

TRUST-WIDE CLINICAL GUIDELINES DOCUMENT

Non Medical Prescribing Guidelines

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2018 – VERSION 2

*Striving for perfect care for
the people we serve*

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Non Medical Prescribing Guidelines

Further information about this document:

Document name	Non Medical Prescribing Guidelines (MM05)
Document summary	The aim of these guidelines is to provide a framework for the implementation of non-medical prescribing within Mersey Care NHS Foundation Trust. This provides guidance for supervision of independent & supplementary prescribers, and ensures a service need has been clearly identified and that appropriate practitioners are given access to training to become registered non-medical prescribers.
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To be read in conjunction with	SD12 and all related medicines guidelines All related mental health Act policies All related consent to treatment policies
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

Version History:		
Version 2	The document was circulated to the divisional leads and pharmacy for review	April 2018
Version 1		May 2015

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 These guidelines provide a framework for the implementation of non-medical prescribing within Mersey Care NHS Foundation Trust.
- 1.2 Following parliamentary approval changes to enable nurse and pharmacist independent prescribing for all licensed medicines except most Controlled Drugs within their competence came into effect on the 1 May 2006. This was amended to include unlicensed drugs and most controlled drugs in 2011.
- 1.3 These guidelines should be read in conjunction with the Trust's Medicine management policies and it is essential that all employees that are currently practising, supervising or in training for non-medical prescribing are conversant with these guidelines.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The aim of guidelines framework for non medical prescribers is to ensure that:
 - The changes benefit service users and improve access to medicines
 - The prescribing practice is compatible with the service development plans of Mersey Care NHS Foundation Trust and is an appropriate extension of a practitioner's role
 - All non-medical prescribers are appropriately qualified for their role and work within the agreed national and local policies and within their scope of practice.
 - All non-medical prescribers receive regular supervision from a prescribing supervisor relevant to their field of practice.
 - All non-medical prescribers are supported in their role and have access to continuing professional development.

3. SCOPE

- 3.1 These guidelines apply to all employees registered (or in training) as non medical prescribers.

4. DEFINITIONS

- 4.1 **Non Medical Prescribing**
Non-medical prescribing (NMP) relates to prescribing by professional groups other than doctors or dentists who have been granted prescribing rights following the completion of an NMP qualification. Nurse independent prescribers and pharmacist independent prescribers are registered nurses and pharmacists who have successfully completed the specific programme of preparation laid down by the Nursing and Midwifery Council (NMC) and the General Pharmaceutical Council (GPhC). This now also covers Podiatrist and Physiotherapist independent prescribers (HCPC). They are able to prescribe any licensed and unlicensed medicines within their competency from the entire British National Formulary (BNF) with the exception of some controlled drugs.
- 4.2 **Independent Prescribing**
An independent Non Medical prescriber (NMIP) is a practitioner (e.g. podiatrist, nurse, pharmacist, physiotherapist) responsible and accountable for the assessment of service users with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is appropriate practitioner (DH, 2006). Independent prescribing is one element of the clinical

management of a service user. It requires an initial assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for on-going monitoring. The overall aim of this way of working is to enhance service user's care by providing a quicker and more flexible access to healthcare by extending the role and skill base of the NMP.

The patient must agree to any prescribing arrangements or decisions and the NMIP must work in partnership with the patient and doctor or consultant in charge of the patient's overall care.

Independent prescribing is only one element of the clinical management of the patient. Patient history, drug history, allergies, clinical assessment, interpretation of that assessment, a decision on safe and appropriate therapy and a process for on-going monitoring are necessary. The independent prescriber is responsible for ensuring that all these elements are in place. Where possible the NMIP must access the full clinical record.

A NMIP can only prescribe a medicine for a patient whom he/she has assessed for care. In the event of being requested to intervene for a patient under the case load of another prescriber, the independent prescriber should undertake their own assessment.

4.3 Nurse Independent Prescribers (V300)

Nurses, who have successfully completed a nurse independent prescribing course, or previously an extended formulary nurse prescribing course, are able to prescribe any medicine for any medical condition within their clinical competence including Controlled Drugs Schedule 2-5 except for diamorphine, cocaine and dipipanone for treatment of addiction.

4.4 Pharmacist Independent Prescribers

Pharmacists who have successfully completed an independent prescribing course are able to prescribe any medicine, for any medical condition within their clinical competence including Controlled Drugs Schedule 2-5 except for diamorphine, cocaine and dipipanone for treatment of addiction.

4.5 Supplementary Prescribing

Supplementary prescribing is a voluntary partnership between the designated medical practitioner (DMP) and a supplementary prescriber (SP) to implement an agreed service user specific clinical management plan (CMP see 6.5) with the service users' agreement. Practitioners who are eligible to act as supplementary prescribers within Mersey Care NHS Foundation Trust include nurses, pharmacists or approved allied health professionals (AHP) who have successfully completed an appropriate validated prescribing training programme that is registered with their professional body.

