NHS
Dorset
Clinical Commissioning Group

MEDICINES STANDARD C6:
NON-MEDICAL PRESCRIBING

PURPOSE & SCOPE

The purpose of this guidance is to promote the safe, effective and appropriate use of non-medical prescribing skills across the CCG by:

- Setting out robust standards for non-medical prescribing;
- Clarifying accountability and responsibility, and
- Ensuring all non-medical prescribers are compliant with statutory obligations;

This guidance applies to non-medical prescribers working in, or on behalf of a GP practice within NHS Dorset CCG. Non-medical prescribers employed by other organisations such as Dorset HealthCare University Foundation Trust are not included within the remit of this guidance, and should approach the non-medical prescribing lead in their organisation for advice.

DEFINITIONS

Clinical Management Plan

A Clinical management Plan (CMP) is the foundation of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for the patient to be involved and an agreed CMP to be in place (written or electronic) relating to that named patient and to named specific condition(s) to be managed by the supplementary prescriber.

TYPES OF PRESCRIBERS

Independent Prescribers

Independent prescribers can prescribe any medicine for any medical condition within their competence, including controlled drugs. Nurses, pharmacists and optometrists may become independent prescribers.

Independent prescribing may be undertaken by a registered healthcare professional that has undertaken and successfully completed a recognised Independent Prescribing course, is recognised by their professional body as an independent prescriber.

Independent prescribers are responsible and accountable for undertaking a clinical assessment of the patient, formulating the diagnosis and determining a plan for treatment.

An independent prescriber must have undertaken a physical assessment course (or have evidence of competence in this area) in addition to a prescribing course in order to meet requirements of their professional body, usually the Nursing and Midwifery Council or Health Professionals Council. Evidence of competency to undertake a clinical assessment should be documented within the prescriber's portfolio.

Nurse, Pharmacist and Supplementary prescribers may prescribe unlicensed and off label medication but must accept professional, legal and clinical responsibility for such prescribing. Refer to section 14 of this guidance for more information. Optometrists are not permitted to prescribe unlicensed medications.

When prescribing independently, the prescriber must only ever prescribe within their own level of experience and competence.

The Independent Prescriber will ensure they are able to monitor the patient's progress and alter medicines if necessary. If this is not possible they should ensure arrangements are in place for another prescriber to undertake monitoring.

Community Practitioner Nurse Prescribers

Previously known as District Nurse/Health Visitor prescribers, Community Practitioner Nurse Prescribers may prescribe a limited set of items from the non-medical prescribers' formulary.

Community Practitioner prescribing may be undertaken by a registered nurse who has undertaken and successfully completed the Community Practitioner Prescribing course, is recorded with the Nursing and Midwifery Council as a Community Practitioner Prescriber.

Community Practitioner NMP's may not prescribe controlled drugs and may not prescribe medicines 'off-label' / 'off-license' apart from one exception – nystatin for oral thrush in neonates.

Refer to the BNF for the Nurse Prescribers' Formulary, which lists the items that can be prescribed by Community Practitioner Nurse Prescribers.

Supplementary Prescribing

Supplementary Prescribing may be undertaken by a registered healthcare professional that has undertaken and successfully completed the Supplementary Prescribing course, and who is recorded with their professional body as a supplementary prescriber.

Supplementary prescribing is defined as a voluntary partnership – between a medical prescriber (doctor or dentist) and a supplementary prescriber. Within this partnership, the supplementary prescriber may prescribe any medicine for any medical condition within their competence, in

accordance with an agreed patient-specific, written Clinical Management Plan (CMP). Refer to definitions for a description of a CMP.

The CMP should refer to national or local evidence based guidelines to identify the medicines that are to be prescribed, any monitoring of the patient that is necessary, and circumstances in which dosage, frequency or formulation should change (if applicable).

Supplementary prescribing can include controlled drugs and unlicensed medicines for any medical condition, provided these are prescribed within the terms of the CMP.

Nurses, pharmacists, podiatrists, optometrists, chiropodists, radiographers and physiotherapists can all be supplementary prescribers provided they have undertaken the non-medical prescribing training.

