue is escalated to the appropriate group. A summary report of concern and action to date will be submitted.



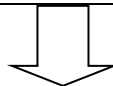
The appropriate group identifies necessary action and communicates this to the practice. If necessary, concerns will be escalated to the appropriate person within NHS England (e.g. Area Team, Director of Nursing or Controlled Drugs Accountable Officer).



Practice completes and submits their action plan to the appropriate group to provide assurances that the issue has been considered and resolved.



CCG Non-Medical Prescribing Lead and MLCSU Medicines Optimisation Team will review the Practice's action plan and then submit a written report to the appropriate group summarising concerns, actions taken, and future action required. Any key issues will also be fed back to Prescribing Leads and Non-Medical Prescribers meetings



The Practice & Non-Medical Prescriber need to provide assurance to the appropriate group that the action plan has been completed within a specified time frame. Final report of issues and actions should be submitted to the most appropriate Clinical Commissioning Group committee.

Note: Prescribing errors or prescribing outside competencies must be recorded using the local risk management system e.g. Datix IR1 form and follow the Clinical Commissioning Group process for incidents/errors to improve patient safety and quality of care.

APPENDIX 11: Contact Details

Assistant Director - Quality and Patient Safety NHS Wirral CCG	NHS Wirral CCG NMP Lead 0151 541 5457
NHS Wirral CCG Prescribing Lead GP	Dr Saket Jalan saket.jalan@nhs.net
Admin Support queries Midlands and Lancashire Commissioning Support Unit	Hayley Venables hvenables@nhs.net 0151 541 5390
Prescribing queries Midlands and Lancashire Commissioning Support Unit	Abigail Cowan Medicines Optimisation Pharmacist abigailcowan@nhs.net 0151 541 5390 Claire Sawers Medicines Optimisation Pharmacist claire.sawers@nhs.net 01925 843785

APPENDIX 12: Change History

Number	Change details	Date
1.0	New NMP Policy	February 2015
1.1	Updated policy as part of initial review	June 2016
1.2	Amended as per CCG NMP Lead comments	July 2016
1.3	Reviewed and amended policy to produce one overall NMP Policy – 3 CCGs	Sept 2016
2.1	Changes to appendices to incorporate new MLCSU harmonised ATP. Removal of practice assurance form. Inclusion of competency sheets in policy	April 2017
3.1	NMC Standards for Medicines Management withdrawn 28/01/19. Replaced by two new documents: the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' and our new Standards for prescribing programmes.	Feb 2019

	Also due to a change in legislation Advanced Paramedics can now become Independent Prescribers.	
3.2	Changed link to NPC 2005 guidance.	Feb 2019
6.7	Addition of responsibility of Practice and Mentor. Explanation about page 4 of the approval to practice form – NMPs working across multiple practices. Addition of information regarding practice assurance form	Feb 2019
6.8	Expansion of information and process for Locum NMPs, from an agency, working in practice.	March 2019
6.10	Expansion of transfer of prescribing guidance.	Feb 2019
10.2	Link to NHS Wirral Guidance on the Management of Controlled Drugs in GP Practices.	Feb 2019
11.6	Link to RPS prescribing competency framework and the addition of 'NHS Wirral CCG would expect all Non-Medical Prescribers to read, and be familiar, with the RPS Prescribing Competency Framework'	Feb 2019
12.1	Removal of the clinical audit	Feb 2019
Appendix 2	Addition of <ul style="list-style-type: none"> • 'NMP has read RPS prescribing competency framework' • Examples of controlled drugs in various schedules • I can confirm that my prescribing portfolio is up-to-date and able to be produced if requested. 	Feb 2019
Appendix 3	Addition of new appendix – practice assurance form	
Appendix 6	Addition of pregabalin and gabapentin which will be schedule 3 controlled drugs from 1 st April 2019.	Feb 2019
Appendix 7/8	7. Addition of nomination form link. Changed from CPD Apply to directly with the university. 8. NMP can prescribe after 5 working dates from confirmation of submission of a completed ATP.	