They are able to prescribe all medicines including controlled drugs, borderline substances and unlicensed medicines as long as it is within their CMP and scope of competency. They may prescribe for the full range of medical conditions provided that they do so under the terms of a service user specific CMP. In practice this will follow a sequence involving: the diagnosis by a doctor; agreement by the service user to be managed by a prescribing partnership; preparation of a CMP; and the management by the supplementary prescriber within the terms of the CMP.

4.6 Nurse Prescriber' Formulary for Community Practitioners (NPFCP)

This is the formulary that the community practitioner prescriber is authorised to prescribe from. The formulary contains 13 prescription only medicines (POMs, some pharmacy only medicines (P) and medicines on sale to the general public, general sales list (GSL) medicines and a list of dressings and appliances relevant to community nursing and health visiting practice.

4.7 Community Practitioner Prescribers (V100/V150) Community practitioner prescribers will have completed either the V100 or V150 qualification. The V100 is completed as part of the Specialist Practitioner Qualification (SPQ) or the Specialist Community Public Health Nurse programme (SCPHN), whereas the V150 qualification focuses solely on prescribing. Community practitioner prescribers consist of district nurses, health visitors, midwives and school nurses. V100 and V150 Non-Medical Prescribers can prescribe only from the NPFCP.

4.8 Patient Group direction (PGD)

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation where the patient may not be individually identified before presenting for treatment. This should not be interpreted as indicating that the patient must not be identified; patients may or may not be identified, depending on the circumstances.

Patient Group Directions can be used by the following registered healthcare professionals, acting as named individuals: nurses, health visitors, paramedics, optometrists, chiropodists and podiatrists, radiographers, orthodontists, physiotherapists, dieticians, occupational therapists, prosthetics, dental therapists, dental hygienists and orthodontists, and speech and language therapists. Each PGD has a list of individual professions named as competent to supply/administer under the PGD.

PGD legislation enables dental therapists and dental hygienists to administer local anaesthetics and to sell or supply fluoride supplements and toothpastes with high fluoride content of 2800 and 5000 parts per million (ppm). However, the legislation does not limit the medicines dental therapists and dental hygienists may sell/supply or administer.

As long as the Health Care Professional is assessed as competent in the use of a medicine and there is agreement between all the signatories to the PGD, any licensed Pharmacy Medicine (P) or Prescription Only Medicine (PoM) can be included in a PGD. Particular caution should be exercised in any decision to draw up PGDs relating to antibiotics. Microbial resistance is a public health matter of major importance and great care should be taken to ensure that their inclusion in a PGD is absolutely necessary and will not jeopardise strategies to combat increasing resistance. A local microbiologist should be involved in drawing up any PGD which includes an antibiotic.

4.9 Patient Specific Direction

A patient specific direction is a written instruction from a doctor or a dentist or a non-medical prescriber for a medicine or an appliance to be supplied or administered to a named patient, for example:

- In a walk in centre
- On a bed based unit on a patients ward drug chart
- When a dentist is providing a written prescription for treatment by a DCP (Dental Care Professional).

4.10 **Designated Medical Practitioner (DMP)**

A designated medical practitioner is a doctor who agrees to supervise NMPs throughout their period of learning and practice.

5. DUTIES

5.1 **Board/Lead Committee**

Mersey Care NHS Foundation Trust Drugs and Therapeutics Committee will be responsible for the development, review, consultation, implementation, monitoring and approval of the NMP guidelines.

5.2 **Chief Executive**

The chief executive has delegated the clinical responsibility for the implementation of non-medical prescribing to the Executive Director of Nursing.

5.3 **Chief Pharmacist**

The Chief Pharmacist has corporate responsibility for all aspects of medicines management. The Chief Pharmacist is responsible for ensuring that NMP pharmacists act in accordance with this guidelines.

5.4 **Deputy Director of Nursing**

The Deputy Director of Nursing is responsible for ensuring that NMP Nurses act in accordance with these guidelines, and for agreeing and authorising all personal prescribing formularies for NMP Nurses on the appropriate forms.

5.5 **Head of Nursing**

The Trust NMP lead is responsible for: -

- Ensuring that all relevant information about prescribing is cascaded to all NMPs within the organisation.
- Maintaining an up to date database and register of all practicing NMPs.
- Collation of BNF orders and distribution to all practicing NMPs.
- Ensuring that appropriate healthcare professionals who meet the criteria can access the course.
- Maintaining links with appropriate statutory external organisations.
- Ensuring that CPD opportunities are available for all NMP's within the organization.
- Co-ordination of audit to meet internal and external bodies' requirements.
- Providing support to services when developing new prescribing roles.

5.6 **NMP CPD Forum**

This forum aims to ensure that all NMP's have access to a self supported and facilitated NMP CPD forum who will meet quarterly and is responsible for providing: CPD (continuing professional development) training sessions; meetings aimed at updating and developing NMP's within the Trust; links to external NMP developments via regional and national forum representation.

5.7 **Divisional NMP Lead**

Responsible for identifying: Development of NMP within the Division

- How the implementation of non-medical prescribing can facilitate multi professional service re-design, service development or refining service provision to meet service user need.
- Any opportunities for non-medical prescribing when reviewing service developments and where appropriate integrate them into workforce planning.