A patient review must take place at the time determined in the CMP. The minimum interval should not normally be longer than one year, but is dependent on the length of treatment prescribed as well as the nature and stability of the patient's condition.

A Clinical Management Plan must be filed in the patient's notes and copy kept by the supplementary prescriber for reference and audit purposes.

The SP will pass the prescribing responsibility back to the medical prescriber (doctor or dentist) if the agreed review is not carried out and/or if the patient's condition no longer falls within their sphere of competence.

Where possible the supplementary prescriber will ensure that the patient understands and agrees with the prescribing partnership arrangements.

PATIENT ASSESSMENT

All non-medical prescribers must ensure that the patient gives their informed consent to treatment. When prescribing, the NMP must:

- Identify the likely cause of the person's medical condition;
- Establish current medical conditions and history and concurrent or recent use of other medications including non-prescription medicines;
- Ensure that there is sufficient justification to prescribe the medicines/treatment proposed. Where appropriate the NMP should discuss other treatment options with the person in their care and / or medical practitioner;
- Ensure that the treatment and medicines are not contra-indicated for the person in their care; and
- Make a clear, accurate and legible record of all medicines prescribed

If a NMP is not providing continuing care or does not have access to the person's medical records they must:

- Establish a dialogue with the person in their care, to ensure they have sufficient information to ensure safe prescribing;
- Make appropriate arrangements to follow the progress of the person in their care;
- Monitor the effectiveness of the treatment and / or review the diagnosis at appropriate intervals; and
- Ensure the patient's medical practitioner is up dated at the earliest opportunity concerning prescribing actions and as a minimum, within 48 hours.

REGISTRATION TO PRESCRIBE IN DORSET

Independent Prescribers

All new practice employed non-medical prescribers (i.e. prescribers taking up a post in a GP practice in Dorset, or those who are currently working in a GP practice in the Dorset CCG area that newly qualify as a prescriber) will be asked to complete a change of circumstances proforma (appendix 1) and submit it to the Medicines Management Team.

Appendix 2 contains a flow chart summarising the process of registration to prescribe in Dorset GP practices.

Non-medical prescribers leaving employment with a practice, joining additional practices, or retiring

If a non-medical prescriber is to cease working for a GP practice in Dorset, it is vital that the Medicines Management Team is informed using the change of circumstances proforma (appendix 1) as with as much notice as is practicable, to allow the relevant notifications to be made to the NHS Business Services Authority.

Similarly, if a prescriber begins to undertake work in an additional GP practice (or service such as SWAST), then the Medicines Management Team should be notified as relevant notifications to the NHS Business Services Authority must still be made to ensure that the costs of the prescriber's activity can be correctly allocated.

PRESCRIPTION WRITING

Before writing a prescription the non-medical prescriber should have assessed the patient and have knowledge of:

- Patient's full medication (this should include all prescribed and non-prescribed medication including over the counter and alternative remedies);
- Past medical history;
- Patient's current health status ;

- Allergy status;
- A thorough knowledge of the item to be prescribed, i.e. dosage, therapeutic action, side effects, and interactions, frequency of use

The non-medical prescriber should refer to the BNF / Nurse Prescribers' Formulary for guidance on prescription writing. All non-medical prescribers are recommended to prescribe generically except where this would not be clinically appropriate (in line with local guidance).

All items prescribers should adhere to the recommendations in the Dorset prescribing formulary and associated local and national prescribing guidelines.

Nurses employed directly by a GP practice can prescribe on (green) FP10SS prescriptions which feed through the practice computer system provided that the printed prescription complies with the 'overprint specification' set out by the NHS Business Services Authority (NHS BSA).

If handwritten prescriptions are required, then this should be done on an individual FP10 prescription form which will bear their name and prescribing identification number as well as the GP practice code. Pre-printed prescription forms intended for handwritten prescriptions can be ordered from Primary Care Support England (PCSE) – please refer to appendix 4 for more details.