5.8 **Managers**

Managers are responsible for the monitoring of the daily prescribing activities of NMPs in relation to their job description. They are also responsible for ensuring that systems are in place to facilitate prescribing practice including:

- Ensuring the duties of the NMP are included in job descriptions
- Facilitating access to a prescribing budget
- Providing a locked facility for prescriptions
- Ensuring that NMPs are supported to attend CPD within the Trust to maintaining their competencies in line with their job description.
- Ensuring appropriate clinical supervision is in place for NMP's
- Informing the Trust NMP lead if an NMP leaves the Trust or there is concern about the prescribing practice of the NMP.
- Ensuring NMPs are compliant with any audit requirements.
- Ensuring that NMPs have an identified DMP during training and prescribing supervisor post training.

5.9 **NMPs**

NMPs are individually responsible and accountable for their prescribing practice and must adhere to the medicines management policy (SD12) and related guidelines of Mersey Care NHS Foundation Trust at all times. NMPs are also responsible for:-

- Ensuring that they provide appropriate, evidence based, safe, and cost effective prescribing to service users of Mersey Care NHS Foundation Trust.
- Adhering to their professional codes of conduct (see below) and only practice within their own level of competence and approved personal formulary.
 - Nursing and Midwifery council (NMC, 2015) The Code: professional standards of practice and behavior for nurses and midwives'
 - NMC (2007) Standards for Medicines Management
 - Health & Care Professions Council (HCPC, 2016) Standards of conduct performance and ethics
 - HCPC (2013) Standards for Prescribing
- Ensuring that service users are made aware of their scope of prescribing practice and their right to refuse treatment/prescribing by an NMP.
- Completing an approval to practice form prior to prescribing medication within Mersey Care NHS Foundation Trust. They are responsible for ensuring that this is agreed and signed off by their line manager and prescribing supervisor, and then submitted to the NMP lead for approval at the NMP panel.
- Completion of an annual declaration of continued competence to prescribe as part of the annual PACE process.
- Participating in timely annual audit of prescribing practice.

6. PROCESS: PRESCRIBING PRACTICE

6.1 Supplementary Prescribing (V300)

There are no legal restrictions on the clinical conditions that may be treated or medicines that may be prescribed by supplementary prescribing, providing they are within the personal competency of the supplementary prescriber. Supplementary prescribers must also complete the approval to practice form and will work closely with an independent medical prescriber. The CMP is the framework of this prescribing partnership.

Wherever it is proposed to manage a service user's condition through the use of supplementary prescribing, the concept of the prescribing partnership must be explained in advance to the service user by the independent medical prescriber/ supplementary prescriber. Consent should be obtained from the service user or their advocate before supplementary prescribing takes place.

6.2 **The Clinical Management Plan (CMP)**

Before supplementary prescribing can take place it is obligatory for a CMP to be agreed relating to a named service user and their specific condition to be managed by the supplementary prescriber. This should be included in the service user record as it is a legal requirement and supplementary prescribing cannot take place without one. The CMP must identify any circumstances where the supplementary prescriber should refer the service user back to the independent prescriber and must be reviewed on an annual basis. Following qualification there will be a period of preceptorship. The length of the preceptorship will be agreed with the Line Manager, the Independent Prescriber and the Non-Medical Prescriber.

Regulations specify that the CMP must include certain information:

- The name of the service user to whom the CMP relates.
- The illness or conditions which may be treated by the supplementary prescriber
- Be agreed by both the medical and supplementary prescriber before supplementary prescribing begins and signed by both of them.
- The date on which the CMP has to take effect and when it is to be reviewed by the independent medical prescriber who is party to the CMP (review date no longer than 1 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 administered under the CMP
- Specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency or formulation of the medicines identified (medicines must be listed individually by generic name, strength, route of administration, dosage and frequency)
- The CMP may include a reference to published national or local guidelines however, the CMP must clearly identify the range of relevant medicinal products to be used in the treatment of the service user and the CMP should draw attention to the relevant part of the guidelines.
- Relevant warnings around known sensitivities of the service user and/or known difficulties of the service user with particular medicines or appliances.
- The arrangements for notification of 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.

- The circumstances in which the supplementary prescriber should refer to or seek the advice of the independent medical prescriber who is party to the plan.
- Following diagnosis by a medical prescriber the medical and supplementary prescriber will 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 service user consent before supplementary prescribing can begin.

The CMP comes to an end:

- At any time at the discretion of the medical prescriber, supplementary prescriber or the service user
- At the time specified for the review of the service user (unless it is renewed by both prescribers at that time)
- If the medical prescriber leaves their post. In these circumstances the CMP must be renewed by the successor.
- Where there is a sole independent prescriber and he or she is replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor. The supplementary prescriber must never make amendments to the CMP without the agreement of the independent prescriber named on the plan.

6.3 Independent Prescribing (V300)

Independent NMPs are limited by their codes of professional practice to prescribe within their area of competence. Independent NMPs should only prescribe for service users following an appropriate clinical assessment as outlined in their respective professional bodies' guidance and national prescribing guidance. The NMP must endeavor to work in partnership with the patient who where possible must agree to any prescribing arrangements or decisions made.

The group of service users to be prescribed for and medicines to be prescribed independently must be agreed with the NMP, the NMP service manager and the medical practitioner who works closely with the NMP. Once agreed this should form the basis of an approval to practice form which must be completed prior to any prescribing practice.

Following this agreement NMPs will develop a personal formulary for the drugs they will be prescribing independently. Personal formulary must be discussed with the service manager and the medical practitioner who works in the service area where the NMP will be prescribing. Once this is agreed a copy should be forwarded to the Trust NMP lead who will submit this to the NMP approval panel for ratification. Normally prescribing will be carried out in the context of practice within a multi-disciplinary healthcare team either in a hospital or in a community setting and within a single electronic patient record.

NMPs cannot write prescriptions unless they are competent to prescribe the medication, have full understanding of the pharmacology involved, have the medication within their authorised scope of practice and have completed an appropriate clinical assessment prior to issuing a prescription.

All registered NMP's must have an appropriate prescribing supervisor that has knowledge and expertise in the NMP's clinical area of prescribing practice; this can either be a doctor or an experienced NMP. It is suggested that the NMP and clinical supervisor meet formally once a month to discuss prescribing practice, however an agreement should be

reached with the non-medical prescriber's line manager and consultant lead for the services for the NMP will prescribe to what will be appropriate clinical supervision. Clinical supervision will highlight any further training requirements.

Any practitioner wishing to extend their personal formulary must re-submit the approval to practice form to the NMP approval and monitoring panel. All NMP's and supplementary prescribers must re-submit their approval to practice form on an annual basis to the NMP lead for re-approval at the NMP approval and monitoring panel to ensure competency has been maintained.

6.4 **Independent Prescribing: Controlled Drugs**

In April 2012 amendments to the Misuse of Drugs Regulations permitted the independent prescribing of schedules 2-5 controlled drugs by registered nurse and pharmacist NMPs for any medical condition (but not to prescribe cocaine, diamorphine and dipipanone for the treatment of addiction). In addition to this nurse independent prescribers who work in substance misuse services can now supply articles for administering or preparing controlled drugs.

Mersey Care NHS Foundation Trust is in full support of nurses and pharmacist prescribers extending their prescribing scope to include controlled drugs however it is stressed that this must only occur within the practitioner's individual clinical competence.

NMP independent prescribers intending to prescribe controlled drugs schedule 2- 5 need to discuss with their line manager and declare their intention using the electronic self-declaration format on an annual basis.

The register of NMPs is updated with information regarding those who have declared their intention to prescribe CDs. The Self Declaration email will contain information on which CDs and for what conditions they may be prescribed.

It is good practice to review CD prescribing status as part of the PACE. This allows practitioner and line manager to discuss prescribing practice and any areas of development required.

Prescribing by NMPs, including CDs, is monitored monthly through ePact data and reported regularly to the appropriate committee. ePact data is available to prescribers and managers. Please contact medicines management to gain access to ePACT prescribing data.

Any incidents or risks identified in relation to CDs prescribed by NMPs will be reported to the responsible officer, NMP Lead and escalated further if required.

Professional regulatory bodies have clear guidance on the competencies and standards of the NMP that should be adhered to as part of this role (see NMC, HCPC, GPhC).

6.5 **Prescribing of unlicensed medications by nurses who are independent prescribers**

During December 2009 legislation was amended to allow nurse and midwife independent prescribers to prescribe unlicensed medicines. The NMC published a circular in March 2010 indicating that nurse independent prescribers may prescribe an unlicensed medication. Prescribers should refer to the Trust 'Use of Unlicensed and Off Label Medicines' (SD36).

6.6 **Mental Health Act, Mental Capacity Act and Consent to Treatment.**

NMP's should ensure that they are fully conversant and work within the requirements of the Mental Health Act 1983 (Amended 2007); the Mental Capacity Act 2005; Department of Health (DH) Guidelines for consent to treatment; and the associated Mersey Care policies, procedures and guidelines in relation to these in their prescribing practice.

6.7 Patients Detained under the Mental Health Act 1983 (Amended 2007)

Currently the flexibility afforded by NMP does not sit with the responsibilities required under Part IV of the Mental Health act 1983 (Amended 2007); in relation to the role of the non medical prescriber. Therefore, the prescribing of medicines for any patient detained under the Act with regard to their mental health, not physical health, remains the responsibility of the Responsible medical Officer. 227 (section 62) of the Mental Health Act states treatment of a physical disorder which is neither a symptom of the patients disorder nor a cause of it, is not covered by this Act and a patient can only be treated under 'common law'. Non medical prescribers working within high secure services are therefore legally entitled to prescribe independently for physical health care. Any developments in the legislation will be reflected in these guidelines.