SPECIAL CONSIDERATIONS

The prescriber will acknowledge any limitations in their competence and where necessary, make alternative arrangements for the patient's care. This may include referral to other medical or non-medical colleagues within the primary care team.

Only non-medical prescribers with relevant knowledge, competence, skills and experience should prescribe for children. Anyone prescribing for a child must be able to demonstrate competence to do so.

Non-medical prescribers must be aware of potential interactions with any other medication the patient is taking and endeavour to have access to the patients' notes.

Prescriptions written by non-medical prescribers should not be directed to any one particular pharmacy or dispensary.

All prescribers should report adverse incidents according to the CCG guidance and national requirements. The patient's GP and/or consultant should also be notified.

Adverse reactions to medications, adverse incidents with medical devices, and defective or counterfeit medicines should be reported via the Yellow Card system in addition to local adverse incident reporting.

Non-medical prescribers should be familiar with and comply with the CCG guidance on working with the pharmaceutical industry, and the CCG guidance on standards of business conduct (incorporating the conflicts of interest guidance).

Non-medical prescribers will, wherever possible, separate the prescribing of medication from dispensing or administering.

SECURITY AND SAFE HANDLING OF PRESCRIPTION FORMS

As best practice, NMPs should keep a record of the serial numbers of prescription forms issued to them. The first and last serial numbers of each pad should be recorded. Records of prescription pads received should be kept for three years.

Prescriptions should NEVER be left unattended in a car or overnight.

Patients, temporary staff and visitors should not be left alone with prescription forms or allowed in secure areas where the forms are stored.

If a prescription needs correction or amendment, the prescriber must initial and date the change to confirm that the change is genuine.

If for any reason a prescription is void, it must be destroyed securely, with a witness. Records of prescriptions destroyed should be kept for at least 18 months. A template destruction record can be found in appendix 5.

For more information about safe and secure handling of prescription forms, including what to do in the event of prescriptions being lost or stolen refer to the CCG guidance on the use of prescriptions in primary care.

RECORD KEEPING

Non-medical prescribers must adhere to their regulatory body's standards of record keeping.

Prescribing decisions should be recorded in the patient's main notes on the GP clinical system and in any patient held record as soon as possible (for example, oral anticoagulant record or lithium record). This includes written, typed or electronic communication.

Records should be accurate, comprehensive, contemporaneous and accessible by all members of the prescribing team.

Details of the prescribing and relevant consultation details should be entered into the patient's notes and/or electronic patient record at the time of issuing a prescription.

The record must clearly indicate:

- Indication for prescription

- Date of prescription
- Name of prescriber
- Name of item prescribed, including as a minimum the quantity supplied, the dose and dose frequency and the intended treatment duration.

REPEAT PRESCRIBING

Non-medical prescribers working in GP practice may issue repeat prescriptions but should do so within the guidance of the Nursing and Midwifery Council (NMC) or their relevant registration body.

The NMC guidance (Standards for Medicines Management, standard 19) says: "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.

Before signing a repeat prescription the prescriber must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- The patient/client is issued with the correct prescription
- The correct dose and frequency and duration of treatment is prescribed
- Each prescription is regularly reviewed and is only re-issued to meet clinical need
- A review must take place following a maximum of six prescriptions or six months elapsing or as dictated by the evidence base of practice e.g. lithium etc.
- Suitable provision for monitoring each patient/client's condition is in place and for ensuring that patient/clients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber."

Non-medical prescribers should be familiar with the GP practice's repeat and acute prescribing policies and protocols and act in accordance with these. More information can also be found in the Dorset CCG Medicines Standard on repeat prescribing and medicines review.

UNLICENSED MEDICINES

On the 23rd April 2012, The Misuse of Drugs Act Statutory Instrument Number 973 authorised nurse and midwife independent prescribers to prescribe unlicensed medicines to meet the individual needs of patients or clients on the same basis as doctors, dentists and supplementary prescribers.

Unlicensed medicines are medicinal products that are not licensed for any indication or age group, i.e. they do not have a valid marketing authorisation (license) in the UK.