6.8 Prescribing for Children and young people

Only nurses and pharmacists with the relevant knowledge, competence, skills and experience in caring for children should prescribe for children. Anyone prescribing for a child must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their level of expertise.

In all cases reference should be made to the BNF for Children when prescribing medicines for pediatrics. www.bnf.org

6.9 Record Keeping

NMP's are required to:

- Complete accurate and detailed records of all prescribing decisions.
- Record prescriptions in service user's clinical records in a timely manner.
- Inform GPs of any changes in medication.

6.10 Adverse Drug Reactions

If a service user reports a severe or unexpected reaction to a prescribed medicine it should be reported immediately to the service user's GP and/or responsible medical officer. The NMP must document any adverse reactions and the action taken in the service user's clinical records. Prescribers who are suspicious that an adverse reaction has taken place must report this via the yellow card scheme (see BNF or Yellow Card on-line please contacted Medicines Information for further advice) and complete a trust incident form. NMP's should adhere to the Trust's Medicines Management policy in relation to this.

6.11 Legal and Clinical Liability

Where a NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer then the employer is held vicariously responsible for their actions. Nonetheless each NMP is professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. Each NMP is expected at all times to work within the standards and code of professional conduct as set out by their own regulatory bodies, as well as policies and procedures ratified by their organisation. All prescribers should ensure that they have adequate professional indemnity insurance.

It is the responsibility of the NMP's line manager in conjunction with the NMP lead to agree the areas in which they are able to prescribe as part of their professional duties. In the case of supplementary prescribing the therapeutic area in which prescribing will take place 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 which may be required and this must be provided before this new area can be included in their professional duties. A revised approval to practice form should be completed and returned to the Trust NMP lead.

6.12 **Medication Errors**

To reduce the potential for errors it is best practice for the NMP to neither dispense nor administer medication they have prescribed.

NMPs are responsible for reporting any prescribing errors as per Trust Guidelines (MM09, section 4.5), ensure their line manager and the medical team are informed, and take any necessary action to maintain service user safety. Medication errors will be monitored by the NMP Approval and Monitoring Panel and the Medicines Safety Group.

6.13 **British National Formulary (BNF) and Drug Tariff**

These publications are essential to the prescriber. The trust will supply the latest BNF or access to BNF on-line to the independent/supplementary prescribers every 6 months. The drug tariff is published every month and can also be accessed via the NHS Business Services Authority website.

6.14 **Prescribing and Assessment**

In order to prescribe for a patient the NMP must ensure that they have undertaken a full assessment of the patient, including taking a thorough history, minimal dataset, and summary record and, where possible, access a full clinical record. NMP are accountable for their prescribing professional portfolio decisions and must prescribe only when they have relevant knowledge of the patient's health and medical history.

All NMPs must contact the GP with details of any prescriptions issued within 48 hours (NMC, 2006), or 2 working days (to address weekend working), of completing a script. The method used to contact the GP will be different within each service (i.e. fax, letter, EMIS web). This should be operationally managed on a case by case basis. The use of a SOP may be appropriate for certain clinical services.

6.15 **Wound Dressing Initial Assessment Guide**

The type of dressing is chosen according to the patients' needs from the wound care formulary/guidance. A prescription is given using either the First Dress Initiative or Total Wound care Purchasing Facility. An NMP will make an assessment within two weeks or sooner if thought more urgent.

6.16 **Prescribing on Behalf of Another Practitioner**

An instance when this will be unavoidable would be within a Walk in Centre. Within a WIC, there may be circumstances when activity levels are high and when a PGD does not address all the presentations and it is in the best interest of the patient for them to receive this medication. The NMP remains accountable if they do decide to prescribe (NMC, 2006) and must be satisfied with the clinical assessment skills of their colleague (staff within the WIC whose competencies are known to the NMP) and the findings of the clinical condition that the prescription is being written for.

NMPs must review patients who have been assessed by agency staff before they issue a prescription. The NMP will choose to undertake this role and will do so to support managing the shift safely. **A SOP has been developed for WIC staff to support this practice.**

6.17 **Repeat Prescribing**

The NMC (2010) state you may issue a repeat prescription, but you do so in the knowledge that you are responsible as the signatory of the prescription and are accountable for your practice. The NPC (2004) suggests that you are accountable for your practice. The NPC (2004) suggests that prescribing involves two tasks:

- **Authorisation** – the decision that a repeat prescription is appropriate
- **Periodic Review** – a review of the patient and the medication to ensure that treatment is still effective, appropriate and well tolerated. The NMP makes an informed decision as to whether to continue, change or stop the medication.

Therefore, before signing a repeat prescription you must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure:

- The patient/client is issued with the correct prescription
- Access to the patients full medical records are available and accessible for review prior to completion of prescription.
- Where full medical records are not accessible for review the patient must be referred to appropriate medical support. If the patient has presented with an acute episode or exacerbation of condition they must be treated appropriately for this immediate episode and then referred on for full repeat prescription to be sanctioned

6.18 **Prescribing Emergency Supply**

Prescriptions may be requested by patient to a NMP for either emergency management of an acute episode or for the prevention of complications in long term conditions such as hypertension, diabetes, COPD, Asthma etc. In such cases immediate treatment should be appropriately given and patient then referred to own medical practitioner or UC24 for full medical review prior to repeat prescription being dispensed.