Using a medicine 'off-label' is using a medicines that does have a UK licence, but not for the indication(s) or age groups that are specified on the license.

The responsibility that falls on healthcare professionals when prescribing a medicine on an unlicensed or off-label basis is greater than when prescribing a licensed medicine within the terms of its licence.

Independent nurse prescribers may prescribe an unlicensed medication providing that they are satisfied:

- There is no alternative, licensed medication that would meet the patient's needs;
- there is a sufficient evidence base and/or experience to demonstrate the medication's safety and efficacy for that particular patient;
- they are prepared to take responsibility for prescribing the unlicensed medicine and for overseeing the patient's or client's care, including monitoring and any follow up treatment;
- the patient agrees to the prescription in the knowledge that the medicine is unlicensed and understands the implications of this; and
- the medication chosen and the reason for choosing it are documented in patient's notes.

Community Practitioner NMP's may not usually prescribe medicines 'off-label' / 'off-license' apart from one exception – nystatin for neonates, where the prescriber must make absolutely clear that the diagnosis is one of oral thrush. The nystatin must be prescribed at the dose recommended in the British National Formulary (BNF) for Children.

Supplementary prescribers prescribing within the terms of a clinical management plan may prescribe 'off-label' / 'off-license' medicines that are included within the plan.

Prescribers who prescribe unlicensed medication must accept professional, legal and clinical responsibility for such prescribing. Supplementary prescribers must be bound by a clinical management plan.

NMPs should pay particular attention to the risks associated with using a licensed medicine off-label. These risks may include adverse reactions and potential confusion for patients or carers when the patient information leaflet is inconsistent with a medicine's off-label use.

The NMP will report adverse incidents arising from such prescribing in line with CCG policies and national requirements. All suspected adverse drug reactions arising from off label medicines to the Medicines and Healthcare products Regulatory Agency via the Yellow Card Scheme.

PRESCRIBING OF CONTROLLED DRUGS

The restrictions on which controlled drugs could be prescribed by a nurse independent prescriber or independent pharmacist prescriber were lifted in 2012, by Statutory Instrument no 973. The instrument permits the prescribing of all controlled drugs in schedules 2 to 5 of the Misuse of Drugs Regulations 2001. The instrument also clarifies the mixing of medications that include controlled drugs.

Community practitioner prescribers remain restricted to prescribing from the items listed in the Nurse Prescribers' Formulary (which does not include controlled drugs).

Detailed advice on writing a prescription for Controlled Drugs is contained in the BNF.

In line with national best practice recommendations, the quantity of any controlled drug in schedule 2 and 3 (including tramadol) prescribed by a NMP should not exceed a supply sufficient for one month's treatment.

For more information, refer to the Medicines Code chapter on prescribing and management of controlled drugs. Nurse prescribers should also refer to 'NMC Standards of Proficiency for Nurse and Midwife Prescribers' Practice standard 16: Prescribing Controlled Drugs.

PRESCRIBING FOR SELF, FAMILY AND FRIENDS

NMPs must not prescribe any medicine for themselves or for anyone with whom they have a close personal or emotional relationship. This is in line with the recommendations set out by professional bodies.

In the event of a medical emergency where prescribing may occur to for anyone with whom they have a close personal or emotional relationship then any such prescribing must be reported as an adverse incident, preferably with a witness.

LEGAL LIABILITY

The non-medical prescriber should ensure that their job description includes a clear statement that prescribing is required as part of the duties of that post or service. Non-medical prescribers are responsible and accountable for all aspects of their prescribing decisions. They must be able to recognise and deal with pressures that might result in inappropriate prescribing.

Non-medical prescribers are advised to ensure that they have sufficient professional indemnity, for instance by means of membership of a professional organisation or trade union which provides this cover.

ROUTINE MONITORING AND SITUATIONS WHERE PRESCRIBING CAUSES CONCERN

Non-medical prescribing will be routinely monitored using ePACT, an application that allows authorised users to view and analyse prescribing data from the Prescription Pricing Division of the NHS Business Services Authority. Non-medical prescribing data will be monitored for anomalies such as:

- unexpectedly high quantities;
- unexpected controlled drugs;
- high numbers of items prescribed by brand;
- items that fall outside of the local prescribing formularies;
- items that fall outside of expected competencies; and
- apparent prescribing inactivity for several consecutive months.

Other issues or concerns may arise from communication from reported incidents, unscheduled admissions or complaints.

In all cases where a cause for concern has been highlighted, the prescriber will be contacted individually, and may be requested to supply further information/records in relation to the prescribing/patient in question, or to supply the evidence of competency to prescribe any drugs in question.

BNFS AND DRUG TARIFFS

All Independent and Supplementary non-medical prescribers will receive a centrally funded copy of the British National Formulary every year from Binleys (who distribute the BNF on behalf of the Department of Health). The CCG is not involved with deciding eligibility or distribution of the BNFs therefore all queries must be directed to Binleys – via email: bnf@binleys.com.

All nurses are also encouraged to make use of the online BNF and BNF for children – it is accessible for free to anyone on the NHS (N3) network connection, is kept constantly up to date (compared to the printed BNF which is quickly out of date), and can be located via Medicines Complete. The drug tariff is also available online.

DUTIES/RESPONSIBILITES AND ACCOUNTABILITY

All non-medical prescribers that prescribe must ensure that they take responsibility to meet their professional, contractual and legal obligations. NMPs are accountable for the prescribing decisions that they make including that they have sufficient knowledge and competence.

Each qualified Non-medical prescriber is individually and professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.

Each non-medical prescriber is responsible carrying out regular reviews and audit his or her prescribing practice, at least annually. It is expected that prescribers keep a portfolio of evidence regarding the last 12 months prescribing activity and are able to demonstrate continuing professional development. This portfolio must be available for inspection at any time, and may be requested in situations such as those described above in the section on routine monitoring.

Prescribing of medication should reflect current best practice and take into account the evidence base and cost effectiveness of treatments, including adherence to local formularies, prescribing guidelines and NICE guidance.

The prescriber will work at all times within their clinical competence and with reference to their regulatory body's professional standards.

The Nursing and Midwifery Council recommends that every nurse/midwife prescriber should ensure that (s) he has professional indemnity insurance by means of a professional organisation or trade union body. (See Clause 9 of The NMC code of professional conduct: standards for conduct, performance and ethics). Non-medical prescribers are strongly advised to contact the NMC/their Trade union to ensure that their indemnity insurance covers them for the scope of their prescribing practice.

SAFEGUARDING

All health professionals whose work brings them into contact with children, young people and vulnerable adults should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer.

REFERENCES

- British National Formulary (BNF)
- British National Formulary for children (BNFc)
- Nurse Prescribers' Formulary
- NHS Business Services Authority 'overprint specification'
- CCG guidance on working with the pharmaceutical industry
- CCG guidance on standards of business conduct (incorporating the conflicts of interest guidance).
- Medicines and Healthcare products Regulatory Authority (MHRA) Yellow Card Scheme
- Statutory Instrument no 973.
- Misuse of Drugs Regulations 2001
- Online drug tariff (NHS BSA)
- NMC Standards of Proficiency for Nurse and Midwife Prescribers
- NMC code of professional conduct: standards for conduct, performance and ethics (2008, updated 2010)
- NMC (2009) Standards of Proficiency for Nurses & Midwife Prescribers, 2009
- NMC (2009) Record Keeping: Guidance for Nurses & Midwives: The essential guide for good record keeping for nurses & midwives, 2009
- NPC (2009) A Handbook for Optometry Specialist Registration in Therapeutic Prescribing, July 2009
- NPC (2009) A Guide to Good Practice in the Management of CD's in Primary Care (England) 3rd Edition. December 2009
- NMC Standards of Proficiency for Nurse and Midwife Prescribers' Practice standard 16: Prescribing Controlled Drugs
- NMC (2007) Standards for Medicines Management, August 2008
- NMC (2008) Guidance for Continuing Professional Development for Nurse and Midwife Prescribers, 2008

- NMC (2010) Raising and escalating concerns: Guidance for nurses and midwives, 2010
- NMC (2009) Guidance for the care of older people, 2009
- Misuse of Drugs (amendment NO.2) (England, Wales and Scotland) Regulations (2012) April 23rd 2012, Home Office
- DOH (2006) Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines: Department of Health, July 2006

APPENDIX 1: NON MEDICAL PRESCRIBER CHANGE OF CIRCUMSTANCE PROFORMA

ALL FIELDS MUST BE COMPLETED

A copy of this form should be completed for each employment in a GP practice in the Dorset CCG area.