Contraception may be prescribed for longer but must include follow up by the appropriate professional (sexual health /Family planning/assessing practitioner) to ensure that they are receiving the appropriate assessments

6.19 **Prescribing using a Handwritten In-Patient Prescription Chart**

The procedure for handwriting an Inpatient Prescription Chart (IPC):

In some situations a NMP may prescribe directly onto the IPC. In the case of a handwritten IPC being required the following details should be printed in black ink:

Write clearly in CAPITAL letters with names and instructions in FULL detail

It is the NMPs responsibility to enter the following in BLOCK CAPITALS on the direction to administer or supply sheet:

- Patient's name
- Patient's Identification Number (PIN)
- Date of Birth
- Ward number
- Date of admission

- Consultants name
- Weight
- Allergies and details of any reaction

Ensure the following details are included on the inpatient prescription record:-
Medication name in FULL, generic unless brand name clinically required e.g. antiepileptic medicine, modified release preparations abbreviations of drug names is dangerous and are only acceptable if they are verified by the BNF. If inappropriate abbreviations have been used refer back to the original prescriber:

- Form e.g. tablet, capsule, liquid etc.
- Strength (n.b. microgram to be used not mcg)
- Dose (n.b. microgram to be used not mcg)
- Frequency
- Start date, important for the duration of antibiotics
- Route
- Any additional direction e.g. before food
- Ensure that an X is added to the spaces on days where medicine is to be omitted. On days where medicine should be given, the square should be highlighted by darkening the line around the daily box with black ink.

Any changes should be made by re writing the prescription item

6.20 **Discontinuing Medication**

NMPs may discontinue medication if they have assessed a patient and in their clinical judgment think this is the best course of action. Non-medical prescribers should always consider themselves part of the team and not undertake actions without considering the care plan for the patient. Details of any discontinued medicines should be recorded in the patients nursing and or medical notes stating the name and dose of medication discontinued and why the medicine was stopped. The GP should be informed and a record made on the GP clinical system. For inpatients this should be clearly evident on the IPC.

6.21 **Off- Label / Off-License Medicines**

Non-Medical Prescribers may in exceptional circumstances prescribe medicines outside of their license for use (off label) when they are absolutely clear this is clinically necessary and supported with an evidence base. Their decision to prescribe off label must be clearly documented with a detailed rationale for the clinical decision and informed consent must be obtained from the patient or parent of a child.

6.22 **Guidance on the Mixing of Medicines**

The Medicines and Healthcare products Regulatory Agency (MHRA) has in place regulations to enable mixing of medicines prior to administration in clinical practice These regulations enable:

- Doctors and dentists, who can already mix medicines themselves, to direct others to mix
- Nurse and Pharmacist Independent Prescribers to mix medicines themselves and to direct others to mix

Supplementary Prescribers to mix medicines themselves and to direct others to mix, but only where that preparation forms part of the Clinical Management Plan for an

individual patient

The regulations also define mixing as “the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.”

This applies not only to palliative care, but to all clinical areas where the mixing of medicines prior to administration is accepted practice and supported by the employer’s policies for the delivery of healthcare.

Medicines should only be mixed together in the same syringe (apart from normal diluents) for use in a syringe driver, if:

- There is no available licensed preparation
- It is in the best interest of the patient (e.g. symptom control, avoiding multiple venous access etc.)
- There is stability data for the drug combination being used (check via Medicines Information Service)

Mixing of drugs to make a new combined product means that the product is outside the product license; however it is recognised as accepted practice within palliative care. The prescriber of an unlicensed product or use of a product outside of the product license takes full clinical responsibility for the prescription.

A PGD cannot be used for this purpose - other than dissolving or dispersing the product in, or diluting or mixing it with, some other substance used as a vehicle for the purpose of administering it.

7. SECURITY AND SAFE HANDLING OF PRESCRIPTIONS

7.1 Handling and Security of Prescription Form/Pads

There will be no restriction on the type of prescription form/chart for use by the NMP in Mersey Care NHS Foundation Trust Normal routes of supply will be maintained via local procedures in services. NMP’s in Mersey Care NHS Foundation Trust may use Trust prescription cards and FP10 forms to complete prescriptions. Prescriptions are controlled stationery and must be stored securely in line with local procedures.

FP10s - records of issue and destruction of prescriptions must be kept in line with local procedures. This should include the serial numbers of prescriptions issued, date of issue as well as details of the nurse or pharmacist requesting the prescription. It is the responsibility of the NMP to ensure the security of prescriptions at all times. When in use the prescriptions must remain in the possession of the NMP at all times, NMPs should carry only one pad per person with the exception of when picking up new pads, additional pads should be stored in a locked cupboard at the NMP base. Individual stocks of prescription forms should be kept to a minimum by all NMPs. Blank prescriptions must not be left on the desk but placed in a lockable drawer. Blank prescription forms must never be pre-signed. If travelling between service users the prescription pads should not be visible and must be locked in the boot of the car. Any prescriptions must be removed from the car when the car is unattended.