If employed in more than one CCG area, please ensure that the relevant NMP contact in both areas is notified.

Basic information	
NMC/Professional Body Registration Number	
Title	
First Name	
Middle Initial(s)	
Surname	
Date of birth	

Profession and qualification			
Profession Type ☐ Nurse ☐ Other (specify)	**Role**		
	☐ Practice Nurse ☐ Nurse Practitioner	☐ Other (specify)	
Qualification name			
☐ Community Practitioner Nurse Prescriber	☐ Nurse Independent	☐ Other (specify)	
Contact details			
Email Address:		Telephone Number:	

Change of circumstance			
Prescriber leaving practice	☐	Please specify the name of the practice J-code (if known)	Date of leaving
New prescriber to practice	☐	Please specify the name of the practice J-code (if known)	Date of starting
Other change (e.g. change of name)	☐	Describe change	Date of change

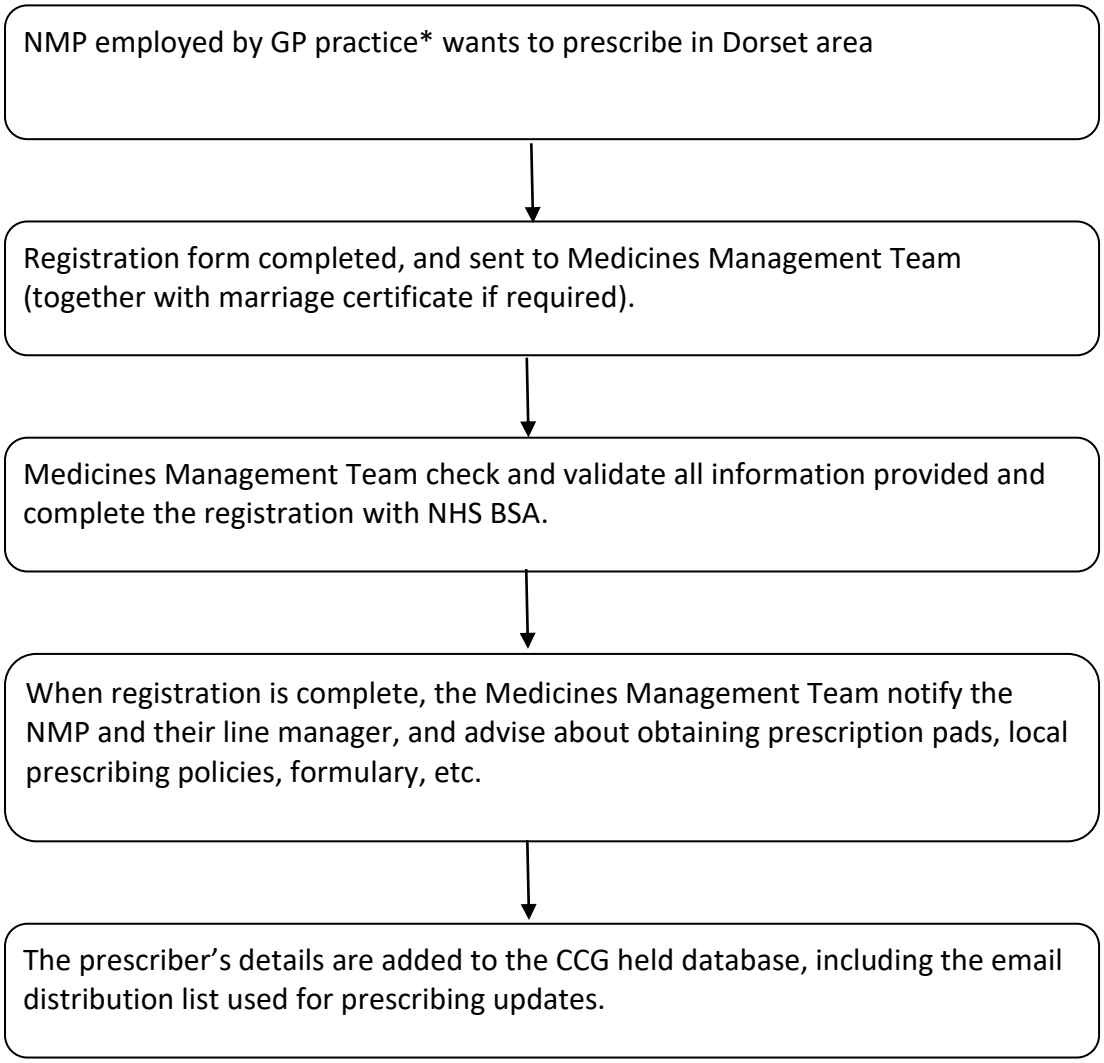
Other information	
Non-medical prescriber signature	
Practice manager signature	
Practice manager name (PRINT CLEARLY)	