In the event of loss or suspected theft of FP10 prescriptions the NMP must follow their local procedure and report this immediately to their line manager and NMP lead who will inform the LSMS and the appropriate NMP operational leads (including pharmacy) giving details of:

- approximate number of scripts stolen/lost
- the serial numbers
- when and where the prescriptions were lost or stolen
- name, designation, prescriber status: V300, V100, Pharmacist
- type of prescription stationery
- if it was a blank/filled prescription

The NMP should then ring **101** and relay the information above and make a record of incident number provided by the police.

The NMP should then complete as much of the Missing/Lost/Stolen Prescription form (<http://opera.liverpoolch.nhs.uk/SIRS/Non%20Medical%20Prescribing/Forms/AllItems.aspx?InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>) as possible and forward to the relevant medicines management department which supplies their prescription pads as soon as the incident has been reported to the police.

A DATIX incident form must be completed detailing all of the above. Refer to the Incident Reporting Policy (including SUI's) please see SD03.

The non-medical prescriber will be given advice from the Senior Service Manager regarding the course of action. This advice depending on the circumstances of the loss or theft.

Following the reported loss of a prescription form the trust will normally tell the prescriber to write and sign all prescriptions in a different colour (usually red) for a period of two months.

The trust will inform NHSE and relevant CCG's of the name and address of the prescriber concerned. The approximate number of prescription forms stolen and the period within which the prescriber will write in a specific colour. This will normally be put in writing within 24 hours with the exception of weekends.

7.2 Spoilt Prescriptions

All void prescriptions should be shredded and an electronic record should be made of the destroyed prescription.

7.3 Fraudulent Prescriptions

The generation of fraudulent prescriptions or the knowing of fraudulent alterations to a prescription is a criminal and disciplinary offence. The LSMS identifying potential fraud should contact NHS Protect, the NMP Lead and the Head of Medicines Management. A DATIX form should be completed.

7.4 Generation of Prescription

Practice based independent and supplementary prescribers can have their details added to a practice computer system to allow the printing of prescriptions with the correct relevant details. If information is added to Non Trust systems advice on what details must be added to the practice computer system can be found on the BSA website; <http://www.nhsbsa.nhs.uk/PrescriptionServices/3230.aspx>

- a visible audit trail of prescribing actions must be maintained
- prescriptions should always be signed immediately

Non-medical prescribers must only generate prescriptions with their personal qualification and PIN number i.e. NMC pin number, GPhC pin. The NMP must ensure that the qualification is correct on the prescription before signing

- Prescribers working across different GP practices should only use one prescription pad with one code. It is no longer essential to add the GP practice code to the prescription pad as the costs are attributed to a Trust cost centre.
- Where a NMP works for more than one organisation, a separate prescription pad will be required for each organisation.
- Non-medical prescribers use specific types of prescription pads for prescribing which can be identified as different colours by the dispenser.

Prescribers should ensure that their work contact phone number is written on the bottom of the prescription. This should be legible.

- Detailed advice on prescription writing is contained in the British National Formulary
- If an electronic prescription is damaged and requires re-printing an indication for the reason for duplication must be stated on the patient record.
- NMPs should not issue emergency or repeat prescriptions without the reassessment, examination and evaluation of the patient where they have access to the full clinical record. The drugs prescribed must be within their sphere of competence and in accordance with the repeat prescribing policy.

7.5 **Retrieval of Prescriptions on Leaving the Trust and Destruction of Pads**

It is the responsibility of the line manager and NMP to ensure that:

- Prescription pads have been returned to Medicines Distribution Service/NMP administrator / pharmacy as appropriate to where they collect their pads from by prescribers who leave their employment with the Trust any returned pads are destroyed by shredding. Signature to be obtained from MDS/ NMP Administrator by NMP that this process has been completed.
- Prescription pads must be securely destroyed by the MDS/NMP Administrator who documents the serial numbers of all prescriptions destroyed. The MDS/NMP Administrator also maintains a database of prescriptions destroyed which includes the first and last serial numbers of the pads destroyed. Records of destruction must be kept for a period of 2 years.
- No further prescription pads are ordered for a prescriber who has left their employment or who has been suspended from prescribing duties an NMP Leaving Form (NHS Business Services Authority) Form is sent via the NMP Lead to the NHS Business Services Authority notifying them that they have now left the trust which means they will no longer be able to order prescriptions.

7.6 **Bank Prescribing**

Employed staff who cover sessions within their area of clinical competence are entitled to prescribe within this area.

It is necessary for the manager and NMP Lead to fully understand a NMPs competence to prescribe and as full employees to understand their cover regarding vicarious liability. Managers should ensure that the NMP has fully completed NMP annual electronic self-declaration and can provide evidence (Professional Portfolio) of CPD and professional development within scope of prescribing competency.

Please refer to Liverpool and South Sefton Community Division SOP for walk in centres

8. CONSENT

Valid consent must be obtained before starting treatment which includes administration of medicines. Refer to Consent to Treatment Policy (SD06). If a patient is unable to consent at the time the treatment decision is made due to lacking mental capacity as per the Mental Capacity Act 2007 a best interest decision will be required in order to undertake the most appropriate action for the patient at that time. This must incorporate consideration of the known wishes, feelings, beliefs and values of the patient. For further information please refer to the Mental Capacity Act policy (MC01).

9. TRAINING AND SUPPORT

9.1 Continuing Professional Development (CPD)

All healthcare professionals including NMPs have a statutory responsibility to maintain their CPD. This is in line with the Royal Pharmaceutical Society (RPS, 2016) competency framework for all Prescribers. All NMPs should be able to demonstrate application of the RPS competency framework in their NMP role. 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, dressing and appliances. NMPs may use the learning from this activity as part of their revalidation process.

Non-medical prescribing should be discussed at annual PACE/PDR reviews and any training needs identified through continued professional development (CPD). The NMP's dedicated prescribing supervisor and manager will need to confirm the maintenance of the NMP's clinical knowledge and skills.

To maintain high standards of prescribing practice a Trust NMP CPD forum will also be provided on a quarterly basis to share good practice

9.2 Criteria for CPD

The following is a list of acceptable forms of NMP CPD:

- Attending Trust led NMP CPD training session per annum.
- Attendance at NMP regional or national forum events (meetings, conferences etc.)
- ELearning in area of prescribing competency
- Individual study related to Management of Medicines/therapeutics
- Review of personal prescribing data
- Shadowing a prescribing colleague and reflective account
- Evidence of reading journals or articles directly linked to scope of practice with reflection
- Work based Learning or reflecting on a patient journey

NMP's need to ensure the annual declaration of competency is completed alongside

relevant professional requirements for prescribers.

10. MONITORING

10.1 NMP Register

A record of each Non-Medical Prescriber will be maintained and updated by the Trusts NMP Lead team. The record will include the names of the Non-Medical Prescribers, their professional registration number, their service, CD permissions, mobile contact numbers and scope of practice.

The NMP must notify the NMP Lead of a change of details for any of the following:

- Change of name
- Change of base and contact number.
- Change of NMC registration, GPhC number or HCPC registration.

10.2 Audit

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 being utilised and where the prescribing costs are allocated. The Trust medicines management committee will oversee and direct any audit requirements relating to non-medical prescribing as part of the trust clinical annual audit programme. NMP's will be required to participate in and provide evidence for any programmes as directed by the medicines management group.

11. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title:

Non Medical Prescribing Guidelines

Area covered:

Trust Wide

What are the intended outcomes of this work?

The aim of these guidelines is to provide a framework for the implementation of non-medical prescribing within Mersey Care NHS Foundation Trust. This provides guidance for supervision of independent & supplementary prescribers, and ensures a service need has been clearly identified and that appropriate practitioners are given access to training to become registered non-medical prescribers.
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Who will be affected? <i>e.g. staff, patients, service users etc</i>

Trust Staff and Service Users

Evidence

What evidence have you considered? SD12 SD36 SD06 MC01 GPhC Nursing and Midwifery Council (NMC) Standards/Requirements Medicines and Healthcare Products Regulatory Agency Royal Pharmaceuticals Society Mental Capacity Act 1983 (2007) Mental Capacity Act (2005)
Disability (including learning disability) There are no identified barriers
Sex There are no identified barriers
Race There are no identified barriers
Age There are no identified barriers
Gender reassignment (including transgender) There are no identified barriers
Sexual orientation There are no identified barriers
Religion or belief There are no identified barriers
Pregnancy and maternity There are no identified barriers
Carers There are no identified barriers
Other identified groups There are no identified barriers
Cross Cutting implications to more than 1 protected characteristic N/R

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Not engaged</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Not engaged</i>
Right to liberty (Article 5)	<i>Not engaged</i>
Right to a fair trial (Article 6)	<i>Not engaged</i>

Right to private and family life (Article 8)	<i>Not engaged</i>
Right of freedom of religion or belief (Article 9)	<i>Not engaged</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>Not engaged</i>
Right freedom from discrimination (Article 14)	<i>Not engaged</i>

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
SMT Divisional leads and Professional Leads
Chief Pharmacist
Equality & Human Rights Lead

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation None identified
Advance equality of opportunity None identified
Promote good relations between groups None identified

What is the overall impact? Positive
--

Addressing the impact on equalities
--

Action planning for improvement
Detail in the action plan below the challenges and opportunities you have identified. <i>Include here any or all of the following, based on your assessment</i> Not required

For the record Name of persons who carried out this assessment: Maria Tyson – Head of Nursing / NMP Trust lead Kate Jones – Equality & Human Rights Lead
Date assessment completed: 17/05/2018
Name of responsible Director:
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			