Please include any additional information in this box, for example, additional roles/employment locally (including SWAST/OOH)

Please email this form to the Medicines Management Team at Dorset CCG using the following email address: medicine.question@dorsetccg.nhs.uk Please note that on receipt of this form the CCG will check your registration with the NMC before making the requested changes and/or permitting use of prescription pads within the CCG.

FOR OFFICE USE ONLY	
NMC registration confirmed (sign & date)	
Statement of Entry Date for NMP Qualification	
Expiry date of registration (as on NMC)	
Prescriber registered with NHS BSA (sign & date)	
Prescriber notified	

APPENDIX 2: FLOW CHART TO DEMONSTRATE REGISTRATION PROCESS



NB:
If the prescriber ceases to prescribe for a Dorset CCG GP practice, changes practice, works in additional practices, retires, or is takes employment with another organisation, the medicines management team must be notified, as soon as is practicable using the change of circumstance proforma in appendix 1.

NMPs not employed directly by a practice but instead employed by another organisation such as Dorset HealthCare University Foundation Trust, will need to contact the non-medical prescribing lead for their organisation

APPENDIX 4: CONTACT DETAILS FOR PRIMARY CARE SUPPORT ENGLAND

Primary Care Support Englang, known as PCSE, carry out some 'back office' functions for Dorset CCG. One of those functions is to handle and distribute orders for hand held individualised prescription pads for named medical and non-medical prescribers.

Prescriptions can be ordered via the Primary Care Support England (PCSE) portal.

The table below shows the different types of individualised prescriptions that may be ordered for **practice employed** non-medical prescribers:

Type of prescription	**Code** *(for ordering purposes)*	**Pad size** *(number of forms on pad)*
Lilac form for use by practice employed prescribers: • Pharmacist independent prescriber / supplementary prescriber • Optometrist independent prescriber / supplementary prescriber • Radiographer supplementary prescriber • Physiotherapist supplementary prescriber • Podiatrist supplementary prescriber	FP10SP	Pad x 50
Lilac form for use by practice employed prescribers: • Nurse independent prescriber • Community Nurse Practitioner Prescriber	FP10PN	Pad x 50

NB: *NMPs not employed directly by a practice but instead employed by another organisation such as Dorset HealthCare University Foundation Trust, will need to contact the non-medical prescribing lead for their organisation*

APPENDIX 5: FP10 DESTRUCTION RECORD

Date	Prescriber	Prescriber Code	Serial numbers		Signature	Witness
			From	To		

In accordance with the guidance on the Management and Storage of FP10 Prescription Pads in the Community and NHS Security Management Guidance, records of all prescriptions destroyed should be kept for a minimum of two years.